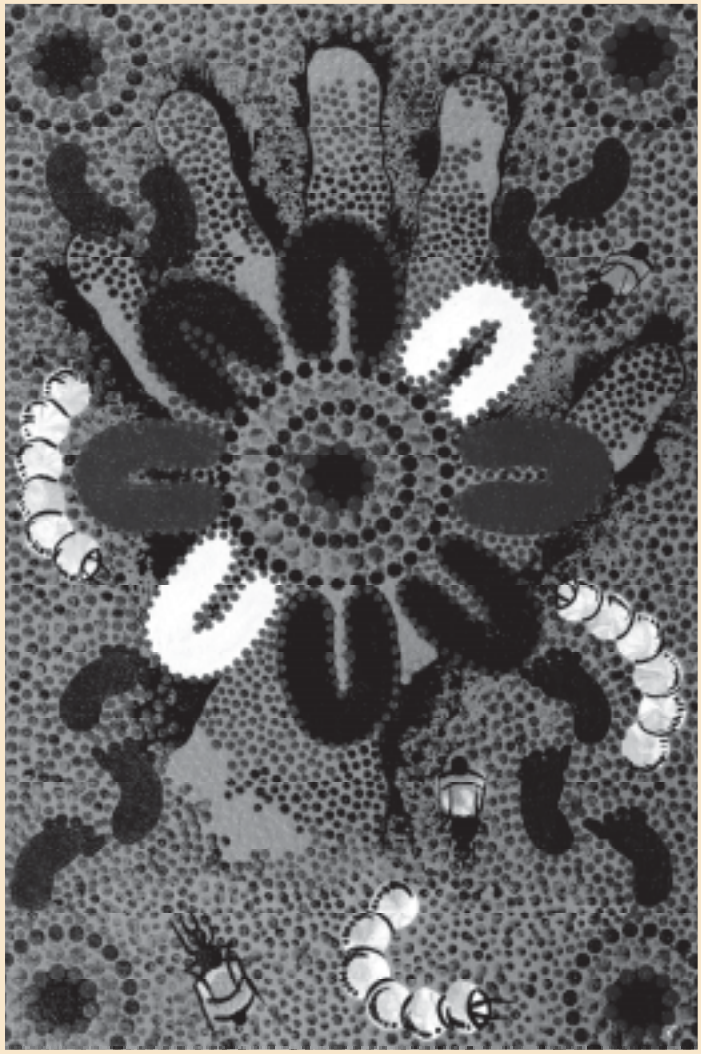

CARPA Newsletter

Central Australian Rural Practioners Association

FOCUS ON ALICE SPRINGS ALCOHOL RESTRICTION TRIALS

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Central Australian Rural Practitioners Association, Alice Springs

FOCUS ON ALICE SPRINGS ALCOHOL RESTRICTION TRIALS

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Contributions are welcome.

Address correspondence to:
CARPA Newsletter
Centre for Remote Health
P O Box 4066
Alice Springs NT 0871

email: carpa@cadphc.org.au
ph: 08 8951 4700
fax: 08 8951 4777

Printed by: Asprint, Alice Springs
Design and Layout: RedDirt Graphics, Alice Springs—reddirt@octa4.net.au

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EDITORIAL

"Alice Springs is still swimming in alcohol - drinking on average at twice the national rate (over 16 litres of pure alcohol per person per year). We need to reduce this and with properly designed restrictions this can be achieved." [1]

Excessive alcohol consumption and its physical and social consequences have been identified as major, if not the major social problem in Central Australia for many years. As a consequence of continued community advocacy and co-incident with a change in NT Government in 2001, a twelve month trial of alcohol restrictions and 'complementary measures' commenced in April, 2002. The trial restrictions were that take-away trading hours for all outlets were restricted to between 2pm and 8pm on weekdays (a reduction of two hours per day); no liquor of any type was to be sold or supplied in containers greater than two litres; and in relation to liquor sold and consumed on the premises, nothing other than light beer be sold prior to 11.30am on any week day.

In instituting these restrictions, the Northern Territory Licensing Commission also directed that 'an independent, scientific and professional evaluation' be carried out and that community input into the evaluation should be through a multi-agency Evaluation Reference Group (ERG).[2] The trial, evaluation and the Licensing Commission's subsequent decision provides a fascinating case study relating to community advocacy, evaluation processes and evidence-based decision-making.

We have compiled a series of documents and extracts from key documents which track the evaluation debate. We are unable to reproduce lengthy documents in full, but these and other related documents or relevant URLs will be available on the CARPA web site. The first extract from Crundall & Moon's summary evaluation report documents a community telephone survey, the evaluators' discussion of the overall results of their evaluation and their recommendations to the Licensing Commission.[3] Methodological concerns about the evaluation expressed by Central Australian Aboriginal Congress and Tangentyere Council, both members of the ERG, led to those organisations commissioning Gray to critically review the summary evaluation document.[4] We also publish Crundall's response to Gray's review, including Gray's annotated comments to Crundall's response.[5]

We then offer an extract from a second survey, this one involving town camp residents, which documents the results, discussion and recommendations to the Licensing Commission.[6]

In its deliberation, the Licensing Commission used as its 'base document' the ERG Report.[7] We reproduce the summary of recommendations from that report. The recommendation supported by Central Australian Aboriginal Congress, the Substance Misuse Action Group (SMAG), Tangentyere Council, Central Land Council and ATSIC relating to restrictions based on cost of pure alcohol contained in beverages is also presented.[8] The Licensing Commission decided on their assessment of the evidence provided to retain the licensing restrictions related to take away opening hours and serving of light beer only before 11.30am, and rescinded the restriction on alcohol container size.[2] We provide the relevant extract from the Commission's decision.

What can we learn from this case study? Liquor restrictions in Alice Springs have been contentious, the debate vigorous and characterised by the participation of strong vested interests. This is to be expected. For this reason, careful consideration and adequate funding needs to be given to the evaluation of an intervention of this sort. The Licensing Commission's intention for 'an independent, scientific and professional evaluation' is laudable. It is arguable however whether these conditions were met in the manner in which the evaluation process was established. The Commission required an evaluation 'conducted independently of the Commission and the Evaluation Reference Group'. Yet it would appear that a co-author of the evaluation report is the Chair of the ERG. The science of the evaluation report produced by Crundall and Moon has also been heavily criticised. In retrospect, would it not have been more appropriate to appoint an evaluator with a proven research track record in this field independent of all community, government and industry interests ?

In conclusion, it is worth reflecting on the fact that the majority of respondents in the telephone survey (54%) and two thirds of town camp residents surveyed (67%) wanted the trial restrictions maintained or strengthened. Due to the selection bias of the telephone survey and the resultant under-representation of Aboriginal respondents, it is probable that the 54% is an underestimation of the true population view. In the face of majority community opinion, the Liquor Commission's decision has weakened the restrictions of the trial. It has declared that it 'will continue to study the material now before it and is likely to publish some

form of supplementary decision or position paper on a number of issues not covered in this decision'.[2] CARPA considers that the Liquor Commission and the NT Government have an obligation to base their decisions on the available evidence. In this instance it is a majority community view that we need further, urgent action on this problem.

Editorial Committee

John Wakerman
Carly Dolinski
Chris Wilson
Steven Skov
Sabina Knight
Jeanne Tahini

Declaration:
Some members of the Editorial Committee are employed by Centre for Remote Health which was a co-investigating organisation in the town camp survey.
CARPA has previously expressed support to the Licensing Commission for liquor restrictions based on price per unit of pure alcohol.

[1]Peoples Alcohol Action Coalition Press Release 3/06/03
[2]Northern Territory Licensing Commission 2003 Trial restrictions on the Sale of Liquor in Alice Springs: Decision on License Conditions following Evaluation of the Trial http://www.treasury.nt.gov.au/ntt/licensing/commission/decisions.htm accessed 6.08.03
[3]Crundall I & Moon C 2003 Report to the Licensing Commission: Summary Evaluation of the Alice Springs Liquor trial http://www.helath.gov.au
[4]Gray D 2003 Review of the Summary Evaluation of the Alice Springs Liquor Trial. A report to Tangentyere Council and Central Australian Aboriginal Congress.
[5]Crundall I 2003 Response to Review of the Summary Evaluation of the Alice Springs Liquor Trial (with annotated comments by Dennis Gray).
[6]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, the National Drug Research Institute and the Centre for Remote Health 2003.
[7]Evaluation Reference Group 2003 Report on Alice Springs Liquor Trial. www.nt.gov.au/health/casn/liquor.shtml
[8]Central Australian Aboriginal Congress 2003 Untitled.

Report to the Licensing Commission: Summary Evaluation of the Alice Springs Liquor Trial
Prepared by Ian Crundall and Chris Moon, May 2003

Extract

COMMUNITY FEEDBACK

Direct comment

Individuals made 52 contacts directly to the Evaluation Team: 60% via the website, 23% by letter and 17% by telephone.

The responses have been categorised as follows: those who expressed explicit support (15%) or non-support (4%) for the trial; those who provided observations about the impact of the trial (58%), those who offered further actions to address alcohol problems (21%) and several who used it as a "soapbox" for expressing broad opinions and attitudes about race, regulation etc (7.5%). There was also a number who sought information about alcohol issues unrelated to the trial (19%).

Community services

Town Households

The Department of Community Services and Health contracted Market Equity to conduct a telephone survey of Alice Springs town residents to assess the direct impact of the restrictions on individuals and their attitudes to the trial. The survey was conducted over the first two weeks of May 2003. Ethics approval for this survey was sought and granted by Central Australian Human Research Ethics Committee.

Respondents were surveyed by telephone. The target group was Alice Springs residents aged 18 years or older. The design excluded sections of the community, including residents with limited English comprehension, those requiring an interpreter, those less than 18 years and people without a household telephone. A random sample was drawn from an electronic database of telephone listings. The achieved sample was 402, with refusals by 235.

Sample Description

There were 402 respondents who completed the telephone survey. Slightly more than half (52.5%) were female and 6.2% identified as either Aboriginal or Torres Strait Islander or both. The mean age was 44 years, with 25% aged under 35 years. A large majority (81.5%) had lived in Alice Springs for more than 5 years.

Table 21: Household Sample Characteristics

Results

Number	402
Percent female	52.5
Percent Indigenous	6.0
Age	
Mean	43.9
Range	18-94
Std dev	13.5
Percent living in Alice Springs:	
Less than 1 year	3.5
1-5 years	15.2
More than 5 years	81.3

Table 22 gives a breakdown of how respondents rated the effect of each restriction on them personally and how the overall trial had affected Alice Springs generally.

Table 22: Percentage of Household Responses Indicating Effect of Restrictions

Restriction	Positive Effect	Negative Effect	No Effect	Don't Know
Bar sales	4.5	5.2	90.0	0.2
Takeaway opening	5.5	32.6	61.9	0.0
Container size	2.5	20.1	77.1	0.2
Overall trial	27.1	16.2	46.0	10.7

The vast majority of respondents felt that the restriction of only allowing light beer to be sold in hotels prior to 11:30am had not affected them directly. The proportion of respondents in favour of this restriction did not vary much during the trial (43.8% at start and 46.5% at end). The proportion not in favour increased marginally from 33.1% to 38.6%.

A majority of respondents indicated the later opening of takeaway outlets had not affected them directly. The proportion of people in favour of this restriction did not vary much over the course of the trial (moving from 44.3% to 43.3%), but there was a small increase in the proportion not in favour (42% versus 48.8%).

More than three-quarters of respondents felt that the restriction on containers had no effect on them personally. Most of the remainder felt that it had a negative effect. Over the course of the trial, the proportion in favour of this restriction declined from 48.5% to 43.3% and the proportion not in favour increased from 37.6% to 48.0%.

Almost half of all respondents felt that the trial or restrictions and complementary measures together had no effect on Alice Springs as a whole. More than a quarter felt the trial had a positive effect and around one in six indicated it had a negative effect. The proportion in favour of the trial dropped from 61% to 56%, while the proportion not in favour increased from 27% to 37%.

Respondents who had lived in Alice Springs for more than five years were more likely to regard the overall trial as having a negative impact, while residents of a shorter term were more likely not to have an opinion. There were no significant differences based on gender, indigenous status or age.

More than half of all household respondents felt that the Licensing Commission should either keep the restrictions as they are (24%) or strengthen them (30%). A third (33%) felt that the restrictions should be removed.

Discussion

There have been several notable consequences arising from the trial. The most consistent relate to aspects of public order and associated short-term health and safety outcomes. Instances of drunkenness and breaches of the two-kilometre law were down by a third, as were Protective Custodies. Alcohol-related assaults were 13% lower. As a corollary to this, the ambulance service received a quarter less alcohol-related call-outs, selected presentations to the prime Aboriginal health clinic were similarly lower and selected presentations to the Emergency Department of the Alice Springs Hospital were down by 19%.

On the other hand, there was nearly a 20% increase in alcohol-related offences, especially criminal damage and disturbances, and indications of more acute conditions being admitted to Alice Springs Hospital. Moreover, the data available from Police suggest changes have occurred differentially between the Central Business District and other parts of town.

There have been few, if any, sustainable negative effects on commercial interests, both in the liquor industry or others. The exception to this has been ongoing complaints from some tour operators that inconvenience has resulted for a proportion of tourists who have been unable to purchase their beverage of choice when they want. This view was not uniform though and as yet there is no evidence that this group of tourists will not return or will dissuade others from visiting Alice Springs because of this.
Public order has been attributed to policing, which gave more emphasis to moving people out of the CBD. It is important to note that Police accept that the trial focused attention on practices and that the restrictions

provided the backdrop for this change in focus. Clearly the new approach taken by Police should be maintained and supported further. But, as stakeholders comment, this might also have placed people in greater risk by them moving to areas where it is more difficult to contact authorities/services when incidents occur. This could have artificially decreased some of the other indicators. To address this it is recommended that services review their protocols and communication channels to ensure that access to interventions is not being compromised.

Virtually no change was found in the amount of alcohol sold in Alice Springs. However the substitution of product was one of the most glaring results of the trial. While the restriction on container size appeared to accelerate an existing decline in cask wine, it prompted a sudden and dramatic increase in fortified wine and, to a lesser extent, spirits. Evidence suggests that this preference is continuing, with the market share of fortified wines increasing at the expense of other beverages.

This has meant a change in the alcoholic potency of the beverage consumed. This in part might explain why more aggressive behaviour was observed and why there has been an increase in the acute intoxication effects presenting at Alice Springs Hospital. While pacing and diluting practices have been noted which would lessen the higher alcohol effects, there have been recent observations made that more drinkers are consuming fortified wine undiluted, so there is a possibility that longer-term harm might result if sales continue to go unabated.

It should be remembered that one of the reasons for introducing cask wine in the 1980's was to replace the preference for fortified wine and spirits that was current among Aboriginal people in Alice Springs at that time.

If it is accepted that policing has achieved more benefits than the banning of containers larger than two litres, it is difficult to consider what is to be gained by continuing a ban on product with a lower alcohol content. One might suspect that it would actually be positive in reducing aggression, disruption and acute health effects. On this basis it can be argued that the limit on container size be removed.

Alternatively, the current restriction might be retained if effective new strategies are adopted to address the substitution that has been evident.

One approach to this has been discussed in the form of removing access to Port and other selected products. This approach is problematic for many reasons. First, it is likely to engender further frustration and resentment as choice is progressively limited for all people (regardless of their contribution to alcohol-related harm). With complaints already received from some sectors of the tourist industry in particular about the removal of four litre casks, this concern might be expected to become accentuated as more products are made unavailable. Since this approach does nothing to enable people to make choices for themselves, it poses the conundrum of the point at which a prohibition should cease. If availability is broadly limited it might also encourage more "importation" from outside Alice Springs (and the need for more law enforcement as a result).

Broad bans are not likely to be popular. This is based largely on people wanting strategies which are targeted at those who need them or that are demonstrably effective in delivering benefits that far outweigh any negative outcomes. In light of this, a more strategic approach might be to extend the container ban to two litre cask Port. This is based on the experience of this trial that suggests that the substitution of Port was largely made by serious problem drinkers. Accordingly, cask Port might be targeted for exclusion for a three month trial. As substitution occurs rapidly this would provide sufficient time for effects to be gauged. Moreover, it is likely to only impact directly on those in most need of intervention. While there is a risk that spirits and other alternatives will soon be taken up, this could be mitigated by a well planned and implemented campaign that promotes safe drinking practices and products to this target group.
If the only restriction on product continues to be in terms of four litre containers, strategies that might be considered in an effort to reduce Port consumption is to limit its public display or other active promotion at outlets or perhaps to impose limits on how much individuals can purchase or outlets can carry. Incentives might be offered to encourage licensees to promote lower alcohol content beverages. Of course vigilance would be needed to ensure substitution did not transfer to other products.
The difference found in the two community surveys suggests a variation in the approach taken to different drinkers. Around 50% of the town household respondents indicated a willingness to support some form of restrictions, with about half of those wanting something more severe in place. Among the town camps respondents, two thirds wanted some form of restriction and two out of every three of those wanted the restrictions strengthened.

Without wanting to define the alcohol problem of Alice Springs along racial grounds, this finding suggests that Aboriginal people might be more willing to have targeted restrictions. If this was acceptable it would acknowledge the observations reported by the Licensing Commission that *"indigenous people are over-represented within the problem".*[7]

How this might be achieved needs careful consideration. It is recommended that the local Aboriginal leadership devise strategies in conjunction with Licensing Commission and Police and, due to their integral role in the supply of alcohol, members of the local liquor industry. A partnership approach should underlie this recommendation, with Government agencies being prepared to extend their contributions and support initiatives of Aboriginal authorities if those same authorities are prepared to make a concerted effort with problem drinkers and accept greater responsibility for interventions. A local management committee could be established to oversight strategies aimed at troublesome individuals. While controls might be strengthened there needs to be a concentrated effort in other areas such as returning people to their home communities, directing interventions at problem drinkers who are currently not engaged and the delivery of prevention programs and broader socio-economic initiatives. A targeted strategy of prohibition might also require Aboriginal people to be at licensed venues to explain and help enforce the restriction on those to whom it applies.

Of course there are a number of non-indigenous problem drinkers and a proportion of these live in the same environments as Aboriginal drinkers. They too need attention and strategies need to be devised to address the issues surrounding them.

Whatever future controls are entertained, long term changes must necessarily be based on how individuals view alcohol and how they choose to drink. In accepting this, demand reduction is not solely reactive. Just as controls can force people to make changes, so too can powerful and persuasive demand reduction strategies convince people to change rather than wait for a person to want to change.

While the evaluation is satisfied that the restrictions were implemented as they were designed, little evidence was produced that demand was addressed in any different ways. Consequently, while access to alcohol changed, specific strategies to address the consequent changes in demand were not developed. Additional effort was made with a proportion of clients at the Sobering Up Shelter, but there has been little demonstration of other initiatives to educate people about the effects of alcohol and drinking patters or to take advantage of the withdrawal of moselle. The data showed no change in treatment admissions that could be attributed to the trial and most in the town camp survey thought the trial had achieved no change in how people drank.

While recognising that a number of programs have been in place over the years and that initiatives are constantly being tried to address this complex issue, the point being made here centres on ensuring that activities aimed at individuals are responsive to new circumstances that can flow from different controls. It is recommended that relevant agencies collaborate and devise demand reduction strategies that reinforce and extend the supply measures. This may mean redirecting current resources so they are more closely aligned to the intentions of the restrictions.

The body of this report contains an assessment of the complementary measures that were part of the trial. With the exception of the SUS and Central Australian Division of Primary Health Care initiatives, those assessments are not instructive because the projects have not been fully implemented. It is therefore recommended that these measures be assessed again in twelve months in terms of viability and utility. A decision on maintaining or redirecting those resources should then be made. This decision should be made by a responsible body of local interests.

Such a body of local interests might also continually monitor alcohol issues in Alice Springs, to make recommendations to appropriate bodies about strategies and influence agencies (be they Government or non-Government) to act differently. It was clear throughout the trial that there was no single entity with the authority or interest to ensure complementary measures were implemented as agreed and to make refinements to avert unintended consequences or establish supplementary activities to give the trial optimum context. While the ERG could identify issues there was no single body to refer to and it could not implement further strategies as it would have compromised the evaluation.

[7] Northern Territory Licensing Commission. Reasons For Decision: Trial of Restrictions on the Sale of Liquor in Alice Springs, Darwin, Treasury, 2002, page 20.

A clear candidate for this would be the ERG itself. It now has a history of the trial and the issues that arose and the discussions that occurred. Moreover it is representative of a broad range of interests across the community. A major benefit of the trial and the ERG was the opening of more effective communication channels between interests that seldom, if ever before, have been provided with a safe and respectful environment in which to discuss matters. There is an ongoing need to assure that key interests continue to be actively involved in a partnership for future planning and discussions. Within a review of its Terms of Reference the ERG could "monitor implementation of interventions and advise on refinements that might be necessary to ensure optimal operation". Whether this expands to new initiatives is questionable due to the processes that have to be engaged, but that might be discussed further.

There was limited evidence that targeted brief intervention has an effect of reducing admissions to the SUS. It is debatable whether this results from better behaviour or reluctance to be taken to SUS due to imposition of interventions. Regardless, the result warrants brief interventions being a routine part of SUS operations. Moreover, as good practice, DASA should follow up to determine whether referrals are acted on so it is clear whether it is benefiting people or placing them at risk by not having access to a safe place to sober up.

The evidence was overwhelming that if the SUS is open it will be used. More interestingly, there is some suggestion that opening an extra day contributed to an overall decrease in protective custodies. Both outcomes are positive in terms of apparently reducing instances of public drunkenness and in light of the Royal Commission Into Aboriginal Deaths in Custody. On this basis it is recommended that the SUS continues to remain open for its current hours on a Monday.

The literature provides ample evidence that health professionals are well placed to advise people about their alcohol intake and associated risks. The brief intervention training provided by the Division is valuable in this context. However, to know whether such training actually leads to interventions and improved health outcomes, it is important that follow up occurs to determine the practical benefits of the training. It is recommended that the Division do this before the end of 2003.

Finally, in recognition of the work that been invested in the collation of information for this trial and the likely ongoing nature of alcohol issues in Alice Springs, it is recommended that a database of harm indicators be maintained and readily interrogated. The Licensing Commission should take responsibility for maintaining a liquor database and the production of regular reports like those in this evaluation that can be made readily available to Alice Springs.

Overall this evaluation has found partial gains following on from the introduction of the trial. These have been balanced by a number of negative outcomes that have arisen largely from the substitution of higher alcohol beverages. There are several ways this can be addressed and it rests with the Licensing Commission, key agencies and the community of Alice Springs to determine which option is best. In terms of the trial conditions, the evaluation recommends that all three restrictions be continued. A further restriction on two litre Port casks should be trialed for three months in conjunction with a focused campaign designed to reduce further substitution. This extension should be reviewed in three months and if there is no clear gain then all container limits should be removed.

It is hoped that the cooperation and consistency of purpose that has characterised the last twelve months will continue so further improvements can be made. The trial was never to be a panacea for all the alcohol issues confronting the community of Alice Springs. It was only ever one step, albeit an important one, on a journey that need to be shared and persevered with if Alice Springs is to progress in tackling the unacceptable costs of alcohol-related harm. This evaluation suggests it has been a worthwhile step, but its ultimate value lies in what course is taken from now.

List of major recommendations and actions

1. It is recommended that all three restrictions be continued. A further restriction on two litre Port casks should be trialed for three months in conjunction with a focused campaign designed to reduce further substitution. This extension should be reviewed in three months and if there is no clear gain then all container limits should be removed.

2. It is recommended that the local Aboriginal leadership devise strategies in conjunction with Licensing Commission and Police members of the local liquor industry. A partnership approach should underlie this recommendation.

3. It is recommended that relevant agencies collaborate and devise demand reduction strategies that reinforce and extend the supply measures. This may mean redirecting current resources so they are more closely aligned to the intentions of the restrictions.

4. Non-indigenous problem drinkers need attention and strategies need to be devised to address the issues surrounding them.

5. With the exception of the SUS and Central Australian Division of Primary Health Care initiatives, the complementary measures be assessed again in twelve months in terms of viability and utility. A decision on maintaining or redirecting those resources should then be made. This decision should be made by a responsible body of local interests.

6. The ERG should continue as a local body to monitor alcohol issues in Alice Springs, to make recommendations to appropriate bodies about strategies and influence agencies (be they Government or non-Government) to act differently.

7. It is recommended that a database of harm indicators be maintained and readily interrogated and that the Licensing Commission take responsibility for maintaining a liquor database and the production of regular reports like those in this evaluation that can be madereadily available to Alice Springs.

8. It is recommended that the SUS continues to remain open for its current hours on a Monday.

9. The operations of the Day Patrol should be continually reviewed so it attends the areas most likely to exhibit problems. This should be negotiated in conjunction with Police.

10. Once the necessary legislation is amended for insurance purposes, twelve months should be allowed for establishment and then a review of the Youth Drop-In Centre's contribution should be undertaken and made public.

11. As good practice, DASA should follow up clients to determine whether referrals are acted on so it is clear whether the change in admissions associated with brief interventions is benefiting people or placing them at risk by not having access to a safe place to sober up.

12. Before the end of 2003 the Central Australian Division of Primary Health Care should follow up its brief intervention training course to determine whether it has contributed to more interventions and improved health outcomes.

13. Any future measures to address alcohol-related harm should clearly state what they are meant to achieve so it is understood what priority is being addressed.

14. Services should review their protocols and communication channels to ensure that access to health and safety interventions by those not drinking in the CBD is not compromised.

Review of the Summary Evaluation of the Alice Springs Liquor Trial
A report to Tangentyere Council and Central Australian Aboriginal Congress
Dennis Gray, National Drug Research Institute, Curtin University of Technology, 12th June 2003.

Extract

INTRODUCTION

This report has been prepared to assist Tangentyere Council and Central Australian Aboriginal Congress to respond to the Summary Evaluation of the Alice Springs Liquor Trial, prepared by Ian Crundall and Chris Moon for the Northern Territory Government (2003). This report does not consider all aspects of the evaluation report. Instead it focuses on four areas:

- a review of the key findings and an assessment of the extent to which they are supported by the evidence presented;
- the representativeness of the two 'community surveys' undertaken as part of the evaluation;
- the issue of whether or not a reduction in per capita consumption was an objective of the trial; and,
- Crundall and Moon's proposals for the future of restrictions on supply.

A review of the key findings

Crundall and Moon's findings regarding their evaluation of the Alice Springs licensing restrictions are summarised in the 'Discussion' section of their report (2003: 29 ff). These are reviewed below.

> *'Instances of drunkenness and breaches of the two kilometre law (what they call alcohol specific incidents) were down by a third as were protective custodies.'*

As Table 6 in their report shows, it is true that the number of alcohol specific incidents was down during the trial period. This data is graphed in Figure 1. It is obvious from Figure 1 that there is considerable monthly variation in these data. I also conducted a linear regression analysis of these incidents by the period in which they took place (pre-trial versus trial).[1] This showed *that there was no statistically significant difference in the number of incidents between the two periods* (r^2 =0.050, sig=0.295). It would therefore be wrong to place too much significance on the apparent increase—an increase that is likely to be a simple random fluctuation.

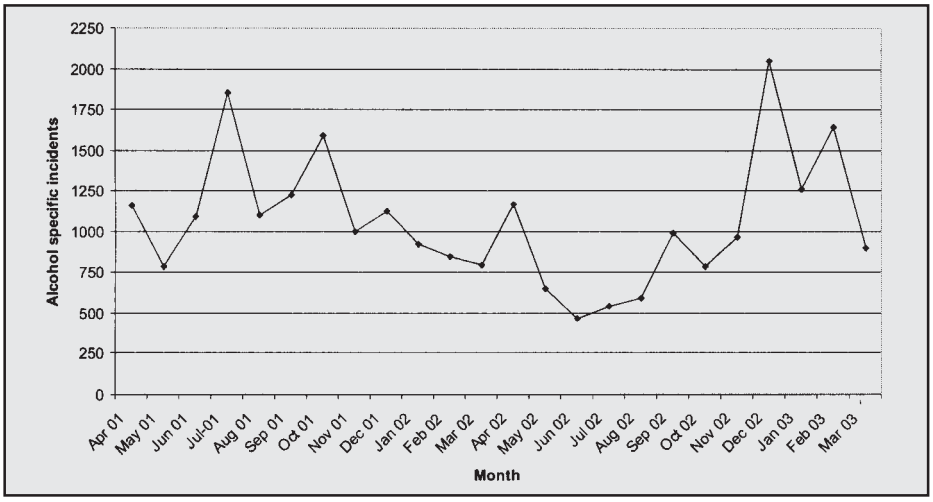

Figure 1: Alcohol specific incidents. Alice Springs, April 2001 to March 2003

[1]. Prior to conducting this analysis, I tested to see if these data were autocorrelated. The Durbin-Watson statistic indicated they were not. This procedure was conducted prior to conducting all of the regression analyses in this section of the report. None of the data series were found to be autocorrelated.

Crundall and Moon report a 44 per cent decrease in the number of Protective Custody Orders and a 40 per cent decrease in the number placed in police cells in the trial compared to the pre-trial period (2003:8). Again, I graphed these data (Figure 2) and subjected them to linear regression analysis. In both cases these declines were statistically significant (total custodies r^2 =0.366, sig=0.002; in cells r^2 =0.314, sig=0.004).

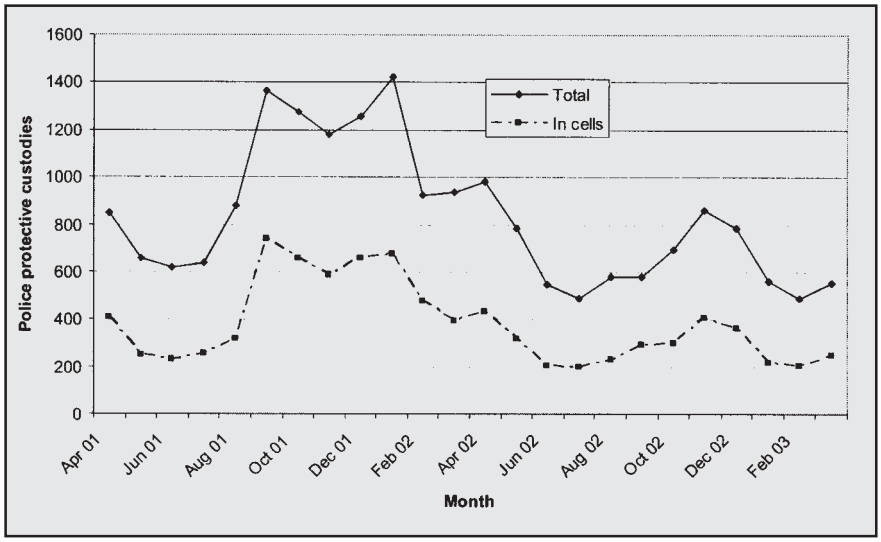

Figure 2: Total number of protective custody orders and number in police cells, Alice Springs, April 2001 to March 2002 and April 2002 to March 2003

Crundall and Moon's report of the decline in the number of protective custodies is confirmed. However, their assertion that:

> *... the bulk (ie. the largest percentage) of Protective Custodies (in police cells) were occurring later in the day during the trial (2003:8).*

is true but misleading. By utilising the numbers and percentages they provide in Tables 8 and 9 (2003:9), I was able to construct a contingency table of those protective custodies and conduct a chi-square analysis. This analysis showed that there was a statistically significant difference in the number occurring at particular times of the day (X^2 df11 = 2379.9 p<0.001). As Figure 3 illustrates, the largest percentage of protective custodies in cells occurs between the hours of 6:00 pm and 2:00 am. However, as the figure also shows, this is simply a function of the fact that there have been dramatic reductions in the number of people taken into protective custody in cells between the hours of 2:00 pm and 10:00 pm—while the number taken into custody in cells between the hours of 10:00 pm and 2:00 pm the following day remained virtually the same in the trial period. It is this which is important—not the consequent change in percentage distribution.

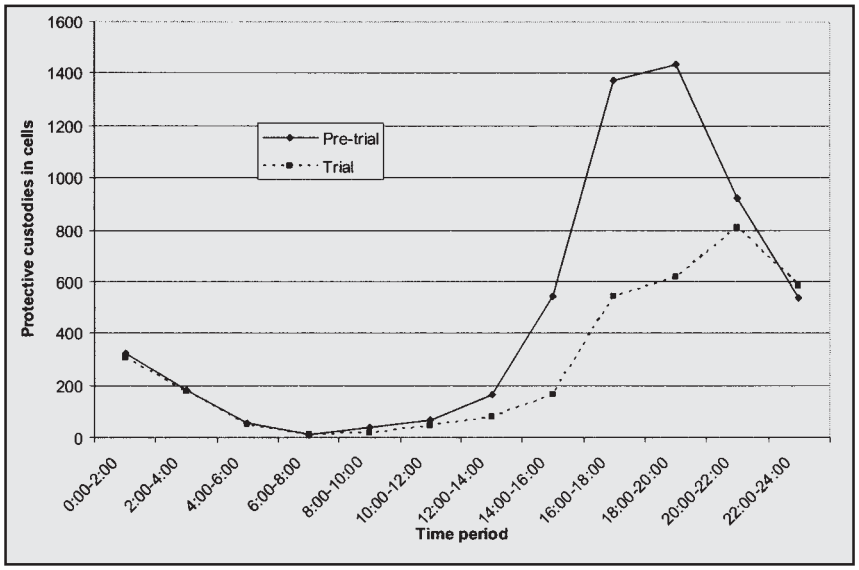

Figure 3: Frequency of police detentions in cells by time of day in pre-trial and trial periods, Alice Springs, April 2001 to March 2002 and April 2002 to March 2003

'Alcohol-related assaults were 13% lower.'

Crundall and Moon report a decrease of 13 per cent in confirmed alcohol related assaults in the trial period (2003:8). However, as they do not provide data on the distribution of these over time, it not possible to determine whether the decrease was statistically significant. Crundall and Moon also provide data on the percentages of assaults reported at different times of the day and assert that the data show 'a tendency for more assaults to occur later in the night'. However, statistical analysis of this data does not support the assertion. Using the number of assaults and the percentages they report, I converted the percentages to the number of assaults in each time period and conducted a chi-square test of the distribution. There was a significant difference between the distributions in the trial and pre-trial periods (2 df 23=122.85 p< 0.001). However, *the difference was almost all accounted for by the decreased percentage occurring in the midday to 2:00 pm time period*—see Figure 4.

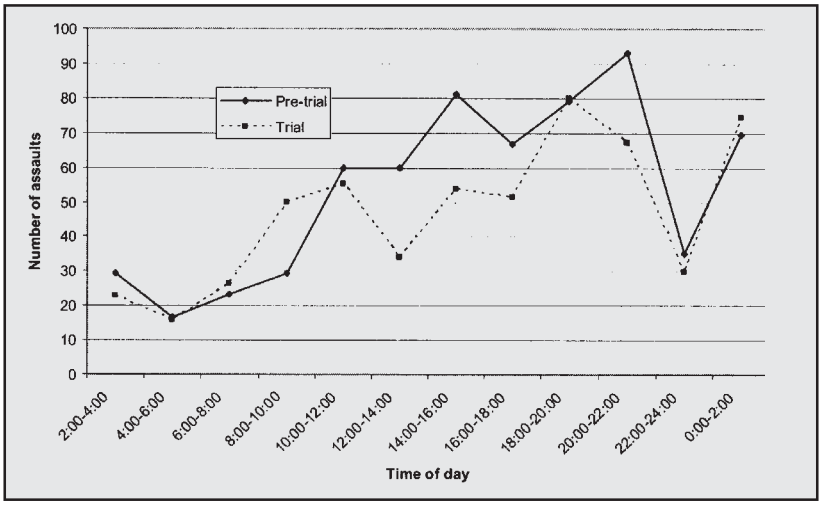

Figure 4: Number of alcohol-realted assaults by time of day, Alice Springs, April 2001 to Macrh 2002 and April 2002 to March 2003

'... the ambulance service received a quarter less alcohol-related callouts ...'

Crundall and Moon state that:

> *Compared to the pre-trial period, the number of alcohol-related call outs during this period of the trial was 25% lower (1,637 versus 2,171). Alcohol-related call-outs comprised 28.2 of all ambulance call-outs in the pre-trial period and 24.4% during the trial. These are considerable reductions and although it is unlikely that they occurred by chance, Crundall and Moon provide no data that can be used to ascertain this.*

'... selected presentations to the prime Aboriginal health clinic were ... lower ...'

In summarising the presentations data provided by Central Australian Aboriginal Congress, Crundall and Moon wrote:

> *... the total number of selected presentations to the Congress health clinic were 23% lower over the course of the trial. There was a 22.6% fewer (sic) assault presentations overall, a 9.4% reduction in general injuries and nearly 80% less cases of self-inflicted injuries or mental health problems (2003:10).*

These data are graphed in Figure 5, which confirms the decline reported by Crundall and Moon (r^2 =0.288, sig=0.007).

'... selected presentations to the Emergency Department of the Alice Springs Hospital were down by 19%.

Crundall and Moon report that there were 19 per cent fewer presentations for selected conditions to the Alice Springs Hospital Emergency Department in the trial period compared to the previous 12 months (2003:12). This is statistically significant (r^2 =0.434, sig=0.000)—see Figure 6.
On the following page of the report Crundall and Moon go on to state that 'During the trial 3.7% more occurred from 10am to 2pm whilst a corresponding reduction occurred between 2pm and 8pm' (2003:13).

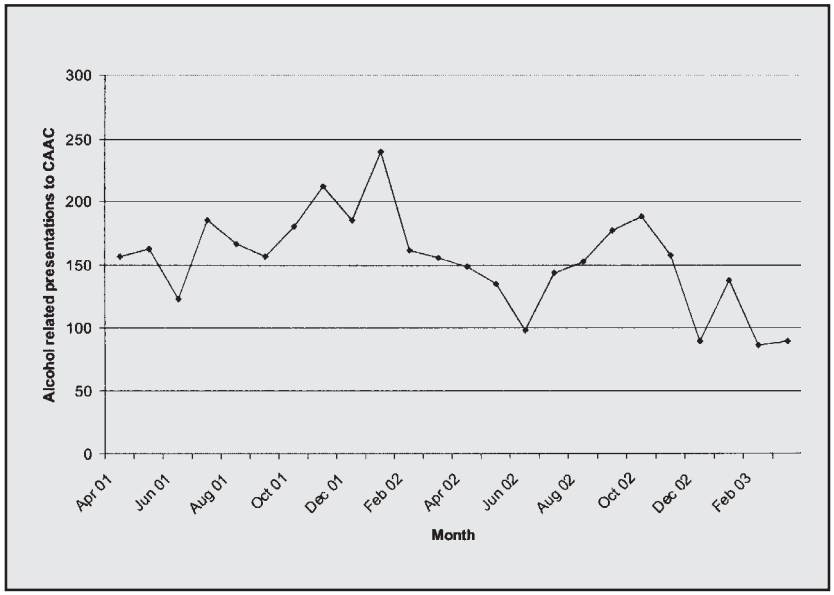

Figure5: Selected presentations to Central Australian Aboriginal Congress by month, April 2001 to March 2003.

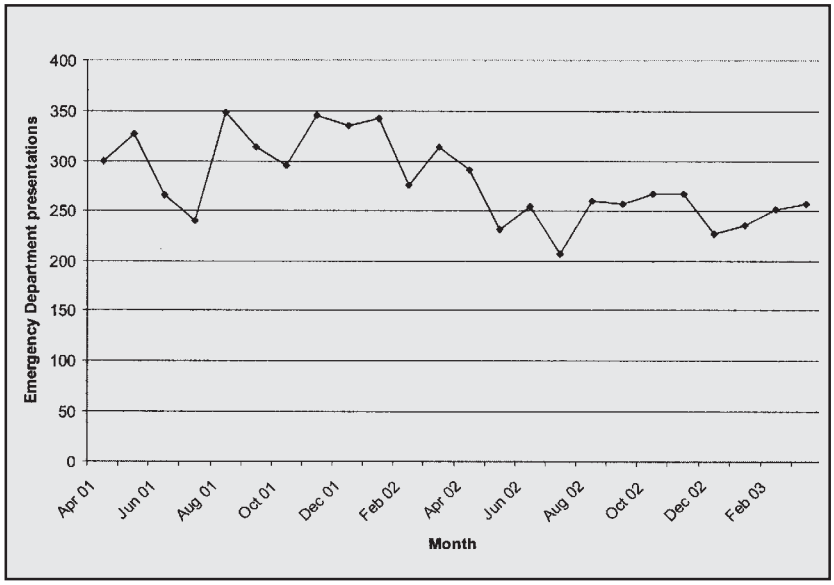

Figure6: Selected presentations to Alice springs Hospital Emergency Department by month, April 2001 to March 2003.

However, this statement is an inadequate description of the change that occurred. Converting this data from Table 13 from percentages to numbers and conducting a chi-square analysis shows that the difference in the pattern of presentations was statistically significant (X^2 df 11 = 22.69 $p<0.05$). In the trial period, there were large reductions in the numbers of people presenting to the Emergency Department at all periods between 10:00 am and midnight—with the largest reductions occurring between 2:00 pm and 8:00 pm—see Figure 7.

'... there was nearly a 20% increase in alcohol-related offences, especially criminal damage and disturbances ...'

On page 6 of their report, Crundall and Moon note that '... the total number of selected (police) incidents involving alcohol was 19.6% higher during the trial' than in the previous 12 months. (Here they are referring to alcohol-*related*, not alcohol-*specific* offences.) Data from their table are graphed in Figure 8.

It can be seen from the graph that there is considerable monthly variation in these data and that over the whole of the two year period there was a slight upward trend in the number of these incidents.

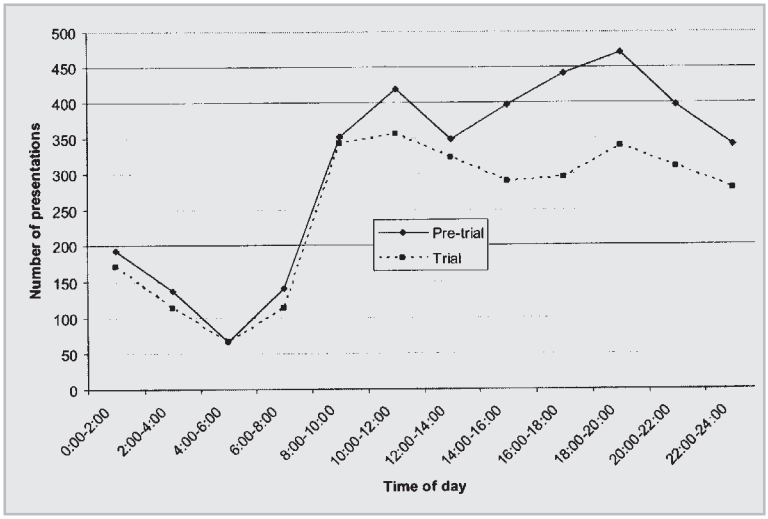

Figure 7: Selected presentations to Alice Springs Hospital Emergency Department by time of day, April 2001 to March 2002 and April 2002 to March 2003.

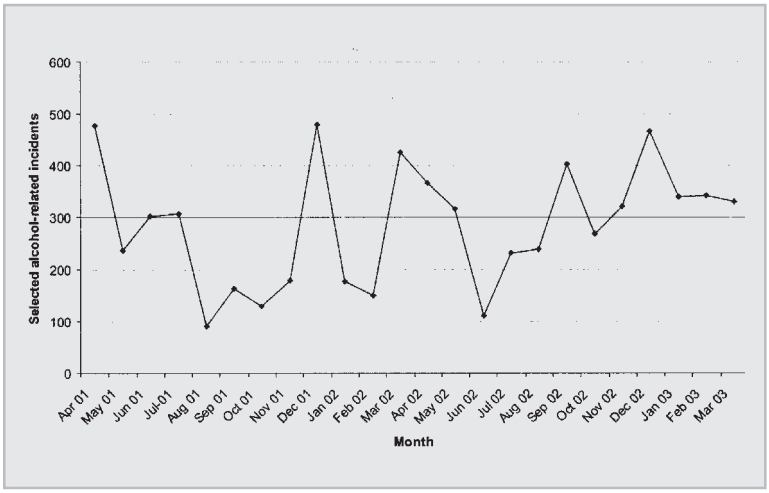

Figure 8: Frequency of alcohol-related incidents by month, Alice Springs, April 2001 to March 2003.

However, *this trend in alcohol-related incidents is not statistically significant* (r^2 =0.050, sig=0.295). If the months of January to March 2001 (which they also provide in their table) are included in the analysis the slope of the trend line, and the apparent increase, is lessened. It would therefore be wrong to place too much significance on the apparent increase—an increase that is likely to be a simple random fluctuation.

Most of the increase in the total number of alcohol-related offences reported by the police was due to the statistically significant increase in the number of disturbances (r^2 =0.543, sig=0.006)—these accounting for 68.4 per cent in the 12 months prior to the trial and 82.9 per cent in the trial period. As reported by Crundal and Moon and depicted in Figure 9, there was a decrease in the number of loitering offences reported by the police and increases in the number of criminal damage and unlawful entry offences—all of which were statistically significant. It should be noted, however, that while the increases in criminal damage and unlawful entry are statistically significant, they account for only a small proportion of all alcohol-related offences—8.3 per cent for criminal damage, 0.5 per cent for unlawful entry into a building and 0.5 per cent for unlawful entry into a dwelling.

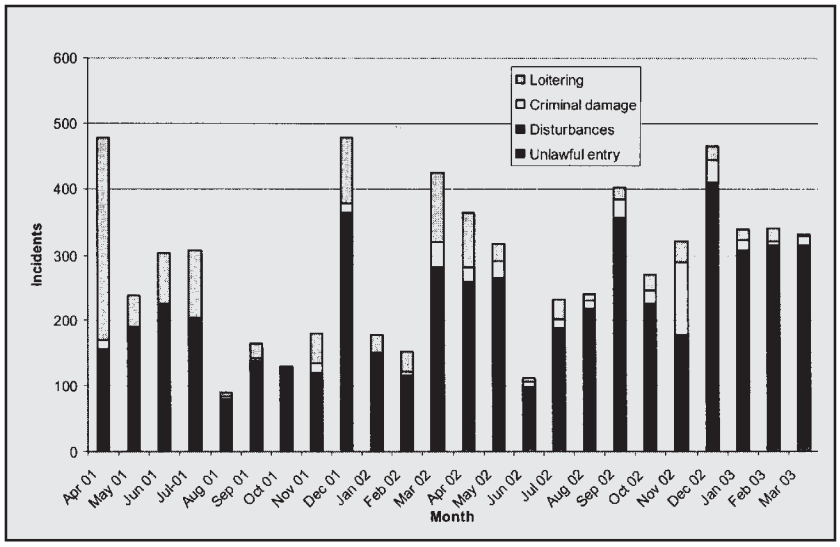

Figure 9: Frequency of alcohol related incidents by category by month, Alice Springs, April 2001 to March 2003.

'...(there were)indications of more acute conditions being admitted to Alice Springs Hospital'

On page 11 of their report, Crundall and Moon report that:

> *From the comparison periods April to December ... it is evident that wholly alcohol caused acute conditions were 159% higher (from a low baseline of 37 [the total in the pre-trial period]) (2003:11).*

As with increases in criminal damage and unlawful entry offences, this increase in acute hospital admissions is statistically significant (r^2 =0.445, sig=0.000)—see Figure 10. However—while these events are no-doubt distressing for the individuals involved and members of their families—from a public health perspective in comparison to Emergency Department Admissions, for example, these relatively few cases (less than 17 per month) constitute only a small proportion of alcohol-related conditions dealt with at the hospital.

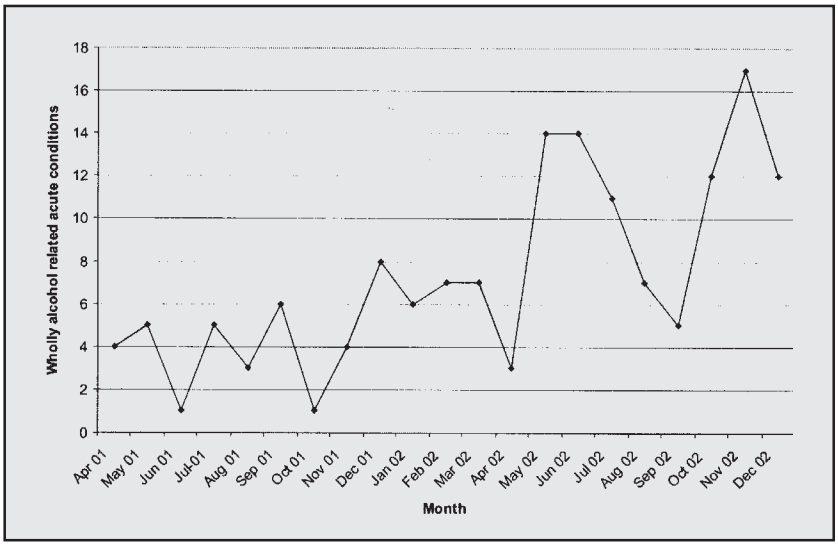

Figure 10: Wholly alcohol-relatedacute admissions to Alice Springs Hospital , April 2001 to December 2002

'Virtually no change was found in the amount of alcohol sold in Alice Springs. However, the substitution of product (sic) was one of the most glaring results of the trial.'

While it is true that there was no change in alcohol sales as a result of the trial, on the basis of the analysis presented it is difficult to see how they reached their conclusion.

> *... 470,426 litres of absolute alcohol were sold into Alice Springs outlets during the four quarters of the trial (ie. June 2002 to March 2003). This is 24,338 litres (5.51%) higher than for previous twelve months but 40,414 litres (7.9%) lower than for the twelve months before that. If the average of both comparison years is taken (478,464 litres), the trial shows a 7,978 (1.7%) decrease (2003:3).*

In Figure 11, I have graphed the wholesale sales data Crundall and Moon present in Table 1 (2003:3). It is clear from their table and the graph that there is a seasonal component in the pattern of sales with a low point in the first quarter of each year and a peak in the fourth quarter. To assess whether or not there has been any real change through time, it is necessary to control for that seasonal factor—that is, to 'deseasonalise' it. This was done using the SPSS for Windows 11 'seasonal decomposition' procedure. The results of this are presented in Figure 12.

As there were too few data points in the period of the trial it was not possible to conduct a regression analysis of sales in the pre-trial and trial periods. However, I conducted analysis of the regression of the volume of sales on time. This demonstrates that any difference in sales over the period was not statistically significant (r^2 =0.205, sig=0.068). Parenthetically, comparison of Figures 11 and 12 shows that, while the running down of stocks cited by Crundall and Moon (2003: 3) may have played some role, most of the drop in sales in the quarter preceding the trial was due to seasonal fluctuation.
There is no doubt, as Crundall and Moon point out:

> *... that the most notable shifts in beverage preference were between cask wines that were restricted as part of the trial and fortified wines. While the market share of the former dropped over 20% [ie. from 24.6 to 4.0 per cent], the latter increased its share by 19.2% [ie.from 2.3 to 21.5 per cent] (2003:3).*

Sobering up shelter admissions

Crundall and Moon do not include consideration of sobering up shelter admissions in their 'Discussion'. However in the section of their report on 'Harm Indicators' they note:

> *With a total of 4,863 admissions to the Sobering Up Shelter ... there has been a 28% reduction over the course of the trial. This is despite the SUS being open an extra day a week during the trial (2003:14).*

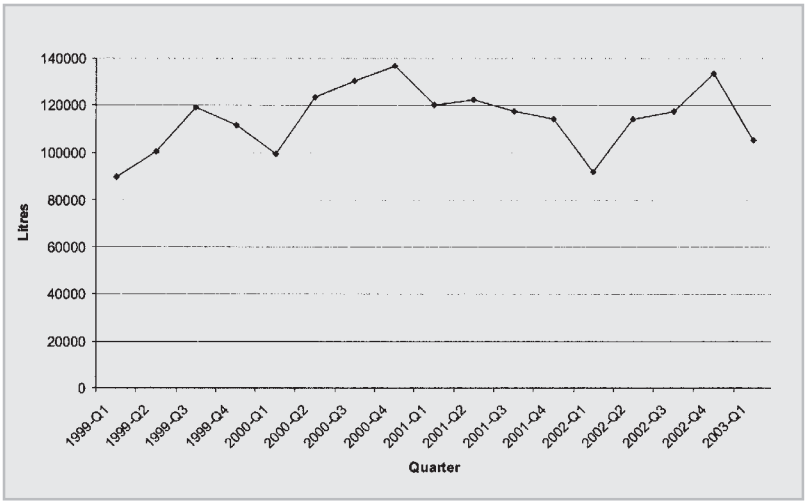

Figure 11: Quarterly wholesale sales of pure alcohol, Alice Springs, January 1999 to March 2003

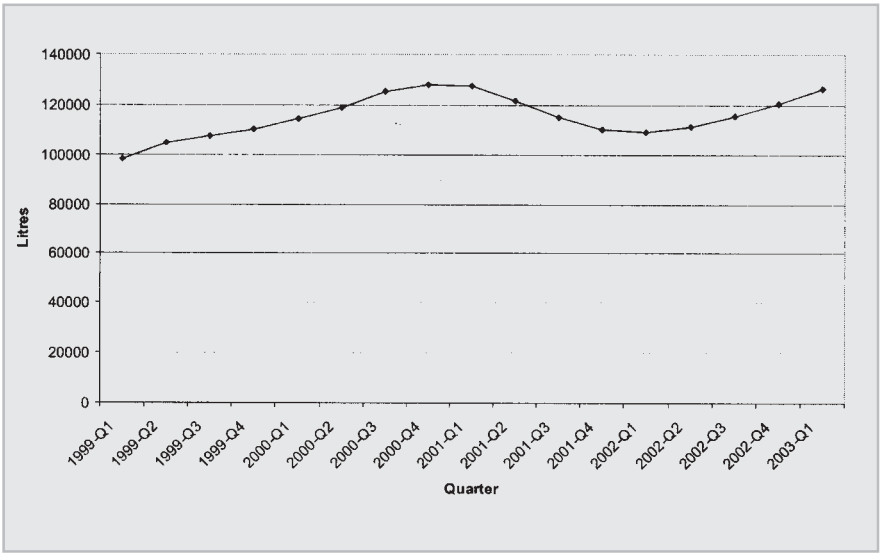

Figure 12: Deseasonalised time series, quarterly wholesale sales of pure alcohol, Alicxe Springs, January 1999 to March 2003.

The admissions data that Crundall and Moon provide in Table 15 of their report (2003:14) are graphed in Figure 13, and I have subjected them to linear regression analysis. The decrease in admissions during the trial period was statistically significant (r^2 =0.417, sig=0.001).

With regard to the sobering up shelter admissions data Crundall and Moon state that:

> *... the peak admission time shifted from between 4pm and 6pm, to be two hours later at between 6pm and 8pm. The proportion of admissions made between 6pm and 2am increased 12.5% while a decrease similar magnitude (sic) (14%) occurred in the hours between midday and 6pm (2003:14).*

However, the increased percentage in the number of admissions between 4:00 pm and6:00 pm is not a consequence of increasing numbers of admissions at that time but a decrease at other times. As Figure 14 shows, in the pre-trial and trial periods, there were no significant differences in the numbers of admissions between 6:00 pm and midnight or between midnight and midday. The differences between the two periods are the significant reductions in the number of admissions between midday and 6:00 pm—especially in the periods 2:00 to 4:00 and 4:00 to 6:00 pm.

Summary relating to findings

Re-analysis of the data that Crundall and Moon present, confirms that they have identified several positive outcomes associated with the trial of restrictions. These include significant decreases in:

- presentations to Central Australian Aboriginal Congress;
- presentations to Alice Springs Hospital Emergency Department;
- admissions to the Drug and Alcohol Services Association Sobering Up Shelter
- protective custody orders issued by the Police and the number of those held in Police cells.

There are other positive outcomes identified by Crundall and Moon about which no firm conclusions can be made based on the data they present or that are not supportedby the data. On one hand, they might be correct in identifying a real decrease in alcohol-related alcohol ambulance call outs, but the data presented do not permit confirmation of this. Similarly, the data they present do not enable a reader to be confident that the 13 per cent reduction in alcohol-related assaults is not a chance phenomenon. On the other hand, the data they present does not support their conclusion that there has been a decrease in the number of alcohol-specific incidents reported by the Police. Analysis shows that this decrease was not statistically significant, thus could simply be due to chance.

Crundall and Moon also identify the fact that there has been no significant reduction in the level of wholesale sales in terms of absolute alcohol, and that there has been substitution of port for banned casks of table wine. They do not appear to regard the former as a negative outcome. However—like many others—

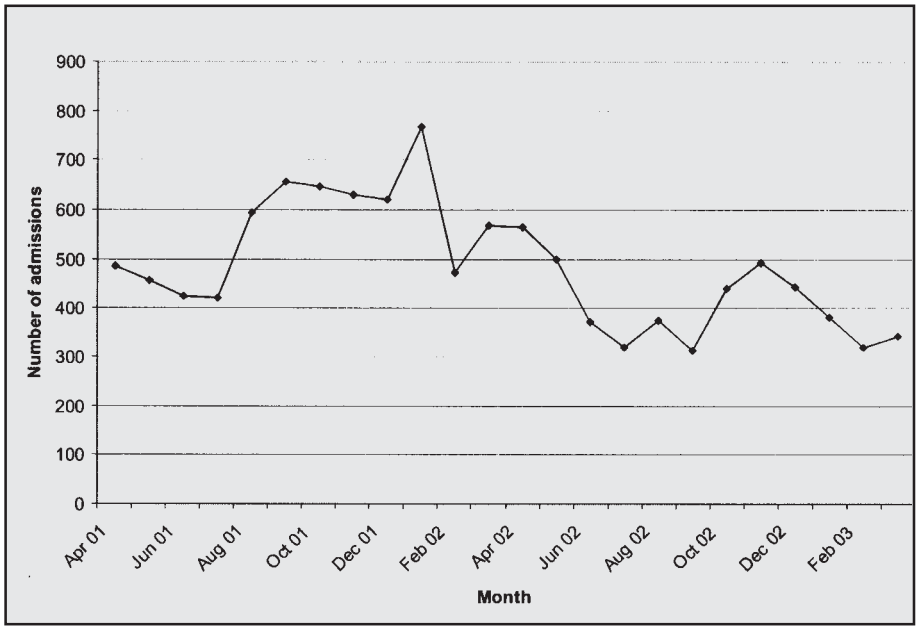

Figure 13: Number of admissions to the drug and Alcohol Services Asociation Sobering Up Shelter, Alice Springs, April 2001 to March 2003.

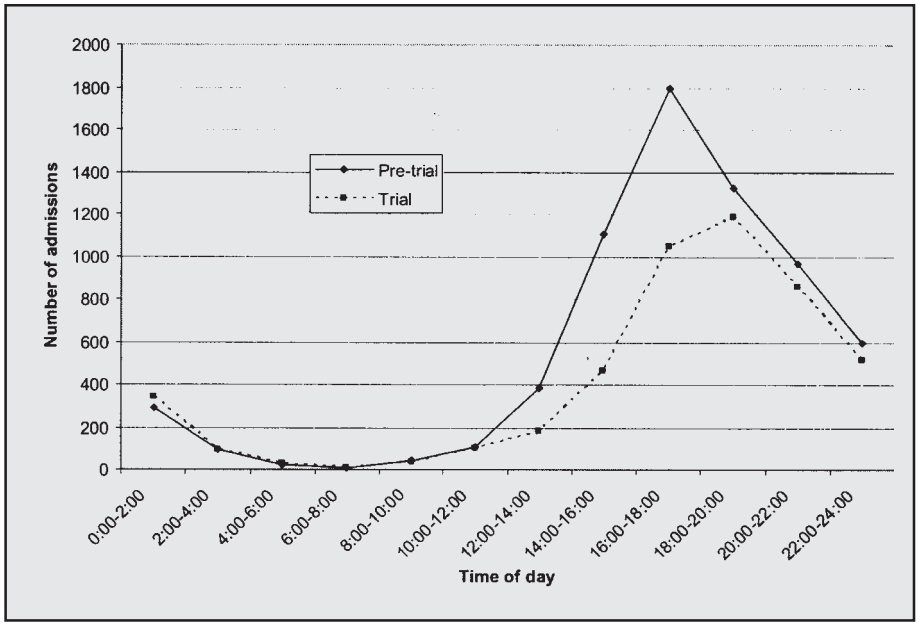

Figure 14: Number of admissions to the Drug and Alcohol Services Sobering Up Shelter by time of day, April 2001 to March 2002 and April 2002 to March 2003.

they identify the shift to higher alcohol content fortified wine as such. They are also correct in identifying a significant increase in alcohol-related acute hospital admissions. However, these comprise only a small part of hospital workload.

Among the negative outcomes of the trial, Crundall and Moon cite an increase in alcohol-related offences. However, this conclusion is not supported by the data they present. There are wide monthly fluctuations in this data and the supposed increase was not statistically significant. Again, this is likely to be a random fluctuation.

Given that there was no overall increase in alcohol-related offences (or alcohol-specific incidents), it is likely that the significant increase in disturbances and the decrease in loitering that they identify are simply a result of police practices. This may or may not be the case with regard to the increase in criminal damage; whereas the increase in unlawful entries might reflect an actual increase in that offence. Even if these latter categories

of offence have increased, however, they constitute only a small part of total alcohol-related offences.

Among the negative outcomes of the trial that they purport to identify, Crundall and Moon implicitly emphasise the fact that during the trial period there had been increases in the percentages of:

- *people taken into protective custody in police cells;*
- *people admitted to the sobering up shelter; and,*
- *assaults occurring during the later part of the night and early hours of the morning.*

However, while this is true, it distorts the reality of the situation. There were statistically significant changes in each of these indicators but those changes were a consequence of reductions during the afternoon and early evening—not an increase in numbers later at night as implied in Crundall and Moon's presentation of the data.

The representativeness of the 'community' surveys

As the Licensing Commission is required to consider the views of the community when making liquor licensing decisions, it was planned—subject to the availability of funds—that a survey of community attitudes to the restrictions would be undertaken. In order to minimise the cost of a such a survey, it was proposed by the Department of Community Services and Health that the Department's triennial household survey of alcohol consumption be brought forward to the end of the trial period, and that the Alice Springs component include a series of questions on the licensing restrictions. Concern at this proposal was expressed by Tangentyere Council because a household survey would not include residents of the town camps, whose voice would, thus, not be heard. Accordingly, it was agreed between Tangentyere Council, the National Drug Research Institute, the Centre for Remote Health, and the Central Australian Division of Primary Health Care that they would conduct a household survey within the town camps. Approval to conduct the survey was given by the Central Australian Human Research Committee and the survey was commenced in April 2003. A report on the survey was completed in May. Copies were provided to the evaluators and are available from Tangentyere Council.[2]

The Department of Community Services and Health had initial difficulty in gettingethics committee approval for the household survey and was unable to recruit a consultant who was able to conduct the survey within the specified time period. Consequently, a decision was made to conduct a telephone survey and approval for this was given by the Central Australian Human Research Committee. Staff from Central Australian Aboriginal Congress immediately raised objections to this with the evaluators on the grounds that a telephone survey would not be representative of the town population as a whole because there are many Aboriginal (and some non-Aboriginal) families residing in the town who do not have telephones.
Nevertheless, a decision was made to proceed and the Department of Community Services and Health contracted Market Equity to undertake the telephone survey. As reported by Moon and Crundall, the survey took place over the first two weeks of May. At the time of writing this review, no formal report on the survey has been completed—although the Department of Community Services and Health has advised that this is being undertaken—and the only details available are those included in Crundall and Moon's report (2003:26–27). In its report on the restrictions, the Evaluation Reference Group expressed concern that a telephone survey was conducted rather than a household survey (ERG 2003:3).

Crundall and Moon state that:

> *The generality of both surveys is limited by factors that excluded individuals from participating and the characteristics of the sample eventually achieved (2003:2).*

This is true of the telephone survey, but not of the town camp survey. The selection of samples for both surveys differed, but both used proven and accepted methodologies that if properly applied would provide representative samples of the target populations. In the case of the telephone survey a random sample was selected from an electronic database of telephone listings (2003:26). In the case of the town camps, participants were selected from town camp households with the number being proportionate to the number of households in each camp (2003:28).

As Crundall and Moon note, the telephone survey excluded those 'with limited English comprehension, those requiring an interpreter, those less than 18 years and people without a household telephone' (2003:26) but no information is provided on the number of those exclusions. In the town camp Survey the only exclusion was of people under the age of 18 years. In the telephone survey, the refusal rate was 36.8 per cent (235 out of 637 eligible respondents approached, p26) in the town camps it was 4.1 per cent (12 out 289

eligible respondents approached, p28).

In the text and in Table 21 of their report, Crundall and Moon provide information on the percentages of females and Indigenous people in the telephone sample, descriptive statistics on the age of respondents, and the percentage of people who had resided in Alice Springs for various periods of time. However, they provide no information on how the latter two of these characteristics of the sample data compare to those of the study population.

With regard to the town camp survey, Crundall and Moon claim that:

> *Demographic details of the achieved sample (ie age, gender' length of residency) are not available and this must caution the generalisation of the results (2003:28).*

However, parts of this statement are either untrue or not relevant to the survey. In the Tangentyere Council report of the survey, a break down of participants by age category is provided with comparison to Australian Bureau of Statistics data; and the authors of the report note that there is a statistically significant difference in the numbers in each category. However, they also note that when responses to major questions are analysed by age category, there were no statistically significant differences—meaning that the difference in age structure made no difference to the results and that there was no need to weight responses on the basis of age (Tangentyere Council, NDRI, CRH 2003:5-6). The percentage of women in the town camp survey was 51.6 per cent and this data was available to the evaluators on request. It is true, as Crundall and Moon say, that the third of the demographic variables—'length of residency'—is not available. However, those who conducted the survey did not regard this as immediately relevant to their purpose—just as they and those who conducted the telephone survey did not consider drinking status or other characteristics as immediately relevant. The purpose of the stratified random sample was to ensure that participants were representative of the population of town camp residents and visitors. The recording of gender and age was done to provide a cross-check on this.

Another caution that Crundall and Moon make is that:

> *As the surveys also relied on self report, it must be noted that reported behaviours and expressed attitudes were not open to verification (2003:2).*

However, this is a nonsense. The purpose of the surveys was to elicit reported behaviours and elicit attitudes—they were not aimed at 'objectively' describing the kind of data captured in the statistical reports.

In the case of the town camp survey—Crundall and Moon's comments to the contrary—the results can be generalised and do provide a broadly representative picture of the attitudes of people in the camps to the restrictions (Tangentyere Council, NDRI, CRH 2003:4) and Tangentyere Council (or anyone else to my knowledge) is not claiming that the results apply to anyone other than town camp residents and their visitors.

The issue about the extent to which the results of the telephone survey can be generalised is more problematic. As indicated above, Crundall and Moon caution about this (2003:2). However, nowhere do they explicitly state the fact that, if the results can be generalised, they can only be generalised to those people with telephones. The extent to which the views of such people are representative of the population of Alice Springs is a moot point in the absence of other evidence.

Some indication that it cannot be generalised to the wider population of the town is to be found in the percentage of Aboriginal people in the telephone survey—6.0 per cent. This may be the proportion of Aboriginal people in a random selection of telephone subscribers. However, the percentage of Indigenous people identified by the Australian Bureau of Statistics in the 2001 Census of Population and Housing as living in the town (the SLAs of Charles, Heavitree, Larapinta, Ross and Stuart, excluding the town camps) was 13.6

[2]. It should be noted that the Tangentyere Council research team declined an original request from the evaluators that they provide the raw data from the survey because they were of the view that the evaluators would not be in a position to interpret them. Later, some members of both Tangentyere Council's executive and staff were of the view—for the same reasons—that the report should not be given to the evaluators but should be provided directly to the Licensing Commission. In their report, Crundall and Moon state that 'The interpretation of data and the conclusions have been made by the Evaluation Team independent (sic) of that report' (2003:27). This is problematic because, for example, they do not include important qualifiers on the results—such as the fact that many of those in the 17 per cent who said the restrictions should be dropped did so because they thought the current restrictions were not working, not because they were necessarily opposed to restrictions per se (Tangentyere Council, NDRI, CRH 2003:12–13)

per cent. Thus, with regard to this factor at least, the telephone survey sample is not representative of the town population.

Crundall and Moon also say that the survey (and the town camp survey)

> *'... provide a reasonable snapshot of perceptions from a large proportion of the local community' (2003:2).*

However, while it might represent the perceptions of 'a large proportion of the local community', this is not necessarily a representative proportion. Problematically, though, in their report on the findings (2003:26–27) and in their discussion (2003:31), Crundall and Moon treat results of the telephone survey as if they are representative.

Reduction of per capita consumption: goal or not?

In my view, one of the most important issues arising from the Summary Evaluation of the Alice Springs Liquor Trial is one that must be taken up directly with the Licensing Commission. That issue is whether reduction of per capita consumption of alcohol was an objective of the Alice Springs liquor trial. As Crundall and Moon note in their evaluation report, in its decision to undertake the trial, the Licensing Commission did not provide a clear statement of the objectives to be achieved (Crundall and Moon 2003:1; Northern Territory Licensing Commission 2002). In the case of indicators such as alcohol-related hospital admissions and police offence reports, the absence of a clear statement was not problematic—there was general agreement that there needed to be reductions in them. However, in the case of per capita consumption there are obviously different views: with some seeing reduction of consumption as a key objective and others regarding the level of consumption as unimportant if reductions can be achieved in the other indicators.

In the hearings leading up to its decision, the Licensing Commission heard evidence about the issue of consumption from Professor Tim Stockwell (Director of the National Drug Research Institute), Dr Ian Crundall (of what is now the Northern Territory Department of Community Services and Health), and me (Associate Professor at the National Drug Research Institute). In my evidence, I cited:

> *· an international review conducted for the World Health Organisation summarising evidence that shows a high correlation between per capita consumption of alcohol and various indicators of harm (Edwards et al. 1994); and,*
> *· work conducted by myself and Tanya Chikritzhs demonstrating that, dependingupon region, per capita consumption in the Northern Territory between 1994 and 1998 was at least 1.4 times the national level and that in 1997–98 per capita consumption in Central Australia was 1.54 times the national average (Gray & Chikritzhs 2000).*

From this, and work that I had done in the second evaluation of the Tennant Creek liquor licensing restrictions (Gray et al. 2000), I argued that in order to reduce alcohol related harm in Alice Springs it was important to reduce per capita consumption of pure alcohol.

Stockwell's evidence to the Licensing Commission hearing is summarised thus:
In that the consumption figures do not pick up on harmful patterns Professor Stockwell suggests ... that the focus should be on risky pattern of use and risky drinking environments rather than average consumption (NT Licensing Commission 2002:20).

The way in which Stockwell's and my evidence was reported in the Licensing Commission decision presents our views as being in opposition. However, this is not so. I believe that the impact of per capita consumption is mediated by drinking patterns; and it is Stockwell's view that in those environments where per capita consumption is particularly high the focus of intervention should be on both reducing per capita consumption itself and particular drinking patterns, such as binge drinking.
Stockwell co-authored a paper with Chikritzhs and I on the impact of the Northern Territory cask wine levy which showed its effect in reducing per capita consumption and argued for the introduction of measures having a similar effect at the national level (Gray, Chikritzhs, Stockwell 1999).

In the summary of Crundall's evidence, the Licensing Commission writes:

> *Dr Crundall too was of the opinion that changes in consumption patterns are more important than the raw consumption figures. He is of the view that the more compelling statistics are those that are indicative of the harm in the community; if there was no harm from a level of alcohol consumption, nobody would care (2002:20).*

The final point in this quote is undoubtedly true. However, the reality is—as Stockwell's work has shown—about half of all alcohol consumed in Australia is consumed in a harmful fashion (Stockwell et al. 2001). Furthermore, most of this is consumed by people who, purely in terms of per capita consumption, would be classified as moderate drinkers—not simply those who are alcohol dependent.
While my views and those of Stockwell can be shown to be in accord, those of Crundall reflect a more restricted approach to intervention—an approach reflected in the way in which data on wholesale sales of alcohol (as a proxy measure of consumption) are treated in the evaluation report. Furthermore, Crundall's more restricted approach is at odds with those of researchers such as d'Abbs and Brady who have identified reductions in per capita consumption as either an indicator or a goal of attempts to reduce alcohol-related harm (d'Abbs & Togni 2000; d'Abbs et al. 2000; Brady & Martin 1998).

In its summary of this and other evidence, the Licensing Commission acknowledges that:

> *The best evidence remains that consumption is a function of both demand and availability, and that reducing availability does produce a reduction in consumption statistics (2002:20).*

It might be inferred from this—and its endorsement of the success of restrictions in Tennant Creek—that the Commission regards reduction in per capita consumption as a goal of the restrictions in Alice Springs; but it has not made this explicit.

Whether it was a result of the Commission not making it clear that reduction in consumption was a goal of the restrictions, or because it did not regard this as a goal, Crundall and Moon in their evaluation of the trial did not treat it as such. They include data on wholesale sales figures under the heading of 'Harm Indicators'. However, in their discussion of these data, there is no mention of the failure of the restrictions to reduce consumption as a negative outcome of the trial.

This approach to the objectives of the restrictions may, in part, explain why the evaluators—and the Evaluation Reference Group—sat back and did nothing when it was clear from the early days of the trial that cheap two litre casks of port were simply being substituted for four litre casks of table wine; and why they did not take the option left open by the Commission that it:

> *... will move to amend the terms of reference and modify the evaluation process if deemed necessary to maintain the integrity of the evaluation or the surrounding processes or to respond to changed circumstances. Any such amendment or modification shall be jointly agreed between the Commission and Dr Crundall. Stakeholder will be consulted to the extent deemed appropriate in the circumstances (2002:25).*

This approach also explains why Crundall and Moon consider only a limited range of options with regard to the future of the current restriction on the size of beverage containers. As indicated above, I think it essential that this issue is clarified with the Liquor Commission and that it is part of the considerations regarding the future of the restrictions.

Proposals for future restrictions on supply

Crundall and Moon support retention of two of the current liquor licensing restrictions in Alice Springs:

> *· the restriction on the sale of alcoholic beverages other than light beer on licensed premises before 11:30 am on weekdays; and,*
> *· the restriction on takeaway sales before 2:00 pm on weekdays. In the light of the evidence reviewed above, these have been the two restrictions that have been effective and, from a public health perspective, support for their retention is justified.*

With regard to the third restriction—the ban on the sale and supply of alcoholic beverages in containers of more than two litres—Crundall and Moon canvass three options. They justify need to consider these options on the grounds of the substitution of two litre containers of port for four litre containers of cask wine and

the adverse consequences that have arisen from it; not on the basis that it has failed to reduce alcohol consumption. The options they canvass are:

> *· the current restriction on the sale or supply of alcohol in containers larger than two litres be maintained, with some supplementary controls (2003:31);*
> *· '... the limit on container size be removed' (2003:30);*
> *· '...the current restriction might be retained if effective new strategies are adopted to address the substitution that has been evident' (2003:20).*

Option 1

Of the first option, Crundall and Moon write:

> *If the only restriction on product continues to be in terms of four litre containers, strategies that might be considered in an effort to reduce Port (sic) consumption is to limit its public display or other active promotion at outlets or perhaps to impose limits on how much individuals can purchase or outlets can carry. Incentives might be offered to encourage licensees to promote lower alcohol content beverages. Of course vigilance would be needed to ensure substitution did not transfer to other products (2003:31).*

Some of the strategies they suggest in this paragraph might warrant further discussion with regard to this option—or with regard to the third option they put forward.
However, this option is not favoured by the evaluators (although they give no reason) and the option is given no further consideration.

Option 2

The second option canvassed by Crundall and Moon is that the limit on container size be removed. They outline two arguments in support of this—the first of which misses the point, and the second of which is based on a false premise. They write:

> *It should be remembered that one of the reasons for introducing cask wine in the 1980's was to replace the preference for fortified wine and spirits that was current among Aboriginal people in Alice Springs at that time (2003:30).*

However, they cite no source for this view. Even if it can be shown that the introduction of cask wine was not simply a commercial decision of producers and licensees, the situation has changed. Prior to the introduction of the restrictions, it was widely agreed that the high level of cask wine consumption was a problem. At that time cheap two litre containers of fortified wine were not widely available. They were stocked by licensees—as a substitute for cask table wine—who contributed to the demand for cheap fortified wine. It is unlikely that this demand will simply subside if the container size limit is removed. Removal of the limit would mean that some people would continue to misuse higher alcohol content fortified wines (with the attendant problems associated with rapid consumption of this beverage) and the problems previously identified as stemming from high levels of cask wine would remain unaddressed.

The second argument outlined by Crundall and Moon in support of removing the limit on container size is that:

> *If it is accepted that policing has achieved more benefits than the banning of containers larger than two litres, it is difficult to consider what is to be gained by continuing a ban on product with a lower alcohol content. One might suspect that it would actually be positive in reducing aggression, disruption and acute health effects (2003:30).*

The problem with this argument is that—as we have seen—policing has achieved no significant benefits and, as with their first argument, the removal of the limit would mean that the previously identified problems associated with cask wine consumption would remain unaddressed.

Option 3

The third option canvassed by Crundall and Moon is the adoption of effective new strategies to address the substitution. They outline two approaches to this. The first approach is that of 'removing access to Port (sic) and other selected products' (2003:30). They argue against this on the grounds that such limitations are:

> *... likely to engender further frustration and resentment as choice is progressively limited for all people (regardless of their contribution to alcohol-related harm). With complaints already received from some sectors of the tourist industry in particular about the removal of four litre casks, this concern might be expected to become accentuated as more products are made unavailable (2003:30–31).*

It is clear that *some* people will be frustrated and resentful. The problem is that we have no real estimate of what proportion of community members these will be. Conversely, it is clear that there are others in the community who would support tighter restrictions. Again—largely due to the fact that the town-based survey is representative only of people with telephones and not the community as a whole—we do not have a precise estimate of the number of such people. Thus it would seem, this argument is based on the preference of the evaluators, and privileges the view of one section of the community over another.

A second argument that Crundall and Moon make against the restriction of a broader range of beverages is that:

> *If availability is broadly limited it might also encourage more "importation" from outside Alice Springs (and the need for more law enforcement as a result) (2003:31).*

However, they provide no evidence to support the view; and, equally, it might not encourage more importation.

The second approach to the adoption of strategies to address substitution discussed by Crundall and Moon—and the one favoured by them (see their recommendation regarding this)—is that of extending the container ban to include two litre cask port for a three month trial period (2003:31). They support this option on the basis that it selectively targets and impacts on those most in need of intervention and that three months is a sufficient period to observe its impact. They note the risk of further substitution (which the proposal to limit a broader range of strategies was designed to address) but suggest that, 'this could be mitigated by a well planned and implemented campaign that promotes safe drinking practices and products to this target group' (2003:31). While there is certainly a need to target such a program at this group, it is naïve to think that it would bear fruit in such a short period of time—as Dr Crundall's experience as Director of the 'Living with Alcohol' program should attest.
Given the existing demand for cheap alcohol, the effect of this strategy might be limited. If it was, the consequence of the recommendation that if 'there is no clear gain then all container limits should be removed' (2003: iv) would be that neither the problems previously associated with four litre casks of table wine nor emergent problems associated with the misuse of port would be addressed.

Other options

According to the Outline of Evaluation Framework document, two of the proposed topics to be addressed in a community survey were 'what changes should be made to the restrictions' and 'other approaches that could be tried' (2002:5). Importantly, however—in their discussion of the future of the restrictions—Crundall and Moon do not canvass the range of suggestions made by participants in the surveys at all.

It is clear that Crundall and Moon's discussion of the options available with regard to the current ban on the sale of beverages in containers of more than two litres is inadequate. Furthermore, the recommendation they make on the basis of it is unlikely to address neither the previously identified problems associated with cask wine consumption nor the emergent problems associated with casks of fortified wine. Also, as Crundall and Moon do not identify the high level of alcohol consumption in Central Australia as a problem, this is not addressed either.

Conclusions

As my review of Crundall and Moon's findings demonstrate, the standard of the evaluation leaves a great deal to be desired. They 'identified' one 'false positive' effect of the restrictions—decline in alcohol-specific police incidents that is not supported by statistical analysis of their data. However, they failed to identify several positive outcomes associated with the restrictions on full-strength beverage sales in licensed premises and the later commencement of take-way trading—significant declines in the number of people taken into police custody or admitted to the sobering up shelter and the number of assaults in the afternoon or early evening. They also identified a 'false negative' effect of the restrictions—an increase in alcohol-related crime that is not supported by statistical analysis of the data.

Another significant problem with the evaluation was the use of a telephone survey to ascertain community

views. Respondents to the survey are not representative of the town population as a whole and we are left without clear answers to important questions about people's attitudes to the restrictions and what should be done about them. In my view, the use of a telephone survey was a consequence of the evaluators' lack of independence from the Department of Community Services and Health and the constraints on it. An independent evaluator would have been unlikely to use a telephone survey in such a situation.

The response of the evaluators to the failure of the restriction on container size is, to me, inadequate. They have not adequately canvassed the options available on this or alternative restrictions—particularly any that might have emerged from the community surveys, which were designed to elicit such options. The response they propose to the failure of the container ban—a three month trial ban on two litre casks of port, with a drop on all container bans if the trial fails—is unlikely to be effective. It is likely to result in neither the old problems associated with cask wine consumption nor the newly emerged problems associated with fortified wine consumption being addressed.

In part, the response of the evaluators to the failure of the restriction on container size stems from the position implicit in their report that a reduction in consumption was not an objective of the trial. This is a matter that needs urgent clarification with the Licensing Commission before any decision is made on the future of the restrictions.

Acknowledgements

Tanya Chikritzhs from the National Drug Research Institute provided comments on, and assistance with, the statistical analyses. The National Drug Research Institute is funded by the National Drug Strategy.

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Response to Review of the Summary Evaluation of the Alice Springs Liquor Trial
Ian Crundall with annotated comments by Dennis Gray, June 2003

STATISTICAL TESTS

Issues are raised about the lack of statistical tests being presented in the summary report. The much more detailed report prepared by Chris Moon (Report to the Licensing Commission, Alice Springs Liquor Restrictions Trial 1/4/02 to 31/3/03) and given to the Commission on the same day as the other reports includes more specific data, analyses and statistical tests. That report is also available on the liquor trial website.

The intention of the summary report was to be make it "user friendly" as a document for the general public of Alice Springs. As such, many technical details were not included. This is consistent with the previous summary progress reports produced over the course of the trial. For completeness it may have been useful for the final summary to include statistical analyses, but given the availability of Moon's other report it was considered redundant at the time of finalising the document.

Despite this, it is acknowledged that statistical tests were not conducted on all data in the Moon report. The decision was taken to perform tests of significance only on those indicators being treated as 'key indicators' of alcohol related harm. This was based on a recognition that some indicators have a more equivocal link to alcohol-related harms and a need to keep the presentation and analysis as simple and clear as possible. There was no intention to 'mislead' readers.

> *DG: I was asked to comment on the summary report. At the time I was asked to do so, by Central Australian Aboriginal Congress and Tangentyere Council, the representatives of those organisations on the Evaluation Reference Group had not been informed that there was a more detailed report submitted to the NT Licensing Commission. Nevertheless, it would be expected that a 'summary report' would reflect the content of the larger report. However, in several instances it does not. Dr Crundall's use of quotation marks around the word 'mislead' seems to imply that the word is mine. Nowhere is it used in my report and, certainly, nowhere did I attribute such 'intention' to the evaluators.*

Comments on the specific statistical analyses undertaken by Gray follow:

Alcohol specific instances

Gray refers to instances of drunkenness and breaches of the two kilometre law, but goes on to analyse only the former. From that he determines that it would be "wrong to place too much significance on the apparent increase". However the trial actually revealed a decrease from 13,504 to 11,998. This contradictory statement by Gray is confusing as it uncertain what he analysed. In any case he should be assured that the eleven percent decrease was not a major element in making conclusions about the trial.

> *DG: In my review of the report by Crundall and Moon I had to rely upon the data they presented in their report. If I only analysed instances of drunkenness and not breaches of the two kilometre law, this is because the data presented in Crundall and Moon's summary reportpresents the data for the these two categories as combined and in its analysis treats them as combined (2003:7).*
>
> *DG: I agree with Dr Crundall that there is a slight confusion in my discussion of alcohol specific incidents. In my review I concur with Crundall and Moon that '... it is true that the number of alcohol specific incidents was down' (2003:2). However, later in the discussion, I did inadvertently refer to an 'increase'. Nevertheless, the first statement and reference to Figure 1 in the review should dispel any uncertainty regarding what was analysed.*

Gray analyses the number of Protective Custodies and the number placed in cells and determines the reductions are significant. The summary report also identifies a reduction so there is no inconsistency and Moon (page 21) provides statistical results of significance.

> *DG: It was not claimed in my review that there was an inconsistency in this regard. My analysis confirmed that conclusion by Crundall and Moon.*

Gray queries the observation that custodies occurred later in the day, although his analysis confirms this conclusion. This apparent disagreement comes from Gray analysing numbers over time while the evaluation

reports look at the proportional spread of cases over time (having already commented on the total numbers). Figure 3 from Gray is similar to Figure 10 from Moon. Further, as the figures used in the evaluation reports had to add to 100 percent, it is obvious that high proportions at some times would necessarily be compensated by low proportions at other times. The reports state this.

> *DG: Crundall and Moon do not state this in the summary report. They write '... these changes indicate that the bulk of Protective Custodies were (sic) occurring later in the day during the trial' (2003:8). Without the important qualifier that there was a reduction earlier in the day, their statement implies that there was an increase in protective custodies later in the day. As Dr Crundall writes above, I confirm the 'conclusion' that a greater proportion of custodies took place later in the day. However, the important point is not that, but the reduction of custodies earlier in the day.*

Alcohol related assaults

The literature reveals that confirmed assaults are one of the most robust indicators of alcohol related harm. In the case of Alice Springs, confirmed assaults identified by Police as involving alcohol show a high correlation with the overall number of confirmed assaults, so it was considered reasonable to report both total assaults and alcohol involved assaults. Moon did a statistical analysis of overall confirmed assaults and found the 14.2% decline to be significant.

The issue raised about the distributions across time of day again relates to numbers being analysed by Gray and proportions being analysed in the evaluation reports. It si clear that the patterns exhibited by each are the same.

> *DG: As indicated in the review, my analysis confirmed Crundall and Moon's finding that there had been a significant reduction in alcohol-related assaults. This was never in dispute. However, my criticism regarding their interpretation of the temporal distribution of those assaults still stands.*

Ambulance service

Moon presented results of statistical analysis on page 25 and shows the difference to be significant.

> *DG: I am pleased that Crundall and Moon are able to provide statistical analysis supporting their assertion that there was a significant reduction in ambulance call outs. However, as I indicated, in their summary report they did not provide either the data or make reference to the results of the analysis.*

Congress

Gray maps Congress totals and concludes there is a statistically significant difference of less cases during the trial. This is consistent with the interpretation made in the summary report.

> *DG: Again, this was acknowledged in my review and is not in dispute.*

Emergency department

Gray maps Emergency Department data and concludes there is a significant difference of less presentations during the trial. This is consistent with the interpretation made in the summary report.

The issue raised about the distributions across time of day again relates to numbers being analysed by Gray and proportions being analysed in the evaluation reports. Both analyses reveal the same patterns in the data.

> *DG: Again, the first point was not in dispute. With regard to the second point, both analyses confirm the same pattern in terms of the percentage distribution of call outs. However—as I make clear in my review—in their summary report, Crundall and Moon's interpretation of this distribution provides an inadequate description of the important fall in the number of call outs at earlier periods during the day.*

Alcohol-related offences

An analysis was done on alcohol-related offences as a proportion of all Police incidents and a statistically significant difference was found: $t=30.18$, $p<.0001$. In the twelve months before the trial alcohol-related offences comprised 29.4% of all incidents, but over the course of the trial there were 612 more of these offences and they comprised 51.6% of all incidents. Gray, on the other hand, looks at trend over time and concludes a non-significant increase. Both are correct.

DG: As I indicated in my review, the change in the proportion of alcohol-related offences as a proportion of all Police incidents (now confirmed as statistically significant) is more likely to be a function of changed policing practice than a consequence of the trial. My assertion that the overall change in the number of incidents was not statistically significant remains (and is accepted by Dr Crundall). Thus, confirming my original conclusion that Crundall and Moon placed undue weight on the observed reduction in such incidents.

Acute ASH conditions

An analysis was not done on the acute conditions as it is recognised to have a very low base. However, it is interesting that Gray still applies statistical tests to this (and criminal damage and unlawful entry) but dismisses the results as not important. This highlights a debate that could be had over statistical significance versus other criteria for determining meaningfulness (eg social impact, personal consequence). Clearly Gray does not see statistical significance as the sole arbiter, but it would be helpful to know how he discriminates when it is and when it is not a critical consideration.

DG: Dr Crundall is correct when he states that I do not see statistical significance as the 'sole arbiter'. However, he misrepresents my position. I did not 'dismiss the results (the decline in admissions for acute conditions) as not important'. I acknowledged their impact—particularly on the individuals and families involved. I also made clear my reasons for according the small number of admissions less importance. That is, that they constitute only a small proportion of alcohol-related conditions dealt with at the hospital—thus constituting a small proportion of the total burden of alcohol-related harm and the resources that must be allocated to address it.

Alcohol sales

Moon conducted a statistical analysis of the sales data back to 1995 (page 13) and found no significant difference. This is why the Discussion stated that "virtually no change was found in the amount of alcohol sold". In the Results section there are descriptions of how much sales differed between the trial and pre-trial periods, but there is no interpretation of that difference.

Gray's analysis is "deseasonalised", although his basis for doing this is unclear. He claims there is a low point of sales in the first quarter of each year and a peak in the fourth quarter. While the former is true, the latter is only true for 2000 and 2002 – making it problematic to adjust the entire series for a seasonal component that only appears in segments of the series. Despite this, his conclusion is consistent with the interpretation made in the summary report.

DG: There is a two-fold basis for deseasonalising the alcohol consumption data. A previously published paper by Chikritzhs and I shows that over the period July–September 1994 to July–September 1998 there is seasonal variation in wholesale sales of alcohol for the Northern Territory as a whole—with the first quarter of each calendar year being significantly lower than the preceding three quarters (and particularly the previous quarter). Contrary to Dr Crundall's assertion, this pattern is also evident in the Alice Springs data. In no instance in the data provided in the Crundall and Moon summary report are first quarter sales higher than in any of the preceding three quarters. In the first quarters of 2000, 2001, 2002 and 2003 sales were 88.8, 88.1, 80.3 and 70.0 percent lower respectively than the fourth quarter of the preceding year.

Sobering up shelter

Gray found that there was a statistically significant difference in admissions, with fewer occurring in the course of the trial. This is the same finding as Moon reports on page 23.

The issue raised about the distributions across time of day again relates to numbers being analysed by Gray and proportions being analysed in the evaluation reports. Figure 15 from Gray and Figure 12 from Moon show the same patterns in any case.

DG: Again, the first point was never disputed; but Crundall and Moon's interpretation of the temporal distribution of admissions underplays the significance of reductions in admissions in the earlier part of the day.

Other

I dispute two of Gray's dot points on page 16. He has either chosen to ignore categorical statements to the contrary or has misread material in the report:

• Page 8 of the report states: "the total number of Protective Custody Orders made by Police ... was 34% lower. The number place in Police cells was 40% lower". This is the opposite of Gray's interpretation of there having been an increase in the percentage of people taken into protective custody in police cells.

• Page 14 of the report states: "With a total of 4,863 admissions to the Sobering Up Shelter,...there has been a 28% reduction over the course of the trial." This is the opposite of Gray's interpretation of there having been an increase in the percentage of people admitted to SUS.

DG: Dr Crundall has apparently misread my report. Nowhere do I dispute the fact that there was a reduction in the number of people taken into protective custody. In fact, on pages 2–3 and 13, my statistical analyses confirm the reductions observed by Crundall and Moon. The dot points to which Dr Crundall refers on page 16 of my review confirm the claims of Crundall and Moon that there had been increases in the percentages of these '... occurring during the later part of the night and early hours of the morning'. However, as I have indicated previously, the emphasis on this is diverts attention from the significant reductions in numbers that occurred during the earlier hours of the day.

Final comment

For the most part it is clear that statistical tests have been applied or that the interpretation made in the evaluation reports has been consistent with the results provided by Gray. Even where different aspects of the same data are analysed (ie over time) the results are still virtually the same. However, there are some conclusions drawn by Gray that are not consistent with the data provided or he presupposes some emphasis that was not intended.

Although Gray presents lack of statistical significance as a major criticism, it is noted that he does not apply tests to all the data either. For example there are no tests applied to chronic conditions or injury admissions to the hospital and nor is there analysis of the admissions to treatment agencies. Further, there are some measures that are statistically significance but then dismissed as not important. Because of this Gray should be clear about how much weight he expects to be placed on the evaluation through the application of statistics.

DG: My review of the Crundall and Moon report did not purport to cover all aspects of the evaluation. As I made clear in the introduction, among other things, I set out to review the key findings of the report—ie. those summarised by Crundall and Moon in pages 29 and 20 of their report. Chronic admissions to the Alice Springs Hospital and treatment agencies were not among these. Furthermore, a good case can be made that chronic conditions should not have been included among the 'indicators' on which Crundall and Moon collected data. Chronic conditions are—by definition—those occurring as a consequence of long-term alcohol misuse and are thus unlikely to be significantly affected by a short-term trial of licensing restrictions.

In various parts of his paper Gray indicates that statistics are used to establish "real change". As Gray would appreciate, however, statistics do not actually do this. They indicate the probability of an event occurring. By convention, if the probability is less than 5% it is considered that the event is unlikely to have occurred by chance. However there are occasions in research literature when other probability levels are employed.

DG: Dr Crundall is correct when he says that that statistics indicate the probability of an event. He is also correct in stating that there are 'occasions in the research literature when ... probability levels (other than five per cent) are employed'. However, he fails to note that this occurs infrequently and, where it does, that the level employed is usually 10 per cent—not 29.5 per cent which one would have to accept to if one concurred with Crundall and Moon that '... there was nearly a 20% increase in alcohol-related offences' (Crundall & Moon 2003: 6, 30; Gray 2003:8).

Sample representativeness

The history of the surveys provided by Gray is not correct. While surveys were contemplated as part of the initial evaluation framework, they were dependent on the availability of resources and a number of other issues. It might be pointed out here that no additional resources were provided to the ERG or the evaluation team and that

all effort was dependent on goodwill and parties contributing whatever they could. The decision to conduct the surveys was based on the evaluation being able to make use of resources from other agencies.

It was only late in 2002 that I was aware that the regular household survey conducted by the Alcohol and Other Drugs Program of the Department of Health and Community Services would be run around the same time that the trial would be ending. I subsequently met with the Program Director in Darwin and negotiated to have some questions added to the Alice Springs component.

I was also aware that the Central Australian Division for Primary Health Care had grant monies available and had previously expressed a desire to conduct its own survey. I met with the Executive Officer of the Division (in the presence of Gray) after my return from Darwin and discussed the possibility of the Division doing a parallel survey in town camps. I made this proposal precisely because the household survey would not have included town camps and I was cognisant of the gap this would have left. While Tangentyere ultimately agreed to the town camp survey for the same reason, it is incorrect to suggest that Tangentyere initiated the process or that the evaluation team had not considered the inclusion of town camps as an important issue to be addressed.

It was agreed that both surveys would provide comparable data, although it was also accepted that methods would have to be different. It was agreed both surveys would be managed independently. Neither survey was managed by the Evaluation Team. The Departmental survey was managed by Barbara Gray from the Alcohol and Other Drugs Program.

As manager of the trial evaluation, I agreed to a telephone survey of households as a last resort. The Department encountered a number of problems with the Central Australian Human Research Committee which resulted in protracted negotiations which ended up allowing time for a less comprehensive survey than had been originally envisaged or no survey at all. Given the public interest in the trial and statements already made through the media, I considered it better to have some indication of community perception rather than none at all. It was on this basis that the telephone method was agreed to. While Gray criticises the eventual survey for not being representative of the whole community, it is still more representative than what could have been provided through the only other option that was put to me (ie no survey).

At the end of Gray's paper there is an assertion that use of the telephone survey was a consequence of no independence between the evaluators and the Department of Health and Community Services. I am at a loss to understand the point being made here. The survey was organised by a program outside of my jurisdiction within the Department and my only input in its conduct was agreeing to a telephone survey because no other viable options were presented for the time and resource constraints that existed. Given the same circumstances it would be interesting to know what Gray expects "an independent evaluator" would have done.

> *DG: Dr Crundall appears to interpret my statement that the '... use of a telephone survey was a consequence of the evaluators' lack of independence from the Department of Community Services and Health' as a criticism of himself. This is not the case. It is a criticism of the structural arrangements and limited resources that constrained the evaluation.*

It verges on arrogance for Gray to state that the generality of results are only limited in the telephone survey. I accept that the town camp results might be more widely generalised to the town camp setting, but to claim they are an absolute mirror of what the entire town camp population thinks is a very bold statement. Sampling and statistics are all about probability and assumptions. To the extent that those in the town camp survey were only a sample, there are still assumptions and probabilities that would caution the generalisation of their results to some degree.

> *DG: Again, Dr Crundall misrepresents what was written in my review. I did not state that the '... generality of results are only limited in the telephone survey'. As any basic statistical text will affirm, the results of a sample survey are only generaliseable to the population from which it is drawn. In my review, I made the point that the results of the telephone survey are only generalisable to the population with access to a telephone just as the results of the town camp survey are only generalisable to the population of the town camps. In neither case can the results be generalised beyond those populations. (If I am arrogant in this, I am in good scientific company.)*
>
> *DG: I agree with Dr Crundall that 'is a very bold statement' to claim that the town camp survey results 'are an absolute mirror of what the entire town camp population thinks'. However, contrary to his*

assertion, it is not a statement that I have made. The methodology section of the town camp survey report provides details of the sample selection procedure and the confidence limits around the results. I have no reason to doubt that the persons engaged to conduct the telephone survey did so in a professional manner and that, as with the town camp survey, there are also confidence limits around the reported findings.

Gray states that both used proven and accepted methodologies that if properly applied would provide representative samples of the target populations. Without details of who has access to household telephones in Alice Springs, a full assessment of representation cannot be made about the household sample. Indeed, if such characteristics were available then a more detailed sampling frame could have been utilised to enhance representativeness. It was simply accepted on the basis of random selection that the sample would be a reasonable reflection of the target group (remembering this was residents with access to a household phone and never the whole community).

Similarly one cannot be totally sure, as Gray seems to be, that the town camp sample was perfectly representative. The inclusion of visitors, for example, is problematic in this respect. Transience means the population is forever changing so a sample can only be representative to the extent visitors are constant. It is not known what proportion of the town camp sample was comprised of people passing through rather than those who live there. Nor is it known when the ABS figures used to construct the sampling frame were produced. They could have been out of date (and they may not have included visitors either). The fact that Gray indicates that 51.6% of the sample were females adds nothing to his claims of representativeness as there is no other information to say how this matches the population in town camps at the time of the survey.

Nevertheless I accept that a concerted effort was made in obtaining a town camp sample that could generate meaningful data and I accept the results as being reflective of the people living in the camps. Indeed it was a critically valuable part of the evaluation and I am pleased with the way it was implemented and the results it has provided. It is disappointing that Gray seems to undervalue the household survey, however, because it did not include people it could not. He further charges that the results of the household survey were extrapolated to others not in the target group. If one reads the reports, however, reference is always made to respondents (ie those who took part). This was done knowing that there were limits on the generality of the results. Gray alleges misrepresentation but I fail to see the basis for his claim.

DG: The word 'misrepresentation' is not included anywhere in my review of the summary report. My concern was that the limitations on the generalisability of the telephone survey results were not explicitly stated.

Consumption

Gray poses the objective of reduced per capita consumption as an issue for the Commission, but in so doing makes a number of points that reflect on the evaluation team.

In many ways it is an argument of little practical value for the Alice Springs trial (and perhaps for many future ones). This is based on the problems of matching sales figures to number of consumers. Due to major difficulties in obtaining reasonable and timely estimates of the number of residents and visitors to town (as defined as a specific geographic area), it was not considered feasible for the trial to attempt per capita measures.

Estimates of tourist numbers for the town area of Alice Springs became available for the first time during the course of the trial. This alone made any comparison to the pre-trial period impossible. Furthermore, those figures did not account for short-term fluctuations in visitors from surrounding stations and communities. The evaluation team was advised this number can vary by as much as 3,000 (ie more than 10% of the adult residential population of the town). Not being able to account for variations of this magnitude introduced an unacceptable level of uncertainty into possible per capita calculations. Within the timeframes and resources available, no alternative technique was identified which could have established reliable population figures for the geographic area under investigation. Nor was the trial considered an appropriate occasion for testing any new methodologies.

It was agreed by the ERG that wholesale sales would be the accepted proxy measure. While a pragmatic assumption might be made that the population base of drinkers was constant for comparison periods, there is no way to know this for sure or to argue on any convincing grounds.

Because of this problem, little comment was made in the reports about consumption. However it was clear that the substitution which maintained sales levels was negative and this was given more emphasis as a result. If sales had remained the same but vast numbers had shifted to light beer I wonder what emphasis Gray would have expected then.

> *DG: Because I am concerned that the per capita volume of alcohol sales in Central Australia is at least 1.5 times the national average, and believe that this should be a target for reduction. I would still be concerned if the total volume of alcohol was consumed as light beer.*

How this situation translates to me having a "more restricted approach to intervention" is a mystery to me, as is the intent behind this claim. It is also worrying that this assessment seems to be derived solely from a comment written by the Commission (unlike the additional information Gray provides in describing his own position and that of Stockwell).

Over the course of my 18 years of working in the alcohol field I have acknowledged the link between apparent per capita consumption and levels of harm. I am familiar with the Prevention Paradox and discussed this at the Commission hearing and, as Gray knows, I was previously the Director of the innovative Living With Alcohol program which provided the most comprehensive array of interventions in the country.

> *DG: My assessment that Dr Crundall's is a 'more restricted approach to intervention' is not based 'solely from a comment written by the Commission'. As I indicated in my review, it is also based on the way in which the consumption data is treated in the report by Crundall and Moon. Although the data were discussed under the heading of 'Harm Indicators' they were not treated as such.*

Finally in this section Gray confuses the role of evaluators. He asserts that those charged with evaluating the trial were also responsible for managing the strategies put in place. The evaluation process was to determine what resulted from the trial - not to make the trial work one way or another. These two functions are quite different and combining them would have compromised each.

The conditions of the trial were determined by the Licensing Commission and while it's decision indicated a willingness to change how the evaluation was conducted, this was not taken to be the evaluation team and the ERG having any special authority to change the content of the trial. Information was available throughout the trial to a range of key operational organisations and any of them could have initiated changes if they had wanted to. The evaluation would then have been modified to accommodate such changes and it is in that context that it was considered the Terms of Reference for the evaluation would have been changed.

The fact that no one seemed to want to take responsibility for the implementation of the trial is raised on page 32 of the summary report: "it was clear throughout the trial that there was no single entity with the authority or interest to ensure complementary measures were implemented as agreed and to make refinements to avert unintended consequences or establish supplementary activities to give the trial optimum context". It is unclear who Gray would expect this comment to be aimed at if the evaluators were the ones responsible.

Gray's comment that the ERG and the evaluation team "sat back and did nothing" is misplaced and offensive. There are many organisations which could have taken further steps but did not. Admittedly some of those were part of the ERG and could have approached authorities or introduced initiatives within their own right. I do not believe anyone involved in the evaluation process was unsympathetic to the situation. To portray them in such a callous light is unfair and insulting given the specific role they were given in the trial. Further, during the course of the trial I know that representations were made to several people about the issue of no agency seeming to have the responsibility for implementation.

> *DG: Nowhere in my review did I assert that '...those charged with evaluating the review were also responsible for managing the strategies put in place'. Like Dr Crundall, I agree that:*

- the conditions of the trial were determined by the Licensing Commission and that only it had the authority to change those conditions;
- that various agencies had responsibility for implementation of the complementary strategies; and,
- that it was the role of the evaluation process to determine what resulted from the trial.

Where we obviously disagree, however, is with regard to the purpose of the evaluation function. In my view—and that of many others—the trial was established with the objective of reducing alcohol-related

harm, not as a simple experiment to see what affect the trial conditions had. Clearly, if the evaluators and the Evaluation Reference Group perceived that the trial was not working, they did not have 'any special authority to change the content of the trial'. However, they did have the authority to so advise the Licensing Commission, which could then make a decision (one way or the other) about what should be done.

> *DG: It was obvious from various data sources that there had been a significant substitution of two litre casks of port for larger casks of table and that this was having adverse effects. The evaluators and the ERG as a group did nothing about this in the sense that they did not make a recommendation to the Licensing Commission that this should be addressed. This would not have 'compromised' the evaluation—just as a recommendation to modify the protocols of a drug trial because some participants were suffering adverse effects would not compromise the evaluation of that trial.*

Future strategies

It is agreed that only a limited number of options are discussed in the report. This was determined partly by the amount of time available to synthesise the material provided to the evaluation team and, moreover, by the nature of the first controls tried in the trial. A conservative approach was taken on the basis that the community at least has some experience of similar measures. There are any number of other supply controls that could be considered, including grog free days, drinking cards, self-exclusion, improved Prohibition Orders and so on. The fact they are not mentioned in the evaluation reports does not mean they cannot be considered by the Commission or the Alice Springs community.

While the evaluation report offers one option that is based on the direct experience of the trial and tries to take account of the need for targeted action, that option is presented within the context of other options identified in the ERG report. This should dissipate some concern about only limited suggestions being available for deciding future action.

I fully accept the comments made about the introduction of cask wines. The change from fortified wine that occurred years ago was one of the outcomes arising from the introduction of casks and it certainly was inappropriate to imply that change was part of the rationale for the introduction of casks.

Gray makes the bold statement that "policing has achieved no significant benefits". This goes against the evidence of the ERG and other stakeholders who were actually living in Alice Springs during the trial. Gray's basis for this assertion is unclear. The comment also contradicts his earlier conclusion on page 16 that the significant decrease in loitering was a result of police practices.

> *DG: My assertion that 'policing has achieved no significant benefits' was made in reference to a reduction in alcohol-related harm and is based on the fact that the observed reduction in alcohol-related offences was not statistically significant (see above). The significant changes in the type of alcohol-related offences for which people were apprehended (such as loitering) are more likely to be a consequence of changes of in policing practice than to the restrictions per se. On the other hand, reductions in number of assaults and detentions in custody during the earlier part of the day are more likely to be a consequence of the change in takeaway trading hours rather than policing.*

I did not mean to claim that all people will be resentful and frustrated if choices are progressively limited. The sentence referred to by Gray is meant to highlight that these feelings will arise more readily if product is generally removed from all people rather than removed in a targeted fashion from those most at risk.

Through both surveys, there is evidence of community support for enhanced restrictions. However this does not necessarily equate to further product removal as Gray suggests. Indeed the household survey showed an increase in the proportion not in favour of container restrictions by the end of the trial (from 37% to 48%). In the town camp survey, 17.8% of those who nominated any specific restrictions for the future referred to product removal. This figure is 10.8% when examined as part of the whole town camp sample. Interestingly, there was actually stronger support in that survey for adjusting trading hours (ie further reduction in trading hours or no trading on at least one day per week).

The reactions raised in the report as consequences of more product restriction are admittedly hypothetical and it may very well be that events will unfold differently. It was in this context that the notion of "importation" was introduced. While I agree with Gray that it may not happen, logically it might be expected to have a greater likelihood of occurring if products are withdrawn than if they remain available. Reports were made in the current trial that this activity occurred. It would be interesting to know the rationale for Gray suspecting that it would not happen.

The notion of a three month trial on limiting Port was to allow further substitution to be monitored and the accompanying campaign to take effect (albeit that the campaign would have to be designed beforehand). If the substitution that occurred during the trial is a guide, the risk of further substitution would be well and truly be apparent within this time limit. Allowing more time runs the risk of further substitution becoming entrenched and this presents the same situation as the trial ended on.

The caveat of removing all container limits if this strategy was not effective rests on the notion that such a failure could prompt argument for more and more extensive bans. Unless there is satisfactory attention given to the practicalities and sensitivities of this, a more expedient approach would be to look at other forms of control and cease the reliance on product bans as the centre-piece solution. In any case it must be remembered that this is only a suggested way forward and other strategies might equally be considered.

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, 28 May 2003

Extract

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 11:30am, 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 has 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				
	Drop n=47 (17.0%)	Keep n=61 (22.0%)	Strengthen n=125 (45.1%)	Don't know n=43 (15.5%)	Total n=276 (100%)
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 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 suchlicenses 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.

Report on Alice Springs Liquor Trial, Compiled by Evaluation Reference Group, May 2003

Extract

SUMMARY OF RECOMMENDATIONS

1. That the ERG be continued and given recognition as a key advisory group in any future activities dealing with alcohol in Alice Springs.
2. That a website be constructed and maintained to monitor alcohol issues, provide ongoing information on developments, initiatives and key harm indicators and allow for community feedback and queries.
3. That another twelve months be allowed for the complementary measures to operate and that a decision is then made about their ongoing viability and utility.
4. Consideration be given to the extension of food and clothing vouchers and the redirection of funds to bills as appropriate.
5. That the continuing escalation in the sale of high alcohol content products (most notably fortified wine in the form of Port) be addressed as a matter of urgency.
6. That an evaluation be undertaken of the Tyeweretye Club to identify positive and negativ elements of the business it operates.
7. That more attention be given to demand reduction strategies.
8. That a Working Party be formed to develop a cooperative approach for the effective implementation of Section 122 of the Liquor Act, particularly as it relates to treatment options.
9. That a database of harm indicators should be maintained, readily interrogated and regularly reported by an existing position within Department of Health and Community Services and created as part of the Policy Partnership between NTG and the AERF.
10. That the Licensing Commission be responsible for maintaining a liquor database and producing regular reports like those in this evaluation for ready availability to Alice Springs.

The following recommendation was supported by Congress, SMAG, Tangentyere Council, the Central Lands Council and ATSIC:

- That the restrictions be modified over the next three to twelve months so that the sale of alcohol in unit containers (one can or cask or bottle etc) worth less than nine cents per pure alcohol ml is banned, except for 'slabs' of beer. Opposed by remainder

The following recommendations were supported by SMAG:

1. That the outreach services of DASA and CAAAPU be improved as part of better demand reduction.
2. That the Commission should provide monthly figures on alcohol sales and preferably as retail sales.
3. That a public education program be conducted to reinforce and explain the two kilometre law.
4. That licensed premises display information about the National Health and Medical Research Council responsible drinking guidelines and Codes of Practice.

The following recommendations were supported by the AHA:

1. That alcohol other than light beer should be available for consumption on licensed premises between 10am and 11:30am, but only in conjunction with food.
2. That licensed premises that are also accommodation providers be able to sell liquor, other than light beer, to bona fide travellers who are guests of those premises for consumption on the premises between 10:00am and 11.30am.

The following recommendation was supported by all except AHA:

- That only allowing light beer to be available for consumption at bars until 11:30am be retained for weekdays.

The following recommendation was supported by CATIA and the Police:

- That container sizes revert to what they were prior to the trial.

The following recommendation was supported by all members except CATIA and AHA which expressed an opposite view:

- That the current opening hours for takeaways on weekdays be maintained.

The following recommendations were supported by SMAG and the Department of Health and Community Services:

1. That signs be erected to inform people about the boundaries that apply to the law about being unable to drink alcohol within two kilometres of a licensed venue.
2. That there be improved signage about the opening hours for licensed premises.

Central Australian Aboriginal Congress

Proposal from Central Australian Aboriginal Congress, May 2003

From the perspective of Congress and the Peoples Alcohol Action Coalition (PAAC) the current trial of alcohol restrictions was meant to trial the effect that increasing the price of alcohol would have on consumption. Unfortunately, the trial has failed to reduce overall consumption because of the shift to other cheap, less restricted forms of bulk alcohol, such as sherry and port.

Below is an excerpt that was used in the presentation developed by the PAAC (June 2001) which was delivered very widely to key organisations and the Liquor Commission leading up to the trial:

Alcoholic beverage	*% Alcohol by vol.*	*Total mls of alcohol*	*Total cost*	*Cost per ml of alcohol.*
5 litre wine (white)	10.0%	575ml	$15.49	2.69cents/ml
4 litre wine (white)	10.0%	460ml	$13.25	2.88cents/ml
2 litre wine (white)	11.0%	230ml	$13.04	5.66cents/ml
Can of Beer	4.9%	18.75ml	$2.05	10.9cents/ml
4 litre port	17.5%	740ml	$20.29	2.74cents/ml
2 litre port	17.5%	370ml	$13.74	3.71cents/ml

"Many people are ... unaware that the volume of alcohol consumed is directly related to the cost. For example, when the cask levy was introduced, the total volume of alcohol consumed per person went down, because people changed to beer.

"So one way to reduce the volume consumed is to make the alcohol itself more expensive.

"This shows what every person who drinks to get drunk already knows – the cheapest drink in town."

It is clear that it was argued by PAAC and Congress that the people who are drinking in order to get drunk will choose what they drink primarily based on price not taste. The counter argument was put that this will not occur as these people will drink according to taste not price. The Liquor Commission accepted this latter argument and decided not to restrict the sales of fortified wines unless it was proved that there was a major shift to such forms of alcohol. Congress and PAAC did not agree with this decision.

The lowest price of cheap port in June 2001 shown in the above table was 3.7 cents per ml; the lowest unit price in a survey done in January 2003 was a special discount deal of 2.8 cents per ml. Therefore the price of port has fallen by about 25%. It was also heavily promoted at the beginning of the trial. Both of these factors contributed to the large shift to port which has almost completely undermined the restrictions. It was pointed out at an ERG meeting by a representative of the Liquor Industry that such a shift did not occur in Tennant Creek in their opinion because 2 litre port is a new product that did not exist until about 1999.

The Alice Springs trial has confirmed what Congress and PAAC argued all along –what the heaviest drinkers drink is primarily determined by price not taste. This gives us the grounds to move forward.

In a previous ERG meeting it was suggested by a representative of the Liquor Industry that there will always be new forms of cheap bulk grog on the market and this will always undermine attempts at restrictions unless we can get the producers to stop producing such cheap forms of alcohol. We believe that this problem can be overcome through better designed restrictions, with licence provisions that restrict sales below a certain price per ml of pure alcohol.

Proposal

The restrictions should be modified over the next 3 to 12 months so that the sale of alcohol in unit containers (1 can or cask or bottle etc) worth less than 9 cents per pure alcohol ml is banned, except for 'slabs' of beer. This will ensure that the cheapest form of alcohol on the market will be full strength beer as sold in half and whole cartons. We believe that this will lead to a shift to full strength beer by some of the heaviest drinkers,

as these people will seek out the product that has the cheapest available per ml of pure alcohol content. The corollary should be that there will be a drop in pure alcohol consumption rates by many of the people who currently over-consume the cheapest ports and wines. Another projected benefit would be that the tenor of the drinking culture for many young people who are starting to drink may no longer be the cheap high impact products, and over time this could lead to significant changes in the drinking culture of heavy drinking groups. This should also lead to a reduction in the amount of broken glass in public places.

The price of the pure alcohol in a dozen beers is 9.1 cents per ml, where the half carton retail price is about $20. This is the amount that many over-consumers can afford to spend at one time on alcohol. The price of beer gets more expensive if you purchase a 6 pack or a single can only (eg above 12 cents per ml). Even though the price of alcohol in beer falls to around 7 cents per ml if you purchase a slab, we are not suggesting that slabs should be effected because the unit cost of a slab in itself is high enough to act as a barrier.to any likely substitution of this product.

The following products would be effected by this proposal based on a pricing survey done in December last year. This list is not exhaustive as there may be new products on the market since the survey was done or some existing products that may have been missed. It will be up to the Liquor Commission to determine the final list of products to be included based on the unit cost of 9 cents per ml of pure alcohol.

Products and price as at December 2002 in Alice Springs

1. 2 Litre DeBortoli Port @ 2.8 cents per ml
2. 2 Litre Penfolds Wood Aged Port and Muscat Sherry @ 3.4 cents per ml
3. 2 Litre Renmano Aged Tawny Port @ 3.5 cents per ml
4. 2 Litre Tawny Port @ 3.6 cents per ml
5. 750ml bottle of McWilliams Cream Port @ 4.4cents per ml.
6. 2 Litre Stanley Tawny Port @ 4.4 cents per ml.
7. 2 Litre Renmano Light Dry Red Wine @ 4.8 cents per ml
8. 750ml bottle of Pleasant Valley Sherry @ 4.9 cents per ml.
9. 2 Litre Fruity Gordo wine @ 5.7cents per ml
10. 750 ml bottle of Mathew Lang Tawny Port @ 5.7 cents per ml
11. 2 Littre Renmano Fruity Gordo Wine @ 7.4 cents per ml

When the pricing survey was conducted there was only 1 bottle of spirits at less than 9 cents per ml and this was discounted on the day – McCallums Whiskey (special) @ 8.6 cents per ml. If the Liquor Commission was to make sure that discounting of spirits did not go further than this then there would be no need to include any spirits in the list of products to be banned.

The vast majority of products would remain on the market and be sold in the normal way – it is only the cheap products that would be removed. However, if the Commission was to simply move to ban cheap port then it is clear from the above table that the heaviest drinkers will move to the Renmano 2 litre Light Dry Red @ 4.8 cents per ml. This would only produce a marginal benefit compared with structuring the price in such a way that many of the heaviest drinkers move to beer or other similarly priced products.

Congress does not believe that the majority of moderate drinkers will be disadvantaged greatly by the removal of the above products and the benefits could be great. We would expect to see a reduction in overall sales and consumption of at least 10% (probably greater) if this proposal was adopted. This will lead to a substantial further reduction in alcohol related harms. Such a reduction would be effective almost immediately the restrictions were introduced and therefore as little as 3 months would be a sufficient trial period. If such restrictions did not produce such an effect, as long as there were no other one off confounding effects, then Congress accepts that they should be discontinued.

Although it could be argued that such restrictions represent a further restraint on free trade in alcohol it is the view of Congress that the trade in alcohol, a potential harmful drug of addiction, needs to be regulated in such a way as to promote the health and well being of the community. If it can be shown that our proposed regulations substantially reduce consumption and therefore improve health and well being in the community, then this further restraint on free trade is justified.

Northern Territory Licensing Commission, Trial Restrictions on the Sale of Liquor in Alice Springs
Decision on Licence Conditions following Evaluation of the Trial
Peter R. Allen, CHAIRMAN, 10 July 2003

Extract

CONSIDERATION OF THE RECOMMENDATIONS

Prior to returning to a consideration of the recommendations it is important to confirm that the primary function of this Decision is to determine those conditions that will attach to liquor licences in Alice Springs for the reasonably foreseeable future.

This Decision will be primarily directed to a consideration of those recommendations that arise directly from the terms of the trial restrictions. Time constraints demand that the other recommendations of worth are "wait-listed" for later comment or decision by the Commission.

Trading hours for "take-away" liquor

Trading hours in effect during the trial period as per the Commission's Decision of 1 March 2002 and pending this Decision are as follows:

For the sale of liquor for consumption away from the premises, trading shall not commence before 2:00PM on any weekday and shall cease no later than 9:00PM.

It should be noted that the "take-away" trading hours for Saturdays, Sundays and gazetted Public Holidays were not disturbed by the Commission's Decision of 1 March 2002.

Our study of the ERG Report reveals that all but two of its members resolved that the "take-away" trading hours applicable to the trial should continue; dissenting voices being CATIA and the AHA. The ERG Report informs the Commission that the later "take-away" hours "are generally regarded as positive. The AHA and CATIA acknowledge the views of their fellow members but express a concern regarding "the impact of this measure on the broader community, and in particular, tourists.

The Commission notes that the Town Council's position, as resolved at its meeting of 26 May 2003, is that it "would like to see the hours lifted but complementary measures increased". The Member for Braitling, Loraine Braham MLA, was of a similar view citing that not only tourists but senior citizens and others who prefer to shop earlier in the day are disadvantaged by the later opening hours.

Messrs, Crundall and Moon suggest in their "Summary Evaluation" of the trial "that all three restrictions be continued". At page 22, under "Stakeholder Feedback and Comment", they report that "most respondents, including Police, felt that the later opening hour contributed to the relative quietness of the Mall over lunchtimes". The authors report further on this at page 23 where they record the Police view that the "decrease in CBD incidents is attributable to increased patrols rather that the restrictions". The Commission, from its own observations is aware of a change in Police tactics including the use of bicycle patrols and applauds these initiatives. In his meeting with the Chairman, Police Superintendent Bell indicated that the shorter trading period had usefully enabled him to concentrate his resources and thus implement initiatives such as bicycle patrols.

The Commission does however note that the later opening time "take-away" liquor may have led to an escalation of the problems experienced in town camps and that such problems have occurred later in the evening.

The recommendations that flow from the "Survey of the attitudes of the Aboriginal town camp residents" suggest that the "current restrictions should be strengthened", arguably a clear statement of support for the trial "take-away" hours or even a lesser trading period. The Commission also notes the call by some organisations for a "take-away-free-day", ideally Sunday. Also suggested was an alignment of the Saturday, Sunday and Public Holiday trading hours with the trialed shorter trading hours on weekdays.

In his "Review of the Summary Evaluation of the Alice Springs Liquor Trial", at page 24, Associate Professor Gray asserts that in that in the light of his review of the evidence this restriction has been effective and, "from a public health perspective, support for their retention is justified".

In regard to the concerns of CATIA and the AHA the Commission notes that it has approved a number of applications from registered tourist operators designed to minimise any inconvenience suffered due to the later opening times and advises that it stands ready and available to consider similar applications on their merits. The Commission acknowledges that this does not necessarily assist independent travellers but can advise that it has approved applications for the sale of limited amounts of "take-away" liquor by accommodation providers and that again, it stands ready and available to consider such applications according to their merits.

The Commission's view is that on the material before there is a sufficient level of community support for trial "take-away" trading hours and that some benefits have been obtained. We again note and acknowledge the role of the Police and that the shorter trading hours have enabled an effective concentration of their resources.

The Commission's Decision for "Hours of Trade" is to leave the "take-away" trading hours condition in place in all licences that permit the sale of liquor for consumption away from the premises.

Size of permitted containers

The Commission's Decision of 1 March 2002 was that:

> *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.*

The intended effect of this condition was to prohibit the sale of four and five litre wine casks, a drink of choice for many of the community's problem drinkers. It is clearly demonstrated within the reports and other material put before the Commission that those denied their drink of first choice shifted immediately to two-litre casks of port and that, at least in the early months of the trial, there were increased levels of alcohol-related harm and anti-social behaviour.

Although divided on the action the Commission should take the ERG reports it is "unanimous in agreeing that the continuing escalation in the sale of high alcohol products (most notably fortified wine in the form of Port) is detrimental and recommend that it be addressed as a matter of urgency".

The report, "Summary Evaluation of the Alice Springs Liquor Trial" prepared by Dr Ian Crundall and Mr Chris Moon, recommends a continuation of this element of the trial for an additional three months. This recommendation comes with caveats that the extended trial should "be in conjunction with a focussed campaign designed to reduce further substitution" and that if a further review reveals "there is no clear gain then all container limits should be removed".

The Tangentyere Council's "Survey of the attitudes of Aboriginal town camp residents" recommends that the Commission "restrict the supply of fortified wine and spirits. The Council attaches the following comments to its recommendation:

> *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.*

The Congress proposal regarding the pricing of liquor products is referred to at page 4 of the ERG Report under the heading "Pricing Strategy", and is reported as supported by ATSIC, the Central Land Council and SMAG, (the Substance Misuse Action Group).

The view of Congress is that the trial restrictions have failed to reduce per capita consumption of alcohol in Alice Springs and that this is due to product shift away from four and five litre wine casks to other inexpensive and unrestricted products such as port and sherry. Congress argues people drinking in order to get drunk will select their product of choice on the basis of
price rather than taste. Two questions arise from this premise. Firstly, How is it known that the persons referred to by Congress, "drink to get drunk"? Secondly, How is it known that such persons base their choice on price rather than taste?

A second premise upon which Congress relies is the suggestion that there will always be new forms of "cheap bulk grog" on the market and that this will undermine attempts at restrictions. Congress believes that this problem can be overcome by the insertion of conditions into liquor licences that restrict the sale of liquor products below a designated price per millilitre of pure alcohol.

To implement their "pricing strategy", Congress recommends the modification of the restrictions so that the sale of liquor in unit containers, (that is, one can or cask or bottle), is banned, other than for cartons of beer.

Congress argues the effect of this strategy will be to ensure that full strength beer, whether in half or full cartons, will be the least expensive form of alcohol available. Congress believes this will lead to a shift by heavy drinkers away from port to full strength beer with a resultant lowering of pure alcohol consumption amongst many of those who excessively consume the cheap ports and wines. It is also suggested that the heavy-drinking culture may change, particularly for younger people who might desist from the currently cheaper high impact products in favour of beer.

It is clear that Congress has given considerable thought to this strategy as the information provided to the Commission includes an extended rationale for this recommendation together with detailed comparisons of various products by percentage of alcohol and cost per millilitre of alcohol.

As stated earlier, ERG support for the "pricing strategy" recommendation is restricted to Congress, the Tangentyere Council, ATSIC, SMAG and the Central Land Council. The ERG Report lists a number of grounds put forward by other members for not supporting the Congress proposal.
These grounds include:

- *Implications for fair trading and legal challenges that might ensue*
- *The practicalities of implementing any such scheme, given the indeterminate nature of what the final list of affected products might be*
- *The further inconvenience imposed on the larger population and the fuel this might add to community tensions as community members may see themselves as being "punished" due to the behaviour of groups within the community*
- *The lack of evidence that the price elasticity of the proposal has been appropriately formulated*

The Commission regards such concerns as reasonable in the current circumstances and will not move to implement the proposal recommended by Congress. In the Commission's view, extensive community consultation and a significant level of community support would be essential before the Commission could consider implementing the Congress proposal. Any consultation would need to be based on a firm and readily explainable proposal and appropriate research.

With regard to the proposal put by Dr Ian Crundall and Mr Chris Moon that the restrictions on container size continue for a further three months; the Commission is not attracted to this recommendation; the trial has concluded and we must now act to diminish sales of the high-impact ports. We earlier noted the concern of all ERG members that the escalation in the sale of cheap port must be addressed as "a matter of urgency"; this theme prevails throughout the material considered by the Commission.

In response the Commission can choose to further vary the conditions of liquor licences and simply prohibit the sale of port, either in casks or in total. But to what benefit! The "problem drinkers" will simply shift to another product, perhaps spirits or one of the increasing range of ready-to-drink mixes?

"Product substitution" is not unique to Alice Springs; it has been an issue in other trial restrictions and remains of concern in Tennant Creek. An earlier trial initiated by licensees during 1997/98 prohibited the sale of the larger wine casks prior to 4:00PM and imposed purchase limits of one cask.

The Commission's position in that there is little point in banning port. To do so would simply lead to further and further product substitution, the logical and ultimate consequence of which would mean there would be very few liquor products left for the reasonable enjoyment of the Alice Springs community.

In the current circumstances the Commission sees it has little choice but to remove the restriction on container size, knowing full well that the effect of the deleting this restriction will be the return of four and five litre wine casks. The matter should not rest here, it is clear there are numbers of serious problem-drinkers within the Alice Springs community and strategies other than simply banning specific products are needed to ameliorate this situation.

The Commission's Decision with regard to Container Size is to remove the two-litre limit:

Light-beer only prior to 11:30AM
The Commission's Decision of 1 March 2002 was that:

> *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.*

The reports and material considered by the Commission indicates that support for the retention of this condition is close to universal across the reports and the organisations involved therein. A clear exception is the Australian Hotel's Association, which also represents the licensed clubs. The Association's view is that an exception should be made and liquor other than light beer permitted when that liquor is consumed with a meal.

The Commission notes that special licences and temporary variations to existing licences are available upon application to the Director of Licensing for special events such as Cup Days and the Finke Desert Rally, and that food is normally available and often promoted at such events.

The Association also submits that the service of liquor other than light beer should be permitted to bone-fide travellers and lodgers. The Association details several thoughtfully constructed means and safeguards by which such service might safely occur. In response the Commission notes that the option of service from "mini-bars" in guest accommodation was available throughout the trial and remains available. Further, the Commission advises that during the period of the trial it approved an application for a "house guests only" bar and that it remains open to considering such applications on their merits.

Noting the broad support for retention of this licence condition the Commission remains of the view that it's a better public health option to "wait until the sun is over the yard-arm".

The Commission's Decision is to leave the so-called "light beer" condition described above in place in all licences that permit consumption on the premises.

Community attitudes towards the trial restrictions

When setting licence conditions or when varying the conditions of existing licences, the Commission is required by Section 32(d) of the Liquor Act to have regard to "the needs and wishes of the community".

The various surveys indicate a sufficient level of community support for the Commission to leave elements of the conditions that applied during the trial in place as licence conditions.

The Commission is obliged, as it should be, to remain cognisant of community opinion and cannot assume silence is consent or support simply prevails over time and without question. In the event "needs and wishes" change or other schemes or strategies are put before us for consideration, the Commission is bound to assess, in the first instance, the level of community consultation and support for such schemes.

Condition on licence conditions

The licence conditions to apply to all licences, the subject of the trial restrictions, are as follows:

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.*

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.

These licence conditions are congruent to the conditions that applied throughout the period of the trial restrictions except that the restriction on container size and thus the prohibition on the sale or supply of four and five litre "wine casks" has been removed.

Although the intended change to licence conditions is less restrictive than those that applied during the trail, the Commission is nonetheless bound by the provisions of the Liquor Act and therefore required to notify licensees of its decision to vary licence conditions. Accordingly the Commission will, pursuant to Section 33 (1) of the Liquor Act, issue the required notices to licensees at the earliest practicable opportunity. Section 33(2) provides licensees with 28 days following receipt of the Commission's notice within which to seek a hearing.

It is open to individual licensees to inform the Commission immediately upon the publication of this Decision or any time prior to the expiration of the 28 day period provided by Section 33(2) that a hearing will not sought. Upon receipt of written advice to this effect, the Commission will issue an amended licence containing the conditions described above and the licensee may commence trading in accordance with those conditions.

In the event that a licensee seeks a hearing, the conditions of their licence that applied during the trial of restrictions shall remain in force until such time as a hearing is conducted and the matter determined.

Supplementary decision or position statement

As indicated earlier the primary purpose of this Decision has been to consider those recommendations contained within the various reports and other material provided to the Commission, that arise directly from the terms of the trial restrictions, and on the basis of this information, to determine licence conditions.

Although this focus essential to the proper pursuit of the Commission's statutory role, it of necessity sets aside much of the valuable information material put before us. The Commission will continue to study the material now before it and is likely to publish some form of supplementary decision or position statement on a number of the issues not covered in this Decision.