

Final Recommendations from the Banned Drinker Register Process Evaluation

The Northern Territory Government should:

1. Continue to monitor trends associated with takeaway liquor transactions, persons on the BDR, and associated alcohol related data, as per the descriptive analysis included in this report.
2. Consider removing the current discretionary approach to alcohol related domestic violence offences, and making them an automatic trigger for a 3 month BDO.
3. Consider including BDR status information as a standard part of a person's health record in hospital and primary health care clinical settings.
4. Investigate appearances of people on the BDR in Sobering-Up Shelters to assist with targeted health interventions for these clients.
5. Upgrade IJIS to support enhanced integration with other NTG IT systems.
6. Develop a more robust community education campaign about the aim and purpose of the BDR to increase public understanding of the BDR. There is an opportunity to use success stories from people on the BDR to inform a campaign of this nature.
7. Implement a standard referral template for health assessments.
8. Consider mandating courts to notify the BDR Registrar if they vary or revoke a person's BDO.
9. Promote the BDR self-referral pathway more actively to people with patterns of risky drinking behaviours. This requires tailored social marketing efforts to different sub-sets of people who misuse alcohol.
10. Develop strategies to better promote the array of therapeutic services available to assist people placed on the BDR.
11. Develop assertive health promotion outreach strategies and resources (particularly health education, the provision of health information, and more detailed information about therapeutic services) for people issued with a BDO.
12. Prioritise implementation of practical levers and strategies to increase the voluntary uptake of therapeutic services among people on the BDR. A targeted and culturally responsive approach will be required to reach different sub-sets of people on the BDR. Potential options could include:
 - a. Police referring people on a police initiated BDO to the BDR Registrar for referral for therapeutic support and/or consideration of income management order, with a rationale as to why this option would be beneficial.
 - b. Courts referring people with a Court Order with alcohol prohibition conditions to the BDR Registrar for therapeutic support.
 - c. Assertive follow-up and coordinated therapeutic support options discussed with people on a BDO by locally-based alcohol treatment services.
13. Consider trialling BDR scanners at on-premises venues in Alice Springs, Katherine and Tennant Creek where Police Auxiliary Liquor Inspectors (PALIs) are deployed.

14. Implement policy responses that address the secondary supply of alcohol and grog running, in tandem with investments in the BDR. It is proposed that such responses are targeted at high risk population groups, such as the recent announcement of an additional 12 police officers and 3 prosecutors with a specific focus on secondary supply.
15. Substantially increase health promotion efforts across the NT community to reduce the risks and harms of alcohol consumption, with the intent of reducing BDOs issued over the longer term. This requires investment in a workforce with specific expertise and skill-sets in community development and health promotion; and should align with the NT Strategic Health Promotion Framework.
16. Develop more sophisticated ways to more accurately identify place of residence and event location for people on the BDR to assist with the tailoring of location-specific alcohol harm minimisation policy and program responses.
17. Investigate ways to record volume of alcohol sales as part of the BDR. This could be linked to work currently underway within Licensing NT to examine existing data collection requirements from licensees.
18. Investigate ways to record the name and contact details of individuals on the BDR who attempt to purchase alcohol (i.e. those considered by law to have breached) to assist in strengths-based and assertive health promotion outreach activities.
19. Over the longer-term, invest in the digitisation of photo identification (such as Driver's Licenses and Australia Post Key Pass card) used for the BDR. This could also provide a solution for other public policy responses requiring photo identification.
20. Resolve data quality issues through integrated information technology solutions that address errors due to multiple entries (i.e. alias or date of birth) of people placed on the BDR. Expanding the BDR to additional settings (e.g. on premises, or late-night venues) may also require the implementation of alternative technology solutions.
21. Consider providing the BDR Registrar access to the Motor Vehicle Registry records to help streamline processes associated with the legislative requirement for the BDR Registrar to be satisfied with a person's identity.
22. Expand the list of persons authorised to refer to the BDR Registrar, including Level 4 counsellors registered with the Australian Counselling Association.
23. Invest in an independent longer-term comprehensive impact and outcome evaluation of the BDR.

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