

Recommendations from the 12-Month Evaluation of the Banned Drinker Register in the Northern Territory

1. During Part 2 of the 12-month evaluation, explore the impacts of the BDR on amenity around takeaway liquor outlets.
2. That increased resourcing is invested into linking health, justice and social issues data for people on the BDR prior to undertaking the 24-month BDR evaluation. This will require a formal data agreement between the Department of Health and the Department of the Attorney-General and Justice. This will better enable data-matching for the identification and assessment of health system involvement by people on the BDR.
3. That BDR registration is captured in all Department of Health corporate client systems, including those relating to Sobering Up Shelters (SUS) and other alcohol treatment services. This will enable data-matching between SUS and other alcohol treatment systems.
4. Continue to monitor hospital emergency department and Sobering-Up Shelter presentations of people suffering alcohol-related injuries and harms across the NT on a longitudinal basis.
5. Continue to monitor alcohol-related offending and domestic violence incidents across the NT on a longitudinal basis.
6. Undertake a comprehensive stratified household survey of the attitudes and behaviours of alcohol use in the NT, with an intentional over-sampling of Aboriginal and Torres Strait Islander people. This will provide a baseline for understanding community awareness about risky drinking practices.
7. Strengthen efforts to encourage Aboriginal and Torres Strait Islander identification as a means to provide more targeted support for this client group.
8. Mandate the reporting of BDR status on all individual health records, particularly for individuals using alcohol treatment services. This will increase the potential for data-linkage and the subsequent tailoring and targeting of therapeutic interventions.
9. Collect more detailed socio-economic data about people on the BDR to enhance the potential to reduce health and social inequities they face.
10. Increase the ban length to a minimum of six months for people who have been apprehended for an alcohol-related offence, issued an alcohol-related infringement, or taken into protective custody within 12 months of exiting the BDR.
11. Continue to expand alcohol-related community development and health promotion interventions to reduce harmful drinking patterns at a population level.
12. Encourage increased referrals to BDR Registrar from Sobering-Up Shelters, particularly among frequent attenders.

These messages have been incorporated into the final recommendations presented throughout the final report. The recommendations aim to guide future enhancements and to increase the policy integrity of the BDR.

For further information about the BDR Process Evaluation please contact Professor James Smith, Father Frank Flynn Fellow (Harm Minimisation) on (08) 8946 8685 or via email at james.smith@menzies.edu.au