

EXPERT COMMENTARY:

12 MONTH EVALUATION OF THE BDR IN THE NT

**Dr Michael Livingston, Senior Research Fellow
Centre for Alcohol Policy Research, La Trobe University**

This report provides a comprehensive first look at the impact of the implementation of the Banned Drinkers Register in September 2017. The report provides an extremely detailed look at the impacts thus far and suggests some positive effects on individuals on the BDR, especially those with a history of significant interaction with the justice system. In contrast, the current data does not support major impacts on population levels of alcohol-related harms, with no clear decline on most indicators.

The report is incredibly detailed, providing an essential benchmark for the ongoing evaluation of the BDR. It particularly highlights the potentially gradual positive impacts of the register on people's lives. More research into the intersection between the BDR and the health system is critical as is more detailed analyses of population-level data to understand what's driving current trends. The potential impact of the BDR on getting people into treatment also needs to be further explored.

Qualitative research will be critical in unpacking the data presented here – the next wave of the evaluation will provide a richer look at the ongoing impacts of the BDR.

**Michael Thorn, Chief Executive
Foundation for Alcohol Research and Education (FARE)**

The imposition of personalised controls on problematic drinkers has a long history, but is a controversial policy intervention with a chequered history. The Northern Territory Government's Banned Drinker Register (BDR) program is the latest iteration, but it comes with a degree of novelty and commitment that deserves serious consideration by critics.

Evaluation of measures such as the BDR is both invaluable and necessary if the program is to endure. If in fact the evidence shows it should.

This 12 month report is impressive in the way a considerable body of data has been assembled, analysed and assessed in a comparatively short period of time. Political imperatives aside, the evaluation report shows clearly that the BDR has quickly moved to scale with more than 3,600 people already on the register. The initial data collection appears sufficiently robust to make judgements about the program's performance and the early results are promising. Recidivists comprise a minority of registrations and the majority only record one contact with the system.

At this early stage the assembled data reveals important details about drinking and antisocial behaviour, including the offending behaviour of problematic drinkers. This data and the results of the analysis will be invaluable for policy makers responsible for formulating interventions to significantly reduce the prevalence of this behaviour, improving the lives of heavy drinkers and enhancing community wellbeing.

I look forward to future reports on the BDR's progress and to more detailed analysis of its progress and performance towards meeting the policy objectives set by the parliament and by the program's administrators to reduce the supply of alcohol to a highly problematic group of drinkers.

Professor Peter Miller, Director

Centre for Drug use, Addictive and Anti-social behaviour Research (CEDAAR), Deakin University

Alcohol kills more people globally than AIDS, violence and road accidents combined, and is the leading cause of death in people aged 15-40. The NT has the highest per capita consumption in Australia and alcohol-attributable deaths occur in the NT at about 3.5 times the rate they do in Australia generally. In this context, strong measures are clearly justified and the NT Government's focus on alcohol will provide important lessons for the NT and other governments nationally and internationally.

For this reason, and to ensure the best mix of policy intervention and value for money of tax-payer dollars, the ongoing and rigorous evaluation of the BDR is essential. This report provides further evidence of the impact over time and does an excellent job of showing the community-wide trends as well as highlighting the wide range of outcomes in this complex group of people with multiple and complex needs.

This report highlights some promising changes. In particular, most banned drinkers who had predominantly non-criminal events prior to the BDR (Group 1) continued to either appear in the justice system for similar types of non-criminal events (40% moved to Group C), or had no further alcohol-related contacts (40% moved to Group D). Further, 30% of those with mixed criminal and non-criminal events, had no alcohol-related events in the justice system during the follow-up period. Another important element is that there is a very positive increase in the use of treatment services since the BDR was implemented, primarily being driven by people on the BDR.

The largest group of people on the BDR had no alcohol-related events.

The report also highlights the ongoing challenges with some people for whom the BDR is not yet helping, and the need for more intensive, and different types of support.

It is also clear that the impact of the ban is gradual, rather than immediate – which is an important lesson going forward.

One trend which reminds us of the difficulty of investigating a single intervention in the context of a multi-faceted response to alcohol across an entire state is the spike in events and harm between December 2017 and July 2018. Differences between Darwin and other cities suggest there might be an impact in terms of changed implementation of the Point of Sale Intervention (POSI) (which did not occur in Darwin). These differences are worth exploring in more depth in future evaluations.

This report has shown the value of systematic, transparent and regular evaluative reporting. With the increased investment in data-linkage capacity, especially in treatment and law enforcement data, the continued evaluation of the BDR will be an important precedent for future evaluations.