COMPENDIUM REPORT

Twelve-Month Evaluation of the Banned Drinker Register in the Northern Territory:

Part 2 – A qualitative analysis of selected stakeholder perspectives

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on behalf of Menzies School of Health Research
This compendium report is intended to be read in tandem with the *Twelve-Month Evaluation of the Banned Drinker Register in the Northern Territory – Part 1 – Descriptive Analysis of Administrative Data*

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Executive Summary

The Northern Territory (NT) population has a unique association with alcohol. Most people living in the NT drink alcohol at levels that cause few adverse effects and do so as a means of enjoying the unique cultural and social environment (Riley et al., 2017). However, the social and economic costs and harms of alcohol consumption in the NT are significant and require a strong and sustained alcohol harm minimisation response (Whetton et al., 2009; Skov et al., 2010; Smith et al., 2019, Smith, Whetton d’Abbs, 2019).

This 12-month evaluation compendium report has involved an independent analysis of selected stakeholder perspectives about the impact of the BDR during the first 12-18 months of implementation. This has primarily included the views of take-away alcohol licensees and operators, and frontline health staff, from across the NT. A total of 64 interviews, and 1 focus group, were conducted across the NT, with a total of 84 participants.

Generally, it was perceived that Territorians are now accustomed to the BDR process at point of sale and are compliant, however some concern was raised about the general inconvenience of the licence scanning. Those interviewed reported that public understanding about the BDR, and its purpose, was variable. Most participants indicated that tourists had little knowledge of the BDR and occasionally resisted BDR scanning processes, with concerns and misperceptions raised about data storage, identify theft, and privacy breaches.

Individuals from the industry generally supported the objectives of the BDR. Participants were aware of the financial investment made by NTG in implementing the BDR for a second time and had minimal desire to see the system discontinued. Rather, many discussed improvements, which they perceived would improve the efficacy of the BDR. Many of these improvements, particularly Information Technology, equipment functionality and other infrastructure considerations, were deemed out of scope for this evaluation. However, this feedback has been provided to relevant NTG agencies for the purposes of continuous quality improvement.

While the BDR was readily identified as a supply reduction measure, reducing supply to some people can result in others diverting alcohol to them for profit or relationship reasons. Secondary supply of alcohol across the NT was raised as a significant issue by most participants.

There were differing perspectives about the impact of the BDR on antisocial behaviour and public amenity. Some participants considered there had been improvements; some mentioned antisocial behaviour had remained unchanged or worsened slightly; whereas others considered crime rates had increased and were driven by the impact of the BDR in tandem with other alcohol policy interventions.

There was substantial discussion in some regions across the NT about intersecting alcohol policy measures and how different policies impact public amenity. In particular, Police Auxiliary Liquor Inspectors (PALIs) and the Minimum Unit Price (MUP), whilst underpinned by different legislation, were frequently mentioned in relation to the BDR. Discussion on these alcohol policy measures is beyond the scope of this evaluation report, but worthy of future focus. Indeed, a comprehensive evaluation process looking at the intersections between, and synergistic impacts of, these policy responses, is required over the longer-term.
Recommendations arising from 12 Month BDR Evaluation Part 1

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 datalinkage 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.

Recommendations arising from 12 Month BDR Evaluation Part 2

13. Invest in a BDR social media and marketing campaign specifically targeted at tourists. This should include a description of ‘what and why’. It could also include key messaging about penalties associated with the secondary supply of alcohol to people on the BDR. Ideally, such investments should be guided by further research directly examining the views of tourists.

14. Additional investment promoting the aim and objectives of the BDR to the general public is required. Ideally, this should be linked with public health messages explaining the harms of alcohol consumption and a clear rationale as to why the BDR is important. It is particularly important to identify the BDR as a universal measure, not an ‘Aboriginal intervention’.
15. Ongoing education targeting licensees and operators should be implemented which explains the key differences between BDR, PALIs, MUP and regional supply restrictions (particularly in relation to the underpinning legislation and extent of data capture).

16. In parallel to the implementation of current alcohol policy measures, NTG should also work with licensees and other business owners to develop stronger place-based strategies that account for local context to reduce crime and antisocial behaviour.

17. Drinking in a publicly restricted area (generally referred to as the ‘2km rule’) should be an automatic trigger for placement on the BDR. It is recommended this becomes automatic after three infringements within a three-month timeframe.

18. Licensees and operators of on-premises locations (particularly those that have adjoining TA outlets) should be more actively encouraged to report perceived breaches to police, particularly in instances where a BDR refusal has occurred in a TA outlet prior to on-premises drinking.

19. In parallel to the BDR, invest in new and innovative measures that:
   a. continue to reduce the secondary supply of alcohol;
   b. minimise the likelihood of product substitution (i.e. other drugs)
Background
The scope of this evaluation is to evaluate the BDR. There was, however, significant conflation of the BDR and other alcohol polices measures among participants during Part 2. Relevant supplementary information has been gathered to show the intersections between different policy measures (as per Figure 1).

**Figure 1: Logic model of new alcohol policy measures and their potential impact**

<table>
<thead>
<tr>
<th>Intervention (location)</th>
<th>Date introduced</th>
<th>Drinker Group</th>
<th>Drinker group explicitly targeted by policy?</th>
<th>Expected impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Banned Drinkers Register (NT-wide)</strong></td>
<td></td>
<td>Harmful</td>
<td>✓</td>
<td>Reduced access to alcohol and related harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heavy</td>
<td>-</td>
<td>Strong normative messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risky</td>
<td>-</td>
<td>Strong normative messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low-risk</td>
<td>X</td>
<td>No direct impact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary suppliers</td>
<td>✓</td>
<td>Makes it more difficult to supply harmful drinkers</td>
</tr>
<tr>
<td><strong>PALIs (excluding Darwin)</strong></td>
<td></td>
<td>Harmful</td>
<td>✓</td>
<td>Reduced access to alcohol and related harm</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heavy</td>
<td>✓</td>
<td>Strong normative messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Risky</td>
<td>-</td>
<td>Strong normative messaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Low-risk</td>
<td>X</td>
<td>No direct impact</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary suppliers</td>
<td>✓</td>
<td>Makes it more difficult to supply harmful drinkers</td>
</tr>
<tr>
<td><strong>Minimum Unit Price (NT-wide)</strong></td>
<td>1 October 2018</td>
<td>Harmful</td>
<td>✓</td>
<td>Reduced access to alcohol and related harm</td>
</tr>
<tr>
<td></td>
<td>1 October 2018</td>
<td>Heavy</td>
<td>✓</td>
<td>Reduced access to alcohol via secondary supply</td>
</tr>
<tr>
<td></td>
<td>1 October 2018</td>
<td>Risky</td>
<td>✓</td>
<td>Reduced access to alcohol and related harm</td>
</tr>
<tr>
<td></td>
<td>1 October 2018</td>
<td>Low-risk</td>
<td>X</td>
<td>No direct impact</td>
</tr>
<tr>
<td></td>
<td>1 October 2018</td>
<td>Secondary suppliers</td>
<td>✓</td>
<td>Reduced access to alcohol via price</td>
</tr>
</tbody>
</table>
Methodology

This compendium report presents findings from a qualitative study examining the impact of the BDR 12-18 months post implementation. It focuses on selected key stakeholder perspectives, primarily take-away (TA) alcohol licensees and operators, industry representatives and a small number of frontline health staff from across the NT.

The qualitative fieldwork for the evaluation was conducted in two stages. Stage 1 involved interviews with frontline health professionals which occurred from December 2018-February 2019. This was undertaken as part of the demand study for alcohol treatment services in the NT (Stephens et al 2019). Stage 2 involved interviews with TA alcohol licensees, operators and industry representatives. The recruitment and interviews took place by a team of researchers over three weeks in May 2019.

Both the Demand Study for Alcohol Treatment Services in the NT and the 12-month BDR evaluation projects were approved by Menzies School of Health Research and the Human Research Ethics Committee of the Northern Territory Department of Health (HREC 2018-3223; HREC 2019-3287) and the Central Australian Human Research Ethics Committee (CAHREC 18-3234; CAHREC 19-3358).

The key topics initially guiding Part 2 of the 12-month BDR evaluation were:
- the way the BDR was reintroduced;
- communication with the general public about the reintroduction of the BDR
- the perceived effectiveness of the BDR;
- the perceived impact on public amenity;
- the perceived impact on the health of the NT population;
- the perceived impact on crime and anti-social behaviour in the NT
- the relationship of the BDR to other alcohol policy initiatives.

A more detailed interview schedule is included in Appendix 2.

Participant description and recruitment

As part of the qualitative component of the Demand Study, questions about the effectiveness of the BDR were asked of 17 service providers (12 via individual or paired interviews, and five through one focus group) (see Table 1). These participants were service providers, either directly providing AOD treatment or associated support services (such as primary health care, or accommodation support). As this data was analysed as part of the Demand Study, participant numbering for frontline health staff has been approached separately to the data collected from TA outlet licensees and operators. The identification of Demand Study participants is denoted as follows (Demand Study: Participant #, location).

<table>
<thead>
<tr>
<th>Region</th>
<th>No. Interviews</th>
<th>No. Participants</th>
</tr>
</thead>
</table>

9
Table 1: Distribution of service providers

All other interviews relating to this evaluation were conducted with TA outlet licensees, operators, and industry representatives.

The research team identified 116 TA outlets across the NT. The research team contacted 97 (84%) of these outlets.

Of the 97 contacted, 12 formally declined to participate, and a further 34 were unable to be involved. Two managers/licensees that were contacted declined to formally participate in an interview, yet shared useful information for the BDR evaluation and indicated they were happy for their views to be reported.

Table 2: Outline of engagement with TA outlets

Overall, 51 interviews and one focus group were conducted involving 66 participants from TA outlets across the NT. Consultation occurred in every region except East Arnhem.² Five broad service regions have been defined based on advice from NTG, as outlined in the map below (see figure 1). The geographic distribution of interviewees is outlined in Table 3.

Table 3: Distribution of TA outlet participants by region

Within each region there are a mixture of cities or town centres (Darwin, Palmerston, Katherine, Tennant Creek and Alice Springs) and rural and remote outlets. Despite differences between towns and remote areas (ie. the experience for Katherine remote TA outlets is different to the experience in Katherine town outlets), to preserve the anonymity of participants we have not identified at this level.

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¹ East Arnhem Region was not consulted, due to the relationship of the permit system to BDR operations, as per NTG advice.
² Excluding the industry focus group (n=3), total number of TA participants is 63.
of specificity. However, to indicate the breadth of our sampling, Table 4 provides a generic breakdown by remoteness.

<table>
<thead>
<tr>
<th></th>
<th>No. Interviews</th>
<th>No. Participants</th>
<th>% of participants²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban (1)</td>
<td>38</td>
<td>48</td>
<td>76%</td>
</tr>
<tr>
<td>Rural &amp; Remote (2)</td>
<td>13</td>
<td>15</td>
<td>24%</td>
</tr>
</tbody>
</table>

(1) Darwin, Palmerston, Katherine town, Tennant Creek town, Alice Springs town; (2) All other locations

Table 4: Distribution of TA outlet participants by remoteness

Participants were also categorised as licensees or managers. Both nominees and licensees are included under licensee; and manager of all levels (i.e. TA manager, store managers, area managers, operators) are grouped together.

<table>
<thead>
<tr>
<th></th>
<th>No. Participants³</th>
<th>% participants⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensee</td>
<td>31</td>
<td>49%</td>
</tr>
<tr>
<td>Manager</td>
<td>32</td>
<td>51%</td>
</tr>
</tbody>
</table>

Table 5: Distribution of TA outlet participants by role

In addition, the research team conducted a focus group with three industry stakeholders in Darwin. Overall 83 participants were formally involved, exceeding the initial goal of 50 participants.

Conducting interviews

A semi-structured interview format was used for the interviews and focus groups (see Appendix 2). All participants were provided an information sheet and consent form to facilitate informed consent (see Appendix 3 and 4). The duration of the interviews ranged from approximately 10 minutes to 60 minutes, with the majority of interviews lasting 25 minutes. Shorter interviews were facilitated to accommodate business needs in some locations.

Transcription and analysis

All interviews were transcribed verbatim by a professional transcription service. Two researchers (EA and SC) compared written field notes with transcripts for accuracy prior to coding. Where time permitted, participants also had the opportunity to review their transcripts prior to coding. Coding and analysis occurred after the completion of all data collection throughout May-June 2019.

Limitations

Time constraints also meant that the research team had minimal time available to follow up with all TA outlets after initial approaches. However, the research team considers 51 interviews and one focus group has enabled a point of data saturation.

³ In some cases, a manager and licensee were interviewed together.
Results

1. General feedback from retailers

There were mixed industry responses to the BDR overall. Participants recognised that the BDR cannot comprehensively address the complexity of alcohol harms in the NT. Many people, however, felt that ‘something’ needed to be done and at least the government was ‘trying’.

Yeah I think [the effects are] quite positive. I do like – as I say I don’t think it’s an all-round solution for it, it never will be, but I think it’s a good step forward...to try and do something about it at least. [Participant 48: Darwin, Manager]

It’s a very complex problem and at least they’re [NTG] trying. They’ve got to do multiple strategies. It’s not just one answer. [Participant 49: Darwin, Licensee]

A lot of people say to me - locals - "BDR doesn’t work," and I said, "Well, doing nothing doesn’t work at all, either." [Participant 10: Alice Springs, Manager]

Other individuals felt the limitations of the BDR as a supply reduction measure rendered it ‘useless’.

Realistically, does it work? No. It doesn’t work. Obviously it does work in the sense that the people who are banned can’t physically buy it themselves...But there’s a hundred thousand ways around that. [Participant 1: Darwin, Manager]

The banned drinker registry, it’s like such rubbish the whole system is an absolute fail. It’s to stop people from accessing alcohol, they will access it through family, they’ll access it through other means, it really doesn’t, it captures nothing, it stops nothing. [Demand Study: Participant 29, Katherine]

2. BDR reintroduction

2.1 Comparisons to BDR v.1

Broadly, participants believed that the physical infrastructure associated with the BDR, and the respective IT processes, were similar to BDR Version 1.

It does seem to work easier than the previous BDR. We did have a lot of troubles with scanning IDs, there were just issues, it was a lot more labour intensive, whereas they have fixed a lot of those issues. [Participant 45: Darwin, Licensee]

Several of the remote participants noted they had further internal policies regarding the manual recording of sales and requests for identification, in conjunction with local community demand or accords. As such, they were already enacting screening processes similar to those required by the BDR. This eased the implementation process significantly for these outlets, as the impact it had on business practice was minimal.

Everything was already here. So, we still had the original boxes, everything was still live, there was still power to it. All it was is they swapped the hardware and it was live instantly. Super easy, no issues at all. We were already doing way more than the BDR is, so for us it only makes life easier. [Participant 33: Katherine, Licensee]

In some areas scanners were not removed and continued to operate, acting as a means of monitoring daily take-away alcohol purchases, in line with regional restrictions outside of the BDR.

So from the first time it stayed here because we have restrictions on fortified wines and cask wine. So we already had the apparatus here, they just had to do upgrades
on it, so it stayed here anyway. So it was no different for us. [Participant 6: Alice Springs, Licensee]

2.2 Revenue Impact
There was some feedback regarding the decision to employ extra staff to account for the extra time it takes to process transactions.

So considering the cost to business of what it meant for us processing that transaction, if we processed just the BDR operation by itself and don’t touch our till at all, it takes 45 seconds to process a transaction. For a place like [redacted], we’ve got between three and four thousand transactions a week. So that’s an additional full-time person I need rostered on just to press scan. But obviously broken over a whole week, you can’t have one person. You need that built in. But additionally, that’s a cost to the business, is an extra full-time salary team member on board just to press scan every week. [Participant 1: Darwin, Manager]

This was more prominent in discussion with participants in Darwin city and surrounds, comparative to regional and remote locations. Although there were some concerns in regional and remote locations regarding rebates for power costs.

But it’s annoying that we have to pay for it, with all the power and that. That’s not fair on me. [Participant 43: Darwin, Licensee]

I’d like to send them a bill for my electricity, but – it’s not free. It might only be a small amount, but it’s not free. I’ve been running a generator here. It’s around 300 litres a day, and they’re using my electricity for free. [Participant 11: Alice Springs, Licensee]

There was very mixed feedback regarding the general imposition to business.

But I think what annoys me is, we’re doing the government’s job for them, and it’s costing our business doing that... They don’t pay for anything, we pay for the USB stick that you have, we have to drive in there and give it to them [when Licensing request video footage from the store], we have to print the paper. They don’t pay for anything. Oh, I’m sorry, while I’m at it, we pay their wages, the taxpayers. [Participant 52+53: Darwin, Manager]

Most participants indicated that given the significant level of investment required to implement the BDR, it was unlikely to be removed. As such, they wanted it to be improved, from both a business perspective; and in terms of IT functionality.

2.3 Training
There were mixed findings about the adequacy of training for licensees and managers that are integral to the implementation of the BDR. Some participants felt that the BDR was implemented too quickly and without sufficient training or resources. One industry representative indicated that there was more training when the first BDR was rolled out, and that it was expected that the industry would now know what to do for the re-introduction:

It’s [first BDR] part of a distant memory but I can remember, we were really hands-on involved in it. They did do a lot of training and a lot of hand holding for industry because it was the first time around, whereas I think this BDR stage two, they presumed that everyone knew what they were doing and not just reintroducing it, so you didn’t see that focus as much. [Participant 57: Industry Representative]
Importantly, a number of participants talked about areas of training they thought would be beneficial for their staff, and for the industry as a whole, in order to more effectively implement the BDR. Some licensees already had such procedures or policies in place, and therefore offered examples of good practices in education and training or relevance to the rest of the industry:

So they [TA outlet] arranged their own internal thing. So obviously liaising with the government and things like that to find out what was going to be on there. And then we set our own training course...basically, for the BDR, to send out to stores so that we had our own strong evaluation of that information and making sure we were keeping it consistent across our stores. Because obviously people attending training in Alice versus training in Darwin, might get different training depending on who was holding it originally. And then also a pack for the new team members who come on board later on, after the initial training has been done. How do those people get on board and learn the process if the team members there aren’t training correctly? So this pack can be given to them to work through. But again, a business expense and all that. [Participant 1: Darwin, Manager]

Participants thought it would be helpful to have more training with specific scenarios:

Throw some ideas around and that’s the only way it’s going to improve. And I think it definitely comes down to them educating as well. Do some scenarios and use some false IDs [...] It’s got to come down to a negotiation where you can speak to the customer in a calm manner, don’t be rude, don’t be aggressive yourself, try not to escalate the problem. That needs to be trained. That’s got to be taught. [Participant 46: Darwin, Manager]

An industry representative agreed this type of training was important, including making sure that staff were aware of the penalties involved. For example:

So, the training part was really important to us and because just complacency or having to do it every scan and the process of how you do it - and we did do - brought out some training to our members on it and just giving them scenarios. “What happens if I go?” “You scan and then I run back in one minute later and say, ‘I forgot something,’” just giving them those practical life examples of what would happen and the need to continuously scan. To complete the scan prior to finalising the sale, there’s a lot of confusion out there. Still is. [Participant 55: Industry Representative]

Some participants had particular concerns about the lack of training for staff about the overall purpose and goals of the BDR, and the consequences for the actions they take when serving customers. One participant was especially concerned that staff do not even look at IDs when scanning them, which potentially facilitates purchasing of alcohol by banned drinkers:

They’re [staff] just scanning it, once that goes green they don’t care. They’ve got a sale. So I put that one back on us. I think there should be more, I’m not saying policing against us, but maybe some more training for [when] people new, start to use [it]. Now, who subsidises that. Obviously that comes out of our pockets. Well not mine, my boss’s pockets. Because we’ve got to retrain someone to do this and then explain to them what the consequences are if you don’t. [Participant 28: Katherine, Manager]

Some licensees also thought it would be beneficial for staff to have more information, perhaps
delivered through short briefings about the impacts of the BDR, and how it is being monitored. For example:

Anything to help the police out I said, that, I think the only way it’s going to work is more staff education which should be down to the Government expense. Maybe give seminars to train new staff or do a refresher every six months, or something to normal staff like me, or something like that. And they should give us more information. Say okay, so since our last meeting such and such amount of people are going to be put back on the BDR, or some people have been taken off the BDR. And talk to us as a whole. [Participant 26: Katherine, Manager]

There was some concern by industry representatives that there will not be adequate training and education when the new Liquor Act comes into effect. A lot of the concern was attributed to the perceived level of responsibility that licensees hold in relation to serving banned drinkers:

Well, it’s more in relation to, you’ve got a staff member that has failed to do it for an hour and you’ve got a particular issue with that staff person and they’ve been instructed to do it and they’ve been trained to do it and then suddenly, the licensee is totally responsible for it. [Participant 57: Industry Representative]

As noted in the section on concerns about data and privacy below (Section 2.3), one participant thought it was important that staff had sufficient knowledge about the BDR to explain to customers its purpose. For example:

Absolutely, of course it would [be helpful to have more training]. So when some bozo says “why am I doing this” I could possible understand in my head why and maybe even bother to explain, or try to. [Participant 63: Darwin, Licensee]

Some participants had developed strategies to address this issue:

And from a personal point, I’ll let them know that I need to do this, you get fined and stuff. Not too bad really. The privacy, I usually – essentially when I explain it from my point of view is all that government is doing is matching your name and date of birth against the ones on the register and there's nothing [stored] [... ] So if you sort of go calm about it, relax, it’s not a big issue. Everyone has to do it. It’s just a part of the procedures here. [Participant 40: Katherine, Manager]

But with the BDR, they’re pretty good with it once we explain what it’s in place for, they think that’s great, it’s a good idea, and they’re happy to take part because it wouldn’t be fair for us to ask someone else and not them. Everyone has to do it, so they’re happy with it. [Participant 35: Katherine, Manager]

The quotes above illustrate the importance of training and education about the BDR, particularly for staff to effectively address customer concerns and/or customer resistance to showing their ID.

2.4 Perceived as racial intervention

Overwhelmingly, the BDR is considered by participants to be a means of restricting alcohol access for Aboriginal and Torres Strait Islander peoples. There is a notion that the BDR policy is designed to target the alcohol-related behaviours generally expressed by Aboriginal and Torres Strait Islander peoples, as opposed to the rest of the NT population.
The main goal I think was to try and solve a problem of alcohol abuse and to bring us into a nationally accepted level of alcohol consumption and there is a preconceived notion that it is only Aboriginal people that have a drinking problem and so they are the people that they are targeting first and foremost. [Participant 5+6: Alice Springs, Licensees]

From what I can understand the BDR was targeting (mainly) - and let’s be honest about it - the Aboriginals. The odd one or two whites. [Participant 14: Alice Springs, Licensee]

Okay, who I think it is targeting, and who I think it’s supposed to be targeting are two different things. So I think it’s supposed to be targeting anybody who has issues with alcohol, and particularly violent issues with alcohol. I think that – as I said before, it does tend towards the racist. [Participant 12: Alice Springs, Manager]

Many participants noted this, and subsequently asserted that risky alcohol consumption is a reality for many Territorians, regardless of cultural heritage.

It is very focused on the Aboriginal demographic rather than widespread. And Katherine has an alcohol issue, whether you’re black or white. There’s large overconsumption of alcohol. The difference being is that, I suppose, for a majority of Aboriginal people, their physical health comes into play more where you have higher rates of chronic health issues. Mortality rates being much higher. [Demand Study: Focus Group 7, Katherine]

The mechanisms which resulted in BDOs were raised as evidence that the policy was universal, with drinking driving offences frequently associated with non-Aboriginal engagement on the BDR.

Look, it’s not racist, because there are quite a few people that are put on - drink drivers and all that kind of stuff are put on it - and yeah, fair go, they’ve stuffed up. [Participant 35+36, Katherine, Licensee]

Despite being a universal intervention, some participants ‘blame’ the inconvenience of the process on Aboriginal people:

Oh well, you can be abused and they blame it - and it’s not right, because I’ve known some white people that are pretty damned disgusting on grog as well... - but they basically blame it on Aboriginal people, like it’s their drinking problem that’s caused this. [Participant 24: Barkly, Manager]

It’s a universal measure that’s targeted because they can’t get away with more targeted measures without falling foul of racial discrimination laws. That’s the primary purpose of BDR. [Participant 55-57: Industry Representatives].

Administrative data shows that 82.7% of people currently on the BDR identify as Aboriginal and/or Torres Strait Islander. As discussed in Part 1 of this evaluation, the majority of BDOs are issued by police. The disproportionate representation of Aboriginal people on the BDR is a reflection of a disproportionate representation of Aboriginal people engaged with police and the criminal justice system in the NT. To enhance the potential of BDR as a universal measure, the promotion and use of

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4 Risky alcohol consumption being defined as more than two standard drinks per day or more than four standard drinks on any one occasion (National Health and Medical Research Council, 2009).

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BDR referral pathways beyond those relating to police and criminal justice pathways should be prioritised.

3. Impact of the BDR on amenity in and around alcohol outlets

3.1 Impacts of the Banned Drinker Register at point-of-sale

The frequency of banned drinkers attempting to purchase TA alcohol is minimal (0.13% in May 2019).

TW: Do you ever get people flash red, so that they are banned drinkers, when they come through?
P.23: I think there's only been one since this new system has been installed, from memory. Yeah.
TW: Okay. And how did that person react? Were they pretty relaxed about it?
P.23: They knew about it. They just tried the system in different places. That's all.
[Participant 23: Barkly, Licensee]

SC: How do people react to - actually, how often do people get flashed red on the BDR?
P.30: Hardly - not much at all...Probably only had half a dozen, couple more in town, but they just walk off.
[Participant 30: Katherine, Licensee]

The experience of banned drinkers ‘trying their luck’ or just ‘checking’ was repeated across the Territory.

I’d say probably four times out of five, they’re fine with it. They know they’re on the BDR a lot of the time. We even have them come in and go, can you just scan this…I’m like, “When did you get put on?” “Last week.” It’s like you’re going to have at least a three-month period on the BDR. So I’m not going to scan your ID. “Oh, just scan it anyway just in case.”
[Participant 1: Darwin, Manager]

Licensees and operators generally stated that service denial is anticipated by those on the BDR attempting to purchase alcohol, with minimal backlash. This nonchalant response was reportedly similar to individuals’ reactions when they were placed onto the BDR. As indicated below, secondary supply meant that individuals were confident they could circumvent the ban (for more Section 5).

People have never been angry about it. They kind of go, “Fair enough” or “It doesn’t matter, I’ll just get somebody else to buy alcohol for me.” So you get that. You get one of those two things. If they intend to keep drinking they’ll go, “That’s fine. I’ll just give somebody else the money to buy alcohol for me.”
[Demand Study: Participant 10, Alice Springs]

In areas where there had previously been a strong history of alcohol protection orders (APOs) there was an acknowledgement that, comparatively, having a scanner reject a purchase produced a more measured reaction.

So, [the police] – once a fortnight or weekly whatever provided an updated list, so again before the BDR had to check on who had APOs out against them, and we’d say no you’re off..But sometimes if they’ve got – it takes the decision out of our hands, that if they have got an outstanding order, it shows up, found on the BDR. It comes

5 APOs prohibited individuals from consuming any alcohol. The Alcohol Harm Reduction Act 2017 repealed the Alcohol Protection Orders Act 2013 legislation.
up in red, they can see it from there, sorry nope, no arguments. [Participant 18: Barkly, Manager]

Licensees and operators reported the benefits of being able to blame the NTG for introducing the BDR, and preventing sales, which was perceived as a positive mechanism for promoting the safety of TA outlet staff.

So it sort of helps if you go friendly with them and just let them know, it’s no good, you can’t purchase today, you can check it up with the government. So always putting them back towards the government as well, it’s their policies and it’s their procedures, it’s not mine. [Participant 40: Katherine, Manager]

Similarly, one participant talked about the positive aspects of the BDR as a tool to better implement rules and policies to prevent crime and antisocial behaviour on their premises:

P.35: […] we think it’s a lot improved and we do think it is to do with the BDR.

P.34: We were always strict but this has given us extra strictness on people that we didn’t know. So, people coming in from other communities, we wouldn’t know their history. Whereas our community members, if there was something going wrong and we had implemented a ban, which would be similar to the BDR, it was obviously only for our establishment. Now if they’ve got problems somewhere, their problems are following them all through the territory. So, it makes it easier and safer for our staff and we don’t have to put up with - generally, there is a reason why people are on the BDR, which is actually nice not to have them in an alcohol licensed premises or for your staff to deal with it. [Participant 34+35: Katherine, Licensee]

Several participants were using the BDR to support the enforcement of their RSA requirements. When staff were aware of an individual’s BDO this was often used to provide additional evidence for refusal due to perceived intoxication, both for takeaway and consumption on premise, and/or undesirable behaviour.

P.12: So I think, for us, the – what the BDR does is it gives me a reason – another reason – to say to someone, “You’ve had enough,” or, “You – we’ve got an agreement that you can’t take this back to this community,” or things like that.

SC: Yes. It gives you some backing in a way?

P.12: It does, and it also gives me something that, when I do have to call and speak to the police about RSA issues, that I can say to them, “Look, these people are on the banned drinkers’ register,” and it makes it a little bit more urgent, I suppose, from a policing point of view, because there is evidence. It’s not just someone saying, “Hey, I saw this guy and he was drunk.” They can say, “He’s come in. He’s tried to buy alcohol – or she – and they’re on the BDR already,” so already there’s something that makes it a serious issue. [Participant 12: Alice Springs, Manager]

If an intoxicated person come, he already might be – he’s already over drunk and according to the Liquor [Act], we can’t sell the liquor to him anymore. But if I say to him [I can’t serve him], he may go - [wildly gesturing] - something like that...But I show him the BDR, okay, the
government itself is saying that, "Okay, you are not [allowed to purchase]." [Participant 17: Alice Springs, Manager]

While using the BDR scanner as a means to enforce RSA is useful to TA outlet staff, it is not the intended purpose of the scanner. The presence of the scanner is, however, being used as an alcohol harm minimisation strategy with ‘at-risk’ drinkers that are not currently on the BDR.

I actually believe it’s a handy tool for us in not selling to obviously problem drinkers or problem customers. It gives us an out to say “No” if they haven’t got the correct ID or whatever. It allows us to refuse a sale easier than what it does without it. [Participant 51: Darwin, Manager]

3.2 Tourist reactions at point-of-sale

Participants were asked to discuss people’s reactions to the BDR at point of sale, and any subsequent discussion and feedback they may have had from their customers. The reactions varied by region, with an explicit recognition that there was overlap with the PALIs and/or further regionally-based alcohol supply restrictions. This informed customer perspectives about the BDR as a single policy intervention. Generally, participants felt that, after eighteen months, Territorians had adjusted to the BDR requirements and regarded the process as normal:

Like the locals are used to it now, they just know that that’s just how it rolls. [Participant 35+36: Katherine, Licensee]

I think the locals are on board...Most of the time the customers are good, but then all of a sudden you’ve got half your customers coming in who are frustrated or are going to just – those guys, grey nomads, they’ve got nothing better to do but to complain, at the end of the day. Realistically, that’s where most of our complaints come from. And it’s seriously because they’ve got time to go home and ring up the hotline number or type in a complaint. Everyone else just goes, that’s annoying, and moves on with their life two seconds later. [Participant 1: Darwin, Manager]

Some participants rejected this narrative and proposed that locals were more infuriated than tourists:

Most of [the tourists] understand it’s the Territory, it’s a Territory thing, they just grab their licence out, all good, yeah. It’s more the locals themselves that get the shits. [Participant 20: Barkly, Manager]

This generally related to feeling unfairly targeted, as noted in discussions in 1.2:

I think there’s definitely a feeling amongst the general population that as always, the action of the minorities is affecting the majority of people. So we’ve all got to suffer or do our bit because a few people can’t do the right thing. [Participant 50: Darwin, Licensee]

There were mixed responses regarding tourist reactions. Most participants noted that tourists found the BDR (or at least the requirement to scan ID) to be ‘odd’, with some discussing significantly more ‘pushback’ from tourists than others.

The first comers, they were a bit shocked, but everyone does it. No choice...[but] everyone’s good. They’re on holidays. [Participant 30: Katherine, Licensee]

Mixed, it’s really 50-50. 50% say, ”That’s a brilliant idea, I wish we had it in our state,” and the other 50% say, ”I only just got here, so I can’t be on the BDR.”... So, it’s mixed.
But I think mostly, people think it's a good idea. It's only people who haven't got their ID or something like that, it irritates them. But generally, I'd say probably interstate people are happier than Territorians because they're only doing it as a novelty because they're on holiday. [Participant 10: Alice Springs, Manager]

Oh, some of them are grumpy about it, oh didn’t do this in Queensland, well we’re not Queensland, we’re Northern Territory...They hate it. They're all oh bloody Northern Territory, well it is what it is. Can’t do much about it. [Participant 21: Barkly, Manager]

It appears that tourist responses may relate to the way in which the BDR is explained to them. Therefore, it would be sensible for the NTG to invest in a social media and marketing campaign(s) to streamline the way the BDR is being portrayed to tourists.

I think it’s the attitude you give back too. When you say it’s a really positive thing for our community and I think it’s really helping us look after our people. So, I think if they feel like that it is a positive move and that’s how we react to it then they’re more positive. Some people you can’t make happy but the majority we just say, “We feel that this is a really good thing and it does really work here in our community” [Participant 33: Katherine, Licensee]

Descriptions of tourists’ reactions were similarly influenced by the location of the outlet. TA outlets that were close to state borders or airports appeared to face more negative responses, and a number of roadhouses close to borders raised the lack of information about the BDR as a serious issue for their business.

I probably end up explaining it a bit more than other people, because we’ve – it’s all tourist trade that comes through here. So we get a lot of interstate people. [Participant 12: Alice Springs, Manager]

Some of them are a bit shocked, and of course we’re the first ones they see across the border, and they’re like “What do we have to do this shit for?” and they can get their back up a bit. We explain it to them, and depends on who’s – like I said, they don’t generally argue with me too much, but you know, they can argue a bit with some of the young staff, and things like that. So, we’re the first port of call, and it’s just a waste of time, basically. [Participant 11: Alice Springs, Licensee]

Privacy was raised as an issue by some licensees and managers, particularly in relation to customers’ concerns about what personal data was collected, and how it was used. Given that no personal data is currently collected, this concern conveys there is a poor understanding among licensees and operators about exactly what data is collected in relation to the BDR at point-of-sale.

In addition, some participants indicated that customers objected to the BDR because they were concerned that the system would be collecting and storing information from their ID. Participants stated they explained that the data was not stored6. However, they indicated that many customers were still wary about sharing personal information such as their date of birth and address. Participants

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6 In areas with restricted sales, data is stored for the day, to restrict multiple purchases. It will be important to clarify this in advertising in these regions so as not to appear misleading.
raised concerns regarding identity theft and fraud due to the recording of personal information. This issue seemed more common among interstate and overseas visitors.

Sometimes, if you get a tourist coming to stay, they ask us where the information is going. "Why should I give you my information? Why should I give you my home address? Why should I give you my date of birth?" We give them the contact numbers to call BDR. But, I don’t think they’re going to do it. We are the ones who face it on the floor. [Participant 3: Alice Springs, Manager]

Yeah, so the tourists are happy to show you their license. We say, "I need you to take it out." Then they’re going, "Why?" I say, "We’ve got to scan it." They say, "Why do you scan it? Where is it going?" So they do have privacy concerns and we explain to them that the government has told us that nothing is recorded, it’s basically a check against the register and then it’s gone. [Participant 60: Darwin, Licensee]

They’re going from WA, Katherine and down and that’s what I’ve heard from a lot, because they talk to each other, and the ones that have spoken to me they’ve said that they don’t like being recorded. And any sort of handing over licenses or ID or things like this, even when you say it’s not kept, they don’t trust it they don’t believe that it’s not, they reckon that it has to be kept somewhere. So they won’t do it, so they don’t buy the alcohol and they leave the state. [Participant 43: Darwin, Licensee]

There were also some concerns raised regarding the tracking of alcohol purchases, despite this being an inaccurate reflection of the current legislation and implementation process.

I guess there’s also a perception that when people purchase alcohol that their purchases are being recorded, so they feel somewhat intimidated and threatened by that. Especially from interstate. [Participant 5: Darwin, Licensee]

Some licensees found that tourists tended to be okay with showing their ID if they were given sufficient information about why they were being asked for the ID. Managers and licensees indicated they had developed strategies to address this issue. However, a common suggestion was a targeted marketing campaign to convey information about the purpose of the BDR. This is particularly important for shifting tourist perceptions about the BDR, and involves explaining why the BDR is important, rather than merely explaining the ID scanning process.

You know, any of the hotspots that come up, where you are in mobile phone range, whether it’s through Facebook, whether it’s through - who gives a - there’s something that comes up that goes ‘are you aware of the ban we enforce? Here’s some information, you’re now in the Northern Territory, you’re of a particular age, you’re over 18’. [Participant 14: Alice Springs, Licensee]

So that whole, again, the education, the community education about what is this BDR is not there. I look at that click clack front and back ad on TV, where is the BDR ad?...Marketing and promotion has to be number one front and centre. [Demand Study: Participant 32, Alice Springs]

Recommendation 6 from the 6-month evaluation of the BDR (Smith & Adamson, 2018) was to “develop a more robust community education campaign about the aim and purpose of the BDR to increase public understanding of the BDR.” This was supported, with a “BDR community education

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7 Participant is referring to a local seat belt safety campaign.
campaign will run from September 2018-December 2018, with a specific focus on remote communities and secondary supply” (Northern Territory Alcohol Policies and Legislation Reform, 2018). A second BDR community education campaign commenced in March 2019. The data collected suggests a public education campaign for all Territorians and tourists regarding the purpose of the BDR is required. Significant effort is required to develop the public understanding of the BDR, particularly in areas close to borders.

3.3 Consumption among banned drinkers on-premise
The BDR legislation prohibits the purchase, possession and consumption of alcohol by individuals on the BDR; inclusive of both TA alcohol and consumption on-premise. The onus is on the banned drinker to adhere to this, rather than on the licensee, in contrast to previous legislation regarding APOs. Whilst the BDR scanners prevent the purchase of TA alcohol, the ability for people on BDOs to drink in licensed venues is not actively monitored, with the exception of occasional police presence. This has previously been raised by the 6-month process evaluation; “consider trialling BDR scanners at on-premises venues in Alice Springs, Katherine and Tennant Creek where Police Auxiliary Liquor Inspectors (PALIs) are deployed” (Smith & Adamson, 2018), and supported in-principle by NTG. No participant identified that the consumption on premise is a breach of BDO, or that they could call the police to report individuals with known BDOs that were drinking on premise.

Because, even if they want to buy it – if they want to drink, they can go to the bars and pubs. They drink there, even if his health is – not allowed to drink. They can still go to pubs and bars where there’s no need of BDR. They can go and drink there because they only need a BDR to take away, not on premises. [Participant 2+3: Alice Springs, Licensee]

If you’re on the BDR, you shouldn’t be allowed to drink, that’s it. You shouldn’t be able to go to the pub and sit there all day and drink. [Participant 52+53: Darwin, Manager/Licensee]

Why do we want the arseholes sitting in here, having a drink, they’re only going to go home and bash their missus anyway. I’m in favour of having that on the front door, scanning it, and if you’re on the BDR, you’re not welcome. [Participant 9: Alice Springs, Manager]

Some premises noted they implemented their own additional restrictions if they were aware of individuals with BDOs drinking on-premises. This was more feasible in remote areas, because of small population sizes.

If you let them drink in the bar, they could go back out and drink drive, it doesn’t make any sense. So, we try and help our communities. If you are on the BDR, then we don’t allow you on the premises or to get any grog off us because of drink driving, he drinks and he’s going to go, "What’s the point in the BDR?" [Participant 33: Katherine, Licensee]

The ones that are regulars to us on premise will literally come back and say ‘oh, I’m getting off in a week’ or ‘I’m getting off the BDR tomorrow, so I’m allowed back in again’...But legally we are only required once we’re told by the police to restrict them for 24 hours, because we obviously don’t know when they come off the BDR, but most of them do their own leg work and come in and go ‘no, I’m off next week’ or ‘I’m off tomorrow, you’ll see me tomorrow’. [Participant 35: Katherine, Licensee]
4. BDR, secondary supply and impact on public amenity
Secondary supply was a consistent issue discussed by participants, both as a specific consequence from the BDR; as well as in relation to the overarching challenge of addressing the social harms of alcohol consumption in the NT. However, there were mixed reports about whether the demand for secondary supply had increased or decreased, or stayed the same, since the re-introduction of the BDR. There is a penalty of 20 penalty units (up to $3080) for individuals found guilty of intentionally supplying alcohol to a banned person.

There were a couple of TA operators who did believe that the BDR was having a direct impact on demand for secondary supply from their venues. They noticed that individuals on the BDR were loitering around their stores more trying to find someone to purchase alcohol for them, thus impacting the public amenity. They had noticed an increase since the introduction of the BDR:

Yeah again, they beat the system, someone else will buy it for them, it’s part of it. But it’s something that we have had, is a couple of guys were here, and they obviously were on the banned list, and they were literally asking our customers that were driving in, ‘Can you please go buy us alcohol?’ And it’s only because people would come and see me, and they’re like, ‘People are asking us to buy them alcohol’ and I’m like, ‘[...] you can’t do that’. But yeah, they try and beat the system.

[Participant 22: Barkly, Manager]

This response from licensees – to prevent secondary supply to banned drinkers – was common among participants, and the overarching message from licensees and industry representatives was that secondary supply is impossible to fully address. For example, in the context of broader alcohol restrictions and bans, one participant summed it up in their response to whether secondary supply is an issue:

Yes. If people want to have a drink they’ll have a drink. And it’s not that hard to find someone else to go in and get it for you...I really don’t think it’s [BDR] making any difference at all. Because problem drinkers are always going to find a drink somewhere. It just makes it a little bit more difficult for them. [Participant 47: Darwin, Manager]

This section presents findings about the broad issue of secondary supply of alcohol, encompassing problems and anecdotal evidence about the consumption of alcohol by individuals who are banned or problem drinkers, and whom consume (or attempt to purchase) alcohol via a third person, or through other illegal avenues (i.e. tampering with an ID). It should be noted that not all of the evidence describes the direct impact of the BDR on secondary supply – in some instances, participants described the challenges of secondary supply in relation to other alcohol policies, such as community restrictions and permits. The more specific impacts from the BDR are made clear throughout.

4.1 Cultural implications
Many of the issues related to secondary supply were both implicitly and explicitly linked to perceived harmful drinking patterns among Aboriginal individuals and communities. This was talked about in relation to Aboriginal cultural values such as the sharing of resources, which exhibits a particular challenge for addressing secondary supply within Aboriginal communities. In particular, there is an
expectation that family members will share their resources, including food, money and alcohol. A couple of participants explained this challenge for the BDR:

> And you know culturally for a lot of Indigenous people if a person asks you to do something you are honour bound to do that. It’s very, very hard to say no to an Elder, it’s very, very hard to say no to an Aunty. So then that puts them in a difficult position and so they do what they’re asked to do because if they don’t then they know what the end consequence will be and so they become quite blasé I suppose, it’s just an expectation that’s as their life will be, and I think that is the tragedy of it. That we as a society think that that’s okay. [Participant 5: Alice Springs, Licensee]

...and how they do things. And very simplistically, they get a kangaroo and they throw it on the barbeque or on the fire and they share the kangaroo. So if someone has got alcohol or money or drugs or whatever it may be, their culture is to share. The hierarchy says they’ve got to share. So saying that it’s just secondary supply, it is but when an older bloke says “You’ve got to go and get me that” then the young bloke has got to go and get it. [Participant 51: Darwin, Manager]

Others talked more implicitly about how banned drinkers could access alcohol provided they had one family member or friend that was not on the BDR.

> But, let’s face it, if you get a car load – there’s ten people in the car – it only needs one person to not be on it, and they’re all on the grog again. And we see it all the time. [Participant 11: Alice Springs, Licensee]

> It seems to be that you get people that perhaps [have] no fixed address, which up here would be called long grassers, and they will be in all different areas. For our location, they could be up the road and under the bridge, they could be down the road and in the golf course, they could be just up the road here. And it seems to be that they will send one person down, and it is one person getting the alcohol, and then taking it back. [Participant 45: Darwin, Manager]

The BDR, or the appearance of being on the BDR, was identified as a protective factor for some individuals experiencing this pressure.

> People really like having the card. We’ve had a few people who don’t want to be put on it but want the card so when they don’t want to be humbugged8 to drink or a bit pressured they can show people and say, “You can’t make me because I’m on that banned list and if you make me, I’ll go to the police and they might put you on it” which is a bit naughty because they’re not actually on it so it’s not actually true. But certainly the people that do put themselves on it, usually want to use it as that protective factor. [Demand Study: Participant 10, Alice Springs]

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8 Humbug is an Aboriginal English term which refers to ‘demand sharing’, similar to colloquial English words like ‘bludge’ or ‘pester’. It is often a one-way transaction, with family members who have money and resources pressured to share with those who do not (Kelly, Kickett & Bessarab 2016). People can also ‘humbug’ strangers, particularly in public settings like outside a supermarket.
There has been remote community education regarding secondary supply to banned drinkers (July – September 2018), alongside more general community education about the BDR (March 2019 - present).

4.2 Tourists & Taxi Drivers
Taxi drivers and tourists/backpackers were two groups of people that were specifically identified as facilitating secondary supply for banned drinkers. It appears that tourists tended to get asked unknowingly:

We know what’s suspicious, and like I said, we’ve got our finger on the pulse down here and we’ve stopped many secondary supplies, and in fact, one of the other fatalities the other day, it actually had, on camera, us preventing a secondary supply – like backpackers come in, think they’re helping, by supplying... [Participant 11: Alice Springs, Licensee]

It used to be a big thing, as well, before the PALIs...backpackers. The local Indigenous would convince the backpackers to come and – [...] so you’d have this backpacker walk over and go ‘oh, can I have two bottles of Poker Face? ’ and the staff are like ‘who’s it for?’ ‘Oh, no, for me.’ ‘Who’s it for?’ ‘Oh, there’s a person around the corner that asked me to get it for them.’ We’re like ‘no way’ [laughter]. [Participant 35: Katherine, Licensee]

Some participants stated taxi drivers would charge an inflated fare, or purchase and on-sell:

It’s a lot of the same people. We have a lot of trouble with taxi drivers, because we don’t serve anyone on foot in our bottle shop, and that’s been our policy prior to the introduction of the BDR. So they’ll get up to the footbridge up the road and they’ll call a taxi and they’ll come through. Then the taxi driver will drive them around and drop them off out the front. So we spend a lot of time, and a lot of taxi drivers know now, that we don’t tolerate it. We have assisted the police at times when we know that the taxi drivers are doing the wrong thing and we’re reporting them to police. We believe some taxi drivers have had their cars confiscated as a result of that. They’re doing things like the meter is not running, you know, so whatever they’re charging... [Participant 50: Darwin, Licensee]

You know, cabs just coming in and buying x, y, z amount of bottles and then selling it for over inflated prices and taking them out into the communities or whatever they’re doing. You know, they’re the ones that really cause the problems. [Participant 51: Darwin, Manager]

I was talking to him and halfway through I said, “Hang on, you said you bought a six pack of Jacks and a bottle of rum, but you said it cost $150. Why did it cost $150?” “Well, that’s what the taxi driver charges.” And I said, “Well, hang on, but does the taxi driver have the booze in the car or does he go to the bottle shop for

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9 Very cheap wine
In addition to the anecdotal evidence about small-scale for-profit secondary supply, participants also talked about it on a larger scale through on-selling at inflated prices in the black market.

4.3 Black market and grog-running

Industry representatives and licensees did feel that the BDR is having a direct impact on the secondary supply of alcohol being sold on the black market:

Yeah, or the individuals that are on the BDR are older and living in the long grass. It’s the younger element that are coming through and doing the smashes and then on-selling to them for 100 bucks for a bottle of wine or something. It’s just affected the illegal market price, basically. That’s the biggest impact of the BDR and transference to other alcohol products. [Participant 56: Industry Representative]

And, with the – this time around its definitely opened the market up there and just high demand. And a lot of those banned drinkers are willing to pay the exorbitant costs that they’re putting on. So, it’s – that’s the big change this time around, it’s just – previously not really a big thing now, it is. [Participant 20: Barkly, Manager]

Within the broader issue of secondary supply, many participants identified ‘grog-running’, or the on-sale of alcohol at increased prices, as the overarching challenge to overcoming alcohol misuse among problem drinkers in the NT, particularly within specific populations and communities. One participant summarised it as the root of the problem:

But one of our biggest problems is the grog running in. If we could put a fence around and just had our two six packs, which everybody in town is entitled to have, it would be great. But it’s what’s coming in, and see if they go off to Alice or something like that. [Participant 24: Barkly, Manager]

Others, however, commented that grog-running has decreased or stayed the same since the BDR. One Licensee (Participant 33: Katherine) indicated that they used to see ‘young boys’ selling alcohol to others, but that “it hasn’t happened for a few months, but it does happen at different times”. Participants provided anecdotal evidence of secondary supply in that they were seeing groups of drunk people in the town or community before the pub or bottle shop had opened for the day. For example:

We’re seeing huge amounts of people very intoxicated before the pub’s even open at 10:00 in the morning. Our DMs and our security guards are literally stopping people at the door going ‘buddy, where have you been drinking?’ ‘Oh, long grass down the river bank’ or whatever. They’re getting this grog somehow; they’re 100% not getting it from bottle shops, so where’s it coming from? [Participant 35: Katherine, Licensee]

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10 Living in the long grass, or long grassing, refers to Aboriginal people who sleep rough in parks and bushland in urban centres.
I don't think there's been an increase. I think it's been happening for a while so it's – also it's to do with obviously dry communities and people out there who might not have a vehicle as well. So it's just, it might be an economic thing as well. [Participant 40: Katherine, Manager]

4.4 Sharing and tampering with IDs
Participants also talked about other strategies that banned drinkers had to purchase alcohol. This related to sharing IDs or tampering with their own ID to make a purchase. Anecdotal evidence suggests that some individuals attempt to use family or friends’ IDs, with a couple of participants indicating that it is often difficult for non-Aboriginal staff to differentiate between photos of Aboriginal people:

I think the BDRs increased the secondary supply, because these people get it, it doesn’t matter how. And another things that’s - I know it’s not a legal thing, but somebody comes in with their ID and they’ve got somebody else’s card. So it might be the persons card, might be the person that’s on the BDR. So how do you do that and the Indigenous community, money just gets shared around, so cards just get shared around. [Participant 41: Katherine, Licensee]

Because, they know they’re on the register. So, they will try and bring someone else’s ID in, but that’s where the staff have got to be looking. [Participant 53: Darwin, Licensee]

Participants explained how someone who ‘flashed red’ on the BDR one week, might be green the following week because they had tampered with their ID, or obtained a new card with a slightly different name:

The other thing we do have as well with the ones up here who are banned and trying to get around it, is apparently they’ve been scratching off a letter of their name. Or it’s easy enough for them to go into MVR and just say that they misspelt their name and add a space in or add a letter in or take a letter out. And they reprint their IDs. Especially 18+ cards. And then they’re back off the BDR. […] Some of them have got up to 10 aliases, the police have told us. So for that to happen, again, what’s the point? The scan data on how many people were refused anyway – and then you’ve got these guys already smart enough to get around the system. [Participant 1: Darwin, Manager]

Yeah, and especially when they've always used the second name and then all of a sudden, they've given me an ID with the new name, and I’m like, “Oh, that’s a bit weird. Why are you using that?” So, I literally phoned them up there while they were there, and they’ve linked the two names to that account, because if they go into town it’s the same but we know them. So, we know both of them. [Participant 33: Katherine, Licensee]
5. Public drunkenness
As discussed in Section 4, there was some indication that the negative impact on public amenity around the bottle shops was related to secondary supply and demands of third parties to purchase alcohol for banned drinkers.

However, overall participants did not attribute public drunkenness or loitering as being directly related to the BDR. Rather, it was discussed in relation to seasonal movements of people from town to town, and from remote communities to urban centres.

I guess a little bit, but it changes. It’s pretty hard to see, because a lot of these people are seasonal as well. They’ll come in from out of town, out of communities. Come in here and then you won’t see them for four months. You’re like, “Oh, great. We got rid of the problem. And haven’t seen them in ages. I wonder what happened to them?” And then next week, they’re back here again for four months. [Participant 1: Darwin, Manager]

Participants from the Darwin region talked differently about the impact of the BDR on the prevalence and visibility of drinking in public, compared with licensees and managers in remote NT. Drinking in public did not appear to be more or less of a problem in the Darwin region as a whole. However, specific locations tended to attract more drinking in public (e.g. locations near parks). One participant talked about the challenges of having a venue in a location nearby where individuals tended to congregate:

I think it’s just moved a lot of the problems to different areas. I think from our perspective, we’re a lot more aware and we know now the names of a lot of the trouble makers in the area or the people who are on the BDR. We do get them come through, so we are stopping them. We experience a lot of anti-social behaviour across the road here [local landmark]. [...] They get quite argumentative and violent at times and our staff are dealing with that constantly. And while the police and Larrakia Nation do what they can, more often than not when we’re willing to request help, we’re just being left. You know, they’re coming and being spoken to, they’re being moved on and then we see them again in 20 minutes. So it’s a bit of a frustrating circle that we go through. [Participant 50: Darwin, Licensee]

This is in contrast with a licensee in the Darwin region, who indicated that public amenity is not an issue for them, as their customers tend to purchase their alcohol and take it home.

Well, I think it’s more effective in town, because they have a lot of long-grasses and a lot of people that are in that, you know, going to the hospital or to the police station every five minutes on the roundabouts through the police. Whereas we don’t really have that sort of demographic. People just buy take away here and go home. They don’t buy take-away here and go drink it in the park, sort of thing. So I think it would help people in town, but it’s not doing anything out here. [Participant 61: Darwin, Licensee]

A number of licensees in rural communities responded similarly, indicating that everyone in town knows everyone, and they have a good relationship with most people who travel in from the surrounding communities.
The only time I would have trouble if they’d come from other communities which is not very often. Because we’re isolated here and locals and that know. [Participant 34: Katherine, Licensee]

Regional restrictions were also linked to public amenity, often “shifting the problem from one place to another” (Participant 34: Katherine, licensee), rather than removing it. Other licensees agreed that local restrictions had moved heavy drinkers to other, more hidden, locations. This pattern was identified between large geographic areas (i.e. town to town) as well as within the Darwin region. For example, a participant in Darwin indicated that the public amenity has improved since the BDR. Yet, they did not attribute it to the BDR per se, but rather to people moving to other locations:

I feel that’s the case. But it’s hard to say if it would have still been the same. We did find that it had seemed to be positive, but it may have been that we find, quite often, that things are displaced, people are displaced to different areas. So if they’re moved on from here, they might go up the road and around the corner, and then that’s an issue there. It’s not solving the problem, it’s displacing the problem. [Participant 45: Darwin, Licensee]

Some participants did identify increased issues related to public amenity and the visibility of drunken behavior, which they attributed to a lack of enforcement of alcohol-related laws. One participant, located in a small regional town indicated that public drinking had become worse since the BDR, possibly because police were focused on more serious crime rather than minor issues such as drinking in public.

Yeah. It seems to be that the laws have been dropped for public drinking. I notice that previously they would get their take-aways and go, and be out of sight. Now it’s in the park, in plain sight. Which is against the law, drinking in a public place, but I think – right across the board, I think the police have just been told don’t do these frivolous things. Just, you know, we’re here to fight crime, not pick people up for public drinking. So I think that laws – it’s got worse because they are more exposed. [Participant 41: Katherine, Licensee]

A participant in Darwin talked specifically about the lack of enforcement of the two-kilometre rule for drinking in public:

If you’re looking broader, realistically, there is a law in Northern Territory, that you cannot drink within two kilometres of a licensed premises. If that was enforced, and I don’t know how they would fully do it, but if that was fully enforced, I don’t think you’d need the BDR. Because if you’re drinking alcohol, and that may be for you, or for me, but if you’re just drinking within two kilometres, or walking down the street, or just sitting up on a roadside, then if you were actually charged for that, or the alcohol was tipped out and you were moved on, I think that would solve a lot of the issues. And that’s already a law. [Participant 45: Darwin, Licensee]

The quotes above illustrate important views about how the BDR is experienced within the context of a broader suite of alcohol related laws and policies.

The impact of the BDR was sometimes conflated with other alcohol policy interventions such as the PALIs. This meant licensees and managers had difficulty in articulating exactly which policy interventions were impacting on changes associated with antisocial behaviour around their premises, or the town more broadly. For example, one participant indicated that public amenity has improved since the BDR, but then went on to discuss the police’s role in preventing antisocial behaviour:
I think it's improved because – I think it's improved since the BDR has been introduced, so obviously that's a big plus so that helps as well. [...] So I think that's the general belief of the town, so that's what I reckon as well. So I mean back in the old days it was, there was people, rowdy people. I mean 10 years – now we've got – we've got police officers here, we've got security guards, same with the other stores. People aren't going to fool around otherwise they're not going to get nothing are they? Just that usually if they do [ark] up, a few commotions we might get in the supermarket or whatever, we've got police officers to deal with it and nip it in the bud. So yeah, I think it's improved. [Participant 40: Katherine, Manager]

Similarly, other participants noted an improvement in public amenity was due to the police presence (PALIs), rather than the BDR:

Yeah. People are not hanging around here. It's only because the police are there, not because of BDR. BDR is, like – it's just there because it has to be there, because of policy [...] But, since the cops have been here, we've never seen any problems at the front of the shop. No one got stabbed. No one drinking in the oval. But, it's definitely not because of the BDR. [Participant 3: Alice Springs, manager]

In the Darwin region, where PALIs are not stationed, participants tended to discuss public amenity in relation to their location within the city and proximity to other public spaces or services. A couple of licensees talked about how there were groups of people hanging around their stores because they were waiting to be fed at a nearby service that provides free meals for homeless people or would get a meal and then wait for the buses across the road. This demonstrates that the BDR goal to improve public amenity is impacted by other social policies, programs and contextual issues. This reinforces the importance of integrating alcohol policy interventions with other health and social public policy interventions.

6. The perceived impact of the BDR on crime and anti-social behaviour

There were mixed responses about whether the BDR is having a positive or negative impact on anti-social behaviour.

6.1 Perceived impacts of reduced access to alcohol

Some participants believed the BDR was effectively preventing access to alcohol, which was then perceived to have a direct impact on the increase in theft and break-ins at licensed premises and houses to steal alcohol.

If they can’t pay for it, they’ll break in and grab it. Like I’ve had friends, you hear probably once a week of a friend getting their house broken in to, and all they’ve grabbed is a bottle of wine. But just smashed everything else. [Participant 9: Alice Springs, Licensee]

Yes, I think there is probably more break-ins because of it. People trying to – we’ve had a few break-ins here since it was introduced. People trying to steal alcohol. Probably the same house break-ins too. You assume people are trying to find grog wherever they can. [Participant 47: Darwin, Manager]

Yeah theft. And ways to try and obtain either alcohol or money to purchase alcohol as a result of the BDR. [Participant 5: Alice Springs, Licensee]
Most participants discussed the business expense of crime, particularly the monetary impact related to installing security measures and increased insurance premiums:

*Maybe so, because like I said before if they can’t buy it they’re going to steal it and it’s going to lead to more crimes, break-ins and we see that all the time in Darwin and it’s getting – it’s very frustrating even for us here. We’ve been broken into in the past on quite a few occasions and we don’t go through our insurance because we get windows fixed ourselves, and we have to bear the cost of the loss, and that’s what happening all over Darwin at the moment. So it’s getting very, very difficult for a lot of people to do business [Participant 54: Darwin, Licensee]*

Some licensees talked about the strategies they had implemented to avoid break-ins and theft, sometimes requiring a significant amount of financial investment into security systems and more secure shopfronts:

*But probably the biggest issue is, I feel it’s caused more of an antisocial environment where now there is a lot more theft, and it’s a really big issue. [...] For us, we’ve taken steps, so we clear all alcohol out of the bar and we lock everything up so that we aren’t as much as a target. And that has been effective for us. We did that ourselves, because I did find that we were broken into three times in less than a month. [Participant 45: Darwin, Licensee]*

*So it’s - you know, it’s a big expense. The insurance company doesn't care. Every time, they just go, “What else - what are you doing now that's going to change this?” So look, I think that - whether that's contributed to by the BDR or not, I don't know. [Participant 60, Darwin, Licensee]*

*It is working in relation to those that are banned obviously are aware that they’re banned. So, they’re not turning up to bottle shops. The unfortunate part about that is that - this is just the anecdotal evidence. Obviously, the break-ins that have come as a result of it in relation to licensed premises, we’ve been doing a lot of work in relation to Alcohol Secure, so there’s a Business Secure program because of all the break-ins that were occurring as effectively, a consequence of the BDR, people that couldn’t get access to alcohol - we suddenly saw an increase in relation to break-ins in licensed premises, particularly those premises that weren’t put in - secured. [Participant 57, Industry Representative]*

A number of licensees who had not experienced break-ins attributed it to ‘being lucky’ or to measures they had taken to secure the premise, such as removing glass store fronts or installing roller doors.

Most participants in both urban and rural locations indicated that crime had increased, even if it was not attributed to the BDR. For example:

*Yeah, I don’t think I’ve had any theft actually since the BDR has been in place – very minimal. I’ve been one of the lucky ones with break-ins, [...] [But] Definitely [more crime]. I think there’s a lot more break-ins now. People trying to get to alcohol. I think there was one weekend a couple of weekends ago, I think [venue name] three times, [venue name] got done. I think I was the only licensed premise in [community] that didn’t get broken into that weekend. [Participant 20: Barkly, Manager]*

Others, however, said this trend had been on the rise since before the BDR, and they have seen little change since it was (re)introduced.
I don’t know. They keep banging on about how it’s working, how it’s not working, stuff like that. But the youth crime in town here at the moment is just huge, it’s massive at the moment. Break and enters are through the roof, and then the secondary drug supply is massive as well. It hasn’t changed the fact that they’ve adapted, the locals have adapted to buy grog in other places, and now they’re breaking into cars and houses and stuff to get grog. It hasn’t changed. [Participant 48: Darwin, Manager]

It’s a long way from the BDR. It happened before the BDR. It will happen after. It’s a long bow that someone was refused takeaway alcohol and therefore came back later that night in their car and smashed a window. That’s a long bow. [Participant 65: Darwin, Manager]

There were, however, some licensees who found there was less crime since the BDR, although they were unsure whether or not it was directly related to the BDR:

Well we only had two before, so we haven’t had one since. But I don’t know if that’s got anything to do with that but you never know, it might have. But yeah, I mean I guess it’s worse for us because [Pub nearby] have got white people, that shop there with their drive-through. So, therefore, they’ve lost all their Indigenous customers, so they tell me. [Participant 37: Katherine, Licensee]

Sometimes participants considered that the BDR could be complemented by Police enforcement to address the problems of theft and other crime:

I think a lot of it is just the backup. The BDR could work as a tool, but it is more so that it needs to be enforcement. We found that speaking with the police, and we said, “Look, we’re having all this theft.” And the people that are doing it, they’re not stupid. They’ll come with six people, and you’ve got one person on, or two people on, and somebody will ask for a bottle of spirits, somebody will ask for a carton, and then you get two come in and grab stock out the fridge and start running off. [Participant 45: Darwin, Licensee]

Currently there are Alcohol Secure grants and Business Re-secure programs which allow businesses to access additional funding to secure their alcohol stock and premises. In parallel to the implementation of current alcohol policy measures, NTG should also work with licensees and other business owners to develop stronger place-based strategies that account for local context to reduce crime and antisocial behavior.

6.2 Perceptions of the BDR as a justice intervention
The perception of licensees and operators is that the BDR is a crime intervention, particularly in regard to drink driving and domestic violence. Every participant identified criminal behaviours as the mechanism for receiving a BDO before mentioning any other mechanisms. The May 2019 BDR Monthly report asserts that this is a reasonable interpretation, with police and courts pathways accounting for 65.6% and 25.6% of BDOs issued respectively (Northern Territory Department of Health, 2019)

Well, obviously their goal is to stop people that have been done for drink driving medium to high range and also abusive people, which is fair enough. [Participant 11: Alice Springs, Licensee]
I think the goal is to reduce crime, just have a – it’s basically just to reduce crime in the area. So essentially, it’s to [reduce] obviously alcohol related crime. [Participant 40: Katherine, Manager]

So the goal of the BDR is to stop people who have high range offences - alcohol related offences - getting alcohol. [Participant 60: Darwin, Licensee]

There was very little acknowledgment of, or discussion about, health and self-referral pathways onto the BDR. Although, some participants noted the direct intersection of BDR implementation with the health system was minimal and could be improved.

Clearly to do with problem drinkers. Well, I imagine. But problem drinkers means people who break the law and alcohol is deemed causal...as opposed to just someone being an alcoholic. I don’t think that’s enough reason to be banned...The trouble is my catchment’s only [redacted] and they’re not pillars of society. But they’re not in the group that I imagine complement the trouble. [Participant 65: Darwin, Licensee]

No-one really utilises the other part of the BDRs. You could put yourself on the Banned Drinker Register but then once they do that then it’s like oh well now I can’t buy anything for me when I want to sort of thing, so most people don’t take that option. [Participant 8: Alice Springs, Manager]

Recommendations from the 6-month evaluation, which were supported by the NTG, emphasised the importance of promoting self-referral pathways and referral pathways from health services onto the BDR. This is addressed further in Section 5.

6.3 Perceptions of the BDR as a racial intervention

Overwhelmingly, the BDR is considered by participants to be a means of restricting alcohol access for Aboriginal and Torres Strait Islander peoples. There is a notion that the BDR policy is designed to target the alcohol-related behaviours generally expressed by Aboriginal and Torres Strait Islander peoples, as opposed to the rest of the NT population.

The main goal I think was to try and solve a problem of alcohol abuse and to bring us into a nationally accepted level of alcohol consumption and there is a preconceived notion that it is only Aboriginal people that have a drinking problem and so they are the people that they are targeting first and foremost. [Participant 5+6: Alice Springs, Licensees]

From what I can understand the BDR was targeting (mainly) - and let’s be honest about it - the Aboriginals. The odd one or two whites. [Participant 14: Alice Springs, Licensee]

Okay, who I think it is targeting, and who I think it’s supposed to be targeting are two different things. So I think it’s supposed to be targeting anybody who has issues with alcohol, and particularly violent issues with alcohol. I think that – as I said before, it does tend towards the racist. [Participant 12: Alice Springs, Manager]

Many participants noted this, and subsequently asserted that risky alcohol consumption is a reality for many Territorians, regardless of cultural heritage.

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11 Risky alcohol consumption being defined as more than two standard drinks per day or more than four standard drinks on any one occasion (National Health and Medical Research Council, 2009).
It is very focused on the Aboriginal demographic rather than widespread. And Katherine has an alcohol issue, whether you’re black or white. There’s large overconsumption of alcohol. The difference being is that, I suppose, for a majority of Aboriginal people, their physical health comes into play more where you have higher rates of chronic health issues. Mortality rates being much higher. [Demand Study: Focus Group 7, Katherine]

The mechanisms which resulted in BDOs were raised as evidence that the policy was universal, with drinking driving offences frequently associated with non-Aboriginal engagement on the BDR.

Look, it’s not racist, because there are quite a few people that are put on - drink drivers and all that kind of stuff are put on it - and yeah, fair go, they’ve stuffed up. [Participant 35+36, Katherine, Licensee]

Despite being a universal intervention, some participants ‘blame’ the inconvenience of the process on Aboriginal people:

Oh well, you can be abused and they blame it - and it’s not right, because I’ve known some white people that are pretty damned disgusting on grog as well… - but they basically blame it on Aboriginal people, like it’s their drinking problem that’s caused this. [Participant 24: Barkly, Manager]

It’s a universal measure that’s targeted because they can’t get away with more targeted measures without falling foul of racial discrimination laws. That’s the primary purpose of BDR. [Participant 55-57: Industry Representatives].

Administrative data shows that 82.7% of people currently on the BDR identify as Aboriginal and/or Torres Strait Islander. As discussed in Part 1 of this evaluation, the majority of BDOs are issued by police. The disproportionate representation of Aboriginal people on the BDR is a reflection of a disproportionate representation of Aboriginal people engaged with police and the criminal justice system in the NT. To enhance the potential of BDR as a universal measure, the promotion and use of BDR referral pathways beyond those relating to police and criminal justice pathways should be prioritised.

7. Impact of other alcohol policy initiatives on amenity in tandem with the BDR
7.1 Store policies, liquor accords, and license variations
A large number of TA outlets reported having their own store policies, generally relating to urban amenity and/or perceived risks of drink driving:

I mean on a daily basis we knock back people on our own accord because we know them from across the road and we know that they’re okay at 10 in the morning but at 7 o’clock at night they’re going to be trouble out the front. [Participant 50: Darwin, Manager]

We have had issues with it in the past but we made our own little rule that if you haven’t got a vehicle to take your grog away with to go home or to go somewhere else, then we don’t give it to people…If you haven’t got a car we can’t sell it to you, when you’ve got a car to take it away, then come and get it, take it away,” which they
think it's a Liquor Commission\textsuperscript{12} rule, but it's not. It's just our rule. [Participant 62+63: Darwin, Licensee]

There was a narrative regarding the role that remote licensees were playing in community safety. In several remote locations there was only one or two police officers, who were responsible for a large geographical area. Subsequently, licensees were required to undertake further monitoring and recording of purchases, to provide to the police on request.

\textit{P.17} They normally come and monitor our - we do carry the banned drinking register, so whoever purchased alcohol today...once, the BDR scanned...we normally write it down. So, they're not going to check every day. Whenever they come here, they check the report and everything, stuff like that.

\textit{TW:} So, you do an extra list for the cops, yeah?

\textit{A:} Yeah. It's my Liquor Licence rule. According to the Liquor Licence, I have to maintain that list. We know if there is a fight or anything in the community, they come and check that one.

\textit{TW:} To see who bought it?

\textit{P.17:} Yeah.

\textit{SC:} So, you work together in a way?

\textit{P.17:} Yeah. [Participant 17: Barkly, Manager]

The impact of road trauma and community violence was more visible for these remote licensees, and often they chose not to sell if they were worried about the safety of the customer and their families. Several viewed their role as integral to community safety and spoke of close relationships to local police.

\textit{Nine times out of ten I get word that they're coming, and they get here: "sorry, only a six-pack."} So, they get a bit upset about only being able to buy a six-pack, which I'm legally able to sell it to them because they're not [from local community] but they're likely to turn around and drive back out. They're off west, children on board, been drinking. No, I just tell them not to sell it. Between the police and myself, we seem to have everyone under control now at this stage. [Participant 23: Barkly, Licensee]

Remote TA outlets often reported working very closely with the police, particularly in towns where there were limited police resources.

Most remote licensees had some form of additional restrictions which were applicable to residents of local Aboriginal communities. Some were longstanding others were implemented only sporadically due to incidents, usually at the request of community Elders.

\textit{The communities are really good for us, they’ll literally give us a call.} If shit hits the fan, not here, down at the communities they’ll actually call me and be like, ‘Hey can you please not serve our guys for the next week or so’, and we’re fine with it...And they're really good and again the amount of respect we have for our local guys. I’d ten times prefer to serve them than I would over half of miserable caravaners. So if you work with them it’s fine. [Participant 22: Barkly, Manager]

\textsuperscript{12} We assume the participant meant licensing condition.
And we restrict quantity in our community because it works for our community members and it’s the request of our community that we’ve worked with over 20 years with the health, the police and the community elders. So, it’s something that we choose to do willingly and it’s not part of our licensing at all. And then, we record how much they’ve spent and where they’re drinking it or attempt to drink it because that impacts on the police and where they know that there could be people drinking alcohol...So then, we’re the only facility in town that will restrict - maybe only light beers. Maybe we’ll say, “Nothing other than light beers until tomorrow,” and generally, it can just send a little bit of the right message that people don’t cause trouble. And it’s the older people, the families in the communities, they’re the ones that don’t want this trouble and sometimes the younger or the troublemakers are causing their communities a lot of problems and that’s a way of the community members and then traditional owners helping get the message through on a community face. [Participant 33: Katherine, Licensee]

Some of these agreements are formalised at a higher level, particularly in Central Australia:

We have a list of dry communities, which, if someone presents with an ID from a dry community we don’t sell them takeaway alcohol, because it’s an agreement that – well, at the highest level, the NT government has with the leaders of these dry communities. [Participant 12: Alice Springs, Manager]

Some remote licensees had variations to their licenses, relating to sales to local Aboriginal communities:

Our licence, as far as I’m aware, is the only licence in the Northern Territory where it is written into the licence that we cannot serve an Aboriginal.... It’s been in place for a long time, and certainly the NPY Women’s Council still support it. It is longstanding in the communities and they certainly understand the benefit. [Participant 14+15: Alice Springs, Licensees]

We have a clause in our licence that restricts us from selling to any resident of [local community] regardless of who they are...Yeah so it’s been a longstanding thing and they understand and accept it and there’s never any drama with it. [Participant 62+63: Darwin, Licensee]

The implementation of many of these restrictions was dependent upon licensees knowing their local clientele, because driver’s licence addresses may not be updated, and proof of age cards have no address.

We’re on a six-pack restriction for people in [nearby town], so there’s no real issue there for carton sales. We know them all so they can’t tell ya – “We’ve got a driver’s license from Tennant Creek” and I [say], “You’re living in [nearby town], I can’t do it. That’s the rules.” [Participant 23: Barkly, Licensee]

One licensee (near a border) had extended their existing licensing requirement to ensure customers were aware of the legalities regarding secondary supply.

We also have another piece of paper that says that they’re not going to on-sell or going into APY Lands anyway, as part of our licence requirements...Yeah, so basically, we’ve got it sitting next to our BDR, so every time they get alcohol, so, we actually track, we personally track what’s gone out. So, if you came in, we need to see your licence, we just write down your name, what you’ve taken and just sign it to say that you’re not going to on-sell it, or you’re not travelling into APY Lands. You need a permit to go into APY Lands anyway, but it’s just something...Yeah, our thing was to
check you weren’t resident of or travelling into APY Lands, but we’ve modified it so you’re not going to on-sell it too, just to – everyone gets explained, read their rights.
[Participant 11: Alice Springs, Licensee]

7.2 Police Auxiliary Liquor Inspectors (PALIs)

PALIs are in effect in Alice Springs town, Tennant Creek and Katherine town. In these locations, there were several issues raised in regard to the lack of synergy between the PALIs and the BDR. This was generally related to the double handling of identification, as PALIs ask to see ID and may ask subsequent questions (such as where are you drinking?) upon entry. At point of sale staff are also requesting to see ID to scan for the BDR. Whilst the PALIs and BDR are different policy measures with different purposes, as defined through different Acts, the double-scanning of IDs was perceived to irritate customers and be burdensome. As such, there was strong feedback that these processes should be streamlined in an operational sense.

Well, I think you’ve got the police – I think it’s like a double-up where the police are here and when the police are here you don’t really need the BDR because they can virtually check as well. I know if they’re not here, yes obviously we do need the BDR and it’s good to have that so you can check the banned people. [Participant 16: Alice Springs, Manager]

Because with the police before they even get to the BDR, they’re doing all the checks first. So, police will sit there and go yeah, you’re already on the BDR so you can’t purchase, see ya. We don’t even need to scan it to make sure the BDRs working, because the police are doing the job first, before it even gets to the BDR. [Participant 20: Barkly, Manager]

I think in theory it’s a great idea, but they’re not giving it its own legs to work. They’re not giving the BDR its own legs, they’re double handling with the PALIs, so the PALIs are doing the BDR’s job, and I just don’t even think they’re referring enough people onto the BDR. [Participant 35: Katherine, Licensee]

I think this new version is good but it’s not – it’s been over shadowed by the police. So BDR is the secondary thing, they’ve got to get through the police checks first. Then they come – they get refused at the police checks but they can pass the BDR. So that’s where the confusion is, it’s terrible. Like the police have got more powers than the BDR, but the poor people getting put through, they might go – let’s say they go to the BDR first by some chance, they get – no worries, they can purchase. But then the policeman spies them and he comes and refuses them. So they’re very – it’s very mixed messages. [Participant 37: Katherine, Licensee]

Further information regarding the PALIs is beyond the scope of this evaluation.

7.3 Minimum Unit Floor Price (MUP)

The Minimum Unit Floor Price is legislation which ensures that no unit of alcohol (one standard drink) is sold for less than $1.30. This was perceived to have only had an impact within the urban components of the Darwin and Katherine region, because of separate factors which were already impacting price in other regions.

No, it didn’t affect us at all, didn’t worry us at all. The only thing we had to really change, was just one of our wines, that was it. It was only up 50 cents, so it didn’t affect us at all. That was no real issue. They only bought that in to keep Katherine
and Darwin happy, so it looked like they were doing something. [Participant 21: Barkly, Manager]

Further information regarding MUP is beyond the scope of this evaluation.

The impacts of the BDR are intertwined with the impacts of other alcohol policies, and understanding the overlapping impacts is important in the evaluation of each of these policies.

**Conclusion**

The findings from this qualitative evaluation provide important information about the implementation and impact of the BDR 12 to 18 months post reintroduction. The participants in the study welcomed the opportunity to give evidence about their experiences and views of the BDR. Overall, there were consensus on some issues, such as the need for more education and marketing campaigns about the purpose of the BDR, as well as the challenge of reducing secondary supply. While support for the BDR in its current form was mixed, and many participants suggested improvements, the majority of participants did not wish to see it removed. Views regarding the impact of the policy on antisocial behaviour were varied. Participants’ responses varied by region, which demonstrates the cumulative impact of the multiple alcohol harm reduction policies, often coupled with additional local restrictions.

Secondary supply was overwhelmingly identified as a significant challenge to achieving the policy’s wider goal of restricting alcohol to problem drinkers and delivering appropriate therapeutic health services. There was general consensus that many people on the BDR will still consume alcohol, usually through third-parties whether known or unknown to them. A significant challenge in the context of the BDR implementation in the NT are strong cultural traditions and expectations among Aboriginal communities to share resources, including alcohol.

Secondary supply of alcohol by tourists and taxi drivers was also reported. The lack of awareness about the BDR among tourists was talked about extensively. Social media marketing campaigns as well as information at venues, border-crossings and tourist information centres would better inform tourists about the purpose and scope of the BDR. Improved training for licensees and managers to explain the purpose of the BDR to customers, and the potential impacts of facilitating secondary supply would also assist. It could also mitigate perceived privacy concerns that tourists have about the BDR storing their personal information, despite this not being the case. An education campaign could also address findings about the broader public perception that the BDR is primarily a crime reduction measure and assumed to be targeting the Aboriginal population.

While some participants were optimistic about the potential of the BDR to generate better outcomes relating to alcohol consumption in the NT, it was also perceived to be of lesser value than other alcohol policies, local alcohol license restrictions, and store policies. This was especially noteworthy in Katherine, Tennant Creek and Alice Springs where PALIs, and an increased police presence, were integral in minimising secondary supply and antisocial behaviour. Many participants discussed the displacement of antisocial behaviour and secondary supply as drinkers travelled long distances to avoid local restrictions.

Subsequently, there were calls for a better integration of various alcohol policy restrictions and measures, and the systems underpinning them. There are ongoing difficulties in isolating the effectiveness of the BDR within the context of other policies and community-driven restrictions. Overall the BDR must be understood as a tool within a broader suite of alcohol minimisation policies and strategies.
References


Appendix 1: Interview schedule

Preamble
i. Ethics
ii. Confidentiality
iii. Can stop at any time
iv. Should take 30 minutes to 1 hour
v. Do you have any questions before we start?

Key research questions include:

1. Background Information
   - Please tell us a little bit about yourself and your work history. How long have you worked in your current role and setting?
   - Were you working as a licensee/manager prior to the BDR?
   - Were you working in this space the last time the BDR was implemented? If so, how did this differ to the recent reintroduction of the BDR?
   - In your own words, describe what you consider the main goal of the BDR to be about?
   - In your own words, please explain who you think the BDR is aimed at and why?

2. What has happened in the first year of implementation of the BDR?
   - In your opinion, what has worked well (e.g. enablers/opportunities) in relation to the reintroduction of the BDR and why?
   - In your opinion, what has not worked (e.g. barriers/challenges) well in relation to the reintroduction of the BDR and why?
   - What has the implementation process been like for (a) you, and (b) the business?
   - What do you think the public perception of the BDR has been since its reintroduction over a year ago?
   - In general, what do you think are the impacts of the BDR? Positive/negative.
   - In general, how effective do you think the BDR is in achieving its aim?
   - How do you think the BDR will play-out in the future?
   - How is the BDR received by interstate travellers?
   - If you could change any aspects of the BDR, what would they be and why?

3. How do banned drinkers react?
   a. When flashed red – how does the customer handle this? How do you handle this?
   b. Elaborate on any stand-out instances here.
   - Who do you think the BDR is targeting? How effective do you think the BDR is in targeting harmful alcohol use?
   - Is it capturing the targeted? Elaborate

4. Secondary Supply
   - Do you think secondary supply is still an issue? Do you think the BDR is effective in addressing the issue of secondary supply? Why/why not?
   - Any comments around the secondary supply issue? Elaborate

5. Crime and Antisocial behaviour
   - Do you think the BDR is affecting crime/antisocial behaviour? Is there less crime, more crime?
   - What sort of crime – break-ins/theft, public disturbance, assault/DV, drink driving, underage drinking and drug taking
6. **Treatment/Health**
   - How do you think the BDR is impacting health of the NT population? Hospital admissions, accidents/incidents, addiction, health and wellbeing. Elaborate
   - Did you know people can access specialist therapeutic services as part of being on the BDR?
   - Are you aware of any people who have turned to treatment services for support since being on the BDR?
   - Do you think more people are using or want to use therapeutic services since the BDR was introduced? Why/Why not?
   - Do you think there are any barriers to accessing services? Does the BDR help or hinder this? Elaborate

7. **Other policies**
   a. How do you think the BDR connects with other alcohol-related policies, such as the minimum floor price, PALIs? Elaborate
   b. Do you think the BDR is an effective measure in conjunction with these? If so, in what ways. If not, why not?
   c. Do you have any thoughts about the effectiveness of other alcohol policy initiatives, such as the minimum floor price? (probe: enablers/opportunities and barriers/challenges)

8. **Public Amenity**
   - In what ways has the BDR impacted the public amenity around takeaway liquor outlets?
   - How has the atmosphere around your premises changed since the BDR? Positive/negative/NA
   - How do you think the BDR has affected social interaction in town?
   - BDR affected the visibility of drinking and drunken behaviour?
   - Any concerns around this? Elaborate.

9. **Wrap-up**
   - In the next 12 months with the BDR in place, how do you think the government could improve/address further concerns of alcohol misuse and related issues?
   - Do you have any suggested recommendations?
   - Is there anything else you would like to add?
PARTICIPANT INFORMATION SHEET

12 Month Evaluation of the Banned Drinker Register in the Northern Territory

This is yours to keep

What is the project about?

This evaluation aims to examine the implementation of the Banned Drinker Register (BDR) by the Northern Territory Government (NTG). The BDR is a major alcohol harm reduction initiative for the Northern Territory (NT). It is one of a number of initiatives included in the NT Alcohol Harm Minimisation Action Plan 2018-2019. The BDR intends to improve community health and safety through reducing the harm caused by risky drinking behaviour in the NT.

Who will undertake this project?

The evaluation will be led by Professor James Smith (PhD) who is a Professor of Alcohol Harm Minimisation based in the Wellbeing and Preventable Chronic Diseases Division at Menzies School of Health Research (Menzies). Other investigators include:

- Ms Donna Stephens, Menzies
- Mr Ben Christie, Menzies
- Ms Sarah Clifford, Menzies
- Ms Tessa Wallace, Menzies
- Mr Christopher Moon, Department of Health, NTG

What is the project doing?

This evaluation will be led by Menzies in collaboration with the NTG. It will involve three separate components:

- Up to 50 individual interviews and focus groups with licensees of alcohol take-away outlets and their employees (led by Menzies);
- individual interviews with up to 30 alcohol treatment service providers (led by Menzies);
- and an analysis of administrative data relating to the BDR (led by NTG with independent oversight by Menzies);

The intent of the evaluation is to assess the initial impact of the intended objectives of the BDR. It is envisaged findings will help to promote quality improvement associated with the BDR implementation.

What will happen during the project?

This participant information sheet specifically relates to the individual interview and focus group components of the evaluation involving licensees and their employees.

You have been identified as a key stakeholder. We would therefore like to invite you to participate in an interview or focus group. It is anticipated these will last between 45-90 minutes.

If you agree to participate, we will ask questions about what you consider has worked or not worked during the first 12 months of implementation of the BDR. We are keen to hear your thoughts about:
• the way the BDR was reintroduced;
• communication with the general public about the reintroduction of the BDR;
• the perceived effectiveness of the BDR;
• the perceived impact on public amenity;
• the perceived impact on the health of the NT population;
• the perceived impact on crime and anti-social behaviour in the NT;
• the relationship of the BDR to other alcohol policy interventions; and
• ways the BDR could be improved or strengthened.

We may also ask you about any feedback you have received from other people impacted by the BDR.

It is important that we properly record the discussions, and the information that people share. We will write down or record what is said and done during individual interviews and focus group discussions. If you participate in a focus group, what you say will be heard by, and shared with, others. As such, your confidentiality cannot be guaranteed.

The information you share will be used to inform quality improvement associated with the BDR. It will also contribute to research papers and a final evaluation report that will be made publicly accessible. The information you share will not be reported in an identifiable way.

**Benefits and Risks**

If you choose to participate, you will be assisting with improving the future implementation of the BDR in the NT. This information is likely to influence a wide range of stakeholders, as including those mentioned above. There are no specific risks for you to be a part of this project. If you choose not to participate, it’s OK.

If you become distressed throughout the interview, you may wish to make a tollfree call to Amity Counselling Services on 1800 684 372.

**Ethics Committee Clearance**

This project has been approved by the Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research

**Who can I contact if I have a question or want more information?**

If you have any questions about this form, the project or about the use or exclusion of any particular information you provide, please contact Professor James Smith at Menzies on 0455 088 501 or via email at james.smith@menzies.edu.au

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au
CONSENT FORM

Process Evaluation of the Banned Drinker Register in the Northern Territory

This means you can say NO

I have talked to _______________________ at ___________________ about this project. I would like to be part of this project.

- I understand what this project is about.
- I understand what is written on the Participant Information Sheet.
- I am happy for my words to be used verbatim in project outputs.
- I am happy for my information to be used in reports, conferences, journals, or on websites.
- I understand my information will not be used in reports, conferences, journals or on websites in such a way that I could be identified, unless specifically requested.
- I understand that I can choose not to answer questions, or choose for information not to be recorded.
- I understand that I can pull out or withdraw information at any time (except for focus groups where others may hear the information I have shared).
- I understand that the information I provide made be used in future research projects relating to alcohol harm minimisation
- I am happy for the information that I provide in interviews and focus groups as part of this project to be recorded. YES/NO (please circle)

Signed: _______________________

Full name: _______________________

Date: _______________________

Name of Witness: _______________________

Signature of Witness: _______________________

If you have any concerns or complaints regarding the ethical conduct of the study, you are invited to contact Ethics Administration, Human Research Ethics Committee of the NT Department of Health and Menzies School of Health Research on (08) 8946 8600 or email ethics@menzies.edu.au

(NB: participants also had the option of providing recorded oral consent)