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**RACP Feedback on the Northern Territory  
Draft Alcohol Action Plan 2023 – 2025.**

March 2023

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.



*We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

# RACP Feedback to the Northern Territory Alcohol Action Plan

## Executive Summary

The RACP welcomes the opportunity to provide feedback on the **Northern Territory Alcohol Action Plan 2023 – 2025 (Action Plan)**.

The RACP believes that the level of alcohol related harm in Australia is unacceptable, and policies driven by evidence are required to reduce risky alcohol consumption and harms that can arise from this. The joint RACP/Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2016 [Alcohol Policy](#), provides an in-depth review of the evidence and offers recommendations on effective policies to reduce the harms of alcohol.

The RACP feedback on the Action Plan reflects the expert views of physician contributors. We respond as a medical member-based peak body and provide the feedback below:

### We recommend that the Action Plan:

- Address the social determinants of health and health inequalities and have a stronger focus on prevention.
- Recognise the right to self-determination and be led by Aboriginal and Torres Strait Islander people.
- Have a stronger focus on cross government action, and intersectoral and community collaboration and awareness.
- Rename the “Social Order Response Plan” and “Banned Drinkers Register” so they are more positive, affirming and engaging.
- Recognise the impacts of alcohol advertising and work with other jurisdictions on a nationally coordinated approach.
- Recognise the need for accessible multidisciplinary health care that meets the needs of the population.
- Be assessed and monitored against national standards.

## Introduction

Despite ongoing and concerted advocacy from public health experts, including the RACP, alcohol remains one of the most harmful drugs in Australia and a leading contributor to disease. The RACP offers the following suggestions to strengthen the Action Plan.

Alcohol is responsible for 4.6 percent of the total disease burden across Australia<sup>1</sup>. According to a report on the national burden of disease, the NT had Australia’s highest rate of burden attributable to alcohol use, at 8.5 percent.<sup>1</sup> Within the NT, alcohol use disorder is ranked in the top three life-shortening mental conditions along with drug and depressive disorders.<sup>2</sup> This burden disproportionately affects the NT Aboriginal population who experience a rate of premature mortality

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<sup>1</sup> [Impact of alcohol and illicit drug use on the burden of disease and injury in Australia: Australian Burden of Disease Study 2011 \(Full publication; \[20April2018\] edition\) \(AIHW\)](#)

<sup>2</sup> [NT Government. Mortality burden of disease and injury in the Northern Territory 1999-2018.](#)

that is ten times higher than the non-Aboriginal population.<sup>2</sup> The total social cost of alcohol in the NT in 2015/16 was estimated at \$1.38 billion.<sup>3</sup>

**The Action Plan should address the social determinants of health and health inequalities and have a stronger focus on prevention.**

The [RACP's 2016 Health in All Policies Position Statement](#) is premised on a large body of evidence which demonstrates the link between the social determinants of health, health status, socioeconomic circumstances. Social determinants of health play a significant role in shaping health behaviours, including alcohol consumption, and thereby influence health and well-being outcomes of individuals, communities and populations. Examples of the social determinants of health which influence health inequities include unemployment, poverty, housing insecurity and homelessness, early childhood development and level of education.

While the consumption of alcohol in excess of the [Australian Guidelines](#)<sup>4</sup> is common across all socioeconomic strata<sup>5</sup>, alcohol related harms are more [commonly experienced among people of lower socio-economic status](#)<sup>6</sup>. Addressing the social determinants of health and health inequities are essential for successfully combating alcohol-related harm.<sup>7</sup> The Action Plan can be strengthened by greater recognition of the drivers of excess alcohol consumption which lie outside the control of an individual, and a greater focus on the social determinants of health.

Primary prevention strategies that target the significant problem of alcohol consumption in the Northern Territory will have many health, social, economic and other benefits. Evidence suggests that multiple strategies and multi-component interventions, targeting multiple parts of the system and the various drivers of alcohol consumption at the primary level of prevention, tend to produce the greatest health benefits.<sup>8</sup> Early intervention and prevention should be a priority for alcohol policy and legislation in the Northern Territory. The complex determinants of alcohol misuse, including the impact of trauma, must also inform all policy and legislation reform.

In addition, the inclusion of an additional section on the pie chart on page 9 of the Action Plan is also suggested, to illustrate the impact of risky consumption of alcohol on a broad range of social determinants of health including employment and employability, food security and education etc.

**The Action Plan must be led by Aboriginal and Torres Strait Islander people and recognise their right to self-determination**

The RACP strongly supports tailored, culturally appropriate services which are First Nations led and informed by First Nations communities. Without self-determination it is not possible for First Nations

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<sup>3</sup> [Menzies School of Health Research. The social and economic costs and harms of alcohol consumption in the Northern Territory. 2019.](#)

<sup>4</sup> [NHMRC. Australian Guidelines to reduce health risks from drinking alcohol.](#)

<sup>5</sup> [ABS. Alcohol consumption 2020-21](#)

<sup>6</sup> [Collins S. Associations between socioeconomic factors and alcohol outcomes. Alcohol Res. 2016;38\(1\):83-94](#)

<sup>7</sup> [Rajput S, Aziz MO, Siddiqui M. Social determinants of health and alcohol consumption. Epi Bio & Pub Health. 2019;16\(3\)](#)

<sup>8</sup> [The Australian Prevention Partnership Centre. Value-of-prevention-to-reduce-alcohol-consumption. 2022](#)

people to thrive. Establishing genuine partnerships with Aboriginal and Torres Strait Islander peoples and their representatives and involving Indigenous peoples in leadership, decision-making, and management has been shown to improve outcomes through Indigenous empowerment and control.<sup>9</sup>

There is strong evidence that Aboriginal communities are safer and healthier with community-driven alcohol management measures. The ongoing history of colonisation, dispossession and the experience of institutional racism, has had a profound and lasting effect on Aboriginal and Torres Strait Islander peoples and their health and wellbeing across generations.<sup>10</sup> The principles of Aboriginal community control and self-determination must underpin the delivery of all alcohol related services for First Nations people in the Northern Territory.

Adequate resourcing of Aboriginal Torres Strait Islander health and healthcare to overcome these impacts is essential. Solutions need to be First Nations led and include:

- Legislative measures designed in close collaboration with the community
- Appropriate resourcing of Aboriginal Community Controlled Health Organisations to enable them to provide health education, care, treatment and support
- Culturally safe and appropriate alcohol rehabilitation services that are accessible
- Improved wraparound services, including trauma counselling, screening for developmental disability and culturally safe alcohol and other drug treatment programs that are co-designed with Aboriginal communities
- Incentives for teachers, nurses and other critical support workers to enable them to stay in community to ensure continuity of care and support.

### **A stronger focus on cross government action and intersectoral and community collaboration is needed**

As outlined in the [RACP Alcohol Policy 2016](#), a coordinated public health approach to reducing harmful alcohol consumption is required to comprehensively tackle the harms associated with alcohol. This must involve all levels of government, including local government, non-government organisations, community groups and Aboriginal health and community organisations.<sup>11</sup>

The RACP supports legislation aimed at controlling alcohol outlet density and endorses whole-of-community approaches to address levels of alcohol-related harm.<sup>11</sup> While the Action Plan refers to community engagement, this needs to be stronger and recognise the important role of local communities in driving prevention and change, and focus on capturing community understanding, interest and involvement in reducing alcohol related harms.

### **The use of positive language would enhance the Action Plan and promote better engagement**

The “Social Order Response Plan” for Alice Springs and the “Banned Drinkers Register” could be renamed so that they are more positive and affirming. We suggest that the Social Order Response

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<sup>9</sup> [Roach, P. and McMillan, F. \(2022\) Reconciliation and Indigenous self-determination in health research: A call to action. PLOS Glob Public Health 2\(9\).](#)

<sup>10</sup> [RACP Aboriginal and Torres Strait Islander Health Position Statement 2018.](#)

<sup>11</sup> [RACP Alcohol Policy 2016.](#)

Plan is renamed, for example, as the 'Alice Springs Community Wellbeing Plan' to foster better community engagement and support.

Additionally, we suggest renaming the Banned Drinkers Register as this has negative connotations and is likely to deter individuals from voluntarily joining. We welcome consultation on an alternative name that captures the broader impacts of substance use disorders and carries less stigma in the community. Health practitioners would also benefit from better understanding the role of the Register and how it can benefit patients through mutually agreed referral.

In addition, it is important that these interventions are evaluated to determine their effectiveness and ongoing utility.

### **The Action Plan should recognise the impacts of alcohol advertising, strengthen advertising restrictions and work with other jurisdictions on a nationally coordinated approach**

The Action Plan does not address the need to strengthen restrictions on alcohol advertising as per the [National Alcohol Strategy](#) and the [WHO recommendations](#). As outlined in the National Alcohol Strategy, there is a strong association between alcohol advertisements and the consumption of alcohol by young people. The National Strategy supports the implementation of measures that reduce alcohol advertising exposure, citing that this is a shared responsibility.

The World Health Organisation has identified that implementing bans on advertising is effective in minimising the harmful use of alcohol, particularly on children and young people, and is highly cost-effective in reducing alcohol-attributable deaths and disabilities at the population level.<sup>12</sup>

There are a range of advertisement platforms within the control of jurisdictions that if regulated, can assist with reducing exposure. The Action Plan must outline local measures to strengthen restrictions on alcohol advertising within the ambit of the NT Government, such as billboard use for alcohol advertisements, use of public sites for advertising, use of jurisdictional government property, zoning rules near schools, parks and other public places and promotional material such as pamphlets and special deals. The plan would also benefit from outlining opportunities for a joined-up approach with other jurisdictions across Australia to maximise local impact and reach.

### **The need for multidisciplinary health care that is accessible and meets the needs of diverse population groups should be better addressed in the Action Plan**

The Action Plan needs to reflect broader health care services required for care such as trauma management services, addiction medicine specialists and psychiatrists. These specialists manage patients, families and communities affected by alcohol every day, often in collaboration with primary care providers. The Action Plan must recognise that substance use disorders require multidisciplinary care and collaboration across multiple sectors.

It is important to ensure that alcohol treatment services are accessible and tailored to meet the needs of diverse populations, including people with disabilities, mental illness, and culturally and linguistically diverse backgrounds. Research suggests that there are difficulties in gaining access to treatment for alcohol use disorders for many groups including people in rural and remote locations,

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<sup>12</sup> [SAFER - Alcohol advertising \(who.int\)](#)

Aboriginal and Torres Strait Islander people and pregnant women.<sup>11</sup> The Plan must look at how access to services will be promoted across the community to reduce these barriers.

In 2018-2019 30% of Indigenous Australians reported that they needed to but did not see a health care provider in the 12 months prior.<sup>13</sup> Reasons cited were mostly logistical including lack of access to transport and services not being available in the area. Additionally, feelings of embarrassment and lack of trust were noted. Treatments must take into consideration accessibility, communication and other barriers people may face in obtaining treatment.<sup>11</sup>

The RACP is pleased to see that implementation of the *Northern Territory FASD Strategy 2018 - 2024* is prioritised in the Action Plan. Pregnant women face barriers in seeking treatment due to fear of losing custody, social stigma and lack of childcare options.<sup>11</sup> Health professionals must be equipped to answer questions and provide support for pregnant women and parents whose child may have FASD. The resources developed by NACCHO as part of the [Strong Born Campaign](#) provide helpful tools to approach these conversations.

### **The Action Plan should be assessed and monitored against national standards.**

Assessment and ongoing monitoring are essential components in driving change and knowing if interventions have been effective. Robust evaluation frameworks need to be combined with implementation of programs to enhance the evidence and help demonstrate the health, social and other benefits of preventive strategies addressing alcohol use.<sup>8</sup>

The baseline measurements provided in the Action Plan are mostly routinely collected data. The RACP recommends extending these to include those listed below, to capture more meaningful evidence, show where greater action is needed and where progress has been made:

- Alcohol consumption data should be stratified by gender, age group, Indigenous status, and pregnancy status.
- Emergency Department presentations should be stratified by hospital, age group, gender and Indigenous status so that progress can be tracked.
- The tracking of Emergency Department presentations and hospitalisations for injury and mental health presentations where alcohol is a factor should be enhanced with information system tailoring to support this.
- The proportion of people who receive publicly funded specialist Alcohol and Drug services who nominate alcohol as their primary drug of concern should be monitored against the [Alcohol and Other Drugs Treatment Services National Minimum Dataset](#).
- Deaths should also be stratified and be subdivided into acute and chronic alcohol associations (i.e., injury vs alcohol-associated chronic disease).
- Crime also needs to be subdivided – number of road incidents should be separate from number of people injured and include information on rates of driving whilst intoxicated.
- Domestic Violence should be stratified by alcohol both in terms of the perpetrator and the people assaulted.
- Alcohol consumption should be estimated with abstainers excluded.
- Minimum floor pricing must be monitored and evaluated and tailored datasets are needed to determine success.

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<sup>13</sup> [AIHW. Access to services compared with need. 2019](#)

- Alignment of these measures to national standards is needed so that progress can be compared against other jurisdictions.

## **Conclusion**

The Draft NT Alcohol Action Plan provides an important opportunity to make a real difference to the preventable morbidity and mortality associated with alcohol consumption. Thank you for the opportunity to provide feedback and we look forward to seeing the final version. Should you require any further information about this submission, please contact, Jessica Blanchard Policy & Advocacy Officer, at [Policy@racp.edu.au](mailto:Policy@racp.edu.au)