

# Liquor licensing and community action in regional and remote Australia: a review of recent initiatives

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In recent years, groups in a number of regional towns and remote settlements in northern Australia have succeeded in introducing local restrictions on alcohol availability, usually as part of broader community-based strategies to reduce alcohol-related harm. Examples are to be found in Tennant Creek, Curtin Springs and Elliott in the Northern Territory, and in Halls Creek and Derby in Western Australia.<sup>1-7</sup>

These initiatives share at least two features. First, they draw on the 'new public health' approach to alcohol and other drug problems that emphasises 'community development', 'participation' and 'empowerment',<sup>8-11</sup> and also the need for measures to reduce the supply of, as well as demand for, alcoholic beverages.<sup>8,12-14</sup> Second, in all of them Aboriginal organisations – or organisations in which Aboriginal individuals are key participants – have played a major role in negotiations leading to the restrictions.

Emphasis on the importance of the local community as a site for interventions is also, in part, a response to the changing role and scope of statutory regulation in Australia, as in other countries. In the first half of the 1900s, campaigns to control alcohol availability typically focused on the regulatory mechanisms available to governments.<sup>15</sup> Today, the deregulatory ideology associated with economic rationalism and enshrined in national competition policy sets quite strict constraints on government use of regulatory interventions into the marketplace.

Several of these initiatives have been evaluated. In one instance – in Tennant Creek – two evaluations have now taken place: an initial study at the time of the six-month trial

of restrictions in 1995-96 and used by the Northern Territory Liquor Commission as the basis for its decision to retain the restrictions indefinitely and a second study in 1998 to assess the continuing impact of the restrictions.<sup>1,2</sup> In all these cases, however, the evaluation has focused exclusively on the setting in question, with a result that it has not been possible to date to draw more general inferences from the findings. This paper seeks to redress this deficiency in two ways:

- by reviewing key findings from existing studies; and
- by identifying and briefly discussing what we believe are important implications for other communities or towns that might consider adopting similar measures.

The paper comprises five sections:

1. A brief description of the restrictions imposed.
2. An outline of key findings with respect to the apparent impact of the restrictions on alcohol consumption and indicators of alcohol-related harm.
3. A review of available data on the degree of community support for, or opposition to, restrictions on availability.
4. A summary of what we believe to be the main implications of these findings.
5. Finally, we identify and discuss a number of issues that emerged in the course of efforts to introduce local restrictions and which need to be addressed by other groups contemplating similar strategies.

## Nature of restrictions

In general, the emphasis in local restrictions has been directed at (a) take-away sales

## Abstract

**Objective:** To review the effectiveness of community-based initiatives involving restrictions on alcohol availability in remote and regional locations in Australia, and to assess their implications for other communities or towns contemplating similar measures.

**Methods:** Findings from evaluations of community initiatives in Tennant Creek (NT), Derby (WA), Halls Creek (WA), Elliott (NT) and Curtin Springs (NT) are compared with respect to impact on alcohol consumption, and on indicators of alcohol-related harm relating to public order, health and well-being, and economic activities. The extent of community support for these initiatives is also examined.

**Results:** Restrictions were found to have a modest but real impact on alcohol consumption, and a significant impact on indicators of alcohol-related harm, especially violence. Restrictions were also found to have widespread community support, often qualified by a belief that other measures were also required.

**Conclusions:** Restrictions on availability are an effective means of reducing alcohol-related harm at a local level and, depending upon the processes involved in their introduction, are likely to have strong community support, provided that other measures are also pursued.

**Implications:** Five issues are identified that are likely to arise in other settings where restrictions are contemplated. These are: the issue of representativeness ('who speaks for the community?'); selection of particular kinds of restrictions on availability; selection of most appropriate additional measures; universal vs. selective restrictions; and the role of liquor licensing authorities in imposing or facilitating restrictions.

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**Table 1: Summary of restrictions on availability.<sup>a</sup>**

Locality	Population (% Aboriginal and Torres Strait Islander) <sup>b</sup>	On premises	Take-away
Elliott, NT (1991)	1996: 429 (66% ATSI)	• Ban on admission of children to public bars	• Maximum purchase limit • Cessation of Sunday sales
Halls Creek, WA (1992)	1996: 1,287 (45% ATSI)		• No sales before noon • Cask wine sales 4-6 pm only • Limit of 1 cask per person per day
Tennant Creek, NT (1995) (Phase 1)	1995: 3,400 (38% ATSI)	Front bar restrictions: • No Thursday sales; • On other days, 9am-10pm only; • Wine sold only with meals; • Before noon, sales of light beer only.	• No sales on Thursdays • On other days, noon-9 pm only • No sales of 4+ L wine casks • Limits on sales of 2 L wine casks • No sales of wine in glass containers >1 L • No sales to taxi-drivers for third party sales
Derby, WA (1997)	1996: 7,249 (55% ATSI)		• No sales on Thursdays • Sales on other days noon-10 pm only (exemptions apply to both of above) • No sales of 4+ L wine casks.
Curtin Springs, NT (1997)	Roadhouse – no town in immediate vicinity	• No sales to Aboriginal people resident in or travelling to NPY lands.	• Same as for on-premises.

*Note:*  
(a) This table is a summary only; several of the restrictions listed above are subject to additional qualifications.  
(b) Australian Bureau of Statistics Census data.

and (b) sales of cask wines. In three of the instances listed in Table 1, four-litre cask wines have been singled out for total prohibition or restricted sales, and in a fourth, they are covered by a more blanket provision. Similarly, in four of these instances, restrictions have been applied to the days and/or hours of trading applicable to take-away liquor.

In both Elliott and Tennant Creek, restrictions have also been imposed on on-premise sales and, since late 1997, there has been a total ban in place at Curtin Springs roadhouse on selling alcoholic beverages – either on-premises or take-away – to any Aboriginal person resident in or travelling to the Ngaanyatjarra Lands in Western Australia, the Pitjantjatjara Lands in South Australia or a number of designated communities in the Northern Territory. The ban was agreed to by the licensee at the request of the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council and has been supported by the Human Rights and Equal Opportunity Commission through the issue of a Special Measures Certificate.<sup>16</sup>

### Apparent impact on consumption

In the cases that have been evaluated, attempts to gauge the impact of restrictions on consumption patterns were made indirectly by collating information on liquor purchases by relevant outlets (routinely collected by State/Territory licensing authorities) and comparing these with pre-trial levels (see Table 2).

In the cases of Halls Creek, Tennant Creek, Derby and Curtin Springs, the apparent impact on consumption has been reasonably well documented. In Halls Creek and Tennant Creek, litres of alcoholic beverages purchased by affected outlets fell 7% and 2.7% respectively during the initial trial periods. In Derby, the change was insignificant, while at Curtin Springs it was marked – a result of the comprehensive nature of the

restrictions. Gray et al.'s 1998 follow-up evaluation of the Tennant Creek restrictions found that sales had continued to fall since the restrictions were imposed, and that the decline could not be attributed either to a NT-wide trend, or to any decline in population in Tennant Creek.<sup>2</sup>

In Halls Creek and Tennant Creek, the overall reduction was a result of a sharp drop in wine sales, which was partially offset, however, by increased sales of beer and spirits. In Tennant Creek

**Table 2: Apparent impact of restrictions on alcohol purchases.**

Locality	Impact
Elliott	Not known
Halls Creek <sup>5,6</sup>	In 12 months following restrictions: • total apparent consumption of alcohol fell by 7% • wine, down by 39% • beer, up by 24% • spirits, up by 10% Weaker effect in following year
Tennant Creek (1996) <sup>1</sup>	• Total purchases Oct-Dec 1995 2.7% lower than same months of 1994 • During this time, wine sales 54% down • Full strength beer 7% up • Partial displacement to other outlets
Derby <sup>7</sup>	Purchases in 1996/97 compared with 1995/96: • total purchases, 0.2% down • full-strength beverages, 1.9% down • low-alcohol beverages, 4.2% up
Curtin Springs <sup>16</sup>	• Purchases of alcohol Jan-June 1997 79% lower than same months in 1996 • Purchases of alcohol July-Dec 1997 59% lower than same months in 1996
Tennant Creek (1998) <sup>2</sup>	• Continuing downward trend in sales

and Curtin Springs, purchases by neighbouring outlets were examined to identify any displacement effects that might have been brought on by the restrictions. In Tennant Creek, there was such an effect, but not of a magnitude sufficient to wipe out the overall drop in purchases. At Curtin Springs, there was no evidence of increases in purchases by other roadside inns, although an increase in apprehensions for public drunkenness in Alice Springs following the restrictions may have been connected with the restrictions at the roadside inn. Similarly, the follow-up evaluation in Tennant Creek found that the restrictions had resulted in:

- (a) increased sales of fortified wines;
- (b) increased sales from two licensed clubs in the town that had not been included in the restrictions; and
- (c) growth in sales from surrounding outlets.

None of these trends, however, cancelled out the overall reduction reported from the outlets directly affected by the restrictions.

### Impact on indicators of alcohol-related harm

Attempts to evaluate the impact of community-based initiatives are constrained by the availability and quality of baseline data. These limitations have given evaluations a somewhat 'patchy' quality as far as quantitative indicators of alcohol-related harm are concerned, which in turn places restrictions on comparability. Nonetheless, there is enough comparable data in existing studies to enable us to draw some tentative conclusions.

In conducting the initial Tennant Creek evaluation, and evaluations in Derby and Curtin Springs, we conceptualised indicators of alcohol-related harm under three headings:

- problems associated with *public order*, such as public drunkenness and alcohol-related offences;
- indicators of harm associated with *health and well-being*, such as the prevalence of alcohol-related injuries and illness, expenditure on food, and attendances at school; and
- outcomes associated with *economic activities*, such as liquor

sales, absenteeism from the workplace, and possible impact on other commercial activities – including tourism.<sup>1</sup>

Douglas,<sup>5</sup> in evaluating the Halls Creek restrictions, used similar indicators, even though he did not employ the same tripartite framework. Gray et al.,<sup>2</sup> in their 1998 Tennant Creek evaluation, retained our framework.

### Impact of restrictions on public order and police offences

Table 3 summarises findings relating to indicators of public order and selected offences. Douglas used the total number of criminal charges recorded at Halls Creek Police Station as his main indicator.<sup>5</sup> He found no change in this figure for the first 12 months of the restrictions, but an 18% fall in the succeeding year (compared with the 12 months preceding the restrictions). The 12-month delay in any change casts doubt on the extent to which the restrictions themselves were a major causal factor.

In Tennant Creek, Derby and Curtin Springs, the evidence that the restrictions had a significant impact is much stronger. In each case, offences were selected which, according to local police, had a consistently high association with alcohol. All three settings recorded a marked fall in the numbers of selected offences, although in Tennant Creek the effect was confined to phase 1 of the trial period – during which the restrictions themselves were more comprehensive. Similarly, at Curtin Springs the effects were more marked during the first six months of the 12-month trial period.

### Impact of restrictions on health and well-being indicators

Table 4 summarises the impact of restrictions on indicators of health and welfare. In Halls Creek, Douglas monitored alcohol-related presentations (as assessed by nurses) as a proportion of all presentations to the local hospital for the two years following introduction of the restrictions, and compared these proportions with pre-restriction proportions. For most quarters in the two years following the restrictions, the proportion of alcohol-related

**Table 3: Impact of restrictions on indicators of public order and selected offences.**

Locality	Findings
Halls Creek <sup>5,6</sup>	<ul style="list-style-type: none"> <li>• In 12 months following restrictions, no change in total number of criminal charges collated by Halls Creek Police Station.</li> <li>• In <i>following</i> 12 months, number of criminal charges fell 18% compared with year preceding restrictions.</li> </ul>
Tennant Creek (1996) <sup>1</sup>	<ul style="list-style-type: none"> <li>• During Phase 1 of trial, total number of selected offences (assault, criminal damage, unlawful entry, stealing, interfering with motor vehicle) was 14.5% below the number in the corresponding period of 1994.</li> <li>• During Phase 2, number of selected offences 9.4% <i>higher</i> than in same period in 1994.</li> </ul>
Tennant Creek (1998) <sup>2</sup>	<ul style="list-style-type: none"> <li>• Drop in offences recorded during the trial period in earlier evaluation not sustained, although total number in year ended March 1998 was slightly below pre-trial level.</li> </ul>
Derby <sup>7</sup>	<ul style="list-style-type: none"> <li>• Total number of offences in selected categories (assaults, sexual offences, damage, motor vehicle offences, threatening behaviour) was 36.7% lower during the trial period than the corresponding period in 1996, and 28.5% lower than in 1995.</li> </ul>
Curtin Springs <sup>16</sup>	<ul style="list-style-type: none"> <li>• Total number of selected offences (same as for Tennant Creek) recorded by Yulara Police Station during first six months of trial was 23% lower than corresponding figures in 1996 and 13% lower than the same period in 1995. Total number of offences recorded during second six months of trial was 38% lower than in the same period in 1996, but 71% higher (i.e. 29 compared with 17) relative to figures in the same period in 1995.</li> <li>• At Kulgera Police Station, total number of selected offences in 1997 was 21% lower than in 1996, and the same as 1995.</li> </ul>

**Table 4: Impact of restrictions on health and well-being.**

Locality	Indicator(s)	Key findings
Halls Creek <sup>5,6</sup>	<ol style="list-style-type: none"> <li>1. Alcohol-related presentations as % of all presentations at Halls Creek Dist. Hospital</li> <li>2. Domestic violence presentations as % of all out-patient presentations</li> <li>3. Royal Flying Doctor Service emergency evacuations</li> </ol>	<ol style="list-style-type: none"> <li>1. Decline over two years following restrictions</li> <li>2. No consistent trend</li> <li>3. Number reduced following restrictions</li> </ol>
Tennant Creek (1996) <sup>1</sup>	<ol style="list-style-type: none"> <li>1. Admissions to A&amp;E section, TC Hospital</li> <li>2. Admissions to women's refuge</li> <li>3. Food sales, local supermarket</li> <li>4. Alcohol-related presentations, Anyinginyi Congress Clinic</li> <li>5. Attendances at TC Primary School</li> </ol>	<ol style="list-style-type: none"> <li>1. Phase 1, 34% drop in alc-related admissions; 26% drop in selected diagnostic categories; effect weaker in phase 2</li> <li>2. Phase 1, 46% decline in admissions; not sustained in phase 2</li> <li>3. No change indicated</li> <li>4. Small falls observed</li> <li>5. No effect observed</li> </ol>
Tennant Creek (1998) <sup>2</sup>	<ol style="list-style-type: none"> <li>1. Acute alcohol-related admissions to local hospital</li> </ol>	<ol style="list-style-type: none"> <li>1. Levels remained below pre-trial levels</li> </ol>
Derby <sup>7</sup>	<ol style="list-style-type: none"> <li>1. Injury surveillance survey, Derby Regional Hospital</li> <li>2. Hospital admissions for alcohol-related injuries</li> </ol>	<ol style="list-style-type: none"> <li>1. Baseline data inadequate to permit comparison with trial period</li> <li>2. No effect observed</li> </ol>
Curtin Springs <sup>16</sup>	<ol style="list-style-type: none"> <li>1. Alcohol-related after-hours call-outs, Mutitjulu Health Clinic</li> <li>2. Alcohol-related contacts, Amata Clinic</li> <li>3. Incidence of alcohol-related and other road crashes</li> <li>4. Attendances at community schools</li> </ol>	<ol style="list-style-type: none"> <li>1. Phase 1 – 52.4% lower than in 1996; phase 2 – 24.2% lower</li> <li>2. Phase 1 – 29.4% lower than in 1996; phase 2 – 51.9% lower</li> <li>3. Number of crashes 12.8% lower in 1997 than 1996; no alcohol-related crashes involving Aboriginal people during 1997</li> <li>4. No impact observed</li> </ol>

presentations was lower than before the trial. Douglas adopted a similar procedure in examining domestic violence presentations at the out-patient department, but found no evidence of any impact. Finally, he examined the number of emergency evacuations carried out by the Royal Flying Doctor Service and found that the number dropped, from between four and nine per quarter in the year preceding the restrictions, to between two and five per quarter in the two succeeding years. Togni reports that the mean number of alcohol-related presentations at the local hospital fell from 84.8 per month in the 12 months prior to the restrictions to 63.7 in the succeeding 12 months – a fall of 24.9%.<sup>6</sup>

In Tennant Creek, hospital-based indicators corroborated the evidence from police data that the restrictions had led to a marked drop in alcohol-related problems. During phase 1 of the trial, the number of admissions to the Accident and Emergency (A&E) section in which 'alcohol' was coded as a feature fell 34% compared with the same months in the preceding year. The authors also examined five A&E diagnostic categories known to be strongly associated with alcohol – fractures, head injuries, injuries (general), lacerations and stab injuries. During phase 1 of the trial, these fell 26%. Most of these effects were sustained, but at a weaker level, through phase 2 of the trial. Additional indicators were utilised as shown in Table 4.

Attempts to replicate the procedures adopted in Tennant Creek in the Derby evaluation were hampered by the absence of a computerised A&E admissions system and inadequate baseline data. Hospital in-patient admissions involving Derby residents, for injuries to which alcohol were known to contribute, were compared for April-June 1996 and 1997 respectively. During the trial, there were 14 such admissions for males (cf. 13 a year earlier) and 16

for females (cf. 21 a year earlier). In short, the evaluation found no evidence that the restrictions had affected the health of Derby residents, but this might have been due to inadequate data as much as the absence of any such effects.

Similarly, Gray et al., in the time available in the 1998 Tennant Creek evaluation, were unable to conduct a detailed analysis of hospital admissions data. They did establish, however, that acute alcohol-related admissions to the local hospital had remained below pre-trial levels.

The Curtin Springs evaluation utilised data collated at two health clinics serving the region, as well as road crash data and records of school attendances. As Table 4 shows, the data from Mutitjulu and Amata health clinics suggested that the restrictions had had a major impact. Road crash statistics were considered particularly relevant in this instance, as:

- (a) in the past, take-away sales from the roadhouse had been associated with serious and sometimes fatal road crashes; and
- (b) opponents of the restrictions maintained that the restrictions would lead some drinkers to drive further afield in search of alcohol, with consequent effects on road injuries and fatalities. In fact, the evaluation reported that the number of road crashes – and, in particular, crashes involving Aboriginal people – dropped during the trial period.

In sum, the data on health and well-being – particularly when placed alongside police-based data on interpersonal offences – suggests that restrictions contribute to a reduction in alcohol-related violence. At the same time, attempts to examine indirect effects on well-being, such as monitoring food sales and school attendances, have not in the studies considered here yielded any evidence of impact.

**Table 5: Economic impact of restrictions**

Locality	Indicator(s)	Key findings
Tennant Creek (1996) <sup>1</sup>	<ol style="list-style-type: none"> <li>Number person-hours lost through absenteeism, Tennant Creek Town Council</li> <li>Number person-hours lost through sick leave, Julalikari Association</li> <li>Purchasing patterns by neighbouring pastoral stations</li> <li>Reports from business proprietors in Tennant Creek</li> </ol>	<ol style="list-style-type: none"> <li>Reduction of 22.5% compared with same months in 1994</li> <li>Reduction of 35.3% during trial period, compared with 1994</li> <li>No evidence of change</li> <li>One business reported reduced earnings; others, no change</li> </ol>

### **Economic impact of restrictions**

One of the more widely reported, but poorly documented, effects of alcohol misuse is the impact on productivity and absenteeism in the workplace. In the 1996 Tennant Creek evaluation, data on absenteeism were obtained from two of the town's major employers: the Town Council, and the Julalikari Association, which administers a CDEP program employing Aboriginal people. In both cases, the number of employees during the trial period was the same as or greater than during the same period in the preceding year (93 in the case of the Town Council; 59 in CDEP in 1994, 80 in 1995). In both, as Table 5 shows, the number of days lost through absenteeism or sick leave was significantly lower during the trial period than during corresponding months in the preceding year.

The 1996 Tennant Creek evaluation also examined two arguments put by opponents of restrictions. The first was that residents of surrounding cattle-stations or other settlements who normally shop in the town would be less likely to do so because of the reduced availability of alcohol. The second was that tourists who would otherwise visit (and spend money in) the town would be deterred by the restrictions. These issues were addressed in two ways: first, by contacting pastoral stations in the region, and inviting them to comment on the restrictions and on whether their own activities had in any way been affected by them; second, by contacting proprietors of all local businesses – including tourist businesses – and inviting them to report any impact flowing from the restrictions. No pastoral station workers reported diverting their purchases away from Tennant Creek following the restric-

tions. Among local businesses, one proprietor of a fast-food outlet close to a bottleshop reported a reduction in turnover; no other business reported any changes. The evaluators concluded that the restrictions had had no significant negative economic impact.

In 1998, Gray et al.<sup>2</sup> revisited the same questions. They found that 10 of 12 managers of pastoral stations reported that the restrictions had not affected them; one reported positive effects; one claimed to have been inconvenienced by the restrictions, but at the time was unaware that an exemption applied for persons filling 'bush orders'.

Two businesses reported a fall in turnover as a result of the restrictions, but neither supplied any supporting evidence. Similarly, in four written submissions to the NT Liquor Commission, it was claimed that restrictions had caused a downturn in tourism – but again, no evidence was presented, and examination of visitors recorded at Tennant Creek Visitor Information Centre showed that numbers in the second quarter 1998 were higher than before the restrictions, and increasing.

### **Extent of community support for/ opposition to restrictions**

A criticism sometimes levelled against local restrictions on availability is that they are the creations of zealous 'do-gooders' who impose their designs against the wishes of the majority.

In both Tennant Creek and Derby, surveys were conducted towards the end of the trial period in order to assess the extent of community support for or opposition to the restrictions. In the

**Table 6: Extent of community support for restrictions.**

Locality	Survey design	Key findings
Tennant Creek (1996) <sup>1</sup>	(Towards end of trial period) household survey, random sample, n=273	<ol style="list-style-type: none"> <li>58% in favour of trial measures; 21% against; 16% reported mixed reaction</li> <li>Majority in favour among people from both private dwellings and town camps</li> <li>Majority favoured retaining restrictions</li> </ol>
Derby <sup>7</sup>	(Towards end of trial period): <ol style="list-style-type: none"> <li>telephone survey, random sample, n=198;</li> <li>sample of 78 Aboriginal participants in CDEP groups.</li> </ol>	<ol style="list-style-type: none"> <li>Telephone survey: 58% in favour of restrictions; 24% against; 5% in favour of some measures, against others</li> <li>CDEP sample: ban on wine casks supported by 56%; reduced take-away trading hours supported by 53%, but ban on Thursday take-away trading supported by only 42%.</li> </ol>
Tennant Creek (1998) <sup>2</sup>	Household survey, n=271	<ol style="list-style-type: none"> <li>&lt;30% adversely affected by any restrictions</li> <li>Majority supported continuation or strengthening of present restrictions (even though many believed that several restrictions were widely circumvented)</li> <li>Majority supported additional restrictive measures</li> </ol>

1996 Tennant Creek evaluation, a random sample of 273 households was surveyed, made up of 203 private dwellings, and 67 households drawn from town camps. One person in each household was interviewed. The Derby sample consisted of two parts: a telephone random sample of 198 residents, and a sample of 78 Aboriginal participants in seven CDEP (Community Development Employment Program) groups. Both surveys posed similar questions, covering:

- how the trial measures had affected respondents themselves (if at all);
- respondents' views on the impact of the measures on the community as a whole;
- respondents' support for, or opposition to, the measures, and
- respondents' views on what sort of restrictions, if any, and what additional measures should be adopted in future.

The 1998 follow-up evaluation in Tennant Creek included a similar household survey (see Table 6). In both localities, a majority of those surveyed were in favour of the trial measures overall. (In fact, the proportions in favour in both the 1996 Tennant Creek household survey and the Derby phone survey were identical: 58%.) Majority support, moreover, was found among both Aboriginal and non-Aboriginal respondents. Support for specific measures varied from one measure to another; in particular, the ban on Thursday take-away sales in Derby did *not* have the support of a majority of Aboriginal respondents. In Derby, women were significantly more likely than men to support restrictions.

The 1998 Tennant Creek evaluation found continuing majority support for the restrictions, even though many respondents believed the restrictions were widely circumvented.

In both Tennant Creek and Derby, it was clear that most respondents believed that other measures, besides restrictions on availability, were required in order to reduce alcohol-related problems. In both localities, however, the surveys revealed a wide variety of views on the most appropriate measures.

## Implications of findings

The findings, we believe, entail three major implications – each deserving further investigation, but each of which also, in the meantime, is supported by considerable evidence. These are:

### **1. Restrictions have a modest but real effect on apparent alcohol consumption**

Where restrictions have targeted wine sales, there is evidence of a compensatory shift to other beverages, mainly beer, but this has not completely offset falls in wine sales. Similarly, examination of liquor purchases by neighbouring outlets suggests that falls in apparent consumption in the target community are partially offset by geographical shifts in purchasing patterns, but not to an extent sufficient to negate all of the local reductions in sales.

### **2. Restrictions have contributed to a significant reduction in alcohol-related harm**

Restrictions have contributed to reductions in levels of

drunkenness, interpersonal violence and damage to property. The extent to which they also enhance social well-being through, for example, causing expenditure to be diverted from alcohol to food, is unclear (and not easily measured). However, the one setting in which possible impact on the workplace was examined – Tennant Creek – revealed that the restrictions were accompanied by reductions in absenteeism.

### **3. Restrictions on availability are supported by a majority of community residents**

Contrary to assertions sometimes aired, local restrictions on availability have widespread (but, of course, not unanimous) community support. However, that endorsement is qualified by a widespread belief that other measures are also needed to reduce alcohol-related harm.

## Issues

In all the cases considered here, community-based restrictions on availability have been introduced as a result of a complex mix of initiatives, which included:

- mobilisation of support by community groups;
- advocacy by health professionals and others;
- legal challenges;
- interventions by liquor licensing authorities;
- struggles to control the 'alcohol action' agenda; and, of course,
- opposition and dissent.

The processes and events associated with these activities, we believe, have important implications for any community contemplating introducing local restrictions on availability, over and above the implications arising from the quantitative impact indicators discussed above.

This section looks briefly at five issues which, in one way or another, have emerged in all the instances with which we are familiar, and which need to be addressed by any group intending to impose or advocate restrictions. These five issues are:

- representation *or* 'who speaks for 'the community'?'
- what sort of restrictions on availability should be imposed?
- what additional measures should be introduced?
- selective vs. universal restrictions; and
- the role of the liquor licensing authority.

### **Who speaks for the community?**

The term 'community' resonates with notions of communalism and consensus. In reality, local communities are social as well as geographical spaces occupied by groups and individuals who differ from, and sometimes compete with, each other with respect to values, interests and power. In such social spaces, success in representing one's own sectional interests as the interests or wishes of 'the community' offers strategic rewards. It is small wonder, therefore, that different and sometimes competing groups will strive to claim this mantle.

As we have shown above, local restrictions on availability – once introduced – appear to attract widespread community

support. This does not mean, however, that the claims of local alcohol action groups to represent ‘the community’ are necessarily unproblematic. As a number of critics have argued, the rhetoric of ‘community participation’ and ‘empowerment’ with which proponents of community development and the new public health describe their activities often serves to conceal mechanisms by which ‘experts’ employed by the State impose their definitions of problems, and their preferred solutions, on those less articulate or less inclined to ‘participate’.<sup>11,17,18</sup>

This issue is particularly salient when Aboriginal people are among the intended beneficiaries of community initiatives, since they – more than any other group in Australia – have experienced a long history of well-intentioned experts acting on their behalf, much of which has achieved little more than their progressive disempowerment.

The cases being considered here illustrate a number of different models. In both Tennant Creek and Curtin Springs, campaigns to have local restrictions on availability were largely initiated and carried by Aboriginal organisations. In Derby and Halls Creek, on the other hand, although Aboriginal groups and individuals were involved in the local alcohol action groups, much of the strategic drive of those groups came from locally based health (and other) professionals.

Do these differences matter? At this stage, we do not know. However, we would argue that, in the domain of community-based alcohol action, no group’s claims to represent ‘the community’ should simply be accepted at face value, and any group seeking a representative role should consider carefully the basis of its claim.

### **What sort of restrictions on availability?**

As pointed out above in the examples considered, take-away sales have been the prime target of restrictive action, and in particular, take-away sales of cask-wine. However, any group contemplating advocating restrictions on availability needs to consider a broad range of options, including:

- restrictions on on-premises hours or other conditions of trading;
- restrictions on take-away trading conditions;
- restrictions on particular beverages; and
- restrictions on particular liquor outlets.

### **What additional measures are required?**

Support for local restrictions on availability appears to be qualified, we have argued, by a widespread belief that other measures are also needed. There is, however, no sign of agreement on what these measures ought to be. Some people favour greater use of preventive and/or punitive police measures; others advocate more education, counselling, residential treatment and/or rehabilitation. This means, we suggest, two things:

- if locally based restrictions on availability are to be promoted, they should form part of a package of measures (as, in most of the instances considered above, they were);
- selecting the content of that package of measures in itself calls

for strategic thinking, since any given measure can only contribute to solving certain problems.

### **Selective vs. universal restrictions**

With the exception of Curtin Springs, all the restrictions in place in the communities discussed above were imposed on all residents of the communities concerned.

At Curtin Springs, they apply solely to Aboriginal people. As pointed out above, these restrictions were negotiated between the licensee and the NPY Women’s Council, and have received endorsement from the Human Rights and Equal Opportunity Commission in the form of a ‘Special Measures Certificate’. ‘Special measures’ are permissible under s8(1) of the Racial Discrimination Act, which states:

*Special measures taken for the sole purpose of securing adequate advancement of certain racial or ethnic groups or individuals requiring such protection as may be necessary in order to ensure such groups or individuals equal enjoyment or exercise of human rights and fundamental freedoms shall not be deemed racial discrimination, provided, however, that such measures do not, as a consequence, lead to the maintenance of separate rights for different racial groups and that they shall not be continued after the objectives for which they were taken have been achieved.<sup>19</sup>*

Not surprisingly, liquor licensees and others sometimes express enthusiasm for using Special Measures to restrict or even ban Aboriginal access to alcohol at a local level.

Opponents of universal restrictions sometimes argue that such restrictions involve penalising the whole community (and tourists) for the misdeeds of a minority, and are therefore inappropriate. This view, of course, rests on the assumption that a community’s alcohol-related problems can be attributed solely to a small number of heavy – and usually highly visible – drinkers. Empirically, it is not difficult to refute this view: the high levels of per capita alcohol consumption known to occur throughout much of regional Australia are not explicable in terms of the excesses of a minority of drinkers, but rather result from a mainstream culture that extols ‘bloody good drinkers’.

Notwithstanding the empirical realities, however, the *perception* shared by many non-Aboriginal residents of towns such as Derby and Tennant Creek that the community’s alcohol problems are, in effect, caused by a minority of Aboriginal people represents a significant cultural and political aspect of the local community, and is therefore a fact of life with which advocates of community-wide restrictions must be prepared to contend.

At the same time, those who advocate restrictions on availability for Aboriginal people only should be aware of the position with regard to anti-discrimination legislation. Such restrictions are liable to be struck out as discriminatory unless HREOC specifically exempts them, and such exemptions are likely to be issued only if HREOC is satisfied that (a) the restrictions represent the express wishes of an appropriately representative Aboriginal body, and (b) they satisfy all the criteria specified or implied under s.8(1) of the Act. Even then, they will almost certainly be considered acceptable as a temporary measure only.<sup>19</sup>

**Table 7: A typology of roles of statutory licensing authorities with regard to community-based restrictions on availability.**

Role of licensing authority	Description	Examples
None	Community stakeholders reach an informal agreement, without involving licensing authority	Not considered in this paper, or documented in the literature, but several cases are known to exist (e.g. Curtin Springs prior to 1986).
Ratifying local agreement	Community stakeholders reach an agreement, which is then formally recognised by licensing authority (and possibly incorporated into relevant liquor licences)	<ul style="list-style-type: none"> <li>• Elliott, NT</li> <li>• Curtin Springs, NT</li> </ul>
Intervenes at request of community group	Community group exercises its rights under relevant licensing legislation to call for formal intervention by licensing authority	<ul style="list-style-type: none"> <li>• Halls Creek, WA</li> <li>• Derby, WA</li> </ul>
Intervenes under provisions of relevant liquor licensing legislation	Licensing authority decides that situation at a local level warrants its intervention under provisions of relevant legislation	<ul style="list-style-type: none"> <li>• Tennant Creek, NT</li> </ul>

### Role of liquor licensing authorities

In each of the instances of community action considered in this paper, the relevant State or Territory liquor licensing authority has played a role in bringing about the restrictions, but that role varies considerably from one case to the next. In Elliott and Curtin Springs, the role of the licensing authority has involved formally ratifying an agreement reached by stakeholders in the community concerned. In Halls Creek and Derby, the licensing authority intervened following a formal request by local alcohol action groups – both of which had previously attempted unsuccessfully to negotiate an agreement with local liquor outlets. In Tennant Creek in 1994 and 1995 the licensing authority played an even more pro-active role. Upon receipt of a formal request from one licensee to be allowed to vary his conditions of licence, the NT Liquor Commission embarked upon a consultative process on its own volition, aimed initially at facilitating a community-wide agreement on appropriate licensing measures. When that was not forthcoming, the Commission imposed its own restrictions.

It is beyond the scope of this paper to compare the antecedents and implications of these differences in the part played by the statutory regulatory authority. But it may be useful to summarise, in the form of a typology, four distinct models of the role of licensing authorities. This is done in Table 7.

Table 7 includes one situation not covered in this paper, namely, one in which local groups including licensees reach an informal agreement to restrict sales in specified ways, without seeking to have the agreement formally ratified in any way. Such agreements are reached from time to time, and some work quietly and successfully for many years. Sometimes, it is only when such agreements break down that licensing authorities become involved. For example, according to the Pitjantjatjara Council, throughout the early 1980s the licensee of Curtin Springs roadhouse voluntarily respected an informal undertaking not to sell take-away alcohol to local Aboriginal people. It was only when he abandoned this policy in 1988 that the Pitjantjatjara Council and other Aboriginal bodies appealed to the NT Liquor Commission to intervene.

One implication of this analysis for other groups considering seeking to have local restrictions imposed is that, potentially, the relevant licensing authority can play one of several roles (precise details of which are a function of the relevant liquor licensing legislation). It follows that groups should consider these various options in planning community-based initiatives.

### Summary

In this paper, we have reviewed findings from a number of recent evaluations of community-based alcohol initiatives that have included, usually as one of several measures, local restrictions on alcohol availability. In doing so we have sought not only to summarise key findings, but also to identify lessons to be drawn for groups elsewhere that might contemplate similar measures. We have argued that, on the evidence available from these evaluations, local restrictions on availability have a modest but real impact on alcohol consumption, and a significant impact on indicators of alcohol-related harm, particularly indicators of alcohol-related violence – both interpersonal and violence directed at property. We conclude, too, that restrictions of the kind examined here (mainly restrictions on take-away sales and sales of cask wine) have widespread community support, much of which is qualified, however, by a belief that other measures are also required.

We then identified five issues which, we believe, have emerged in all instances of which we have first-hand knowledge, and which in all probability will need to be addressed by other groups planning to introduce restrictions on availability. These were:

- the issue of *representativeness* – an issue that we labelled as the question ‘who speaks for the community?’;
- the selection of particular kinds of restrictions on availability;
- the selection of the most appropriate additional measures;
- the question of whether restrictions on availability are to be imposed on all residents or a particular category of people; and
- the role of the State/Territory licensing authority in bringing about and upholding restrictions on availability.

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