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Northern Territory Liquor Commission
GPO Box 1154
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RE: REVIEW OF TAKEAWAY LIQUOR LICENCE CONDITIONS IN ALICE SPRINGS

I am a psychiatrist resident in Alice Springs for the past 3.5 years. I am a Fellow of the Royal Australian and New Zealand College of Psychiatrists, and an Accredited Member of that college's Faculty of Addiction Psychiatry.

I work privately in Alice Springs, and for the inpatient Drug and Alcohol treatment unit at Alice Springs Hospital, and Alcohol and Drug Services Central Australia, one day per week for the past 3 years.

Since January 2017 I have been the public psychiatrist for the Barkly region at Barkly Mental Health Services. I spend at least 3 days a month there including visits to Elliot and Ali Curung.

I have also worked at Central Australia Aboriginal Alcohol Programmes Unit (CAAAPU) in 2015 and 2016, providing psychiatric assessments, and programme delivery, and for the past 3 years I have provided psychiatric assessments and treatment to residents at youth rehabilitation service Bushmob in Alice Springs.

I am aware of the changes to takeaway alcohol sales conditions that the NT Liquor Commission has introduced in Tennant Creek, and have personal feedback from health professionals and residents in Tennant Creek of the significant reduction in alcohol related harms that has ensued. Unfortunately I do not have access to health or justice statistics on this, but presume the liquor commission does, and am confident that the sensible measures introduced there would be supported in their aims by these figures.

I have seen alcohol related hospital presentation statistics for Central Australia for the past 2 years and am aware that the raw numbers are roughly equal to the NT Top End numbers with only one third of the population, indicating the shocking degree to which alcohol causes harms in the context of the unique conditions of Central Australia.

The measures in Tennant Creek are sensible to me on 2 major measures:

1. Limited hours of access- this has at least 2 ways of making alcohol use safer. It allows police and auxillary POSI workers to more easily fill their positions without gaps, and secondly it delays the onset of takeaway drinking, which by its nature can be more uncontrollable than in premises, and it also potentially reduces drinking duration, which may reduce extreme intoxication and the loss of control that this entails.

2. Limiting the amount purchasable by an eligible individual in one day to one carton of beer cans, or 2 bottles of wine, or one bottle of spirits.

Any person who requires more than these amounts in one day is using alcohol very dangerously. If they are drinking this amount daily and still have manageable lives then I am sure they would be able to find a way to meet their needs. Needing more than this amount gives a signal that the level of use is problematic, and may promote help seeking from health services.

Social /recreational and safe use of alcohol will never require more than the Tennant Creek restricted amounts.

What this measure also sensibly does is restrict sharing/secondary supply , especially to persons who may be on the Banned Drinkers Register.

Currently In Alice Springs a person can buy unlimited beer, wine in bottles, or spirits, thus making a mockery of measures such as BDR or other restrictions on sales time or the effectiveness of POSI's.

I thus support the Tennant Creek style measures to be implemented in Alice Springs. I am aware there will be complaints of undue restriction and interference. There could be special categories created for persons who wish to buy more for a special event, in a controlled and audited manner.

There will of course be knock on effects of such measures- eg persons moving interstate, illegal sales. Managing a dangerous substance such as alcohol is never fully possible, there can only be a sensible range of measures to make it safer, including education, counseling, detoxification and rehabilitation.

Yours sincerely



Dr Bernard S. Hickey