

Beyond the Soy Sauce: Alcohol and the Social Determinants of Health in the NT



Professor James Smith, Father Frank Flynn Fellow (Harm Minimisation)
Menzies School of Health Research
10th August 2019

Acknowledgment of Country

I would like to acknowledge that the land we are meeting on is that of the Larrakia people, and pay my respects to Elders past, present and emerging.

Overview

- Is soy sauce really the problem?
- What do we know about the social and economic costs and harms of alcohol in the NT?
- What can be done to strengthen the alcohol policy reform agenda in the NT and its linkages to other social policies?
- What does action on SDH really mean?

NT liquor licensing laws affect sale of household cooking products, vendors warned

BY **KATRINA BEAVAN** AND **STEWART BRASH**

UPDATED TUE AT 5:45PM



PHOTO Cooking products such as soy sauce appear to be affected by the laws.

ABC RN: JEREMY STORY CARTER

Some brands of soy sauce and other household cooking items could soon only be available to buy at licensed premises in Alice Springs, after several retailers in the town were sent a warning letter by the NT Government.



ABC Darwin
7 hrs · 🌐

Some brands of soy sauce and other household cooking items could soon only be available for purchase at licensed premises, after several retailers in Alice Springs were sent a warning letter by the NT Government 🍱 ❓

The letter, seen by the ABC, shows that the Northern Territory Licensing Commission is cracking down on unlicensed retailers selling any product over 50ml with over 1.15% ethyl alcohol.

Most common soy sauce brands have about 2% alcohol or higher, which is produced in the fermentation process.



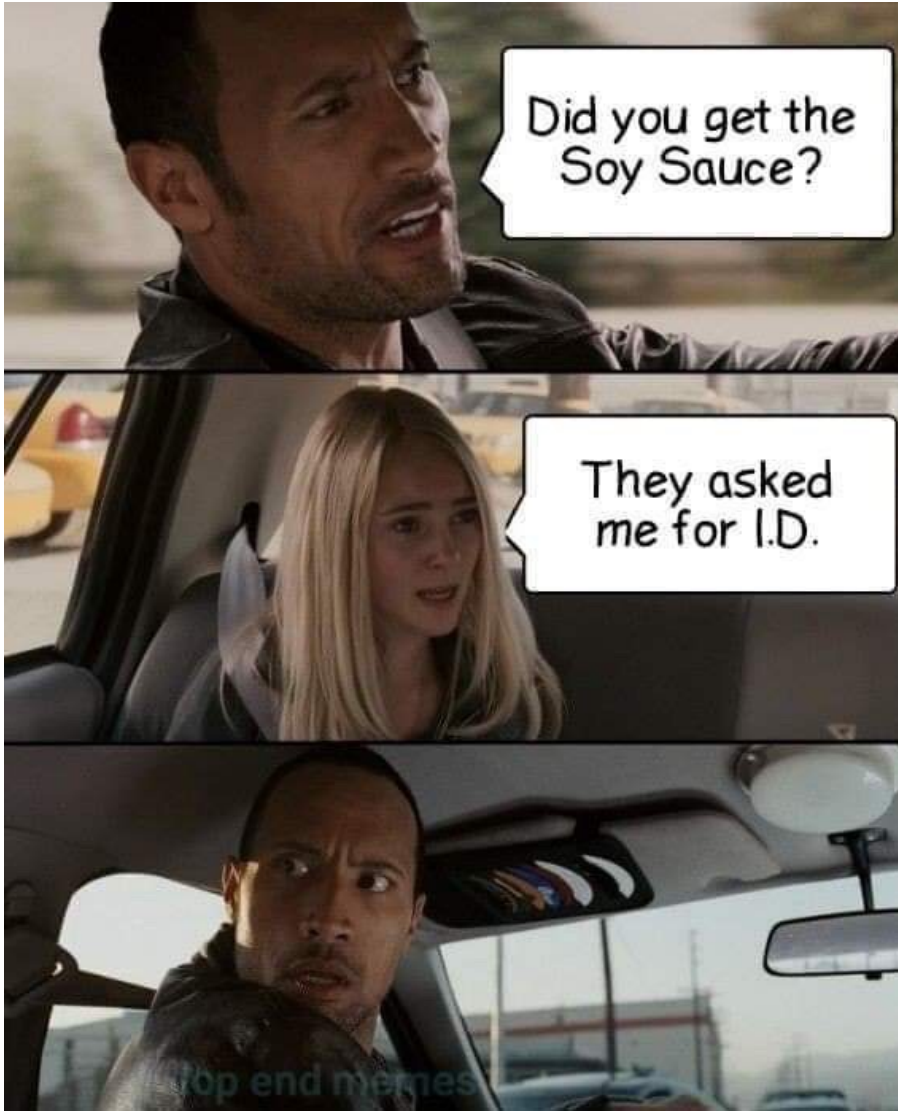
 **'IT IS REALLY UNNECESSARY CHAOS'**

LIKE soy sauce with your Chinese dinner? You better not be on the BDR



 **'IT IS GOVERNMENT POLICY TO SUPPORT SOY SAUCE': FYLES**

Tomorrow there will be an urgent meeting between key soy sauce stakeholders to discuss the condiment's future in the NT, promises Attorney-General Natasha Fyles



The NT has done it again. Presenting the soy sauce martini with a dim sim garnish





AFP Recruit Special 'Untouchables' Police Unit
To Tackle NT's Soy Sauce Bootleggers

betootaadvocate.com

Is soy sauce the problem?

- Misguided licensing actions and subsequent media coverage – has hindered conversations about the social costs of alcohol in the NT
- Politicisation of alcohol legislation - poorly timed given emerging alcohol policy innovation in the NT.

DOI: 10.1002/hpja.222

EDITORIAL

WILEY Health Promotion Society of Australia

Emerging alcohol policy innovation in the Northern Territory, Australia

1 | UNDERSTANDING THE HARMS OF ALCOHOL CONSUMPTION

The costs and harms of alcohol consumption in Australia are well documented.¹ While the National Health and Medical Research Council are currently reviewing the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*,² the latest global evidence suggests there is no safe level of alcohol consumption.³ The negative effects on the health and wellbeing of our society far outweigh its benefits.^{1,2,4-6} Harmful levels of alcohol consumption—both binge drinking and sustained high and moderate levels of drinking—increases the propensity for risk taking associated with violence, crime, drink-driving, unsafe sex, alcoholic poisoning, drinking while pregnant and a wide raft of anti-social behaviours.^{7,8-9} Alcohol's harm also extends beyond the drinker to those around the drinker and arguably the totality of this harm is more than that which accrues to the drinker. This harm includes family and domestic violence, child neglect, diminished industry productivity and other third-party harm.²

The Australian Institute of Health and Welfare reports that the proportion of people drinking in excess of the recommended Australian risk guidelines has been declining since 2010.¹ Generally speaking, this is good news. However, there is reason to be cautious⁷ with population demographics changing and the decline being marginal given current average per capita drinking level is more than double those in the 1930s.⁸ For example, we know that around one in three Australians continue to binge drink, and that alcohol also remains the most common principal drug of concern for which Australians seek treatment.³ Also, we know that alcohol is an addictive drug. Dependence upon alcohol requires expensive therapeutic and treatment options to minimise harms to the individual, their family and the broader community.⁵ The chronic impact of alcohol consumption on population health in Australia is also well documented.^{1,10} That is, excessive alcohol consumption exacerbates health issues associated with chronic conditions such as diabetes, cardiovascular disease, mental illness and cancer.¹⁰ Furthermore, excessive alcohol consumption is positively associated with pathological gambling,^{11,12} spending more money while gambling¹⁰ and other psychiatric disorders.¹⁴ As such, it adds a layer of complexity to the way in which policy and program interventions are, and continue to be, designed.

The health promotion community has been active in the planning, implementation and evaluation of alcohol harm minimisation strategies for decades.¹⁵ These have often reflected a comprehensive approach to health promotion¹⁶ and have been supported by respective state and national alcohol harm minimisation strategies and policies.^{17,18} While this has contributed to strengthening the evidence base about what works and why, concern has also been raised about the policy rhetoric and lack of tangible action. When compared with other wicked public health problems, such as tobacco control, we have not yet seen an equivalent trajectory of health improvement.⁴ A notable area of difference between alcohol harm minimisation and tobacco control measures has been the relative emphasis placed on sustained policy and legislative reforms. In spite of a comprehensive evidence base,¹⁹ there remains significant room for improvement in this regard in Australia. In this editorial, we provide examples of two promising alcohol policy and legislative interventions currently being implemented in the Northern Territory (NT), Australia.

2 | PROMISING ALCOHOL POLICY DEVELOPMENTS IN THE NORTHERN TERRITORY

The NT has the highest reported rates of alcohol consumption in Australia, with corresponding high rates of alcohol-fuelled violence and crime.^{20,21} Meaning that the NT is a fertile ground for alcohol policy interventions. Historically, many government-led alcohol policy interventions in the NT have been implicitly targeted towards Aboriginal drinkers where public drunkenness, disorder and threats to urban amenity have been a primary focus.²² In particular, the "Living With Alcohol Program" introduced in the NT in the early 1990s, and implemented over the subsequent decade, proved to be one of Australia's most comprehensive and innovative policy and practice responses to curb the harms of alcohol at that time.^{23,24} In this editorial, we draw on the Northern Territory Government's (NTG) response to the recent independent review of alcohol policy and legislation in the NT released in October 2017.²⁴ The final report included 220 recommendations, with the NTG expressing its support in February 2018 for 187 recommendations, in-principle support for 32, and rejecting only one—a proposal to ban the trading of take-away alcohol on a Sunday.¹⁹ The NTG also swiftly released an Alcohol Harm Minimisation Action Plan 2018-2019 in February

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<https://onlinelibrary.wiley.com/doi/epdf/10.1002/hpja.222>

(Smith et al, 2019)

Is soy sauce the problem?

- Alcohol harms need to be (re)positioned as a public health issue influenced by social, political and commercial determinants of health

EDITORIAL



Addressing power and politics through action on the commercial determinants of health

This national health promotion symposium has an underlying theme about the social determinants of health. A noble idea, but let me tell you that in Canberra it is not a concept that resonates. Mostly it is a giant turn off. While social determinism is an important framing for public policy development and discussion it lacks something when it comes to power and politics.¹

Perhaps a better framing in the debate about remedying social and economic inequality is to think about commercial determinants of health, and their partners in crime—addictive or unhealthy commodity industries.² "Commercial" because it speaks to power. It speaks to the power of the corporation, political influence, money, wheeling and dealing, and often corruption. "Social" does not, it generally speaks to weakness and disadvantage.

And while public health too frequently comes off second best in

being, it took threats by Government members to cross the floor of the Australian Parliament and join the Opposition to establish the Royal Commission before the Turnbull Government finally relented and announced the inquiry.⁴

These powerful, and not so powerful corporations have become a feature of our economic world and our daily lives. Some are regarded as benign, while others like Apple are regarded more fondly. We have little affection for banks and mixed feelings for the likes of Google and Facebook.

Stephen Wilks is a Professor of Politics at the University of Exeter who has studied and written about the political power of corporations since the 1970s. In his 2013 book, *The Political Power of the Business Corporation*, Wilks writes:

EDITORIAL



Health promotion: A political imperative

As we head towards a federal election in Australia, it is timely to think about the types of health policies, programs and research that are required to sustain a healthy, safe, productive, equitable and thriving society. There is strong evidence to suggest that investment in health promotion and prevention can make a significant contribution in this regard.^{1,2} This evidence also suggests that prevention interventions are cost-effective in comparison to hospital care, and therefore a sensible economic choice to assist with both improving population health and reducing health inequities across Australia.³⁻⁵ Yet, only 1.34% of Australian health care expenditure relates to preventive health, placing it well below other OECD countries, such as New Zealand, Canada and the United Kingdom.⁶ In this instance, the current spend equates to just over \$2 billion annually.⁶ To put this into perspective, a recent report examining the social and economic costs of alcohol consumption in the Northern Territory was

of Australia's greatest investments in health promotion.^{1,2} During the same period, the Australian National Preventive Health Agency (ANPHA) was established.⁷ It continued to expand the health promotion evidence-base with a strong focus on research and knowledge translation that informed policy and practice improvement.^{1,2} A report on the state of preventive health in Australia emerged, which documented and mapped potential responses to the preventive health challenges during that period.⁸ This era fostered a sense of growth and optimism, even if extremely short-lived. A change in federal government meant the political imperative for health promotion and prevention quickly dissipated at the national level, with subsequent implications for the sustainability of partnerships, programs and ultimately the shape and scale of the prevention workforce.^{1,11} Notably, the NPAPH was abandoned and ANPHA was abolished. Some state governments followed suit, with quick, and successive

<https://onlinelibrary.wiley.com/doi/pdf/10.1002/hpja.216> (Thorn, 2018)

<https://onlinelibrary.wiley.com/doi/epdf/10.1002/hpja.242> (Smith et al, 2019)

Addressing power and politics through action on the commercial determinants of health

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Perhaps a better framing in the debate about remedying social and economic inequality is to think about commercial determinants of health, and their partners in crime—addictive or unhealthy commodity industries.² "Commercial" because it speaks to power. It speaks to the power of the corporation, political influence, money, wheeling and dealing, and often corruption. "Social" does not, it generally speaks to weakness and disadvantage.

And while public health too frequently comes off second best in the brutal execution of corporate power, ironically, given the present state of public trust in corporations and the political system, it may be that this distrust can be exploited to give public health the "upper hand" in some of these clashes.

CORPORATE DOMINANCE AND ITS IMPACT ON HEALTH

Understanding that corporations wield enormous power is not news. Similarly, recognising that this power is wielded to benefit the

being. It took threats by Government members to cross the floor of the Australian Parliament and join the Opposition to establish the Royal Commission before the Turnbull Government finally relented and announced the inquiry.³

These powerful, and not so powerful corporations have become a feature of our economic world and our daily lives. Some are regarded as benign, while others like Apple are regarded more fondly. We have little affection for banks and mixed feelings for the likes of Google and Facebook.

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When I first became intrigued by the power of business corporations, and particularly by their ability to wrest concessions from national governments, it seemed perfectly possible to bring these concentrations of economic power under democratic control. Now I'm not so sure. It seems to me that many of the democratic gains fought for so heroically over the last 150 years have simultaneously created a set of non-inally economic forces which have emptied many of those gains of real meaning. The truly worrying pros-

Health promotion: A political imperative

As we head towards a federal election in Australia, it is timely to think about the types of health policies, programs and research that are required to sustain a healthy, safe, productive, equitable and thriving society. There is strong evidence to suggest that investment in health promotion and prevention can make a significant contribution in this regard.^{1,2} This evidence also suggests that prevention interventions are cost-effective in comparison to hospital care, and therefore a sensible economic choice to assist with both improving population health and reducing health inequities across Australia.³⁻⁶ Yet, only 1.34% of Australian health care expenditure relates to preventive health, placing it well below other OECD countries, such as New Zealand, Canada and the United Kingdom.⁶ In this instance, the current spend equates to just over \$2 billion annually.⁶ To put this into perspective, a recent report examining the social and economic costs of alcohol consumption in the Northern Territory was estimated to be \$1.38 billion per year.⁷ This demonstrates that the current government investment in health promotion and prevention is clearly missing the mark – and quite spectacularly. Though it is difficult to estimate what the exact increase in investment should be, particularly when also considering the significant and well-documented health inequities experienced by Aboriginal and Torres Strait Islander people, a minimum spend should be approximately 5-6% of the health budget.⁸ This editorial draws on contemporary evidence and expert commentary to explain why health promotion needs to be considered a political imperative, now more than ever.

1 | IS HEALTH PROMOTION A CURRENT POLICY PRIORITY IN AUSTRALIA?

To understand the political imperative to invest in health promotion within Australia, it is important to appreciate the ebbs and flows of past recent health (promotion) policy and how these relate to emerging population health issues. If we rewind the clock a decade, after the release of the final report of the World Health Organization (WHO) Commission on Social Determinants of Health,⁹⁻¹⁰ the policy landscape was very different. Action on social determinants of health was slowly but steadily emerging as part of the health policy lexicon. The National Preventive Health Taskforce of the day used a strong and convincing evidence-base to outline the value of health promotion. This reinforced the role health promotion plays in preventing chronic diseases and addressing lifestyle risk factors – primarily in relation to alcohol, tobacco and obesity.¹ This action established a solid foundation for the federal, state and territory governments to jointly commit to the implementation of the National Partnership Agreement on Preventive Health (NPAPH).¹¹ This was arguably one

of Australia's greatest investments in health promotion.¹² During the same period, the Australian National Preventive Health Agency (ANPHA) was established.¹³ It continued to expand the health promotion evidence-base with a strong focus on research and knowledge translation that informed policy and practice improvement.^{1,12} A report on the state of preventive health in Australia emerged, which documented and mapped potential responses to the preventive health challenges during that period.⁵ This era fostered a sense of growth and optimism, even if extremely short-lived. A change in federal government meant the political imperative for health promotion and prevention quickly dissipated at the national level, with subsequent implications for the sustainability of partnerships, programs and ultimately the shape and scale of the prevention workforce.^{1,13} Notably, the NPAPH was abandoned and ANPHA was abolished. Some state governments followed suit, with quick, and successive disinvestment.¹⁴ These decisions have already had negative impacts on sustaining a healthy Australian population.¹⁵

Abundant evidence points to the need for health promotion to be considered a political imperative with clear policy direction and implementation. The harms of alcohol and other drugs, sexually transmitted infections, tobacco use and rising levels of chronic conditions including diabetes, cardiovascular disease, mental health disorders and cancer continue to be significant public health issues in Australia and New Zealand. A quick review of content published in the *Health Promotion Journal of Australia* provides evidence of work aiming to address these concerns. However, other issues, and in some instances parallel solutions to address those issues, have emerged more prominently over the past decade. A few practical examples are provided below, which help to illustrate why health promotion needs to be considered a political imperative.

2 | POSITIONING HEALTH PROMOTION AS A POLITICAL IMPERATIVE

Reducing the stigma of mental health, and increasing suicide prevention efforts, has been a focus of health policy efforts in recent years.¹⁶ Unfortunately, this has been spurred by some of the highest rates of suicide in the Western world, particularly among Aboriginal and Torres Strait Islander people, where "calls to action" have been a prominent feature.¹⁴ We have seen the development of national mental health and suicide prevention strategies and plans as a result.^{15,14} We have also seen increased services and research activity through the work of organisations such as Headspace, Beyond Blue, Black Dog Institute and the Movember Foundation. But more needs to be done. Given the opportunity, the health promotion

What do we know?

There can be no doubt the people of the Northern Territory of Australia have a problem with alcohol. Whilst it can be readily accepted that many people in the Northern Territory do not drink alcohol at all and most of those who do drink alcohol do so responsibly, the fact remains that we have a strong, entrenched and harmful drinking culture. We have a problem that must be addressed.

Riley et al, 2017, p1

- Historically the NT has been perceived as a heavy drinking culture...in fact, the NT has the highest per capita alcohol consumption in Australia
- This is evident in public discourse and used in marketing



PLACES TO GO

THINGS TO DO

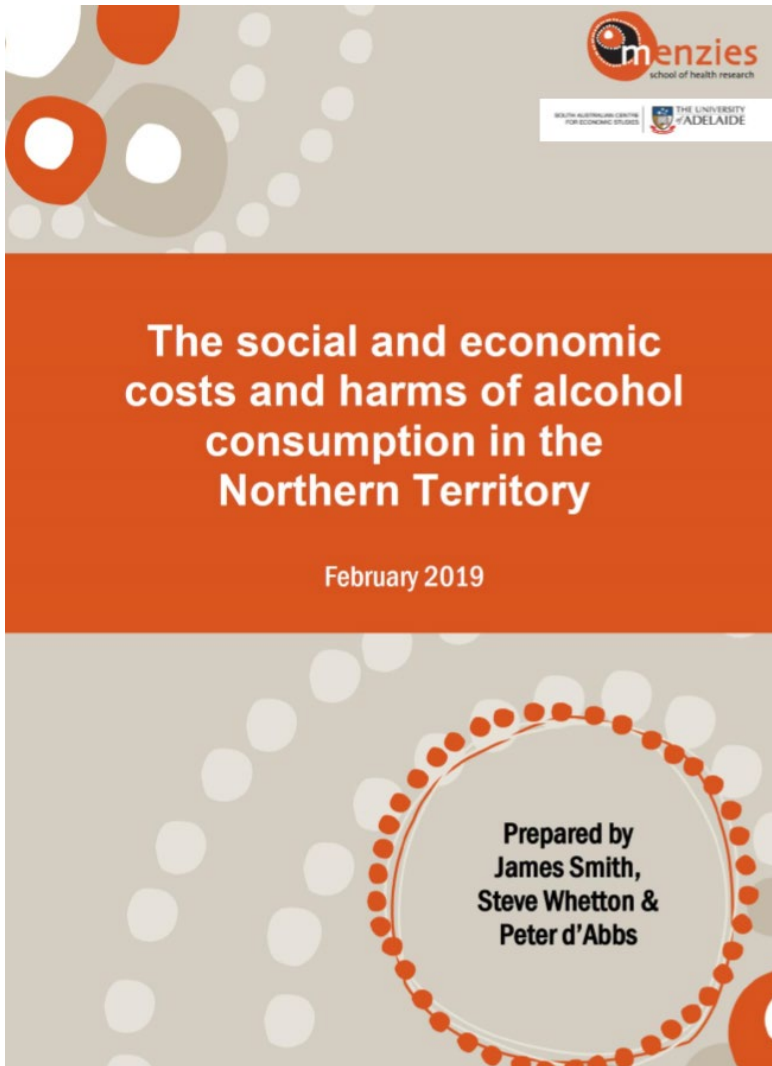
PLAN

TRIP IDEAS

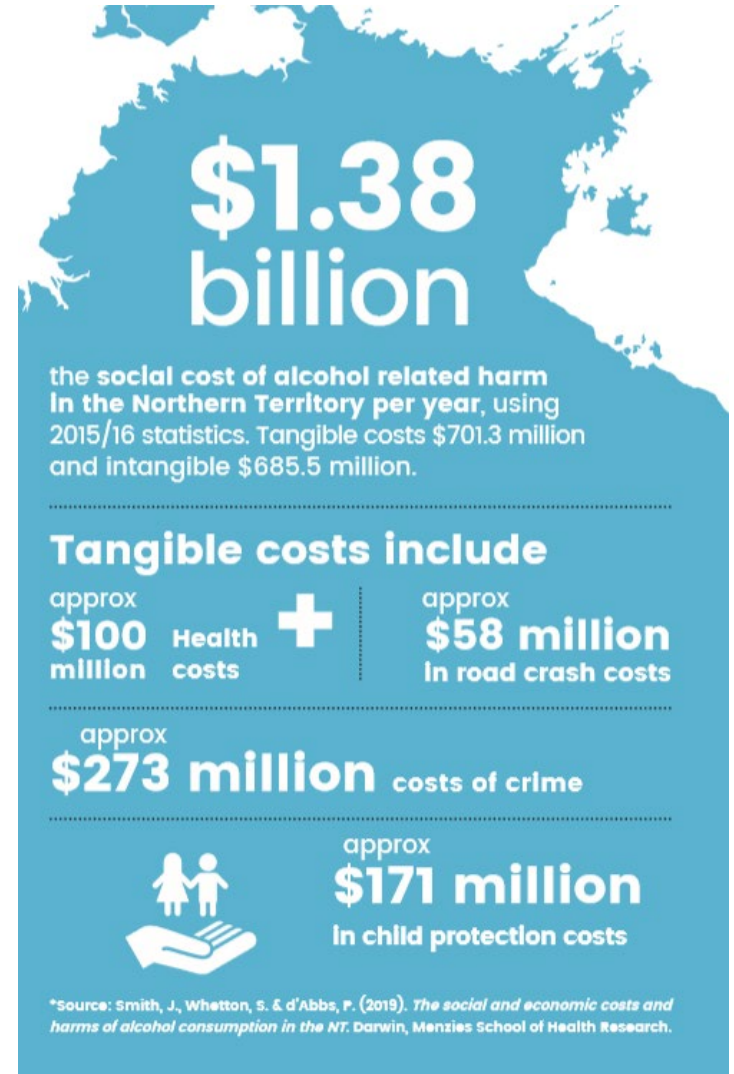
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FROM DARWIN TO ULURU
TAKING THE WORLD'S LONGEST PUB CRAWL



Smith, Whetton and d'Abbs et al 2019



Northern Territory Government, 2019

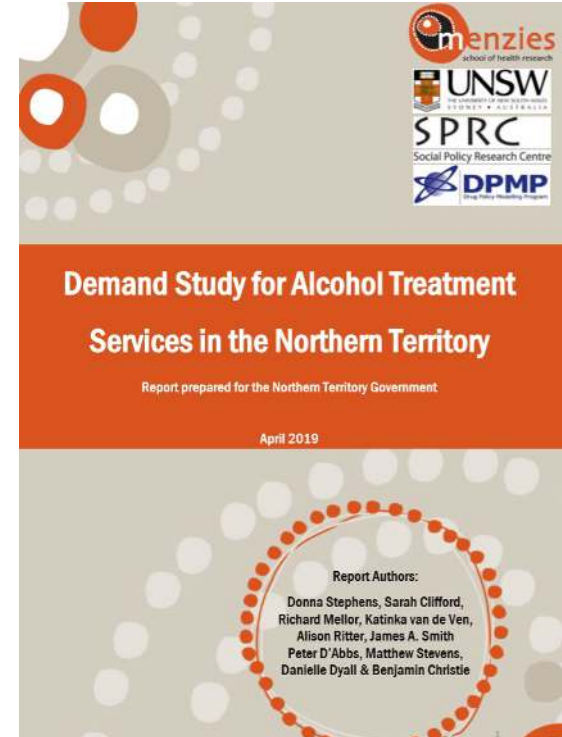
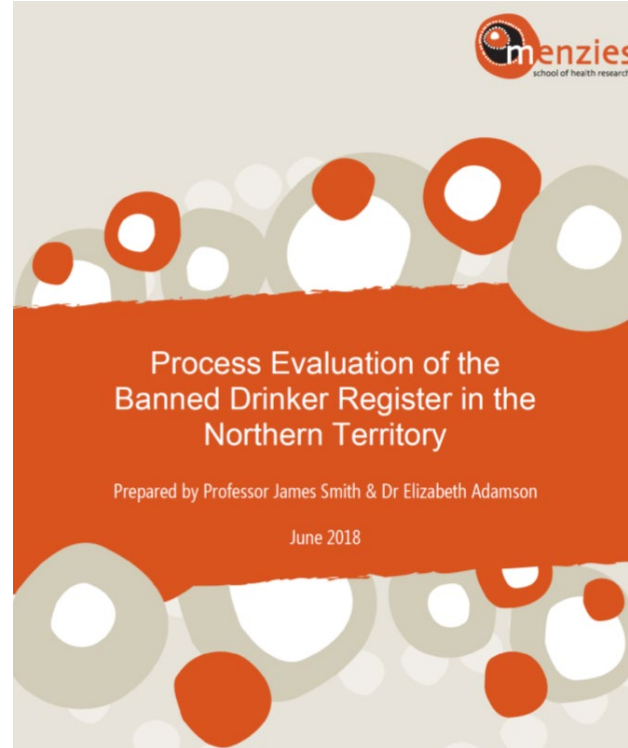
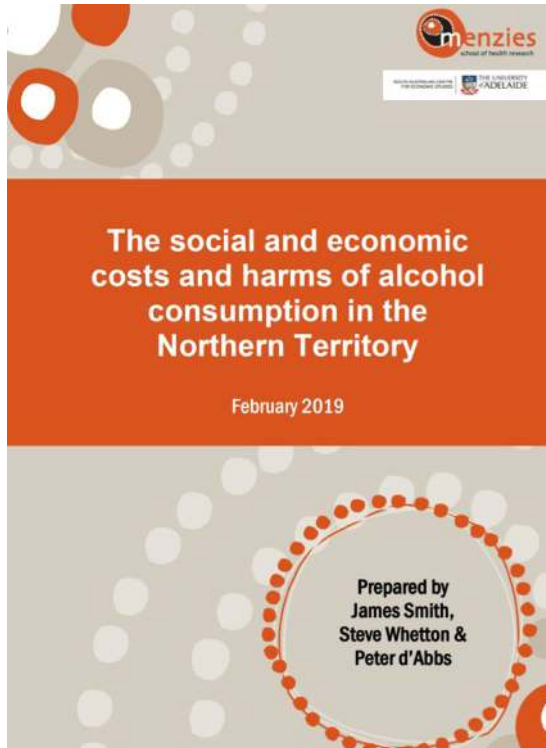
- A summary of the **tangible costs** includes:
 - Total health costs equate to \$100,177,195
 - Total road crash costs equate to \$57,626,900 (excluding mortality and hospital separations)
 - Total quantifiable costs of crime equate to \$272,577,240
 - Total child protection costs equate to \$170,912,745
- The most significant **intangible costs** are:
 - Intangible costs of premature death of \$652.5 million
 - Intangible costs of permanent impairment from road crash injuries of \$17.1 million
 - Intangible costs of crime (e.g. pain and suffering, reduced feeling of safety) of \$15.9 million

So what is the NT doing about this?

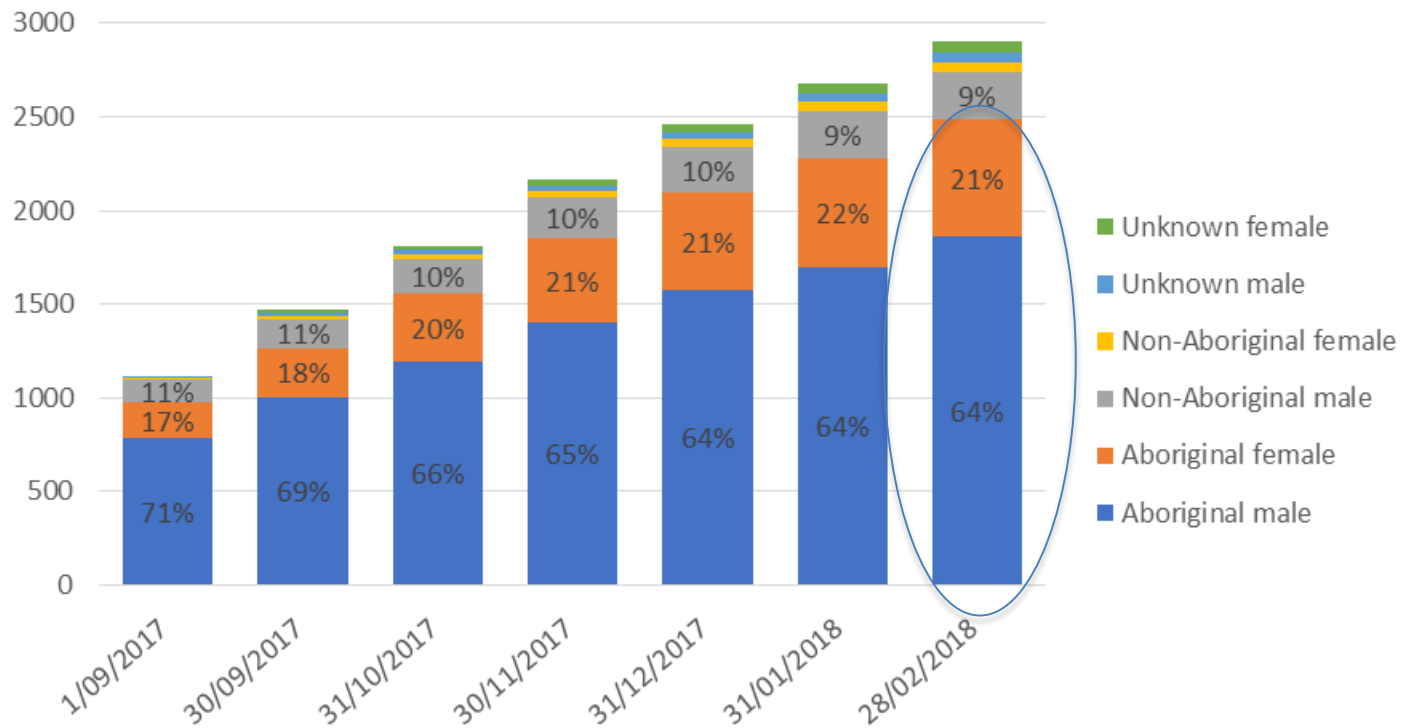
- Riley Review 2017 – 220 Recommendations
- Alcohol Harm Minimisation Action Plan 2018-2019
- FASD Strategy 2018-2024
- Revision of NT Liquor Act
- Alcohol Policy Interventions
 - Banned Drinker Register (BDR)
 - Minimum Floor Price (MFP)
 - Police Auxiliary Liquor Inspectors (PALIs)
- Development of an Alcohol Treatment Services Framework
- AOD Workforce Strategy



Building the evidence-base for action



Number of people on the BDR by date, and percentage by gender and Aboriginal status



- Current investment about right, but redistribution of funding and service delivery is required
- More treatment required to respond to mild and moderate needs
- Better linkages *between* alcohol, health, and social services
- Areas for rapid improvement:
 - **Screening and Brief Interventions (SBI)** - large unmet need for SBI in non-specialist treatment settings by GPs, primary health care providers, and ACCHOs
 - **Concurrent support and case management** - continued investment in intensive support programs, and liaison with social support services concurrently with community-based care may allow for high need clients to be managed effectively in community rather than residential rehabilitation services
 - **Access to services in remote and very remote locations** – need to ensure equity of access throughout the alcohol treatment services system.
 - **Evaluation** - Building monitoring and evaluation capacity across the alcohol treatment services system is challenging, but critical.



NORTHERN TERRITORY
ALCOHOL HARM MINIMISATION ACTION PLAN
2018-2019



ONE Strengthening
Community
Responses
Healthy Communities and
Effective and Accessible Treatment



TWO Effective
Liquor
Regulation



THREE Research,
Data &
Evaluation



FOUR Comprehensive,
Collaborative
& Coordinated
Approach



NT Alcohol Harm Minimisation Action Plan 2018-2019

ONE Strengthening **Community Responses**

Healthy Communities and
Effective and Accessible Treatment

There are many reasons why Territorians misuse alcohol, including but not limited to trauma, homelessness, family dysfunction, social and peer pressure, stress, addiction and mental health issues.

Harm minimisation and prevention initiatives under the Action Plan focus on minimising demand and harm associated with alcohol by:


- addressing social determinants of health
- educating Territorians about the detrimental effects of the misuse of alcohol and reducing demand
- supporting those adversely affected by the misuse of alcohol through the provision of effective and accessible treatment

SOCIAL DETERMINANTS OF HEALTH


Government acknowledges that harm minimisation initiatives must be matched by efforts to address the underlying causal factors of why Territorians misuse alcohol. This means that we must address key social determinants of health such as employment, education, housing and social and emotional wellbeing. The Government is addressing this through initiatives such as:

\$200 million over 10 years **The Room to Breathe Program**
reducing overcrowding in public housing in remote communities by increasing living space in existing homes


\$200 million over 10 years
Government Employee Housing (GEH)
to expand GEH to include locally recruited NT Government employees in remote areas

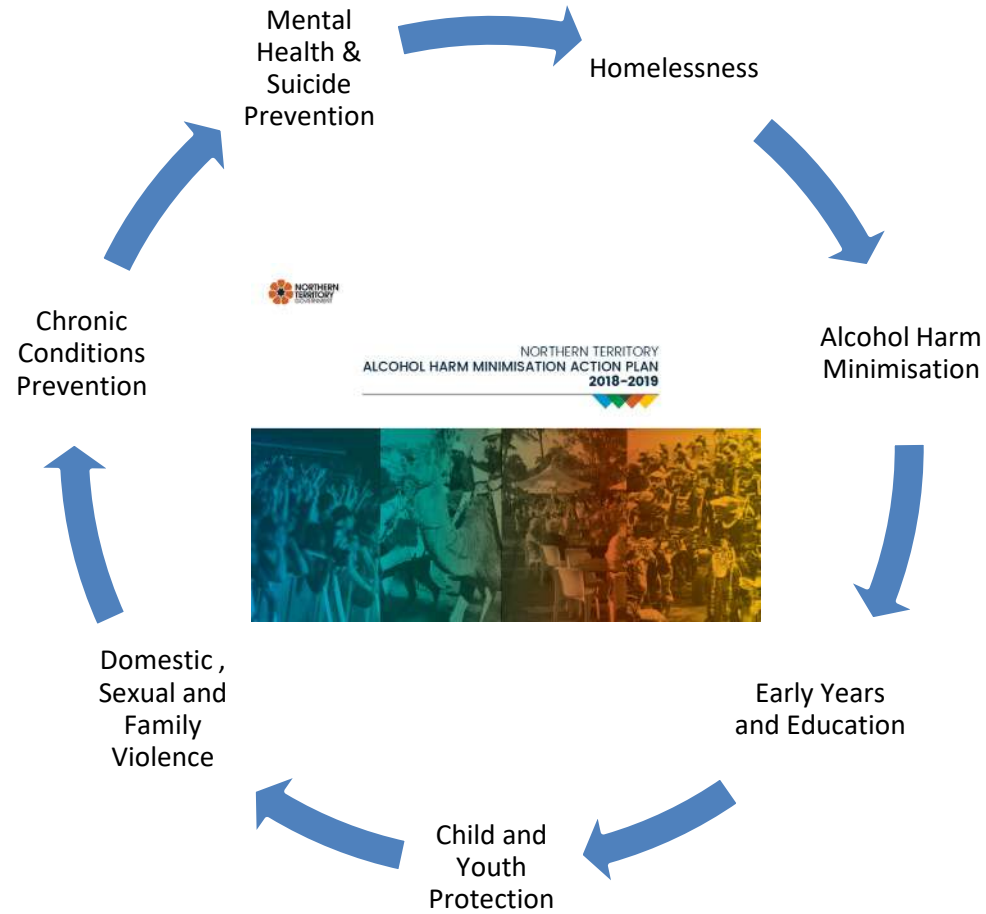

10 YEAR PLAN
The Domestic, Family and Sexual Violence Reduction Framework
– to ensure government policies which address factors such as alcohol, support the reduction of violence in the community

\$500 million investment over 10 years **Homebuild NT**
for the construction of new public housing in remote communities


Repairs and Maintenance of Public Housing **\$200 million over 10 years**
for the repair and maintenance of public housing in remote communities

LOCAL DECISION MAKING AGENDA

to ensure Aboriginal communities are empowered to make decisions about service delivery for their communities



DEPARTMENT OF HEALTH




Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018-2024

NORTHERN TERRITORY GOVERNMENT

www.health.nt.gov.au

DEPARTMENT OF HEALTH



NORTHERN TERRITORY ALCOHOL HARM MINIMISATION ACTION PLAN 2018-2019

NORTHERN TERRITORY GOVERNMENT

DEPARTMENT OF HEALTH

NORTHERN TERRITORY

CHRONIC CONDITIONS PREVENTION and MANAGEMENT STRATEGY 2010 - 2020

IMPLEMENTATION PLAN 2017 - 2020



HEALTHY LIFESTYLE

Pathways out of Homelessness
Northern Territory Homelessness Strategy 2018-23

NORTHERN TERRITORY GOVERNMENT

DEPARTMENT OF HEALTH

Northern Territory Suicide Prevention Strategic Framework 2018-2023



NORTHERN TERRITORY GOVERNMENT

www.health.nt.gov.au

The Northern Territory's

Domestic, Family & Sexual Violence Reduction Framework 2018-2028

Safe, respected and free from violence



NORTHERN TERRITORY GOVERNMENT

Northern Territory Government



A share in the future

Indigenous Education Strategy 2015-2024

STARTING EARLY FOR A BETTER FUTURE

Early Childhood Development in the Northern Territory 2015-2028



earlychildhood.nt.gov.au

NORTHERN TERRITORY GOVERNMENT

NORTHERN TERRITORY GOVERNMENT

SAFE, THRIVING AND CONNECTED: GENERATIONAL CHANGE FOR CHILDREN AND FAMILIES

2018 - 2023

The Northern Territory Government's plan to implement reforms to better support children, young people and families experiencing vulnerability and to deliver the recommendations of the Royal Commission into the Protection and Care of Children in the Northern Territory.



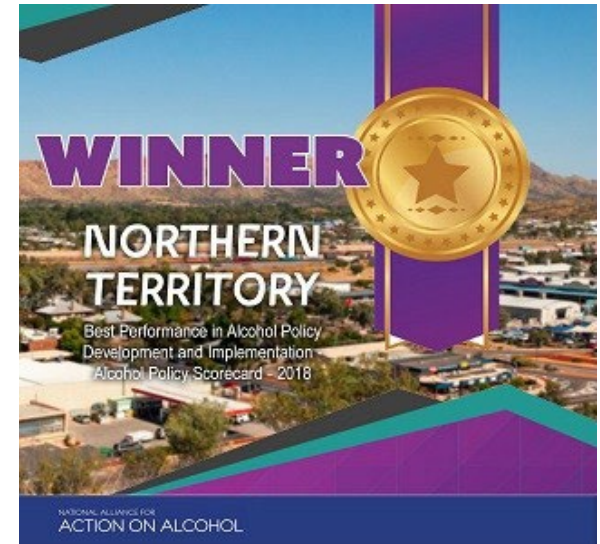
NORTHERN TERRITORY GOVERNMENT

Action on SDoH requires:

- A well orchestrated joined-up government response
- A supportive legislative and regulatory basis
- Enhanced cross-sectoral co-ordination and integration between health and social services
- An explicit health equity lens (including efforts to reduce the impact of colonialism and racism)
- Both targeted and universal interventions, particularly those that address structural and systemic issues (and these need to be applied proportionately)
- A strong commitment to monitoring and evaluation, particularly in relation to Indigenous affairs contexts

Alcohol policy and research leadership in the NT:

- The National Alliance for Action on Alcohol awarded the Northern Territory Government the 2019 National Best Performer for Alcohol Policy Development and Implementation.
- The Alcohol & Drug Foundation named Menzies the winner of the 2019 National Alcohol and Other Drugs Excellence and Innovation Award (Research)



Acknowledgements

- NTCOSS for invitation
- Menzies AODG Team
- Research Partners
- NTG – many stakeholders
- All research participants