

people's alcohol action coalition

PEOPLE'S ALCOHOL ACTION COALITION ('PAAC') Alice Springs NT

POSITION PAPER

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Recommendations

1. PAAC submits that :
 - i. a legislated minimum floor price for the purchase of take-away alcohol equivalent to the existing minimum price of take-away full-strength beer (currently more than \$1.30 per standard drink) be established;
 - ii. the sale of take-away alcohol on a designated day each week be prohibited and if possible linked to Centrelink payments on that day;
 - iii. if the Northern Territory Government does not do so within six months, the Federal Government should establish a national alcohol floor price and volumetric taxation on alcohol;
 - iv. the Northern Territory Government should increase the implementation of evidence- based early childhood intervention programs such as the Old's nurse home visitation program and the Abecedarian Educational Day Care program in all Aboriginal communities throughout the region as a key strategy to ensure that young children have greater self-control, are less impulsive and less susceptible to the development of addictions in adolescence and early adult life;
 - v. the existing NT Banned Drinkers Register be maintained and extended;
 - vi. trading hours for take-away licensed premises should be limited;
 - vii. On-premises opening hours in Alice Springs should be put back to 11:30 a.m. or 12 noon in order to convey a message that people do not need to drink from 10 a.m., to reduce consumption by addicted drinkers and to allow for services to work with people who are not heading to pubs at an early opening time.

PAAC: status, background, aims and activities.

2. Since its inception in 1995, PAAC has been an Alice Springs unincorporated association, currently with around seventy-five supporters on its mailing list. About thirty of these are active PAAC members, most of them representing local non-government organisations including churches, unions, health services, professional associations, service providers and community groups. PAAC meets monthly and the details, agendas and minutes of meetings are circulated to its supporters.
3. PAAC does not receive government or other regular funding. It has received a grant from the Foundation for Alcohol Research and Education (\$20,000) in 2010 - 2011, and is currently in receipt of a grant from the Australian Rechabites Foundation (\$10,000) and some donated monies. Its funds are administered by the Aboriginal Medical Services Alliance of the Northern Territory ('AMSANT'.) PAAC currently employs a part-time Policy Co-ordinator. Members, including spokesperson Dr John Boffa, undertake PAAC activities on a voluntary basis.
4. PAAC does not seek prohibition on alcohol consumption, but supports the right to drink in a responsible and safe manner. PAAC's aim is to work towards reducing alcohol-related harm, including through the following strategies:
 - *developing constructive reforms to the sale of alcohol;*
 - *advocating controls on public consumption;*
 - *advocating responsible service of alcohol; and*
 - *promoting healthy lifestyles*
5. PAAC has been recognised by the Licensing Commission as a local action group for the purpose of s47F(3)(f) of the *Liquor Act* NT, and accordingly has been granted standing in many Licensing Commission hearings conducted under that Act. It has made numerous submissions to the NT and Australian Governments and various parliamentary inquiries, and advocated to individual parliamentarians.
6. PAAC is currently running a series of advertisements in the local Centralian Advocate newspaper and the online Alice Springs News to try to increase awareness of the rationale for the reforms it supports. It also maintains a website at www.paac.org.au.

Supply reduction – a most effective tool

7. PAAC is of the firm view that unless excessive alcohol consumption in the NT is addressed through supply reduction, other measures that the NT (or Australian) Government may put in place to try to ameliorate problems in many areas such as health, justice, education, training, safety and security, employment opportunities, staff recruitment and retention and family and social function will not be nearly as effective as they otherwise might. National and international evidence indicates direct links between raising the cost of alcohol and:
 - i. reducing consumption in the population especially amongst the heaviest drinkers and young people, who are the most price sensitive; and
 - ii. decreases in alcohol-related harm, including hospitalisation and death.
8. PAAC submits that the most effective supply reduction measures which can and should be taken immediately in order to reduce alcohol consumption in the NT are:
 - i. a minimum floor price on take-away alcohol at the price of full strength beer (currently more than \$1.30 per standard drink); and
 - ii. a take-away alcohol-free day preferably tied to a set welfare benefits payment day, but in any event one weekday on which take-away alcohol is not sold.
9. These measures should be complemented as soon as possible by a national floor price and a volumetric tax.
10. Whilst a floor price is a public health measure that would legally apply to all, it would, on the evidence, reduce consumption because it would in the main affect problem drinkers. It is well established that price is the most critical determinant of drinking behaviour amongst problem drinkers and young people, who generally have limited incomes and move towards cheaper products in order to get more ‘value’ for their money.
11. A massive (ten-fold) increase in the sale of cheap fortified wine (in smaller containers) followed the banning of four- and five-litre casks of non-fortified wine in the 2002-03 Alice Springs liquor licensing trials, during which cheap (and very high alcohol content) two-litre cask fortified wine, as well as 750 ml bottles, remained available. This demonstrated starkly that it only takes one low-priced product to undermine price-based restrictions.

12. There were also ‘indications of more acute conditions being admitted to Alice Springs Hospital.’ From April to December 2002 wholly alcohol-caused acute conditions in the figures for separations from Alice Springs Hospital were 159% higher.¹ This was largely due to an increase in pancreatitis.
13. The authors found that ‘...the substitution of product was one of the most glaring results of the trial;’ and: ‘While the restriction on container size appeared to accelerate an existing decline in cask wine, it prompted a sudden and dramatic increase in fortified wine and, to a lesser extent, spirits.’²
14. The tendency of most problem drinkers to seek out the best bargain was again clearly shown when Licensing Commission restrictions on the availability and sizes of cask wine (to two litres) and fortified wine bottle (max. one litre) were introduced in Alice Springs in October 2006 (one only of either per person per day and only after 6pm.) This resulted in an 85 per cent shift away from cask and fortified wine, a 70 per cent shift to (less damaging) beer and a 19.7 per cent reduction in pure alcohol sales.³
15. Heavily discounted cask and bottled wine, however, later undermined these gains with a significant increase in sales of these products in Alice Springs from 2007 onwards until the July 2011 action by the supermarkets, which has lifted the supermarket (but not hotel bottle shop) price to a minimum of around one dollar for a standard drink (and considerably higher in some cases. See Attachment 1: PAAC sample price sheet) compared with a previous low of twenty-five cents.
16. Since the completion of the Menzies evaluation of the 2006 measures, *Moving beyond the restrictions: the evaluation of the Alice Springs Alcohol Management Plan*, Indigenous Affairs Minister Jenny Macklin has funded a further evaluation of all alcohol supply measures in Alice Springs from 2000 - 2010 and their effects.
17. The work has been undertaken by the [National Drug Research Institute \(NDRI\)](#) based at Curtin University. It is expected to be completed within the next few weeks. The Project leader is Professor Dennis Gray, Deputy Director of the NDRI.⁴

18. A newly released ground-breaking study of minimum alcohol pricing in the Canadian province of British Columbia by the Centre for Addictions Research at the University of Victoria (Attachment 2) shows that price increases can substantially reduce consumption: *Does minimum pricing reduce alcohol consumption? The experience of a Canadian province.*⁵ Regulated minimum or ‘floor price’ benchmarking of alcohol products has existed over twenty years throughout much of Canada with prices ‘intermittently adjusted.’
19. World Health Organisation (WHO) research also shows that the most effective measures are to raise prices based on alcohol content, and to reduce the availability of alcohol through strict licensing schemes limiting opening times and the number of outlets.
- ‘There is indisputable evidence that the price of alcohol matters. If the price of alcohol goes up, alcohol-related harm goes down. Younger drinkers are affected by price, and heavy drinkers are more affected than light drinkers; in fact, if a minimum price were established per gram of alcohol, light drinkers would hardly be affected at all.’*⁶
20. The Australian National Preventative Health Taskforce in its 2010 report noted:
- Policies that raise the price of alcoholic beverages are an effective means of reducing alcohol consumption. In addition, studies have shown that price increases reduce problems due to alcohol, including binge drinking and a variety of alcohol-related harms (for example, motor vehicle accidents, cirrhosis mortality and violence.)*⁷
21. The Task Force recommended that a minimum alcohol floor price be considered on a national basis, along with a volumetric tax on alcohol⁸ and in 2011 then Health Minister Roxon referred the floor price issue to the new Australian National Preventive Health Agency, asking it to ‘develop a concept.’
22. The 2009 *Henry Review*⁹ recommended, PAAC also supports, the volumetric taxation of alcohol, and ‘hypothecation’ - the dedication of tax revenue raised from alcohol to fund harm-reduction measures, such as education and rehabilitation programs, and demand-reduction strategies that target the most vulnerable in the region in which the money is raised.

23. On 18th January 2012, the NSW Bureau of Crime Statistics and Research (BOSCAR) released what is arguably the most thorough survey of floor price and volumetric taxation measures to be published in Australia to date.¹⁰

Entitled *What are the options? Pricing and taxation policy reforms to redress excessive alcohol consumption and related harms in Australia*, it contains a wealth of material in relation to the situation in Australia and internationally, and considers the following policies available to government, and the implications of the implementation of each:

- i. taxation and differential price by beverages;
- ii. special/ additional taxation - alcopops tax;
- iii. minimum pricing of alcohol; and
- iv. a ban on price discounts and promotions.

24. In particular, the BOSCAR survey at pages 27 to 39 sets out a very comprehensive explanation of floor pricing, its implementation both formally and voluntarily, the pros and cons, support in Australia and overseas, and an explanation of ‘proxy’ restrictions in place in parts of the NT and WA.

25. The authors also provide strong and detailed data on the issue of whether alcohol has become cheaper, concluding that whilst the real average price of alcohol has increased somewhat over the past twenty years, it has become substantially more affordable (because real incomes have increased.) Affordability is a better measure of ‘cheapness’ than simply ‘price.’

26. After price the second most important determinant of alcohol consumption is the total number of take-away trading hours.^{11,12} PAAC also supports a take-away free day as part of its supply reduction policy as the best way further to reduce these hours over-all (and thus consumption.) The scheme known as *Thirsty Thursday* put in place in Tennant Creek in 1995 operated until July 2006. There were two trial phases in late 1995 and early 1996. Following these trials, from April 1996 Tennant Creek did not have take-away sales on Thursdays (clubs excepted.)¹³

27. A National Drug Research Institute evaluation found that the consumption of pure alcohol had reduced by 20%, although it could not quantify the precise contribution of the ban due to other measures having been put in place.¹⁴
28. The effectiveness of *Thirsty Thursday* diminished over time - particularly as a result of new Centrelink provisions from 1999 that allowed recipients to choose a day on which to receive their benefits. This meant Thursday was no longer automatically the Centrelink payment day. Despite this change, *Thirsty Thursday* nevertheless had some beneficial effects. Positive results included declines in alcohol sales, alcohol-related harm and alcohol-related offences. The restrictions also appeared to have a high level of community support. There was a 7.5% increase in the sale and consumption of pure alcohol when the arrangement ceased in 2006, despite its having been substantially weakened.
29. This measure, if brought in across the NT and fully linked to Centrelink payments, could be reasonably expected to reduce population alcohol consumption by about 10% and make a considerable contribution to harm reduction.
30. The Minister for Social Security has indicated that to remove recipients' option to choose, and to revert to a standard benefit payment day, would be very difficult for Centrelink. PAAC nevertheless maintains that a take-away free day is worth a trial implementation (and evaluation) across the NT as part of the effort to reduce the inordinately high levels of consumption and to improve the over-all social amenity of the community. Even if not tied to a reinstated single benefit payment day, this measure would provide respite for the families of drinkers both in towns and in Aboriginal communities, with minimal inconvenience to the majority, who are responsible drinkers.

A floor price - of sorts - in Alice Springs

31. PAAC has had some success in helping to persuade the supermarket retailers of take-away liquor to make price and product supply changes to alcohol in Alice Springs. The IGA supermarkets led the initiative with a floor price on bottled wine of \$1 per standard drink but continued to sell two- litre casks, although well above the price of other retailers. In late 2010 Woolworths determined that it would not sell 750 ml bottled wine for under \$7.99 in Alice Springs, Katherine or Gove, and at these stores it would exclude lower cost bottled wine from discount specials so as to maintain this level of pricing. Coles also raised the price of bottled wine to a similar level in the first quarter of 2011. In June 2011, Coles announced that from 1st July it would withdraw from sale all cask wine and would effectively implement a price of \$1.14 a standard drink in Alice Springs, close to the \$1.20 for which PAAC had been advocating. All other supermarkets in the town quickly agreed to withdraw cask wine from sale. The smaller outlets, unlike the two big traders, had not regularly sold liquor at the very cheap prices set by the two big retailers.

32. Unfortunately, the two local hotel take-away retailers - the Gapview Resort Hotel and the Todd Tavern - did not follow the supermarkets' lead and both continue to stock two-litre cask wine (non-fortified) at around 76 to 85 cents per standard drink. This is significantly more than the very cheap cleanskins that once sold for as little as twenty-five cents a standard drink, but well below the price of a standard drink of full-strength beer. Both pubs operate bars frequented largely if not solely by Aboriginal patrons, and these routinely cease to trade when the premises' take-away bottle shops open at 2pm.¹⁵ These bottle shops, unlike the supermarkets, are permitted to trade on Sundays (from 12 noon to 9 pm) and so are able to - and do - sell cheap cask wine seven days a week.

33. As a result the Todd River is frequently littered with two-litre casks - the preferred drink of the heavy drinkers because it is the cheapest form of alcohol now on the market. PAAC is hopeful that the take-away retailers' voluntary pricing changes are having an effect on sales and consumption in Alice Springs (no data covering the relevant period, after June 2011 is yet available) but this is tempered by the absence of a standard approach - in particular, the continued sales of cask wine by the two hotels and relatively cheap wine by the two biggest retailers.

34. It will be difficult to evaluate accurately how any changes relate directly to pricing. There has been ‘slippage’ from time to time. As recently as 5th July, on the eve of the Alice Springs Show weekend, PAAC noticed that both Woolworths and the IGA supermarkets were selling wine (including fortified wine at the IGA) at well below their usual adjusted prices, and contacted both in order to try to have this rectified.
35. The NT’s extremely high rates of consumption and the associated illness, injury, death, offending and family and social breakdown support the argument for the immediate introduction of a floor price through regulation. If this does not happen, the efforts of the NT (and Australian) Government to improve educational attainment, parental responsibility, safety and security, employment opportunities, staff recruiting and retention and housing are unlikely to get a strong foothold.
36. The NT’s Enough is Enough reforms will, we believe, turn out to be inadequate armour in the battle, and the cyclic tragedy will continue.
37. Retailers may enter into voluntary Accords on pricing under the *Liquor Act* NT, but this has not happened to date, and there appears to be no immediate prospect that an accord to fix a minimum price will be struck. The NT Government could simply amend the *Liquor Act* to empower the Licensing Commission to fix a minimum price¹⁶; to date it has been unwilling¹⁷. Alternatively, the Australian Government could use its powers to implement a floor price in the NT.

Prevention: Early Childhood Development

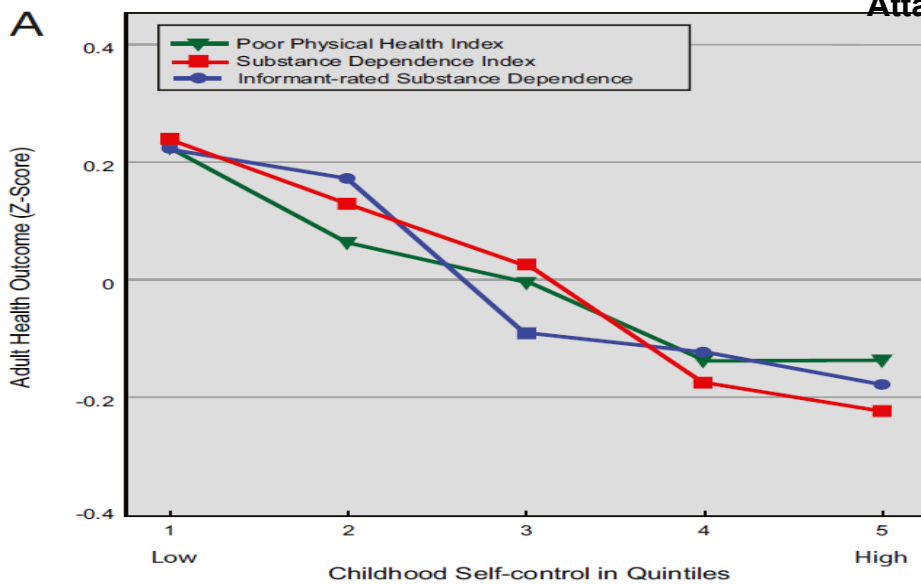
38. PAAC does not submit that supply reduction alone can solve all problems associated with substance misuse. The introduction of the low aromatic Opal fuel across remote Central Australia and the various alcohol supply reduction measures in Alice Springs have been extremely useful measures. They are not of themselves sufficient to ensure that young people develop in ways that make them resilient to becoming addicted to substances when they experiment.

39. The results of the first ever survey of children's development in the first year of school, the Australian Early Development Index (AEDI)¹⁸ have revealed that 47.4 per cent of Aboriginal children are developmentally vulnerable on one or more of the AEDI domains, and 29.6 per cent of Aboriginal children are developmentally vulnerable on two or more domains.¹⁹ The outcome is much worse in central Australia, with more than two-thirds of children developmentally vulnerable on two or more domains. This means that these children, in spite of the best efforts of the education system, are unlikely to complete Year 12.
40. The AEDI involved a 2009 snapshot of 261,147 children (97.5 per cent of the estimated five-year-old population) in their first year of full-time school across Australia, in the developmental areas (or domains) of physical health and well-being, social competence, emotional maturity, language and cognitive skills (school-based), communication skills and general knowledge.
41. Aboriginal children in the NT have much higher rates of vulnerability in every domain compared to either non-Aboriginal children in the NT or to Aboriginal children nationally. They are particularly vulnerable in the Language and Cognitive Functioning domain (46.9 per cent in the NT compared to 28.6 per cent of Aboriginal children nationally and 7.9 per cent for non-Aboriginal children nationally.)
42. Aboriginal children in the NT are also far more likely to have multiple vulnerabilities; 46.8 per cent are vulnerable in two or more domains compared to 9.6 per cent of non-Aboriginal children in the NT and 29.5 per cent of Aboriginal children nationally. The level of vulnerability amongst non-Indigenous children is little affected by their degree of remoteness; 9.8 per cent (outer regional), 8.8 per cent (remote) and 9.7 per cent (very remote) are vulnerable on two or more domains. In contrast, 25.2 per cent of Aboriginal children from outer regional areas are vulnerable on two or more domains compared to 52.5 per cent for remote and 54.3 per cent for very remote Aboriginal children.²⁰
43. The summary table below illustrates the situation in Alice Springs and surrounding remote areas (where the populations are of course almost entirely Aboriginal.)

Table 3.4 Summary AEDI Community results: Alice Springs Region, 2009

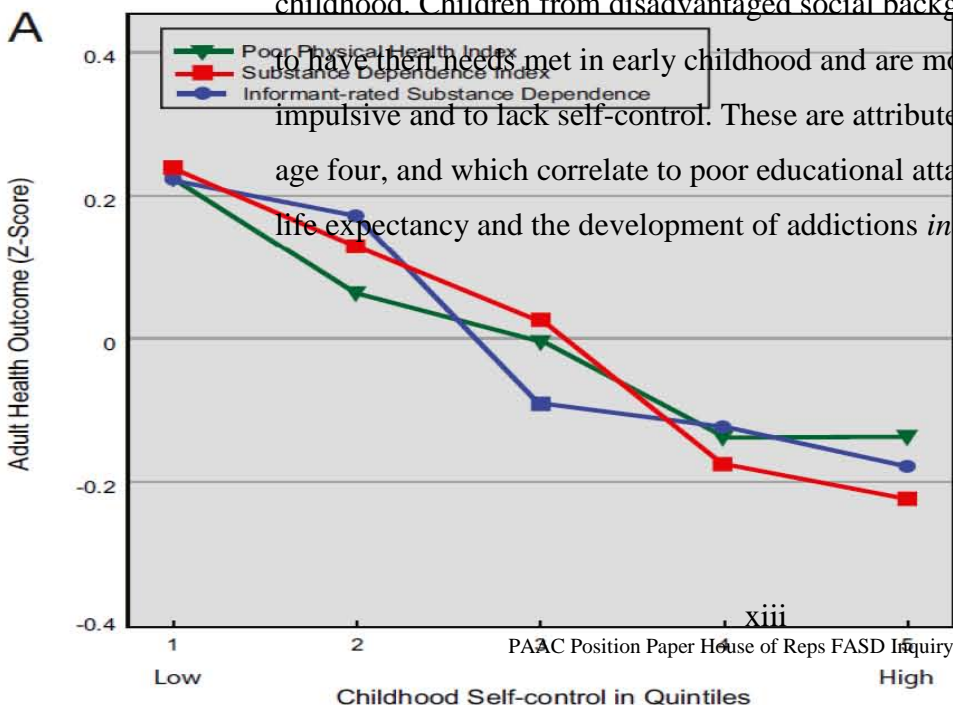
Region	Alice Springs	Hanson	Petermann-Simpson ⁽¹⁾	Sandover-Plenty ⁽¹⁾	Tanami ⁽²⁾
No. of children	393	29	21	54	66
% of NT children	12.2	0.9	0.7	1.5	2.0
AEDI developmental vulnerability (DV) ⁽³⁾					
% DV on Physical domain	12.6	40.9	30.0	43.2	75.5
% DV on Social domain	11.5	45.5	25.0	34.9	64.2
% DV on Emotional domain	13.5	36.4	16.7	38.1	45.3
% DV on Language/ Cognitive domain	15.7	63.6	30.0	72.7	71.7
% DV on Communication domain	11.0	59.1	35.0	50.0	83.3
% DV on 1 or more domain	29.2	81.8	50	79.5	94.4
% DV on 2 or more domains	16.0	72.7	40	56.8	79.6

44. Children from the very remote communities clearly have much higher rates of developmental vulnerability and much lower rates of English proficiency and day care and pre-school attendance than those from Alice Springs.
45. This demonstrates the extent of the challenge. The AEDI has revealed the disadvantage that Aboriginal children have in the two key language and cognitive domains and emotional domains *when they first enter school*. The next generation is likely to include disproportionate numbers of children who are likely to be impulsive and lack self-control (key aspects of the emotional development domain); have poor over-all brain development leading to poor school performance; have a greater propensity to develop alcohol and other drug addictions; to be on the streets and incarcerated. This generation is already well on the way. Early childhood development is the key to preventing the creation (or continuation) of this social underclass.
46. A recent major longitudinal study from Dunedin in New Zealand, which followed a cohort of more than one thousand children from birth to age thirty-two, has shown the clear relationship that exists between poor emotional development in early childhood and the subsequent development of addictions and other life-long problems.²¹ It was found that the lower the self-control or emotional development in early childhood, the greater the risk of developing substance dependence. The relationship was linear:



47. Children who are not exposed to rich conversational language, read to daily, encouraged much more often than they are discouraged, put to bed so they get sufficient regular sleep, and who learn to expect and demand immediate gratification, are unlikely to develop the appropriate brain potential in key areas such as language and cognitive and emotional development. There are critical periods in early brain development and if the appropriate care and parenting is not provided in these periods then significant brain potential is permanently lost. For self-control and impulsiveness (emotional development) this period is from six months to two years and these traits are critical to the subsequent development of alcohol dependence.

48. Schools will struggle to overcome these kids' already disadvantaged position. We know that about two-thirds of educational attainment is due to factors outside the school, and key amongst these is what goes on in the home, especially in early childhood. Children from disadvantaged social backgrounds are much less likely



to have their needs met in early childhood and are more likely to become impulsive and to lack self-control. These are attributes which can be identified at age four, and which correlate to poor educational attainment, low incomes, poor life expectancy and the development of addictions including alcohol.

49. The way in which inadequate early childhood environments affect the development of young people who then become impulsive, unable to concentrate, and lack self-discipline and control, is now well understood. Young people with these character traits are much more likely to become addicted to substances. We cannot wait for these children to become be street kids in early adolescence before we act; this is too late for many of them, and youth interventions at this late stage, while necessary, are far more costly and less effective.
50. Linked to this is the stark reality that having an alcohol-dependent parent is the main cause of the lack of adequate parenting and often leads to overt child neglect. When a household contains heavy drinkers who party whenever they have the cash, disrupt kids' sleep, their lives, and any hope of routine, it is unsurprising that these children drop way below the average in literacy and numeracy. It is also much more likely that in such households young children will be placed in front of the television or left on their own while either or both parents respond to their addiction.
51. This can be significantly prevented through a range of programs, some of which have recently been put in place in Alice Springs. This includes the Old's Nurse Home Visitation program. Much more needs to be done in this area, however, in particular Joseph Sparling's Educational Day Care program should be added to the home visitation program to provide the most effective level of support to both parents and children for appropriate brain development and the type of parental care that will see children much less susceptible to addictions in later life.
52. Evidence suggests that such programs could reduce, by about half, the current population of young people addicted to alcohol and other drugs. There are key evidence-based early childhood programs from pregnancy to age three that can make a big difference and help to reverse the social gradient that adversely affects brain development.
53. Early childhood programs can:
- i. reduce the incidence of alcohol addictions by up to 50%;
 - ii. dramatically reduce the lifetime risk of the development of chronic
 - iii. disease²²;
 - iv. more than double school retention rates²³; and
 - v. dramatically reduce the youth incarceration rates²⁴;

54. PAAC submits that early childhood intervention programs are an essential contributor to raising children who are resilient and thus better equipped to avoid developing substance addictions and other problems when they (almost inevitably) experiment in adolescence. Early childhood education and support are an essential part of the answer to our devastating alcohol problems, coupled with social consequences for parents who neglect their children.

Endnotes

¹ Report to the Licensing Commission: *Summary Evaluation of the Alice Springs Liquor Trial*, Crundall I., and Moon C., 2003.

² Crundall I., and Moon C., p30, 2003.

³ In *Moving beyond the restrictions: the evaluation of the Alice Springs Alcohol Management Plan*, Senior et al., Menzies School of Health Research; Monash University School of Public Health and Preventive Medicine, 2009, at 161, the authors cite ‘overall consumption’ [wholesale supply] as down by 18% since the introduction of the AMP (comparing the four quarters prior to the September 2006 commencement of restrictions with the four quarters from December 2007 to September 2008.) Based on adjusted wholesale figures from the Department of Justice Alcohol Wholesale Supply Figures 2005-2009 however, this figure of 18% is in fact 19.7%.

⁴ Telephone: (08) 9266 1624; email: d.gray@curtin.edu.au

⁵ Stockwell et al, Centre for Addictions Research of British Columbia, University of Victoria, Victoria, BC, Canada. Online at: www.vsnews.fr/etudes/Does-Minimum-Pricing-Reduce-Alcohol-Consumption.pdf

⁶ *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*, p1 and also see chapter on pricing, pp76 – 81, World Health Organisation, Regional Office for Europe, Copenhagen, 2009.

⁷ *Australia: the healthiest country by 2020: National Preventative Health Strategy – the roadmap for action* Key action area 4: Reform alcohol taxation and pricing arrangements to discourage harmful drinking. Online at: www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap-toc~nphs-roadmap-4~nphs-roadmap-4.4~nphs-roadmap-4.4.4

⁸ Online at: www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/nphs-roadmap-toc~nphs-roadmap-4~nphs-roadmap-4.4~nphs-roadmap-4.4.4

⁹ *Australia's Future Tax System Review* Chapter 12. Recommendations 71 and 72. Online at: http://taxreview.treasury.gov.au/content/FinalReport.aspx?doc=html/publications/papers/Final_Report_Part_1/chapter_12.htm

¹⁰ See report at: [www.lawlink.nsw.gov.au/Lawlink/bocsar/ll_bocsar.nsf/vwFiles/R59a.pdf/\\$file/R59a.pdf](http://www.lawlink.nsw.gov.au/Lawlink/bocsar/ll_bocsar.nsf/vwFiles/R59a.pdf/$file/R59a.pdf)

¹¹ Babor T, Caetano R, Casswell S, et al, *Alcohol: no ordinary commodity*, Oxford Medical Publications, Oxford, 2003.

¹² Edwards G., *Alcohol Policy and the Public Good*, Oxford University Press, Oxford, 1994.

¹³ *Managing alcohol in Tennant Creek, Northern Territory: an evaluation of the Tennant Creek Alcohol Management Plan and related measures to reduce alcohol-related problems*; A report prepared for the NT Department of Justice, Menzies School of Health Research, D’Abbs et al., 2010.

¹⁴ *Evaluation of the Tennant Creek Liquor Licensing Restrictions: A Report Prepared for the Tennant Creek Beat the Grog Sub-Committee*, Curtin University of Technology, National Centre for Research into the Prevention of Drug Abuse, 1998, Gray et al.

¹⁵ See for example Katrina Bolton’s Walkley award-winning story on this issue: *Rivers of grog flow on in Alice Springs*: www.abc.net.au/worldtoday/content/2010/s3099238.htm 22nd Dec. 2010.

¹⁶ Section 6 of the *Northern Territory (Self-Government) Act 1978* (Cth.) empowers the NT Legislative Assembly ‘to make laws for the peace, order and good government of the Territory’ and in PAAC’s view therefore enables the Assembly to amend the *Liquor Act* to control liquor pricing without having to obtain the consent of a Commonwealth regulatory agency. We also note the provisions in Part XA of the *Liquor Act* which authorise restrictive trade practices by licensees (s 120C.)

PAAC believes therefore that s120C is a valid exercise of the NT’s legislative power, and that s120C is an enactment for the purpose of s51 (d)(c)(i) of the *Competition and Consumer Act 2010* (Cth.) This provision effectively protects anyone from prosecution for specified anti-competitive conduct; thus the *Liquor Act* could be validly amended to provide for the fixing of a minimum, or floor price, for liquor, simply by inserting as s31(2)(l) the words: ‘the charging of a particular price for liquor.’

¹⁷ www.newsroom.nt.gov.au/index.cfm?fuseaction=viewRelease&id=8308&d=5 15th June 2011. Alcohol Policy Minister Delia Lawrie argued that a floor price would increase the price of beer, a claim that was immediately refuted by PAAC: ‘*Minister’s office miscalculates and misleads on floor price*’: www.paac.org.au/files/media%20releases/2011_06_16%20PAAC%20Media%20Release%20Ministers%20Office%20miscalculates%20and%20misleads%20on%20floor%20price.pdf 16th June 2011.

¹⁸ *A Snapshot of Early Childhood Development in Australia – AEDI National Report 2009*, Centre for Community Child Health and Telethon Institute for Child Health Research 2009, Australian Government, Canberra. Online at: http://video.rch.org.au/aedi/National_Report-March_2011_Reissue_final.pdf

¹⁹ http://video.rch.org.au/aedi/National_Report-March_2011_Reissue_final.pdf at 11.

²⁰ Northern Territory Results for the Australian Early Development Index 2009. Online at http://www.det.nt.gov.au/data/assets/pdf_file/0004/18499/NTRResultsAEDI.pdf at vi – vii.

²¹ *A Gradient of Childhood Self-control Predicts Health, Wealth, and Public Safety*, (The Dunedin Study), Moffitt T.E et al. Participants: MRC Social, Genetic, and Developmental Psychiatry Centre, King's College London, UK; Dunedin Multidisciplinary Health and Development Research Unit, Dunedin School of Medicine, Duke University, Durham, NC, USA. Online at: www.pnas.org/cgi/doi/10.1073/pnas.1010076108 and see www.otago.ac.nz/news/news/otago016129.html

²² Ibid.

²³ *Young adult outcomes of the Abecedarian and CARE early childhood educational interventions*, Campbell F. A. et al., *Early Childhood Research Quarterly*, v23 n4 at 452-466, 2008.

²⁴ *Early childhood learning prevents youth violence* Tremblay, R. E., Gervais, J., Petitclerc, A., Centre of Excellence for Early Childhood Development, Montreal, Quebec, 2008.