

# Understanding the secondary supply of alcohol as a wicked policy problem: The unique case of the Banned Drinker Register in the Northern Territory

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## Abstract

In an effort to tackle the exceptionally high level of alcohol consumption in the Northern Territory (NT) of Australia, there are a suite of alcohol policies and new legislation that have been introduced. These include restricted purchasing and consumption for certain individuals. In 2017, the Banned Drinker Register (BDR) was (re)introduced – a policy that involves placing persons who consume alcohol at harmful levels to themselves or others onto a register which prohibits the purchase of alcohol from take-away liquor outlets. As a result, there is an incentive for banned drinkers to obtain alcohol through friends, family, and through the black market – referred to as secondary supply. Though the phenomenon of secondary supply is not new, the recent evaluation of the BDR highlighted a number of challenges of tackling the secondary supply of alcohol. Informed by Head's framework for assessing 'wicked' policy problems, this policy analysis uses data from

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interviews with stakeholders undertaken as part of two studies on alcohol policy and services. The findings present the limitations of the policy design and implementation context in preventing secondary supply of alcohol to banned drinkers. The paper concludes with implications for policy and research that better recognise the implementation context.

#### KEYWORDS

Banned Drinker Register, Northern Territory, secondary supply of alcohol, wicked policy problems

## 1 | INTRODUCTION

Though alcohol is considered an integral component of Australian culture generally (Roche et al., 2009), the Northern Territory (NT) of Australia has a unique association with alcohol. Nationally, the NT consumes the most alcohol per capita, and although many Territorians drink responsibly, there is significant evidence which suggests the NT has an entrenched, harmful drinking culture (Callinan et al., 2016; d'Abbs, 2012; Riley, 2017; Roche et al., 2009; Skov et al., 2010; Smith, Whetton, et al., 2019). This has resulted in concerted legislative efforts to address concerns about the health and social impacts of this high-level alcohol consumption. As a by-product of this legislation, the NT experiences a distinct range of issues related to the secondary supply of alcohol.

### 1.1 | Secondary supply in the NT

In Australia, the possession, consumption, and purchases of alcohol by individuals under the age of 18 on licensed premises and public places are prohibited (Roche et al., 2013). Supplying alcohol to these individuals is referred to as secondary supply (Jones et al., 2012; Kelly, Chan, et al., 2016; Roche et al., 2013). The NT, however, is unique in that alcohol is restricted to groups on a basis other than age. In particular, there are local restrictions, or dry areas, that are controlled by either the NT Government (general restricted areas) or Federal Government (alcohol protected areas) through legislation. In these areas, alcohol is prohibited outside licensed premises, with a few exceptions for eligible permit holders (NT Government, 2019).

In addition to local restrictions, NT legislation, under Section 42 of the *Alcohol Harm Reduction Act*, makes it an offence to supply alcohol to a person subject to a prohibition under section 31A(2) of the *Liquor Act*. In the NT, this includes individuals prohibited because they have been put on the Banned Drinker Register (BDR). As such, secondary supply is the act of intentionally supplying alcohol to a banned person that you ought reasonably to have known is on the BDR. If found to be supplying alcohol to a banned person, you may also be placed on the BDR and be charged with the offence of secondary supply (NT Government, 2017).

## 1.2 | The BDR

The BDR is an explicit alcohol supply reduction measure that involves placing persons who consume alcohol at harmful levels to themselves or others onto a register which prohibits the purchase of alcohol from take-away (TA) liquor outlets. The BDR was originally introduced in July 2011 under a Labor Government but abolished by the incoming Country Liberal Party in August 2012. The BDR was subsequently reintroduced in September 2017, following the re-election of the Labor Government.

Enforcement of this policy involves all individuals providing photo ID for scanning at point of sale to permit the purchase of alcohol at take away liquor outlets. This is intended to support one of the stated goals of the BDR, to 'to reduce the supply of alcohol to people who misuse alcohol' (Stephens et al., 2019). It is acknowledged in the Program Logic that the BDR may encourage banned drinkers to source and purchase alcohol from family, friends, and through the black market (Smith, 2018), that is to seek secondary supply. One of the identified strategies to achieve the goals of the BDR is to 'ban individuals known to have been involved in secondary supply', by making it an offence to supply alcohol to someone known to be on the BDR. This offence is one of many triggers, and there is currently no publicly available data that show the extent to which this offence is used as a mechanism to place people on the BDR.

## 1.3 | Secondary supply and the BDR

There is limited Australian research about the prevalence of secondary supply, or the effectiveness of legislation intended to restrict alcohol to different groups of the population (Miller et al., 2015). Miller et al.'s study found that secondary supply restrictions are moderately important for reducing alcohol-related harm, alcohol consumption, and intoxication (Miller et al., 2015). However, this was in reference to parental supply to minors, opposed to banned drinkers, or a wider population of harmful drinkers. Miller et al. (2015) reviewed various interventions for reducing alcohol-related harm, which offers a useful tool for conceptualising policy interventions as supply- or demand-driven. They define supply reduction as

*'any measures associated with the supply of alcohol. Measures can include serving practices in licensed venues or the number of outlets in a specific geographic area. They can also include restricting access such as minimum purchase age or restricting trading hours'* (Miller et al., 2015, p. 4).

The definition of supply, presented above by Miller et al., does not recognise the significance of secondary supply reduction in relation to banned or harmful drinkers. For the purpose of this discussion, we propose two forms of secondary supply, which should be defined and considered differently. Secondary supply of alcohol can occur through 'sharing' between friends and families, but may also be done for profit. This is colloquially referred to as 'grog-running', where individuals take alcohol across local or jurisdiction boundaries to sell alcohol in the black market in restricted areas. As will be discussed later in this paper, both 'types' of secondary supply can be problematic for the capacity of the BDR to achieve its objective to restrict alcohol to banned drinkers.

Furthermore, by definition, controlling and monitoring secondary supply poses significant challenges, as there are difficulties in both identifying and confirming the actions and knowledge

of the parties involved. There are multiple transactions in the secondary supply process that need to be accurately identified in order to enforce the legislation: at the point of sale; at the point of transfer to the banned person; and at the point of consumption by the banned person. How can a person of authority confirm that the person supplying the alcohol 'ought to have reasonably known' that the recipient was on the BDR? Similarly, how can we expect a retailer at point of purchase to know that the purchaser intends to engage in secondary supply or grog-running? Under what circumstances do persons of authority have sufficient information to enforce the legislation at point of sale or point of consumption? Addressing secondary supply through BDR legislation is therefore problematic, and arguably a 'wicked policy problem' (Head, 2008; Head & Alford, 2015; Newman & Head, 2017).

## 2 | ANALYTICAL APPROACH

'Wicked policy problems' was coined over four decades ago (Rittel & Webber, 1973), and is a term that has been debated and applied in academic and policy spheres since that time. Wicked problems are generally defined as those that 'have poorly defined boundaries, no obvious or apparent solution pathways, and are highly prone to cascades of unintended consequences, are often seen as immune to linear, rational or scientific methods of problem-solving' (Newman & Head, 2017, p. 414). Head (2008) has applied the term to various Australian and international policy problems, including alcohol consumption (as a form of self-harm) and Indigenous disadvantage. Head's (2019) most recent contribution extends decades of policy research to propose a new framework to strengthen the analysis of wicked problems. The four streams of literature that guide his framework are as follows: Problem framing; Policy design studies; Policy capacity; and Implementation contexts. Informed by this framework, the paper presents findings from qualitative research based on two alcohol-related studies in the NT: the evaluation of the BDR and the Demand Study for Alcohol Treatment Services (Smith, Adamson, et al., 2019; Stephens et al., 2019). Head's focus on literature about policy design and implementation contexts is of particular relevance. Using Head's framework to inform our analysis, the paper examines the distinctiveness of secondary supply within the context of the BDR, and the broader context of alcohol consumption in the NT. Using qualitative data (described below), it thus aims to better understand how and why addressing secondary supply through the BDR is, in itself, a wicked policy problem.

In particular, Head identifies the centrality of the implementation context for analysing wicked problems, and understanding barriers to more effective policy design. Head (2019) states there are

*important differences in the dynamics and configurations of specific policy fields, and corresponding variability in the sets of actors, networks, capabilities and institutional contexts. The challenges in scoping complex and contested issues, and in developing effective policy responses, are always situational (linked to time and place) and are connected to institutional differences and traditions across national boundaries (p. 188).*

The other two areas, Problem framing and Policy capacity, are still very much relevant to the BDR; however, they have less relevance to secondary supply. Elsewhere the authors have reported on tensions in the framing of the BDR, where it has largely been understood by stakeholders as a crime prevention measure, opposed to its intended health-focused, therapeutic intent (Smith & Adamson, 2018; Smith, Adamson, et al., 2019). The authors return to the issue of Policy capacity in the conclusion, particularly in relation to the NT Governments' broader alcohol harm

reduction strategy and the need to reframe how alcohol-related harms are approached from a policy perspective.

## 2.1 | Methods

The analysis is based on data collected from qualitative interviews from two separate studies: first, an evaluation of the BDR and, second, a Demand Study for Alcohol Treatment Services in the NT (Demand Study). Further information about the data collected as part of these studies is described below.

A semi-structured interview format was used for all interviews and the focus groups (see Appendix). Consent was given either verbally or in writing depending upon resource availability. The duration of the interviews ranged from approximately 10 to 60 min, with the majority of interviews lasting 25 min. Shorter interviews were facilitated to accommodate business needs in some locations. A total of 64 interviews, and one focus group, were conducted across the NT, with a total of 84 participants (detailed below).

The interviews were voice recorded and professionally transcribed. The transcripts were then analysed inductively using a group thematic analysis process (Braun & Clarke, 2012) initiated through a workshop with the respective team of researchers. Through the analysis of the interviews, secondary supply was repeatedly identified as a key barrier to the BDR meeting its policy objective of reducing consumption among harmful drinkers. This prompted the research team to investigate the barriers to addressing secondary supply of alcohol to banned drinkers in greater detail. Further information on the analysis process is included in the full report (Smith, Adamson, et al., 2019).

It is important to note the limitations of the participant group, particularly that alcohol industry stakeholders have an inherent bias and vested interest in alcohol policy (Thorn, 2018) and do not represent public health professionals, individuals on the BDR, their families, or the broader community. The voices of other stakeholders including police, health professionals, policy-makers, banned drinkers, and their families and community would contribute a more nuanced picture of the challenges of and responses to secondary supply of alcohol in the NT. Despite these limitations, the alcohol industry stakeholders we interviewed provided an informed and valuable perspective about the complexity of implementing the BDR as a policy instrument, particularly in relation to the prevention of secondary supply. Ethics approval was granted by the NT Department of Health and Menzies School of Health Research Human Research Ethics Committee (HREC 2019–3287) and the Central Australian Human Research Ethics Committee (CAHREC 19–3358).

### 2.1.1 | Evaluation of the BDR

Interviews for the purpose of the 12-month BDR evaluation were conducted with TA outlet licensees, operators, and industry representatives. Participants were initially contacted by phone and email, and the majority of interviews were subsequently conducted face-to-face. Overall, 51 interviews and one focus group were conducted involving 66 participants from TA outlets across the NT. Consultation occurred in every region except East Arnhem.<sup>1</sup> Five broad service regions have been defined based on advice from Northern Territory Government (NTG). The geographic distribution of interviewees is outlined in Table 1.

**TABLE 1** Distribution of TA outlet participants by region<sup>2</sup>

Region	Number of interviews	Number of participants	Percent of total participants
Darwin region	20	22	35%
Katherine region	12	17	27%
Alice Springs region	11	15	24%
Barkly region	8	9	14%

**TABLE 2** Distribution of service providers in Demand Study

Region	Number of interviews	Number of participants
Darwin region	1	1
Katherine region	4 (+1 focus group)	9
Alice Springs region	4	5
Barkly region	1	2

### 2.1.2 | Demand Study for Alcohol Treatment Services in the NT

As part of the qualitative component of the Demand Study, questions about the effectiveness of the BDR were asked of 17 service providers (12 via individual or paired interviews, and five through one focus group) (see Table 2). These participants were service providers, either directly providing Alcohol and Other Drug (AOD) treatment or associated support services (such as primary health care, or accommodation support). Recruitment occurred via email and phone, followed up with a face-to-face interview. As these data were analysed as part of the Demand Study, participant numbering for frontline health staff has been approached separately to the data collected from TA outlet licensees and operators. The identification of Demand Study participants is denoted as follows (Demand Study: Participant #, location).

## 3 | FINDINGS

Drawing on Head's framework, the findings present data from the qualitative interviews from the two studies – the Evaluation of the BDR and the Demand Study, described above. In particular, the findings focus on how the policy instruments and implementation context create an environment in which addressing secondary supply through the BDR is complex, posing a 'wicked' problem for policy makers and implementers.

### 3.1 | Limitations of policy instruments to address secondary supply

Returning to Head's framework, based on relevance, he notes that one of the challenges to policy design is to 'select policy instruments – or more typically a mix of instruments – that are appropriate to the policy task' (Head, 2019, p. 186). Data from the qualitative interviews identify key

barriers to the effectiveness of the policy instrument for addressing secondary supply. There are various circumstances under which it is difficult to accurately identify and confirm that secondary supply is taking place. These are described below.

### 3.1.1 | Circumventing the BDR to purchase alcohol through other mechanisms

When asked how people reacted to being refused sale, participants noted banned drinkers were rarely deterred, as there were other ways to obtain alcohol. In particular, participants stated that banned drinkers responded they could obtain alcohol from other sources, notably 'somebody else' such as a friend or family.

*People have never been angry about it. They kind of go, 'Fair enough' or 'It doesn't matter, I'll just get somebody else to buy alcohol for me'. So you get that... If they intend to keep drinking they'll go, 'That's fine. I'll just give somebody else the money to buy alcohol for me'. [Demand Study: Participant 10, Alice Springs]*

*Yes. If people want to have a drink they'll have a drink. And it's not that hard to find someone else to go in and get it for you. [Participant 47: Darwin, Manager]*

There are also the logistical challenges of TA outlets selling to a group of people in car, where they are only required to check the ID of one person in order to process the purchase.

*But, let's face it, if you get a car load – there's ten people in the car – it only needs one person to not be on it, and they're all on the grog again. And we see it all the time. [Participant 11: Alice Springs, Licensee]*

In addition to obtaining alcohol from family or friends, licensed premises also pose challenges to restricting alcohol purchases for banned drinkers. The BDR legislation prohibits the purchase of alcohol by individuals on the BDR, this is inclusive of both TA alcohol and consumption on-premise. In on-premises venues, the onus, however, is on the banned drinker to adhere to this, rather than on the licensee. This contrasts previous legislation regarding Alcohol Protection Orders (APOs) that were abolished in 2013. The Alcohol Harm Reduction Act 2017 repealed the Alcohol Protection Orders Act 2013 legislation (*Alcohol Protection Orders Act 2013* (NT) (Austl.)). Although the BDR scanners prevent the purchase of TA alcohol, the ability for people on the BDR to drink in licensed venues is not actively monitored, with the exception of occasional police presence in some locations. This challenge was also identified in studies by Roche et al. (2013) and Miller et al. (2015), who highlight the limitations of restricting alcohol consumption through legislation. In particular, they illustrate the challenges of enforcing legislation in public and private spaces (in contrast to licensed premises).

One solution to this challenge was recognised in findings from the 6-month process evaluation of the BDR; where it was recommended to 'consider trialing BDR scanners at on-premises venues in Alice Springs, Katherine and Tennant Creek where Police Auxiliary Liquor Inspectors (PALIs) have been implemented (Smith & Adamson, 2018), which was supported in-principle by the NT Government (NTG) in August 2019 (NT Government, 2019). Interestingly, no participant identified that the consumption on-premise is a breach of a Banned Drinker Order (BDO), or that

they could call the police to report individuals with known BDOs that were drinking on premise. This practical limitation of reducing consumption of alcohol to people with a BDO is highlighted below:

*Because, even if they want to buy it – if they want to drink, they can go to the bars and pubs. They drink there, even if his health is – not allowed to drink. They can still go to pubs and bars where there's no need of BDR. They can go and drink there because they only need a BDR to take away, not on premises. [Participant 2 + 3: Alice Springs, Licensee]*

Some premises were actively restricting individuals if they were aware of them being on the BDR. This was more feasible in remote areas, because of small population sizes.

*The ones that are regulars to us on premise will literally come back and say 'oh, I'm getting off in a week' or 'I'm getting off the BDR tomorrow, so I'm allowed back in again' [...] Most of them do their own leg work and come in and go 'no, I'm off next week' or 'I'm off tomorrow, you'll see me tomorrow'. [Participant 35: Katherine, Licensee]*

These examples illustrate limitations in the way the BDR can be used as a tool to address secondary supply. In these instances, it is unclear – to both the licensed venue and the banned drinker – whether the licensed venue is engaging in secondary supply if they are selling to someone known to be on the BDR. In addition to banned drinkers entering licensed venues to purchase alcohol, they may also engage with members of the general public to purchase alcohol for them.

### 3.1.2 | Approaching members of the general public to purchase alcohol

Multiple TA outlets reported Banned Drinkers asking members of the general public to purchase on their behalf. These are examples of small-scale secondary supply and, in some cases, members of the public that are engaging in secondary supply are not aware the drinker is banned, or of the legal implications. For example customers were often asked unknowingly to purchase alcohol for banned drinkers:

*Yeah again, they beat the system, someone else will buy it for them, it's part of it. But it's something that we have had, is a couple of guys were here, and they obviously were on the banned list, and they were literally asking our customers that were driving in, 'Can you please go buy us alcohol?' And it's only because people would come and see me, and they're like, 'People are asking us to buy them alcohol' and I'm like, '[...] you can't do that'. But yeah, they try and beat the system. [Participant 22: Barkly, Manager]*

Backpackers were identified as a particular group of tourists that, either knowingly or unknowingly, engaged in secondary supply. One licensee is Katherine stated that 'the local Indigenous would convince the backpackers to come [and ask for] two bottles of Poker Face<sup>3</sup>, but later admitted that 'there's a person around the corner that asked to get it for them' [Participant 35: Katherine, Licensee]. In this case, and others, the licensees were suspicious and preventing the sale and secondary supply.



In other cases, it is clear that members of the public are aware of their actions and are charging a premium to purchase for banned drinkers. Stakeholders identified taxi drivers as purchasing large volumes of alcohol and selling it for 'over inflated prices' in communities [Participant 51: Darwin, Manager]. A participant from the Demand Study gave an example of how taxi drivers stock up on alcohol and have it available in their car:

*I was talking to him and halfway through I said, 'Hang on, you said you bought a six pack of Jacks and a bottle of rum, but you said it cost \$150. Why did it cost \$150?' 'Well, that's what the taxi driver charges'. And I said, 'Well, hang on, but does the taxi driver have the booze in the car or does he go to the bottle shop for you?' 'Oh, no, he has it in the car'... Yeah [they keep stock in the car], and flog it off for three times the price. [Demand Study: Participant 23, Katherine]*

Other banned drinkers tried to work within the system and use alternative, or fake, pieces of ID at the point of sale.

### 3.1.3 | Using alternative identification at point of sale

In addition to people unknown to the banned drinker, interviews with participants also identified scenarios where a banned drinker would be using another person's ID 'because they know they're on the register' [Participant 53: Darwin, Licensee]. The example below highlights the challenges for TA managers and licensees to confirm whether the person is using a third party's ID. Additionally, it may be unknown whether the third party (whose ID card is being used) is aware that the banned drinker is attempting to purchase alcohol with their ID card. A licensee from Katherine explains the challenge of preventing secondary supply when banned drinkers use other people's ID cards:

*I think the BDR's increased the secondary supply, because these people get it [alcohol], it doesn't matter how. And another thing is that – I know it's not a legal thing, but somebody comes in with their ID and they've got somebody else's card [...] might be the person that's on the BDR. So how do you do that and the Indigenous community, money just gets shared around, so cards just get shared around. [Participant 41: Katherine, Licensee]*

This latter part of the quote refers to embedded practices around sharing of resources among the Indigenous community, which will be discussed further in the next section.

### 3.1.4 | Grog-running

The NT context poses additional practical challenges for charging offenders of secondary supply because of local restrictions that incentivise both sellers and buyers of alcohol to travel to nonrestricted areas to sell or buy alcohol in the black market, referred to as grog-running. Many participants identified 'grog-running', or the on-sale of alcohol at increased prices, as the

overarching challenge to overcoming alcohol misuse among problem drinkers in the NT, particularly within specific populations and communities. As noted in the previous section, banned drinkers are often willing to pay inflated prices for alcohol, with one participant stating that the current BDR was facilitating the market:

*And, with the – this time around its definitely opened the market up there and just high demand. And a lot of those banned drinkers are willing to pay the exorbitant costs that they're putting on. So, it's – that's the big change this time around, it's just – previously not really a big thing now, it is. [Participant 20: Barkly, Manager]*

This seemed to be having a negative impact on crime as well, where one participant believed that a younger cohort (possibly on the BDR themselves) were stealing alcohol and then on-selling to banned drinkers who are older and living in the community:

*Yeah, or the individuals that are on the BDR are older and living in the long grass<sup>4</sup>. It's the younger element that are coming through and doing the smashes and then on-selling to them for 100 bucks for a bottle of wine or something. It's just affected the illegal market price, basically. That's the biggest impact of the BDR and transference to other alcohol products. [Participant 56: Industry Representative]*

Other participants noted the challenges of grog-running in the context of local restrictions within regions and communities:

*But one of our biggest problems is the grog running in. If we could put a fence around and just had our two six packs, which everybody in town is entitled to have, it would be great. But it's what's coming in, and see if they go off to Alice or something like that. [Participant 24: Barkly, Manager]*

This quote points to the practical challenges of implementing legislation to curb the secondary supply of alcohol to banned drinkers within a jurisdictional context in which there are multiple alcohol restrictions interacting across jurisdiction borders and communities, which independently result in the demand for secondary supply in the black market.

*We're seeing huge amounts of people very intoxicated before the pub's even open at 10:00 in the morning. Our DMs and our security guards are literally stopping people at the door going 'buddy, where have you been drinking?' 'Oh, long grass down the river bank' or whatever. They're getting this grog somehow; they're 100% not getting it from bottle shops, so where's it coming from? [Participant 35: Katherine, Licensee]*

Not all participants attributed secondary supply to the BDR, with a number indicating that it is linked more to the existing restrictions in dry communities discussed in the introduction.

*I don't think there's been an increase. I think it's been happening for a while so it's – also it's to do with obviously dry communities and people out there who might not have a vehicle as well. So it's just, it might be an economic thing as well. [Participant 40: Katherine, Manager]*

This creates challenges to monitor and enforce compliance by potential secondary suppliers, at points of sale and points of consumption. This is supported by other evidence from the 24-month evaluation of the BDR that found the low numbers of people on the BDR due to secondary supply offences can be attributed to the difficulties for police in identifying when secondary supply occurs. Ultimately, this also poses challenges for the BDR in meeting its intended objective (Ernst & Young, 2020). However, in addition to the practical barriers of the BDR as a policy instrument, the sharing of resources as a cultural obligation within Aboriginal kin structures (Altman, 2011; North Australian Aboriginal Justice Agency, 2017) must be considered in an NT and Australian context.

### 3.2 | Implementation context

In the context of the NT, 30% of the population identify as Aboriginal and Torres Strait Islanders (Australian Bureau of Statistics, 2016). Therefore, a critical consideration of policy interventions is Aboriginal culture and identity. Similarly, other demographic considerations, such as remoteness, also need to be considered. These considerations have a bearing on the distances that people travel to purchase essential and non-essential items, including food and alcohol.

Savic et al. (2016) argue that 'alcohol researchers need to more clearly articulate what they mean when they refer to drinking cultures' (p. 271). In the context of their findings, we argue that it is particularly important to untangle the underpinning assumptions and discourses associated with drinking and Aboriginal culture. We do not endeavour to discuss the historical challenges of Aboriginal culture and drinking behaviours in Australia, as this has been well-documented elsewhere (Brady, 2007; d'Abbs, 2012; Gray et al., 2018). Rather this section aims to highlight, based on our qualitative data, how specific practices and values of Aboriginal culture are at odds with addressing secondary supply within the NT policy context. Although the data presented represent the views of TA bottleshop owners and managers, and not members of the Aboriginal community, the participants' comprehension and analysis of secondary supply as a contextual barrier to effective implementation of the BDR was consistent with other agency views and academic literature. It is well accepted in that sharing obligations within an Aboriginal context are vastly different to those which exist in Western society (Altman, 2011). For example the Grog Survey App, which was recently validated, includes functions to 'describe the alcohol consumption of their drinking group, if that was easier for them, and to then show their share' in recognition that many Aboriginal people share alcohol drinks (Lee et al., 2019). The Alcohol Awareness project notes that 'Because sharing is common, guidelines were also presented for the minimum number of individuals who need to share a large container of alcohol (e.g. a cask of wine) to stay within recommended limits' (Conigrave et al., 2012). The views expressed by the takeaway managers are in line with both academic literature and indeed, Aboriginal organisations publications on the matter. In particular, concerns about secondary supply and the BDR were also raised by North Australian Aboriginal Justice Agency (NAAJA) in relation to secondary supply within the legislation, and its potential to increase Aboriginal peoples' interaction with the criminal justice system. Furthermore, NAAJA raised concerns that the secondary supply offence would 'disproportionately impact Aboriginal people who may face difficulties in relation to their cultural obligations to family members' (NAAJA, 2017, p. 10). Qualitative data from the interviews confirmed this as an issue for addressing secondary supply. It is also reflected in the disproportionate number of Aboriginal people on the BDR (Department of Health, 2019a).

Many of the issues related to secondary supply were both implicitly and explicitly linked to perceived harmful drinking patterns among Aboriginal individuals and communities. This was talked about in relation to Aboriginal cultural values such as the sharing of resources, which exhibits a particular challenge for addressing secondary supply within Aboriginal communities. There is an expectation that family members will share their resources, including food, money, tobacco, and alcohol (Kelly, Kickett-Tucker, et al., 2016). A few participants explained this challenge for the BDR. One licensee explained that 'for a lot of Indigenous people if a person asks you to do something you are honour bound to do that. It's very, very hard to say no to an Elder. It's very, very hard to say no to an aunty' [Participant 5: Alice Springs, Licensee]

This obligation was also emphasized by a Manager in Darwin, who linked the sharing culture to their traditional ways of living, including sharing food and obligation to elders:

*...and how they do things. And very simplistically, they get a kangaroo and they throw it on the barbeque or on the fire and they share the kangaroo. So if someone has got alcohol or money or drugs or whatever it may be, their culture is to share. The hierarchy says they've got to share. So saying that it's just secondary supply, it is but when an older bloke says 'You've got to go and get me that' then the young bloke has got to go and get it. [Participant 51: Darwin, Manager]*

Interestingly, some participants identified self-referral onto the BDR as a mechanism to avoid obligations to kin.

Interestingly, participants also reported that some of the banned drinkers via the self-referral pathway do so because they do not want to be humbugged by family members, including extended kinship systems. It was therefore suggested the BDR is used as a protective factor for some individuals experiencing this pressure:

*People really like having the card. We've had a few people who don't want to be put on it but want the card so when they don't want to be humbugged to drink or a bit pressured they can show people and say, 'You can't make me because I'm on that banned list and if you make me, I'll go to the police and they might put you on it' which is a bit naughty because they're not actually on it so it's not actually true. But certainly the people that do put themselves on it, usually want to use it as that protective factor. [Demand Study: Participant 10, Alice Springs].*

However, it should also be noted that figures from the BDR indicate that self-referral numbers are very low relative to other pathways onto the BDR (Department of Health, 2019b). Overall, these diverse, yet consistent, views about secondary supply of alcohol support the findings from the previous section about the practical challenges of restricting the supply of alcohol to banned drinkers.

#### 4 | IMPLICATIONS FOR POLICY AND RESEARCH

This paper illustrated some of the key challenges for, and barriers to, the prevention of secondary supply of alcohol to banned drinkers, from the view of AOD workers and frontline TA alcohol outlets. As noted in the methodology, the limited scope of participants means that these findings cannot be generalized or considered representative of all stakeholder groups. The experiences and

views of AOD workers and TA outlet managers and licensees do, however, contribute valuable information about the limitations of the BDR as a policy instrument to address secondary supply and, in doing so, indicate why and how addressing secondary supply through the BDR can be deemed a wicked policy problem. These stakeholder experiences and understandings of the BDR policy suggest these barriers are embedded in formal policy structures, such as the limited scope of legislation to prevent secondary supply as well as contextual factors, particularly the sharing of resources that is prevalent among Aboriginal families and communities (Altman, 2011; Conigrave et al., 2012; Lee et al., 2019; North Australian Aboriginal Justice Agency, 2017). Further research to ascertain the experiences and views of other stakeholders, namely police, people on the BDR, as well as their families and communities, is integral to establish a more nuanced picture of the barriers to the prevention of secondary supply of alcohol.

These findings highlight a major challenge in meeting one of the current objectives of the BDR: 'to reduce the supply of alcohol to people who misuse alcohol'. In turn, these barriers impact its overarching goal 'to improve community health and safety by reducing alcohol-related harms' (Smith, Adamson, et al., 2019). Thinking of ways to overcome these barriers is important. It is critical that we consider other approaches of reducing supply to and demand from people who misuse alcohol. This may be achieved through various supply reduction, demand reduction, and harm reduction strategies, as documented elsewhere (Gray & Wilkes, 2010; Pennay et al., 2014).

Considering the complexity of secondary supply – both in terms of the policy instruments and implementation context – we can draw on Head's analysis of policy literature about effective approaches to managing 'wicked problems'. One of the areas where literature has advanced is around assessing policy capacity. Head suggests that it can be more useful to think about whether policies are being 'well-managed', opposed to 'solved'. In this regard, the NT Government can be commended for recognizing the challenge of secondary supply and investing in initiatives to enhance knowledge and change attitudes. The NT Government established the Alcohol Policing Unit in October 2018 with a main objective to tackle secondary supply through education campaigns in communities. In August 2019, it was reported that 17,000 L of alcoholic beverages marked for illegal secondary supply had been seized by NT Police (Department of Health, 2019a). These strategies being implemented by the NT Government arguably go some way to address the complex and diverse socio-cultural context, as well as the large geographic disparities across the NT. Importantly, the need to collaborate with, and recognise the perspectives of, different stakeholders and communities is integral to addressing wicked problems. Here, more can be done to recognise the sociocultural differences, and to develop strategies in collaboration with key stakeholder groups, including banned drinkers, family members, health professionals, and local stakeholders.

Although the BDR is proposed as a universal measure, various sources suggest that, whether real or perceived, the BDR is targeted toward Aboriginal people. Academic and media commentaries have debated and critiqued Government's alcohol policies for being discriminatory and racist toward the Aboriginal population (d'Abbs, 2012; d'Abbs et al., 2019; Ennis & Finlayson, 2015). This is reflected in the disproportionate number of Aboriginal people on the BDR when compared to the total NT population (Smith, 2018), perhaps a result of the dominant referral pathways being from police and courts, where disproportionate representation is also noted. We are not suggesting that problematic alcohol consumption is limited to Aboriginal and Torres Strait Islander people. Quite the contrary. Evidence suggests that problem drinking in the NT traverses both Aboriginal and non-Indigenous populations. However, it appears that alcohol policy interventions are implicitly, and perhaps disproportionately, targeting harmful drinking among

Aboriginal people. Targeting resources to more disadvantaged populations is common in liberal welfare states, despite the fact that evidence shows this approach does not support more equitable outcomes (in Carey & McLoughlin, 2016). However, there are alternatives to residual, targeted approaches which recognize sociocultural differences within a universal approach to social and health policy, namely positive selectivism and particularism (Carey & McLoughlin, 2016, p. 155). Carey and Crammond's (2014) work is useful to think through how this might be considered in a positive way from a policy perspective. In particular, they propose different layers of universalism that are designed to recognise diversity and respond to needs of particular groups. 'Positive selectivism', they explain, 'creates a more decentralized model, where state-funded agencies embedded in communities are sensitive to, and can cater for, difference and diversity'. This approach has the possibility of meeting some of the barriers associated with the design of the policy instruments. Another model, 'particularism', may be well-suited to address some of the cultural barriers associated with the implementation context, with its capacity to 'address differences between individuals on the basis of diversity of needs, moral frameworks and social expectations'. Furthermore, it 'requires an appreciation of the different social identifies of different groups' including a better understanding of their values, wants, norms, and needs (pp. 305–306).

Overall, it is concluded that there are limitations of the current policy instruments to address secondary supply. These include the challenge of ascertaining the point at which secondary supply takes place. This barrier to preventing secondary supply can be partly addressed through enhanced education campaigns to relevant stakeholders and the public about what constitutes secondary supply, its legal implications, and the social and health implications for those on the BDR. Over time, this may also require harsher penalties for those engaged in secondary supply activities. However, beyond these practical areas for improvement, the findings overwhelmingly point to the cultural barriers of preventing secondary supply in the context of the BDR. In particular, it is essential that the geographical, cultural, and societal contexts are central to analyses about its effectiveness, and strategies for improvement.

## 5 | KEY POINTS

- The NT experiences a distinct range of issues related to the secondary supply of alcohol.
- Examples from participants illustrate limitations in the way the BDR can be used as a tool to address secondary supply.
- The NT context poses additional practical challenges for charging offenders of secondary supply because of local restrictions.
- Our findings demonstrate how specific practices and values of Aboriginal culture are at odds with addressing secondary supply within the NT policy context.
- It is critical that we consider other approaches of reducing supply to and demand by people who misuse alcohol.

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## CONFLICT OF INTEREST

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## ETHICAL STATEMENT

Ethics approval was granted by the NT Department of Health and Menzies School of Health Research Human Research Ethics Committee (HREC 2019-3287) and the Central Australian Human Research Ethics Committee (CAHREC 19-3358).

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## ENDNOTES

<sup>1</sup> East Arnhem Region was not consulted, due to the relationship of the permit system to BDR operations, as per NT Government advice.

<sup>2</sup> Excluding the industry focus group ( $n = 3$ ), total number of TA participants is 63.

<sup>3</sup> A brand of cheap wine.

<sup>4</sup> Living in the long grass, or long grassing, refers to Aboriginal people who sleep rough in parks and bushland in urban centres.

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