Evidence that the Northern Territory’s minimum price targets heavy alcohol consumption.

NICHOLAS TAYLOR¹, PETER MILLER¹, KERRI COOMBER¹, MICHAEL LIVINGSTON², HENG JIANG³, PENNY BUYKX⁴, DEBBIE SCOTT⁵, RYAN BALDWIN¹, TANYA CHIKRITZHS²

¹School of Psychology, Deakin University, Waterfront Campus, Geelong, Australia,, ²National Drug Research Institute, Curtin University, Perth, Australia,, ³Centre for Alcohol Policy Research, La Trobe University, Bundoora, VIC 3086, Australia,, ⁴School of Humanities and Social Science, The University of Newcastle, Newcastle, Australia,, ⁵Monash University, Turning Point Alcohol and Drug Centre, Melbourne, Australia.

Presenter’s email: nicholas.t@deakin.edu.au

Introduction and Aims: The Northern Territory (NT) government introduced a minimum unit price (MUP) of $1.30 per standard drink (10g pure of alcohol) explicitly aimed at reducing heavy alcohol consumption from October 2018. We aimed to assess the impact the of the NT MUP on drinker’s alcohol expenditure.

Method: Participants took part in a 45-item phone survey between July 18 and August 9, 2019. Participants reported how frequently they consumed alcohol, and how much they consumed in a drinking session. Participants reported their preferred brand of alcohol, the cheapest advertised price per standard drink of each brand was collated from the online catalogues of the two biggest alcohol retailers in the NT, before and after MUP introduction. This was used to estimate the average annual alcohol expenditure of each participant. Participants were split by adherence to the National Drinking Guidelines (520 standard drinks annually or no more than 10 SD per week).

Results: Consumers that drank within the guidelines had an average annual alcohol expenditure of $327.50, this increased by $3.44 (1.05%) after the implementation of the MUP. Consumers that drank over the guidelines had an annual alcohol expenditure of $2890 and saw an average increase of $138.22 (4.78%) after the MUP.

Discussions and Conclusions: The results demonstrate the that the MUP had a more substantial on heavy consumers. This finding should help address community concerns that the MUP unduly targeted non-problematic alcohol consumption.

Disclosure of Interest Statement: This study was funded by the Hospital Research Foundation, managed by the NT Department of Health. Nicholas Taylor receives funding from Australian Research Council and Australian National Health and Medical Research Council, the Northern Territory government, and a research grants from the Queensland government. Peter Miller receives funding from Australian Research Council and Australian National Health and Medical Research Council, grants from NSW Government, National Drug Law Enforcement Research Fund, Foundation for Alcohol Research and Education, WA Police, Cancer Council Victoria, Central Australian Aboriginal Congress, Northern Territory government, Australian Rechabites Foundation, Northern Territory Primary Health Network, Lives Lived Well, Queensland government and Australian Drug Foundation, travel and related costs from Queensland Police Service, Queensland Office of Liquor Gaming and Racing, ABC, and the Australasian Drug Strategy Conference. He has acted as a paid expert witness on behalf of a licensed venue and a security firm. Michael Livingston has received funding from the Australian Research Council, the Australian National Health and Medical Research Council, The Foundation for Alcohol Research and Education, The Victorian Health Promotion Foundation, the Queensland Mental Health Commission, Systembolaget, The Victorian Responsible Gambling
Foundation, The Sax Institute, The Raine Medical Research Foundation, HealthWay, The WA Mental Health Commission and The Australian National Preventative Health Agency. He is an investigator on an ARC Linkage Grant that involves contributions from Central Australian Aboriginal Congress, Northern Territory government, Australian Rechabite Foundation, Northern Territory Primary Health Network.

Debbie Scott receives grant funding from Google.org, the Australian Institute of Health and Welfare, the Commonwealth Department of Health and the Victorian Department of Health and Human Services.

Kerri Coomber receives funding from Australian Research Council and Australian National Health and Medical Research Council, grants from the Foundation for Alcohol Research and Education, Cancer Council Victoria, Central Australian Aboriginal Congress, Northern Territory government, Australian Rechabites Foundation, Northern Territory Primary Health Network, Lives Lived Well, and the Queensland government.

Penny Buykx has received funding from Cancer Research UK, Public Health England, National Institute of Health Research (NIHR), Health Scotland, Alcohol Research UK, the Northern Territory Government, and the Sax Institute, in the past 5 years. No interest to declare.

Tanya Chikritzhs’ research is primarily funded by the Australian Government’s core grant to the National Drug Research Institute under the Drug and Alcohol Program. In the past 10 years, she has received additional funding for research administered by NDRI from other government and competitive grant agencies including the: National Health and Medical Research Council (NHMRC), Australian Research Council (ARC), Healthway, WA, SA and Qld Governments, Australian National Preventative Health Agency, National Drug Law Enforcement Research Fund and the National Institutes of Health (US). She is a member of the board of directors for the Alcohol and Drug Foundation. She has never accepted or received project funding from an alcohol or tobacco company.

Heng Jiang is funded by Australian Research Council (ARC) and Australian National Health and Medical Research Council (NHMRC), the Foundation for Alcohol Research and Education and he has received funding from Queensland Government, Healthway, WA, Victorian Health Promotion Foundation and Department of Justice Victoria.