

# **WESTERN AUSTRALIAN ALCOHOL PLAN**

---

**2006 - 2009**

# CONTENTS

Why Have an Alcohol Plan? .....  
The Context of the Alcohol Plan .....  
Who is the Alcohol Plan for? .....  
Building on Past Achievements .....  
About the Alcohol Plan .....  
Explanation of Terms.....

**KEY STRATEGIC DIRECTION ONE:**

***HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION***

Strategy Area 1: Early Childhood Intervention .....  
Strategy Area 2: Implement Evidence-based Primary and Secondary School Drug Education.....  
Strategy Area 3: School Organisation and Behaviour Management to Encourage  
Positive Interactions and Development at School.....  
Strategy Area 4: Managing Access to Alcohol in Private Settings for Young People.....

**KEY STRATEGIC DIRECTION TWO:**

***COMMUNITY ACTION TO SUPPORT RESPONSES TO ALCOHOL-RELATED PROBLEMS***

Strategy Area 1: Community Action in Relation to Local Alcohol Problems.....  
Strategy Area 2: Media-based Community Awareness Programs.....

**KEY STRATEGIC DIRECTION THREE:**

***RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL***

Strategy Area 1: Enforcing Laws that Prohibit Drinking Under the Age of 18 years.....  
Strategy Area 2: Responsible Alcohol Service with Enforcement of Liquor Licensing Laws.....  
Strategy Area 3: Outlet Density.....  
Strategy Area 4: Outlet Trading Hours.....  
Strategy Area 5: Taxation.....  
Strategy Area 6: Alcohol Advertising and Price Discounting.....  
Strategy Area 7: Alcohol Management in Aboriginal Communities.....  
Strategy Area 8: Prevention of Alcohol-related Road Trauma.....  
Strategy Area 9: Responsible Access and Supply of Alcohol in Unlicensed Settings.....

# CONTENTS

---

## **KEY STRATEGIC DIRECTION FOUR:**

### ***ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS***

Strategy Area 1: Treatment and Support for Alcohol-related Problems and Dependence.....

Strategy Area 2: Health Service Reorientation to Increase Use of Screening and Brief Interventions.....

Strategy Area 3: Diversion and Other Judicial Programs for Offenders with Alcohol-related Problems.....

## **KEY STRATEGIC DIRECTION FIVE:**

### ***INFORMATION, MONITORING AND EVALUATION OF THE ALCOHOL PLAN***

Strategy Area 1: Information about Alcohol-related Problems.....

Strategy Area 2: Monitoring Alcohol Plan Progress.....

IMPLEMENTATION OF THE WESTERN AUSTRALIAN ALCOHOL PLAN.....

GOVERNMENT ACTION PLAN 2006-2009.....

REFERENCES.....

# THE WESTERN AUSTRALIAN ALCOHOL PLAN

## WHY HAVE AN ALCOHOL PLAN?

Western Australians are concerned about the problems that arise from hazardous and harmful alcohol use\* and have identified alcohol as the community's primary drug of concern.

In moderation, alcohol is consumed and enjoyed by many Western Australians. However, while there are benefits, hazardous and harmful alcohol use make significant contributions to crime, social disruption, family breakdown and violence, injury, lost labour and productivity, property damage, road crashes and health costs.

The Western Australian Alcohol Plan (Alcohol Plan) aims to reduce the impact that hazardous and harmful alcohol use have on the community by providing a common framework based on the evidence of effective practice.

The Alcohol Plan is an important step towards a culture of responsible alcohol use. Social values and standards influence how alcohol is consumed and the resulting behaviour. A society that accepts excessive alcohol use is a contributing factor to levels of alcohol-related problems in the community. A sustainable decrease in the problems caused by alcohol can therefore be achieved by changing the culture in Western Australia to support safer drinking environments and practices.

The Alcohol Plan seeks to improve the health, well-being and safety of the community and offers the people of Western Australia the opportunity to reduce alcohol-related problems including:

- the number of people in hospital beds;
- presentations to emergency departments;
- crime;
- assaults;
- road trauma;
- domestic violence;
- family disruption; and
- property damage.

\* Hazardous alcohol use: A pattern of use that increases the risk of harmful consequences for the user. In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user. Put simply, hazardous use means it is more likely the drinker will experience harm. (World Health Organisation, 1994)

\* Harmful alcohol use: A pattern of use that is causing damage to health, which may be physical (e.g. liver cirrhosis, cancer) or mental (e.g. depressive episodes related to heavy alcohol intake) and typically occurs over the medium to long term. Harmful use commonly, but not in all cases, has negative social consequences. Put simply, harmful use means the drinker is already experiencing harm.

---

## **THE CONTEXT OF THE WESTERN AUSTRALIAN ALCOHOL PLAN**

The Alcohol Plan is an initiative of the *Western Australian Drug and Alcohol Strategy 2005-2009*. The plan was developed in consultation with key government and community-based agencies and groups. The commitment of government agencies is detailed within the action plan section of the Alcohol Plan.

The Alcohol Plan encourages existing and new partnerships involving government, non-government and community organisations. All of the strategies documented in this plan are complementary and evidence-based. National and international literature on effective prevention and treatment strategies for alcohol-related problems in conjunction with consensus expert advice form the basis of evidence.

The Alcohol Plan has been developed in the context of other key documents such as the *Western Australian Drug and Alcohol Strategy 2005-2009*, the *National Alcohol Strategy*, *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009* and the *Drug and Alcohol Office's Strategic Framework for Enhancing Access to Treatment and Support Services*.

Reporting on the Alcohol Plan will be integrated with existing and future reporting requirements of the *Western Australian Drug and Alcohol Strategy 2005-2009*.

## **WHO IS THE WESTERN AUSTRALIAN ALCOHOL PLAN FOR?**

The Alcohol Plan is for the government and non-government sectors and those involved in community-based activity both state-wide and locally.

There are those who are at greater risk of experiencing alcohol-related problems and harm within the community. The Alcohol Plan takes a whole-of-population approach, incorporating those at higher risk by creating environments that protect against those factors known to create problems. That is, by implementing the Key Strategic Directions a benefit is expected to flow to the entire population, including at-risk groups such as children and young people, families, people from rural, regional and remote communities, people with co-occurring mental health and drug and alcohol problems, Aboriginal people and their communities, and culturally and linguistically diverse populations.

There are also other government strategies, policies and programs that are complementary to the Alcohol Plan, and which will contribute to reducing alcohol-related problems. For example, there are strategies that address issues such as family and domestic violence (*The Western Australian Family and Domestic Violence State Strategic Plan*), road safety (*Arriving Safely*), community safety (*Community Safety and Crime Prevention Strategy*) and those that target community groups such as Aboriginal people (*Strong Spirit, Strong Mind: The Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009*).

# THE WESTERN AUSTRALIAN ALCOHOL PLAN

## **BUILDING ON PAST ACHIEVEMENTS**

The Alcohol Plan builds on a number of evidence-based achievements that have already had an impact on reducing alcohol-related harm in Western Australia, many of which will continue in the future.

There are a number of successful collaborative prevention initiatives that have been implemented in this state. Examples include: the introduction of random breath testing; responsible service of alcohol training programs; media-based social marketing programs such as Respect Yourself; amendments to the Western Australian Liquor Licensing Act that promote harm minimisation; and the Leavers Live program for school leavers.

More recently, early intervention initiatives such as Best Beginnings - Intensive Home Visiting Services have targeted the factors that contribute to protecting against later alcohol and other drug problems.

There are numerous examples of treatment and support initiatives that have had an impact on the reduction of alcohol-related harm in Western Australia, such as: the Alcohol and Drug Information Service and the Parent Drug Information Service; government and non-government treatment services such as Next Step; the South and North Metropolitan Drug and Alcohol Centres; Community Drug Service Teams; non-government alcohol and other drug services including residential rehabilitation; sobering up centres; and brief intervention programs in health settings.

There has also been a significant commitment to workforce development such as alcohol and other drug training in undergraduate and postgraduate courses in the tertiary sector.

The collection of timely information and research has been instrumental in developing a more informed approach to reducing alcohol-related problems in Western Australia. Collection of wholesale alcohol sales data and drink driving-related data are examples of information and research initiatives that have been undertaken.

---

## ABOUT THE WESTERN AUSTRALIAN ALCOHOL PLAN

There are five Key Strategic Directions within the Alcohol Plan. These outline proven, effective measures that reduce alcohol-related problems and are relevant to all at-risk groups:

1. Helping young people avoid high-risk alcohol consumption.
2. Community action to support responses to alcohol-related problems.
3. Responsible supply and service of alcohol.
4. Enhancing access to treatment and support for people affected by alcohol-related problems.
5. Information, monitoring and evaluation.

The Key Strategic Directions have been chosen based on evidence of the most effective approaches to achieve reductions in alcohol-related problems.

For each of the five Key Strategic Directions there is a brief introduction that explains what the direction is about and why it has been chosen. This is followed by the general outcomes that should be achieved by working within the particular Key Strategic Direction.

Under each Key Strategic Direction there are also a number of Strategy Areas. Strategy Areas are groupings of action that will help to achieve the goals of the Key Strategic Direction. Each Strategy Area is described and followed by a list of Key Considerations for Implementation.

The Key Considerations include a summary of key research findings that outline the current evidence base from which Key Strategic Directions and Strategy Areas are derived. This is followed by a list of commitments by government (Key Government Initiatives) as well as recommended evidence-based initiatives that could be developed and implemented at a community level.

### EXPLANATION OF TERMS

**Key Strategic Direction** - An area of work selected on the basis that there is a need combined with evidence about what is an effective response. All five Key Strategic Directions relate to each other and are complementary.

**Outcomes** - A guide to what could be achieved locally by implementing the Key Strategic Direction.

**Strategy Area** - Activity areas identified as a priority for implementation within the Key Strategic Direction.

**Key Considerations for Implementation** - A summary of supporting evidence for the approach that will make initiatives within the Strategy Area effective.

**Key Government Initiatives** - An example of key tasks that will be undertaken or led by government agencies in cooperation with other agencies or groups. This includes non-government agencies receiving government alcohol and other drug funding.

**Community** - Within each Key Strategic Direction the Alcohol Plan suggests key actions that could be undertaken within communities by interested groups and individuals at a local level.

# THE IMPACT ON THE COMMUNITY

Hazardous and harmful alcohol use have a detrimental effect upon the broad Western Australian community. In many instances, these problems are obvious, affecting friends, family and other people whom we know. They may also be indirect, delaying access to services such as police and emergency departments in hospitals. Resources may be diverted to deal with alcohol-related problems, and costs of services, such as insurance and local government rates, may increase due to property damage and harm to others.

- The social cost of alcohol problems for Western Australia was conservatively estimated at more than \$750 million for the financial year 1998/99.<sup>1</sup>
- Between 1985 and 2001 it was estimated that an average of 315 Western Australians per year died from risky or high risk alcohol use.<sup>2</sup>
- In 2001, alcohol was responsible for a total of 8,196 hospital admissions and 43,238 bed days in Western Australia.<sup>3</sup>
- Rates of alcohol-caused death and hospitalisation are higher in non-metropolitan than metropolitan areas in Western Australia.<sup>4</sup>
- The Western Australian Taskforce on Domestic Violence found that 42% of domestic violence incidents involved alcohol. However, alcohol is not an excuse for violence.
- The Gordon Inquiry found hazardous and harmful alcohol use to be significant contributing factors in family violence in Indigenous communities.<sup>5</sup>
- Drink driving contributes to one in four fatal crashes in Western Australia.<sup>6</sup>
- In 55% of all pedestrian fatalities in 2001, the deceased had a blood alcohol content of at least 0.05 and 35% were at least 0.15.<sup>7</sup>
- In any one year, alcohol-related problems are experienced by 27% of the working population.<sup>8</sup>
- A 2004 survey of Western Australians aged 16 years and over found:
  - 46% said that they had personally suffered, or a family member or friend had suffered, because of the actions of someone who was drunk. Two-thirds of these said the incident was extremely or very serious.
  - 30% said they had been verbally abused by a person affected by alcohol in the past 12 months, 9% had been physically abused, and 18% had been put in fear.<sup>9</sup>
- The number of alcohol-related assaults in Western Australia increased by 52% from 1991/92 to 1997/98.<sup>10</sup>
- Up to 90% of police work is alcohol-related during late night and early morning hours.<sup>11</sup>
- In 2000, there were 17,468 admissions (65% males) to the ten sobering up centres in WA.<sup>12</sup>
- Problems related to alcohol use can be compounded when alcohol is used in combination with other legal and illegal drugs.
- Hazardous and harmful alcohol use accounts for:
  - 50% of deaths from assault
  - 44% of deaths from fire injuries
  - 34% of falls and drownings
  - 23% of liver cirrhosis
  - 18-24% of mental health disorders
  - 16% of child abuse deaths
  - 12% of suicides
  - 11% of cardiovascular disease
  - 10% of industrial accidents<sup>13</sup>



---

# KEY STRATEGIC DIRECTION ONE:

## HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION

---

While per capita alcohol consumption has declined in Australia over the past 20 years, more young people are drinking alcohol, drinking at an earlier age and adopting high risk drinking patterns. They lack experience of drinking and the effects of alcohol and often take part in a range of risk-taking behaviours. In combination, these factors significantly increase the risk of alcohol-related injury, anti-social behaviour, poisoning, accidental death and other alcohol-related problems for young people.

Research consistently demonstrates the importance of early childhood development as a critical stage in the prevention of problems in later life, including alcohol-related harm. Connectedness to adults, connectedness to school, and connectedness to the community can act as protective factors and reduce risk.

It is important to help delay the uptake of alcohol by young people to reduce the prevalence of high-risk patterns of alcohol consumption. Evidence-based school drug education can have a positive impact in preventing and reducing subsequent hazardous and harmful alcohol use among youth.

### OUTCOME

- *Reduction in the onset of high-risk patterns of alcohol consumption during adolescence and beyond.*

## STRATEGY AREA 1: EARLY CHILDHOOD INTERVENTION

There are a number of factors that either place a child at risk of, or protect them from, developing alcohol-related problems later in life. The impact of each of these risk and protective factors varies depending upon the phase of development of the child. Healthy family life during early childhood is emerging as a critical influence that can build resilience and reduce the risk of a range of subsequent social and behavioural problems, including how alcohol is used. School, peer and community factors can also be modified to improve the social and emotional well-being of children, which in turn can protect against future hazardous and harmful alcohol use and other social and health problems.

Many of the factors that contribute to alcohol-related problems are common to other problems, including poor mental health, conduct disorders and antisocial and criminal behaviours. By focusing on these factors, efforts to reduce problems in one area are likely to also have an effect on other problems.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Between each phase of childhood development there is a transition period. Successfully negotiating transition is important for coping with the next phase of development. The main identified periods are:
  - infancy;
  - the move from family care to childcare;
  - childcare to pre-school;
  - entering school; and
  - moving from primary to secondary school.<sup>14</sup>
- The transition from primary school to secondary school is associated with an increase in alcohol use. This suggests that predisposing factors to alcohol use are established by the end of primary school and that interventions such as parenting programs should be implemented early.
- It is critical to establish formalised collaboration and joint action on programs to promote mental health and resilience across various health domains, education, community and human services, justice, police, youth agencies and services for Aboriginal people.
- There are protective mechanisms that can counter risk factors and are developed through the ways in which people deal with life changes. Resilience is described as an individual's response to risk, which alters with changing circumstances.
- Interventions should build upon protective factors whilst working to reduce the presence of risk factors. The quality of the family environment is a critical element.
- There is some evidence that physical and emotional maltreatment of children and sexual abuse are more common in families in which hazardous and harmful alcohol use occur.<sup>15,16</sup>

Examples of risk factors include but are not limited to:

- **Family** (parenting practices including inconsistent discipline, nature of maternal interaction with children, low parental expectations of achievement, family conflict, low bonding to family, early and persistent behaviour problems and nature of family modelling and attitudes to alcohol use).
- **School** (academic failure, a low degree of commitment to school).
- **Peers** (peer rejection and association with alcohol-using peers).

Examples of protective factors include but are not limited to:

- **Individual child factors** (social and emotional competence, problem solving skills, high educational aspirations and attainment).
- **Family factors** (cohesive family unit, parent-child attachment, high parental supervision and monitoring).
- **School factors** (good teacher relations).

### EXAMPLES OF EVIDENCE-BASED INITIATIVES

The Triple P Positive Parenting Program is the most common parenting program in Australia and is derived from more than 15 years of research. There are five levels of the program provided to accommodate the differing severity in disrupted family functioning or child behaviour problems. At Level 1, universal media-based information campaigns are provided and at Level 5, individually tailored programs are provided to address more severe dysfunction. The program is well supported through training events and a wide range of professionally developed materials.<sup>17</sup>

Evaluation of the Triple P Program has shown that the parenting skills used in the program produce predictable decreases in child behaviour problems, which have been maintained over time. Several studies show that these improvements in child behaviour are paralleled by improvement in parental adjustment. The Triple P Program has also been shown to be effective with several different family types.<sup>18</sup>

### KEY GOVERNMENT INITIATIVES

- Support existing effective strategies and programs targeting early childhood intervention, such as:
  - *Universal Offer of a Home Visit* - a child health nurse visits new mothers with their baby upon request. An assessment of risk and protective factors and child development occurs. The child health nurse together with the parent develops a plan of care outlining frequency of visits, venue and referral needs.
  - *Best Beginnings - Intensive Home Visiting Services* - expectant parents and parents of children aged 0 to 2 years who are identified as high risk are provided with an intensive home visiting program by professional parent support workers.
  - *The Early Years Strategy* - focuses on the well-being of children through local services and other supports for young children, their families and carers. It contributes to children's optimal early development and supports positive parenting. The strategy promotes community action and capacity building in the development and delivery of services for young children (0-8 years).
  - *School Drug Education Road Aware Early Childhood Drug Education Teacher Support Package* – resilience education for Kindergarten to Year 3 students.
- Create and strengthen structures to support collaboration between government departments concerned with the well-being of children and that impact on the presence of risk factors such as housing and employment.
- Further research to gain better understanding of the association between hazardous and harmful alcohol use in families and physical and emotional maltreatment of children, and sexual abuse.

**Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives communities could undertake include:**

- supporting regional implementation of programs that target early childhood intervention as outlined above (e.g. home visiting services for disadvantaged families);
- developing and improving local partnership programs across sectors in the health and human services sector that impact on early childhood well-being;
- providing professional development programs for workers dealing with families to ensure improved identification and management of at-risk children; and
- community groups and agencies supporting locally-relevant innovative activities that support early childhood development.

## STRATEGY AREA 2:

### IMPLEMENT EVIDENCE-BASED PRIMARY AND SECONDARY SCHOOL DRUG EDUCATION

The term 'school drug education' is used to describe alcohol and other drug-related prevention and reduction activities that target school-aged children by both classroom teachers and other professionals in a school environment.

Sound evidence-based school interventions can change existing and future alcohol consumption and reduce the risk of developing alcohol-related problems. While the change is small, it occurs over the entire population so the overall benefit of good programs can be large if widely implemented.

Some of the key evidence-based components of effective school drug education are: ensuring that lesson content and scenarios are based on the experiences of young people; testing the intervention prior to implementation; offering 'booster' sessions in later years; providing interactive activities; providing teacher training; adopting a harm minimisation approach; and focusing on effecting behaviour change rather than influencing knowledge and attitudes.<sup>19</sup>

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- It is important to be aware of the difference between those programs that are simply well known or generally accepted and those that bring about meaningful change.
- Programs should be in line with national best practice as outlined in the Twelve Principles for School Drug Education 2003:
  1. Base drug education on sound theory, research, reflective practice and evaluation.
  2. Embed drug education within a comprehensive whole-of-school approach to promoting health and well-being.
  3. Establish clearly identified educational outcomes for drug education that contribute to the overall goal of minimising harm associated with drugs.
  4. Promote a safe, supportive and inclusive school climate as part of providing effective school drug education.
  5. Seek parent and community involvement to ensure a comprehensive multifaceted approach that promotes consistent messages and strong partnerships, services and networks.
  6. Provide culturally secure, targeted, responsive drug education to address local needs.
  7. Acknowledge that drug use involves a complex interrelationship of risk and protective factors.
  8. Use consistent policy and practice for informing and managing responses to drug-related incidents and risks.
  9. Locate drug education within a curriculum framework providing timely, developmentally appropriate and ongoing education.
  10. Ensure teachers are resourced and supported in their central role in delivering drug education programs.
  11. Use student-centred, interactive strategies for developing students' knowledge, skills, attitudes and values.
  12. Provide accurate and relevant information and learning activities that debunk myths about drug use and focus on real life contexts and challenges.<sup>20</sup>
- Outside educators going into schools should, alongside teachers:
  - ensure that any drug education program is consistent with the current state curriculum framework as well as the Twelve Principles for School Drug Education;
  - ensure sessions are policy-based, age appropriate, linked to the school community and appropriate to the different needs of their target group; and
  - be part of ongoing, long-term programs, rather than one-off sessions.

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

The School Health and Alcohol Harm Reduction Project (SHAHRP)

The SHAHRP research study uses evidence-based, classroom alcohol education lessons to reduce alcohol-related harm in young people. It combines 13 classroom lessons over a two-year period with long-term measures of alcohol-related harm to assess change in the students' alcohol-related experiences. The lessons assist students by enhancing their ability to identify and use strategies that will reduce the potential for harm in drinking situations and that will assist in reducing the impact of harm once it has occurred.

Student outcomes were assessed at eight, 20 and 32 months. Over the 32-month period of the study, students who participated had a 10% greater alcohol-related knowledge, consumed 20% less alcohol, were 19.5% less likely to drink to hazardous or harmful levels and experienced 33% less harm associated with their own use of alcohol than did the control group.<sup>21</sup>

### KEY GOVERNMENT INITIATIVES

- Support evidence-based school drug education by:
  - implementing and supporting K-12 drug education curriculum materials within the context of a whole-of-school (health promoting school) framework;
  - providing comprehensive training and ongoing support for teachers of drug education in schools;
  - supporting schools to develop policies and guidelines for a whole-of-school approach to drug/health education and ensure the effective management of drug use problems for all schools;
  - improving support for schools to better manage children affected by alcohol and other drug problems through the In-Touch program;
  - promoting parent and community participation in the development and implementation of drug education programs, policies and protocols; and
  - developing strategies to ensure that effective school drug education is sustainable.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- encouraging school involvement in evidence-based school drug education;
- setting behavioural outcomes for any drug education session or program. That is, setting outcomes that demonstrate the applied knowledge of the student;
- schools developing alcohol and other drug policies; and
- schools and treatment sector agencies continuing to work closely to identify and manage students at risk of alcohol and other drug use.

## STRATEGY AREA 3:

### SCHOOL ORGANISATION AND BEHAVIOUR MANAGEMENT TO ENCOURAGE POSITIVE INTERACTIONS AND DEVELOPMENT AT SCHOOL

During school years, particularly during primary school, interactions with others at school can play an important role in the development of a student's identity and social ability, which in turn has an impact on risk and protective factors relating to existing and future hazardous and harmful alcohol use.

School organisation is a term used to describe the framework and processes used to identify and manage problems experienced by students to create a safe and positive school environment.

Effective school organisation and behaviour management can encourage positive relationships at school, ensure effective discipline and maximise learning opportunities in order to reduce risk factors for alcohol use. Long-term improvements to development are achievable by implementing these interventions.<sup>22</sup>

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Interventions aimed at improving primary school social environments can have positive impacts in relation to youth alcohol use.<sup>23</sup>
- Secondary school organisation and behaviour management practices may influence youth alcohol use.<sup>24</sup>
- Early peer rejection has been shown as a strong predictor of later problem behaviour. This rejection (social exclusion) may result from aggression and conduct disorders or behaviours. Such exclusion can lead to children gravitating towards other alienated children, thus reinforcing their behaviours and attitudes. These shared attitudes and behaviours need not be alcohol specific, but may relate to more general tendencies such as being aggressive and antisocial, which are risk factors for future hazardous and harmful alcohol use.<sup>25</sup>
- Increasing a sense of belonging at school and reducing experiences of victimisation while focusing on improving social connections and life skills can reduce risk factors for alcohol-related problems.<sup>26</sup>

#### EXAMPLE OF EVIDENCE-BASED INITIATIVE

The Gatehouse Project (Victoria)

This program was designed to build the capacity of schools to promote adolescent emotional well-being and prevent negative health outcomes such as alcohol and other drug use, depression and youth suicide. It provides schools with strategies to (a) increase the connectedness of students to school and (b) increase students' skills and knowledge for dealing with everyday life changes.

Evaluation of the work in 26 schools has demonstrated the potential to substantially reduce sickness and disease related to the use of tobacco, alcohol and illicit drugs by young people.

(<http://www.rch.unimelb.edu.au/gatehouseproject>)

## KEY GOVERNMENT INITIATIVES

- Support effective strategies that adopt school organisation and behaviour management approaches such as:
  - *Students at Educational Risk Strategy*
    - Retention and Participation - initiatives to improve attendance, retention and participation of students alienated from school.
    - Behaviour Management and Discipline - addresses the issue of class sizes and challenging behaviour for students in Years 8 and 9.
    - Pathways to Health and Well-being in Schools - to improve the mental health and well-being of all members of the school community.
  - *MindMatters* - a mental health promotion program involving all education systems and sectors for secondary schools developed under the National Mental Health Strategy.
  - *Aussie Optimism Program* - a school-based mental health promotion program that provides students with strategies that build their resilience and coping skills, assisting them in making a successful transition to high school.
  - The development of a Safe Schools Framework within schools.

**Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:**

- encouraging and supporting schools to increase involvement in programs that improve school organisation and behaviour management;
- developing policy and procedures in schools to prevent and reduce the incidence of 'bullying' and increase connectedness to schools; and
- utilising school facilities for community purposes to develop school connectedness.

## STRATEGY AREA 4:

### MANAGING ACCESS TO ALCOHOL IN PRIVATE SETTINGS FOR YOUNG PEOPLE

In Australia, it is illegal to consume alcohol under the age of 18 years on licensed premises. Uncontrolled or poorly supervised access to alcohol at a young age can lead to harm. Managing access to alcohol by young people can prevent harmful drinking patterns from developing and reduce the risks and harms that result from hazardous and harmful alcohol use at an early age.

There are duty-of-care issues, legal responsibilities and actions that will minimise the risk of problems that private setting hosts, parents and other care-givers should be aware of when planning a function where alcohol and young people are present.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Harm from alcohol-related road crashes, violence and injury is disproportionately experienced by young people in Australia.<sup>27</sup> By preventing uncontrolled access to alcohol, the risk of harm can be reduced.
- Western Australian research has shown that the most common single source of alcohol for all students who had consumed alcohol in the past week was parents (36%), particularly among younger students. Just over two thirds of 12-year-old current drinkers obtained their last alcoholic drink from their parents, compared to one third of 14-year-olds and approximately one in five 17-year-olds.<sup>28</sup>
- Early initiation to alcohol use in childhood or early adolescence leads to more frequent and higher amounts of alcohol consumption in mid-adolescence and this pattern of use has been associated with the development of alcohol-related harms in adolescence and adulthood.<sup>29</sup>
- Parents are important role models and parental behaviours and attitudes towards alcohol use can have an impact on the way children use alcohol.
- Findings suggest that prevention targets might include delaying the age of first alcohol use, though further research in the Australian context is needed.<sup>30</sup>
- Targeted interventions in Australia to teach young people strategies to minimise harms and avoid risks associated with alcohol show some evidence for success. Such strategies in conjunction with other public health initiatives have been associated with reductions in levels of youth alcohol use.<sup>31</sup>
- It is important that parents and hosts of parties are aware of the risks involved with providing alcohol and allowing young people to drink. There are a range of actions that they can take to minimise harm from occurring if they do allow a young person in their care to drink in private settings.
- Alternative activities for young people need to be provided in a coordinated and comprehensive way that includes consultation with young people themselves. These initiatives work best as part of an overall community approach.



### EXAMPLE OF EVIDENCE-BASED INITIATIVE

In 2003, a collaborative approach on Rottnest Island was taken to add value to previous initiatives to reduce alcohol-related harm and damage during the school leavers' period on the island. Key groups such as the police, Rottnest Island Authority, Drug and Alcohol Office, Department of Health, School Drug Education Road Aware project and volunteer groups worked together to implement a range of strategies in an attempt to prevent problems associated with uncontrolled access to alcohol and excessive drinking.

Initiatives included restrictions on the amount of alcohol being taken onto the island, glass restrictions, alternative activities, a chill out area from which educational information was provided, later opening times of liquor outlets, a dedicated area of the island for school leavers, and enforcement.

As a result of this approach, which included placing controls on access to alcohol, there was a significant reduction in presentations to the Nursing Post. There were 39 presentations for alcohol-related injuries compared to 118 the previous year, and three glass-related injury presentations compared to 59 the previous year.

### KEY GOVERNMENT INITIATIVES

- Establish strategies to assist parents to communicate effectively with their children about the consequences of hazardous and harmful alcohol use.
- Coordinate initiatives and targeted resources to inform parents and adults about their rights and obligations when providing alcohol to someone who is underage.
- Seek community input to develop strategies that prevent and reduce the problems associated with supplying alcohol to young people in unlicensed settings.
- Work with tertiary education institutions to minimise alcohol-related harm by developing policies to address high-risk practices in university settings.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- communities conducting a coordinated, comprehensive program for school leavers that involves a range of initiatives including harm minimisation, structural support, education and alternative activities; and
- creating or using established forums to work with parents and other caregivers about setting clear expectations for underage drinking in the community.

## **KEY STRATEGIC DIRECTION TWO:**

### **COMMUNITY ACTION TO SUPPORT RESPONSES TO ALCOHOL-RELATED PROBLEMS**

Community action occurs when a community develops, implements and maintains local solutions to respond to and prevent alcohol-related problems.

Effective and lasting change is more likely to occur when the people affected are part of the change process. Interventions need to encompass changes to the structures and operation of the community in a way that supports safer drinking practices and environments.

#### ***OUTCOME***

- ***Increased capacity and commitment of communities to take ownership and control of factors within their local environment that impact on alcohol-related problems.***

## STRATEGY AREA 1:

### COMMUNITY ACTION IN RELATION TO LOCAL ALCOHOL-RELATED PROBLEMS

Action taken at the national, state and local level can reduce alcohol-related problems within communities. For example, alcohol taxation is something that is instigated at a national level but affects the price of alcohol locally.

However, many initiatives to reduce alcohol-related problems require action from within communities. Effective responses by communities to these problems may need new action or the enhancement of existing action such as enforcement, planning and education.

There are many examples of communities taking ownership and control of factors within their local environment that

address alcohol-related problems. Typically, this has involved building awareness about the problems and effective interventions and developing the abilities of those within the community to implement planned action. Some of the alcohol-related problems that communities in Western Australia have addressed include:

- underage drinking;
- drink driving;
- family and domestic violence;
- property damage; and
- late night disturbances.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Alcohol problems are best considered in the context of the community systems that produce them rather than being limited to a specific target group or individual.
- Targeting communities as opposed to individuals is recommended because communities generally provide the structures through which alcohol is obtained (e.g. licensing systems, social values). Many costs associated with alcohol are also borne collectively at the community level.<sup>32</sup>
- Mobilising communities to implement structural, local policy change such as influencing licensing conditions and improving standards of service of alcohol can impact on local harm levels. There are regulatory systems in place that can assist communities to create safer environments. These systems allow community concerns to be raised and help resolve problems related to alcohol availability in a local area using a legal framework.
- Community action needs to be coordinated, well defined and based on evidence of other successful interventions. It involves coordinated participation with leaders and community members in a way that promotes a sense of local ownership for community-level change.<sup>33</sup>
- Community action is built over time, has periods of high and low activity and uses a combination of approaches. One-off activities will not usually have long-term benefits for the community.
- Community action can prevent and reduce alcohol-related problems through changes to policy and regulation by focusing on social, economic and/or physical environments related to hazardous and harmful alcohol use.<sup>34</sup>
- Effective community alcohol programs are ideally community-wide, organised and planned. Many involve a range of coalitions such as police, health services, drug agencies, local businesses and community groups that get together and carry out a range of complementary interventions.
- Appropriate training and support are necessary to enable community readiness and capacity to develop specific local strategies and interventions, and to pool resources across different stakeholder groups.
- Programs that involve community action as a means of achieving change and seek to give power to the community in decision making are more likely to be successful in changing accepted social norms around alcohol use and alcohol-related problems.<sup>35</sup>

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

In Western Australia, Bundiyarra Corporation, the peak body for the Aboriginal agencies in the town of Geraldton, coordinated an action against the building of a tavern near the site of an Aboriginal sports complex in an area where many Aboriginal families lived. The organisation was concerned that there would be an impact on family life and an increase in local alcohol-related problems if the tavern was built nearby.

The organisation worked with the local alcohol and drug treatment and support agency (COMPARI) which, after a community meeting in which it was agreed to oppose the licence, put in an objection to the licence. Five main strategies were used. These were:

- The collection of 1600 signatures on a petition opposing the tavern.
- The writing of submissions to the Geraldton City Council by individuals and groups.
- Talking with and lobbying individual councillors.
- The development of a media strategy (i.e. one press release a week and many letters to the editor of the local paper).
- Conducting a random survey of residents.

The community groups were successful in having the local planning permit for the hotel refused by the Geraldton City Council.<sup>36</sup>

### KEY GOVERNMENT INITIATIVES

- Develop and implement a community program that builds the ability of communities to develop evidence-based initiatives that target alcohol problems.
- Direct government community-related funding to support programs that develop safer drinking environments.
- Encourage and assist local government to support community action.
- Develop state-wide information sharing between community groups and agencies for the purpose of reducing alcohol-related problems.
- Identify regional resources to support communities to develop local evidence-based alcohol control initiatives.
- Examine and promote ways to help local communities to act where an alcohol-related problem is identified.
- Investigate the development of a centralised database of key measures of alcohol-related problems for use by communities.
- Support the establishment of a non-government community advocate for alcohol-related matters.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- identifying existing networks and groups in the community who might be concerned about alcohol-related harm;
- identifying the nature and extent of the problems in the local community (e.g. underage drunkenness, drink driving);
- conducting a forum or summit to discuss the problems associated with drunkenness in the community and raise awareness about the issue and possible solutions;
- establishing a mechanism for coordination (e.g. working group or coordinator) that provides a focal point for local planning and implementation of community action targeting the identified alcohol problem(s);
- developing and implementing local strategies to ensure responsible supply and service of alcohol; and
- utilising groups such as Voice (formerly the Community Advisory Council) that can raise issues of community concern regarding alcohol-related problems in Western Australia with government and other key influencers.

## STRATEGY AREA 2: MEDIA-BASED COMMUNITY AWARENESS PROGRAMS

Different forms of media such as television, radio, print and the internet are used in media-based community awareness programs to reach a large proportion of a target audience at once. Media-based initiatives can include paid (advertising) and unpaid (news, editorial and current affairs) approaches.

Media-based activity in itself is not enough to reduce hazardous and harmful alcohol use. However, it can be effectively used to raise awareness and change community acceptance of the associated problems. It can increase support, reinforce specific environmental efforts to reduce high risk, alcohol-related activities such as drink driving and drunkenness, and can be an important tool in community action.

In order to achieve long-term reductions in alcohol-related problems, changes to create safer drinking environments and practices are essential. Such changes are more likely to be effective if the community supports, understands and eventually demands them.<sup>37</sup>

Media-based initiatives therefore have a role in encouraging community debate, raising awareness and reinforcing environmental and structural efforts to reduce alcohol-related problems and harm in the community.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Previous media-based efforts in Western Australia have focused on reducing individual alcohol consumption and associated harm by addressing personal drinking attitudes and behaviours. While these programs have been successful in informing the community about the effects of alcohol and potential harms related to intoxication, they have had minimal impact on long-term behaviour change. However, by influencing individual attitudes and knowledge, these programs have laid an important foundation for the implementation of broader community-based initiatives targeting cultural and structural change which offer more sustainable prevention outcomes.<sup>38i</sup>
- Mass-media based activity is most effective when it forms part of a broader strategy that includes other activities, such as community development and community action, school and community education, enforcement, health promotion, policy development and implementation, and coalition building and lobbying.
- In order to have an impact on the high levels of alcohol-related harm experienced in the community, the broader drinking culture must be addressed.
- A reduction in alcohol-related harm can be achieved by making drinking settings (private and public) safer and changing the existing social norms that support excessive alcohol consumption.
- Mass media, used at a population level, has been shown to achieve cultural changes within the community by changing awareness about an issue, changing social norms and increasing support for safer settings.
- Mass-media strategies are most effective if:
  - modest achievable objectives are established;
  - evaluation methods are used to establish the target audience, appropriate messages, method and media type; and
  - they are part of a larger community-based program.
- Unpaid media advocacy can influence decision makers to achieve systemic change in the community. It involves building coalitions of key community groups and leaders in the community who, through the media, highlight and advance public health and safety issues relating to alcohol use.
- Local communication is best presented through local news media and can focus public attention on alcohol-related problems without having to use professionally produced material.<sup>39</sup>
- The portrayal of alcohol in the entertainment, infotainment and news media contributes to perpetuating or challenging the beliefs and attitudes that support drunkenness in the community. Media coverage of the problems associated with hazardous and harmful alcohol use will potentially contribute to community-wide improvements. This has been demonstrated in areas such as skin cancer and youth suicide.

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

In 2003 in Carnarvon (Western Australia), the media was used as part of a campaign to reduce alcohol-related harm during the high-risk period leading to Christmas. The campaign was implemented by a coalition of local stakeholders and included promotion of responsible drinking in licensed premises and structural changes to reduce risk.

Significant work was undertaken to include community members and stakeholders in the development of a range of initiatives as part of the campaign. In particular, stakeholders were asked to create a safe community Christmas message to be conveyed in the local media by local people. Examples of other strategies included licensees agreeing to upgrade patron care with strategies such as: provision of safe transport options and improved food availability; the Carnarvon Shire Council enhancing the environment surrounding hotels and the central business district by improving lighting; and supporting a food outlet to shift from the outside of a hotel to the main street to create a new focus and discourage young people from congregating near licensed venues.

At the conclusion of the campaign an intercept survey was conducted with 400 people, with 90% of participants correctly recalling the Christmas campaign message. This high recall rate was partially attributed to recognition of local people delivering the campaign message in the media. Police reported a significant decline in offences and incidents during the campaign period. The key success component of the campaign was considered to be the partnerships developed and sustained in subsequent years, which prompted further strategies to be implemented. Overall, local data indicated a reduction in harm compared to the previous year.<sup>40</sup>

### KEY GOVERNMENT INITIATIVES

- Establish an ongoing, comprehensive, evidence-based community awareness program that supports the creation of safer drinking environments and the reduction of alcohol-related problems.
- Evaluate media-based community awareness programs to assess behavioural impacts.
- Implement public education campaigns on crash and injury risk associated with drink driving and intoxicated pedestrians.
- Provide support to community groups to use media for community action.
- Develop a partnership with media outlets to raise community awareness about alcohol-related problems and possible solutions, as well as how alcohol is portrayed.
- Identify and network with groups in the community who might be concerned about road trauma arising from drink driving and intoxicated pedestrians to encourage a comprehensive, community-wide approach.
- Promote awareness in the community about the risks associated with alcohol use during pregnancy.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- using unpaid media to support or initiate news or media coverage using interviews with local organisations;
- using 'anniversaries' of public events to create a newsworthy story about an issue in the local community;
- translating complex data into media friendly information, particularly to localise and humanise the statistics;
- commenting to media outlets about their portrayal of alcohol;
- writing letters to the editor to further debate and gain media interest in an issue; and
- using local media to raise community awareness as part of a coordinated set of initiatives that address alcohol-related issues of concern.

---

## **KEY STRATEGIC DIRECTION THREE:**

### **RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL**

---

A sustainable reduction in the problems related to hazardous and harmful alcohol use can be achieved through development of safer drinking environments. Safer drinking environments support a change in the accepted community practices and behaviours that contribute to alcohol-related problems and harm.

The responsible service of alcohol in licensed and unlicensed settings is crucial to create safer drinking environments.

The enforcement and use of existing laws and the application of harm minimisation strategies are both essential parts of a comprehensive approach to reducing alcohol-related harm in the community.

#### ***OUTCOMES***

- ***Increased awareness of what can make a safer drinking environment.***
- ***Increased number of safer drinking environments.***

## STRATEGY AREA 1:

### ENFORCING LAWS THAT PROHIBIT DRINKING UNDER THE AGE OF 18 YEARS

Minimum drinking age laws have been put in place to restrict access to alcohol and prevent the early onset of drinking problems among young people. The widespread, active enforcement of these laws accompanied by the prompt prosecution of effective penalties have been shown to have a strong impact on the availability of alcohol to those under the age of 18 years.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Under the Western Australian Liquor Licensing Act 1988, it is illegal to sell or supply alcohol to someone under the age of 18 years on a licensed premises.
- A person under the age of 18 years can be fined for being on a licensed premises under particular circumstances and for attempting to purchase alcohol.
- Many studies have shown that young people's access to alcohol in Australia is relatively easy.<sup>41</sup>
- Preventing access to alcohol from licensed premises by those under the age of 18 years is important given that young people are over-represented in alcohol-related harm statistics.
- The enforcement of minimum drinking age laws can result in a significant reduction in access to alcohol and associated problems. Evidence states that this strategy is supported by the broader community.<sup>42</sup>
- Enforcement will add value to other strategies in the local community such as responsible service of alcohol training for bar staff, education in the wider community about current liquor licensing laws, and community action on local alcohol issues.
- Even small increases in enforcement can reduce sales to minors by as much as 35% to 40%, especially when combined with media and other community activities.<sup>43, 44</sup>
- A number of studies have employed young people who are either underage or appear underage to attempt to purchase alcohol on licensed premises. These studies indicate that the first attempt to purchase alcohol is successful on about 50% of occasions, suggesting that after four tries the chance of at least one success rises above 90%.<sup>45</sup>



### EXAMPLE OF EVIDENCE-BASED INITIATIVE

The Freo Respects You project was designed to increase the responsible service of alcohol in Fremantle in the early 1990s. The project was jointly steered by the Western Australian Alcohol and Drug Authority, the Australian Hotels Association, the Cabaret Owners Association, the Liquor Licensing Division, the Western Australian Police Service and the National Drug Research Institute, Curtin University. Eighteen-year-old students who looked only 15 or 16-years-of-age attempted to purchase alcohol in clubs and pubs and recorded if proof of age was required and whether they were served alcohol. The outcomes were communicated back to the licensee and regulatory authorities. Premises with trained security staff at the door had a 100% record in proof-of-age checking.<sup>46</sup>

### KEY GOVERNMENT INITIATIVES

- Conduct regular police operations that focus on enforcing the minimum age drinking laws in Western Australia.
- Work with relevant authorities and the alcohol industry to include responsible service of alcohol training in the development of management practices to prevent access to alcohol by those aged under 18 years.
- Conduct community awareness strategies about the role of liquor licensing laws in reducing the problems associated with underage drinking.
- Develop capacity for responsible service of alcohol training for persons who sell or supply alcohol on licensed premises.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- licensees ensuring signage is displayed that clearly shows it is an offence to serve alcohol to someone who is under the age of 18 on licensed premises;
- coordinating a local community-wide approach to reduce the availability of alcohol to underage young people, in both licensed and unlicensed settings;
- community monitoring of outlets selling to underage young people; and
- media advocacy to decrease the acceptability of making alcohol available to underage drinkers.

## STRATEGY AREA 2:

### RESPONSIBLE ALCOHOL SERVICE WITH ENFORCEMENT OF LIQUOR LICENSING LAWS

Drunken behaviour and its consequences are related to availability and alcohol serving practices, both in licensed premises and private settings.

On their own, laws and codes of conduct that guide the responsible service of alcohol have little effect without the support of enforcement strategies.<sup>47</sup> Enforcement activity adds utility to education, regulation and environmental strategies that aim to reduce the problems associated with hazardous and harmful alcohol use.

Meaningful and timely action by enforcement and regulatory agencies to develop an actual and perceived likelihood of consequences is integral to maintaining appropriate levels of responsible alcohol service and compliance with the law.

Generally, if responsible service training programs are supported and implemented by management, they tend to work in reducing levels of intoxication and reducing the chance of drunken patrons being served.<sup>48</sup>

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- International literature indicates that when responsible service of alcohol laws are not enforced by police on a regular basis, they are often ignored by alcohol retailers.<sup>49</sup>
- As a general principle, compliance with the law is related not only to actual enforcement levels, but also the perceived likelihood of being detected.
- A majority of harm such as drink driving crashes and assaults is often associated with a small number of licensed outlets.
- Using data and information to better target problematic areas can guide the best use of limited resources for enforcement.
- Systems should be established at the local level for monitoring when harm occurs across key areas such as violent crime, drink driving, injury, death and illness. Local monitoring can help authorities make decisions that will work in a community and more effectively assess the overall outcome of any changes to the availability of alcohol.<sup>50</sup>
- Local harm indicators that appear to be most relevant are rates of assaults, road crashes and hospital injury presentations between the hours of 9pm and 4am.<sup>51</sup>
- Service of alcohol to people who are already intoxicated is a significant risk factor for experiencing alcohol-related harm.<sup>52</sup>
- Behaviour change resulting from responsible service of alcohol training has been found to be associated with support from managers and local enforcement of laws relating to the responsible service of alcohol.<sup>53</sup>
- While there is a high incidence of obviously drunk patrons being recorded on licensed premises by researchers and authorities, there are few successful prosecutions for serving alcohol to a person who is already drunk, or serving alcohol to someone until they are drunk. This indicates a need to review enforcement, liquor licensing laws and related administration procedures.
- Crowd controllers trained in approaching incidents in a non-aggressive manner can have a positive impact on the reduction of alcohol-related problems in relation to licensed premises.

One of the main principles of the Western Australian Liquor Licensing Act 1988 is to minimise the harm or ill-health caused by the use of alcohol.

On a licensed premises in Western Australia it is illegal to:

- Sell or supply alcohol to a person who is already drunk.
- Sell or supply alcohol to someone until they are drunk.
- Sell or supply alcohol to someone under the age of 18 years.

## EXAMPLE OF EVIDENCE-BASED INITIATIVE

### *Proactive policing of licensed premises to prevent alcohol-related crime*

In New South Wales, a project between police, health professionals and the hotel and registered club industry was conducted to reduce alcohol-related crime through a problem-oriented police surveillance and educational feedback strategy. Police collected information from offenders concerning their last place of alcohol consumption. An intervention group of 200 licensed premises was forwarded reports that described the number and types of alcohol-related incidents in which offenders had their last drink on their premises. In addition, the responsible service practices of these premises were subject to a police audit.

At follow up, a significantly greater reduction in alcohol-related incidents was associated with alcohol consumption on the intervention group of premises (32%) compared to a control group of premises (14%) over the six-month time period.

The results demonstrate the potential for re-orienting police practices to reduce alcohol-related harm associated with licensed premises.<sup>54</sup>

## KEY GOVERNMENT INITIATIVES

- Develop as a priority, the capacity and commitment of police to intelligence-led, proactive policing of liquor licensing laws.
- Develop strategies to more effectively address the reduction of service to those who are drunk.
- Work with local government authorities to develop and implement an alcohol policy and management plan that outlines processes for dealing with existing and new liquor licence applications and alcohol problems within the local community.
- Develop clear and specific key performance indicators to report activities that aim to reduce alcohol-related harms associated with licensed premises.
- Support the development of a code of practice related to the activities of registered crowd controllers to reduce alcohol-related problems in relation to licensed premises.
- Review state guidelines on approval processes and requirements for Occasional Licences to ensure safer event management.
- Raise community awareness about the legal requirement for the responsible service of alcohol.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- encouraging regular visits to licensed premises by police as part of a proactive community strategy;
- community members such as licensees working together to establish an alcohol accord that addresses local needs;
- providing data on alcohol-related harms to the Liquor Licensing Authority for use when considering liquor licence applications;
- creating safer drinking environments through community action; and
- local authorities working with licensees to implement regular responsible service of alcohol training.

## STRATEGY AREA 3: OUTLET DENSITY

Outlet density is a term used to describe the number of liquor outlets within a certain distance of each other. A small area where there are a lot of liquor outlets would be considered to have a high outlet density.

High outlet density can lead to increased competition between operators, drive down prices and place pressure on venues to allow service regardless of age or state of intoxication.

The majority of international research indicates that changes in the number of licensed outlets have a material effect on alcohol consumption and associated harms. Safety, security and amenity issues can arise as a specific result of the location of a number of licensed premises in close proximity to each other.<sup>55</sup>

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Establishing limits on the number of outlets within a certain area has the potential to control alcohol problems.<sup>56</sup>
- A number of liquor outlets within a certain distance is likely to impact on the community. Local factors, individual to each area, determine the degree and type of impact. It is therefore important to understand what harm is occurring in an area and what harms are likely to occur so that some thought can go into planning what is best for a local community.
- The impact that outlet density can have on alcohol-related harm is difficult to report. The type and degree of impact depends on local factors.
- Research is required to develop a model that can help authorities determine the appropriate liquor outlet density to minimise alcohol-related harm for a community based on local risk factors.
- Targeting the general community with strategies that reduce the supply of alcohol, as opposed to only targeting high risk groups of heavy drinkers, is likely to have a positive impact on hazardous and harmful alcohol use and, thus, alcohol-related problems.

## EXAMPLE OF EVIDENCE-BASED INITIATIVE

*Local experiences in community control of outlet density*

City of Oakland, United States of America (1977 – 2003)

East Oakland is a series of small, close-knit neighbourhoods tied together along the city's linear transportation system. Local residents determined they must deal with problematic alcohol outlets. Typically, several outlets clustered at key intersections in local neighbourhood-commercial zones.

This over-concentration of alcohol outlets was associated with a variety of alcohol-related problems.

Oakland Community Organisations (OCO) at first tried working with state agencies. These agencies could do little to modify the problematic land-use pattern through existing alcohol law and nuisance regulations. After a year of action, OCO developed a zoning ordinance in cooperation with the state agencies that would require 1,000 foot minimum spacing between alcohol outlets and require certain features of safer operation.

Over time the problems abated as outlets thinned out through business turnover. By 1987, neighbours reported significant improvements in the quality of life and police incidents decreased. As of 2003, further action has resulted in better conformance with the ordinance.<sup>57</sup>

## KEY GOVERNMENT INITIATIVES

- Support the establishment of a national research project that develops a model to determine appropriate outlet density, including type of outlet, based on combinations of local risk factors.
- Examine and develop strategies that support and strengthen the ability of local government and the community to influence the number and type of liquor licences in accordance with local amenity.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- establishing systems at the local level for monitoring and recording when alcohol-related harm occurs across key areas such as violent crime, alcohol-related domestic violence, drink driving, injury, death, illness and public nuisance; and
- local governments utilising or introducing zoning laws that consider local needs along with the potential for harm. For example, these laws may limit the number of outlets permitted within a certain distance, or forbid location near a school. Zoning could be used to space outlets farther apart and restrict outlets from certain locations.

## STRATEGY AREA 4: OUTLET TRADING HOURS

Trading hours have an impact on how much, when and where harm occurs as a result of alcohol intoxication. Trading hours and days-of-week should be considered in the local regulation of alcohol availability and in the context of the government and community's ability to provide public transport, health, police and emergency services.<sup>58</sup>

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- The Western Australian Liquor Licensing Act 1988 allows for individuals and groups to be involved in liquor licensing issues that affect them and their community. However, the legalistic and adversarial nature of liquor licensing processes often acts as a barrier to community involvement.
- There is a direct relationship between large changes in the availability of alcohol, such as restricting whole days of sale, and a reduction in some key alcohol-related problems, although there is not always a decrease in overall weekly consumption.<sup>59</sup>
- With longer hours of sale there is direct evidence of an overall increase in problems such as injuries and drink driving incidents.
- Reducing either hours or days of alcohol sale can shift the times at which many alcohol-related crashes and violent events take place, and may reduce the overall numbers of alcohol-related problems.<sup>60</sup>
- Premises granted extended trading have been associated with substantial increases in alcohol sales, assaults on or near the licensed premise and alcohol-related crashes.
- Research shows that as many as 60% of all police attendances and 90% of late night calls (10pm to 2am) involve alcohol.<sup>61</sup>

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

In response to high levels of alcohol-related problems within the town of Newman, Western Australia, a six-month liquor restrictions trial was held from 1 August 2003 to 31 January 2004. During this period, locally specific restrictions were imposed by the Liquor Licensing Authority on the hours of trade for packaged liquor and the types of alcohol that could be sold during certain hours, such as full-strength products.

The trial showed an immediate reduction in incidents of assaults (32.5% decrease), domestic violence (21.8% decrease) and antisocial behaviour.

During the six months, there was also a marked decrease (27.18%) in admissions to the Accident and Emergency Department of the Newman Hospital.<sup>62</sup>

---

## KEY GOVERNMENT INITIATIVES

- Examine and develop strategies that support and strengthen the focus on a reduction of alcohol-related harm and other alcohol-related problems in relation to outlet trading hours.
- Improve community notice about, and access to, information about liquor licensing, including trading hours and licensing conditions, to better support community safety and amenity.
- Investigate and promote mechanisms that could assist communities to participate in local licensing matters.
- Work with key stakeholders to prevent and minimise specific harms known to be associated with late trading hours.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- community involvement and action facilitating work with the local liquor industry and relevant authorities in response to trading hours and the minimisation of alcohol-related harm; and
- establishing an Accord to encourage communication and implement initiatives among local industry and the community to minimise alcohol-related harm associated with trading hours.

## STRATEGY AREA 5:

### TAXATION

While the taxation of alcohol is a federal responsibility, states and territories have a role in determining the impact that current taxation systems have on levels of alcohol-related harm within their jurisdiction.

Taxation and other measures that influence price, such as bans on price discounting, can be used to modify consumption levels and patterns of drinking and reduce overall levels of alcohol-related harm.

In Australia, beer and spirit products are taxed under a volumetric taxation system (that is, the tax is determined on the alcoholic content of the drink). By contrast, wine is taxed on its wholesale value. This has resulted in a major local market for cheap cask and fortified wines that have been shown to be strongly associated with alcohol-related violence and hospital episodes.<sup>63</sup> Evidence indicates that a tax system based on alcohol volume for all alcohol products will result in reduced alcohol-related problems.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Increases in the price of alcohol usually lead to an overall reduction in consumption, and decreases in price usually lead to an overall increase in consumption and associated alcohol-related problems.
- The research evidence indicates that physical restrictions on availability rank only after prices/taxes as effective instruments to reduce alcohol-related harms.
- High-risk and younger drinkers usually respond more to price controls than other drinkers.<sup>64</sup>
- It has been found that drinkers will sometimes adapt to price increases so as to maintain their alcohol consumption at the same cost by changing to cheaper brands or types of drink. However, overall consumption is still lowered, despite such substitution.<sup>65</sup>
- Per standard drink, rates of taxation on cask wine are about five times lower than on low and mid-strength beer.<sup>66</sup>
- Cask wine is the lowest taxed and lowest priced alcoholic product. It is estimated that it costs a male drinker approximately \$1.20 to drink the daily recommended limit of four standard drinks of cask wine, compared to \$5.00 to \$7.00 for four standard drinks of mid or full strength beer.
- The introduction of a tax for wine based on the volume of alcohol rather than the wholesale price will not only bring about a uniform taxation system but could lead to a reduction of hazardous and harmful consumption patterns, particularly in relation to cask wine.



### EXAMPLE OF EVIDENCE-BASED INITIATIVE

As part of the Living with Alcohol (LWA) program in the Northern Territory, increases in the price of alcohol that were proportional to their alcohol content were implemented as a consequence of the LWA levy introduced in April 1992. This resulted in significant differences in price between low and normal strength alcohol products. Systematic literature reviews have repeatedly identified raising the price of alcohol as one of the most consistently effective policy interventions available to government.

The LWA and cask wine levies were used for a variety of treatment, education and prevention activities. These are expected to have a positive effect on community levels of alcohol-related harm over and above the impact of the increase they caused in the price of alcohol.

The evaluation of the LWA program showed that taxing wine according to alcohol content had positive results, with fewer deaths, road crashes and alcohol-related hospital admissions over the four year period.<sup>67</sup>

### KEY GOVERNMENT INITIATIVES

- Encourage the Commonwealth Government to investigate the feasibility of introducing uniform volumetric tax on alcohol products, including wine and ready-to-drinks (RTDs).
- Encourage the Commonwealth Government to establish a direct link between alcohol taxation and funds for prevention and treatment initiatives related to hazardous and harmful alcohol use.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- community groups advocating for a tax system on alcohol products that facilitates a reduction in alcohol-related harm.

## STRATEGY AREA 6: ALCOHOL ADVERTISING AND PRICE DISCOUNTING

There is a relationship between price, consumption and harm. Some alcohol price promotions cause changes in drinking patterns and do so in a way that is likely to cause increased risk of intoxication. Promotions that encourage the rapid consumption of drinks in a short period of time due to their discount price for a limited duration (e.g. happy hours) are associated with elevated levels of alcohol-related problems, such as violence.<sup>68</sup>

The availability and promotion of cheap alcohol, particularly to high risk groups and communities experiencing difficulties with alcohol, is problematic and requires cooperative solutions where possible and regulation where it is not possible.

Alcohol advertising can influence perceptions of what is viewed as 'normal' drinking behaviour and supports attitudes that contribute to hazardous and harmful alcohol use and related problems. The development of alcohol products and complementary marketing that appeal to young people is a particularly concerning trend.

There is a need for the National Competition Policy and the Trade Practices Act to recognise that alcohol is not an ordinary consumer product because of the problems it causes within the community. This legislation makes it difficult for some effective prevention and harm minimisation strategies to be implemented because they could be considered restrictive and anti-competitive.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Research has found that adolescents who have greater exposure to alcohol advertising, and also enjoy the advertisements, are more likely to drink at hazardous and harmful levels than young adults.<sup>69</sup>
- Much current alcohol advertising and packaging is very attractive to both adult and underage drinkers. Both of these groups experience considerable alcohol-related harm as a result of drinking to intoxication.
- The large amount spent on advertising by the alcohol industry targeting young people cannot be easily counteracted by current health advertising campaigns.
- Alcohol advertising practices are self-regulated by a national voluntary Alcohol Beverages Advertising Code (ABAC). The code outlines guidelines for responsible advertising aimed at ensuring advertising does not have a strong appeal to children or adolescents, convey particular messages or encourage excessive alcohol consumption.
- Recent Western Australian research has found that some alcohol advertising targeting young people contravened the code's guidelines, particularly in relation to promoting the association between alcohol and stress reduction and increased sexual and social success.<sup>70</sup> Similarly, some press advertising point of sale promotions fall close to the code boundaries.
- Although the specific influence of alcohol advertising has proven problematic to quantify, there remains much evidence to indicate that alcohol advertising stimulates alcohol consumption by both adults and adolescents.<sup>71</sup>
- Alcohol advertising should promote responsible alcohol use and be supported by timely and effective regulation that removes inappropriate advertising and other marketing practices. Targeted intervention may be warranted, nationally and by the state.
- Government regulation may be an effective means of ensuring the responsible advertising and marketing of alcohol products.
- The media helps shape societal views as to what is 'normal' behaviour. Therefore it is important that the portrayal of alcohol by the television industry and its advertisers takes into account major health and safety concerns.<sup>72</sup>

The **Alcohol Beverages Advertising Code** (1998) requires that advertisements for alcohol beverages must:

- Present a mature, balanced and responsible approach to the consumption of alcohol beverages.
- Not have a strong or evident appeal to children or adolescents.
- Not suggest that the consumption or presence of alcohol beverages may create or contribute to a significant change in mood or environment.
- Not depict any direct association between the consumption of alcohol beverages, other than low alcohol beverages, and the operation of a motor vehicle, boat or aircraft or the engagement of any sport (including swimming and water sports) or potentially hazardous activity.

Complaints about alcohol advertisements that contradict the code can be directed to the Advertising Standards Bureau:  
[http://www.advertisingstandardsbureau.com.au/consumer/how\\_to\\_complain.html](http://www.advertisingstandardsbureau.com.au/consumer/how_to_complain.html)

## KEY GOVERNMENT INITIATIVES

- Explore the expansion of responsible promotion guidelines to include off-premise alcohol sales.
- Conduct a review into alcohol advertising in Western Australia and develop appropriate responses.
- Advocate for the Commonwealth Government to review the application of the National Competition Policy and Trade Practices Act in recognition that alcohol is not an ordinary consumer product and that current interpretations can restrict the ability of the community and government to apply evidence-based solutions to reduce alcohol-related problems.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- raising the community's awareness about the alcohol advertising code; and
- supporting the community to make complaints when indicated.

## STRATEGY AREA 7: ALCOHOL MANAGEMENT IN ABORIGINAL COMMUNITIES

Many of the strategies included in the Alcohol Plan are relevant to Aboriginal people. The *National Drugs Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009* provides a clear direction for action in Aboriginal communities, as does *Strong Spirit Strong Mind: Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009*.

There are several approaches that have been commonly used in Australia to reduce the problems with alcohol in remote Aboriginal communities, such as the creation of 'dry' areas and use of liquor licensing legislation to increase controls on the availability of alcohol.<sup>73</sup>

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- The following principles must underlie any action to address hazardous and harmful alcohol use in Aboriginal populations:
  - alcohol use must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social well-being, community development, and building the community's capacity to implement solutions;
  - local planning is required to develop responses to needs and priorities set by local Aboriginal communities; and
  - Aboriginal people must be centrally involved in the planning, development and implementation of strategies to address alcohol use in their communities.<sup>74</sup>
- In isolation, alcohol restrictions in Aboriginal communities will not prevent the problems associated with excessive alcohol consumption. However, restrictions have been shown to be an effective part of broader public health strategies to reduce alcohol-related problems.<sup>75</sup>
- Aboriginal groups in the Northern Territory and Western Australia have used liquor licensing legislation to implement restrictions on the availability of alcohol. Restrictions commonly include limitations of hours of sale and banning the sale of cask wine. Evaluations have generally found the restrictions to be effective in reducing consumption, hospital admissions and police arrests. Restrictions have been most effective when they have been initiated by Aboriginal people, conducted as part of broader strategies to address alcohol-related harm, and had wide community support.<sup>76</sup>
- There are potential conflicts of interest between attempts by community councils to control consumption and their dependence on canteen profits as a source of income. The operation of canteens has both risks and benefits for communities. Therefore it is important that communities receive assistance in minimising the risks if introducing canteen systems.<sup>77, 78</sup>
- The procedures enabling Aboriginal communities to declare themselves 'dry' have been reviewed in several Australian states. These approaches have been found to be effective, however communities need support to enforce them and policies underlying them must promote Aboriginal control.<sup>79</sup>

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

In response to ongoing high levels of alcohol-related problems, the 'Beat the Grog' campaign was led by the Julalikari Council Aboriginal Corporation and Anyinginyi Aboriginal Congress in Tennant Creek in the Northern Territory. The Northern Territory Liquor Commission also implemented a range of alcohol restrictions in the town. Restrictions on permitted days and time of trade and type of alcohol and volume were imposed.

During the two years following the introduction of the restrictions, there was a 19.4% reduction in annual per capita consumption of pure alcohol. There were also declines in hospital admissions for those diagnosed with acute alcohol-related problems, persons taken into police custody and the proportion of offences reported on Thursdays.

On the basis of the evidence, when renewed, the Northern Territory Liquor Commission retained the restrictions.<sup>80</sup>

### KEY GOVERNMENT INITIATIVES

- Work in collaboration with Aboriginal communities and the liquor industry to review and develop strategies to reduce alcohol-related harm among Aboriginal people.
- Provide culturally secure information to Aboriginal communities about the rights and responsibilities of communities in relation to laws relating to alcohol.
- Ensure networking, information sharing and coordination between health, law enforcement and community agencies at state and local levels will occur.
- Promote and utilise an intelligence-led approach to address the unlawful supply and use of alcohol.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- community leaders and elders taking a leading role to establish a local alcohol management committee/board;
- promoting collaboration among sobering up centres, night patrols and other agencies such as women's shelters, hospitals and treatment agencies;
- addressing the practice of 'sly grogging' using a collaborative approach among communities, police, the Liquor Licensing Authority and other relevant agencies to ensure that laws are strictly enforced; and
- organising a local forum to discuss alcohol licensing issues within the community for the purpose of developing actions that have community input.

## STRATEGY AREA 8: PREVENTION OF ALCOHOL-RELATED ROAD TRAUMA

When the driver of a motor vehicle has been drinking alcohol, the risk of injury or death to themselves or others is substantially increased. Drink driving is the second most common cause of alcohol-related injury.<sup>81</sup>

The Western Australian road safety strategy entitled *Arriving Safely: Road Safety Strategy for Western Australia 2003-2007* outlines a comprehensive range of evidence-based initiatives to decrease alcohol-related road crashes. Repeat drink drivers represent a much higher risk than other drivers and initiatives that target this high risk group are being considered to complement the general actions described in *Arriving Safely*.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Drink driving is a major contributor to road crashes in Western Australia. Alcohol-affected pedestrians are over-represented in pedestrian deaths.<sup>82</sup>
- One in four road crash fatalities is alcohol-related. A driver with a blood alcohol concentration of 0.15 is 25 times more likely to be involved in a crash than someone with a zero blood alcohol concentration.<sup>83</sup>
- Between 10,000 and 12,000 drivers are arrested and charged with a drink driving offence every year and a further 4,000 drivers receive a licence infringement for a first time excess 0.05 offence. An estimated 4,000 drink drivers are repeat offenders, accounting for about 30% of all drink driving arrests made by police each year.<sup>84</sup>
- A significant proportion of repeat drink driving offenders have serious alcohol problems and appropriate referral to alcohol treatment has the potential to reduce the chance of offending in the future.<sup>85</sup>
- Drink driving strategies will be most successful when a comprehensive, well targeted response is in place, incorporating the best mix of legal sanctions, education, rehabilitation and monitoring.
- The *Arriving Safely: Road Safety Strategy for Western Australia 2003-2007* outlines a comprehensive, evidence-based strategy that addresses drink driving and intoxicated pedestrians. Effective implementation of this strategy is expected to reduce road crash fatalities and hospitalisations by 10%, which equates to more than 20 lives saved and 200 less hospitalisations every year. These savings are conservatively valued at \$125 million when using road crash costings estimated for the year 2001.<sup>86</sup>
- Repeat drink drivers are also a key target group for the *Arriving Safely* strategy.

Countermeasures for drink driving can be grouped under four categories:

1. Reducing alcohol consumption through reduced alcohol availability, conditions of sale, civil liability and alcohol control laws.
2. Separating drinking from driving through community and individual education/information and alternative transport programs.
3. Apprehending and removing the impaired driver from the road through surveillance and enforcement methods, peer intervention and server intervention.
4. Preventing the reoccurrence of drink-driving offenders through specific deterrence (licence suspension, fines, jail and other penalties), vehicle action (ignition interlocks, vehicle impoundment) and offender remediation (treatment and educational programs).<sup>98</sup>

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

*Best practice approaches – random breath testing and public education in Victoria*

Victoria's approach to drink driving has involved an increase in highly visible random breath testing to at least one test per two licensed drivers per year, has been supported by massive publicity and conducted by police in a strategic manner. It has yielded considerable reductions (approximately 20%) in the number of serious casualty crashes during high alcohol consumption periods (e.g. weekend nights).

Victoria has adopted the following principles of random breath testing: that it must be:

- highly visible;
- rigorously enforced to ensure credibility;
- sustained; and
- well publicised.

The objective of random breath testing is to create a perception among the driving public that if they drink then drive, their apprehension is inevitable. Perceived high probability of detection is essential to effective deterrence.<sup>87</sup>

### KEY GOVERNMENT INITIATIVES

- Support the implementation of drink driving initiatives consistent with the *Arriving Safely* strategy.
- Collaborate with road safety and alcohol and other drug agencies to share resources and information where there is mutual interest.
- Introduce a comprehensive range of actions to reduce the number of repeat drink drivers.
- Focus on pre-driver education through the Road Aware *Keys for Life* pre-driver education program and the Steps to Safer Driving workshop.

**Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:**

- Many of the initiatives listed in the *Arriving Safely: Road Safety Strategy for Western Australia 2003-2007* require implementation by local communities and by agencies state-wide. Community groups and individuals will be supported to implement these initiatives wherever possible.

## STRATEGY AREA 9:

### RESPONSIBLE ACCESS AND SUPPLY OF ALCOHOL IN UNLICENSED SETTINGS

The availability and supply of alcohol in unlicensed settings, such as in private social settings, contributes to alcohol-related problems associated with hazardous and harmful alcohol use.

Problematic behaviours associated with the excessive consumption of alcohol can be commonplace in unlicensed settings, such as private parties. However, the need for the responsible service and supply of alcohol in private settings is becoming more recognised by both hosts and guests. This is particularly important given the largest proportion of alcohol-related harms occurs from occasional intoxication by people who usually drink safely.<sup>88</sup>

Of particular concern is how alcohol is introduced to young people given they are at greater risk of experiencing harm, even from one-off drinking occasions (as outlined in Key Strategic Direction One, Strategy Area 4).

The creation of safer unlicensed drinking environments will support a culture of responsible alcohol use.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Drinking occurs in many different environments within a community. People choose to drink at home, friends' houses, parties, nightclubs, hotels, restaurants, sporting clubs, picnics and other outdoor venues. Both social and licensed hosts have a role in reducing the risk of harm and social disruption through the responsible service of alcohol.
- Getting drunk is considered to be normal by many Australians and for some is considered to be a part of the Australian way of life. Broad cultural community acceptance of the negative behaviours associated with drunkenness is a key factor in the high numbers of alcohol-related problems experienced within the community.
- The responsible service of alcohol and other strategies that support the responsible consumption of alcohol can contribute to promoting individual responsibility and limiting alcohol-related problems.
- While individuals must accept responsibility for their behaviour, hosts should be aware that they have rights and obligations to help ensure the safety and well-being of their guests, themselves and others living in the vicinity.
- Research has shown that many people in the community feel it is acceptable for hosts to help them keep in control of their drinking in order to prevent them causing disruption, offence and harm to themselves or others. Initiatives are required to support hosts in unlicensed settings to create safer drinking environments.<sup>89</sup>
- Just as licensed environments are governed by specific legislation, there are other laws and agencies, such as local governments, that can help minimise alcohol-related problems or disturbances that happen in private or unlicensed settings.
- There is debate about when and how a young person should be introduced to drinking alcohol and more research is required in this area. However, there is conclusive evidence that uncontrolled access to alcohol at a young age can lead to harm and that excessive alcohol consumption by young people in their early teenage years can be damaging to their healthy development.



---

## KEY GOVERNMENT INITIATIVES

- Develop initiatives and targeted resources that support the creation of safer drinking environments and inform hosts about their rights and obligations when providing alcohol to guests on unlicensed and private premises.
- Develop initiatives and targeted resources that inform organisers of large public events about their rights, obligations and responsibilities when providing alcohol to patrons.
- Collaborate with local government to investigate and strengthen legislative and regulatory provisions that support a safer community with regard to alcohol-related problems.
- Identify regional resources to support communities to develop local, evidence-based alcohol control initiatives.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- local government authorities developing alcohol policies and practical management plans that outline how the organisation will manage and assist their communities to respond to alcohol problems or complaints;
- supporting community action to identify problematic unlicensed settings and develop evidence-based initiatives to reduce the problems at a local level.

## KEY STRATEGIC DIRECTION FOUR:

### ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS

Investment in various forms of treatment and support will have benefits in terms of community level reductions in crime, road trauma, hospital admissions and other alcohol-related problems.

There is potential to increase savings at a community level by:

- ensuring access to evidence-based treatment;
- providing evidence-based brief interventions in a wide range of health care settings; and
- providing comprehensive programs in the justice system, such as diversion programs, to reduce re-offending and other alcohol-related problems.

The early identification and possible prevention of alcohol-related problems, such as foetal alcohol effects, is an important part of the scope of an effective treatment and support strategy.

Enhancing access to treatment and support for alcohol-related problems requires collaboration and coordination between key agencies to ensure effective outcomes.

#### OUTCOMES

- *Enhanced access to a range of high quality health care services for the management of alcohol dependence and problem drinking.*
- *Improved awareness and capacity of people working in health care settings to identify alcohol-related problems via increased screening and brief interventions.*
- *Enhanced access to treatment and rehabilitation programs for offenders with underlying alcohol problems, which is linked to the offending behaviour.*

## STRATEGY AREA 1:

### TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS AND DEPENDENCE

Treatment is effective in assisting problem drinkers reduce or abstain from alcohol use, and thus impacts on levels of alcohol-related problems in the community.

Support services are those interventions that have no specific treatment component but which offer care to people, including children of parents affected by alcohol problems. These include sobering up centres and accommodation services.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Approximately 6% of Australia's adult population meet the criteria for an alcohol use disorder and about 10% are considered risky or binge drinkers.<sup>90</sup>
- Various treatments are effective for assisting individuals who are excessive drinkers or have a dependence on alcohol.
- Treatment needs to be consistent with the available evidence and clinical guidelines. It also needs to be accessible and available. People with different levels of harm may need different interventions.
- In order to enhance access to treatment and support services, initiatives such as common referral protocols and partnerships need to be strengthened and developed.
- Access to treatment and support services can also be enhanced by developing the capacity of human services to respond appropriately to their clients' alcohol-related problems through workforce development initiatives.
- The National Alcohol Strategy document, *The Treatment of Alcohol Problems: A Review of the Evidence*, provides a detailed review of treatment known to be effective for alcohol problems and dependence, such as screening and assessment, brief and early interventions, psychological interventions such as cognitive behavioural therapies, withdrawal management, residential treatments, pharmacotherapies and relapse prevention.
- There is evidence that sobering up centres contribute to the reduction of alcohol-related problems in some communities. However, their utilisation needs to be reviewed to ensure the best use of resources and facilities.<sup>91</sup>
- An increased understanding of the nature and extent of co-existing alcohol use disorders and mental health problems is required. Local systems of collaborative care, peer support initiatives and strengthened referral pathway arrangements between health care providers and community agencies are key components of increased understanding and effective treatment.

## KEY GOVERNMENT INITIATIVES

- Continue to provide a range of treatment and support options for alcohol-related problems through government and non-government agencies.
- Increase community awareness of the full range of options available to manage problem drinking and alcohol dependence.
- Enhance access to evidence-based treatment, as identified in the Drug and Alcohol Office's *Strategic Framework for Enhancing Access to Treatment and Support Services* available at [http://www.dao.health.wa.gov.au/pdf/tss\\_framework.pdf](http://www.dao.health.wa.gov.au/pdf/tss_framework.pdf)
- Include the provision of alcohol withdrawal management and treatment services in accreditation requirements for major public and private hospitals.
- Provide a 24-hour phone service providing specialist alcohol and other drug advice for health and human service workers.
- Provide a 24-hour advice and counselling service to people, including parents, affected by alcohol use.
- Ensure access to professional training in effective responses to alcohol problems.
- Review the utilisation of sobering up centres in Western Australia.
- Establish linkages between mental health and drug and alcohol data collections.
- Improve access to, and links between, services for people with co-existing alcohol and mental health problems.
- Promote and support guidelines for the treatment of alcohol problems.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- referring clients with alcohol-related problems for further assessment and treatment to local Community Drug Service Teams, general practitioners or health services;
- utilising the Alcohol and Drug Information Service and the Parent Drug Information Service for state-wide, 24-hour telephone services for people affected by alcohol-related problems;
- using *Guidelines for the Treatment of Alcohol Problems* and related resources available at <http://www.health.gov.au/pubhlth/publicat/document/alcprobguide.pdf>; and
- being familiar with, and promoting, the *Australian Alcohol Guidelines*: <http://www.health.gov.au/nhmrc/publications/pdf/ds9.pdf>

## STRATEGY AREA 2:

### HEALTH SERVICE REORIENTATION TO INCREASE USE OF SCREENING AND BRIEF INTERVENTIONS

Brief interventions can be implemented in a wide range of primary health settings. They are highly cost effective strategies with considerable potential for harm reduction if widely implemented. This involves increasing awareness about harms associated with certain drinking levels and helping those drinking at hazardous or harmful levels to make an informed decision about cutting down. In so doing, there will be an overall reduction in alcohol-related morbidity, mortality and associated social and economic costs to the whole community.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Research involving large multi-centre sites in Australia and overseas has shown that brief interventions are effective in reducing alcohol consumption when compared to no intervention.
- Brief interventions have been shown to be as effective as more intensive interventions for hazardous and harmful drinkers who are not severely dependent and do not have high-level problems. They are also more cost effective and can be used in a wide variety of health care settings to reach a large number of clients.<sup>92</sup>
- It can be useful to target brief interventions at times when people are more likely to change their alcohol consumption, such as during pregnancy and lactation for women.
- Brief interventions can be delivered by a range of personnel, in a range of different settings. Much of the research has provided strong support for interventions in primary health and general hospital settings.
- General practice in particular is well placed to deliver brief interventions. Where there are few or no general practitioners, such as in rural, regional and remote areas, alternative models of service delivery may be required, such as using health workers in Aboriginal medical services or community health nurses.
- Brief interventions are not appropriate for the more severely alcohol dependent and damaged, who may require and benefit from more intensive treatment.
- A brief intervention may consist of a brief assessment, feedback of the assessment results using the FRAMES approach (Figure 1) plus a follow up visit or phone call.

Figure 1: The FRAMES Approach <sup>93</sup>

	Common Elements of a Brief Intervention
<b>Feedback</b>	Personal <b>Feedback</b> about the risks associated with continuing drinking based on current drinking patterns, problem indicators and health status.
<b>Responsibility</b>	Emphasis on the individual's personal <b>Responsibility</b> and choice to reduce drinking behaviour.
<b>Advice</b>	Clear <b>Advice</b> about the importance of changing current drinking patterns.
<b>Menu</b>	A <b>Menu</b> of alternative change options. This emphasises the individual's choice to reduce drinking patterns and allows them to choose the approach best suited to their own situation.
<b>Empathy</b>	<b>Empathy</b> from the person providing the intervention is an important determinant of client motivation and change. A warm, reflective and understanding brief intervention is more effective than an aggressive, confrontational or coercive style.
<b>Self-efficacy</b>	<b>Self-efficacy</b> involves instilling optimism in the client that their chosen goals can be achieved.

### EXAMPLE OF EVIDENCE-BASED INITIATIVE

#### *The Lower Great Southern Brief Intervention Project*

This project was implemented by one of the ADEPT hospital nurses over a two-year period as a health system response to alcohol-related harm. The project achieved the following:

- development of a health service brief intervention policy;
- identification of barriers to brief intervention;
- training of almost 400 staff in brief interventions;
- development of a workable brief intervention model that involved screening all clients over 16 years of age for alcohol use using a Drinkcheck questionnaire (modified from the World Health Organisation AUDIT - Alcohol Use Identification Test), providing them with feedback on their score along with a self help manual; and
- increased confidence among hospital nurses to conduct brief interventions.

### BRIEF INTERVENTIONS CAN BE DIVIDED INTO TWO CATEGORIES:

#### 1. *Opportunistic brief interventions*

These interventions are usually offered to people who are not seeking assistance for a drinking problem, e.g. if someone presents to hospital with a broken leg, smelling of alcohol.

The primary aim of opportunistic brief interventions is to screen, detect and intervene with those drinking above low risk levels before problems or dependence develops. Brief structured advice, typically at the point and time of detection, is offered.

#### 2. *Brief treatments*

These treatments comprise a variety of interventions, and are delivered over a short period of time.

Brief treatments are usually offered in specialist settings to those seeking help for an alcohol problem as an alternative to more intensive interventions.

### KEY GOVERNMENT INITIATIVES

- Establish operational instructions and guidelines, review resources and provide support for workers in primary health settings to implement brief interventions.
- Provide training and resources to support general practitioners in screening and using brief interventions with their patients.
- Provide training for health workers to enable screening and identification of risky alcohol use and the ability and confidence to instigate brief interventions with clients when required.
- Distribute guidelines to all major health services within government and non-government agencies on managing alcohol-related problems.
- Work with general practice and other health settings to overcome barriers to using brief intervention and provide incentives (or link to existing incentives) where appropriate.

***Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:***

- screening for drinking problems, which can be done quickly and effectively. Certain physical disorders or signs can suggest high levels of drinking, however these are not conclusive, so the use of standardised screening techniques are also recommended, such as brief questionnaires (see *Guidelines for the Treatment of Alcohol Problems*); and
- community groups, local general practitioners and local media encouraging and supporting brief interventions in primary health care settings.

## STRATEGY AREA 3:

### DIVERSION AND OTHER JUDICIAL PROGRAMS FOR OFFENDERS WITH ALCOHOL-RELATED PROBLEMS

There is a significant link between alcohol use, crime and re-offending. Many people who commit crimes have underlying alcohol problems that respond to intervention.

There is some evidence that early intervention, diversion, treatment and re-entry programs reduce re-offending and increase the health and socio-economic outcomes for those involved.

#### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Interventions targeting offenders are based on the understanding that, for some offenders, there is an underlying alcohol problem which is linked to the offending behaviour. Involvement in early intervention and treatment can reduce the alcohol problem and lead to decreased offending in the future as well as an improvement in health and social functioning.<sup>94</sup>
- Existing diversion programs are oriented to early stage drug-related offenders and aim to divert them from the court system and into treatment. Late-stage offenders may have the opportunity to have their offence heard in the drug court where treatment and rehabilitation programs are undertaken with the supervision of the court.
- Diversion and drug court initiatives primarily focus on offenders with illegal drug-related problems. There is limited evidence for the effect on those offenders with alcohol as the primary drug of concern. However, there is general support for the principle of extending access to diversion and drug court initiatives to those with underlying alcohol-related problems.<sup>95</sup>
- There is broad support for comprehensive treatment and rehabilitation programs for people in custody who have alcohol as an underlying problem. Community re-entry programs have featured increasingly as part of these comprehensive programs.
- The Drug and Alcohol Office's *Strategic Framework for Enhancing Access to Treatment and Support Services* provides a detailed section entitled Enhancing Access to Diversion Options for Offenders with Alcohol and Other Drug-related Issues. [http://www.dao.health.wa.gov.au/pdf/tss\\_framework.pdf](http://www.dao.health.wa.gov.au/pdf/tss_framework.pdf)
- The Department of Justice's *Drug and Alcohol Action Plan* outlines current and planned initiatives that provide an alcohol and other drug plan for the judicial system. This plan can be found at: <http://www.dao.health.wa.gov.au/pdf/AgencyActionPlans/Department%20of%20Justice.pdf>

#### KEY GOVERNMENT INITIATIVES

- Implement the Drug and Alcohol Office's *Strategic Framework for Enhancing Access to Treatment and Support Services* initiatives, including those identified in the section entitled Enhancing Access to Diversion Options for Offenders with Alcohol and Other Drug-related Issues.
- Seek Commonwealth Government support to broaden drug diversion assistance to include people with alcohol as their primary drug of concern.
- Consider complementary actions that specifically target repeat drink drivers.
- Conduct research on:
  - The impact of imprisonment on alcohol dependency.
  - The impact of alcohol reduction programs on offending.
  - Culturally secure alcohol and offending programs.
  - Therapeutic communities and alcohol-related problems.

## **KEY STRATEGIC DIRECTION FIVE:**

### **INFORMATION, MONITORING AND EVALUATION OF THE ALCOHOL PLAN**

In an effort to understand and continuously improve efforts to reduce the impact that hazardous and harmful alcohol use has on individuals and the community, there must be a commitment to monitor, evaluate and report progress of the Alcohol Plan.

#### **OUTCOMES**

- *Monitored progress on the reduction of alcohol-related problems in Western Australia.*
- *Monitored implementation of the Alcohol Plan to ensure an evidence-based approach is being followed.*
- *Disseminated information and research that informs the development and implementation of initiatives using an evidence-based approach.*



## STRATEGY AREA 1: INFORMATION ABOUT ALCOHOL-RELATED PROBLEMS

Accurate, timely and relevant information is essential to understanding the nature and extent of alcohol-related problems. This information about the impact of alcohol on the community is very important, along with an awareness of the initiatives that can make a difference to reducing alcohol problems.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- In Western Australia, key alcohol data are available but they remain largely under-developed through a lack of coordination and sharing of data and resources.
- The need for government agencies to address the consolidation and sharing of alcohol-related data has been highlighted in a number of key documents such as the *Gordon Inquiry*.<sup>96</sup> Taking into consideration privacy and security considerations, this information should be available to all of the participating agencies state-wide.
- When planning, developing and implementing prevention initiatives, decision making should be based on evidence of need and effective outcomes whenever possible. This approach makes it more likely that action will make a difference and ensures more efficient use of resources. Information about alcohol-related problems is a key component of forming an evidence-based approach. It applies as equally to state-wide initiatives as it does local initiatives.
- There is a need to provide timely and relevant information about progress against key alcohol measures.
- Per capita consumption is an effective predictor of alcohol-related harm and is a critical indicator for intelligence-led interventions.
- A key determinant of new initiatives being adopted into routine practice is the demonstration of their acceptability to key stakeholders. The availability of alcohol-related information can support sustainable implementation of interventions.<sup>97</sup>
- Collection of alcohol-related information need not always be costly or complex to be of use.
- Identifying and collecting local information and data can improve the efficiency of interventions.

### KEY GOVERNMENT INITIATIVES

- Progress as a matter of urgency the establishment of a standing interagency coordination group to share and consolidate alcohol-related information for use state-wide, regionally and locally.
- Collect alcohol sales data annually to calculate per capita consumption.
- Conduct three-yearly, state-wide prevalence surveys of alcohol use.
- Develop and implement strategies to ensure that the recording of alcohol-related presentations, including place-of-last-drink, is incorporated into health service protocols.
- Promote and expand, as a matter of urgency, the Police Incident Management System to support intelligence-led policing of alcohol-related problems. This should also include police recording place-of-last-drink for all alcohol-related incidents attended.

**Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:**

- sharing of information between community groups and agencies for the purpose of reducing alcohol-related problems;
- utilising information provided to local communities about key alcohol-related indicators to aid evidence-based community action;
- translating complex data into media friendly information particularly to localise and humanise the statistics; and
- establishing systems at the local level for monitoring and recording when alcohol-related harm occurs across key areas such as violent crime, domestic violence, drink driving, injury, death, illness and public nuisance. This information should not identify individuals and should be shared with the community.

## STRATEGY AREA 2: MONITORING ALCOHOL PLAN PROGRESS

Ongoing monitoring of key measures of alcohol-related problems and initiatives provides critical feedback about performance. It also makes it possible for review and adjustments to be made to the Alcohol Plan where necessary.

Performance indicators and measures that accurately reflect these indicators have been identified.

### KEY CONSIDERATIONS FOR IMPLEMENTATION

- Measurement of progress is limited by the available data. If particular measurements are not collected, not easily available or are inaccurate, then measurement of progress is impaired.
- Progress can be measured in terms of:
  - outcome measures - usually alcohol-related morbidity and mortality, hospitalisation and numbers of alcohol-related assaults;
  - intermediate measures - rates of hazardous and harmful alcohol use, numbers of drink driving convictions and attitudes that are expected to influence the likelihood of risky consumption; and
  - process (effort) measures - the type and amount of resources being expended to tackle alcohol-related problems (e.g. number of random breath tests, amount of advertising, number of liquor licences).
- Performance indicators give some indication of performance in relation to overall targets. These performance indicators are equally applicable for the metropolitan, rural and remote areas as well as for the whole state.
- Regular and independent analysis and reporting of performance indicators by the Drug and Alcohol Office to government, relevant stakeholders and the community will enable ongoing monitoring of performance.

## THE PERFORMANCE INDICATORS FOR THE WESTERN AUSTRALIAN ALCOHOL PLAN ARE:

- Deaths from conditions attributable to hazardous and harmful alcohol consumption.
- Hospital admissions attributable to hazardous and harmful alcohol consumption.
- Alcohol attributable deaths and hospitalisations for young people aged 12 to 25 years.
- Estimated percentage of total alcohol consumption that is hazardous and harmful.
- Rates of serious night time crashes and fatalities.
- Rates of serious night time assaults.
- Economic costs of alcohol use.
- Injured people attending emergency departments from 10pm to 6am.
- Percentage of males and females who drink at hazardous and harmful levels for harms caused by acute effects of alcohol consumption.
- Percentage of males and females who drink at hazardous and harmful levels for harms caused by chronic effects of alcohol consumption.
- Number of episodes of alcohol treatment.
- Number of people completing treatment for alcohol-related problems.
- Number of drink driving offences recorded.
- Number of assault charges in high alcohol hours.
- Number of liquor licensing infringement notices and charges issued in relation to the responsible service of alcohol.
- Number of people attending sobering-up centres.

## KEY GOVERNMENT INITIATIVES

- Coordinate annual reporting about progress on implementation and performance of the Alcohol Plan.
- Develop clear and specific key performance indicators to report activities that aim to reduce alcohol-related harms associated with licensed premises.
- Evaluate media-based community awareness programs to assess behavioural impacts.
- Collection of wholesale sales data for the purposes of calculating per capita consumption.

**Government will work to enhance the capacity of communities to initiate programs and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:**

- reporting progress on performance indicators to communities, using local measures where possible; and
- reviewing initiatives undertaken by local communities to implement the Alcohol Plan.

# IMPLEMENTATION OF THE WESTERN AUSTRALIAN ALCOHOL PLAN

The Alcohol Plan provides direction for a comprehensive and collaborative approach to reduce alcohol-related problems in the community. The direction is based on what the evidence says is effective.

The success of the Alcohol Plan relies on effective implementation of the initiatives outlined in the plan. There are four critical factors to success. These are:

- building community support and action to reduce alcohol-related problems;
- achieving coordinated and collaborative action across government, community and industry;
- focusing the use of resources and efforts on those initiatives that provide the greatest reduction to alcohol-related problems; and
- government leadership that promotes policy and practices which support the reduction of alcohol-related problems and, through unintended effects, make it no worse.

The implementation of the Alcohol Plan will result in more effective use of police, welfare and health resources and improve the health and well-being of Western Australians.

# WESTERN AUSTRALIAN ALCOHOL PLAN GOVERNMENT ACTION PLAN 2006-2009

---

While this Action Plan refers only to government agencies, initiatives will be undertaken in partnership with many other non-government agencies and community groups.

The important contribution of the non-government sector and the community to the development and implementation of these initiatives is acknowledged as a key factor in the effectiveness of the Alcohol Plan.

Where there are multiple agencies listed against action items and a particular agency has primary responsibility for leading the action, this agency will be indicated in bold typeface.

# KEY STRATEGIC DIRECTION 1

## HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION

<b>Outcome</b>	Reduction in the onset of high risk patterns of alcohol consumption during adolescence and beyond.
<b>Strategy Area 1</b>	<b>Early Childhood Intervention</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Provide a range of services focused on health promotion, parent support and education, for parents with young children.	WA Health
<b>2</b>	Continued support for the delivery of specific programs such as Best Beginnings and intensive home visiting programs that support parents and children identified at higher risk of poor outcomes.	WA Health
<b>3</b>	Consolidation of the Triple P Program across levels 1-5 as part of the Early Years Strategy.	WA Health
<b>4</b>	Develop appropriate early childhood drug education curriculum material to reflect best practice in early childhood education.	<b>Department of Education and Training (School Drug Education Road Aware project)</b> Drug and Alcohol Office
<b>5</b>	Expansion of mental health resilience-building programs state wide.	WA Health
<b>6</b>	Strengthen intersectoral collaboration between government departments concerned with early childhood well-being.	WA Health Department for Community Development Drug and Alcohol Office
<b>7</b>	Support state-wide professional development programs for workers dealing with families and children who may be at risk of poor health outcomes.	WA Health
<b>8</b>	Develop partnership with the Early Years Steering Group to oversee and endorse key government actions	WA Health
<b>9</b>	Facilitate greater intersectoral collaboration through professional development programs for workers dealing with families to ensure improved identification and management of at-risk children.	Department for Community Development
<b>10</b>	Commence a follow-up study of cases examined during the Care and Protection Application research to examine outcomes for children in care as a result of parental drug and alcohol use and other factors.	Department for Community Development

# KEY STRATEGIC DIRECTION 1

## HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION

<b>Outcome</b>	Reduction in the onset of high risk patterns of alcohol consumption during adolescence and beyond.
<b>Strategy Area 2</b>	<b>Implement Evidence-Based Primary and Secondary School Drug Education</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
1	<p>School Drug Education Road Aware project (SDERA) – supporting evidence-based school drug education by:</p> <ul style="list-style-type: none"> <li>• implementing and supporting K-12 drug education curriculum materials within the context of a whole-of-school (health promoting school) framework;</li> <li>• providing comprehensive training and ongoing support for teachers of drug education in schools;</li> <li>• supporting schools to develop policies and guidelines for a whole-of-school approach to drug/health education and ensure the effective management of drug-related problems in all schools;</li> <li>• supporting schools to attend and implement the SDERA In Touch programs and manage students experiencing drug-related issues;</li> <li>• promoting parent and community participation in the development and implementation of drug education programs, policies and protocols; and</li> <li>• developing strategies to ensure that effective school drug education is sustainable.</li> </ul>	<p><b>Department of Education and Training (SDERA)</b> Drug and Alcohol Office</p>
2	Development of culturally secure and linguistically diverse education resources to supplement K-12 drug education curriculum materials.	<p><b>Department of Education and Training (SDERA)</b> Drug and Alcohol Office</p>
3	Collaboration of school, treatment sector and other agencies to identify and manage students at risk of problematic alcohol use.	<p><b>Department of Education and Training</b> WA Health</p>
4	Set behavioural outcomes for any alcohol education session or program.	<p><b>Department of Education and Training (SDERA)</b> WA Police Drug and Alcohol Office</p>
5	Include information about foetal alcohol effects and Foetal Alcohol Syndrome in secondary school curriculum resources.	<p><b>Department of Education and Training (SDERA)</b> Drug and Alcohol Office</p>
6	Investigate inclusion of School Health Alcohol Harm Reduction Program into SDERA.	<p><b>Department of Education and Training (SDERA)</b> Drug and Alcohol Office</p>

# KEY STRATEGIC DIRECTION 1

## HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION

<b>Outcome</b>	Reduction in the onset of high risk patterns of alcohol consumption during adolescence and beyond.
<b>Strategy Area 3</b>	<b>School Organisation and Behaviour Management to Encourage Positive Interactions and Development at School</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Support the <i>Students at Educational Risk Strategy</i> - adopting school organisation and behaviour management approaches.	<b>Department of Education and Training (SDERA)</b>
<b>2</b>	Support MindMatters mental health promotion program.	Department of Education and Training
<b>3</b>	Promote interagency collaboration on a local/regional level to establish protocols to encourage school connectedness for at-risk students.	<b>Department of Education and Training (SDERA)</b> WA Police Department of Justice Local Government
<b>4</b>	Support the development of policy and procedures in schools to prevent and reduce the incidence of 'bullying' and increase student connectedness to schools (the <i>National Safe Schools Framework</i> ).	<b>Department of Education and Training (SDERA)</b>
<b>5</b>	Promote the delivery of programs that focus on parenting skills and family functioning for families with upper primary and lower high school-aged children.	<b>WA Health</b> Department of Education and Training (SDERA)
<b>6</b>	Promote use of school facilities for community purposes to develop school and community connectedness.	Department of Education and Training (SDERA) WA Health



# KEY STRATEGIC DIRECTION 1

## HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL CONSUMPTION

<b>Outcome</b>	Reduction in the onset of high risk patterns of alcohol consumption during adolescence and beyond.
<b>Strategy Area 4</b>	<b>Managing Access to Alcohol in Private Settings for Young People</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Establish strategies to assist parents to communicate effectively with their children about the consequences of hazardous and harmful alcohol use.	Drug and Alcohol Office Department of Education and Training (SDERA)
<b>2</b>	Support Enough is Enough Alcohol Education Program to include initiatives and targeted resources to inform parents and adults about their rights and obligations when providing alcohol to someone who is under the age of 18.	Drug and Alcohol Office
<b>3</b>	Seek community input to develop strategies that prevent and reduce the problems associated with supplying alcohol to young people in unlicensed settings.	<b>Drug and Alcohol Office</b> WA Health WA Police Local Government
<b>4</b>	Provide support to universities to develop and implement policy and evidence-based strategies to reduce alcohol-related problems and harms experienced by students through the Tertiary Education Partnership Project.	<b>Drug and Alcohol Office</b> WA Police
<b>5</b>	Build the capacity of communities to conduct a coordinated, comprehensive program for school leavers that involves a range of initiatives including harm minimisation, structural support, education and alternative activities	Department of Premier and Cabinet (Office of Crime Prevention) Drug and Alcohol Office WA Police Department for Community Development Department of Education and Training (SDERA) Local Government
<b>6</b>	Work with parents and other caregivers about setting clear expectations for underage drinking in the community through existing or new forums.	Drug and Alcohol Office WA Police Department of Education and Training (SDERA) Department of Indigenous Affairs
<b>7</b>	Strengthen the partnership with Local Drug Action Groups to implement evidence-based initiatives at a local level.	<b>Drug and Alcohol Office</b> WA Police WA Health Local Government

## KEY STRATEGIC DIRECTION 2

### COMMUNITY ACTION TO SUPPORT RESPONSES TO ALCOHOL-RELATED PROBLEMS

<b>Outcome</b>	Increased capacity and commitment of communities to take ownership and control of factors within their local environment which impact on alcohol-related problems.
<b>Strategy Area 1</b>	<b>Community Action in Relation to Local Alcohol Problems</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Support Enough is Enough Alcohol Education Program to build community capacity to develop evidence-based initiatives.	Drug and Alcohol Office
<b>2</b>	Encourage and support local government to support community action.	Drug and Alcohol Office Local Government
<b>3</b>	Work with local government to develop an alcohol policy and management plan from a model that outlines local government processes for dealing with liquor licence applications and community alcohol problems through the Local Government Alcohol Project.	<b>Drug and Alcohol Office</b> Local Government WA Health Office of Crime Prevention
<b>4</b>	Direct government community-related funding to support programs that develop safer drinking environments.	Drug and Alcohol Office
<b>4</b>	Develop Enough is Enough website to provide assistance/direction for the community to deal with alcohol problems and harm.	Drug and Alcohol Office
<b>5</b>	Workforce development to implement evidence-based initiatives at a regional level.	Drug and Alcohol Office
<b>6</b>	Build partnerships with media outlets to raise community awareness about alcohol-related problems and possible solutions, and how alcohol is portrayed.	All relevant government agencies
<b>7</b>	Facilitate the development of regional networks and strategic prevention activity plans between prevention stakeholders at a regional level.	Drug and Alcohol Office
<b>8</b>	Develop capacity for responsible service of alcohol training for all bar staff.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police WA Health
<b>9</b>	Public education regarding drink driving enforcement.	Office of Road Safety
<b>10</b>	Community action groups to promote a community development approach to building stronger communities and fostering Aboriginal community governance based on a culturally secure model.	Department of Indigenous Affairs
<b>11</b>	Fund Local Drug Action Groups and support the development of evidence-based initiatives to address hazardous and harmful alcohol use at a local level.	Drug and Alcohol Office

# KEY STRATEGIC DIRECTION 2

## COMMUNITY ACTION TO SUPPORT RESPONSES TO ALCOHOL-RELATED PROBLEMS

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>12</b>	State-wide sharing of appropriate information between community groups and agencies for the purpose of reducing alcohol-related problems.	All relevant agencies
<b>13</b>	Investigate the development of a centralised database of key measures of alcohol-related problems for use by communities to develop evidence-based initiatives.	Drug and Alcohol Office
<b>14</b>	Implement the Community Leadership Program to provide training throughout Western Australia to community leaders, including Aboriginal leaders and people interested in becoming leaders in their community.	Local Government
<b>15</b>	Develop and implement a community awareness strategy, including the development of culturally secure resources to increase the ability of the community to participate in liquor licensing matters.	<b>Drug and Alcohol Office</b> WA Health Department of Indigenous Affairs WA Police
<b>16</b>	Conduct a forum or summit to discuss the problems associated with drunkenness in the community and raise awareness about the issue and possible solutions.	Community-based agencies
<b>17</b>	Support the establishment of a non-government community advocate for alcohol-related matters.	Drug and Alcohol Office

## KEY STRATEGIC DIRECTION 2

### COMMUNITY ACTION TO SUPPORT RESPONSES TO ALCOHOL-RELATED PROBLEMS

<b>Outcome</b>	Increased capacity and commitment of communities to take ownership and control of factors within their local environment which impact on alcohol-related problems.
<b>Strategy Area 2</b>	<b>Media-Based Community Awareness Programs</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Establish and continue support for Enough is Enough media-based state-wide alcohol education program and evaluation of impact.	Drug and Alcohol Office
<b>2</b>	Develop the Enough is Enough website to provide assistance/direction to deal with alcohol problems and harm for the community.	Drug and Alcohol Office
<b>3</b>	Establish a partnership with media outlets to raise community awareness about alcohol-related problems and possible solutions, and how alcohol is portrayed.	All relevant government agencies
<b>4</b>	Implement public education campaigns on crash risk associated with drink driving and intoxicated pedestrians.	Office of Road Safety
<b>5</b>	Identify and network groups in the community who might be concerned about alcohol-related harm (e.g. road trauma arising from drink driving) to encourage a comprehensive community-wide approach.	Drug and Alcohol Office WA Health WA Police Office of Road Safety
<b>6</b>	Promote awareness in the community about the risks associated with alcohol use during pregnancy.	Drug and Alcohol Office WA Health
<b>7</b>	Prioritise the development of health promotion resources and activities targeted towards alcohol use in pregnancy.	Drug and Alcohol Office WA Health
<b>8</b>	Develop a program to build capacity of local groups to reduce alcohol-related problems in their communities using an evidence-based approach.	Drug and Alcohol Office
<b>9</b>	Conduct a forum to advance strategic relationships between the drug and alcohol and family and domestic violence sectors.	Department for Community Development (Family and Domestic Violence Unit)
<b>10</b>	Implement public education initiatives regarding drink driving enforcement.	Office of Road Safety

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 1</b>	<b>Enforcing Laws that Prohibit Drinking Under the Age of 18 Years</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Conduct regular targeted operations focused on enforcing the minimum age drinking laws in WA.	WA Police
<b>2</b>	Work with liquor industry and relevant accredited training organisations to include in the Short Course for Liquor Licensing a component that addresses the development and implementation of management practices to prevent access to alcohol by minors.	Department of Racing, Gaming and Liquor WA Police Drug and Alcohol Office
<b>3</b>	Develop community awareness strategies as part of the Enough is Enough Alcohol Education Program about the role of liquor licensing laws in reducing the problems associated with underage drinking.	Drug and Alcohol Office
<b>4</b>	Promote and support the coordination of community based approaches to reducing the availability of alcohol to underage people.	<b>Drug and Alcohol Office</b> All relevant agencies
<b>5</b>	Develop and promote signage for licensed premises regarding service of alcohol to those underage and acceptable forms of identification.	<b>Drug and Alcohol Office</b> WA Police Department of Racing, Gaming and Liquor
<b>6</b>	Participate in local Alcohol Accords to reduce alcohol-related problems including underage drinking.	All relevant agencies
<b>7</b>	Develop capacity for responsible service of alcohol training for all bar staff.	Drug and Alcohol Office WA Police WA Health Department of Racing, Gaming and Liquor
<b>8</b>	Support communities in the development of initiatives to assist in addressing identified issues during school leavers' week.	Department of Premier and Cabinet (Office of Crime Prevention) Drug and Alcohol Office Department of Education and Training (SDERA) WA Police Department of Community Development

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 2</b>	<b>Responsible Alcohol Service with Enforcement of Liquor Licensing Laws</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Further develop the capacity of police to implement intelligence-led proactive policing of liquor licensing laws.	WA Police Drug and Alcohol Office Office of Crime Prevention
<b>2</b>	Review strategies to more effectively address the reduction of service to intoxicated people.	Department of Racing, Gaming and Liquor WA Police Drug and Alcohol Office WA Health Local Government
<b>3</b>	Work with local government to develop an alcohol policy and management plan from a model that outlines local government processes for dealing with liquor licence applications and community alcohol problems through the Local Government Alcohol Project.	<b>Drug and Alcohol Office</b> Local Government WA Health Office of Crime Prevention
<b>4</b>	Develop clear and specific key performance indicators to report activities that aim to reduce alcohol-related harms associated with licensed premises.	WA Police Department of Racing, Gaming and Liquor WA Health Drug and Alcohol Office Local Government
<b>5</b>	Develop a Code of Practice for the use of registered crowd controllers to reduce alcohol-related aggression and violence in relation to licensed premises as part of the Night Venues and Entertainment Events Project.	<b>Drug and Alcohol Office</b> WA Police Department of Racing, Gaming and Liquor
<b>6</b>	Develop capacity for responsible service of alcohol training for all bar staff.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police WA Health
<b>7</b>	Develop and promote signage for licensed premises regarding liquor licensing laws.	<b>Drug and Alcohol Office</b> WA Police Department of Racing, Gaming and Liquor

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

	Key Government Actions	Responsible Agencies
8	Participate in local Alcohol Accords to reduce alcohol-related problems.	All relevant agencies
9	Review approval processes and requirements for Occasional Licences to ensure safer event management.	WA Health Local Government Drug and Alcohol Office WA Police Department of Racing, Gaming and Liquor
10	Monitor liquor licence applications and submit interventions where necessary in relation to harm or ill-health that may be caused due to the use of alcohol.	WA Police WA Health Drug and Alcohol Office Local Government
11	Explore means of introducing a risk management requirement for Occasional Licences to include compliance with safe event management guidelines as a condition for obtaining an Occasional Licence.	WA Health Local Government Drug and Alcohol Office WA Police Department of Racing, Gaming and Liquor
12	Investigate a monitoring and recording system for performance of event managers and organisations to identify those who fail to comply with safe event management guidelines.	WA Police Local Government WA Health Drug and Alcohol Office Department of Racing, Gaming and Liquor
13	Support local sporting clubs and associated funding organisations in the development of responsible service of alcohol policies and practices.	Drug and Alcohol Office WA Police WA Health
14	Raise community awareness about the legal requirements for the responsible service of alcohol.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police
15	Support community action to create safer drinking environments.	Drug and Alcohol Office All relevant agencies

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 3</b>	<b>Outlet Density</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Support the establishment of a national research project to develop a model to determine appropriate outlet density based on combinations of local risk factors.	Drug and Alcohol Office
<b>2</b>	Work with local government to develop an alcohol policy and management plan to support and strengthen the ability of local government and the community to influence the number and type of liquor licences in accordance with local amenity as part of the Local Government Alcohol Project.	Drug and Alcohol Office Local Government WA Health Office of Crime Prevention
<b>3</b>	Provide a resource to support communities to be involved in liquor licensing matters.	Drug and Alcohol Office
<b>4</b>	Establish an information system that provides data about alcohol-related problems for use by communities.	Drug and Alcohol Office WA Police WA Health Office of Road Safety



# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 4</b>	<b>Outlet Trading Hours</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Develop and implement strategies that support and strengthen the focus on a reduction of alcohol-related harm and other alcohol-related problems in relation to outlet trading hours.	Drug and Alcohol Office WA Health WA Police Department of Racing, Gaming and Liquor Local Government
<b>2</b>	Investigate and promote mechanisms that encourage community awareness and participation in local liquor licensing matters.	Drug and Alcohol Office Department of Racing, Gaming and Liquor WA Health WA Police Department of Indigenous Affairs
<b>3</b>	Work with key stakeholders to prevent and minimise specific harms known to be associated with late trading hours.	Drug and Alcohol Office WA Health WA Police Department of Racing, Gaming and Liquor Local Government
<b>4</b>	Participate in Alcohol Accords to reduce alcohol-related harm.	All relevant agencies
<b>5</b>	Assess adequacy of public transport provisions in relation to extended trading hours.	Drug and Alcohol Office
<b>6</b>	Monitor liquor licence applications and submit interventions where necessary in relation to harm or ill-health that may be caused due to the use of alcohol.	WA Health Drug and Alcohol Office WA Police Local Government
<b>7</b>	Further develop the capacity of police to implement intelligence-led policing of liquor licensing laws.	WA Police Drug and Alcohol Office Office of Crime Prevention
<b>8</b>	Maintain a high-profile random breath testing program.	WA Police
<b>9</b>	Develop and implement a community awareness strategy, including the development of culturally secure resources to increase the ability of the community to participate in liquor licensing matters.	Drug and Alcohol Office WA Health Department of Indigenous Affairs

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"><li>• An increase in awareness of what can make a safer drinking environment.</li><li>• An increase in the number of safer drinking environments.</li></ul>
<b>Strategy Area 5</b>	<b>Taxation</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Encourage a federal investigation into the feasibility of introducing uniform volumetric tax on alcohol products including wine and ready-to-drinks (RTDs).	Drug and Alcohol Office WA Health
<b>2</b>	Encourage the Commonwealth Government to establish a direct link between alcohol taxation and funds for prevention and treatment initiatives related to hazardous and harmful alcohol use.	Drug and Alcohol Office WA Health

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 6</b>	<b>Alcohol Advertising and Price Discounting</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Explore the expansion of the responsible promotion guidelines policy to include off-premises alcohol sales.	Department of Racing, Gaming and Liquor
<b>2</b>	Conduct a review into alcohol advertising in Western Australia and develop appropriate responses and promote the responsible advertising of alcohol.	Drug and Alcohol Office
<b>3</b>	Encourage a federal review of the application of the National Competition Policy and Trade Practices Act in recognition that alcohol is not an ordinary consumer product and that current interpretations can restrict the ability to apply evidence-based solutions to reduce harm.	Drug and Alcohol Office
<b>4</b>	Develop the Enough is Enough website to include raising awareness about the Alcohol and Beverages Advertising Code.	Drug and Alcohol Office
<b>5</b>	Participate in Alcohol Accords to reduce the irresponsible promotion of alcohol.	All relevant agencies
<b>6</b>	Lodge objections to inappropriate alcohol advertising.	All relevant agencies

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 7</b>	<b>Alcohol Management in Aboriginal Communities</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Develop and implement <i>Strong Spirit Strong Mind : Western Australian Aboriginal Alcohol and Other Drugs Plan 2005-2009</i> .	Drug and Alcohol Office WA Health
<b>2</b>	Work in collaboration with Aboriginal communities and the liquor industry to review and develop culturally secure strategies to reduce alcohol-related harm among Aboriginal people.	Drug and Alcohol Office WA Health Department of Racing, Gaming and Liquor WA Police
<b>3</b>	Support the development of language and culturally secure information for Aboriginal communities about the rights and responsibilities of communities in relation to laws relating to alcohol.	<b>Drug and Alcohol Office</b> WA Health
<b>4</b>	Ensure and promote networking, information sharing and coordination between health, law enforcement and community agencies at a state and local level.	All relevant agencies
<b>5</b>	Promote and utilise an intelligence-led approach to address the unlawful supply and use of liquor.	<b>WA Police</b> WA Health Department of Indigenous Affairs
<b>6</b>	Conduct further research and evaluation on the effectiveness of current interventions in Aboriginal communities.	WA Health
<b>7</b>	Investigate plausibility of using the Enough is Enough Alcohol Education Program as a message for Aboriginal communities.	Drug and Alcohol Office
<b>8</b>	Adapt guidelines for better practice for licensed venues operating in Aboriginal communities.	<b>Drug and Alcohol Office</b> WA Health
<b>9</b>	Progress work on community by-laws. Community by-laws give the community the capacity to prohibit or regulate alcohol in community lands.	Department of Indigenous Affairs
<b>10</b>	Progress work with Aboriginal community patrols and support the Patrols Service to respond to local alcohol issues and related social justice matters.	Department of Indigenous Affairs

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 8</b>	<b>Prevention of Alcohol-Related Road Trauma</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Implement drink driving initiatives consistent with <i>Arriving Safely</i> Strategy.	Office of Road Safety
<b>2</b>	Collaborate with road safety and alcohol and other drug agencies to share resources and information where there is mutual interest.	WA Police Office of Road Safety WA Health Drug and Alcohol Office Department for Planning and Infrastructure
<b>3</b>	Implement effective interventions to reduce recidivist drink driving.	WA Police Office of Road Safety Department of Justice Department of Planning and Infrastructure
<b>4</b>	Focus on pre-driver education through the Road Aware Keys for Life pre-driver education program (school-based program for 15 to 16-year-old students) and the Steps to Safer Driving workshop (for parents of pre-drivers).	Department of Education and Training (SDERA)
<b>5</b>	Maintain high profile random breath testing program.	WA Police
<b>6</b>	Implement intelligence-led policing to deploy resources where and when drink driving is most common.	WA Police
<b>7</b>	Implement public education campaigns on crash risk associated with drink driving and intoxicated pedestrians.	Office of Road Safety
<b>8</b>	Develop and implement public education initiatives regarding drink driving enforcement.	Office of Road Safety
<b>9</b>	Deliver and promote responsible service of alcohol training for casual bar staff to reduce incidence of service to the point of intoxication.	Drug and Alcohol Office WA Police WA Health
<b>10</b>	Monitor liquor licence applications and licensed premises and submit interventions where necessary in relation to harm or ill-health that may be caused due to the use of alcohol.	WA Police WA Health Drug and Alcohol Office Local Government

# KEY STRATEGIC DIRECTION 3

## RESPONSIBLE SUPPLY AND SERVICE OF ALCOHOL

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• An increase in awareness of what can make a safer drinking environment.</li> <li>• An increase in the number of safer drinking environments.</li> </ul>
<b>Strategy Area 9</b>	<b>Responsible Access and Supply of Alcohol in Unlicensed Settings</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Develop initiatives and targeted resources that inform hosts about their rights and obligations when providing alcohol to guests on unlicensed premises.	Drug and Alcohol Office
<b>2</b>	Develop initiatives and targeted resources that inform organisers of large public events about their rights, obligations and responsibilities when providing alcohol to guests on unlicensed premises.	WA Health Drug and Alcohol Office WA Police Department of Premier and Cabinet (Office of Crime Prevention)
<b>3</b>	Investigate and strengthen legislative and regulatory provisions within local government that support a safer community with regard to alcohol-related problems.	Local Government Drug and Alcohol Office
<b>4</b>	Promote and support the development of local government alcohol management plans as part of the Local Government Alcohol Project.	<b>Drug and Alcohol Office</b> Local Government WA Health Office of Crime Prevention
<b>5</b>	Support communities in the development of evidence-based initiatives to assist in addressing identified alcohol problems during school leavers' week.	Drug and Alcohol Office WA Police Department for Community Development Department of Education and Training (SDERA) Local Government
<b>6</b>	Develop capacity of communities to use evidence-based initiatives to reduce problems in unlicensed settings.	Drug and Alcohol Office

# KEY STRATEGIC DIRECTION 4

## ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS

<b>Outcome</b>	<ul style="list-style-type: none"> <li>Enhanced access to a range of high quality health care services for the management of alcohol dependence and problem drinking.</li> <li>Improved awareness and capacity of people working in health care settings to identify alcohol-related problems via increased screening and brief interventions.</li> <li>Enhanced access to treatment and rehabilitation program for offenders with underlying alcohol problems, that is linked to the offending behaviour.</li> </ul>
<b>Strategy Area 1</b>	<b>Treatment and Support For Alcohol-Related Problems and Dependence</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Targeted provision of information to clients of the full range of options available to manage problem drinking and alcohol dependence.	<b>Drug and Alcohol Office</b> WA Health WA Police Department for Community Development
<b>2</b>	Review and update the Drug and Alcohol Office's <i>Strategic Framework for Enhancing Access to Treatment and Support Service 2003-2005</i> to ensure enhanced access to evidence-based treatment.	Drug and Alcohol Office
<b>3</b>	Include the provision of alcohol withdrawal management and treatment services in accreditation requirements for major public and private hospitals.	WA Health Drug and Alcohol Office
<b>4</b>	Provide a 24-hour phone service providing specialist alcohol and other drug advice for health workers.	Drug and Alcohol Office
<b>5</b>	Provide a 24-hour advice and counselling service to people, including parents, affected by alcohol use.	Drug and Alcohol Office
<b>6</b>	Ensure access to professional training in effective responses to alcohol problems.	Drug and Alcohol Office
<b>7</b>	Review the utilisation of sobering up centres in WA.	Drug and Alcohol Office
<b>8</b>	Establish linkages between mental health and drug and alcohol data collections.	WA Health Drug and Alcohol Office
<b>9</b>	Improve the capacity of, and access to and between, services for people with co-existing alcohol and mental health problems.	WA Health Drug and Alcohol Office
<b>10</b>	Promote and support a single set of guidelines for the treatment of alcohol problems.	Drug and Alcohol Office
<b>11</b>	Develop clinical protocols regarding referral and management of people who have a co-morbidity (mental and physical illness, alcohol intoxication and withdrawal).	WA Health Drug and Alcohol Office

## KEY STRATEGIC DIRECTION 4

### ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>12</b>	Develop appropriate strategies for the prevention of Foetal Alcohol Syndrome and identification and support of children with Foetal Alcohol Syndrome.	WA Health Disability Services Drug and Alcohol Office
<b>13</b>	Increase the capacity of public mental health services for consumers with a co-existing mental health and alcohol problem.	WA Health Drug and Alcohol Office
<b>14</b>	Work with rural health services to improve access to alcohol withdrawal management for rural and remote people.	Drug and Alcohol Office
<b>15</b>	Facilitate links to Commonwealth general practitioner incentives and programs that seek to improve care for those with chronic conditions, mental health and co-morbid conditions.	Drug and Alcohol Office
<b>16</b>	Continue to provide a range of treatment and support options for alcohol-related problems through government and non-government agencies	Drug and Alcohol Office



# KEY STRATEGIC DIRECTION 4

## ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS

<b>Outcome</b>	<ul style="list-style-type: none"> <li>Enhanced access to a range of high quality health care services for the management of alcohol dependence and problem drinking.</li> <li>Improved awareness and capacity of people working in health care settings to identify alcohol-related problems via increased screening and brief interventions.</li> <li>Enhanced access to treatment and rehabilitation program for offenders with underlying alcohol problems, that is linked to the offending behaviour.</li> </ul>
<b>Strategy Area 2</b>	<b>Health Service Reorientation to Increase the Use of Screening and Brief Interventions</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Establish operational instructions, guidelines, review resources, and provide support for workers in primary health settings to implement brief interventions.	WA Health Drug and Alcohol Office
<b>2</b>	Provide training and targeted resources to support general practitioners and other relevant medical practitioners in screening and using brief interventions with their patients.	<b>Drug and Alcohol Office</b> WA Health
<b>3</b>	Provide training for health workers in primary care settings to enable screening and identification of risky alcohol use and the ability and confidence to instigate brief interventions with clients when required.	Drug and Alcohol Office WA Health
<b>4</b>	Identify and disseminate clinical guidelines on responding to alcohol problems to all major health services within government and non-government agencies.	Drug and Alcohol Office
<b>5</b>	Work with general practice and other health settings to overcome barriers to using brief intervention and provide incentives (or link to existing incentives) where appropriate.	Drug and Alcohol Office WA Health
<b>6</b>	Promote and support the use of standardised screening techniques.	WA Health Drug and Alcohol Office
<b>7</b>	Investigate barriers for health care providers in using existing clinical guidelines and screening tools in order to develop strategies to facilitate their use.	Drug and Alcohol Office
<b>8</b>	Promote tools that support the identification of risky alcohol use in women of childbearing age as part of health-related examination in WA hospitals, health services and by general practitioners.	<b>WA Health</b> Drug and Alcohol Office

# KEY STRATEGIC DIRECTION 4

## ENHANCING ACCESS TO TREATMENT AND SUPPORT FOR ALCOHOL-RELATED PROBLEMS

<b>Outcome</b>	<ul style="list-style-type: none"> <li>Enhanced access to a range of high quality health care services for the management of alcohol dependence and problem drinking.</li> <li>Improved awareness and capacity of people working in health care settings to identify alcohol-related problems via increased screening and brief interventions.</li> <li>Enhanced access to treatment and rehabilitation program for offenders with underlying alcohol problems, that is linked to the offending behaviour.</li> </ul>
<b>Strategy Area 3</b>	<b>Diversion and Other Judicial Programs for Offenders with Alcohol-Related Problems</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Review the Drug and Alcohol Office's <i>Strategic Framework For Enhancing Access To Treatment and Support Service 2003-2005</i> initiatives, including those identified in the section entitled Enhancing Access to Diversion Options for Offenders with Alcohol and Other Drug-related Issues.	Drug and Alcohol Office
<b>2</b>	Seek support of the Commonwealth Government to broaden drug diversion support to include people with alcohol as their primary drug of concern.	Drug and Alcohol Office
<b>3</b>	Conduct research on: <ul style="list-style-type: none"> <li>The impact of imprisonment on alcohol dependency.</li> <li>The impact of alcohol reduction programs on offending.</li> <li>Culturally secure alcohol and offending programs.</li> <li>Therapeutic communities and alcohol-related problems.</li> </ul>	Department of Justice

# KEY STRATEGIC DIRECTION 5

## INFORMATION AND MONITORING

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Monitored progress on the reduction of alcohol-related problems in Western Australia.</li> <li>• Monitored implementation of the Alcohol Plan to ensure an evidence-based approach is being followed.</li> <li>• Disseminated information and research that informs the development and implementation of initiatives using an evidence-based approach.</li> </ul>
<b>Strategy Area 1</b>	<b>Information About Alcohol-Related Problems</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Progress as a matter of urgency, the establishment of a standing interagency coordination group to share and consolidate alcohol-related information for use state-wide, regionally and locally.	Drug and Alcohol Office
<b>2</b>	Collect alcohol sales data.	Department of Racing, Gaming and Liquor
<b>3</b>	Conduct three-yearly, state-wide prevalence surveys of alcohol use.	Drug and Alcohol Office
<b>4</b>	Incorporate recording of alcohol-related presentations into health service protocols.	WA Health
<b>5</b>	Promote and expand the Incident Management System to support intelligence-led policing of alcohol-related problems.	WA Police
<b>6</b>	Implement alcohol-related injury surveillance through emergency departments of selected hospitals.	WA Health
<b>7</b>	Encourage evidence-based research and evaluations of programs in health care settings.	WA Health Drug and Alcohol Office
<b>8</b>	Link data collections to existing primary care databases.	Drug and Alcohol Office WA Health
<b>9</b>	Encourage sharing of information between community groups and agencies (government and non-government) for the purpose of reducing alcohol-related problems.	All agencies

# KEY STRATEGIC DIRECTION 5

## INFORMATION AND MONITORING

<b>Outcome</b>	<ul style="list-style-type: none"> <li>• Monitored progress on the reduction of alcohol-related problems in Western Australia.</li> <li>• Monitored implementation of the Alcohol Plan to ensure an evidence-based approach is being followed.</li> <li>• Disseminated information and research that informs the development and implementation of initiatives using an evidence-based approach.</li> </ul>
<b>Strategy Area 2</b>	<b>Monitoring Alcohol Plan Progress</b>

	<b>Key Government Actions</b>	<b>Responsible Agencies</b>
<b>1</b>	Coordinate annual reporting about progress on the implementation and performance of the Alcohol Plan.	Drug and Alcohol Office
<b>2</b>	Develop clear and specific key performance indicators developed to report activities that aim to reduce alcohol-related harms associated with licensed premises.	WA Police Department of Racing, Gaming and Liquor WA Health Drug and Alcohol Office Local Government
<b>3</b>	Evaluate media-based community awareness programs to assess behavioural impacts.	All relevant government agencies
<b>4</b>	Collect wholesale alcohol sales data.	Department of Racing, Gaming and Liquor
<b>5</b>	Collect and report on local alcohol-related harm data.	WA Health WA Police

## REFERENCES

---

- <sup>1</sup> Collins, D. Lapsley, H. (2002) Counting the cost: estimates of the social cost of drug abuse in Australia in 1998-99, Monograph series no 49. Canberra: Commonwealth Department of Health and Ageing.
- <sup>2</sup> Drug and Alcohol Office and Department of Health (2003) Indicators of drug use: regional and state profiles Western Australia. Perth: Drug and Alcohol Office.
- <sup>3</sup> Unwin, E. Codde, JP. Bartu, A. (2004) The impact of alcohol on the health of Western Australians. Epidemiology Occasional Paper 19, ISSN: 1329-7252. Perth: Drug and Alcohol Office and the Health Information Centre, Department of Health.
- <sup>4</sup> Drug and Alcohol Office and Department of Health, 2003.
- <sup>5</sup> Gordon, S. Hallahan K, Henry, D. (2002) Putting the picture together, Inquiry into response by Government agencies to complaints of family violence and child abuse in Aboriginal Communities. Perth: Department of Premier and Cabinet.
- <sup>6</sup> Legge, M. Gavin, AL. Cercarelli, L.R. (2004) Reported road crashes in Western Australia 2001. Perth: Road Safety Council of Western Australia.
- <sup>7</sup> Legge et al, 2004.
- <sup>8</sup> Smeaton, D. (2005) Alcohol – the real facts. 8th National Rural Health Conference, 10-13 March, 2005. AER Foundation Ltd.
- <sup>9</sup> TNS Social Research. (2004) Public drunkenness baseline survey: a marketing research report. Perth: Drug and Alcohol Office.
- <sup>10</sup> Drug and Alcohol Office (2002b) Occasional paper no.7. May 2002. Alcohol-related harm in Western Australia. Perth: Drug and Alcohol Office.
- <sup>11</sup> Doherty, S. Roche, A. (2003) Alcohol and licensed premises: best practice in policing. A monograph for police and policy makers. National Drug Law Enforcement Research Fund, Commonwealth of Australia.
- <sup>12</sup> Drug and Alcohol Office and Department of Health, 2003.
- <sup>13</sup> Smeaton, 2005.
- <sup>14</sup> Toumbourou, J. (2002) Drug prevention strategies: a developmental settings approach. Prevention Research Evaluation Report, Number 2. [online] Available from: [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au).
- <sup>15</sup> Department of Community Development. (2001) The role of parental alcohol and drug use in care and protection applications, unpublished.

<sup>16</sup> Department of Community Development. (2004) The role of parental alcohol and drug use in care and protection applications, unpublished.

<sup>17</sup> Loxley, W. Toumbouro, J. Stockwell, T. Haines, B. Scott, K. Godfrey, C. Water, E. Patton, G. Fordham, R. Gray, D. Marshall, J. Ryder, D. Sagger, S. Sanci, L. Williams, J. (2004) The Prevention of Substance Use, Risk, and Harm in Australia: A Review of the evidence. National Drug Research Institute and Commonwealth Department of Health and Ageing. (In press)

<sup>18</sup> Sanders, M.R. Markie Dadds, C. Turner, K.M.T (2003) Theoretical, scientific and clinical foundations of the Triple P Positive Parenting Program: A population approach to the promotion of parenting competence, *Parenting and Family Support Centre, The University of Queensland Parenting Research and Practice Monograph No.1.*

<sup>19</sup> Midford, R. McBride, N. (2001) Alcohol education in schools. In: Heathers, N. Peters, T. Stockwell, T. (eds.) *International handbook of alcohol dependence and problems.* Chichester: John Wiley & Sons Ltd.

<sup>20</sup> Meyer, L. Cahill, H. (2003) Principles for School Drug Education. Canberra: Commonwealth Department of Education, Science and Training.

<sup>21</sup> McBride, N. Farrington, F. Midford, R. Meuleners, L. and Philip, M. (2004). Harm Minimisation in School Drug Education. Final Results of the School Health and Alcohol Harm Reduction Project (SHAHRP). *Addiction*, 99, pp. 278-291.

<sup>22</sup> Loxley et al, 2004.

<sup>23</sup> Loxley et al, 2004.

<sup>24</sup> Loxley et al, 2004.

<sup>25</sup> Loxley et al, 2004.

<sup>26</sup> Loxley et al, 2004.

<sup>27</sup> Chikritzhs, T. Pascal, R. (2004) Trends in youth alcohol consumption and related harms in Australian jurisdictions, 1990 – 2002. National Alcohol Indicators, Bulletin No. 6. Perth: National Drug Research Institute, Curtin University of Technology.

<sup>28</sup> Drug and Alcohol Office and Population Health Division, Department of Health (Western Australia) and the Centre for Behavioural Research in Cancer, Anti-Cancer Council of Victoria. (2002a) Alcohol consumption among Western Australian schools students in 1999. Perth: Drug and Alcohol Office and Population Health Division, Department of Health.

<sup>29</sup> Loxley et al, 2004.

<sup>30</sup> Loxley et al, 2004

- 
- <sup>31</sup> McBride et al, 2004.
- <sup>32</sup> Treno, A. Holder, H. (2001) Prevention at a Local Level. In: Heather, N. Peters, T.J. Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd.
- <sup>33</sup> Treno and Holder 2001
- <sup>34</sup> Treno and Holder 2001
- <sup>35</sup> Treno and Holder 2001
- <sup>36</sup> Brady, M. (1998) *The Grog Book: strengthening indigenous community action on alcohol*. Goanna Print, Fyshwick ACT.
- <sup>37</sup> Loxley et al, 2004.
- <sup>38</sup> Loxley et al, 2004.
- <sup>39</sup> Treno and Holder, 2001.
- <sup>40</sup> Cooper, M. Midford, R. Jaeger, J. Hall, C. (2001) *Partysafe evaluation report*. Perth: National Drug Research Institute, Curtin University of Technology.
- <sup>41</sup> Loxley et al, 2004.
- <sup>42</sup> Loxley et al, 2004.
- <sup>43</sup> Grube, J.W. (1997) Preventing sales of alcohol to minors: Results from a community trial. *Addiction*, Vol 92 (Suppl. 2), S251 – 60
- <sup>44</sup> Wagenaar, A.C. Toomey, T.L. (2000) Alcohol policy: gaps between legislative action and current research. *Contemporary Drug Problems*, Vol 27, pp 681 - 733
- <sup>45</sup> Stockwell, T. Gruenewald, P. (2001) Controls on the physical availability of alcohol. In: Heather, N. Peters, T.J. Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd.
- <sup>46</sup> Stockwell, T.R., Rydon, P., Lang, E. and Beel, A.C. (1993) An evaluation of the 'Freo Respects You' responsible alcohol service project. National Centre for Research into the Prevention of Drug Abuse, Division of Health Sciences, Curtin University of Technology, Perth, Western Australia. pp. 61-68. [CH29]
- <sup>47</sup> Loxley et al, 2004.
- <sup>48</sup> Loxley et al, 2004.
- <sup>49</sup> Stockwell and Gruenewald, 2001.
- <sup>50</sup> Stockwell and Gruenewald, 2001.

- <sup>51</sup> Brinkman, S. Stockwell, T. Chikritzhs, T. Mathewson, P. (2000) An indicator approach to the measurement of alcohol-related violence. In: Williams, P. (ed) *Alcohol, young people and violence*. Canberra: Australian Institute of Criminology, Research and Public Policy.
- <sup>52</sup> Loxley et al, 2004.
- <sup>53</sup> Loxley et al, 2004.
- <sup>54</sup> Wiggers J, Jauncey M, Considine R, Daly J, Kingsland M, Purss K, Burrows S, Nicholas C, Waites B. (2004) Strategies and outcomes in translating alcohol harm reduction research into practice: The Alcohol Linking Program. *Drug and Alcohol Review*. 2004 Sep 13; 23: 355-364.
- <sup>55</sup> Inner City Entertainment Precincts Taskforce (2005). A good night for all: Options for improving safety and amenity in inner city entertainment precincts. Victoria: Department of Justice, Victoria.
- <sup>56</sup> Stockwell and Gruenewald, 2001.
- <sup>57</sup> Wittman, F.D. (2005) Community control of alcohol and drug risk environments: The California experience. *Sixth Kettil Bruun Society symposium on community-based prevention of alcohol and drug-related problems*, Mandurah, Western Australia, February 28 – March 3, 2005. Curtin National Drug Research Institute.
- <sup>58</sup> Stockwell and Gruenewald, 2001.
- <sup>59</sup> Loxley et al, 2004.
- <sup>60</sup> Chikritzhs, T. Stockwell, T. (2002) The impact of later trading hours for Australian public houses (hotels) on levels of violence, *Journal of Studies on Alcohol*, vol. 63, no. 5, pp. 591 – 599.
- <sup>61</sup> Doherty and Roche, 2003.
- <sup>62</sup> Department of Racing, Gaming and Liquor. (2004) Decision number A128151, review of Newman restrictions.
- <sup>63</sup> Stockwell, T., Department of Health. (1998) Submission to the National Competition Policy review of the Liquor Licensing Act 1988. Perth: Department of Health.
- <sup>64</sup> Godfrey C. (1997) Can tax be used to minimise harm? A health economist's perspective. In Plant, M. Single, E. Stockwell, T (eds) *Alcohol. Minimising the harm. What works?* London: Free Association Books Ltd, pp 29 – 42.
- <sup>65</sup> Osterberg, E. (2001) Effects of Price and Taxation. In Heather, N. Peters, T.J. Stockwell, T. (eds) *International handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd.
- <sup>66</sup> Loxley et al, 2004.



- 
- <sup>67</sup> Chikritzhs, T., Stockwell, T.R., Hendrie, D., Ying, F., Fordham, R.J., Cronin, J., Olermann, K. and Phillips, M. (1999). The public health, safety and economic benefits of the Northern Territory's Living With Alcohol Program 1992/2 to 1995/6. Monograph No. 2. National Drug Research Institute, Curtin, Perth, WA. [M22]
- <sup>68</sup> Osterberg, 2001.
- <sup>69</sup> Wyllie, A. Zhang, JF. Casswell, S. (1998) Positive responses to televised beer advertisements associated with drinking and problems reported by 18 to 29-year-olds. *Addiction*, 1998; 93: 749-760.
- <sup>70</sup> Jones, S.C. Donovan, R.J. (2002) Self-regulation of alcohol advertising: is it working for Australia?, *Journal of Public Affairs*, Vol 2(3), pp153-165
- <sup>71</sup> Carroll, T.E. Donovan, R. (2002) Alcohol marketing on the Internet: new challenges for harm reduction, *Drug and Alcohol Review*, Vol 21, pp83-91.
- <sup>72</sup> National Committee for the Review of Alcohol Advertising. (2003) Report to the Ministerial Council of Drug Strategy: review of the self-regulatory system for alcohol advertising. Melbourne: National Committee for the Review of Alcohol Advertising.
- <sup>73</sup> Loxley et al, 2004.
- <sup>74</sup> National Drug Strategy Reference Group for Aboriginal and Torres Strait Islander Peoples (2003) The Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006. Canberra: Commonwealth of Australia.
- <sup>75</sup> Gray, D. Saggars, S. Atkinson, D. Sputore, B. Bourbon, D. (2000). Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions. *Australian and New Zealand Journal of Public Health* 2000; 24(1): 45-53.
- <sup>76</sup> D'Abbs, P. Togni, S. (2000) Liquor licensing and community action in regional and remote Australia: a review of recent initiatives. *Australian and New Zealand Journal of Public Health* 2000; 24(1): 45-53.
- <sup>77</sup> Martin, D.F. (1998) The supply of alcohol in remote aboriginal communities: potential policy directions from Cape York. Discussion paper No.162/1998. Canberra: Centre for Aboriginal Economic Policy Research, Australian National University.
- <sup>78</sup> D'abbs, P. (1998) Out of sight, out of mind? Licensed clubs in remote Aboriginal communities. *Australian and New Zealand Journal of Public Health* 1998; 22(6): 679-684.
- <sup>79</sup> D'abbs, P. (1989) Restricted areas and Aboriginal drinking. In Vernon, J (ed) *Alcohol and Crime: Proceedings of a Conference held 4-6 Apr 1989*.
- <sup>80</sup> Gray et al, 2000.

<sup>81</sup> Unwin et al, 2004.

<sup>82</sup> Legge et al, 2004.

<sup>83</sup> Road Safety Council (2003) Report of the Repeat Drink Driving Group. Perth: Road Safety Council.

<sup>84</sup> Road Safety Council, 2003.

<sup>85</sup> Road Safety Council, 2003.

<sup>86</sup> Legge et al, 2004.

<sup>87</sup> Cameron, M. Diamantopoulou, K. Mullan, N. Dyte, D. Gantze, S. (1997) Evaluation of the country random breath testing and publicity program in Victoria, 1993-1994.

<sup>88</sup> Smeaton, 2005.

<sup>89</sup> NFO Donovan Research (2001) Host Responsibility Program post evaluation report. Perth: Drug and Alcohol Office (unpublished).

<sup>90</sup> Shand, F. Gates, J. Fawcett, J. & Mattick, R. (2003) The treatment of alcohol problems: A review of the evidence. National Alcohol Strategy, NDARC & Commonwealth Department of Health and Ageing, June 2003.

<sup>91</sup> WA Drug Abuse Strategy Office. (2001) Utilisation of sobering up centres and their impact on detentions for drunkenness in WA 1999-2000, Statistical Bulletin Number 11, April 2001, WADASO.

<sup>92</sup> Loxley et al, 2004.

<sup>93</sup> Miller, W.R., and Sanchez, V.C. (1993) Motivating young adults for treatment and lifestyle change. In: Howard, G., ed. *Issues in Alcohol Use and Misuse in Young Adults*. Notre Dame, University of Notre Dame Press, 1993.

<sup>94</sup> Loxley et al, 2004.

<sup>95</sup> Loxley et al, 2004.

<sup>96</sup> Gordon et al, 2002.

<sup>97</sup> Wiggers et al, 2004.

<sup>98</sup> McKnight AJ, Voas, RB. (2001) Prevention of alcohol-related road crashes. In: Heathers, N. Peters, T. Stockwell, T. (eds.) *International handbook of alcohol dependence and problems*. Chichester: John Wiley & Sons Ltd.



Drug and Alcohol Office  
Government of Western Australia

© Produced by Drug and Alcohol Office, 2006.