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DRAFT WA ALCOHOL PLAN FOR COMMUNITY CONSULTATION
October 2004



WA ALCOHOL PLAN

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COMMUNITY CONSULTATION DRAFT

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THE WA ALCOHOL PLAN

Why Have an Alcohol Plan?

Western Australians are concerned about the problems that stem 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 health and social benefits for some, hazardous and harmful alcohol use makes significant contributions to crime, social disruption, family breakdown and violence, injury, lost labour and productivity, property damage, road crashes and health costs.

The Alcohol Plan aims to reduce the impact that hazardous and harmful alcohol use have on the community by providing a common framework which will assist key stakeholders to work together towards this aim.

The Plan seeks to improve the health, wellbeing 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.

The Context of the Alcohol Plan

The WA Alcohol Plan is an initiative of the WA Drug and Alcohol Strategy.

The 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 Plan has been developed in the context of other key documents such as the *National Alcohol Strategy: A Plan for Action 2001 to 2003-04*, the *WA Drug and Alcohol Strategy 2002-2005*, and the *Drug and Alcohol Office Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005*.

Reporting on the WA Alcohol Plan will be integrated with existing and future reporting requirements of the WA Drug and Alcohol Strategy.

* 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.

* 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)

Who is the Plan for?

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

It is acknowledged that there are those who are at greater risk of experiencing alcohol-related problems and harm within the community. The 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, Indigenous people and their communities, and culturally and linguistically diverse populations.

There are also other Government strategies, policies and programs that are complementary to the WA Alcohol Plan, which will contribute to reducing alcohol-related problems. For example, there are strategies that address issues such as domestic violence (*Family and Domestic Violence Strategic Plan*), road safety (*Arriving Safely*), community safety (*Community Safety and Crime Prevention Strategy*) and those that target community groups such as Indigenous people (*WA Aboriginal Alcohol and Drug Strategy*).

Building on Past Achievements

The WA Alcohol Plan builds on a number of evidence-based achievements which have already had an impact on reducing alcohol-related harm in WA, 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 WA Liquor Act which 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 WA, such as: the Alcohol and Drug Information Service (ADIS) and the Parent Drug Information Service (PDIS), government and non-government treatment services such as Next Step, the Drug and Alcohol Clinics, Community Drug Service Teams, 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 WA. Collection of

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wholesale alcohol sales data and drink driving related data are examples of information and research initiatives that have been undertaken.

About the WA Alcohol Plan

There are five *Key Strategic Directions* within the 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 what the evidence indicates are 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 is 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 on 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 the *Key Strategic Direction*.

Strategy Area

How the outcomes of the *Key Strategic Direction* will be achieved.

Key Considerations for Implementation

A brief summary of current evidence and guidelines for conducting initiatives within the *strategy areas* underpinned by an evidence-based approach.

Key Government Initiatives

A brief description of some key initiatives that will be undertaken or led by Government agencies in cooperation with other agencies or groups.

Community

The term community is used to refer to a defined group of people. For example, those people who live and work in a local geographic area. Within each *Key Strategic Direction* the 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 that 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.
- Between 1992 and 2001 it was estimated that an average of 315 West Australians per year died from risky or high risk alcohol use.
- In 2001, alcohol was responsible for a total of 8,196 hospital admissions and 43,238 beddays in WA.
- Rates of alcohol-caused death and hospitalisation were higher in non-metropolitan than metropolitan areas in WA.
- The Western Australian Taskforce on Domestic Violence found that 42% of domestic violence incidents involved alcohol. However, alcohol is not an excuse for violence.
- Drink driving contributes to one in four fatal crashes in Western Australia.
- 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.
- The Gordon Inquiry found hazardous and harmful alcohol use to be significant contributing factors in family violence in Indigenous communities.
- A 2004 survey of West Australians aged 16 years and over found:
 - 46% said that they had personally suffered, or a family member of 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.
- The number of alcohol-related assaults in WA increased by 52% from 1991/92 to 1997/98.
- In approximately one-third of physical assaults or threatened physical assaults, the defendant had been drinking at the time the incident occurred.
- In 2004, a police area in WA recorded 85% of their work as being alcohol-related.
- In 2000, there were 17,468 admissions (65% males) to the ten sobering up centres in WA.
- From 1990 to 2002, 31,336 people accessed alcohol treatment programs at non-government organisations and 5,960 people were admitted to alcohol treatment programs at the Government Specialist drug and alcohol service.

**KEY STRATEGIC DIRECTION ONE:
HELPING YOUNG PEOPLE AVOID HIGH RISK ALCOHOL
CONSUMPTION**

While per capita alcohol consumption has declined in Australia over the past twenty 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**

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. Through focusing on these factors, efforts to reduce problems in one area are likely to also have an effect on other problems.

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. Family life during early childhood is increasingly 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 enhance the social and emotional wellbeing of children, which in turn can protect against future hazardous and harmful alcohol use and other social and health 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;

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- childcare to pre-school;
 - entering school; and
 - moving from primary to secondary school.
- The transition from primary school to secondary school is associated with a rapid increase in alcohol use. This suggests that predisposing factors 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 and human services, justice, community services, police, youth agencies and services for Indigenous people.
 - Resilience is described as an individual's response to risk, which is not fixed, but alters with changing circumstances. There are protective mechanisms that can counter risk factors and are developed through the ways in which people deal with life changes.
 - Interventions should build upon protective factors whilst working to reduce the presence of risk factors.
 - 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.

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, 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.

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; and

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- *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 wellbeing 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).
 - *SDERA 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 wellbeing 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 which impact on early childhood wellbeing;
- providing professional development programs for workers dealing with families to ensure improved identification and management of at-risk children;
- community groups and agencies supporting locally relevant innovative activities which support early childhood development; and

STRATEGY AREA 2:

IMPLEMENT EVIDENCE-BASED PRIMARY AND SECONDARY SCHOOL DRUG EDUCATION

The term 'school drug education' is used to describe alcohol and 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 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;

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providing interactive activities; providing teacher training; adopting a harm minimisation approach; and a focus on effecting behaviour change rather than influencing knowledge and attitudes.

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 wellbeing.
 3. Establish clearly identified educational outcomes for drug education which 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 appropriate, 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.
- 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*; and
 - Be mindful that any session they deliver is policy-based, age appropriate, linked to the school community, and appropriate to the different needs of their target group. They should also be part of ongoing, long-term programs, rather than one-off sessions.

Example of Evidence-based Initiatives

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 8, 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.

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.
- 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

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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 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.

Key Considerations for Implementation

- Interventions aimed at improving primary school social environments can have positive impacts in relation to youth alcohol use.
- Secondary school organisation and behaviour management practices may influence youth alcohol use.
- 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 anti-social, which are risk factors for future hazardous and harmful alcohol use.
- 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.

Example of Evidence-based Initiative

The Gatehouse Project (Victoria)

This program was designed to build the capacity of schools to promote adolescent emotional wellbeing and prevent negative health outcomes such as drug and alcohol 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 morbidity related with 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;

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- Behaviour Management and Discipline - addresses the issue of class sizes and challenging behaviour for students in Years 8 and 9; and
- Pathways to Health and Wellbeing in Schools - to improve the mental health and wellbeing 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

- Young people experience a high risk of harm such as alcohol-related road crashes, violence and injury. By preventing uncontrolled access to alcohol, this 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 last 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.
- 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

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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 on the Island to reduce alcohol-related harm and damage during the school leavers period. Key groups such as the police, Rottnest Island Authority, Drug and Alcohol Office, Department of Health, School Drug Education Project and volunteer groups worked together to implement a range of strategies on the Island. Strategies 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 the above strategies, 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.

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 prevent alcohol problems using the available resources.

Outcome

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

**STRATEGY AREA 1:
COMMUNITY ACTION IN RELATION TO LOCAL ALCOHOL PROBLEMS**

Building the ability of a community to have input into dealing with local alcohol problems can create changes in the accepted norms about alcohol use and reduce associated alcohol-related problems, including harm. Effective strategies require community participation and ownership of actions which result in positive outcomes for the whole community.

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 the community to implement planned action. Some of the alcohol-related problems that communities 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 individuals.
- 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.
- 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.

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- 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.
- There are regulatory systems in place that can assist communities to create safer environments. These systems allow them to raise concerns and help resolve problems related to alcohol availability in their local area using a legal framework.
- Training and support is necessary to enable community readiness and capacity to develop specific local strategies and interventions, and to pool resources across different stakeholder groups.

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 hotel in a suburb populated by large numbers of Aboriginal families. They worked with the local alcohol and drug treatment and support agency (COMPARI) who after a community meeting, which agreed to oppose the licence, put in an objection to the licence. Five main strategies were used in combination resulting in a successful outcome. These were:

- the collection of 1600 signatures on a petition opposing the tavern;
- the writing of submissions to the Geraldton 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); and
- conducting a random survey of residents.

Key Government Initiatives

- Support existing and new programs that build 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.
- Develop statewide information sharing between community groups and agencies for the purpose of reducing alcohol-related problems.
- 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.

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:

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- 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 the Community Advisory Council (CAC) that can raise issues of community concern regarding alcohol-related problems in WA with Government and other key influences.

STRATEGY AREA 2: MEDIA-BASED COMMUNITY AWARENESS PROGRAMS

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 reinforce specific environmental efforts to reduce high risk, alcohol-related activities such as drink driving and public drunkenness, and can be an important tool in community action.

Key Considerations for Implementation

- 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, health promotion, policy development and implementation, and coalition building and lobbying.
- Mass-media marketing can include use of media for advertising, education through entertainment, and publicity, often around new information about alcohol-related problems.
- Mass-media marketing is most effective if:
 - modest achievable objectives are established;
 - evaluation methods are used to establish the target audience, appropriate messages, method and media type; and
 - it is part of a larger community-based program.
- 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

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community who, through the media, highlight and advance public health 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.
- 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. Supportive media portrayal of 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 Carnarvon (WA) a cartoon strip was effectively used to present a responsible drinking message to the local community. The method used ongoing exploration of the themes related to over-consumption of alcohol in a non-confrontational, cost effective, locally relevant and humorous manner. It was able to address distinct local issues, whereas state and national campaigns cover broader concerns.

Key Government Initiatives

- Establish a new and 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 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, and how alcohol is portrayed.
- Identify and network 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.

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;

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- 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

- Many studies have shown that young people's access to alcohol in Australia is relatively easy.
- Preventing access to alcohol 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.
- 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

• 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.

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.
- 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%.

Example of Evidence-based Initiative

The Freo Respects You project was a project designed to increase the responsible service of alcohol in Fremantle in the early 1990s. The project was jointly steered by the WA Alcohol and Drug Authority, the Australian Hotels Association, the Cabaret Owners Association, the Liquor Licensing Division, the WA Police Service and 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.

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 in responsible service of alcohol training 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.
- Amend relevant legislation to require mandatory responsible service of alcohol training for all 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

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- 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 directly 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. 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 programs are supported and implemented by management, they tend to work in reducing levels of intoxication, and reducing the chance that drunken patrons will be served.

Key Considerations for Implementation

- International literature states that when responsible service of alcohol laws are not enforced by police on a regular basis, they are often ignored by alcohol retailers.
- As a general principle, compliance with the law is related not only to actual enforcement levels, but also the perceived likelihood of being detected.
- Western Australian research has indicated that the majority of harm such as drink driving crashes and assaults is 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 to make decisions that will work in a community and more effectively assess the overall outcome of any changes to the availability of alcohol.
- 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.

One of the main principles of the WA Liquor Act 1988 is to minimise the harm or ill-health caused due to the use of alcohol.

On a licensed premises in WA it is illegal to:

- Sell or supply alcohol to a person that 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.

In WA, it is a requirement that all licensees and approved managers must complete accredited responsible service of alcohol training.

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- Service of alcohol to people who are already intoxicated is a significant risk factor for experiencing alcohol-related harm.
- Server training for all persons who sell alcohol has been shown to produce significant reductions in alcohol-involved traffic crashes when at least 50% of servers had completed responsible service of alcohol training.
- 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.
- 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.

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 were 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 were associated with alcohol consumption on the intervention group of premises (32%) compared to a control group of premises (14%).

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

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.

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- 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.

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 when describing 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.

Key Considerations for Implementation

- Putting limits on the number of outlets within a certain area has the potential to control alcohol problems.
- The 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

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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 to 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 example to be inserted.

Key Government Initiatives

- Support the establishment of a national research project that develops a model to determine appropriate outlet density 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 licenses 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 occur 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 which 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 and when 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 the Government and community's ability to provide public transport, health, police and emergency services.

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Key Considerations for Implementation

- The 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.
- 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.
- Premises granted extended trading have been associated with substantial increases in alcohol sales, assaults on or near the licensed premises, 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.

Example of Evidence-based Initiative

A six-month liquor restrictions trial was held in Newman from 1 August 2003 to 31 January 2004. During this period, restrictions were imposed by the 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 anti-social 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.

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 harmony.
- Investigate and promote mechanisms that could assist communities to participate in local licensing matters.

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- 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 amongst 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 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. A tax system that is 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.
- 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.
- Per standard drink, rates of taxation on cask wine are about five times lower than on low and mid-strength beer.
- 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.

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- 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 positive change in 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 which can be expected to have had 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 Northern Territory Living with Alcohol 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.

Key Government Initiatives

- Encourage the Federal Government to investigate the feasibility of introducing a volumetric wine tax.
- Encourage Federal 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 a rise in consumption, 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.

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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.

The application of National Competition Policy and the Trade Practice Act needs 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 strategies to be implemented because they could be considered restrictive and anti-competitive.

Advertising that facilitates hazardous and harmful alcohol use, and supports attitudes that contribute to this alcohol use and related problems, is of concern. Alcohol advertising should promote responsible alcohol use and be supported by timely and effective regulation that removes inappropriate advertising and other marketing practices.

The development of alcohol products and complementary marketing that appeals to young people has caused great concern to the community. Targeted intervention may be warranted, nationally and by the State.

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 as young adults.
- 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. Similarly, some press advertising point of sale promotions fall close to the code boundaries.

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

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- Research investigating the relationship between the attractiveness of alcohol advertising to particular sub-groups, and alcohol consumption levels is limited. A greater understanding of the potential risk of such advertising would help support further development of appropriate guidelines and policies.
- Government regulation may be a cost-effective means of ensuring the responsible advertising and marketing of alcohol products.

Example of Evidence-based Initiative

Local example to be inserted

Key Government Initiatives

- Develop a state policy on responsible promotion guidelines that are applicable to on and off premise alcohol sales.
- Support a national review of the self-regulating advertising code for effectiveness in responding to community concerns.
- Advocate for the Federal 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 advertising code; and
- supporting the community to make complaints when indicated.

STRATEGY AREA 7:

ALCOHOL MANAGEMENT IN INDIGENOUS COMMUNITIES

Many of the strategies included in the WA Alcohol Plan are relevant to the Indigenous population. The *National Drug Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan* provides a clear direction for action in indigenous communities, as does the *WA Aboriginal Alcohol and Drug Strategy*.

There are two main approaches that have been used in Australia to reduce the supply of alcohol in remote Indigenous communities; the use of 'dry' areas and liquor licensing legislation to increase controls on the availability of alcohol.

Key Considerations for Implementation

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- As outlined in the *National Drug Strategy: Aboriginal and Torres Strait Islander Peoples Complementary Action Plan*, the following principles must underlie any action to address hazardous and harmful alcohol use in Indigenous 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.
- Indigenous groups in the Northern Territory and Western Australia have used liquor licensing legislation to extend the range of 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 Indigenous people, conducted as part of broader strategies to address alcohol-related harm, and had wide community support.
- 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.
- The effects of Indigenous communities declaring themselves 'dry' have been reviewed in the NT, WA and SA. These approaches have been found to be effective, however communities need support to enforce them and policies underlying them must promote Indigenous control.

Example of Evidence-based Initiative

Local example to be inserted.

Key Government Initiatives

- Work in collaboration with Indigenous communities and the liquor industry to review and develop strategies to reduce alcohol-related harm amongst Indigenous people.
- Provide information in language appropriate to Indigenous 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.
- Police will utilise an intelligence-led approach to address 'sly grogging'.

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 shelters, 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, 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.

The Western Australian road safety strategy titled, *Arriving Safely*, 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.
- One in four road crash fatalities are alcohol-related. A driver with a BAC of 0.15 is 25 times more likely to be involved in a crash than someone with a zero BAC.
- Between 10,000 and 12,000 drivers are arrested and charged with a drink driving offence every year and a further 4000 drivers receive a licence infringement for a first time excess 0.05 offence. An estimated 4000 drink drivers are repeat offenders, accounting for about 30% of all drink driving arrests made by police each year.
- 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.

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).

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- 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%. This equates to more than 20 lives saved and 200 less hospitalisations every year. Repeat drink drivers are also a key target group for the *Strategy*.

Example of Evidence-based Initiative

Best practice approaches - RBT 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 RBT that it must be:

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

The objective of RBT is to create a perception among the driving public that if they drink then drive, their apprehension is inevitable.

Key Government Initiatives

- Support the implementation of drink driving initiatives consistent with *Arriving Safely*.
- 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:

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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 statewide. 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 the hazardous and harmful alcohol use.

The need for the responsible service and supply of alcohol is becoming more recognised by both hosts and guests. 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).

There are many strategies that can make unlicensed settings safer and prevent and reduce the hazardous and harmful 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. Social and licensed hosts have a role in reducing the risk of harm and social disruption through the responsible service of alcohol.
- While individuals must accept responsibility for their behaviour, hosts should be aware that they have rights and obligations to help ensure the safety and wellbeing of their guests, themselves and others living in the vicinity.
- The responsible service of alcohol can contribute to promoting individual responsibility and to limiting alcohol-related problems.
- Research has shown that many people in the community feel it is acceptable for hosts to help them to keep in control of their drinking to prevent them from causing disruption, offence and harm to themselves or others. Initiatives are required to support hosts in unlicensed settings to create safer drinking environments.
- Just as licensed environments are governed by specific legislation, there are other laws and agencies that can help to minimise alcohol-related problems or disturbance that happens in private or unlicensed settings.
- There is debate regarding 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 teens can be damaging to their healthy development.

Example of Evidence-based Initiative

Local example to be inserted.

Key Government Initiatives

- Develop initiatives and targeted resources that inform hosts about their rights and obligations when providing alcohol to guests on unlicensed premises.
- Develop initiatives and targeted resources that inform organisers of large public events about their rights and obligations 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.

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; and
- supporting collaborative and evidence-based community initiatives to decrease the supply of alcohol to underage young people.

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 to 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.

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- 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.
- 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 an increased understanding and effective treatment.

Example of Evidence-based Initiative

The Drug and Alcohol Withdrawal Network (DAWN)

Outpatient withdrawal management is an effective, safe and cost saving treatment for those with mild to moderate alcohol withdrawal symptoms. DAWN is a non-government agency that provides home-based and outpatient withdrawal services to assist clients withdraw safely from alcohol and other drugs in their own home across the metropolitan area. During 2002/03, alcohol was the most prevalent drug from which clients withdrew, with almost 40% of DAWN's clients withdrawing from alcohol.

Key Government Initiatives

- Increase community awareness of the full range of options available to manage problem drinking and alcohol dependence.

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- Enhance access to evidence-based treatment, as identified in the Drug and Alcohol Office *Strategic Framework For Enhancing Access To Treatment and Support Services 2003-2005* available at 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 WA.
- 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 statewide, 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 and harmful levels to make an informed decision about cutting down. In so doing, there will be an overall reduction in

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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 heavy 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.
- 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.

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.

Figure 1: The FRAMES Approach

Common Elements of a Brief Intervention	
Feedback	Personal Feedback about the risks associated with continuing drinking based on current drinking patterns, problem indicators, and health status.
Responsibility	Emphasis on the individual's personal Responsibility and choice to reduce drinking behaviour.

Advice	Clear Advice about the importance of changing current drinking patterns.
Menu	A Menu 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.
Empathy	Empathy 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.
Self-efficacy	Self-efficacy involves instilling optimism in the client that their chosen goals can be achieved.

Example of Evidence-based Initiatives

The Alcohol and Drug Education and Placement Training (ADEPT) Keyworker Program - nurses in rural, regional and remote areas in WA were trained to do brief interventions in the Health Service setting.

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 which involved screening all clients over 16 years of age for alcohol use using a Drinkcheck questionnaire (modified from the WHO AUDIT - Alcohol Use Identification Test), providing them with feedback on their score along with a self help manual; and
- increased confidence amongst hospital nurses to conduct brief interventions.

Key Government Initiatives

- Establish operational instructions, 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 Community Health and Allied Health staff 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 GPs 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 of those committing 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.
- 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 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.
- There is broad support for comprehensive treatment and rehabilitation programs for people in custody that have alcohol as an underlying problem. Community re-entry programs have featured increasingly as part of these comprehensive programs.
- The Western Australian *Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005* provides a detailed section titled, *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
- The Department of Justice Drug and Alcohol Agency Plan outlines current and planned initiatives that provide a comprehensive alcohol and 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 Western Australian *Strategic Framework for Enhancing Access to Treatment and Support Services 2003-2005* initiatives including those identified in the section titled, *Enhancing Access to Diversion Options for Offenders With Alcohol and Other Drug-related Issues*.

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- 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 appropriate 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 WA 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 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. There is a need for Government agencies to address the consolidation and sharing of alcohol-related data. Taking in to consideration privacy and security considerations, this information should be available to all of the participating agencies statewide.
- Decision making should be based on evidence whenever possible. This approach makes it more likely that action will make a difference and ensures more efficient use of resources. It applies equally to statewide initiatives as it does local initiatives.
- There is a need to provide timely and relevant information about progress against key alcohol measures.

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 statewide, regionally and locally.
- Collect alcohol sales data annually to calculate per capita consumption. Per capita consumption is an effective predictor of alcohol-related harm.

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- Conduct three-yearly statewide 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.
- Develop, as a matter of urgency, an 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:

- utilising information provided to local communities about key alcohol-related indicators to aid evidence-based community action;
- sharing of information between community groups and agencies for the purpose of reducing alcohol-related problems;
- 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 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;

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- intermediate measures - rates of hazardous and harmful alcohol use, numbers of drink driving convictions and attitudes which 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 to the community will enable ongoing monitoring of performance.

The performance indicators for the Alcohol Plan are:

- ***Deaths from conditions attributable to hazardous and harmful alcohol consumption.***
- ***Hospital admissions attributable to hazardous and harmful alcohol consumption.***
- ***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 that 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.***

Key Government Initiatives

- Coordinate the collection and 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

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- reviewing implementation of initiatives undertaken by local communities to implement the Alcohol Plan.

IMPLEMENTATION OF THE WA ALCOHOL PLAN

The WA Alcohol Plan 2004 – 2007 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 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;
- focussing 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 that 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 wellbeing of Western Australians.

WA Alcohol Plan

GOVERNMENT ACTION PLAN 2004 – 2007

In addressing the evidence-based strategy areas of the WA Alcohol Plan, while the Action Plan component refers only to Government agencies, the Action Plan 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 WA Alcohol Plan.

**Key Strategic Direction 1
Helping Young People Avoid High Risk Alcohol Consumption**

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

	Key Government Actions	Lead Government Agency
1	Develop appropriate early childhood drug education curriculum material to reflect best practice in early childhood education.	Drug and Alcohol Office Department of Education School Drug Education and Road Aware
2	Intersectoral collaboration between Government Departments concerned with early childhood wellbeing.	Drug and Alcohol Office Department of Health Department for Community Development
3	Expansion of services for parents and their infants/children to ensure support and attachment in partnership with routine services.	Department of Health Department for Community Development
4	Professional development programs for workers dealing with families to ensure improved identification and management of at-risk children.	Department of Health Department for Community Development
6	Extend Best Beginnings – Intensive Home Visiting Services Program state wide to allow access to professional parent support workers for at-risk expectant parents and parents of children aged 0 to 2 years.	Department for Community Development Department of Health
7	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.	Department for Community Development
8	Expansion of the Triple P across levels 1-5 as part of the Early Years Strategy.	Department of Health Department for Community Development
9	Expansion of Mental Health resilience building programs state wide.	Department of Health

**Key Strategic Direction 1
Helping Young People Avoid High Risk Alcohol Consumption**

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

	Key Government Actions	Lead Government Agency
1	<p>School Drug Education Road Aware - supporting evidence-based school drug education by:</p> <ul style="list-style-type: none"> • 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-related problems in all schools; • supporting schools to attend and implement the SDERA In Touch programs and manage students experiencing drug-related issues; • 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. 	Department of Education and Training Drug and Alcohol Office School Drug Education Road Aware
2	Development of culturally appropriate and linguistically diverse education resources to supplement K-12 drug education curriculum materials.	Drug and Alcohol Office Department of Education and Training School Drug Education Road Aware
3	Collaboration of school and treatment sector agencies to identify and manage students at risk of problematic alcohol use.	Department of Education and Training Department of Community Development Department of Health
4	Set behavioural outcomes for any alcohol education session or program.	Department of Education and Training School Drug Education Road Aware WA Police Service Drug and Alcohol Office

Key Strategic Direction 1

Helping Young People Avoid High Risk Alcohol Consumption

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

	Key Government Actions	Lead Government Agency
1	The Students at Educational Risk Strategy - adopting school organisation and behaviour management approaches.	Department of Education and Training School Drug Education Road Aware
2	MindMatters mental health promotion program.	Department of Education and Training
3	Interagency collaboration on a local/regional level to establish protocols to encourage school connectedness for 'at risk' students.	WA Police Service Department of Justice Department of Education and Training
4	Policy and procedures in schools to prevent and reduce the incidence of bullying' and increase student connectedness to schools (the National Safe Schools Framework).	Department of Education and Training School Drug Education Road Aware
5	Programs to improve parenting skills and family functioning targeted at upper primary school years and year 8.	Department of Health Department of Education and Training
6	Promote use of school facilities for community purposes to develop school and community connectedness.	Department of Health Department of Education and Training

**Key Strategic Direction 1
Helping Young People Avoid High Risk Alcohol Consumption**

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

	Key Government Actions	Lead Government Agency
1	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
2	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
3	Seek community input to develop strategies that prevent and reduce the problems associated with supplying alcohol to young people in unlicensed settings.	Drug and Alcohol Office Department of Health WA Police Service
4	Leavers Live Program - building 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.	Drug and Alcohol Office WA Police Service Department of Education and Training
5	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 Service Department of Education and Training Department of Indigenous Affairs
6	Partnership with Local Drug Action Groups to implement evidence-based initiatives at a local level.	Drug and Alcohol Office WA Police Service Department of Health Local Government
7	Tertiary Education Partnership Project – provides support to universities to develop and implement policy and evidence-based strategies to reduce alcohol-related problems and harms experienced by students.	Drug and Alcohol Office

**Key Strategic Direction 2
Community Action to Support Responses to Alcohol- Related Problems**

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

	Key Government Actions	Lead Government Agency
1	Enough is Enough Alcohol Program – building community capacity to develop evidence-based initiatives.	Drug and Alcohol Office
2	Enough is Enough website development to provide assistance/direction for the community to deal with alcohol problems and harm.	Drug and Alcohol Office
3	Workforce development to implement evidence-based initiatives at a regional level.	Drug and Alcohol Office
4	A partnership with media outlets to raise community awareness about alcohol-related problems and possible solutions.	All relevant government agencies
5	Facilitate the development of regional networks and strategic prevention activity plans between prevention stakeholders at a regional level.	Drug and Alcohol Office
6	Establish a requirement for responsible service of alcohol training for all bar staff with skills to be reviewed on an ongoing basis at regular intervals.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police Service Department of Health
7	Public education campaigns regarding the role of alcohol in crashes for drivers, riders and pedestrians.	Office of Road Safety
8	Public education regarding drink driving enforcement.	Office of Road Safety
9	Community Action Groups to promote a community development approach to building stronger communities and fostering Indigenous community governance based on a culturally appropriate model.	Department of Indigenous Affairs
10	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
11	Statewide sharing of appropriate information between community groups and agencies for the purpose of reducing alcohol-related problems.	All relevant agencies
12	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
13	Community Leadership Program – providing training throughout Western Australia to community leaders, including Indigenous leaders and people interested in becoming leaders in their community.	Department of Local Government and Regional Development
14	Local Government Alcohol Project – working with local governments 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.	Drug and Alcohol Office Office of Crime Prevention Department of Local Government and Regional Development Local Governments
15	Community awareness strategy, including the development of culturally appropriate resources to increase the ability of the community to participate in liquor licensing matters	Drug and Alcohol Office Department of Health Department of Indigenous Affairs
16	Conduct a forum or summit to discuss the problems	Community-based

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	associated with drunkenness in the community and raise awareness about the issue and possible solutions	agencies
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**Key Strategic Direction 2
Community Action to Support Responses to Alcohol- Related Problems**

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

	Key Government Actions	Lead Government Agency
1	Enough is Enough media-based statewide Alcohol Education Program and evaluation of impact.	Drug and Alcohol Office
2	Enough is Enough website development to provide assistance/direction to deal with alcohol problems and harm for the community.	Drug and Alcohol Office
3	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
4	Community awareness strategy, including the development of culturally appropriate resources to increase the ability of the community to participate in liquor licensing matters.	Drug and Alcohol Office Department of Health Department of Indigenous Affairs
5	Public education regarding drink driving enforcement.	Office of Road Safety
6	Public education campaigns on crash risk associated with drink driving and intoxicated pedestrians.	Office of Road Safety
7	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 Department of Health WA Police Service Office of Road Safety

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Regular targeted operations focused on enforcing the minimum age drinking laws in WA.	WA Police Service
2	Work with alcohol 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 Service
3	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
4	Signage for licensed premises regarding service of alcohol to those underage and acceptable forms of identification.	Drug and Alcohol Office
5	Participation in Alcohol Accords.	All relevant agencies
6	Establish a requirement for responsible service of alcohol training for all bar staff with skills to be reviewed on an ongoing basis at regular intervals.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police Service Department of Health
7	Leavers Live Program - support communities in the development of initiatives to assist in addressing identified issues during school leavers' week.	Drug and Alcohol Office Department of Education and Training WA Police Service
8	Work with sporting groups and funding organisations to develop and implement appropriate alcohol policies.	Drug and Alcohol Office Department of Health WA Police Service
9	Local Government Alcohol Project – working with local governments 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.	Drug and Alcohol Office Office of Crime Prevention Department of Local Government and Regional Development Local Governments

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Further develop the capacity of Police to implement intelligence-led proactive policing of liquor licensing laws.	WA Police Service Drug and Alcohol Office Office of Crime Prevention
2	Review strategies to more effectively address the reduction of service to intoxicated people.	Department of Racing, Gaming and Liquor WA Police Service Drug and Alcohol Office Department of Health Local Governments
3	Local Government Alcohol Project – working with local governments 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.	Drug and Alcohol Office Office of Crime Prevention Department of Local Government and Regional Development Local Governments
4	Clear and specific key performance indicators developed to report activities that aim to reduce alcohol-related harms associated with licensed premises.	WA Police Service Department of Racing, Gaming and Liquor Department of Health Drug and Alcohol Office Local Governments
5	Night Venues Project – develop a Code-of-Practice for the use of registered crowd controllers to reduce alcohol-related aggression and violence in relation to licensed premises.	Drug and Alcohol Office WA Police Service
6	Establish a requirement for responsible service of alcohol training for all bar staff with skills to be reviewed on an ongoing basis at regular intervals.	Department of Racing, Gaming and Liquor Drug and Alcohol Office WA Police Service Department of Health
7	Signage for licensed premises regarding liquor licensing laws.	Drug and Alcohol Office
8	Participation in Alcohol Accords.	All relevant agencies
9	Review state guidelines on approval processes and requirements for Occasional Licences to ensure safer event management.	Department of Racing, Gaming and Liquor Department of Health Local Government
10	Tertiary Education Partnership Project – providing support to universities to develop and implement policy and evidence-based strategies to reduce alcohol-related problems and harms experienced by students.	Drug and Alcohol Office
11	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 Service Department of Health Drug and Alcohol Office Local Governments
12	Explore means of introducing a risk management policy for Occasional Licences to include compliance with safe event management guidelines as a condition for obtaining an Occasional Licence.	Department of Racing, Gaming and Liquor Department of Health Drug and Alcohol Office

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		WA Police Service
13	A monitoring and recording system for performance of event managers and organisations to identify those who fail to comply with safe event management guidelines.	Department of Racing, Gaming and Liquor WA Police Service Local Government Department of Health
14	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 Service Department of Health

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Research project to develop a model to determine appropriate outlet density based on combinations of local risk factors.	Drug and Alcohol Office
2	Local Government Alcohol Project – working with local governments 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.	Drug and Alcohol Office Office of Crime Prevention Department of Local Government and Regional Development
3	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 Service Department of Health Drug and Alcohol Office Local Governments
4	Provide a resource to support communities to be involved in liquor licensing matters.	Drug and Alcohol Office

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	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.	Drug and Alcohol Office Department of Health WA Police Service Department of Racing, Gaming and Liquor
2	Investigate and promote mechanisms that could assist communities to be aware of and participate in local alcohol and licensing matters.	Department of Racing, Gaming and Liquor Drug and Alcohol Office Department of Health WA Police Service Department of Indigenous Affairs
3	Work with key stakeholders to prevent and minimise specific harms known to be associated with late trading hours.	Drug and Alcohol Office Department of Health WA Police Service Department of Racing, Gaming and Liquor
4	Participation in Alcohol Accords.	All relevant agencies
5	Assess adequacy of public transport provisions in relation to extended trading hours.	Drug and Alcohol Office
6	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.	Department of Health Drug and Alcohol Office WA Police Service Local Governments
7	Further develop the capacity of Police to implement intelligence-led policing of liquor licensing laws.	WA Police Service Drug and Alcohol Office Office of Crime Prevention
8	Maintain a high profile random breath testing program.	WA Police Service
9	Community awareness strategy, including the development of culturally appropriate resources to increase the ability of the community to participate in liquor licensing matters.	Drug and Alcohol Office Department of Health Department of Indigenous Affairs

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Encourage a Federal investigation into the feasibility of introducing a volumetric wine tax.	Drug and Alcohol Office Department of Health
2	Encourage Federal 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 Department of Health

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Extend the State responsible promotion guidelines policy to include off-premises alcohol sales.	Department of Racing, Gaming and Liquor
2	Support a national review of the self-regulating advertising code for effectiveness in responding to community concerns.	Drug and Alcohol Office
3	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
4	Enough is Enough Program website – raising awareness about the advertising code.	Drug and Alcohol Office
5	Participation in Alcohol Accords.	All relevant agencies
6	Conduct a review of alcohol advertising and promotion to identify initiatives that will promote the responsible advertising of alcohol.	Drug and Alcohol Office

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	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 Service Department of Health Drug and Alcohol Office Local Governments
2	Enough is Enough website – providing information and referral for responding to local alcohol problems within the community.	Drug and Alcohol Office
3	Research project to investigate plausibility of using Enough is Enough as a message for Indigenous communities.	Drug and Alcohol Office
4	Collaboration with Indigenous communities and the liquor industry to review and develop strategies to reduce alcohol-related harm amongst Indigenous people.	Drug and Alcohol Office Office of Aboriginal Health Department of Racing, Gaming and Liquor
5	Language and culturally appropriate information for Indigenous communities about the rights and responsibilities of communities in relation to laws relating to alcohol.	Drug and Alcohol Office Department of Health
6	Networking, information sharing and coordination between health, law enforcement and community agencies at a state and local level.	All relevant agencies
7	An intelligence-led approach to address 'sly grogging'.	WA Police Service Department of Health Department of Indigenous Affairs
8	State Indigenous Alcohol and Drug Strategy based on the national Aboriginal and Torres Strait Islander Alcohol and Drug Complementary Strategy.	Department of Health
9	Conduct further research and evaluation on the effectiveness of current interventions in Indigenous communities.	Department of Health
10	Guidelines for better practice adapted for licensed venues operating in Indigenous communities.	Drug and Alcohol Office Department of Health

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	Maintain high profile random breath testing program.	WA Police Service
2	Intelligence led policing to deploy resources where and when drink driving is most common.	WA Police Service
3	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 Service Department of Health Drug and Alcohol Office Local Governments
4	Implement effective interventions to reduce recidivist drink driving.	WA Police Service Office of Road Safety Department of Health
5	Responsible service of alcohol training for casual bar staff to reduce incidence of service to intoxication.	Drug and Alcohol Office WA Police Service Department of Health
6	Assess adequacy of public transport provisions in relation to extended trading hours.	Office of Road Safety
7	Public education campaigns on crash risk associated with drink driving and intoxicated pedestrians.	Office of Road Safety
8	Public education regarding drink driving enforcement.	Office of Road Safety
9	Implement drink driving initiatives consistent with Arriving Safely Strategy.	Office of Road Safety
10	Collaborate with road safety and alcohol and other drug agencies to share resources and information where there is mutual interest.	WA Police Service Office of Road Safety Department of Health Drug and Alcohol Office
11	Focus on pre-driver education through the Road Aware <i>Keys for Life</i> pre-driver education program (school-based program for 15 to 16 year-old students) and the <i>Steps to Safer Driving</i> workshop (for parents of pre-drivers).	School Drug Education Road Aware

**Key Strategic Direction 3
Responsible Supply and Service of Alcohol**

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

	Key Government Actions	Lead Government Agency
1	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
2	Investigate and strengthen legislative and regulatory provisions within Local Government that support a safer community with regard to alcohol-related problems.	Department of Local Government and Regional Development Local Governments
3	Leavers Live Program – supporting 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 Service Department of Education and Training Local Governments
4	Local government alcohol management plans.	Drug and Alcohol Office Office of Crime Prevention Local Governments
5	Enough is Enough Alcohol Education Program.	Drug and Alcohol Office
6	Develop initiatives and targeted resources that inform organisers of large public events about their rights and obligations when providing alcohol to guests on unlicensed premises.	Department of Health Drug and Alcohol Office WA Police Service

Key Strategic Direction 4

Enhancing Access to Treatment and Support for Alcohol-Related Problems

Outcome	<ul style="list-style-type: none"> 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 program 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

	Key Government Actions	Lead Government Agency
1	Targeted provision of information to clients of the full range of options available to manage problem drinking and alcohol dependence.	Drug and Alcohol Office Department of Health WA Police Service Department of Community Development
2	Review and update the Drug and Alcohol Office <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
3	Include the provision of alcohol withdrawal management and treatment services in accreditation requirements for major public and private hospitals.	Department of Health Drug and Alcohol Office
4	Provide a 24-hour phone service providing specialist alcohol and other drug advice for health workers.	Drug and Alcohol Office
5	Provide a 24-hour advice and counselling service to people, including parents, affected by alcohol use.	Drug and Alcohol Office
6	Ensure access to professional training in effective responses to alcohol problems.	Drug and Alcohol Office
7	Review the utilisation of sobering up centres in WA.	Drug and Alcohol Office
8	Establish linkages between mental health and drug and alcohol data collections.	Department of Health Drug and Alcohol Office
9	Improve the capacity of, and access to and between, services for people with co-existing alcohol and mental health problems.	Department of Health Drug and Alcohol Office
10	Develop appropriate strategies for the prevention of Foetal Alcohol Syndrome and identification and support of children with Foetal Alcohol Syndrome.	Department of Health Education Disability Services Drug and Alcohol Office
11	Establish and implement a routine health screening protocol for government and non-government agencies to use with children of parents undergoing treatment for alcohol-related problems.	Drug and Alcohol Office Department of Health
12	Develop clinical protocols regarding referral and management of people who have a co-morbidity (mental and physical illness, alcohol intoxication and withdrawal).	Department of Health Drug and Alcohol Office
13	Increase the capacity of public mental health services for consumers with a co-existing mental health and alcohol problem.	Department of Health Drug and Alcohol Office
14	Work with rural health services to improve access to alcohol withdrawal management for rural and remote people.	Drug and Alcohol Office
15	Promote and support a single set of guidelines for the treatment of alcohol problems.	Drug and Alcohol Office
16	Facilitate links to Commonwealth GP incentives and programs that seek to improve care for those with chronic	Drug and Alcohol Office

conditions, mental health and co-morbid conditions.	
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Key Strategic Direction 4

Enhancing Access to Treatment and Support for Alcohol-Related Problems

Outcome	<ul style="list-style-type: none"> 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 program for offenders with underlying alcohol problems which is linked to the offending behaviour.
Strategy Area 2	Health Service Reorientation to Increase the Use of Screening and Brief Interventions

	Key Government Actions	Lead Government Agency
1	Establish operational instructions, guidelines, review resources, and provide support for workers in primary health settings to implement brief interventions.	Department of Health Drug and Alcohol Office
2	Provide training and targeted resources to support General Practitioners and other relevant medical practitioners in screening and using brief interventions with their patients.	Drug and Alcohol Office Department of Health
3	Provide training for Community Health and Allied Health staff 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 Department of Health
4	Use standardised screening techniques.	Department of Health Drug and Alcohol Office
5	Identify and disseminate clinical guidelines on responding to alcohol problems to all major health services within Government and non government agencies (DOJ)	Drug and Alcohol Office
6	Implement a tool for identifying alcohol use in women of childbearing age as part of health-related examination in WA hospitals, health services and by General Practitioners.	Department of Health Drug and Alcohol Office
7	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 Department of Health
8	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

**Key Strategic Direction 4
Enhancing Access to Treatment and Support for Alcohol-Related Problems**

Outcome	<ul style="list-style-type: none"> 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 program for offenders with underlying alcohol problems which is linked to the offending behaviour.
Strategy Area 3	Diversion and Other Judicial Programs for Offenders with Alcohol-Related Problems

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

**Key Strategic Direction 5
Information and Monitoring**

Outcomes	<ul style="list-style-type: none"> • 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

	Key Government Actions	Lead Government Agency
1	Progress as a matter of urgency, the establishment of a standing interagency coordination group to share and consolidate alcohol-related information for use statewide, regionally and locally.	Drug and Alcohol Office
2	Annual collection of alcohol sales data.	Department of Racing, Gaming and Liquor
3	Three-yearly statewide prevalence surveys of alcohol use.	Drug and Alcohol Office
4	Incorporate recording of alcohol-related presentations into Health Service protocols.	Department of Health
5	Incident Management System to support intelligence-led policing of alcohol-related problems.	WA Police Service
6	Alcohol-related injury surveillance through Emergency Departments of selected hospitals.	Department of Health
7	Encourage evidence-based research and evaluations of programs in health care settings.	Department of Health Drug and Alcohol Office
8	Link data collections to existing primary care databases.	Drug and Alcohol Office Department of Health

**Key Strategic Direction 5
Information and Monitoring**

Outcomes	<ul style="list-style-type: none"> • 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 2	Monitoring Alcohol Plan Progress

	Key Government Actions	Lead Government Agency
1	Coordinated collection and annual reporting about progress on the implementation and performance of the Alcohol Plan.	Drug and Alcohol Office
2	Clear and specific key performance indicators developed to report activities that aim to reduce alcohol-related harms associated with licensed premises.	WA Police Service, Department of Racing, Gaming and Liquor, Department of Health, Drug and Alcohol Office, Local Governments.
3	Evaluate media-based community awareness programs to assess behavioural impacts.	All relevant government agencies
4	Collection of wholesale sales data.	Department of Racing, Gaming and Liquor
5	A standing interagency coordination group established to share and consolidate alcohol-related information.	Drug and Alcohol Office
6	Collection of local alcohol-related harm data.	Department of Health WA Police Service

Key Supporting Documents

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