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National Alcohol Strategy

A Plan for Action
2001 to 2003-04

Companion Document:
Alcohol in Australia: Issues and Strategies -
Background Paper to the
National Alcohol Strategy
A Plan for Action 2001 to 2003-04

The National Alcohol Strategy and its companion document 'Alcohol in Australia: Issues and Strategies' were endorsed by the Ministerial Council on Drug Strategy injury 200 1. The documents were prepared for the Intergovernmental Committee on Drugs by members of the National Expert Advisory Committee on Alcohol (NEACA) with assistance from the NEACA project officer and secretariat. The Australian National Council on Drugs and a broad range of key stakeholders also contributed to the drafting of the documents.

Contents

Section 1: National Alcohol Strategy Framework

Introduction

T*he National Alcohol Strategy* is a collaboration between the Commonwealth and State and Territory governments setting out a broad coordinated strategic approach to the reduction of alcohol-related harm in Australia. Together with the companion background paper *Alcohol in Australia: Issues and Strategies* and the newly revised NHMRC Australian Drinking Guidelines, the *National Alcohol Strategy* aims to provide a comprehensive, evidence-based approach to reducing alcohol-related harm to Australian communities, families and individuals, whilst acknowledging the accumulation of evidence regarding the potential health benefits of low level alcohol consumption.

The,Nationa Alcohol Strategy has been developed under the *National Drug Strategic Framework 1998-99 to 2002-03* (DHAC 1998), which presents a shared vision, a framework for cooperation and a basis for coordinated action to reduce the harm caused by licit and illicit drugs in Australia. *The.1YationalAL-ohol Strategy* addresses the twelve objectives and the eight priority areas of the Framework in relation to alcohol.

The National Expert Advisory Committee on Alcohol (NEACA) has played a key role in the development of the *National Alcohol Strategy.* This committee was established by Ministers in 1998 to provide a range of advice and direction on initiatives to reduce alcohol-related harm. The NEACAs terms of reference include the provision of advice on the development of a National Alcohol Strategic Plan. The committee includes members of the previous National Alcohol Strategy Committee and comprises experts in public health, law enforcement, community-based service provision, education, research, government and representatives of the alcohol beverages and hospitality industry. By inviting alcohol beverage and hospitality industries representation on NEACA, Ministers acknowledged the key role in promoting responsible drinking and reducing misuse of alcohol played by these sectors.

Public and targeted consultations were undertaken during August/September 2000 to seek the views of a wide range of stakeholders on the elements of a National Alcohol Strategy and Action Plan. Ninety-nine written submissions were received and analysed. Reports from workshops held nationally and in several States and Territories were also considered in the finalisation of the documents.

The National Alcohol Strategy builds on the range of initiatives already implemented by Commonwealth, State and Territory governments and non-government organisations to reduce the harmful effects of high risk drinking patterns and behaviours. It provides a broad national framework within which jurisdictional action plans can be developed while affording capacity to meet local needs; and it sets broad directions, identifies priorities, delineates roles and responsibilities, identifies outputs and sets performance indicators to measure the effectiveness of the Strategy.

Background

Alcohol is widely used and enjoyed in Australian society. It is frequently associated with celebrations, social and business functions and also consumed in religious and cultural ceremonies. However, the negative health and social consequences of inappropriate levels and patterns of alcohol consumption are of concern to governments and the community. Negative effects can occur following heavy or excessive consumption of alcohol on a regular basis (chronic), or following single episodes of alcohol misuse (acute).

Alcohol misuse is second only to tobacco as a preventable cause of death and hospitalisation in Australia. It is estimated that in 1997 there were 3,290 deaths attributable to high risk drinking and 72,302 hospitalisations (Chikritzhs 1999). Principal among alcohol-related causes of deaths and hospital episodes were cirrhosis of the liver, alcohol dependence, stroke, suicide and motor vehicle accidents.

It has been further estimated that the harm caused by excessive alcohol consumption accounts for 4.9 per cent of the total disease burden in Australia (Mathers et al 1999). Conditions associated with risky or high risk alcohol consumption include some cancers, heart disease and stroke, liver disease, pancreatitis, gastritis, epilepsy, cognitive problems and dementia, as well as some mental illnesses including depression and affective disorders and suicide. It is estimated that in 1996, 7 2 7,820 Australians suffered from alcohol dependence and/or harmful use (AIHW 1999). Alcohol misuse is also a significant factor in motor vehicle fatalities and injuries and is associated with falls, drowning, burns, suicide and occupational injuries (English et al 1995). Misuse of alcohol also contributes to injury through interpersonal violence, particularly assaults, domestic violence and child abuse.

The rise in alcohol consumption among young people over the past two decades is of particular concern. Despite the general reduction in mean Australian alcohol consumption levels, younger Australians are drinking more often, at higher risk levels and at an earlier age. Estimates by Heale et al (2000) based on the 1998 National Drug Strategy Household Survey found that at least two thirds of the alcohol consumed by people under 25 years of age poses a risk of short term or acute health consequences.

The financial burden of alcohol misuse to the community has been estimated to be $4.5 billion per annum, including lower productivity due to lost work days, road accident costs, and legal and court costs, as well as health care costs. It is estimated that 84 per cent of these costs ($3.8 billion) are potentially preventable and amenable to public policy initiatives (Collins & Lapsley 1996).

Balancing the harms caused by misuse of alcohol are the potential health benefits associated with low risk alcohol consumption. There is an accumulation of evidence to suggest that low to moderate consumption of alcohol protects against ischaemic heart disease, and possibly against stroke and gall stones. While the harmful effects of misuse of alcohol are distributed relatively evenly across all age groups, the benefits from low level consumption are found in people aged over 45 and particularly in older people. In Australia it is estimated that deaths from cardiovascular disease averted by alcohol consumption outweigh alcoholrelated deaths due to injuries, cancers and other chronic diseases. However the burden of disease and injury averted by alcohol consumption is substantially lower than that caused by misuse of alcohol for men. For women the harm and benefit are almost equally balanced (Mathers et al 1999).

The National Alcohol Strategy aims to achieve a balance between reducing the burden of alcohol-related harm and maximising the social and health benefits of low risk alcohol consumption. The document reflects a shift in emphasis over the past decade away from average consumption levels to a focus on patterns of drinking. Patterns of drinking refer to aspects of drinking behaviour other than level of drinking, including when and where drinking takes place, the number and characteristics of heavy drinking occasions, activities associated with drinking, personal characteristics of the drinker and drinking companions, the types of drinks consumed, and the drinking norms and behaviours that comprise a "drinking culture".

The policy context

The international context

The global burden of disease

The global burden of disease study (Murray & Lopez 1996) is a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projections to 2020.

The next two decades will see dramatic changes in the health needs of the world's populations. In this time non-communicable diseases (NCDs), especially cancer, diabetes, cardiovascular diseases and chronic respiratory diseases, will become the leading causes of disability and premature death globally. By the year 2020, NCDs are expected to account for over 70 per cent of the global burden of disease. There are some modifiable major risk factors which are common to many NCDS.

Excessive alcohol consumption is among those major risk factors associated with NCDS. However, its protective effect against ischaemic heart disease means that, in populations where this condition is common and injuries and violence are relatively rare, alcohol may prevent about as many deaths as it causes. Nevertheless, alcohol causes a severe disease burden in developed countries because it causes so many injuries and premature deaths and thus results in large numbers of years of life lost and years lived with a disability.

Most significantly, the study found that the burdens of mental illnesses - such as depression, alcohol dependence and schizophrenia - have been seriously underestimated by traditional approaches that take account only of deaths and not disability. Of the ten leading causes of disability worldwide in 1990, measured in years lived with a disability, five were psychiatric conditions: unipolar depression, alcohol use disorder, bipolar affective disorder (manic depression), schizophrenia and obsessive-compulsive disorder. Alcohol misuse is the leading cause of male disability - and the tenth largest in women - in the developed regions. It is also the fourth largest cause of disability in men in developing regions.

International developments

While moderate, responsible consumption of alcohol is an accepted part of most societies, the social, health and economic costs to communities from misuse of alcohol are considerable. The harms associated with misuse of alcohol are recognised worldwide through the existence of a range of international alcohol strategies.

The World Health Organization advocates a comprehensive range of strategies to reduce the amount of alcohol-related harm. WHO is also making plans to strengthen global action in response to alcohol related harm. A key element of WHO's effort is the WHO-sponsored *International Guide for Monitoiing Alcohol Consumption and Related Harm,* released in October 2000. This resource is intended to be used by WHO Member States to provide guidance on epidemiological monitoring for effective policy formulation and to improve global and regional comparability of data on alcohol use and health consequences.

Like Australia, many developed countries have adopted a public health approach to alcohol policy, including shaping a national effort by establishing a framework that is endorsed for community and government action. Canada, New Zealand and the United States, for instance, have a public health approach to alcohol policy largely akin to Australian policy, whereby multivariate measures to reduce harm associated with alcohol use are included under national drug strategy.

Non-governrnent initiatives are also helping to Put alcohol on the global agenda. The International Centre for Alcohol Policies (ICAP) was founded in 1995. ICAP is a not-for-profit organisation funded by leading producers of beverage alcohol. ICAP seeks to reduce misuse of alcohol worldwide through the promotion of dialogue and

partnerships. Various initiatives have been adopted by ICAP. These include the Dublin Principles of Co-operation and the newly developed Geneva Partnership on Alcohol.

The Dublin Principles were developed in 1997 to assist collaboration between the alcohol beverages industry, governments, researchers and the public health community. The Geneva Partnership follows on from the Dublin Principles and calls for the development of a Global Charter on Alcohol.

The national context

The National Drug Strategic Framework

The National Alcohol Strategy has been developed under *the National Drug Strategic Framework 1998-99 to 2002*03 and is one of four complementary strategies spanning alcohol, tobacco, illicit drugs and school-based drug education. Alcohol misuse is recognised under the Framework as one of the most significant causes of drug related harm in Australia and second only to tobacco as a preventable cause of death and hospitalisation.

Prevention is one of the eight priority areas under the Framework, focussing on preventing harmful drug use, preventing supply and preventing drug-related harm. At the midpoint of the Framework, the development of a Prevention Agenda has been identified as an area for increased attention. The Agenda will guide a systematic approach that spans all elements of the NDSF, underpinned by a practical approach that supports implementation of prevention strategies under action plans such as the *National Alcohol Strategy.*

In regard to alcohol, the term 'prevention' is used to describe measures that prevent or delay onset of harmful alcohol consumption patterns and behaviours as well as measures that protect against risk and reduce the harm associated with alcohol misuse. The key strategy areas selected by the National Expert Advisory Committee on Alcohol as the foundation of the National Alcohol Strategy have a strong focus on prevention.

The need to focus attention on multiple risk and protective factors at the population health level to prevent a range of public health problems is well documented. The factors associated with adolescent alcohol initiation and some patterns of risk alcohol use appear to share some common risk factors and protective factors with mental health problems, behaviour problems, crime and delinquency. The Prevention Agenda will take into account the social and emotional determinants of health and their potential function as both risk and protective factors to guide evidence-based action across all Drug Strategy Action Plans. In this way, the Agenda will complement those areas in the National Alcohol Strategy where preventive action is proposed.

Building on past initiatives

The N*ational Alcohol Strategy* builds upon the *National Health Policy on Alcohol in Australia.* The Policy was endorsed by the MCDS in 1989 under the National Campaign Against Drug Abuse, the predecessor of the N*ational Drug Strategic Framework.* The Policy points to the need for comprehensive programs to minimise the harm associated with the use of alcohol, with public education and health promotion measures combined with enhanced professional training and access treatment, including early intervention and control policies which address availability, pricing and marketing. The same policy direction underpins the N*ational Alcohol Strategy.*

The NHMRC Australian Drinking Guidelines

Since 1986 the National Health and Medical Research Council has set out clear guidelines to assist Australians who drink to do so only at levels which minimise the risk of harm. The NHMRC Australian Alcohol Guidelines: Health Risks and Benefit (in press) underpin the *National Alcohol Strategy* by setting out a framework for decision making based on the best scientific evidence available in regard to low risk patterns of alcohol consumption. Reflecting the current focus on patterns rather than levels of alcohol consumption, the guidelines aim to:

• enable Australians to make informed choices about their drinking;

- enable health professionals to provide evidence-based advice on drinking and health; and

- promote individual and population health and minimise from harm from alcohol.

Alcohol as a broader public health issue

In Australia, drug policy is the principal location for policy and action to reduce alcohol-related harm. However, the misuse of alcohol is also a recognised modifiable risk factor across a number of chronic diseases and conditions targeted by other public health initiatives beyond the drug policy framework. At the national level, these are principally occurring under the auspice of.

- the National Public Health Partnership, in recognition that one of the major health challenges facing Australia into the next century is the projected growth in rates of chronic, non-communicable disease; and

- the National Health Priority Areas.

The Partnership is an inter-governmental working arrangement to plan and co-ordinate national public health activity, provide a more systematic and strategic approach to addressing public health priorities and provide a vehicle to assess and implement major initiatives, new directions and best practice (NPHP 2000). Many national public health strategies exist outside the Partnership framework, however the Partnership structure is providing a mechanism to look at greater co-ordination across these separate strategies, many of which share common features and common approaches to intervention.

The following Partnership initiatives include alcohol as a primary component:

- development of a National Framework for Chronic Disease Prevention, with the aim of promoting more integrated and efficient action across common risk factors; and

- development of a Framework for Integrating Lifestyle Risk Factor Management in General Practice. This initiative is being taken forward bv thejoint Advisory Group JAG) on General Practice and Population Health in collaboration with the Chairs of relevant national strategies. JAG is joindy auspiced by the Partnership and the General Practice Advisory Council.

The National Health Priority Areas (NHPX) initiative is a collaborative approach to tackling health issues that cause the most disease and morbidity. The national health priority areas are cardiovascular health, cancer control, injury prevention and control, mental health, diabetes mellitus and asthma. The National Health Priority Action Council will play a strong strategic leadership role across the health sector and the continuum of care to progress the NHPA initiative. The Council will work consultatively across national organisations, peak bodies and service providers to identify actions and interventions that are likely to have the most benefit within and across the six national health priority areas. Actions under the *NationalAlcohol Strategy* will make a contribution to reducing the level of disease and morbidity associated with many of these top health concerns.

Goal, aims and underlying principles

Goal

The goal of the *National Alcohol Strategy is:*

- to build a healthier and safer community by minimising alcohol-related harm to the individual, family, and society, while recognising the potential social and health benefits from alcohol.

Aims

The aims of the *Natonal Alcohol Strategy* are:

- to reduce the incidence of premature mortality related to misuse of alcohol;

- to reduce the incidence of acute and chronic morbidity (disease and injury) related to misuse of alcohol;

- to reduce the incidence of social disorder, family disruption, violence, including domestic violence, and other crime related to misuse of alcohol; and

- to reduce the level of economic loss to Australian society related to misuse of alcohol.

Underlying principles

The National Alcohol Strategy is based upon the following principles, which reflect the principles underlying the *National Drug Strategic Framework.*

A co-ordinated, integrated approach

The National Alcohol Strategy provides a framework for a co-ordinated, integrated response to reducing alcohol related harm in Australia. Responsibility for action under the Strategy rests with government agencies at all levels, the community-based sector, business and industry, research institutions, local communities and individuals.

Coordination of action will occur through the following mechanisms:

- through the Ministerial Council on Drug Strategy;
- through the National Drug Strategy advisory structures;
- establishing links to other strategies.

A partnership approach

The burden associated with alcohol-related harm transcends borders and sectors. Similarly, responsibility for action requires a multidisciplinary approach and the support, cooperation and collaboration of all levels of government, professional associations, nongovernment organisations and community groups, as well as the alcohol beverage and hospitality industry. Thus developing partnerships to reduce alcohol-related harm underpins all of the key strategy areas identified for action under the *National Alcohol Strategy.*

A balanced approach

The National Alcohol Strategy seeks a balance between

- prevention and treatment strategies;
- acknowledging potential health and social benefits of low risk alcohol consumption and recognising significant harms caused by high risk patterns of alcohol consumption;

- public health, law enforcement and educational strategies;
- supply, demand and harm reduction approaches.

Harm reduction in the case of alcohol applies to reducing the harm associated with single episodes of high risk alcohol use as well as the long-term chronic effects of high risk alcohol consumption, high risk drinking behaviours and unsafe drinking environments.

Evidence-based practice

Evidence-based policy and practice are key principles underpinning the *ivational Alcohol Strategy*. The eleven key strategy areas outlined in section D were recommended by the National Expert Advisory Committee on Alcohol, based on Australian and international research. The accompanying document *Alcohol in Australia: Issues and Strategies* sets out additional information regarding these eleven key strategy areas.

Social justice

Although alcohol-related harm can affect any individual, family or community, research shows that some population groups are more affected than others. *The MationalAkohol Strategy* identifies population groups at particular risk of alcohol-related problems and seeks to develop strategies that: recognise the unique settings of local communities; are culturally responsive and effective; and meet the needs of marginalised groups.

Key strategy areas

The reduction of alcohol-related harm requires a comprehensive approach spanning a wide range of areas including public health, law enforcement and education and training. The following key strategy areas are not listed in order of priority, since all interrelate and complement each other, with the aim of achieving a safer, healthier community through minimising alcohol-related harm. Further information on each of these key strategy areas is provided in the companion document *Alcohol in Australia: Issues and Strategies.*

These key strategy areas are:
1. Informing the community
2. Protecting those at higher risk
3. Preventing alcohol-related harm in young people
4. Improving the effectiveness of legislation and regulatory initiatives
5. Responsible marketing and provision of alcohol
6. Pricing and taxation
7. Promoting safer drinking environments
8. Drink driving and related issues
9. Intervention by health professionals
10. Workforce development
11. Research and evaluation

Key Strategy Area 1.
Informing the community

Objective:

- **Increased community awareness of**
    - **the magnitude of harms related to misuse of alcohol**
    - **the factors that increase the risk of alcohol-related harm**
    - **the preventable nature of these problems**

Increasing the community's understanding of drug related harm is a major priority of the *National Drug Strategic Framework.* Since alcohol is widely used and accepted as an integral part of social life in Australia, people need information and advice that enable them to enjoy alcohol as part of a healthy lifestyle while avoiding or minimising the harmful consequences that may ensue from risky and high risk drinking patterns. Information, guidelines and advice, based on the latest scientific evidence, should be widely disseminated and implemented in order to enable Australians to make informed choices about their drinking and health.

The community requires information about the potential negative effects of excessive alcohol consumption on individuals, families and communities, and the full range of health and social problems that may result from risky and high risk alcohol consumption. Increased public awareness of the extent of alcohol-related problems can enhance public support for the other key strategy areas outlined in this document.

Measures should be taken to increase community awareness of provisions of the law relating to responsible serving in both licensed and private social settings, and of the various mechanisms available to members of the public who wish to make complaints or appeals in relation to licensed premises, irresponsible alcohol serving practices or advertising. It is essential that drinkers, young people, parents and the broader community receive information about the underage drinking laws.

Public awareness campaigns and information dissemination activities should be integrated with community-based capacity building activities and should involve people in the target groups in the planning, development, implementation and evaluation of programs to ensure that messages and strategies are relevant and meaningful.

Key Strategy Area 2.
Protecting those at higher risk

Objectives:

Reduction in alcohol-related problems in specific populations identified as being at higher risk of alcohol-related harm

Although alcohol-related harm can affect any individual, family or community, research shows that some population groups are more affected than others. Populations and settings considered to be at particular risk of alcohol-related harm require additional, targeted support to ensure a reduction in alcohol related harm occurs. Strategies are required that are culturally responsive, meet the needs of marginalised groups, recognise the unique settings of local communities and improve access to services. People from the target groups should be involved in the planning, development, implementation and evaluation of prevention and early intervention strategies and programs.

The *National Alcohol Strategy* identifies the following population groups as being at particular risk of alcohol related problems:
· Aboriginal and Torres Strait Islander peoples
· pregnant women
• prisoners
• people with a mental health disorder
• older people
• heavy drinkers
• young people (see Key Strategy Area 3).

Aboriginal and Torres Strait Islander peoples

The National Alcohol Strategy is complemented by the *National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Strategy* to reduce alcohol-related harm amongst Aboriginal and Torres Strait Islander peoples. The development of the Complementary Strategy enables a more intensive process of consultation to occur amongst indigenous peoples to ensure that their particular issues and needs in regard to substance abuse are addressed in a holistic way.

The misuse of alcohol within Aboriginal and Torres Strait Islander communities is a major public health concern. While a large proportion of people in these communities do not consume alcohol, those who do are more likely than non-indigenous people to adopt high risk drinking patterns. Alcohol abuse or alcohol related violence have been identified by Aboriginal and Torres Strait Islander peoples themselves as one of the most serious social issues currently facing their communities. Aboriginal and Torres Strait Islander peoples need to be assisted and supported to develop culturally appropriate and effective preventive educational, support and treatment programs for their communities to address alcohol-related problems.

Pregnant women

Episodic excessive alcohol consumption during pregnancy remains an important preventable risk factor for congenital abnormalities in Australia. Studies show that episodes of high risk drinking during pregnancy can contribute to a variety of adverse outcomes in the unborn child, including fetal death, congenital malformation, growth retardation and behavioural deficits. The risk is greatest in early pregnancy

Educational activities need to target adolescent girls and boys and women of childbearing age to inform them of the risks to the foetus of drinking to intoxication. Obstetricians, midwives, general practitioners, and other health professionals involved in providing antenatal care have the opportunity and should be encouraged to provide advice on low risk drinking during pregnancy.

Prisoners

Prisoners in Australian gaols are at increased risk of alcohol and/or other drug problems, which may be complicated by psychiatric and intellectual disabilities. Prisoners with alcohol problems require both treatment for withdrawal and ongoing support to avoid further alcohol-related problems.

People with a mental health disorder

There is a considerable degree of co-morbidity in substance use disorders and other mental health disorders, with alcohol use disorders about three times as common as other drug use disorders. Improving the evidence base in areas relevant to the prevention and treatment of co-morbidity is a priority.

The treatment needs of people with alcohol use disorder and co-morbid mental illness are complex and the evidence base on the nature of effective treatment options is limited. Integrated services across a range of sectors are required, with health care professionals and service providers trained in the management of both mental illness and substance abuse. The involvement of carers and consumers in service planning should be supported. Most people with co-morbid mental illness and substance abuse are seen by general practitioners. It is essential therefore that general practitioners are assisted to identify comorbidities and equipped to manage people with these conditions or to refer them to relevant specialist services where appropriate

Alcohol, even at low levels of consumption, can interact adversely with most of the medications commonly prescribed for the treatment of mental health problems. All health care providers and consumers need to have information about the possible adverse effects of alcohol with anti-depressants and anti-psychotic medications.

Older people

Older people have increased susceptibility to alcohol related harm for several reasons. Firstly, with age the volume of total body water decreases and a given amount of alcohol produces a higher blood concentration in older people. This effect is compounded by a decreasing neurological tolerance for alcohol. There is an increasing risk of falls with advancing age and the risk of falls is exacerbated by intoxication. In addition, older people are the greatest consumers of prescription drugs, and these may interact with alcohol, causing unpleasant or dangerous side effects or altering the effect of the medications. Alcohol dependence in older people may be mistaken for medical problems common in the elderly such as depression, insomnia, poor nutrition and falls. It is essential that older people, their families, carers and health care providers are aware of this increased susceptibility to alcohol-related harm.

Heavy drinkers

It is essential that the community is educated about the risks of long-term excessive alcohol consumption (see Key Strategy Area 1). People who drink regularly at risky or high risk levels in the long term are at increased risk of a

range of serious health effects, including cirrhosis of the liver, stroke, cardiomyopathy, hypertension, various cancers, acquired brain injury and nutritional inadequacies. People with alcohol dependence or problem drinking need access to a range of high quality prevention and treatment services (see Key Strategy Area 9).

Wernicke Korsakov Syndrome is due to a lack of thiamine in the diet and is characterised by impaired memory and decreased ability to function independently. Wernicke Korsakov syndrome is largely preventable through the addition of thiamine to the diet.

Key Strategy Area 3.
Preventing alcohol related harm in young people

Objective:

- **Reduction in onset of high risk patterns of alcohol consumption during adolescence**

It has been shown that health behaviours initiated during adolescence continue into adulthood. Measures should therefore be undertaken to prevent the onset of high risk drinking behaviours during childhood and adolescence.

Early childhood interventions

Studies have shown a number of risk and preventive factors for alcohol misuse, and die impact of each varies depending upon the phase of development of the child. Family life in early childhood is increasingly emerging as a critical factor in building resilience and reducing the risk of a range of subsequent social and behavioural problems including problematic alcohol use. Outside the family group, school, peer and community factors can also be modified to enhance the social and emotional wellbeing of children and protect against future substance misuse and other social problems.

Many risk and protective factors for drug and alcohol misuse are common to other health-risk behaviours and , vulnerabilities, including depression, conduct disorder and suicide. As a result, there is scope for collaboration and joint action on programs to promote mental health literacy and resilience across various health domains, such as drug and mental health policy as well as other sectors such as education.

Prevention programs to address risk factors and increase protective factors should target the following key areas:

- anxiety, depression, conduct disorder and substance abuse;
- inter-generational transmission of risk;
- parenting skills, focussing on communication, negotiation and conflict resolution; and
- improved identification and management of families at risk of mental health problems in the pre and postnatal period.

Structures to facilitate collaboration between key agencies need to be created or strengthened to ensure the development of effective programs and implementation of programs of known efficacy. Key agencies include health and human services, education, justice, community services, police, youth affairs and Aboriginal and Torres Strait Islander agencies.

Assisting young people to adopt low risk drinking patterns

Research shows that, although per capita alcohol consumption has declined in Australia over the past two decades, more young people are drinking alcohol, drinking at an earlier age and increasingly adopting high risk drinking patterns. In addition to lacking experience of drinking and its effects and therefore having reduced capacity to assess or regulate their drinking behaviours, young people often indulge in a range of risk-taking behaviours. In combination, these factors significantly increase the risk of alcohol-related injuries and accidental death for young people. In particular, international and Australian research has consistently shown that young

males are the highest risk group for drink driving. There is also evidence to show that young males are especially prone to engaging in violent behaviours after drinking.

Young people should be assisted to develop understanding, attitudes and behaviour that enable them to minimise and avoid the harmful consequences associated with excessive alcohol use. Helping young people to learn about drinking and the effects of alcohol within a safe and supportive environment can help them manage their drinking in ways that minimise risk to themselves and others.

Parents need to be encouraged and supported to discuss alcohol misuse with their children. Particular attention should be paid to the settings in which young people drink. High risk drinking behaviours need to be separated from other risk-taking activities, including risky sexual behaviours, and from activities such as driving and water sports that not only involve risk but frequently also require a high degree of skill.

Programs targeted at young people should: provide information through the mass media and other channels on a range of issues; involve the development of school-based policies and programs; incorporate best practice; address behaviours associated with drink driving., facilitate the introduction and implementation of appropriate alcohol policies in sporting groups and recreation clubs; and be based on a harm reduction approach to minimise violence.

Key Strategy Area 4.
Improving the effectiveness of legislation and regulatory initiaves

Objective:

liquor licensing legislation and regulatory initiatives that have a positive public health impact, particularly in terms of minimising harm related to the use of alcohol.

Alcohol-related harm can be reduced through the use of a range of legislative and regulatory arrangements which control the availability and use of alcohol products. Legislation and regulations can provide controls over physical access, availability, levels of intoxication, provision of security staff and limits to crowding and parking, as well as risk factors related to the serving of alcohol, such as the use of cans rather than bottles, and plastic drinking containers at public events. Local by-laws, enforcement of existing laws and restrictions on extended trading can all contribute to the reduction of alcohol-related harm in a community.

Legislative and regulatory provisions currently used in Australia include: restrictions on the sale of alcohol to people who are under 18 years of age or intoxicated persons, drink driving laws, workplace policies, the Alcohol Beverages Advertising Code and, in some States and Territories, mandatory school drug education.

Most States and Territories have added the principle of harm minimisation to the objects of liquor licensing legislation. This significant step was welcomed by health and law enforcement agencies and allows consideration of net alcohol-related harm in an environment of national competition policy The major challenge is to give full effect to these statements of purpose.

Community support for legislative and policy measures on alcohol is strongest when the focus is on harm reduction and action targets those perceived to be at risk of alcohol-related harm. While legislative and regulatory measures can be effective in controlling primary sources of alcohol supply, the impact of secondary sources also needs to be addressed. Community education may be the most effective way of ensuring a responsible attitude to the supply of alcohol to minors (for example, by parents, family members), Aboriginal and Torres Strait Islander communities and to those already intoxicated (by friends, paid third person etc).

The development and implementation of effective regulations and legislation requires a shared responsibility between governments, health professionals, law enforcement agencies, the alcohol beverages industry and the community to ensure that a reduction in alcohol-related harm is realised.

Key Strategy Area 5.
Responsible marketing and provision of alcohol

Objective:

- **Alcohol advertising and availability that is consistent with community standards and harm minimisation principles**

Responsible marketing strategies can contribute to the reduction of alcohol-related harm by supporting the aims of educational programs designed to improve community awareness of alcohol-related harm and low risk drinking behaviours, and by not promoting practices that are potentially harmful or that undermine health promotion messages.

The alcohol beverages and hospitality industry has played a role in addressing unsafe marketing practices through the development of voluntary industry codes of conduct and directly intervening to delay (or prevent) the introduction of new alcohol products associated with particular public health concerns. There should be regular consultation between the alcohol beverages and hospitality industry, government, public health advocates and the community to ensure that industry self-regulatory advertising codes promote outcomes consistent with policy directions and community expectations.

Key Strategy Area 6.

Pricing and taxation

Objective:

Systems of pricing and taxation that have a positive public health impact, particularly in terms of minimising harm related to the misuse of alcohol

The price of alcohol has an impact on the rates of alcohol consumption in a community. The literature demonstrates that, when all other factors remain unchanged, an increase in price generally leads to a drop in consumption and similarly a reduction in the price of alcohol leads to a rise in consumption. However the precise magnitude of this effect is difficult to determine. Price elasticities for alcoholic beverages have been shown to vary across different countries, populations and cultural settings and different beverage types.

Taxation regimes are one avenue through which price can be influenced. More research is needed to clarify how taxes affect various patterns of drinking amongst different groups. Pricing and taxation regimes that create incentives for consumption of lower alcohol beverages in preference to comparable high strength alcohol beverages can contribute to the reduction of alcohol-related harm.

Key Strategy Area 7.

Promoting safer drinking environments

Objectives:

- **Reduction in the incidence of alcohol related crime, violence and anti-social behaviour in and around licensed premises**

- **Reduction in the incidence of alcohol related crime, violence and anti-social behaviour at organised public events, such as sports matches, shows, rodeos and open-air concerts**

- **Reduction in the incidence of alcohol related problems at private social gatherings**

- **Reduction in alcohol-related domestic and family violence**

- **Reduction in alcohol-related problems in the workplace**

- **Reduction in injuries and fatalities in the aquatic environment**

Drinking environments and settings play a substantial role in the degree of risk associated with alcohol consumption. The term "drinking environments" includes physical, cultural and social environments. Population surveys have found that high levels of drinking are most likely to occur in particular types of venues.

Licensed premises

The continued development of licensed premises as safe drinking environments should be encouraged, and nationally accepted principles of best practice management of licensed premises identified and promoted by the alcohol beverage and hospitality industry. Over the past two decades an accumulation of research has shown a number of environmental factors to be associated with aggression and harm in licensed establishments. These factors can be modified to minimise the risk of injury or adverse outcomes. In addition, responsible server programs have been shown to be effective in reducing alcohol-related harm. Responsible server programs from accredited course providers should be made available to all managers and licensees, and staff compliance with safe serving practices encouraged.

Public events

Planning for and management of the provision and consumption of alcohol at public events should be encouraged as a major component of events management. The development and implementation of a range of harm minimisation strategies is essential to ensure the safety of event patrons, staff and the public. Strategies may include comprehensive planning for the event, involving relevant government and community agencies; trained event staff and security personnel; crowd management strategies; and post event evaluations. Guidelines for quality practice in events management need to be widely promoted and implemented.

Private social gatherings

The development and promotion of host responsibility programs by the general public, business and industry should be encouraged. In these programs, hosts at private social gatherings are provided with information and advice on measures to reduce the likelihood of alcohol-related harm, including protecting the safety of guests, safe travel/transport, provision of food, and provision of drink alternatives.

Alcohol and domestic violence

It is widely believed that misuse of alcohol is involved in many cases of domestic physical and sexual violence, although the exact association between alcohol and domestic violence is not fully understood. Data collection systems need to be better coordinated and standardised as a step towards increasing understanding of the role misuse of alcohol plays in domestic violence.

There is some evidence from the US to suggest that, when substance abuse and domestic violence are addressed in an integrated way, better outcomes are achieved. Programs for perpetrators of domestic violence need to include assessment of possible treatment needs in regard to problem drinking.

Workplace

Under Occupational Health and Safety legislation employers and employees have an obligation to ensure safety within the workplace. Strategies to reduce alcohol-related harm should be incorporated within a company's overall health and safety policy and afforded the level of priority commensurate with the level of risk within that organisation and occupational setting. There are a number of occupational settings where high-risk drinking behaviours are particularly prevalent, and educational programs, specific to these high risk settings, may need to be developed and implemented.

Aquatic environment

With increasing numbers of people taking advantage of Australia's waterways, beaches and swimming pools for recreation and sporting activities, it is important that the community is aware of the specific risks involved in misuse of alcohol around the water.

Key Strategy Area 8.

Drink driving and related issues

Objective:

- Reduction in the incidence of injuries and fatalities due to drink driving

- Reduction in the incidence of injuries to pedestrians when intoxicated

The link between road trauma and excessive alcohol consumption is well accepted. It is estimated that between 1990 and 1997, 31 per cent of all driver and pedestrian deaths on Australian roads were alcohol related (Chikritzhs et al 2000). The Australian Transport Safety Bureau and State and Territory road safety authorities have in place a wide range of initiatives aimed at reducing this preventable cause of injury and death. These initiatives involve the review of enforcement and penalty regimes (including enhancement of the Random Breath Testing Program); action targeting repeat offenders; mandatory testing of drivers, riders and adult pedestrians admitted to hospital or killed as a result of road crashes; and the promotion of server intervention programs and incentives favouring the sale of low alcohol beverages.

Random breath testing has been shown to be an effective prevention/deterrence program that has significantly reduced alcohol-related harm. The program's deterrence value lies in the perceived high probability of being apprehended for driving while over the legal blood alcohol concentration limit and the understanding that, once apprehended, penalties are inevitable and severe. Factors that have contributed to the program's success include the high profile afforded to it by police, media and the community. In order to target drink driving deterrence strategies effectively, it is important to increase understanding of the factors that lead to drink driving and the types of venues where the highest blood alcohol concentrations are obtained.

Recidivist drink drivers

Current strategies to address drink driving have been effective for the majority of people who drink and drive. However there are a number of drink drivers who are repeat offenders. For these people it is important to identify effective interventions to combat the problem of drink driving, particularly as repeat offenders have an increased risk of psychological and health-related problems later in life. For a comprehensive approach, there needs to be coordination between criminal, justice, police and health services. Convicted drink drivers and others with

community-based sentences for alcohol offences should be targeted with education and treatment. To enhance the success of these programs it is important that intervention programs are well matched to the needs of offenders and that legal sanctions form part of the intervention regime.

Pedestrians

Some 42 per cent of pedestrians aged 16 or over who are killed on Australian roads have a blood alcohol concentration over 0.05gm/ 100ml (Federal Office of Road Safety 1999). It is important that a range of strategies are put in place to prevent pedestrians from becoming intoxicated and putting themselves at risk.

Key Strategy Area 9.

Intervention by health professionals

Objectives:

- **improved awareness and capacity of health professionals to identify and treat individuals, families and communities with alcohol-related problems**

- **increased access to a range of high quality health care services for the <u>management</u> of alcohol dependence and problem drinking, particularly in rural and remote areas and for marginalised groups**

Effective health care services make a significant contribution to the reduction of alcohol-related harm and are an essential component of a comprehensive public health program to deal with alcohol-related problems. Improving the capacity of health professionals to identify alcohol-related problems is a major priority, particularly in view of the effectiveness and cost-effectiveness of brief interventions.

Many health and community workers contribute to health care services that support the wellbeing of people with alcohol and other drug dependencies, including nurses, social workers, drug and alcohol workers, youth workers, counsellors, pharmacists and people who run support services. Greater interaction between the different health professionals would maximise the contribution of each practitioner.

Medical practitioners can play a significant role in the management of alcohol dependence and problem drinking. Medical practitioners should be encouraged to provide opportunistic advice to patients they are treating for other conditions who also have alcohol related problems. The value contained in the patient/ doctor relationship puts medical practitioners in a good position to influence behaviour effectively if given sufficient training resources to back up their action. Awareness of alcohol problems in patients is poor and needs to be significantly improved.

General practice is ideally placed for screening and initiating early brief intervention techniques to reduce high risk drinking behaviours. It is estimated that 32 per cent of patient encounters with general practitioners are with adults considered to be drinking 44 at risk" levels (AIHW 2000). General practitioners should be encouraged and supported to take on the identification and prevention of alcohol-related harm, including for those experiencing harms related to others' drinking, as part of an integrated primary health care approach. Brief interventions by general practitioners have been shown to reduce alcohol consumption and alcohol-related problems in those at risk. However general practitioners are sometimes reluctant to provide unsolicited advice except when drinking levels are extremely high (Richmond et al 1996; Deehan 1998).

In rural and remote areas where there are few or no general practitioners, and particularly in Aboriginal and Torres Strait Islander communities, alternative models of education and training and models of care and service delivery

may be required. Strategies must target a wider range of health care service providers than general practitioners (for example, health workers in Aboriginal medical services) to make them relevant to Aboriginal and Torres Strait Islander peoples.

There is ample evidence to suggest that home detoxification is as effective as hospital detoxification for most people, is more cost-effective and also draws in individuals and sub-groups of the population who are often not able to be admitted for hospital care, such as female problem drinkers with young families. Community nurses and families have a key role to play in supporting general practitioners in overseeing home detoxification.

Key Strategy Area 10.

Workforce development

Objective:

- **Increased effectiveness of individuals in a wide variety of occupations to reduce alcohol-related harm**

The effectiveness of health care professionals in managing alcohol-related problems is dependent on appropriate training and education in the identification and management of alcohol dependence and problem drinking. Educational institutions of the key health care professional groups need to ensure that alcohol and other drugs curriculum and clinical practice training are part of the core training of new practitioners.

General practitioners should be supported in dealing with alcohol-related problems in their practices through adequate, enabling training and through service delivery arrangements that facilitate linkages with other alcohol and drug services in the community. The Divisions of General Practice have an important role to play in general practice education and training and could be involved in ensuring that general practitioners are adequately prepared and supported to manage alcohol-related problems.

It should be acknowledged that people with alcohol related problems often present in the first instance to social or legal services rather than to health care professionals. Practitioners in these domains also need to be able competency to identify alcohol problems and make appropriate referrals. Under the *National Drug Strategic Framework* there is increasing emphasis on the need for effective education and training programs for frontline professionals dealing with drug-related harms.

Police have a valuable role to play in many aspects of alcohol harm reduction strategies, but require comprehensive education and training to fulfil this role effectively. It is important that police are aware of harm minimisation approaches and the social context when responding to the range of drug and alcohol incidents they are likely to encounter in everyday practice. Examples of brief interventions, good practice and successful strategies and information on referral agencies should be incorporated into training programs for police.

Staff and teachers at universities, schools and colleges may be confronted by alcohol-related problems amongst young people and need to be equipped with knowledge and understanding to assist young people to develop responsible drinking patterns. School-based alcohol education, when properly planned, resourced and delivered with a harm minimisation focus, can achieve changes in knowledge, attitudes and intentions of young drinkers and thereby contribute to the development of low risk drinking behaviours amongst teenagers.

Another often neglected component of the workforce seeking to address alcohol-related problems comprise those in the voluntary sector or non-professional community service organisations who provide services to disadvantaged and high need groups. Opportunities should be made available for these people to gain accredited qualifications and experience as well as access to appropriate information and support. Drug and alcohol workers need to be highly skilled to support the involvement of generalist health, welfare and other workers and volunteers.

Finally, recently in Australia attention has been given to the training of hospitality and tourism workers in the responsible serving of alcohol. All managers and licensees should undertake accredited responsible server training and ensure staff compliance with safe serving practices.

Key Strategy Area 11.

Research and evaluation

Objective:

- **Promotion and uptake of evidence-based practice through research**

Progress in the reduction of alcohol-related harm depends on the availability of high quality research into the factors that lead to high risk drinking patterns and the evaluation of the effectiveness of various interventions to prevent and treat the adverse health and social consequences of alcohol misuse. In regard to alcohol, research and evaluation issues are particularly complex as they are grounded in knowledge from many different disciplines, including public health, social science, epidemiology, biomedicine, economics, psychology, social marketing, crime prevention and law enforcement.

Research and evaluation activities should encompass a range of information-gathering activities which seek to increase the extent to which policies and programs are based on evidence. National priorities for future alcohol research need to be agreed and mechanisms put in place to ensure dissemination of research reports and uptake among those engaged in the reduction of alcohol-related harm.

Alcohol research is one component of *the National Drug Research Strategy* which is being developed under the *National Drug Strategic Framework* to set out overarching aims, directions and recommendations for research to support the National Drug Strategy. The draft National *Drug Research Strategy* acknowledges Australia's significant contribution in descriptive and epidemiological research in the health area, whilst highlighting the need for more attention to be paid to research in the law enforcement field, as well as evaluation research of interventions designed to prevent, reduce and treat drug related harm.

For research to be translated into practice, the following elements are desirable: good information that stands up to critical scrutiny and can be presented in a practical way; good access to information through effective dissemination mechanisms; supportive environments where research is valued; and evidence based implementation strategies that lead to knowledge uptake and behaviour change (NHMRC 2000).

Links to other strategies

Consistent with the objectives of the *national Drug Strategic Framework, the National Alcohol Strategy* recognises that a range of national policies, initiatives and programs contribute to the reduction of alcohol-related harm. These initiatives span the full range of public health and broader social policy. The Intergovernmental Committee on Drugs has a key role in coordinating links with other national strategies and programs to ensure integration and consistency, avoid duplication and identify opportunities for joint action.

In particular, under the *National Drug Strategic Framework* the Intergovernmental Committee on Drugs coordinates the integration of the four national drug action plans (alcohol, tobacco, illicit drugs and school based drug education) to ensure a streamlined approach to reducing the harm caused by drugs in Australia.

Over the past two decades national public health strategies have been a key response to public health challenges in Australia. There are currently more than twenty public health strategies at different stages of development. There is great potential for a more consolidated effort across national programs and efforts to improve coordination of public health strategies have therefore continued to be a priority for the National Public Health Partnership.

The following public health strategies and broader social policy initiatives have been identified as those offering the most potential for joint work and coordination of activity with the *National Alcohol Strategy.* Further information about these strategies is provided in Appendix 2.

Strategies under the National Drug Strategy

- National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Strategy

- National Tobacco Strategy

- National Illicit Drug Action Plan

- National School Drug Education Strategy

Aboriginal and Torres Strait Islander strategies

- Aboriginal and Torres Strait Islander Substance Misuse Program

- National Aboriginal Health Strategy

Public health strategies

- National Mental Health Strategy

- National Suicide Prevention Strategy

- National Action Plan for Depression

- National Injury Prevention Strategy

- National Cancer Strategy

- Rural Health Strategy

- National Public Health Nutrition Strategy

- National Medicines Policy

Broader social policy strategies

- National Anti-Crime Strategy

- National Strategy for an Ageing Australia

- Partnerships Against Domestic Violence initiative

- National Homelessness Strategy

- National Road Safety Strategy

- Stronger Families and Community Strategy

- National Drugs in Sport Framework

Roles and responsibiities

Families and communities

The responsibility for building a safer and healthier community through minimising the detrimental effects of inappropriate drinking behaviour rests with all Australians. Each individual needs to be aware of the potential harmful health and social effects their pattern of drinking may have and take responsibility for their actions. Irresponsible drinking behaviour can affect families, friends, schools, workplaces and the wider community. Community members have a key role to play in the development of community prevention programs to reduce alcohol-related harm at the local level.

The National *Alcohol Strategy* seeks to improve the capacity of individuals, families and communities to respond to alcohol-related harm by:

- providing accurate and accessible information about low risk patterns of drinking;

- promoting host responsibility charters in homes and private social gatherings;

- promoting partnership approaches to reducing alcohol-related harm in local settings.

Business and industry

Employers and employees are responsible for occupational health and safety in the workplace, including the development of policies to reduce alcohol-related harm commensurate with the level of risk within that organisation and occupational setting.

The alcohol beverage and hospitality industry have a significant capacity to promote safe and responsible use of alcohol and to refrain from using marketing techniques that are inconsistent with community standards and the principles which underpin harm minimisation. Over the past two decades the alcohol beverage and hospitality industry has been instrumental in encouraging responsible serving practices in licensed premises and providing information at the point of sale on reducing the potential harm associated with alcohol use.

Health care and other professionals

Workers in a wide range of professions are valuable partners in the prevention and management of alcohol related problems. People with alcohol-related problems often present in the first instance to community or legal services. Professional organisations can contribute to the reduction of alcohol-related harm by developing and implementing guidelines for evidence-based practice and for training and up-skilling professionals in the identification and management of alcohol related problems. Medical practitioners, especially general practitioners, are well placed to play a key role in the prevention, identification and management of alcohol dependence and problem drinking

Local government

Local government is ideally placed to respond to the needs of local communities and facilitate local responses to reduce alcohol-related harm. Increasingly local councils are assuming broader responsibility for local needs by providing a range of community programs and services to support the health and wellbeing of their constituents, in addition to core functions in areas governed by public health legislation. Most local councils also support recreational and cultural activities.

Many local governments have established partnerships with local communities to address alcohol-related problems. Initiatives at the local level include the development of accords between police and health services, links to community safety and public event management strategies, and the development of local alcohol action plans.

State and Territory governments

Through the Intergovernmental Committee on Drugs and other consultative structures, States and Territories are involved in the planning, implementation and evaluation of national initiatives to reduce alcohol related harm. State and Territory governments are responsible for providing leadership in regard to alcohol policy within their respective jurisdictions and for the delivery of law enforcement, health and education services to reduce alcohol-related harm.

Among the functions State and Territory governments may perform under the *National Alcohol Strategy* are the following:

• establishing an appropriate public policy framework to deal with alcohol-related harm in such areas as housing, domestic violence, schoolbased education, criminal justice, juvenile justice and liquor licensing;

• developing and implementing their own alcohol action plans based on local priorities;

• enforcing laws regulating the consumption and availability of alcohol;

• implementing harm reduction strategies to prevent drink driving;

• designing, developing and implementing public information and education programs aimed at reducing alcohol-related harm;

• providing public sector health services or funding community-based organisations to provide programs to prevent and treat alcohol dependence and problem drinking;

• developing effective and comprehensive professional education and training, research and evaluation strategies in close cooperation with other jurisdictions so as to achieve consistency;

• ensuring that alcohol treatment services are provided in a manner consistent with the principles and intent of the *National Alcohol Strategy;*

• analysing and monitoring patterns of alcohol use and alcohol-related harm; and

• monitoring outcomes, reporting on performance at the jurisdictional level and contributing to cross-jurisdictional and national surveys and research.

Commonwealth Government

The Commonwealth Government is responsible for providing leadership in Australia's response to reducing alcohol-related harm. The Department of Health and Aged Care is the agency with overall responsibility for the coordination of the *National Alcohol Strategy* and related programs. As one component of the National Drug Strategy, the *National Alcohol Strategy* also operates in the context of other national public health initiatives under the National Public Health Partnership.

The Commonwealth's responsibilities under the *National Alcohol Strategy* include the following:

· ensuring national alcohol policy development, coordination and management;

· providing policy assistance and secretariat support to the National Expert Advisory Committee on Alcohol and the Intergovernmental Committee on Drugs;

• advocacy and agenda setting activities;

- funding the development of a national research agenda for alcohol research and establishment of nationally agreed priorities for research;

- responding to identified areas of need by commissioning, promoting and sponsoring work that is best done at national level;

- fostering best practice approaches nationally across all key strategy areas;

- providing advice on the policy-related aspects of Australia's international obligations;

- designing, developing and implementing public information and education programs aimed at reducing alcohol-related harm;

- analysing and monitoring patterns of alcohol use and alcohol-related harm;

- monitoring outcomes and reporting on performance at the national level; and

- through the Australia New Zealand Food Authority, developing standards and regulations regarding the labelling of alcohol products.

Monitoring and reporting

Reporting requirements

Reporting on the progress of the *National Alcohol Strategy* is part of a broader monitoring and evaluation framework for the whole of the *National Drug Strategic Framework,* currently being implemented under the auspices of the Intergovernmental Committee on Drugs. The purpose of this monitoring and evaluation strategy is to inform the Intergovernmental Committee on Drugs and the Ministerial Council on Drug Strategy on progress of the National Drug Strategy in relation to agreed national objectives and in doing so, provide a more informed basis for policy and program development. This process includes providing the Ministerial Council on Drug Strategy with an annual report on progress by all jurisdictions.

Monitoring of alcohol-related harm

Chapter 3 of the accompanying background paper *Alcohol in Australia: Issues and Strategies* provides detailed information on the monitoring of alcohol-related harm in Australia and relevant data sources. The approach outlined in this paper is consistent with the *WHO International Guide for Monitoring Alcohol Consumption and Related Harm* released in 2000.

The Commonwealth is currently funding the National Alcohol Indicators Project being undertaken by the National Drug Research Institute in conjunction with Turning Point Alcohol and Drug Centre Inc. to monitor consumption of alcohol and the prevalence of alcohol-related harms in the Australian community.

The National Alcohol Indicators Project uses a number of data sources including national surveys, hospital mortality and morbidity data, and alcohol-related road fatalities and injuries data to develop indicators of alcohol-related harm. Used in isolation, these indicators have the potential for a degree of error However the use of a variety of indicators from different sources allows for triangulation between measures to establish overall trends in alcohol-related harm.

Performance indicators

The following national population level performance indicators have been identified to measure the progress and success of the *National Alcohol Strategy:*

- deaths from conditions attributable to risky and high risk alcohol consumption;

- hospital admissions attributable to risky and high risk alcohol consumption;

- estimated percentage of total alcohol consumption which is risky and high risk for adverse short-term or long-term health and social consequences;

- rates of serious night-time crashes and fatalities;

- rates of serious night-time assaults;

- economic costs of alcohol use.

These indicators are not exhaustive but represent principle measures of alcohol-related harm at the population level, use existing datasets and adhere to international guidelines on the monitoring of alcohol related harm

developed by the World Health Organization. Apart from the economic costs of alcohol misuse, these indicators are currently being monitored through the Commonwealth-funded National Alcohol Indicators Project being undertaken by the National Drug Research Institute in conjunction with Turning Point Drug and Alcohol Centre Inc.

In addition, individual jurisdictions will collect their own performance information to monitor aspects of implementation of the *National Alcohol Strategy,* and its Action Plan, that are particularly relevant at the local level.

Section 2: National Alcohol Strategy

Action Plan 2001 to 2003-04

KEY STRATEGY AREA 1: INFORMING THE COMMUNITY

Objective:

- increased community awareness of
  - the magnitude of harm related to misuse of alcohol
  - the factors that increase the risk of alcohol-related harm
  - the preventable nature of these problems

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Information campaigns, use of media	Increased community awareness of the harms associated with misuse of alcohol	Implement alcohol education activities including mass media campaigns reaching whole of population and targeted population groups and service providers	Ongoing dissemination of information to the whole population and targeted populations regarding the adverse health and social effects of misuse of alcohol
	Use media opportunities to raise the profile of alcohol issues		Media reports about the impact of alcohol in Australia
Public education on standard drinks labelling	Increased community understanding of the concept of a "standard drink"	Conduct community education campaigns on standard drinks labelling involving media, print and point of sale advertising	A range of educational products on standard drinks labelling
Public education on the NHMRC Australian Drinking Guidelines	Increased capacity of community to choose low risk drinking patterns	Disseminate and implement the NHMRC Australian Drinking Guidelines using a range of appropriate strategies	A range of educational products based on the NHMRC guidelines for the whole population and targeted population groups
Community awareness of responsible serving provisions	Increased community awareness of and support for the responsible serving provisions of the law in both licensed responsible serving provisions and private social settings	Disseminate information via the media, industry, health and community sectors on responsible serving provisions	Community education activities on responsible serving provisions

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Complaints and appeals	Legislation that is responsive to consumer complaints and appeals	Enact legislation in all States and Territories in relation to licensed premises and serving that includes consumer complaint and appeal processes	Legislation enacted in all States and Territories in relation to licensed premises and serving, that includes consumer complaint and appeal processes
	Increased capacity of the community to participate in decision making regarding the provision of licensed premises	Conduct community education campaign on the process for lodging complaints or appeals in relation to: · proposed location and effects on local amenity · licensed premises · irresponsible serving practices · irresponsible alcohol advertising	A range of community educational materials on the process for lodging complaints or appeals in relation to licensed premises, serving and advertising
Awareness in schools, tertiary institutions, workplaces, the community	Increased awareness in the target groups of the risks associated with alcohol misuse and increased capacity to choose low risk drinking behaviours and situations Increased awareness of liquor laws in the target groups	Review and evaluate current education programs and resources relevant to each setting and develop new materials where necessary	High quality program resources for each setting
Awareness among parents and young people	Increased awareness amongst parents of. underage drinking laws; the risks to young people from alcohol misuse; and the possible role of parents in helping to reduce this risk Increased capacity of parents to discuss alcohol misuse with young people	Review and develop strategies to inform parents about the need for and methods of effective communication of alcohol related harms to their children	A range of educational strategies targeting parents

KEY STRATEGY AREA 2: PROTECTING THOSE AT HIGHER RISK

Objective:

- **Reduction in alcohol-related problems in specific populations identified as being at higher risk of alcohol-related harm**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Aboriginal and Torres Strait Islander peoples	Aboriginal and Torres Strait Islander communities are assisted and supported in local community-driven efforts to address alcohol related problems	Assist Aboriginal and Torres Strait Islander peoples to maintain and develop a wide range of preventive educational, support and treatment programs	Culturally appropriate and effective intervention and treatment services available to Aboriginal and Torres Strait Islander communities
		Improve linkages between Aboriginal and Torres Strait Islander communities, and government and non-government and service providers, to ensure consistency in service delivery, including linkages with other strategies and approaches	Evidence of improved links between Aboriginal and Torres Strait Islander communities and government and non-government agencies and service providers
		Conduct further research and evaluation on the effectiveness of current interventions	Research and evaluation reports on of the effectiveness of current interventions
		Work in collaboration with the drinks industry, licensed premises and Aboriginal and Torres Strait Islander communities to further reduce problems associated with excessive drinking amongst Aboriginal and Torres Strait Islander peoples	Guidelines for better practice specifically adapted for licensed establishments in Aboriginal and Torres Strait Islander communities
Pregnant women	Increased awareness of the risk to the fetus of high risk alcohol use, particularly in the first three months of pregnancy Decreased episodic excessive alcohol consumption by women of childbearing age	Develop and disseminate information to relevant population groups, including adolescent girls and boys and, sexually active women, on the risk of excessive episodic alcohol consumption during pregnancy Educate clinicians involved in the care of	A range of educational material informing of the effects of high risk drinking on the fetus

		pregnant women about high risk drinking behaviours in pregnancy	

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Prisoners and offenders	Effective and accessible interventions to deal with alcohol problems amongst prisoners and offenders	Develop and implement policies at a jurisdictional level relating to alcohol use and the assessment and treatment of alcohol-related problems in correctional facilities, and for those under community supervision orders	Policies at a jurisdictional level relating to alcohol use and the assessment and treatment of alcohol-related problems in correctional facilities and for those under community supervision orders
		Develop and implement culturally appropriate education, assessment and treatment programs to address the harms (physical, legal and disciplinary) associated with alcohol in correctional facilities	Education, assessment and treatment programs dealing with the problems associated with alcohol use in correctional facilities
People with a mental health disorder	Increase understanding of the nature and extent of comorbid alcohol use disorder and mental health problems	Support and promote research into the extent and nature of comorbidity, prevention of comorbidity and assessment and treatment of comorbid disorders	Research Reports on comorbidity
		Establish linkages between mental health and drug and alcohol data collections	Published data on comorbidity
	Improved access to integrated health and human services for people with comorbid alcohol use disorder and mental illness	Increase community awareness of available services for people with comorbid alcohol use disorder and mental health problems	A range of materials outling available services for people with comorbid illnesses
		Involve consumers and carers in developing care plans for people with comorbid alcohol use and mental health disorders	Care plans developed in conjunction with consumers and carers
		Establish effective intersectoral links to address comorbidity	Evidence of intersectoral partnerships to address comorbidity
	Increased practitioner and public knowledge of the risks of interactions between alcohol and medications commonly used to treat mental illness	Develop, implement and evaluate a range of strategies to inform health care providers and consumers about interactions between alcohol and medications	A range of targeted information materials for health care providers, consumers and their families.

Action issue	What will be achieved?	How will it be achieved	Identified outputs
Older people	Increased capacity of older people to choose low risk drinking behaviours	Develop, implement and evaluate strategies to inform older people and their carers about the risks associated with alcohol use in old age	A range of targeted materials for older people and their carers
Heavy drinkers *(See also Key Strategy Area 9)*	Reduced incidence of thiamine deficiency in long term high risk drinkers	Maintain enrichment of bread making flour with thiamine	
		Maintain enrichment of bread making flour with thiamine	Thiamine enrichment of bread making flour
		Encourage research into the value and practicality of adding thiamine to alcoholic drinks	Research reports on the feasibility of the addition of thiamine to alcoholic drinks
		Establish systems for monitoring the incidence and prevalence of Wernicke Korsakov syndrome	A reliable system in place for the monitoring of Wernicke Korsakov syndrome

KEY STRATEGY AREA 3:
PREVENTING ALCOHOL-RELATED HARM IN YOUNG PEOPLE

Objective:

- **Reduction in onset of high risk patterns of alcohol consumption during adolescence**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Mental health promotion	Greater resilience amongst children and adolescents to resist the adoption of high risk patterns of drinking	Plan, develop and implement a range of programs to promote social and emotional wellbeing in children	Programs that address social and emotional wellbeing in children
Parenting skills	Parents who are skilled and confident in parenting and communicating with their children	Work with relevant agencies to develop and implement a range of prevention programs targeted at parents, and focussing on communication, negotiation and conflict resolution	A range of effective educational programs targeting parents, and focussing on communication, negotiation and conflict resolution
Joint activity	Effective collaboration between key agencies to reduce risk factors and enhance protective factors in children	Create and strengthen structures in each State and Territory to facilitate intersectoral collaboration between the departments of health, education, justice, community services, police, youth affairs and Aboriginal affairs.	IntersectoraI structures in place in each State and Territory to facilitate collaboration between key agencies
Education and information for young people	Increased capacity of young people to choose low risk drinking behaviours	Develop, implement and evaluate a wide range of educational and harm reduction programs aimed at reducing episodes of drinking to intoxication and at separating high risk drinking from other risk taking behaviours (such as driving, water sports) and other high risk activities (including risky sexual behaviour). These programs should also increase awareness of the underage drinking laws.	A wide range of educational and harm reduction programs targeted at young people
	Increased awareness by young people of the underage drinking laws		
Separating sporting activities and high risk drinking	Increased proportion of sporting and recreational groups that have appropriate	Encourage sporting and recreational groups to develop and implement	Alcohol policies for sporting and recreational groups

	alcohol policies in place and implemented	appropriate alcohol policies	

KEY STRATEGY AREA 4: IMPROVING THE EFFECTIVENESS OF LEGISLATION AND REGULATORY INITIATIVES

Objective:

- **Liquor licensing legislation and regulatory initiatives that have a positive public health impact, particularly in terms of minimising harm related to the use of alcohol**

Action issue	What will be achieved?	How will it he achieved?	Identified outputs
liquor licensing legislation	Liquor licensing legislation in all jurisdictions that dearly expresses the principle of harm minimisation and gives effect to this principle in all relevant policies	Review current liquor licensing legislation	Liquor licensing legislation in all jurisdictions that includes reduction or minimisation of alcohol-related harm as a goal
Availability of alcohol in local communities	Increased capacity of local communities to be active participants in determining appropriate control over alcohol availability and trading hours	Examine and promote a range of mechanisms that could assist local communities who wish to limit the supply of alcohol or influence the setting of trading hours	Mechanisms that provide communities with the capacity to exert appropriate control over alcohol availability and trading hours
	Access for Aboriginal and Torres Strait Islander communities reliant on alcohol to information on alternative means of revenue raising	Support Aboriginal and Torres Strait Islander communities that are reliant on profits from liquor sales to identify alternative means of revenue raising	Information on alternative avenues for revenue raising in Aboriginal and Torres Strait Islander communities
Numbers and type of licensed premises	Numbers and type of premises in an area are consistent with limiting alcohol-related harm	State and Territory licensing authorities work with the alcohol beverage and hospitality industry to identify and achieve appropriate levels of activity consistent with harm minimisation principles in each area	Research to identify the number and type of premises in an area that is consistent with limiting alcohol-related harm
Further development of regulatory and legislative frameworks and voluntary codes of practice	Reduction in the incidence of problems associated with intoxication in the community and the number of occasions in which local residents are in public conflict with the management of liquor outlets and licensed premises	Develop a model for State and Territory laws and regulatory frameworks to minimise alcohol related harm effectively	Legislation consistent with best practice in place in all States and Territories

	Reduction in the incidence of degradation of local amenity, with fewer incidents of crime, violence and antisocial behaviour in the area surrounding liquor outlets and licensed premises	Review the enforcement of relevant State and Territory laws and regulations	Report detailing the review of relevant State and Territory laws and regulations Territory laws and regulations
		Examine and develop strategies to overcome barriers to effective enforcement	Barriers to effective enforcement identified and addressed
		Ensure all jurisdictions have in place a transparent and equitable appeals process	Presence of transparent and equitable appeals process in all jurisdictions
		Demonstrate the effectiveness and safety of well policed licensed premises and their surrounds	Promotional activities to demonstrate the effectiveness of well policed licensed premises and their surrounds
		Promote effective industry self regulation	Evidence of effective industry self regulation
		Support research into urban design which aims to prevent crime, focusing on the reduction of alcohol related harm in public	
Underage drinking	Reduction in sales of alcohol to minors	Monitor liquor outlets to avoid the sale of alcohol to minors	Documentation of breaches of Liquor Licensing legislation
		Educate liquor outlet personnel on laws relating to the sale of liquor to minors	Educational material on Liquor Licensing legislation displayed in liquor outlets

NATIONAL AILCONOL STRATEGY * A PLAN FOR ACTION * 2001 To 2003-04

KEY STRATEGY AREA 5:
RESPONSIBLE MARKETING AND PROVISION OF ALCOHOL

Objective:

- Alcohol advertising and availability that is consistent with conununity standards and harm minimisation principles

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Alcohol advertising codes	Appropriate and effective alcohol advertising codes that promote socially responsible advertising in line with community values	Promote consultation and collaboration in relation to alcohol advertising codes	Evidence of consultation and collaboration in relation to alcohol advertising codes
		Regular monitoring of alcohol advertising to ensure compliance with codes	Documentation of regular monitoring of alcohol advertising to ensure compliance with codes
		Review existing codes for currency and effectiveness within the time-frame of the Strategy	Report on a review of alcohol advertising codes
		Ensure appropriate action is taken for breaches of alcohol advertising codes	Documentation of appropriate action taken for breaches of alcohol advertising codes
Marketing strategies	Control of detrimental new marketing strategies	Industry and government take effective action to control the introduction of new alcohol marketing strategies (including packaging) which are contrary to the intent of the regulatory and self regulatory controls	Documentation of policing of detrimental new marketing strategies
	Reduction in the number of marketing strategies employed by licensed premises that prompt high risk drinking behaviours	Ensure effective application of codes of practice relating to marketing by licensed premises	Evidence of effective application of codes of practice relating to marketing by licensed premises
Complaints mechanisms	Increased community awareness of complaints mechanisms in regard to alcohol advertising	Develop and implement community awareness-raising activities regarding complaints mechanisms for alcohol advertising	A range of educational activities to increase community awareness of complaints mechanisms

KEY STRATEGY AREA 6: PRICING AND TAXATION

Objective:

- Systems of pricing and taxation that have a positive public health impact, particularly in terms of minimising harm related to the misuse of alcohol

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Incentives to choose lower strength alcohol products	Consumption of lower strength beverages in preference to comparable high strength alcohol beverages	Incentives for marketing and sale of lower alcohol beverages	Incentives for consumption of lower alcohol beverages in preference to comparable high strength alcohol beverages
Research	Increased understanding of the association between pricing and taxation of alcohol beverages and alcohol-related problems	Undertake and disseminate research into the association between pricing and taxation of alcohol beverages and alcohol related problems	Research reports on the association between pricing and taxation of alcohol beverages and alcohol-related harm

KEY STRATEGY AREA 7: PROMOTING SAFER DRINKING ENVIRONMENTS

Objectives:
- **Reduction in the incidence of alcohol-related crime, violence and anti-social behaviour in and around licensed premises**

- **Reduction in the incidence of alcohol-related crime, violence and anti-social behaviour at organised public events, such as sports matches, shows, rodeos and open-air concerts**

- **Reduction in the incidence of alcohol-related problems at private social gatherings**

- **Reduction in alcohol-related domestic and family violence**

- **Reduction in alcohol-related problems in the workplace**

- **Reduction in injuries and fatalities in the aquatic environment**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Licensed premises	Continued development of licensed premises as safe drinking environments	Develop and promote principles of quality practice management of licensed premises to minimise alcohol-related harm	Guidelines for quality practice management of licensed premises
		Develop or enhance intersectional safety audit	Documentation of regular safety audits of licensed

		processes	premises
		Develop codes of practice for the use of trained security personnel	Legislation/codes for the use of trained security personnel
		Promote the development of local accords	Local accords engaging licensed premises, and evidence of compliance by licensed premises with the accords they are involved in
		Promote and further responsible server initiatives in licensed premises including server training	Responsible server programs
		Enforce relevant Liquor Act requirements preventing the sale inspections and reports on intoxicated patrons	Documentation of alcohol-related breaches
		Enforce laws that prohibit over crowding in licensed premises	Evidence of increased level of enforcement of overcrowding laws
		Display low risk drinking information in all licensed premises	Low risk drinking information displayed in licensed premises
		Managers of licensed premises and bar staff promote availability of low alcohol and non-alcoholic drinks in licensed premises	Promotional materials of low alcohol and non-alcoholic drinks for use in licensed premises
		Assist local authorities to ensure compliance with local by-laws to improve issues relating to public amenities	A range of information resources for local authorities
Public events	Improved management of public events where alcohol may be a factor	Promote and implement guidelines on safe events management	Safe events management guidelines
		Make compliance with safe events management guidelines a condition or obtaining an events licence	Documentation of compliance with safe events management guidelines on events licence
		Develop a monitoring system for performance of events managers and refuse events licences to those who fail to comply with safe events management guidelines	A monitoring system to review compliance with safe events management guidelines
Private homes	Increased public awareness of host responsibilities in private social gatherings	Develop and promote host responsibility charters	A range of educational materials promoting host responsibility charters
	Increased public understanding of the role	Research into the role of alcohol as a factor in	Improved evidence base for establishing the role of

		of alcohol as a factor in domestic violence	domestic violence	alcohol as a factor in domestic violence
		Improve data collections to clarify the numbers of cases of domestic violence where alcohol is a factor	Improved data on the co occurrence of alcohol consumption and domestic violence
		Increase community awareness of the role of alcohol as a factor in domestic violence	A range of materials informing the community, perpetrators and victims about the role of alcohol in domestic violence
		Strengthen links between the *National Alcohol Strategy* and relevant national initiatives aimed at reducing domestic violence	Joint activity under the *National Alcohol Strategy* and relevant national initiatives to reduce domestic violence
Workplace	Safer working environments	Increase knowledge and understanding of the risks associated with alcohol related impairment in the workplace	Training and educational materials for specific workplaces
		Develop alcohol policies for specific workplaces	Workplace alcohol policies
Aquatic environment	Increased community awareness of the risks associated with alcohol in the aquatic environment	Form partnerships with key water safety agencies to facilitate promotion of messages regarding the use of alcohol in the aquatic environment	A range of promotional materials to increase community awareness of the risks associated with alcohol in the aquatic environment
		Develop targeted national campaigns	Targeted campaign advising of the risks of alcohol consumption in or near water
	Increased awareness among young people of the risks of alcohol consumption in or near water	Deliver alcohol awareness messages to the 12-18 year age group through water safety courses (eg Swim and Survive and Rescue/ Bronze Medallion courses)	Alcohol messages an integral part of water safety courses
	Reduction in alcohol-related boating accidents	Develop and enforce existing legislation around alcohol and boating	Legislation around alcohol and boating
	Educate boating captains using a range of information materials		Educational resources on risk of alcohol-related boating accidents
	Increased knowledge and understanding of the factors involved in alcohol-related aquatic incidents	Track alcohol-related drownings through ABS surveys and the National Coronial Information System	Improved data collections regarding alcohol-related injuries and fatalities in the aquatic environment
		Identify and research key water safety/alcohol issues	Report detailing research into alcohol-related aquatic incidents

KEY STRATEGY AREA 8: DRINK DRIVING AND RELATED ISSUES

Objective:

· **Reduction in the incidence of injuries and fatalities from drink driving**

· **Reduction in the incidence of injuries to pedestrians when intoxicated**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Public education on drink driving	Reduction in number of people who drink irresponsibly and drive	Maintain and develop a wide range of education and promotional activities aimed at increasing public awareness of the social and legal consequences of drink driving	A range of educational and promotional activities **aimed at** increasing public awareness of the social and legal consequences of drink driving
Random breath testing	Increased effectiveness of random breath testing programs	Maintain public profile of random breath testing	Public education campaign on random breath testing
		Develop and implement quality practice guidelines for the detection of drink drivers through random breath testing	Quality practice guidelines for random breath testing implemented in all jurisdictions
Drink driving repeat offenders	Reduced incidence of repeat drink driving offences	Identify and implement effective criminal justice, law enforcement and health interventions to reduce recidivist drink driving	Documentation of interventions to reduce recidivist drink driving
		Explore opportunities to set up new approaches for drink drivers, including pharmacotherapies, where driving is a requirement for employment	Evidence of new approaches for drink drivers, including pharmacotherapies, where driving is a requirement for employment
		Introduce alcohol ignition locks as a sentencing option or administrative sanction for recidivist drink drivers	Alcohol ignition locks used as a sentencing option or administrative sanction for recidivist drink drivers
Road and automobile safety	Reduced likelihood of injury or death from road traffic accidents	Maintain, further develop and implement strategies to ensure segregation of traffic and pedestrians	A range of strategies in place in all jurisdictions to segregate traffic and pedestrians
		Continue use of lower allowable blood alcohol concentration levels for "P" plate drivers	Lower legal limit for blood alcohol concentration in "P" plate drivers
		Support research into improved safety design of automobiles and general road traffic environment	Research findings on improved safety design features in motor vehicles and general road traffic environment

Drink driving research	Evaluation of drink driving counter measures	Assess longitudinal impact of drink driving counter measures using daily accident data	Documentation of drink driving counter measures assessed using daily accident data
Pedestrians	Fewer intoxicated pedestrians sustaining alcohol-related injuries or fatalities	Prevent pedestrians from becoming intoxicated by responsible server training and community education	A range of promotional activities to encourage low risk drinking behaviours
		Ensure licensed premises are well served by taxis or public transport	Evidence of availability of transport options from licensed premises
		Encourage entertainment industry and events managers to consider services to get patrons home after events	Events management guidelines which include transport options
		Introduce lower speed limits in Legislation or by/laws entertainment precincts after dark and in urban residential streets	Legislation or by/laws
		Ensure pedestrian facilities, including good street lighting, are provided in areas where liquor is consumed	Reports of safety audits for pedestrians

KEY STRATEGY AREA 9: INTERVENTION BY HEALTH PROFESSIONALS

Objectives:

· **Improved awareness and capacity of health professionals to identify individuals, families and communities with alcohol-related problems**

· **Increased access to a range of high quality health care services for the management of alcohol dependence and problem drinking, particularly in rural and remote areas and for marginalised groups**

Action issue	What will be achieved?	How will it he achieved?	Identified outputs
Identification of alcohol related problems	Increased early intervention in those with alcohol-related problems	Encourage general practitioners and other health care workers to take a drinking history and provide feedback to patients at the initial consultation in all health care settings	Documentation of patients screened and alcohol history recorded in a range of health care settings
		Encourage hospital staff to take an alcohol history from every adult patient admitted to hospital	Documentation that patients admitted to hospital have been screened and an alcohol history recorded
Availability of health care services to manage alcohol dependence	Increased community awareness of the full range of options available to manage alcohol dependence and problem drinking	Improve the provision of information regarding the range and availability of alcohol treatments to people at high risk	A range of materials providing advice to consumers on the full range of options available for the management of alcohol dependence and problem drinking
	High quality alcohol treatment including detoxification services available in major public and private hospitals	Include the provision of alcohol treatment and detoxification services in accreditation requirements for major public and private hospitals	Alcohol detoxification services included in accreditation assessments in major public and private hospitals
	Improved availability of specialist services for people with alcohol-related problems	Ensure the provision of specialist expertise in major population centres to provide professional leadership, teaching, consultation, referral and advocacy for treatment of people with alcohol related problems	Evidence of adequate access to specialist services for people with alcohol-related problems
Services in rural and remote areas	Provision of comprehensive range of services for people	Review the availability of alcohol and drug services in rural and remote	Review of alcohol and drug services in rural and remote locations

		currently disadvantaged or geographically isolated	locations	
		Develop and evaluate new models of care for people with alcohol and other drug problems in rural and remote areas	Development and evaluation of new models of care for people with alcohol and drug problems in rural and remote areas
		Provide training and support for local people who can provide appropriate services for remote populations	A range of training materials for local people who provide services for remote populations
		Increase the attractiveness of work in rural and remote areas as a career choice for alcohol and drug health care workers	Incentives identified to encourage drug and alcohol workers to work in rural and remote areas
	Availability of specialist advice regarding alcohol treatment 24 hours a day across Australia	Encourage all States and Territories to provide a 24 hour telephone service providing specialist alcohol and other drug advice for health workers	Specialist advice regarding alcohol treatment available 24 hours a day across Australia

KEY STRATEGY AREA 10: WORKFORCE DEVELOPMENT

Objective:

- **Increased effectiveness of individuals in a wide variety of occupations to reduce alcohol-related harm**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Health care professionals	Increased effectiveness of health care professionals in identifying and treating alcohol-related problems	Train and empower health care professionals to identify potentially problematic drinking	A range of diagnostic tools and training materials targeted at health care professionals
		Encourage health care professionals to provide effective advice to persons who are drinking at risky and high risk levels with reference to NHMRC Australian Drinking Guidelines	A range of targeted materials based on NHMRC Australian Drinking Guidelines to assist health care professionals to provide effective advice to persons with alcohol-related problems
		Review and improve training at undergraduate level in assessment in treatment of alcohol related problems with particular attention to the needs of undergraduates who will work in rural and	Training modules for under-graduate health care professionals covering assessment and treatment of alcohol related problems

		remote settings	
		Increase opportunities for health care professionals to participate in accredited training modules	Evidence of opportunities being made available for health care professionals to undertake accredited training modules
General practitioners	Increased capacity of general practitioners to provide effective prevention and treatment services to individuals experiencing alcohol-related problems	Identify barriers to greater general practitioner involvement in the treatment of problem drinkers and alcohol dependence	Research reports identifying barriers to general practitioner involvement in treatment of alcohol-related problems
		Work with the RACGP and the Divisions of General Practice to develop and disseminate educational modules for general practitioners which include: · assessment and specialist referrals; · brief intervention counselling; · home detoxification; · pharmacological interventions; · importance of interactions between alcohol use, mental and physical illness and polydrug use	A range of targeted educational modules for general practitioners
Non-professional and volunteer sector	Increased effectiveness of volunteers and non-professionals to minimise alcohol-related harm	Develop accredited qualifications and identify experience needs for non-professional people working in alcohol area (particularly providers of services to disadvantaged groups)	Training modules for non-professional and volunteer front line workers
Law enforcement agencies and criminal justice system	Increased knowledge of alcohol issues among law enforcement officers, judges and magistrates and increased effectiveness to minimise alcohol-related harm	Increase opportunities for law enforcement officers, judges and magistrates to participate in accredited training modules	Evidence of opportunities made available to law enforcement and criminal justice agencies to undertake accredited training modules
		Develop a range of targeted training materials including internet materials, monographs, in-service training manuals, updated handbooks	A range of targeted training materials including internet materials, monographs, in-service training manuals, updated handbooks
Educational institutions	Increased knowledge of alcohol issues among teachers and staff in	Increase opportunities for teachers and staff in schools, colleges and universities to	Evidence of opportunities made available to teachers and staff in schools,

	schools, colleges and universities, and increased capacity to minimise alcohol-related harm	participate in accredited training modules	colleges and universities to participate in accredited training modules
Industry groups	Increased capacity of industry groups, management and workforce to develop and implement comprehensive workplace alcohol policies	Develop guidelines for a range of workplaces to assist them to develop, implement and evaluate workplace alcohol policies	Workplace alcohol policies

KEY STRATEGY AREA 11: RESEARCH AND EVALUATION

Objective:

- **Promotion and uptake of evidence-based practice through research**

Action issue	What will be achieved?	How will it be achieved?	Identified outputs
Developing the evidence base	Increased body of knowledge on alcohol-related harm and effectiveness of interventions to support programs and policies	Regularly review alcohol literature for gaps in research	Literature reviews of alcohol research
		Agree national priorities for alcohol research	A national agenda for alcohol research
		Work with established research centres to develop alcohol research programs which reflect policy needs	Research centre work programs that support alcohol policy needs
		Promote evaluation of new approaches to reduction of alcohol-related harm	Evaluation included as an integral component of programs and policies to reduce alcohol related harm
		Promote uptake of alcohol research on other public health and social policy research agendas	Alcohol research included on other public health and social policy agendas
Dissemination of research	Better dissemination and uptake mechanisms for alcohol research	Support NDS research centres to disseminate research findings as a component of their work programs	Dissemination of research findings by NDS research centres
		Improve utilisation of existing networks, websites, newsletters and journals to disseminate alcohol research	Dissemination strategy for alcohol research

Section 3: National Alcohol Strategy

Appendices

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Appendix 2. National strategies and initiatives of particular relevance to the National Alcohol Strategy

1. Strategies under the National Drug Strategy

The National Drug Strategic Framework provides a framework for coordination to reduce the harms caused by illicit and licit drugs in Australia. Under the Framework national drug action plans have been prepared for tobacco, alcohol, illicit drugs and school drug education.

It is important that links between the strategies are maximised and joint initiatives further developed to ensure that the prevention and treatment of polydrug use are addressed in a coordinated way.

The N*ational Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Strategy* is a major component of all the strategies of the *National Drug Strategic Framework* and will provide support to the National Drug Action Plans. The strategy is directed at substance misuse generally rather than specific substances of misuse.

2. Aboriginal and Torres Strait Islander strategies

Aboriginal and Torres Strait Islander Substance Misuse Program

A review of the Aboriginal and Torres Strait Islander Substance Misuse Program, commissioned by the Office for Aboriginal and Torres Strait Islander Health, was completed in 1998 and is currently being implemented. The review identified the need for a shift in the balance of the Program from one based primarily on treatment to one which incorporates and promotes access to services across the care continuum- from prevention and early intervention to clinical care, treatment and rehabilitation.

National Aboriginal Health Strategy

The 1989 National Aboriginal Health Strategy is currently being revised and updated to take account of the new policy environment encompassing the Aboriginal and Torres Strait Islander Health Framework Agreements, the development of national performance indicators and submissions to the House

of Representatives Inquiry into Indigenous Health. The partnership approach is embedded in the Aboriginal and Torres Strait Islander Health Framework Agreements, signed by the Commonwealth Government, the State and Territory governments, the Aboriginal and Torres Strait Islander Commission and the Aboriginal community controlled health sector in each jurisdiction.

2. Public health strategies

National Mental Health Strategy

Adopted in 1992, the *National Mental Health Strategy* provides a collaborative framework to assist the State, Territory and Commonwealth governments in pursuing the national reform agenda for mental health. *The Second National Mental Health Strategy* provides a national framework for mental health services, including linkages to other community service sectors such as housing and supported accommodation.

National Suicide Prevention Strategy

The National Suicide Prevention Strategy (NSPS) to builds on the former National Youth Suicide Prevention Strategy (NYSPS), which was funded from 1995 to 1999. The importance of local level suicide prevention activities, support of community organisations and the development of community models of suicide prevention is a priority under the NSPS.

One of its key tasks is the implementation of *Life: A Frame work for Prevention of Suicide and Self-harm in Australia.* The LIFE Framework has four broad goals:

- Reduce deaths by suicide across all age groups in the Australian population, and reduce suicidal thinking, suicidal behaviour, and the injury and self-harm that result.

- Enhance resilience and resourcefulness, respect, interconnectedness and mental health in young people, families and communities, and reduce the prevalence of risk factors for suicide.

- Increase the support available to individuals, families and communities who have been affected by suicide or suicidal behaviours.

- Extend and enhance community and scientific understanding of suicide and its prevention.

The NSPS supports national suicide prevention activities across the lifespan, with a continuing focus on youth and on groups identified as being at high risk, including young adult men, rural residents, the elderly, people with mental illnesses, people with substance use problems, prisoners, rural communities, and Aboriginal and Torres Strait Islander communities. A number of initiatives commenced under the NYSPS, which integrate the promotion of mental health and the prevention of suicide, are continuing under the NSPS. These include media and schools initiatives, building workforce capacity for preventing suicide, and developing and promoting best practice.

National Action Plan for Depression

Under the *National Mental Health Strategy* and following the development of the *National Health Priority Area Report on Depression,* a National Action Plan for Depression has been developed jointly between Commonwealth and State and Territory health and community representatives. The Action Plan provides a framework for activity to address depression across the health care continuum and covers the spectrum of interventions including the promotion of mental health literacy, prevention and early intervention in depression, assessment and treatment of depressive disorders and research needs.

The National Depression Initiative was launched in March 2000 with the following three key aims:

- to foster greater awareness and community education so that understanding of the illness is increased and stigma and discrimination decrease;

- to promote professional training and development so that our capacity to respond quickly and effectively is increased and more of those experiencing depression are able to get the assistance they need; and

- to support research into prevention, treatment and management approaches to ensure that our already considerable knowledge continues to develop and benefit those dealing with the illness.

Children and Youth Health Policy

A national health policy for children and young people, *The Health of Young Australians,* was endorsed in 1995 by Australian Health Ministers. An associated five-year action plan was endorsed in May 1996, *The National Health Plan for Young Australians.* The plan recognises that the health of the young is affected by social,

economic and physical environments in which they live and that ongoing, positive investments are needed for an infant **to grow** and develop into a competent, participating adult member of the community.

National Injury Prevention Strategy

Injury is one of six National Health Priority Areas endorsed by the Australian Health Ministers. National efforts aim to reduce the incidence of injury, and its impact on health, in the Australian population. The draft *National Injury Prevention Action Plan: Priorities for* 2000-2002 represents a broad framework for immediate national action in four priority prevention areas:

·   falls in older people;
·   falls in children;
·   near drowning and drownings; and
·   poisoning in children.

Areas were selected on the basis of their contribution to the burden of injury; the cost-benefit, effectiveness and acceptability of a range of interventions; and a clear and actionable role for the health sector.

National Cancer Strategy

The National Cancer Strategy will provide a solid foundation for effective action by all stakeholders in the area of cancer control. This strategy will be based in part on the report by the National Cancer Control Initiative to the Commonwealth, *Cancer Control Towards 2002*.

The Cancer Strategies Group, a sub-committee of the National Health Priority Action Council, is overseeing this strategy. The Cancer Strategies Group aims to develop a national approach to cancer control through a strategic partnership between the Commonwealth, State and Territory Governments, health professionals, cancer organisations, the National Cancer Control Initiative, and consumers.

Rural Health Strategy

The National Rural Health Strategy was endorsed in 1994. The Strategy provides a framework for the provision of health services throughout rural and remote areas of Australia. In May 2000, the Federal Government announced its Budget 2000-200 1, which included the Regional Health Strategy: More Doctors, Better Services. The Regional Health Strategy provides 5562 million to increase the number of doctors, specialists and allied health professionals working in rural and regional Australia and to deliver better health services to regional Australia. Initiatives covering the continuum of study, training and practice WW provide more doctors in rural areas and assist others to continue working there, while new, restructured and more flexible services will support doctors and be responsive to local needs.

National Public Health Nutrition Strategy

The National Public Health Nutrition Strategy 2000 - 201 0 aims to implement the 1992 *National Food and Nutrition Policy* to improve health and reduce the preventable burden of diet-related early death, illness and disability among Australians. The priority areas of the first phase of the Strategy are: preventing overweight and obesity; promoting fruit and vegetables; the nutrition of vulnerable people; and maternal and child nutrition. This is a ten-year strategy, and to develop the national capacity needed for its sustainability, there is an important focus on strategic management and capacity building, including research and innovation, workforce development, dissemination and evaluation.

National Medicines Policy

The National Medicines Policy 2000 aims to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved. The objectives of the Strategy include:

- timely access to the medicines that Australians need, at a cost individuals and the community can afford;

- medicines meeting appropriate standards of quality, safety and efficacy;

- quality use of medicines; and

- maintaining a responsible and viable medicines industry,

3.   Broader social policy strategies National Anti-Crime Strategy

The National Anti-Crime Strategy is a shared initiative of State and Territory governments and is supported by the Commonwealth government. Cross-jurisdictional cooperation on crime prevention is achieved through the Lead Ministers' National Anti Crime Strategy Group. This group includes the Lead Minister on crime prevention in each jurisdiction and the Commonwealth Minister for justice.

The National Anti-Crime Strategy works in partnership with the National Crime Prevention Program (formerly known as the National Campaign Against Violence and Crime) on a large number of projects and is also a chief consulting forum for the Program.

National Strategy for an Ageing Australia

The National Strategy for an Ageing Australia is primarily concerned with developing a pro-active response to the emerging issues related to population ageing. The Strategy will provide a long-term whole-of-government approach to developing policies to meet the identified challenges and opportunities.

Partnerships Against Domestic Violence Initiative

In November 1997, Heads of Government launched Partnerships Against Domestic Violence to build a strategic collaboration between the Commonwealth, States and Territories, in consultation with the community sector, to test new approaches to domestic violence, to enhance and share knowledge, and to develop and document good practice in preventing and responding to domestic violence. It aims to do this by conducting a wide range of projects designed to stimulate new developments as well as enhance existing programs.

National Homelessness Strategy

The *National Homelessness Strategy,* launched in May 2000, will provide a comprehensive framework for preventing and addressing homelessness. The four themes of the National Homelessness Strategy include Working Together in a Social Coalition, Prevention, Early Intervention and Crisis Transition and Support. The objectives of the Strategy are:

·   to provide a strategic framework that will improve collaboration and linkages between existing programs and services, to improve outcomes for clients and reduce the incidence of homelessness;

· to identify best practice models, which can be promoted and replicated, that will enhance existing homelessness policies and programs;

· to build the capacity of the community sector to improve linkages and networks; and

· to raise awareness of the issue of homelessness throughout all areas and levels of government in the community.

National Road Safety Strategy 2001-2010

The National Road Safety Strategy 2001-2010 and the *Action Plan 2001 and 2002* have been adopted by the Australian Transport Council. The Strategy provides a framework which complements the strategic road and safety plans of State, Territory and local governments and other stakeholders in road safety. The Strategy aims to reduce the number of road fatalities per 100 000 population by 40 per cent. The Strategy identifies the objectives and the action plan contains details of activities to achieve these objectives.

Action Area 1. 1 of the Action Plan aims to reduce the incidence of drink driving. While the incidence of alcohol-related road deaths has reduced both in total numbers and as a proportion of all road deaths, alcohol remains a major factor in 27 per cent of fatal crashes nationally. To achieve its aim, the Action Plan has identified the following possible measures:

• Extend integrated publicity and enforcement campaigns.

• Apply penalties for serious cases of drink driving that are commensurate with the danger posed.

• Implement appropriate measures arising from the Austroads Optimal Rural Drink Driving Enforcement Program.

• Work with the alcohol service industry to promote safer drinking through the promotion of non/low alcohol drinks and through "responsible serving" and server intervention programs.

• Introduce alcohol ignition interlocks as a sentencing option for administrative sanction, especially as a re-licensing requirement for repeat drink drivers.

• Promote voluntary fitment of alcohol interlocks.

• Continue the development of intelligence-based enforcement practices.

Stronger Families and Community Strategy

Announced in April 2000 the *Stronger Families and Communities Strategy* represents a new policy direction of prevention and early intervention for Australian families and communities with particular benefits for families at risk. The eight key principles that underpin the Strategy and it implementation include:

• working together in partnerships;

• prevention and early intervention;

• life transitions;

• integrated and coordinated services; • capacity building;

• using evidence to look to the future; and

• making the investment count.

National Drugs in Sport Framework

The National Drugs in Sport Framework was agreed to and developed by the Sport and Recreation Ministers Council in 1995. The Australian Sports Drug Agency is responsible for monitoring the Framework.

Appendix 3. Glossary of terms used.

Alcohol. A colourless volatile inflammable liquid forming the intoxicating element in wine, beer, and spirits. Any liquor containing this.

Alcohol-related. The relationship between problems or damage to individuals and the consumption of alcohol.

Australian National Council on Drugs. One of the advisory bodies supporting the Ministerial Council on Drug Strategy. The Australian National Council on Drugs consists of people with relevant expertise from the government, non-government and community sectors. The Council ensures that the voice of non-government organisations and individuals working in the drug field reaches all levels of government and influences policy development. It has broad representation from volunteer and community organisations and law enforcement, education, health and social welfare interests.

Blood alcohol concentration. The proportion of alcohol contained in a given volume of blood, expressed in grams per 1 0OmI of blood.

Demand-reduction strategies. Strategies that seek to reduce the desire for and preparedness to obtain and use drugs. These strategies are designed to prevent the uptake of harmful drug use and include abstinence-oriented strategies. Their purpose is to prevent harmful drug use and drug-related harm.

Dependence. A phenomenon with biological, psychological and social elements, whereby use of a particular drug (for example, alcohol) is given priority over other behaviours that were once relatively very much more important to the person. Dependence is not an all-or-none phenomenon, but exists in degrees along a continuum.

Drug. A substance producing a psychoactive effect. Within the context of the National Drug Strategic Framework, "drug" is used generically to include tobacco, alcohol, pharmaceutical drugs and illicit drugs. The Framework also takes account of performance- and image-enhancing drugs and substances such as inhalants and kava.

Drug-related harm. Any adverse social, physical, psychological, legal or other consequence of drug use that is experienced by a person using drugs or by people living with or otherwise affected by the actions of a person using drugs.

Evidence-based practice. Evidence-based practice involves integrating the best avadable evidence with professional expertise to make decisions.

Fetal alcohol syndrome. A relatively uncommon cluster of mainly facial abnormalities and poor child development which has been observed in children born to women drinking heavily during pregnancy.

Harm-reduction strategies. Strategies designed to reduce the impacts of drug-related harm on individuals and communities. While governments do not condone illegal risk behaviours such as injecting drug use, they acknowledge that these behaviours occur and that they have a responsibility to develop and implement public health and law enforcement measures designed to reduce the harm that such behaviours can cause.

Harm minimisation. The primary principle underpinning the National Drug Strategy. It refers to policies and programs aimed at reducing drug related harm. Harm minimisation aims to improve health, social and economic outcomes for both the community and the individual, and encompasses a wide range of approaches, including abstinence oriented strategies. Both licit and illicit drugs are the focus of Australia's harm-minimisation strategy, which includes preventing anticipated harm and reducing actual harm. Harm minimisation is consistent with a comprehensive approach to drug related harm, involving a balance between demand reduction, supply reduction and harm reduction.

Harmful drug use. A pattern of drug use that has adverse social, physical, legal or other consequences for a person using drugs or people living with or otherwise affected by the actions of a person using drugs. Hazardous drug use is any drug use that puts the person using drugs, or those living with or otherwise affected by the actions of a person using drugs, at risk of these harmful consequences.

Host responsibility. A broad set of strategies designed to create safer drinking environments. In the United States this concept is known as server intervention.

Indigenous. Persons who identify themselves to be of Aboriginal and/or Torres Strait Islander peoples.

Intergovermnental Committee on Drugs. One of the advisory bodies supporting the Ministerial Council on Drug Strategy. The Intergovernmental Committee on Drugs is a Commonwealth-State-Territory government forum. It consists of senior officers representing health and law-enforcement agencies in each Australian jurisdiction (appointed by their respective health and law-enforcement Ministers) and other people with expertise in identified priority areas (for example, representatives of the Australian Customs Service and the Department of Education, Training and Youth Affairs).

Intoxication. There is no consistent or formally agreed definition of intoxication. However it is usually taken to refer to an elevated blood alcohol concentration such that a person cannot function within their normal range of physical/cognitive abilities.

Licit drug. A drug whose production, sale, or possession is not prohibited. "Legal drug" is an alternative term.

National Drug Strategy. Formerly the National Campaign against Drug Abuse, the National Drug Strategy was initiated in 1985, following a Special Premiers Conference. The Strategy provides a comprehensive, integrated approach to the harmful use of licit and illicit drugs and other substances. The aim is to achieve a balance between harm-reduction, demand-reduction and supply reduction measures to reduce the harmful effects of drugs in Australian society. The Strategy promotes partnerships between health, law enforcement and education agencies, drug users, people affected by drug-related harm, community based organisations and industry, to reduce drugr elated harm in Australia.

National Expert Advisory Committee on Alcohol (NEACA). The National Expert Advisory Committee on Alcohol provides a range of advice to the Intergovernmental Committee on Drugs and the Australian National Council on Drugs. NEACA members are selected on the basis of their expertise in the areas of health, law enforcement, community-based organisations, education, research, government and industry.

Patterns of alcohol use. Refers to aspects of drinking behaviour other than level of drinking, including when and where drinking takes place, the number and characteristics of heavy drinking occasions, activities associated with drinking, personal characteristics of the drinker and drinking companions, the types of drinks consumed, and the drinking norms and behaviours that comprise a "drinking culture".

Polydrug use. The use of more than one psychoactive drug, simultaneously or at different times. The term "polydrug user" often used to distinguish a person with a varied pattern of drug use from someone who uses one kind of drug exclusively.

Risk. The probability of harmful consequences arising from a hazard.

Risk factor. An aspect of personal behaviour or lifestyle, an environmental exposure, or an inborn or inherited characteristic, that is associated with an increased risk of a person developing a disease.

Standard drink. A drink containing 1 0 gm of alcohol (equivalent to 12.5 millilitres of alcohol)

Appendix 4. Public consultation

List of submissions

Submissions were received from the following individuals and organisations:

1. Mark McPherson, Drug Programs Coordination Unit, NSW Police.
2. Chris Burns, National Heart Foundation.
3. Professor Judith Lumley, Centre for the Study of Mothers' & Children's' Health, La Trobe University, VIC.
4. Rowan Fairbairn, Victoria Police Centre, Melbourne, VIC.
5. Louise Stokes, Catholic Education Office, Manuka, ACT.
6. Rhonda Wilson, Southern Downs Health Service, Goodiwindi, QLD.
7. B J. Saunders, Launceston City Mission, Launceston, TAS.
8. The Director, The Royal Australian College of Ophthalmologists, Surry Hills, NSW
9. Ms Belinda Prideaux-Visinski, Syndham, TAS.
10. Ms Sue Miers, Hawthorndene, SA.
11. Dr K.G. McNamara, Currumbin Beach, QLD.
12. Professor Ian Webster, Drug and Alcohol Services, Liverpool Hospital, Liverpool, NSW
13. Dr Charlotte de Crespigny, School of Nursing, Flinders University of Adelaide, SA
14. Karen Bentley, Office of the Status of Women, Department of Prime Minister and Cabinet, Canberra ACT.
15. Bob Aldred, The Alcohol and Drug Foundation, QLD.
16. Creina S. Stockley, The Australian Wme Research Institute, Glen Osmond, SA.
17. David Reilly, Northern Rivers Health Service, Lismore, NSW
18. Ann M. Quadroy, YWCA, Kingston, ACT
19. The Director, Australian Parents for Drug Free Youth, Maryborough, QLD.
20. Marilyn Beaumont, Women's Health Victoria, Melbourne VIC.
21. Edwina Lambkin, Product Manager, Alphapharm Pty Ltd. Sydney NSW
22. Rosemary McClean, Manager Strategic Planning, Australian Drug Foundation, North Melbourne Vic.
23. Margaret Martin, Albany, WA.
24. John Bakker, Alcohol and Drug Service, Ulverstone TAS.
25. Betty Walker, Crime Investigation Support, Perth WA.
26. Tony Tapsell, Kakadu/West Arnhem Gunbang Action Group. Jabiru, NT.
27. Ursula Bethry, Cygnet, TAS.
28. Gary Shaw, Health & Physical Education, Education Department, WA.
29. Professor lan Webster, Alcohol and other Drugs Council of Australia, Woden, ACT
30. Dr Gabrielle Fitzgerald, The Royal Australian & New Zealand College of Psychiatrists, Melbourne Vic.
31. Peter Saunders, Pharmaceutical Society of Australia, Curtin, ACT.
32. Richard Curry, Policy & Planning, Aboriginal Affairs Department, Perth WA.
33. Professor John Saunders, The Alcohol Pharmacotherapy Steering Committee, IntraMed, North Sydney NSW
34. Dr Jennifer Gray, Drug Programs Bureau, NSW Health Department, North Sydney NSW
35. Stanley R. Nangala, Aboriginal & Torres Strait Islander Health Unit, Brisbane QLD.
36. Janine Phillis, Devonport Youth Drug & Alcohol Service, Devonport, TAS.
37. Professor Tim Stockwell, National Drug Research Institute, Curtin Uni of Technology, Perth WA.
38. Gracia Baylor, National Council of Women of Australia, Melbourne VIC.

39. Dr Paul Haber, Drug and Alcohol Department, Royal Prince Alfred Hospital, Camperdown, NSW
40. Dr John Wiggers, Hunter Centre for Health Advancement, Wallsend, NSW
41. Jill Rundle, WA Network of Alcohol & Other Drug Agencies, West Perth WA.
42. Jason White, NDRSC, C/- Warinilla, Norwood, SA.
43. Dr Trevor King, Turning Point Alcohol & Drug Centre, Melbourne VIC.
44. Piera Pickett, Devonport, TAS.
45. Dr BW Pring. AMA Public Health & Aged Care Committee, Kingston, ACT
46. Phil Lane, Excise Business Line, Australian Taxation Office, Adelaide SA.
47. Georgina Mavor, Maylands, WA.
48. Kathy Heinze, Alberton, SA.
49. Mick Guy, Drug & Alcohol Policy, Australian Federal Police, Canberra ACT
50. Jan Parr, Queensland Health, Brisbane, QLD.
51. Craig Ritchie, National Aboriginal Community Controlled Health Organisation, Deakin West, ACT
52. Cheryl Furner, Mental Health Branch, Territory Health Services, NT Government, NT.
53. Leanne Barnes, Office of the Correctional Services Commissioner, Melbourne VIC.
54. Dr Noeline Latt, Herbert Street Drug & Alcohol Clinic, Royal North Shore Hospital, St Leonards, NSW
55. Rudi Rhein, Cootamundra, NSW
56. Dermot Casey, Mental Health & Special Programs Branch, Department of Health and Aged Care, ACT
57. Tony Ward, Kadina SA.
58. Paul White, SA Police, Adelaide SA.
59. Peter Downs, Manager, Disability Services Unit, Sports Development Group, Active Australia, Belconnen, ACT
60. M. McCarthy, Project Officer, SAASP, Adelaide SA.
61. Glenda Beauchamp, ACT Department of Health & Community Care, Canberra ACT
62. Gaye Ferguson, Blacktown Alcohol and Other Drugs Family Services, NSW
63. Peter Harmsworth, Department of justice, Melbourne VIC.
64. Greg Weller, Australian Hotels Association, Canberra ACT
65. Marg O'Donnell, Department of Fair Trading, Department of Aboriginal and Torres Strait Islander Policy Development, Brisbane, QLD.
66. Mary Johnston, Quality Schooling Branch, Department of Education Training and Youth Affairs, Canberra ACT
67. Stefan Romaniw, Victorian Multicultural Commission, Department of Premier & Cabinet, Melbourne VIC.
68. Dr Ann Villiers, Partners in Meaning, Hawker, ACT
69. Kevin Larkins, Mental Health Department, WA Health Department, Perth WA.
70. Margaret Smythe, Research Management & Strategy, Australian Transport & Safety Bureau, Canberra ACT
71. Dr Bronwen Harvey, GP Branch, Department of Health and Aged Care, Canberra ACT
72. Donald Cameron, Kew, VIC.
73. Dr Tom Carroll, Research & Marketing Group, Drug Strategy & Population Health Social Marketing Branch, NSW State Office, NSW
74. Lana Racic, Office for Older Australians, Department of Health and Aged Care, Canberra ACT
75. Raymond Tilley, Launceston TAS.
76. Fr Paul Sullivan, Alcohol Awareness and Family Recovery, Darwin NT.
77. Dr Timothy J. Cooper, Australian Associated Brewers Incorporated, Pyrmont, NSW
78. Terry Mott, The Australian Associated Brewers Incorporated, Pyrmont, NSW
79. Diana Leeder, Darwin City Council, NT.
80. Craig Patterson, Health Policy Unit, Royal Australasian College of Physicians, Sydney NSW
81. Professor Beverley Raphael, Centre for Mental Health, NSW Health Department, NSW

82. Pieta Laut, Public Health Association, Curtin, ACT
83. Joe Carter, julalikari Council Aboriginal Corporation, Tennant Creek, NT.
84. Acting Inspector jacquie Witham, Drug and Alcohol Coordination, Queensland Police Service, Roma, QLD.
85. Director, Tangentyere Council, Alice Springs, NT.
86. Alfred Huang, Council of Capital City Lord Mayors, Adelaide, SA.
87. Terry Murphy, WA Drug Abuse Strategy Office, Perth WA.
88. Envoy Mervyn Dovey, Salvation Army, Cairns QLD.
89. Bernadene O'Brien, South Brisbane QLD.
90. Suin ni Chrochuir, Wulngah Drug and Alcohol Counselling Program, Innisfail Qld.
91. Dennis Young, Executive Director, Drug Arm (QLD).
92. Brian Hughes, Road Safety Consultant (Cairns), Queensland Transport, QLD.
93. Glenys Beauchamp, Consumer and Community Priorities, ACT Department of Health and Community Care, ACT
94. Geoff Barnden, Office of Drug Policy, The Cabinet Office, NSW Government, NSW
95. Vicki White, Alcohol and Other Drug Resources Services, Department for Correctional Services, Adelaide SA.
96. Julic Gunn, Strategic Planning and Policy Division, Department of Human Services, Adelaide SA.
97. Warren Bovis, Executive Director, Australian Liquor Stores Association

List of Participants - Darwin consultation, 26 September 2000

Ian Crundall	Alcohol & Other Drugs Program, Territory Health Services
Jo Townsend	Alcohol & Other Drugs Program, Territory Health Services
Norma Roe	Commonwealth Department of Health and Aged Care
Carol Stanislaus	CAAPS (Council for Aboriginal Alcohol Program Services)
Susan Taylor	Amity Community Services
Scotty Mitchell	NT Police, Fire and Emergency Services
Maria Marriner	NT Department of Education
Janice Barr	Commonwealth Department of Health and Aged Care
Craig San Roque	Injartnama
Yvan Magnery	Barkly Regional Alcohol and Drug Abuse Advisory Group
Lorraine Liddle	CAAAPU
Ray Anderson	Central Australian Division of General Practice
Nick Gill	Drug and Alcohol Services Association, Alice Springs

List of Participants - ACT consultation, 22 September 2000

Fran Barry	Alcohol and Drug Priorities Unit, ACT Health and Community Care
Kirstie Clarke	Alcohol and Drug Priorities Unit, ACT Health and Community Care
Jane Bastin-Sikuneti	Indigenous Health, Department of Health and Aged Care
Jacqui Bear	Alcohol and Other Drugs Council of Australia
Glenys Beauchamp	Consumer and Community Priorities, ACT Health and Community Care
Gail Byron	Mental Health and Corrections Policy Unit, ACT Health and Community Care

Siobhan Carrigan	Disability Priorities, ACT Health and Community Care
Rebecca Davey	Indigenous Health Strategy, ACT Health and Community Care
Mick Guy	Australian Federal Police, Drug and Alcohol Policy
Ian King	Community Priorities, ACT Health and Community Care Indigenous Health Policy)
Ronia McDade	ACTjustice and Community Programs.
Sally Pink	ACT Alcohol and Drug Program, ACT Community Care
David Snowden	Liquor Licensing ACT
Clare Willington	ACT Division of General Practice

List of Participants - SA consultation, 17 October 2000

Andrew Bevin	Aboriginal Drug and Alcohol Council
Barry White	Westcare Services
Beth Barry	Excise Business Line, Australian Taxation Office
Creina Stockley	Australian Wine Research Institute
Des Ackland	Director, South East Drug & Alcohol Counselling Service Inc
Graham Strathearn	CEO, SA Drug & Alcohol Services Council
Greg Kamieniecki	Offenders Aid & Rehabilitation Services
Greg Mackie	Adelaide City Council
JW Faulkner	Child and Youth Health Division
Jo Baxter	Manager, Life Education (SA) Inc
Julie Gunn	Strategic Planning & Policy Division, Department of Human Services
Kate Mettam	Executive Director, South Australian Independent Schools Board
Kathy Modystack	Manager, Clinical Unit (Detoxification), Drug and Alcohol Services Council
Marina Bowshall-Noone	Manager, Health Promotions, Drug and Alcohol Services Council
Mary Carmody	Catholic Education Centre
Peter Kay	Manager, Policy & Planning, Drug and Alcohol Services Council
Ann Roche	Director, National Centre for Education & Training on Addiction
Robin Braendler	Director, Corporate Services, Drug and Alcohol Services Council
Sabine Jung	Adelaide City Council
Simone Lee	Anti-Cancer Foundation
Sue Miers	National Organisation for Fetal Alcohol Syndrome & Related Disorders
Sue Park	Adelaide Central Mission
Warren Lewis	Deputy Commissioner, Liquor & Licensing Gaming Commission
Paul White	Assistant Commissioner, SA Police
Marg Scholefield	Adelaide Central Mission, Life Education Centre (Early

	Intervention & Prevention)

List of Participants - North West Tasmania 23 August 2000

Lynmarie Johnson	Youth Worker, Burnie Youth Alcohol and Drug Service
Ann Farrow	Illicit Drug Youth Worker, Burnie Youth Alcohol and Drug Service
John Bakker	Care Worker, Sobering Up Unit, Sulphur Creek
Pauline Hockley	Social Worker, Alcohol and Drug Service, NW

List of Participants - North Tasmania 24 August 2000

Keith McCoy	Community Worker, Diversion Worker, Alcohol and Drug Service, N/NW
Mike Watts	Community Worker, Alcohol and Drug Service, N/NW
Andrew Boote	Team Leader, Alcohol and Drug Service, N/NW
Keith Ellis	Community Worker, Alcohol and Drug Service, N/NW
Andrew Whitehead	Community Worker, Alcohol and Drug Service, N/NW

List of Participants - National Workshop, Melbourne, Friday 1 September 2000

Jane Kavanagh	The Royal Life Saving Society of Australia
Gordon Broderick	Distilled Spirits Industry Council of Australia
Adam Davey	Drug Strategy & Population Health Social Marketing Branch, Department of Health and Aged Care
Caroline Fitzwarryne	Alcohol and other Drugs Council of Australia
Felix Grayson	Queensland Police Service
Sue Kerr	Drug Strategy & Population Health Social Marketing Branch, Department of Health & Aged Care
Kevin Larkins	WA Health
Mark McPherson	NSW Police Service
Terry Mott	Australian Associated Brewers
Roger Nicholas	Australasian Centre for Policing Research
Dominic Nolan	Australian Regional Winemakers' Forum
Colleen O'Leary	Project Officer, National Expert Advisory Committee on Alcohol
Melinda Parrett	Drug Strategy & Population Health Social Marketing Branch, Department of Health & Aged Care
Ann Roche	Director, National Centre for Education and Training on Addiction
Tim Rolfe	Australian and New Zealand College of Psychiatrists
Wayne Smith	Alcohol and Other Drugs Council of Australia
Tim Stockwell	Director, National Drug Research Institute
Ian Sutton	Wmemakers' Federation of Australia
Raymond Sweeny	ACT Police Service

Brian Watters	Australian National Council on Drugs
Charles Watson	Chair, National Expert Advisory Committee on Alcohol
Greg Weller	Australian Hotels Association
Leanne Wells	Tobacco & Alcohol Strategies Section, Department of Health & Aged Care
Phil Warwick	South Australian Police
Paul Williams	Australian Institute of Criminology
Benny Monheit	Royal Australian College of General Practitioners