

The Taskforce recommendations to reduce harm from alcohol also emphasise fiscal, regulatory and social marketing measures, however a strong emphasis is placed on changing the drinking culture in Australia, particularly the culture around binge drinking, and on licensing and enforcement measures for which responsibility lies with the states and territories.

RECOMMENDED
KEY ACTION AREA 1

IMPROVE THE SAFETY OF PEOPLE WHO DRINK AND
THOSE AROUND THEM

- 1.1 States and territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws, including:
 - outlet opening times, outlet density;
 - accreditation requirements prior to the issuing of a liquor licence;
 - late-night and other high-risk outlets; and
 - responsible Serving of Alcohol (RSA) and training model.
- 1.2 Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations, relating to:
 - optimal levels of enforcement of drink-driving laws;
 - intelligence-led, outlet-focused systems of policing and enforcement;
 - annual review of liquor licences as part of annual licence renewal process;
 - demerit points penalty systems for licensees who breach liquor control laws, with meaningful and graduated penalties depending on severity and frequency of offence; and
 - monitoring and reporting on enforcement of legislation.
- 1.3 Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations.
- 1.4 Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.

- 1.5 Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls to:
- Estimate and take into consideration the impact of proposed new alcohol outlets on outlet density levels, the health and safety of the local community, and neighbourhood amenity prior to granting a licence;
 - Determine the most desirable mix of outlet types;
 - Determine the appropriate conditions for new licences such as operating hours, noise restrictions and fees for cost recovery purposes; and
 - Require an annual liquor licence renewal subject to satisfactory compliance

The Commonwealth Government will pursue these recommendations with states and territories through COAG and Ministerial Council on Drug Strategy (MCDS).

State and territory liquor control laws and regulations, and their effective enforcement, are a key mechanism for ensuring drinking does not get out of hand and threaten public safety and enjoyment at Australia's many pubs, restaurants and lively entertainment precincts. They are essential to ensuring that Australia's cities and towns are safe and free from violence, particularly at night.

In 2008, the Prime Minister challenged Premiers and Chief Ministers at COAG to develop a plan to address binge drinking and alcohol-related violence. In response to the Prime Minister's challenge and growing public concern at violent incidents, several jurisdictions have since trialled innovative approaches and/or implemented comprehensive strategies in licensing and other arrangements to try to tackle this problem. These have included: freezes on the issuing of new 24-hour licences; increases in licence fees for high-risk venues; earlier closing times; late night lock-outs; local liquor accords; bans on happy hours and other discounting promotions; better enforcement of responsible service of alcohol requirements; and a range of other measures.

In November 2009, Police Commissioners across Australia and New Zealand agreed to join forces in Operation Unite to combat alcohol-fueled violence, drink-driving and other alcohol-related offences. The two-day operation, conducted in December 2009, succeeded in raising strong public awareness of the issue of binge drinking and alcohol-related violence and resulted in almost 3,000 arrests across Australia and New Zealand. Police Commissioners are planning further such operations in 2010 and beyond.

The success of these and other measures needs to be evaluated and lessons for best practice learned and implemented nationally to ensure all Australians benefit. COAG will also consider a report from the MCDS on additional options to address binge drinking and related violence. Recommendation 1.3 for the development of a business case for a possible new National Partnership on policing and the enforcement of liquor

control regulations will be considered in that context. The Commonwealth Government calls on states and territories to agree to a strong response to the MCDS report and to continue to trial innovative approaches and implement best-practice measures to reducing alcohol-related violence.

1.6 Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.

The Ministerial Council on Drug Strategy considered this issue in the context of deliberations on binge drinking and concluded that National Competition Policy should not constrain licensing policy.

1.7 Support the above through:

- partnerships with health and law enforcement groups and the alcohol beverage and related industries, such as alcohol retailers, hoteliers, licensed clubs, local communities and major event organisers; and
- data collection and monitoring of alcohol sales, policing, and health and social impacts.

The Commonwealth Government fully supports local liquor accords and other like partnership arrangements as proposed by the Preventative Health Taskforce.

For example, the ACCC has recently issued, on public interest grounds, an interim authorisation for alcohol supply restrictions in an agreement between liquor licensees in the Casuarina Business Precinct in Darwin. The restrictions will limit the supply of takeaway pre-mixed, large volume wine and fortified wine products. The restrictions are part of a liquor accord which has been developed by a committee made up of representatives of a number of Casuarina businesses as well as the Northern Territory Police and Northern Territory licensing officials. The Department of Health and Ageing has made a submission in support of the authorisation.

Communities themselves are bringing passion, energy and initiative to tackling the problem of binge drinking and alcohol-related violence. For example, the Melbourne-based group Step Back Think was formed by 11 young people in the wake of horrific injuries sustained by a friend in Melbourne's CBD celebrating his birthday in October 2006. Step Back Think is raising awareness and hoping to reduce the incidence of violence and assault in Melbourne and throughout Australia by educating young people about the potentially tragic consequences of getting in a fight.

The Government is committed to supporting community-led initiatives of this kind. That is why in 2008 the Government announced funding of \$7.2 million to support two rounds of community-level initiative grants under the National Binge Drinking Strategy. These grants are worth up to \$150,000 for individual organisations and \$250,000 for partnerships. Some 19 communities received grants announced in November 2008 and a further 19 were announced in March 2010. The broad range of projects being funded

in communities across Australia include:

- 'Smashed', a project in North West Tasmania which is assisting young people to produce short films on the issue of binge drinking;
- a two-year project by the African Communities Council of South Australia aimed at reducing anti-social behaviour in African youths associated with alcohol intake, incorporating educational and diversionary activities;
- 'Step Up!', a two-year project in Logan City that aims to break the cycle of binge drinking by having at risk young people question and reassess the choices they have made about binge drinking – and to realise the negative and harmful impact that drinking excessively has on them, their relationships and their lives in general;
- the 'Koori Chicks' and 'Booze and Bras Don't Mix' projects on the NSW South Coast to increase the confidence of young Indigenous women and men respectively to manage drinking, relationships and sexual health; and
- a two-year project at the University of Western Australia to tackle binge drinking on college and university campuses.

LIVE SOLUTION: LIVE MUSIC AGAINST ALCOHOL-FUELLED VIOLENCE

Communities, backed by governments, business and other supporters, are the key to changing the culture of binge drinking and violence in Australia.

In April 2010, the Youth Alcohol Education Coalition, Mushroom Marketing and Melbourne's independent community radio station 3RRR organised a live music event in Richmond, Melbourne to take a stand against irresponsible drinking and alcohol-related violence. The event was attended by 500 people and broadcast live by 3RRR.

The event, supported with funding of \$80,000 from the Commonwealth Government, sent a strong message that everyone should be able to go out and enjoy Melbourne's live music scene knowing they will be safe from violence.



Interest from communities around Australia in the community level initiative grants is strong, with hundreds of applications received in each round. To help support and build on this enthusiasm, the Government announced in the 2010–11 Budget a further \$20 million over four years for further rounds of community level initiative grants. The next funding round will be advertised in September 2010.

The Commonwealth Government will continue to support evaluation and action research into best practice in this area and will ask the Australian National Preventive Health Agency to develop the business case for a possible COAG National Partnership on policing and enforcement of liquor control laws and regulations, as recommended by the Taskforce.

The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.

More specifically, the Government is providing \$180,000 from 2009–10 to 2010–11 to develop a National Alcohol Knowledgebase (NAK) – a project that aims to standardise and improve the quality of alcohol data in Australia. The National Centre for Education and Training on Addiction (NCETA) has been engaged to develop the NAK, which will include:

- an electronic and hard copy public reference document for alcohol-related information; and
- nationally agreed standards and procedures for deriving and reporting alcohol related information.

The NAK is being developed in close consultation with key stakeholders and experts in alcohol-related research, policy, and treatment. It is expected that it will be operational by the end of 2010.

The response to action area 8 below includes a more detailed statement with respect to strengthening the evidence base.

RECOMMENDED
KEY ACTION AREA 2 INCREASE PUBLIC AWARENESS AND RESHAPE ATTITUDES
TO PROMOTE A SAFER DRINKING CULTURE IN AUSTRALIA

The Commonwealth Government accepts the Taskforce's finding that achieving and maintaining attitudinal and behavioural change in relation to binge drinking will require long-term effort through social marketing campaigns.

The Government's commitment to changing Australia's culture of binge drinking, particularly among young people, was signalled by the Prime Minister with the announcement of the National Binge Drinking Strategy in 2008. Initial measures under this strategy included:

- \$20 million to fund advertising that confronts young people with the costs and consequences of binge drinking;
- \$14.4 million to invest in community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; and
- \$19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking.

2.1 Develop and implement a comprehensive and sustained social marketing and public education strategy at levels likely to have significant impact, building on the National Binge Drinking Campaign and state campaigns to:

- Help build a national consensus on safer alcohol consumption;
- Raise awareness and understanding of NHMRC alcohol guidelines;
- De-normalise intoxication; and
- Raise awareness of the longer term risks and harmful consequences of excessive alcohol consumption

2.2 Embed the main themes and key messages within a broad range of complementary preventative health policies and programs, such as:

- Schools and tertiary education settings;
- Community-based sport and recreation settings; and
- Community-based cultural groups.

The \$20 million National Binge Drinking Strategy social marketing campaign, “Don’t Turn a Night Out into a Nightmare”, was launched to coincide with Schoolies Week in November 2008. It aims to highlight four key facts about the impact of alcohol on young people:

- on average, one in four hospitalisations of people aged 15–24 happen because of alcohol;
- 70 Australians aged under 25 will be hospitalised due to alcohol-caused assault in an average week;
- four Australians under 25 die due to alcohol-related injuries in an average week; and
- one in two Australians aged 15–17 who get drunk will do something they regret.

Funding of \$5 million announced in the 2010–11 Budget as part of the \$50 million extension of the National Binge Drinking Strategy will be made available to support enhancement of alcohol helplines and possible extension of this social marketing campaign.

The campaign’s primary target audiences are teenagers aged 15–17 and young adults aged 18–25 years. Evidence shows that a high proportion of the alcohol consumed by both adolescent and young adult drinkers is at risky and high risk levels. For these reasons, 15–17 year olds and 18–25 year olds represent important target audiences for a campaign targeting the harms associated with binge drinking.

The secondary target audience is parents of 13–17 year olds. While many parents believe they cannot influence their teenagers' drinking, teenagers look to their parents to provide guidance and set boundaries of acceptable behaviour with respect to drinking alcohol.

Campaign materials have been run across a range of media: television, radio, cinema advertising, print media, bus interiors and online. In addition, the campaign has included public relations approaches including debates, events and sponsorships.



The first phase of the “Don’t Turn a Night Out into a Nightmare” campaign evaluated well, with high awareness of the campaign among target audiences and signs of positive change in attitudes and behaviours among younger age groups in particular.

A Facebook fan site was also established for the “Don’t Turn a Night Out into a Nightmare” campaign, which has engaged with over 117,000 people.

In addition to the “Don’t Turn a Night Out into a Nightmare” campaign, the Government has supported the development of materials to promulgate the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* prepared by the National Health and Medical Research Council. These Guidelines state that:

1. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
2. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
- 3A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
- 3B. For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.
- 4A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.
- 4B. For women who are breastfeeding, not drinking is the safest option.

Posters, brochures and wallet cards setting out these messages for key audiences – parents, young people, pregnant women, and breastfeeding women – are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from www.alcohol.gov.au.

The Government will be providing \$100,000 over two years to make these materials available in community languages to ensure that people from culturally and linguistically diverse backgrounds can access the best available guidance on safe alcohol consumption.

Once established, the Australian National Preventive Health Agency will be tasked with taking forward national social marketing campaigns on alcohol, building on the “Don’t Turn a Night Out into a Nightmare” campaign.

2.3 Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries, including:

- Offering regular basic health checks for employees;
- Development of evidence-informed workplace policies; and
- Employee assistance programs.

Under the COAG National Partnership Agreement on Preventive Health, \$294.6 million over six years is being provided to support the Healthy Workers Initiative. State and territory governments will be funded to facilitate the delivery of healthy living programs in workplaces, including in relation to the harmful/hazardous consumption of alcohol.

In addition, the Commonwealth will be developing a national Healthy Workplace Charter with peak employer and employee groups, and establishing voluntary competitive benchmarking, nationally agreed standards for workplace based prevention programs, and national awards for healthy workplace achievements.

RECOMMENDED
KEY ACTION AREA 3

REGULATE ALCOHOL PROMOTIONS

The Government notes the recommendation. The Government’s approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation.

Australia currently has a quasi-regulatory system for managing alcohol advertising. The Alcohol Beverages Advertising Code (ABAC) scheme involves:

- a voluntary Code for alcohol advertising agreed by a management committee with representatives from the alcohol and advertising industries and government. The Code was extended to cover naming and packaging in November 2009;

- an optional pre-vetting system to help advertisers ensure their advertisements comply with the Code before they are published; and
- an adjudication panel to consider consumer complaints.

COAG will consider recommendations from the Ministerial Council on Drug Strategy for reform of ABAC as a mandatory co-regulatory scheme, with mandatory pre-vetting of alcohol advertising, more balanced representation on the management committee, specialist public health representation on the adjudication committee, expanded coverage of the scheme and more meaningful sanctions for breaches of the Code.

The alcohol industry itself is moving in response to several other recommendations of the Taskforce in this area. For example:

- the alcohol industry continues to support Drinkwise, a not-for-profit organisation, to conduct research, community-based programs and social marketing campaigns in support of a safer drinking culture in Australia;
- in April 2009, the Distilled Spirits Industry Council of Australia announced a trial voluntary ban on advertising of its members' spirits products before 9pm, including during sporting events. The Government is watching the progress of this trial with interest and looks forward to the results of the industry's evaluation of this trial; and
- in November 2009, Cricket Australia, Foster's Group, Diageo Australia and the Nine Network launched the '*know when to declare*' campaign to encourage responsible alcohol consumption at the cricket.

Nonetheless, there is continuing concern from the community and public health experts about alcohol advertising practices, including the exposure of young people to alcohol advertising. The Government will continue to monitor whether action from the alcohol industry is sustained, well evaluated and successful over the next three years.

The Australian National Preventive Health Agency (and prior to that, the Department of Health and Ageing) will be tasked to: monitor the compliance of the alcohol industry with voluntary codes of practice and other commitments on responsible alcohol advertising; monitor industry-funded efforts to conduct evidence-based social marketing on responsible drinking; and report annually to the Minister for Health and Ageing on these activities.

3.1 In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including:

- advertising during live sport broadcasts;
- advertising during high adolescent/child viewing;

- sponsorship of sport and cultural events (e.g. sponsorship of professional sporting codes; youth-oriented print media; internet-based promotions); and
- consider whether there is a need for additional measures to address alcohol advertising and promotion across other media sources.

The Government notes this recommendation. While the Government is supportive of limiting the exposure of children to advertising that may unduly influence them, the Government will not consider regulatory action at this time.

In the 2010 Budget, as part of the \$50 million extension to the National Binge Drinking Strategy, the Government is announcing \$25 million over four years for a community sponsorship fund to provide an alternative to alcohol sponsorship for community sporting and cultural organisations. To be eligible for sponsorship under the community fund, organisations will need to agree not to accept sponsorship from the alcohol industry. The community will be consulted on detailed eligibility requirements and other aspects of the fund through a short consultation process to be launched in July 2010.

Advertising to children on television is currently regulated through the Children's Television Standards (CTS) administered by the Australian Communications and Media Authority (ACMA). The CTS were last reviewed in 2007 with a revised version issued in August 2009.

The Commonwealth Government notes that some parts of the alcohol industry are undertaking a trial of voluntary restrictions on promotions where children would likely be exposed to alcohol advertising, eg before 9pm during live broadcasts of sporting events.

The Government will be tasking the Australian National Preventive Health Agency to keep the evidence on alcohol advertising to young people under review and to make submissions to reviews of the CTS and to other appropriate reviews.

3.2 Introduce enforceable codes of conduct requiring national sporting codes to take greater responsibility for individuals' alcohol-related player behaviour.

As part of the National Binge Drinking Strategy announced in March 2008, the Government has provided \$2 million in funding support for the Club Champions program. Under this program, seven major sporting organisations – the Australian Football League, the National Rugby League, the Australian Rugby Union, Cricket Australia, Football Federation Australia, Netball Australia and Swimming Australia – have agreed to a National Alcohol Code of Conduct, which outlines principles for the responsible service and consumption of alcohol and responsibilities for sporting organisations and for individuals. The program aims to help foster leaders in the promotion of responsible drinking practices within sporting clubs.

In addition, the Government is providing \$5.2 million over four years to expand the Australian Drug Foundation's (ADF) Good Sports Program nationally. The Good Sports Program helps sporting clubs manage alcohol responsibly and reduce alcohol related problems such as binge and underage drinking. To date, over 500 additional community sporting clubs have joined the Program, bringing the total number of clubs involved to over 3,000.

- 3.3 Require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol, including:
- the current NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol;
 - text and graphic warnings about the range of health and safety risks of alcohol consumption;
 - nutritional data;
 - ingredients; and
 - clearly legible information on the amount of alcohol by volume and number of standard drinks.

The Government notes this recommendation and is giving it further consideration.

There is currently a requirement in Australia and New Zealand for labels on alcohol beverages to include a declaration of alcohol by volume and the number of standard drinks in the container.

Food Standards Australia New Zealand (FSANZ) is currently considering an application for the labelling of alcohol beverages with a pregnancy health advisory label.

A report from FSANZ on the evidence around the effectiveness of health warning labels on alcohol has been provided to COAG for consideration alongside the report from the MCDS on options to address binge drinking.

- 3.4 Require counter-advertising (health advisory information) that is prescribed content by an independent body within all alcohol advertising at a minimum level of 25 per cent of the advertisement broadcast time or physical space.

The Government notes this recommendation. The Government's approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation. If these approaches are not successful or sustained, the Government will consider stronger measures.

- 4.1 Commission independent modelling under the auspices of Health, Treasury and an Industry panel for a rationalised tax and excise regime for alcohol that discourages harmful consumption and promotes safer consumption.

In response to concern about harmful alcohol consumption, the Government in April 2008 closed the tax loophole on alcopops. The latest statistics show that in a typical week following the excise increase, Australians are consuming approximately 3.45 million less standard drinks of all spirit-based products compared to before the tax increase.

The Commonwealth Government has already commissioned an independent review of the Australian taxation system. In responding to the review, the Government has decided not to amend alcohol taxation further while Australia is in the middle of a wine glut and while there is an industry restructure under way.

- 4.2 Develop the public interest case for minimum (floor) price of alcohol to discourage harmful consumption and promote safer consumption.

The Commonwealth Government notes this recommendation and will task the Australian National Preventive Health Agency to develop this concept for further consideration by Government.

- 4.3 Direct a proportion of revenue from alcohol taxation towards initiatives that prevent alcohol-related societal harm.

A portion of the revenue derived from the alcopops excise is being directed towards funding of the \$872.1 million COAG National Partnership Agreement on Preventive Health. In addition, following the passage of the alcopops legislation, the Government has announced a \$50 million package of additional measures under the National Binge Drinking Strategy in the 2010–11 Budget.

- 5.1 Increase access to health services for Indigenous people who are drinking at harmful levels through
- providing resources to primary healthcare providers;
 - training of staff, including Indigenous health workers;
 - expanding both community-based and residential alcohol treatment programs; and
 - increasing health service capacity to facilitate coordinated case management of alcohol-dependent persons.

The Commonwealth Government agrees in principle with this recommendation. The Commonwealth Government has demonstrated its support for increasing the access to health services for Indigenous people who are drinking at harmful levels through commitments including:

- Investment of \$49.3 million over four years from 2008–09 for additional Indigenous alcohol and other drug services across Australia under the Council of Australian Governments' 2007 Closing the Gap – Indigenous drug and alcohol services measure. This investment is providing additional resources to primary health care providers and community-based treatment services to expand access to alcohol and other drug services, particularly in regional and remote areas. It is also funding the establishment of new alcohol and other drug residential treatment and rehabilitation services for Indigenous people affected by alcohol.
- The Commonwealth Government continues to invest (\$30.2 million in 2009–10) in the Aboriginal and Torres Strait Islander Substance Use Program. This program supports the ongoing operation of more than 120 organisations that provide, or support, alcohol and other drug treatment and rehabilitation services in both the primary health care and specialised residential alcohol treatment settings.
- Investment of \$13.4 million since 2007–08 through the Northern Territory Emergency Response (NTER) and Related measures to provide additional drug and alcohol services in the Northern Territory. This investment has increased the capacity of existing residential treatment services, expanded the number of alcohol and other drug workers in the primary health care setting and is providing support and training for the increased workforce.
- Investing \$10.7 million over four years to support Indigenous-specific alcohol and other drug treatment programs in areas of high need through the Non Government Organisation Treatment Grants Program;
- Investing over \$20 million over four years to build capacity in Indigenous communities to manage alcohol and other drug issues.

5.2 Support local initiatives in Indigenous communities, including

- restricting the physical availability of products;
- reduce the number, density and/or opening hours of licensed premises in areas of high alcohol-related harm;
- strengthening enforcement of Responsible Service of Alcohol; and
- establishing local groups senior Indigenous men and women to promote greater individual and family responsibility in relation to alcohol.

The Government notes this recommendation. The Government believes that the consumption of alcohol at risky and harmful levels can affect the lives of individuals, families and communities and as such all available steps should be taken to reduce that harm. The Government encourages state, territory and local governments to introduce

measures to restrict the supply of alcohol wherever an unacceptable level of harm is being experienced. The Government believes that alcohol management measures that are developed in consultation with local communities maximize the chance of achieving successful outcomes and hence strongly supports the introduction of such arrangements.

Under the NTER, alcohol restrictions were introduced in Northern Territory Indigenous communities which:

- banned drinking, possessing, supplying or transporting liquor in prescribed areas, with some exemptions, including for some recreational, tourism and commercial fishing activities; and
- introduced administrative measures to monitor larger takeaway sales across the whole of the Northern Territory.

Following consultations with affected communities and other stakeholders in 2009 the Government announced that alcohol restrictions would continue, but that there should be a change of focus from a universally imposed measure to a measure designed to meet the individual needs of specific communities. These community variations would be based on careful analysis of evidence about each community's circumstances and would only be implemented following wide consultation within a community, especially with women and the elderly.

Moving to local restrictions will be based on evidence about matters including the level of alcohol-related harm in a community and whether a community-based alcohol management plan is in place. Where a proposed alcohol management plan for a community or region requires the variation of some of the existing NTER alcohol restrictions in the legislation for that area, the Government will consider evidence about the level of alcohol-related harm in that area before approving changes. In addition, the Government will closely monitor trends in alcohol-related harm in communities and, if it is necessary, the Minister for Families, Housing, Community Services and Indigenous Affairs will have the capacity to reimpose the existing alcohol restrictions.

The 2009 NTER consultations showed that among members of Indigenous communities affected by alcohol-related harm there was a wide recognition of the benefits of alcohol restrictions and that there was a strong consensus that the alcohol restrictions should continue. The restrictions will be continued for the purpose of reducing alcohol-related harm and ill-health in the communities but communities will be able to negotiate alternative alcohol management plans or other local arrangements which aim to reduce alcohol related harm. The Government believes that the alcohol restrictions are a necessary tool to assist in the protection of members of the communities from alcohol-related harm. Importantly, each community will be able to have a significant say in the form of alcohol restrictions in their community in the future, including in the development of an alcohol management plan tailored for their community.

5.3 Establish a reliable, regular and sustained system for the collection and analysis of population statistics on alcohol and drug use among Indigenous people.

The Australian Bureau of Statistics collects population statistics on risk factors including alcohol and drug use among Indigenous Australians on a three yearly basis through two major national surveys – the National Aboriginal and Torres Strait Islander Health Survey and the National Aboriginal and Torres Strait Islander Social Survey. These surveys specifically target an enhanced sample of around 10,000 Indigenous Australians to provide state and national estimates of health outcomes, risk factors and health care use. A suite of questions are included on alcohol and drug use in terms of both short term and long term risk.

The Australian Health Survey (which will incorporate the National Aboriginal and Torres Strait Islander Survey) will provide comprehensive national information on alcohol use in Indigenous Australians. Data will be collected from non-Indigenous Australians between April 2011 and March 2012, with results available in late 2012. Data will be collected from Indigenous populations between November 2011 and August 2012, with results expected mid 2013. Data collection for Indigenous Australians has been delayed to allow more extensive consultation with Indigenous stakeholder groups and the development of data collection instruments that are appropriate for the Indigenous population.

In relation to the analysis of data on risk factors including alcohol and drug use for Indigenous Australians, there are a number of mechanisms in place to provide a systematic approach. The Aboriginal and Torres Strait Islander Health Performance Framework Report (HPF) monitors Indigenous health outcomes, determinants of health including risk factors and health system performance on a biennial basis. The HPF provides an authoritative evidence base utilising 50 national data collections and the research literature to monitor progress on 71 indicators. The alcohol and drug use indicators utilise data from the national surveys identified above. A suite of around 1,000 tables and graphs is prepared as part of this project to provide analysis for each indicator of progress over time, comparisons with the non-Indigenous population and analysis by sex, state and remoteness. Analysis is also prepared on the relationship between social determinants of health, risk factors and health outcomes. The HPF provides a systematic approach to ongoing analysis and monitoring of alcohol and drug use among Indigenous Australians.

In addition to the HPF there are a number of other regular reports that include data on alcohol and drug use in relation to Indigenous Australians. A performance indicator on alcohol use is included in both the National Indigenous Reform Agreement and the National Healthcare Agreement. The Steering Committee for the Review of Government Service Provision and the COAG Reform Council prepare reports on these indicators annually utilising data on Indigenous alcohol use from the national surveys identified above.

The Steering Committee for the Review of Government Service Provision also publishes on a biennial basis the Overcoming Indigenous Disadvantage Report, which includes indicators on alcohol and drug use for Indigenous Australians.

5.4 Establish and fund a multi-site trial of alcohol diversion programs.

The Government notes this recommendation.

In recognition of the importance of diversion programs in helping to address substance misuse in Indigenous communities, particularly among youth, the Government has provided significant funding in support of a range of youth diversion activities through the Petrol Sniffing Strategy, the NTER: Youth Alcohol Diversion measure and the Closing the Gap: Youth in Communities measure.

Under the Youth Alcohol Diversion measure, \$8.5 million was provided in 2007–08 and a further \$8.8 million in 2008–09 for projects aimed at strengthening the social environment as a safeguard against future incidents of substance abuse, tailored to each community's needs and targeting youth 12 to 18 years of age.

Further funding of \$28.4 million over three years has been provided as part of the Closing the Gap: Youth in Communities measure to enhance the quantity, quality and cohesion of youth services in the Northern Territory Indigenous communities. This funding will continue the important work commenced under the Youth Alcohol Diversion measure.

Youth diversion activities are delivered in the context of ongoing evaluations to ensure that funding is targeted to where it is most needed and where it can be most effective.

5.5 In communities that desire them and which are large enough to support them, the availability of night patrols and sobering-up shelters should be expanded.

The Government is committed to strengthening community safety in Indigenous communities, including remote communities.

The Government has committed to funding night patrols under the NTER for a further three years. Under the Closing the Gap Northern Territory initiative, night patrol services will receive almost \$68 million over 2009–10 to 2011–12 to support community safety in communities within the Northern Territory. This funding is for the continued operation of night patrol services in 81 Northern Territory communities, including the 73 NTER communities and town camps.

- 6.1 Enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems by:
- reviewing the incentive structure for alcohol-related health checks in the primary healthcare settings that are both universal and targeted at high-risk groups;
 - further developing their role in coordinating collaborative initiatives such as individual and group referral programs for alcohol-related risk factors;
 - increasing the uptake of pharmacotherapy treatment for alcohol dependence, by GPs and specialist alcohol and drug treatment services; and
 - promoting the NHMRC guidelines on low risk drinking.
- 6.2 Develop a more comprehensive network of alcohol-related referral services and programs to support behaviour change in primary healthcare by:
- implementing quality standards and an accreditation system;
 - brokering through existing primary healthcare services;
 - strengthening links with general practice and community-based alcohol and drug services and coordinating through primary healthcare organisations;
 - including the role of practice nurses; and
 - utilising the Headspace (youth mental health promotion) service sites.

The Government is promoting the NHMRC Guidelines on low risk drinking (see Action 7.1 below).

In 2008, the Government provided funding of around \$217,000 to update the 2003 *Guidelines for the Treatment of Alcohol Problems* to take account of the 2009 NHMRC Alcohol Guidelines.

The Government agrees that primary healthcare organisations and Medicare Locals have a critical role to play in preventing and responding to alcohol-related health problems. The Government will discuss the role of primary care in alcohol and drug treatment, and the need for better coordination between primary care, community drug and alcohol treatment services and mental health services in this area, with state and territory governments and other relevant stakeholders through the MCDS.

Possible reforms to alcohol and drug treatment services will be the subject of a report back to COAG in December 2010.

6.3 Increase access to primary healthcare services and improve health outcomes for hard-to-reach disadvantaged individuals who are at risk of alcohol-related health problems by:

- Limiting the costs of primary healthcare for disadvantaged groups, such as co-payments;
- Providing outreach and culturally appropriate services; and
- Providing opportunistic brief interventions for alcohol when also addressing other key health risks such as smoking and/or obesity.

The Government will consider this in the context of the establishment of the Medicare Locals announced as part of the National Health Reform Plan is rolled out.

The Government recognises the effectiveness of brief interventions in the treatment of alcohol misuse. Brief interventions are short, one-on-one counselling sessions. They involve screening, to identify the extent of a person's alcohol or other drug problem, and the provision of information to increase a person's awareness of the negative consequences of alcohol use and the likelihood that they will seek more formal treatment, if required.

A considerable body of evidence suggests that brief interventions are the most effective treatment for people who consume alcohol at risky and high risk levels, but who have not progressed to severe dependency.^{24 25,26} While these people can benefit most from brief interventions, they are unlikely to approach treatment services about their drinking. However, many are likely to come in contact with welfare services and the criminal justice system. For others, their drinking problems might become evident to those around them in their school, workplace or sporting club.

The Government, working with the Australian National Preventive Health Agency and NHMRC as appropriate, will bring together the evidence with respect to best practice brief interventions across a range of settings and publish a guide for practitioners in 2012.

24 Anderson P, Chisholm D and Fuhr DC (2009), Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol, *Lancet*, 373: 2234-46

25 Bohn, M. J., Babor, T. F. and Kranzler, H. R. (1995) The Alcohol Use Disorders Identification Test (AUDIT): validation of a screening instrument for use in medical settings. *Journal of Studies on Alcohol*, 56, 423-432.

26 Babor, T., Higgins-Biddle, J., Saunders, J. & Monteiro, M. (2001). The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. Geneva: World Health Organization. Department of Mental Health and substance dependence. Published document WHO/MSD/MSB/01.6a.

- 7.1 Protect the health and safety of children and adolescent brain development by:
- Developing nationally consistent principles and practices regarding the supply of alcohol to minors without parental/guardian consent; and
 - Promoting informed community discussion about the appropriate age for young people to begin drinking.

The Commonwealth Government has produced a range of materials to promote the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* prepared by the NHMRC. These guidelines include the following advice:

- 3A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
- 3B. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.



Materials setting out these messages for parents are being distributed through health services and liquor stores nationally. A range of other resources, including information and educational materials about the standard drink concept – are available for order from www.alcohol.gov.au.

The Government will be providing \$100,000 over two years to make these materials available in community languages to ensure that people from culturally and linguistically diverse backgrounds can access the best available guidance on safe alcohol consumption.

COAG will consider the MCDS report to COAG on options to reduce binge drinking in 2010. This report contains several proposals with regard to the secondary supply of alcohol to minors and the education of parents on this issue. Three Australian states – New South Wales, Queensland and Tasmania – have introduced legislation limiting the circumstances under which adults may supply alcohol to minors on private premises. The Tasmanian and Queensland provisions go a step further, stipulating that the parent, or approved adult, can only supply alcohol to a minor if that supply is “consistent with the responsible supervision of the youth.”

The Commonwealth Government will raise strengthening and evaluating legislation in this area, and moving to a nationally consistent approach with states and territories.

- 7.2 Support parents in managing alcohol issues at all stages of their children's development through community-level approaches, including:
- broad dissemination and implementation of the NHMRC guidelines on the risks of alcohol consumption for young people aged under 18 years and for women who are pregnant or breastfeeding;
 - school-based parent networking for mutual support and information sharing;
 - local policing programs to proactively liaise with families, schools and communities at times when alcohol may pose risks to the health and safety of young people; and
 - provision of practical advice for handling alcohol issues among children and adolescents at key life stages and settings, including commencement of secondary education, in sport settings, during periods of stress, at times of family disruption or breakdown, and in school leaving years.

The Commonwealth Government has produced a range of materials to promote the 2009 *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, as set out against recommendation 7.1.

The Department of Health and Ageing is also providing funding of \$90,200 over two years for Turning Point Alcohol and Drug Center to develop a website which will provide parents with adolescent children with an on-line assessment of their alcohol-related parenting strategies and feedback on what they are doing well and where improvements are possible. Based on the on-line assessment, the project will also provide an optional e-mail intervention for parents who want to improve their alcohol-related parenting.

Research evidence suggests that parental attitudes and norms can play a significant role in positively influencing their adolescent's alcohol use. Strong legislation about the secondary supply of alcohol to minors provides a strong normative signal to minors and gives parents greater power to restrict their children's drinking as they consider appropriate.

- 7.3 Measure the impact of harmful consumption of alcohol on families and children by ensuring all population surveys that collect data to monitor drug use and drug trends across Australia collect information on parental status or childcare responsibilities of drinkers.

The Commonwealth Government will explore this recommendation with the Australian Bureau of Statistics and the Australian Institute of Health and Welfare before the Institute undertakes the next National Drug Strategy Household Survey in 2013. This recommendation will also be explored with regard to other relevant data collections.

- 8.1 Develop a system for nationally consistent collection and management of alcohol wholesale sales data to inform key alcohol policy developments and evaluations that includes:
 - funding for data collection and provision by the alcohol beverage and related industries;
 - funding for regular and ongoing data management, analysis and reporting by the Australian Bureau of Statistics; and
 - continuation of current accessible datasets on alcohol consumption levels in Australia, collected and compiled by the Australian Bureau of Statistics.
- 8.2 NPA to define a set of essential national indicators on alcohol consumption and health and social impacts by reviewing what is currently available and what is also required.
- 8.3 Expand the collection of patterns of drinking data to include place of drinking, duration of drinking occasion, and reasons for drinking.
- 8.4 Improve utilisation of key datasets on the harm to drinkers and harm to others, including:
 - Police data including that relating to random breath testing, ignition interlock devices, and crimes against property and crimes against the person;
 - Child and family welfare agency data;
 - Health services data including hospitals, primary care services, ambulance services and specialist treatment services;
 - Local government data on management of public space, clean-up costs, noise issues and enforcement of local laws; and
 - Other relevant datasets including fire services, property insurance and medical insurance

The Commonwealth Government recognises the importance of evidence-based policy, and continues to provide funding support to key drug and alcohol research organisations around Australia.

More specifically, the Government is providing \$180,000 from 2009–10 to 2010–11 to develop a National Alcohol Knowledgebase (NAK) – a project that aims to standardise and improve the quality of alcohol data in Australia. The National Centre

for Education and Training on Addiction (NCETA) has been engaged to develop the NAK, which will include:

- an electronic and hard copy public reference document for alcohol-related information; and
- nationally agreed standards and procedures for deriving and reporting alcohol related information.

The NAK is being developed in close consultation with key stakeholders and experts in alcohol-related research, policy, and treatment. It is expected that it will be operational by the end of 2010.

Wholesale alcohol sales data, if collected regularly, can be a valuable indicator of trends in alcohol consumption. It can be used, for example, to demonstrate the effectiveness of jurisdictional changes in alcohol policy. Information about volumes of alcohol sold is also a basic requirement for estimating and comparing how much alcohol is consumed within regions, within communities, or per person. The Commonwealth Government is funding the Drug and Alcohol Office of Western Australia and the National Drug Research Institute (NDRI) at Curtin University of Technology to develop an ongoing, regularly updated, national database of standardised alcohol sales data, to which all Australian states and territories will be invited to contribute. At present, only Western Australia, the Northern Territory and Queensland collect this information.

The Government will be challenging the alcohol industry to contribute retail sales data to the NAK.

The \$54 million Australian Health Survey commencing in 2011 will provide valuable additional data to further enhance understanding of the impact of alcohol, risky drinking behaviour and appropriate policy responses.