

Prevention of harm from alcohol consumption in rural and remote communities

Free interactive seminar and forum held from 10.00 am to 12.30 pm on Wednesday 9 April 2008, William Angliss Conference Centre, William Angliss Institute of TAFE, Level 5, 555 La Trobe Street, Melbourne.

Welcome and introduction

Geoff Munro, Director, Community Alcohol Action Network (CAAN), Australian Drug Foundation

Evidence shows that alcohol consumption is disproportionately higher in rural and remote regions of Australia compared with metropolitan areas. There is also evidence that services and systems that might otherwise prevent or reduce harm from alcohol consumption are less readily available in rural and remote communities. This seminar aims to explore some of the ways in which rural communities have responded to harmful alcohol consumption.

An ounce of prevention

Ged Dibley, Director, PDF Management Services

Ged Dibley began his presentation by giving an outline of the Prevention Research Quarterly issues paper, *Prevention of harm from alcohol consumption in rural and remote communities*.

It was noted that rural and remote communities are doing much poorer in comparison to metropolitan areas on certain performance indicators such as assaults, family violence, and serious road injury. This is due to the lack of services and access to services in rural and remote communities. Deaths were also generally higher in rural and remote communities than the state average. It was also explained that there is evidence that harm from alcohol is rising around the state, and this is a much bigger problem in rural and remote Victoria.

It was mentioned that there are some sub groups that fare even worse in relation to harm from alcohol consumption. These include young people aged 16–24. Another subgroup is people with multiple and complex problems. It was noted that the lower the population the higher the rate of drinking.

Supply and demand factors were shown to be the major contributors to harm from alcohol consumption.

The supply factors include things such as the number of outlets, the ready availability in outlets, inappropriate advertising, and price. In rural and remote communities there is a higher density of liquor outlets compared to metropolitan areas. Evidence shows that the greater the density of outlets, the greater the risk of harm.

The demand factors include things such as the wide acceptance of alcohol, social pressures, being from a rural and remote area, young people and young people with mental health problems. Demand factors have a particular bearing on harm from alcohol consumption in rural and remote Victoria. Demand factors can contribute to things such as social isolation, infrastructure limitations, individual, family and community stresses. Social isolation can lead to drinking for company. It was also stated that there are higher rates of drinking when people get together, as it is a rarity and people feel the need to celebrate. An example of this would be the high rates of drinking in rural and remote sporting clubs. Another contributor to excessive alcohol consumption in rural and remote communities is stress brought on by natural disasters such as drought, flood and fires.

Alcohol can be seen as a positive thing in rural and remote communities, which creates tension in the community when it is identified as a problem. It is important to take on cultural perspective when looking at the problem, and work out where alcohol fits in the community.

Another challenge mentioned was finding the resources to respond. This can be difficult as there are a lot of priorities and pressures in small communities in relation to the way that any disposable income is spent. The recruitment and retention of health professionals can also be a challenge. Most rural

and remote communities have a small population and client confidentiality and anonymity can be a challenge. There is also a lack of early intervention and treatment pathways for people in rural and remote communities.

Ways to overcome some of the challenges in rural and remote communities were then mentioned. In relation to regulation and enforcement, some of the suggestions included:

- › limiting number of licensed premises
- › have no drinking areas and events
- › enforcement of liquor licensing regulations
- › enforcement of drink driving laws
- › diversionary approaches for minor alcohol-related offences
- › lockout regulations as well as implementation of a banned persons list.

In relation to advocacy and community programs, some of the suggestions were:

- › having a local plans to reduce harm
- › creating local networks and partnerships
- › community renewal and social connection programs
- › safe transport options
- › alcohol-free activities for young people
- › the Good Sports program
- › community sponsorship and fundraising alternatives and safer parties and events.

In relation to social marketing there are lots of ways in small communities to get the message out there. Some of these include: school based education programs, parent education and work place education and promotion.

Service provision ideas included: recruitment and retention initiatives, screening initiatives and health care contact points, increased training for health professionals, flexible service delivery, and overcoming the distance to services.

Dean concluded by stating that integrated and collaborative responses that span regulation, enforcement, social marketing, service provision and advocacy, are generally more effective in achieving sustainable change than isolated and one-off activities. Issues presenting in rural and remote areas are challenging, but there are lots of examples where communities have come up with strategies. There is not one solution for all communities and each will need to find out what works locally.

Drug withdrawal in a rural setting

Dean Hyland, Rural Alcohol, Tobacco and Other Drug Withdrawal Nurse, Upper Hume Community Health Service, Wodonga

Dean Hyland started the presentation by giving the history behind the rural drug withdrawal service. Dean

explained that up until 18 months ago, the only options for drug withdrawal for people in the Upper Hume region were to undertake home-based withdrawal, or admission into a specialist withdrawal unit in Melbourne. This meant that the client would have to travel four and a half hours to get to treatment.

It was explained that prior to 1993, the only access to safe withdrawal beds were primarily in metropolitan areas. In 1991 the North East Drug and Alcohol Service (NEDAS), a small rehab service was established. Across the border the Border Region Drug and Alcohol Service (BRADAS) was established in 1992. In 1993 the Upper Hume community Health Service was established by the banding together of NEDAS and BRADAS and acted primarily as a drug and alcohol withdrawal service. Geelong Community Health Service (GCHS) was established in 1994.

The Rural Hospital Project was developed after Dean noticed that there were a lot of empty beds in rural hospitals. There was also very little or no access to hospital beds for people to undertake withdrawal. The treatment of clients presenting with alcohol and other drug issues was also very poor and the nurses at the hospital said they were very fearful of clients with drug and alcohol problems. It was also discovered that they did not do any screening at the hospital for these issues, and there was an lack of knowledge about brief intervention. Dean had the thought that he could use the beds as a safe place for clients to undertake withdrawal. He saw an opportunity to access beds for clients as well as increase the provision of services for the hospital. This also gave opportunity to extend the scope of practice for hospital medical staff as the existing practice was predominately aged care.

The health services involved in the Rural Hospital Project included Upper Murray Community Health in Corryong, Alpine Health Services in Mt Beauty, and Beachworth Health Service. It was stated that all these hospitals dealt mainly with aged care.

The implementation of the project included creating a questionnaire and survey, which was used to develop the education program.

Dean stated that the goal of the project was to reduce the gap between rural hospitals, clients, and alcohol, tobacco and other drug services. Another goal was to enhance the capacity of rural hospitals to identify and effectively manage clients presenting with alcohol, tobacco and other drug issues. A resource package was created to give guidelines of withdrawal and management, and how to provide brief interventions. The project was run for six months and was funded through the Department of Human Services (DHS).

More information

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Part of the resources and education was a DVD by Dr Adam Winstock. This was provided along with education for doctors and nurses. It was stated that it was hard to find time to train the doctors as they are very busy.

Dean concluded by stating that the project was derived from lack of services. There has been a linking of services and the benefit of this program is that it is ongoing.

“Doing it Tough”: an approach to engaging young people around topics of health and wellbeing

Troy Matisons, Life Care Worker, Incolink, Cbus

David Clark, Apprentice Liaison/Drug and Alcohol Educator, Incolink, Cbus

Occupational health and safety is a huge concern in the building and construction industry, because of the type of work people do and the environment in which the work takes place. When drugs or alcohol are added into that environment the consequences can be devastating.

To increase the safety awareness of apprentices, it was explained that in the past six years Incolink has run a drug and alcohol awareness program in TAFE's and at other training organisations for the building and construction industry. The new Incolink program called Life Skills was then discussed. It was mentioned that apart from drugs and alcohol, the Life Skills program includes a broader range of issues faced by young workers. These include financial, relationships health and wellbeing and suicidal thoughts. It was mentioned that the program has just started to be introduced in rural areas and the feedback has been very positive. The program is presented in a way that encourages open communication. The language used was also noted to be very important. One of the main points of the presentation was said to be to let young people know that they don't have to do it tough and there is always someone they can talk to no matter what the issue.

A DVD was then shown that will be part of the Life Skills program. The DVD that was shown touches on issues including, drugs and alcohol, finances, relationships, health and wellbeing and suicidal thoughts. It was stated that the DVD will be released in a couple of months. It was motioned that the DVD is designed for rural and remote areas.

The Life Skills program was then discussed in more detail. It was stated that the Life Skills program is about having a light hearted discussion about important issues. The distrust of services was mentioned again as being a big issue. It was noted to be important to hit the issue from every angle with regard to identifying the young people in every area. It is important to highlight the fact that young people are not expected to know everything or have all the answers. Incolink provides young people with someone to create a bridge between them and the

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services in their area. It was stated that we need to take advantage of local resources, and get people on the ground to talk about the local issues.

The “Party Safe” initiative

Bill Mathers, Inspector, Divisional Support Manager, Geelong and Surf Coast PSA, Police Service Manager for the Surf Coast, Victoria Police

Bill Mathers began his presentation by discussing the issues faced by police officers in Geelong and the development of the “Party Safe” initiative. Bill stated that the Party Safe initiative is a community based response based on community issues.

It was mentioned that the Geelong area holds many kinds of events throughout the year. These include things such as, schoolies, New Years Eve, the holiday period, as well sporting events. All these are linked to alcohol and come with many problems. It was highlighted that in the Geelong precinct, there are 13 licensed premises, with seven of these being all night licences.

When looking at a solution to the problems of young people drinking, it is much easier to regulate when you work with the people who run the events, night clubs, etc. It was stated that it's not just about forming one strategy, but looking at a suite of options. It was noted that youth from rural and remote areas may be physically removed from the rest of the population, but in terms of communication and availability of alcohol, it is very much the same as metropolitan areas. It was pointed out that you need to look at all the factors that cause people to drink.

The Party Safe initiative began after a community forum, which was ran by Helen Tropy, a parent in the Geelong area, that was finding it hard to say no to her underage child drinking because of all the pressures. Bruce Clark also attended. Bruce's son died from drinking alcoholic essence provided to him by another parent. This had a lot of media attention as he won the fight to get the alcohol essence off the shelves. In the Geelong area they were finding that underage parties were being attended by 200 people, and getting out of control. It was then decided that something needed to be done.

It was noted that the Barwon Safe Party program started with a set of themes. These included, recommended party protocols, supporting alcohol free parties, promoting responsible parenting, reducing the risk of out of control events, respecting the local community and respecting the local environment. The levels of the program were then discussed. The program consists of levels 1, 2, 3 and 4.

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Level 1 is for parties that are alcohol free. Initiatives include:

- › no alcohol
- › less than 30 guests (invitation only)
- › master invitee list (no name/no entry policy)
- › contact details parents
- › sober adult supervision (Ratio 1 to 6)
- › transport arranged to and from party (by parent)
- › party registered with police
- › refuse entry to party of inappropriate guests
- › inform neighbours of alcohol free party
- › start and end time for party
- › adequate lighting.

Level 2 is for parties with supervised limited alcohol. Initiatives include:

- › alcohol is not recommended
- › level 1 Safe Party protocols adopted
- › if alcohol—supplied by party provider
- › basic risk assessment conducted
- › provide adequate food
- › consider toilet arrangements
- › strategy for excessive alcohol
- › vicarious liability (duty of care/insurance)
- › adult to guest ratio of 1 to 5
- › consideration of professional security
- › written permission from parents to have alcohol
- › light and/or low alcohol content drinks
- › monitor drinking
- › no alcohol related games
- › designated bar person.

Level 3 is for parties that are supervised alcohol parties.

Initiatives include:

- › alcohol for under aged is not recommended
- › level 2 protocols apply, but also consider
- › how alcohol to be controlled
- › availability of water/non-alcoholic drinks
- › service of food
- › professional security
- › first aid/medical attention

- › type of entertainment
- › suitability of premises
- › amenities
- › supervision strategy
- › strategy to deal with incidents
- › entry exit access
- › impact on local residents
- › litter and damage from rubbish/guests
- › after party issues.

Level 4 is for non-residential parties. Some of the initiatives include:

- › consider type of party you want
- › you are still responsible (underage drinking)
- › venue must meet your party needs
- › security arrangements
- › times venue is open
- › venues that focus on non-alcohol rather than alcohol centred businesses.
- › justification of type of party
- › adequate facilities
- › location of venue is appropriate for event
- › access to venue and proximity to other venues
- › food and non-alcoholic drinks available
- › transport to and from venue
- › liquor licensing laws
- › moral obligations.

Some of the most valuable things learnt through the process of developing the program, as well as some of the goals for the future include: Linking to drug action committee's, creating a working party, creating a party package, getting all the local agencies involved, creating a marketing strategy, linking with real estate agents, and linking with insurance companies.

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