

Victoria's Alcohol Action Plan 2008–2013



'Restoring the balance'



A Victorian
Government
initiative



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Minister's message



Alcohol is a part of most Victorians' lives. It's a part of our celebrations, it's a part of our appreciation of fine food and produce and for Melbourne it has been, for many years, a part of its unique and vibrant laneway and city culture.

This enviable position has evolved out of ongoing reforms to licensing laws over the past 25 years allowing more convenience and competition in the responsible supply of alcohol.

There are, however, risks associated with the ready availability and widespread use of alcohol.

Until recently Victoria has been seen as a model for other Australian jurisdictions because we have been able to strike the right balance between the benefits of our alcohol licensing laws and these risks. Research is now beginning to show that a significant proportion of Victorians drink too much – either regularly or as part of a pattern of binge drinking. And, the ugly side of this inappropriate use of alcohol is being played out all too frequently in city, suburban and regional streets on most evenings of most weekends.

We all know the impact drinking too much has on our lives – violence, road accidents, self-harm and chronic illness. We see, and can measure, these impacts of excessive drinking on all generations of Victorians every day in our hospitals, our emergency departments, our city streets, our ambulances, and in the homes of our families and friends.

While we are only now beginning to count the full cost of the harm alcohol misuse does to drinkers and to others in our community, we know that more needs to be done to reduce its impact.

The balance between benefits and risks is beginning to shift and as a community we need to work together to address the issues that this imbalance is causing.

Government has a role in introducing legislation and regulation to protect the community and encourage appropriate alcohol use. It must provide a safety net and services for those who are affected by alcohol misuse and it also has a role in providing evidence-based information and education to the community to allow all Victorians to make informed decisions and choices.

The actions outlined in this document respond comprehensively to these imperatives, providing short and long-term programs that build on initiatives introduced by this government over the past nine years.

The role for the broader community is to acknowledge the problem of alcohol misuse; support, embrace and model ways of responsible drinking; and respond with compassion to people who drink too much and consequently cause harm to themselves and others.

The role for the range of businesses involved in the manufacture and sale of alcohol is to ensure that the way in which they promote and sell their products supports and encourages responsible and appropriate drinking.

Change will not happen overnight, but, by working together, we can restore the balance – in our families, our culture and our community.

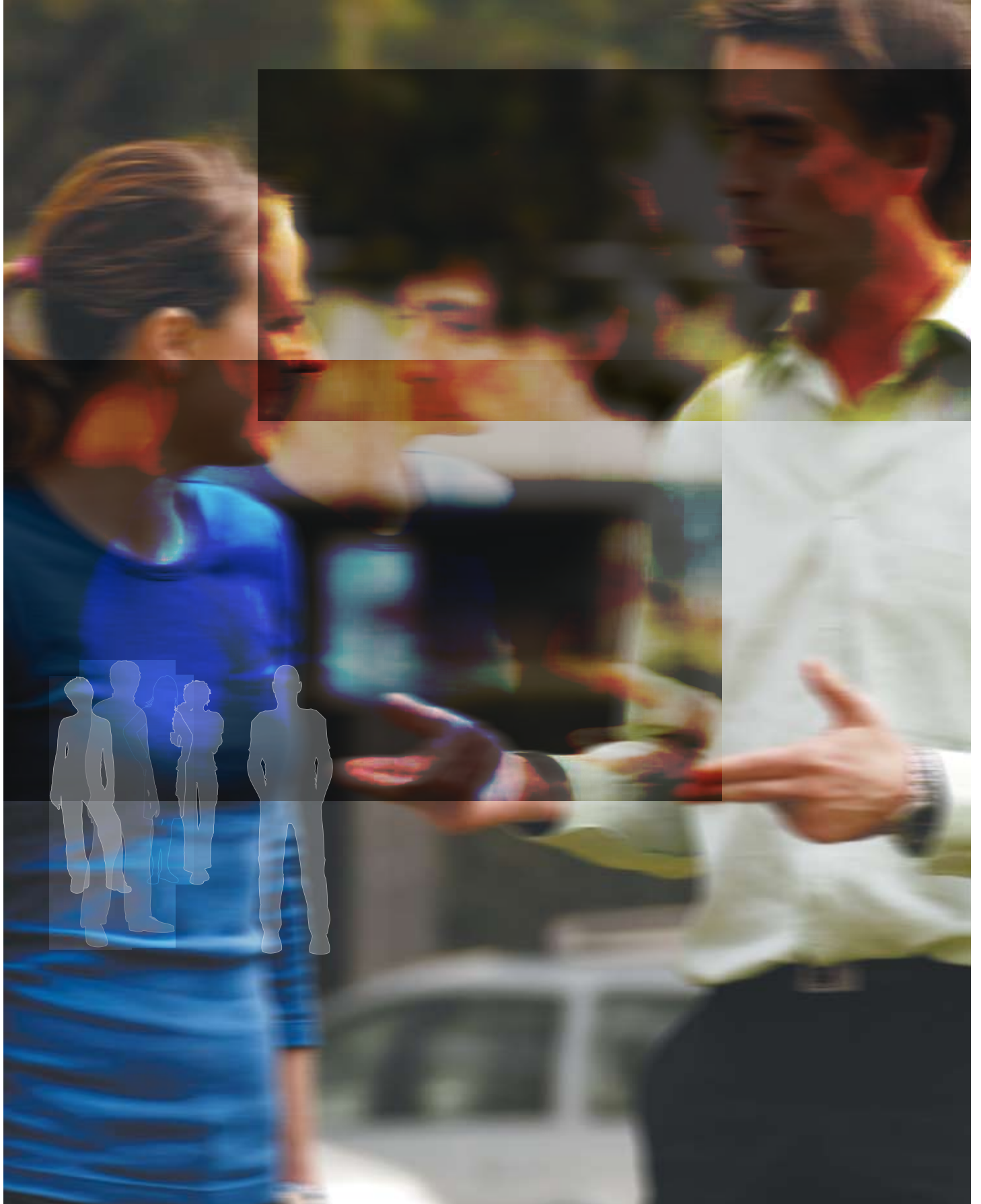
A stylized, handwritten signature in blue ink that reads "Lisa Neville".

The Hon Lisa Neville MP

Minister for Mental Health

Chair, Ministerial Taskforce on Alcohol and Public Safety





Introduction

Restoring the balance – Victoria's alcohol action plan 2008–2013 articulates the Brumby Government's commitment to preventing and reducing harm associated with alcohol misuse in Victoria. It identifies both **specific immediate actions** to be undertaken and establishes a **long-term framework for change** that will focus action across government, stakeholders and the wider community.

In November 2007, the Premier established the Ministerial Taskforce on Alcohol and Public Safety to lead the development of this action plan and respond to public safety issues. The taskforce comprised the Minister for Mental Health (Chair), Attorney-General, Minister for Consumer Affairs, Minister for Police and Emergency Services and the Minister for Health.

An advisory group consisting of experts from across government and non-government sectors provided critical input and advice to inform this plan (a list of members is provided as an appendix). Discussions were held with industry.

This work also reflects the National Reform Agenda's focus on human capital and productivity, which has become a priority for the Council of Australian Governments (COAG). Alcohol has also been identified as a key risk factor in the National Chronic Disease Strategy and by the National Preventative Health Taskforce.

In addition, the National Alcohol Strategy 2006–2009 provides the national framework for 'partnership' actions to support a reduction in alcohol-related harm. The action areas within *Restoring the balance* are consistent with the National Alcohol Strategy's goal to prevent and minimise alcohol-related harm to individuals, families and communities, in the context of developing a safer and healthier drinking culture in Australia.

Within Victoria, this action plan also complements a number of other strategies including:

- > *A Fairer Victoria*: the government's social policy action plan
- > the Drugs and Crime Prevention Committee's *Inquiry into Strategies to Reduce Harmful Alcohol Consumption*
- > Victoria's approach to human capital, productivity and chronic disease prevention, including the Victorian health promotion priorities, 'Go for your life', the Victorian Cancer Plan, the WorkHealth initiative and the Tobacco Control Strategy.

HOW ALCOHOL AFFECTS VICTORIANS EVERY YEAR

- > 24,714 inpatient hospitalisations
- > Over 8,000 emergency department presentations
- > Over 4,700 ambulance attendances in metropolitan Melbourne
- > 64 per cent of 18–24 year olds and 32 per cent of 14–17 year olds binge drinking
- > 759 alcohol-related deaths, 57 road deaths
- > 13,000 seeking treatment for alcohol problems
- > 487 infringements to licensees breaching liquor laws
- > 2,472 infringements to minors for possession of alcohol
- > Approximately 2,000 assaults involving young people affected by alcohol
- > 16,500 drivers convicted of drink and/or drug offences
- > 10,000–15,000 people apprehended for public drunkenness
- > Over 1,500 assaults in licensed premises
- > 37 per cent of parents with children entering foster care with alcohol abuse problems

Summary of actions within Restoring the balance – Victoria's alcohol action plan 2008–2013

Initiative	Actions
<p>1) Restoring the balance for families</p> <p>More support in mainstream health services to help people reduce their drinking early.</p> <p>Providing the best quality care for more serious alcohol use problems.</p>	<p>1.1 Establish an early alcohol intervention program</p> <p>1.2 Produce information for culturally and linguistically diverse (CALD) communities</p> <p>1.3 Develop a Koori alcohol plan</p> <p>1.4 Implement the Blueprint for alcohol and other drug treatment services</p> <p>1.5 Respond more effectively to clients with co-occurring mental illness</p> <p>1.6 Extend shared-care models and promote primary care settings</p> <p>1.7 Introduce extended-stay withdrawal programs</p> <p>1.8 Introduce family therapeutic interventions</p> <p>1.9 Develop a community corrections alcohol program</p> <p>1.10 Introduce new legislation to provide for involuntary detention</p>
<p>2) Restoring the balance within our culture</p> <p>Sustained community awareness to change community attitudes and encourage a safe and sensible approach to alcohol use.</p>	<p>2.1 Develop a community awareness campaign</p> <p>2.2 Support the distribution and uptake of the revised <i>Australian alcohol guidelines for low-risk drinking</i></p> <p>2.3 Introduce more effective alcohol and other drug education in Victorian schools</p> <p>2.4 Support the Good Sports Program</p> <p>2.5 Introduce warnings on alcoholic energy drinks</p>
<p>3) Restoring the balance for our community</p> <p>Properly enforced controls on the sale and marketing of alcohol.</p> <p>Preventing and reducing the consequences of excessive alcohol use such as alcohol-fuelled violence.</p>	<p>3.1 Enhance enforcement of the <i>Liquor Control Reform Act 1998</i></p> <p>3.2 Review liquor licensing fees</p> <p>3.3 Review obligations of managers and employees of licensed premises</p> <p>3.4 Consider introducing underage operatives</p> <p>3.5 Review compliance with the Voluntary Water Guidelines</p> <p>3.6 Develop an assault reduction strategy</p> <p>3.7 Introduce late-hour entry restrictions</p> <p>3.8 Freeze issuing of late-night liquor licences</p> <p>3.9 Implement new security camera regulations</p> <p>3.10 Review patron numbers in high-risk venues</p> <p>3.11 Amend the Victoria Planning Provisions</p> <p>3.12 Consider a new rehabilitation system for high-risk drink-driving offenders</p> <p>3.13 Extend the zero blood alcohol concentration (BAC) limit for young drivers</p> <p>3.14 Conduct the Safe Streets public safety research and pilot evaluation</p>
<p>4) Restoring the balance in partnership</p> <p>Working with the Commonwealth and other state and territory governments to address alcohol-related issues on a national level.</p>	<p>4.1 Conduct research into alcohol product packaging and labelling</p> <p>4.2 Reduce young people's exposure to alcohol advertising</p> <p>4.3 Explore actions to address secondary supply</p> <p>4.4 Review the alcohol content in ready-to-drink-products</p> <p>4.5 Support including alcohol in the National Illicit Drug Strategy Drug Diversion Initiative</p> <p>4.6 Enhance alcohol diversion programs for young people</p>



Context

Alcohol has a significant and legitimate role in our society and our economy – it is enjoyed by many, associated with celebrations and 'good times' and fits comfortably within Australian culture.

On one hand, alcohol makes important contributions to our way of life, generating employment and supporting the tourism industry. On the other hand, its excessive consumption and abuse can be the cause of significant individual, family and community harm.

According to the Victorian component of the National Drug Strategy Household Survey, alcohol remains the most widely used drug in Victoria with nearly half of Victorians over the age of 14 years being daily or weekly drinkers.¹

People who drink regularly at high levels place themselves at increased risk of chronic ill health, injury and premature death through accidents and violence.

Thirty-three per cent of all Victorian adults (aged 18 or over) drink at risky or high-risk levels for short-term harm at least yearly² (according to the National Health and Medical Research Council's 2001 definition of risk³).

This figure is substantially higher among 18–24 year olds with 18 per cent undertaking risky drinking at least weekly, 44 per cent at least monthly and 64 per cent at least yearly.⁴

Nine per cent of both adult male and female respondents drink at long-term risky or high-risk levels, which is most prevalent among 18–24 year olds (18.9 per cent).

Alcohol and health

Alcohol, when consumed at low levels, has been reported to reduce the risk of heart disease and stroke. However, the protective effect is only relevant at middle age, while the harmful effect of alcohol is evident across all ages. Alcohol is estimated to directly account for 4.9 per cent of the total burden of disease in Victoria.⁵

Alcohol is related to the causes of more than 60 different medical conditions.⁶ The misuse of alcohol – in particular long-term heavy alcohol consumption – is associated with a variety of chronic diseases, such as liver cirrhosis, cancer and mental health problems.

An Australian review of the relative risks of alcohol consumption concluded that 54 per cent of unspecified liver cirrhosis in males and 43 per cent in females was caused by alcohol.⁷ It has also recently been shown that the relative risk of breast cancer increases by 7.1 per cent for each additional 10g (standard drink) of alcohol consumed daily.⁸

Alcohol misuse is also associated with a number of mental and behavioural disorders, including alcoholic psychosis, alcohol dependence syndrome and alcohol-related dementia.

Evidence increasingly suggests that risky drinking during adolescence can impair healthy brain development including long-term memory and learning problems. This in turn can impair social development, leading to poorer performance at school and an increased risk of social and psychological problems.

High-risk drinking in adulthood can also damage healthy brain activity, and in extreme cases lead to alcohol-related brain impairment (ARBI), which is associated with reduced memory and thinking ability as well as problems with balance and coordination. While this type of damage is most likely for those who drink heavily over a long period of time, ARBI can develop over a short period through episodes of heavy drinking.

Hospital admissions and ambulance attendances

The impact of harmful alcohol consumption on chronic diseases places a considerable burden on health care systems.

In Victoria, an estimated 24,714 inpatient hospitalisations were attributable to alcohol consumption during 2005–06 – a six per cent increase on the previous year's figures.⁹

While more than half of alcohol-related hospital admissions are associated with chronic conditions caused by long-term heavy alcohol consumption, a considerable number of hospital admissions relate to acute alcohol misuse resulting in injuries and death from falls, motor vehicle accidents and assaults (see Table 1).

Table 1: Estimated number of alcohol-related inpatient hospitalisations by top six diagnostic group, Victoria, 2005–06¹⁰

Diagnostic group	Hospitalisations	% alcohol-related inpatient hospitalisations
Total	24,714	
Alcohol-related mental or behavioural problems (dependence, intoxication, harmful use, withdrawal state, psychotic disorder)	10,004	40%
Fall injuries	3,265	13%
Motor vehicle accidents	2,075	8%
Assault	2,045	8%
Alcoholic liver cirrhosis	1,445	6%
Supraventricular cardiac dysrhythmia	801	3%

Between April and December 2007, alcohol made up 39.4 per cent of all drug-related events attended by ambulance in metropolitan Melbourne.¹¹ This represents an increase of 29.5 per cent from the same period in 2006.

Alcohol-related deaths

There were an estimated 759 alcohol-related deaths in Victoria in 2005, representing two per cent of all Victorian deaths.¹² On average, out of every 1,000 deaths in Victoria:

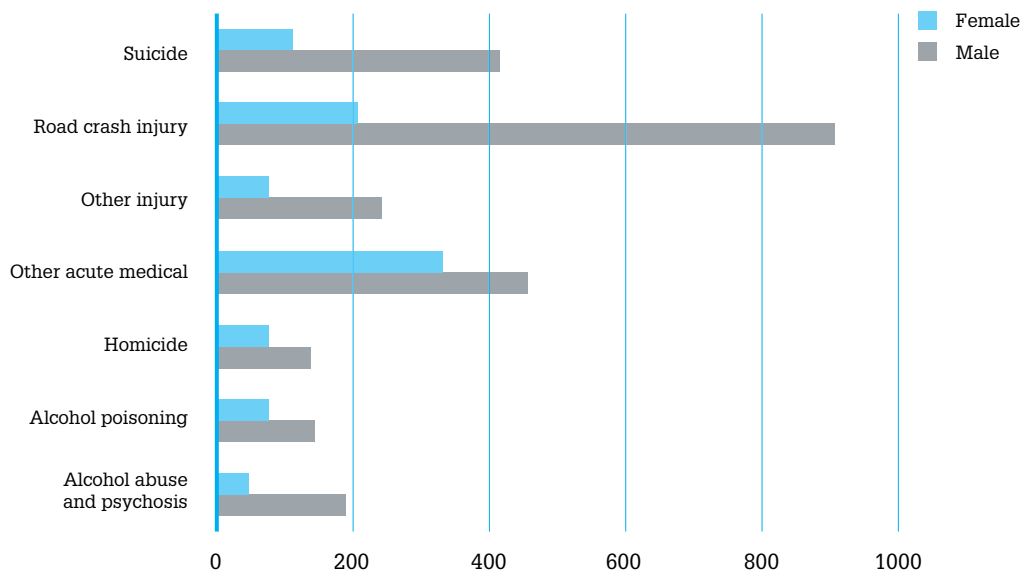
- > 122 are caused by smoking
- > 25 are caused by alcohol
- > 14 are caused by road deaths
- > five are caused by all other drugs.¹³

Alcoholic liver cirrhosis accounted for around one-fifth of alcohol-related deaths. Although motor vehicle accidents accounted for only 12 per cent of total alcohol-related deaths, they accounted for the most years of life lost because of the relatively young age of those who died.

Of the estimated 3,415 deaths from acute conditions due to drinking at risky and high-risk levels in Victoria between 1992 and 2001, 73 per cent were male. The most common cause of death related to intoxication among Victorian males was road crash injury (see Figure 1).¹⁴

In 2007, 57 Victorian drivers and motorcyclists were killed with a blood alcohol concentration (BAC) of 0.05g/100ml and over (this does not include passengers and pedestrians). Around one-third of road accidents are related to alcohol.

Figure 1: Estimated number of lives lost for acute conditions due to risky and high risk drinking in Victoria, 1992–2001



Alcohol, crime and antisocial behaviour

It is widely recognised that crime is strongly influenced by patterns of drinking, and in particular intoxication. It is estimated that between 41 and 70 per cent of violent crimes in Australia are committed under the influence of alcohol.¹⁵

In 2003–04 the National Homicide Monitoring Program found that 31 per cent of female offenders and 36 per cent of male offenders were under the influence of alcohol at the time of the homicide.¹⁶

During 2005–06 there were 24,157 Victorian offenders processed for assault. Twenty-six per cent of the assaults occurred during high alcohol hours (Friday or Saturday night) and a further eight per cent during medium alcohol hours (Sunday through Thursday).¹⁷ Twenty-two per cent of Victorians have reported being verbally abused, four per cent physically abused and 13 per cent made fearful by someone affected by alcohol in the 12 months prior to the survey.¹⁸

Data suggest that there is also a connection between alcohol consumption and family violence. In 2002–03, 28,454 family incident reports were submitted across Victoria. Of these, alcohol was identified as a definite hazard factor in 7,924 incidents (28 per cent) and as a possible hazard factor in a further 2,798 incidents (10 per cent).¹⁹

At-risk groups

While risky drinking occurs across the Victorian population, a number of specific groups are particularly at risk including young people; rural and regional populations; people with a mental illness; and Indigenous and CALD communities.

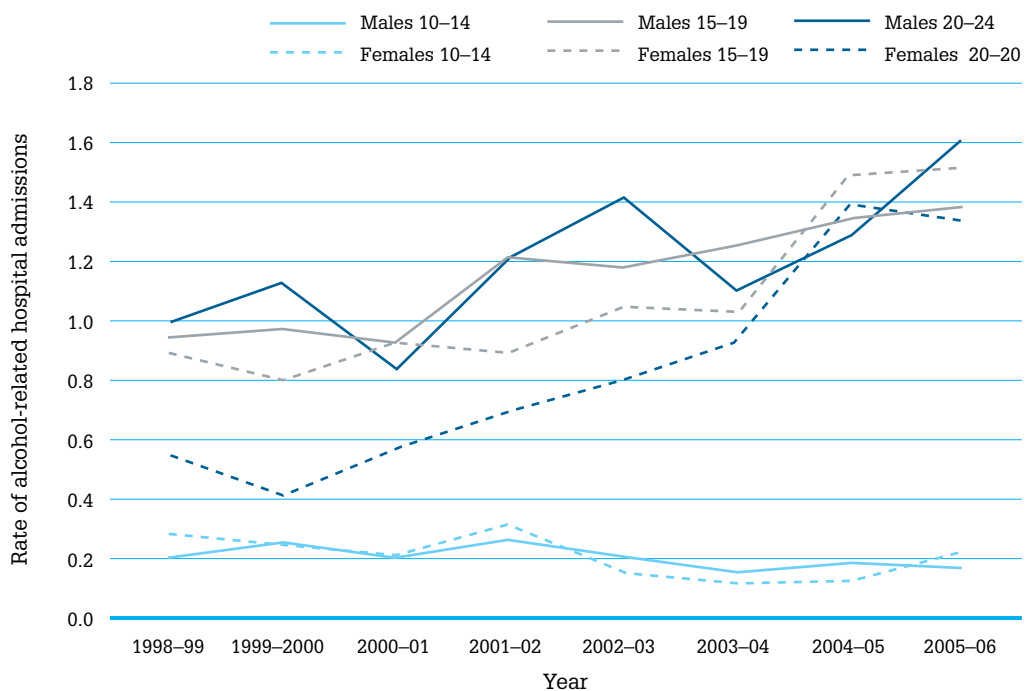
Young people

The 2004 Victorian Youth Alcohol and Drug Survey found 73 per cent of people aged 16–24 years drank to get drunk on at least one occasion in the 12 months prior to the survey and 45 per cent drank to a point of being unable to remember what happened on at least one occasion in the 12 months prior to the survey.²⁰ And, according to Victorian data from the Australian Secondary School Student's Alcohol and Drug Survey, 32 per cent of students aged 12–17 years are current drinkers (have consumed alcohol in the past week).²¹

The rate of alcohol-caused hospital admissions for Victorians aged 15–24 years has increased substantially in recent years. This increase has occurred for both males and females, with the oldest female age group (20–24 years) increasing the most sharply, from a rate of 0.56 per 1,000 people in 1998–99 to 1.34 per 1,000 in 2005–06 (see Figure 2).²²

The increase in hospital admissions has been driven by an increase in young people being admitted with a diagnosis of 'intoxication'. While further analysis of the data is required, this suggests an increase in the number of young Victorians drinking at extremely risky levels, to the point where they are being admitted to hospital.

Figure 2: Rates of alcohol-caused hospital admissions by age and sex, Victoria, 1998–99 to 2005–06²³



Rural and regional populations

Although there is a lack of useful data around alcohol use across rural and regional populations, a number of broad population reports indicate that alcohol consumption is disproportionately higher in rural and remote regions.

The 2001 National Drug Strategy Household Survey found that males in regional areas were about 30 per cent more likely to engage in risky or high-risk alcohol consumption than males in major cities. The 2004 Victorian Youth Alcohol and Drug Survey found that more young people living in regional Victoria drank at levels that put them at high risk of harm than did their metropolitan peers.²⁴

People with a mental illness

Alcohol abuse is strongly associated with several mental health conditions, such as anxiety disorder, bipolar depression, social phobias and schizophrenia. Many people with depression and anxiety experience a range of co-occurring alcohol problems, and do so at higher rates than the general community (up to one in five people with an anxiety disorder also has a substance use disorder).²⁵ Studies have found that alcohol abuse is associated with worse outcomes in terms of self-harm, suicide risk, social functioning and health care use for people who are also depressed.²⁶

Indigenous communities

Alcohol use in the Aboriginal and Torres Strait Islander population occurs in different social, historical and cultural contexts to the non-Indigenous population, and as such, the pattern of alcohol use is significantly different to that of the non-Indigenous population. Aboriginal people and Torres Strait Islanders also disproportionately feel the effects of harmful alcohol use.

Aboriginal people and Torres Strait Islanders are less likely to drink than non-Indigenous Australians, but those who do drink are more likely to drink at high to very high levels, and are more likely to binge drink. Results from the National Health Survey 2001 found that in the week prior to the survey 42 per cent of Indigenous adults compared with 62 per cent of non-Indigenous adults were likely to drink. However, of those who did consume alcohol, Indigenous adults were more likely to drink at risky or high-risk levels (29 per cent compared with 17 per cent).²⁷

Indigenous Australians experience significantly higher rates of alcohol-related harm such as alcohol cardiomyopathy (disease of the heart muscle), alcohol gastritis and alcoholic liver cirrhosis, traumatic injuries, road accidents, suicide and violent death.²⁸ In addition, public drinking by Indigenous Australians is a factor that contributes to the greater likelihood of arrest or detention for public drunkenness and alcohol-related violence than that experienced by non-Indigenous Australians.²⁹

Violence in Indigenous communities can have devastating consequences, with Indigenous women identifying alcohol as a major cause of violence and chaos within their lives.³⁰ Indigenous women are five times more likely to call police to attend a family violence incident and 16 times more likely to seek support from the integrated family violence services system than non-Indigenous women.³¹

Culturally and linguistically diverse communities

Statistics indicate that CALD communities have lower rates of alcohol use than the general population.³² However, there is emerging evidence that using alcohol and other drugs within certain cultures may be equal to, if not higher than, the general population.³³

Research suggests that a number of barriers make it difficult for some CALD people to access alcohol and other drug treatment and support services. These barriers include:

- > poor understanding of how to access services
- > lack of awareness of the risk and harms associated with alcohol misuse, particularly among some recent refugee and migrant groups
- > perceptions of cultural insensitivity within the alcohol and other drug treatment system.

This has resulted in an under-representation of CALD people in alcohol and other drug treatment services.

Economic impact of alcohol harm

The cost of alcohol-related social problems to the Australian community was estimated at \$15.3 billion in 2004–05.³⁴ This figure includes the costs to government health and welfare systems and industry through factors such as crime and violence, treatment costs, loss of productivity and premature death.

Workplaces bear the greatest amount of social costs related to alcohol. This is estimated at \$1.2 billion per annum and is mainly through absenteeism, reduced productivity and increased risk of injuries and death. Alcohol presents issues of safety and productivity to employees and employers alike.

IN SUMMARY

Alcohol-related problems are complex. Achieving improvements requires short, medium and long-term solutions that include changes in:

- > the attitudes and behaviour of individuals who drink
- > the way that the alcohol industry promotes and markets its products
- > the settings and rules for consuming alcohol established by government, business and the community
- > how families, businesses, health services, police and emergency services, and government agencies respond to alcohol-related problems.

It is the role of government to develop legislative and service frameworks that support both the community and the individuals who make up that community, to provide information and allow people to make informed decisions and choices.

Restoring the balance – Victoria's alcohol action plan 2008–2013 is the Victorian Government's response to the challenge of creating an environment and culture that encourages appropriate use of alcohol while acknowledging the needs and support required for those members of our community affected by the inappropriate use of alcohol.

The foundations for action

Restoring the balance – Victoria's alcohol action plan 2008–2013 aims to:

- > reduce risky drinking and its impact on families and young people
- > reduce the consequences of risky drinking on health, productivity and public safety
- > reduce the impact of alcohol-fuelled violence and anti-social behaviour on public safety.

This plan builds on existing programs and initiatives that have been established by the government to minimise alcohol-related harm in the Victorian community.

These initiatives – in the areas of alcohol and young people; treatment services; prevention; research; national initiatives; and legislative measures – are detailed below.

Alcohol and young people

Education and information

All government and most non-government primary and secondary schools provide alcohol and other drug education and primary prevention programs.

A number of quality resources have been developed for primary and secondary schools including:

- > *Get wise and Creating conversations and talking tactics together*
- > a four-year strategic drug education plan including initiatives to enhance alcohol prevention and drug education in schools
- > *Teenagers and alcohol: supporting parents in the prevention of harm*, a series of fact sheets for parents to help them deal with the issue of alcohol and their children.

FReeZA

The government promotes alcohol-free events in public places for young people through FReeZA, a youth development program targeting young people aged 14–18 years.

Partysafe

Partysafe provides information and advice for parents and young people on how to minimise the chances of alcohol-related harm when hosting parties, including how to deal with gatecrashers and intoxicated guests. Party hosts also have the option of registering their party with their local police station, which will assist with a police response if required.

Schoolies week

Safer schoolies week celebrations are promoted through responsible serving of alcohol initiatives by liquor licensing accords, and the provision of support to councils during schoolies week periods.

Safe partying and other harm minimisation messages are also provided to school leavers to help young people enjoy themselves in a safe and responsible manner.

Treatment services

The government has committed an additional \$255 million to alcohol and other drug services since 1999.

Approximately \$116 million is provided for drug prevention and treatment programs to over 105 alcohol and other drug service providers. Individuals and families seeking assistance for problematic alcohol use in Victoria have access to a wide range of community-based and residential treatment services including counselling, residential withdrawal (short stay), residential rehabilitation (longer stay), outreach services and day programs.

The number of alcohol and other drug treatment beds has almost doubled over the past 10 years, with a 28 per cent increase in youth treatment services. Between 2000 and 2007, counselling waiting times decreased from 6.3 days to one day and residential withdrawal waiting times decreased from 9.4 days to 6.9 days.

Research has shown that alcohol is a major cause of acquired brain injury. The Victorian Government has funded the expansion of ARBIAS treatment services for people with an ARBI.

The Koori Youth Alcohol and Drug Healing Service is the first of its kind in Australia. It was established in 2007 to assist Koori young people who have alcohol and other drug problems to recover from their substance abuse and reconnect with their communities.

Prevention

Through the Alcohol and Workplace initiative a website has been established to assist employers recognise alcohol problems in the workplace. The website encourages employers to develop policies and practices to address alcohol-related concerns.

Healthy babies, healthy pregnancies, an information and training package for Indigenous health workers, adopts an holistic approach to raising healthy children and is underpinned by the message that the health of children is an all-of-community responsibility.

The Australian Drug Foundation (ADF) Good Sports Program is an accreditation program that addresses the issue of alcohol in amateur sporting clubs. There are now approximately 1,200 sporting clubs participating in the program in Victoria.

A number of government-funded community education campaigns have been run in recent years including the Tertiary Alcohol Campaign and the Youth Alcohol Campaign both of which aimed to reduce the number of young people drinking at risky levels.

The Emerging Hot Spots initiative encourages local communities to develop local strategies and solutions to the misuse of drugs, including alcohol and cannabis.

The Victorian Drug and Alcohol Prevention Council was established to provide guidance to the government about existing and emerging alcohol and other drug issues.

Research

Research in alcohol has been actively promoted through creating a Chair of Social Research in Alcohol (in partnership with the Alcohol Education and Rehabilitation Foundation, the University of Melbourne and Turning Point Alcohol and Drug Centre). This position provides alcohol-related policy advice, and ensures the development and design of policy research that best meets the needs of the Victorian community.

The Victorian Alcohol statistics handbook series provides information on alcohol consumption and related harm in the Victorian community. The *Alcohol statistics* handbook series has been used to inform local alcohol and other drug action plans, support local government policy, evaluate local community initiatives and inform local media and health promotion activities.

National initiatives

On 2 April 2008, COAG agreed to ask the Ministerial Council on Drug Strategy to report back in December 2008 on options to reduce binge drinking including: closing hours; responsible service of alcohol; reckless secondary supply; and the alcohol content in ready-to-drink beverages.

COAG also asked the Australia New Zealand Food Regulation Ministerial Council to request Food Standards Australia New Zealand to consider mandatory health warnings on packaged alcohol. The Victorian Government has supported these actions.

As a member of the Ministerial Council on Drug Strategy, the Victorian Government has led national initiatives to address alcohol issues. With the rising concern of the impact of alcohol advertising, especially on young people, Victoria led the establishment of the National Committee for the Review of Alcohol Advertising (NCRAA) to review the effectiveness of the self-regulatory system for alcohol advertising.

NCRAA identified several shortcomings with the existing system and proposed a number of recommendations to strengthen the operations of the alcohol-specific advertising code and to enhance the overall effectiveness of the self-regulatory system.

These recommendations have now been implemented resulting in improvements to the self-regulating system. Work continues in monitoring the alcohol advertising self-regulatory system, through the Monitoring of Alcohol Advertising Committee.

Legislative measures

The Victorian Government has introduced a range of initiatives to further reduce drink-driving including alcohol interlocks, tougher penalties and immediate licence suspensions. These initiatives have resulted in the number of alcohol-related fatalities per population falling.

The government has worked closely with the alcohol industry to minimise harm to the community caused by alcohol. Initiatives include: trader forums and seminars; training and education including responsible serving of alcohol courses, and guidelines such as the *Code of conduct for packaged liquor licensees*.

Introducing the Voluntary Water Guidelines, jointly developed by the Minister for Health, the Nightclub Owners Association, the Australian Hotels Association and Restaurant and Catering Victoria, has improved the provision of free or low-cost drinking water in licensed premises.

The sale and supply of alcohol in Victoria is regulated through the *Liquor Control Reform Act 1998*. The government introduced amendments to the legislation in recent years to ensure that the regulatory framework addresses community concerns. In 2007 reforms passed by Parliament included:

- > giving police the power to ban troublemakers from designated entertainment precincts for up to 24 hours and enable courts to issue exclusion orders for up to 12 months to repeat offenders
(The declaration of two designated entertainment precincts, one in Melbourne including the central business district and one in Stonnington including the Chapel Street area, where 24-hour banning notices can apply. Specified offences include assault, sexual offences, threats to kill, destroying or damaging property, drunkenness, offensive or obscene behaviour, weapons offences and failure to leave a licensed premises.)
- > giving the police the power to suspend a liquor licence for up to 24 hours, enabling them to respond to immediate threats to public safety
- > introducing greater controls on restaurants to prevent them from operating as a bar or nightclub
- > doubling penalties for serving alcohol to intoxicated patrons or allowing them to remain on licensed premises.

In addition Victoria Police has implemented a range of operational activities to target both licensed premises and alcohol-related violence and antisocial behaviour including:

- > deploying the Safe Streets Taskforce with a visible focus on creating public safety in public places
- > specific operations focusing on licensed premises and crowd behaviour
- > police operations on selected Friday and Saturday nights
- > implementing modified crowd management tactics at major events.

Building on the foundations for action

All Victorians need to work together to restore the balance within our families, our communities and our culture when it comes to alcohol use.

As with other public health and safety challenges that we have faced – drink-driving, obesity, speeding, tobacco smoking – Victoria's response to the misuse of alcohol requires a strategy that:

- > promotes changes in community attitudes and behaviour
- > sets clear rules for responsible use and sale of alcohol
- > provides the right balance of health, legal, policing and regulatory services.

Governments have a role in regulation; funding treatment and prevention services; and providing information for people to make informed choices and decisions. Actually making change happen requires effective partnership with local government, industry, community, schools and police – the misuse of alcohol affects us all in some way and we all have to take some responsibility for getting the balance right again.

Restoring the balance provides a vision for long-term change in the community and identifies clear priorities for action. These priorities are in four key areas:

1. **families** – *including more support in mainstream health services to help people reduce their drinking early and providing the best quality care for more serious alcohol use problems*
2. **culture** – *sustaining community awareness to encourage a safe and sensible approach to alcohol*
3. **community** – *enforcing controls on the sale and marketing of alcohol and preventing and reducing the consequences of excessive alcohol use, especially alcohol-fuelled violence*
4. **partnerships** – *working with the Commonwealth and other state and territory governments to ensure a national approach.*

Principles

Restoring the balance will be implemented according to the following principles:

- > achieving long-term change through short, medium and long-term actions
- > involving the whole community
- > delivering improvements through partnerships
- > improving the evidence base for action through research, outcome measurement and evaluation
- > coordinating action across government departments.

In each of these areas the government will undertake specific actions, including committing additional financial and human resources.

Victorians will be able to track the progress of the plan through identified outcome measures.



Restoring the balance for families

Many Victorian families are affected by alcohol misuse, which can place strain on family relationships, create unnecessary economic burdens and, in extreme cases, the breakdown of family bonds. To reduce the impact of alcohol misuse on families, these actions will strengthen Victoria's prevention and treatment responses, ensuring **early intervention** prevents alcohol problems becoming entrenched, and **quality care** is available to help people recover from serious alcohol problems.

Early intervention – *including more support in mainstream health services to help people reduce their drinking early by encouraging early identification and providing cultural, age and gender-appropriate interventions and programs.*

There is a considerable group of Victorian drinkers whose problems are less serious than those with severe dependence on alcohol. Some drinkers are at risk of harm but show no obvious alcohol-related problems. Others are already experiencing problems but may not show a significant level of dependence. Acting early to prevent harm is far more effective than waiting until the problem has got to the point where there are other impacts on the individual, their friends, family and community.

In Victoria up to 340,000 people with alcohol problems do not seek assistance. As a result, the estimated number of clients receiving treatment for alcohol problems accounts for only 2.6 per cent to 6.4 per cent of problematic alcohol users.³⁵

As highlighted earlier, a number of specific population groups including CALD and Indigenous people are particularly susceptible to alcohol-related harms but do not engage readily with non-specialist assistance services.

Screening and brief interventions

Identifying alcohol misuse early and delivering simple advice can be effective in moderating people's drinking patterns. Brief interventions are short treatment sessions that aim to assist change in the behaviour of individuals with regard to their drug use before the onset of significant health and social consequences.³⁶

The evidence indicates that for every eight people who receive advice, one will reduce their drinking to low risk levels. This compares well with smoking cessation advice, where only one in 20 will act on the advice, or one in 10 when nicotine replacement therapy is also offered.³⁷ Alcohol brief interventions are effective, but aren't as widely implemented and marketed as they are for smoking through Quit Victoria.

There is a range of well-established methods for screening alcohol problems that involve asking questions about drinking behaviour. Screening for alcohol misuse can detect problem drinkers before they actively seek help and may lead to early intervention for risky and high-risk drinkers or referral to specialist services for people who require more intensive assessment and treatment.

Once an individual is identified through screening as needing to moderate their drinking, brief interventions can be employed. Most brief interventions are designed to motivate high-risk drinkers to moderate their alcohol consumption, rather than to promote total abstinence.³⁸ Interventions can range from a short conversation with a health professional to a number of sessions of motivational interviewing.

There is strong evidence indicating the success of brief interventions in treating alcohol problems. A study undertaken by the World Health Organization (WHO) in eight countries, with over 1,600 participants, found that brief interventions reduced daily alcohol consumption on average by 17 per cent and intensity of drinking by 10 per cent.³⁹

Other international research has indicated that brief interventions, usually less than three sessions, demonstrate behaviour change over and above no intervention and in some instances can be as effective as more intensive interventions concerning alcohol.⁴⁰ The available evidence also suggests that brief intervention strategies are effective in reducing alcohol-related harm⁴¹ and use of health care and treatment services.⁴²

Actions

To improve the way risky and high-risk drinkers are identified and supported in reducing their drinking, an early alcohol intervention program and a range of focussed early intervention initiatives for specific populations will be implemented.

1.1 Establish an early alcohol intervention program

A component of the community awareness campaign (see 2.1) will encourage Victorians to think about their drinking and be provided with a 'call to action' to seek assistance. To support the campaign, the Victorian Government will implement an early alcohol intervention program. This will include:

- > online and telephone screening to enable people to confidentially screen themselves to determine their risk of alcohol problems – these online and phone screening tools will make use of well-established screening methodologies, and trials that have been implemented in Victoria
- > online support resources including a free self-help program to teach cognitive behaviour therapy skills to people vulnerable to alcohol problems
- > community-based alcohol education sessions for at-risk drinkers will provide programs based in primary health care centres that will provide behaviour change programs for moderately risky drinkers.

The government will also establish a working group to examine ways of improving how patients who present to emergency departments for intoxication are managed and to identify any opportunities for follow-up and advice.

1.2 Produce information for culturally and linguistically diverse (CALD) communities

This initiative will provide information to engage at-risk CALD groups and raise community awareness about alcohol-related risks and harm and link clients into existing treatment services. Culturally appropriate health promotion leaflets will be translated into a number of community languages and distributed to a range of ethno-specific organisations and alcohol treatment services.

1.3 Develop a Koori alcohol plan

A whole-of-government Koori alcohol plan will be developed to prevent and reduce the harm of alcohol misuse and family violence in Koori communities and will encompass prevention, early intervention and treatment. The plan will outline the leadership role of the Victorian Government, in partnership with Indigenous communities, in reducing alcohol harm. The objectives of the Koori alcohol plan will follow those of *Restoring the balance*, with specific reference to Victoria's Indigenous communities.

Quality care for alcohol problems – *providing the best quality care for more serious alcohol use problems and building on the success of innovative programs such as the Victorian Dual Diagnosis Initiative.*

People with severe alcohol-related conditions require specialised services that can respond to their circumstances and support change.

Over 26,000 Victorians receive help from the treatment system every year and nearly half of these cite alcohol as their primary reason for seeking treatment. Treatment services work in close partnership with other harm reduction prevention, health, education, employment and other welfare services to reconnect clients with their families and their communities.

There is a real need for a range of alcohol treatment initiatives. The number of clients of alcohol and other drug services who reported alcohol as their principal drug of concern has increased from 33 per cent in 2000–01 to 46 per cent in 2006–07.

The proportion of 12–21 year olds reporting alcohol as their primary drug of concern has doubled from 18 per cent in 2000–01 to 40 per cent in 2006–07 with some rural regions reporting that 50 per cent of all youth clients are entering treatment for alcohol problems.

Within the drug treatment service system, there are 105 government-funded alcohol and other drug agencies that provide either community-based and/or residential treatment services for adults, young people, women and Kooris.

A review of the Victorian drug treatment service system estimated that up to 340,000 Victorians are not seeking help for their problematic alcohol use.⁴³ While many Victorians with alcohol problems may reduce harmful drinking of their own volition, others may use self-help groups, search for information on the internet or seek advice and support from their GP or physician following health concerns or trigger-incidents that prompt reflection. Those with recognised alcohol dependence will seek help, and/or be referred to public or private treatment agencies.

Alcohol and other drug issues are over-represented among clients of other service systems. Over 30 per cent of treatment clients have accessed mental health services and it is estimated that more than 50 per cent of mental health clients also have substance use issues.⁴⁴

Victoria has led the way in improving treatment outcomes for clients with multiple and co-occurring needs. Programs such as the Victorian Dual Diagnosis Initiative ensure there is no 'wrong door' for entry into alcohol and other drug and mental health treatment.

Existing shared care models for people with alcohol problems are underdeveloped. There is evidence that GPs don't readily identify those with alcohol problems and are not always actively engaged in managing clients with alcohol-related conditions once they are discharged from hospital or treatment services.

Alcohol pharmaceutical therapies are under-prescribed even though there is evidence that, used together with cognitive behavioural interventions, they can significantly reduce relapse, support treatment engagement and improve health and wellbeing outcomes.⁴⁵

Sustaining behaviour change for those with alcohol problems is key to improving health outcomes and reducing the associated burden of disease. The longer a person continues to drink at harmful levels, the more likely they are to sustain permanent physical and cognitive damage. These are the people who frequent emergency departments and who consume a disproportionate amount of hospital and other health resources.

There is evidence for the benefit of engaging families in treatment. While research indicates that '...parental drinking patterns can be a predictor of frequent and heavy drinking in offspring'⁴⁶, it has been found that family-centred therapy approaches can deliver positive longer term outcomes for young people engaged in alcohol and other drug treatment.⁴⁷

Treatment for people with significant alcohol problems often requires a combination of hospital and community-based treatment with withdrawal only the first stage of the process. Sustaining behaviour change requires ongoing therapy through pharmacotherapy, counselling, structured group programs, family therapeutic interventions and case management support.

A small number of people with serious alcohol dependence will reach a crisis point where they are unable to make decisions about their own safety and welfare. The *Alcoholics and Drug Dependent Person's Act 1968* provides for short-term involuntary detention of people where they are at risk of serious harm to self or others. Unfortunately many of the sections of the 1968 legislation are out of date.

Actions

Treatment responses will be improved, family therapeutic interventions strengthened, primary health engagement and GP capacity improved and appropriate legislation reviewed to respond in a range of ways to meet the varied needs of individuals with alcohol-related problems.

1.4 Implement the Blueprint for alcohol and other drug treatment services

The Victorian Government's upcoming Blueprint for alcohol and other drug treatment services outlines the vision for the future of the Victorian alcohol and other drug service system. It provides a coherent framework for the future development and delivery of alcohol and other drug treatment services and identifies the key issues and priority actions required to improve responses to people who have substance use problems, and to better support their families and communities.

1.5 Respond more effectively to clients with co-occurring mental illness

Development of a Victorian mental health strategy will seek to improve early intervention and promote mental health system reforms assisting alcohol and other drug clients who struggle with mental health issues. Complementary to this, a key action of the Blueprint is to respond more effectively to clients with multiple needs and co-occurring conditions.

1.6 Extend shared-care models and promotion of primary care settings

Primary health engagement and GP capacity will be strengthened to both recognise and respond to alcohol problems through:

- > developing new resources and GP training
- > designated addiction medicine specialist secondary consultation and support.

GPs will receive support from specialists trained in treating addiction and alcohol-related problems to intervene early, prevent escalation of health problems and manage existing health problems more effectively. The addiction medicine specialists will also provide support to GPs through providing pharmacotherapy for alcohol dependence.

Implementing mental health care plans in general practice has significantly improved treatment capacity for teams of health professionals within primary care. Use of primary care settings to treat alcohol use problems is especially important in regional areas.

1.7 Introduce extended-stay withdrawal programs

People with chronic alcohol problems find the temptation to relapse is strongest immediately in the weeks after exiting withdrawal services. Accordingly, withdrawal must be followed by a seamless transition to a rehabilitation program whenever possible.

A new medium-intensity community-based rehabilitation model will provide an additional 15 places for people with alcohol problems exiting hospital or withdrawal services. The model differs from existing rehabilitation services in that it provides a non-residential program. This program will include intensive group work over a four- to six-week period to sustain behaviour change and will provide out-of-hours support to prevent relapse.

1.8 Introduce family therapeutic interventions

This initiative seeks to improve engagement in treatment, retention, family functioning and long-term health and wellbeing outcomes for young people who are misusing alcohol. It will build capacity to work with and respond to families among alcohol and other drug treatment agencies working with young people.

The project will deliver assessment, specialist family-based counselling, group work and ongoing case management to 175 young people and their families every year through five specialist family therapeutic workers across five localities.

1.9 Develop a community corrections alcohol program

Most community-sentenced offenders have a low to moderate risk of re-offending and subsequently often miss out on interventions that directly address their alcohol-induced criminal behaviour.

A community-based therapeutic alcohol use program will be developed targeting community-sentenced offenders whose alcohol consumption causes aggressive behaviour. The program will be delivered within a community therapeutic environment and will be based on an existing program available within Victorian public prisons that provides health-related substance use information.

1.10 Introduce new legislation to provide for involuntary detention (Drug and Alcohol Treatment Bill)

The Victorian Government has reviewed the Alcohol and Drug Dependent Persons Act and will develop new legislation that will continue to provide for involuntary detention. Along with the new legislation appropriate service models will be developed that can provide a better service to people affected by the legislation, including more intensive support and aftercare. The new legislation will continue to provide for the short-term involuntary detention of people with a severe alcohol or drug dependence where they are at risk of serious harm to themselves or others.



Restoring the balance within our culture

For most Victorians, alcohol is a part of their lives. When enjoyed responsibly it can help us celebrate, relax and enjoy the rich nightlife our state offers. However a significant proportion of Victorians drink too much, leading to road accidents, violence and chronic illness. This harms our culture. Through enhanced community awareness-building and education, we can restore the balance and enjoy alcohol in a safe and responsible way.

Promoting safe and sensible alcohol use – *sustained community awareness to encourage a safe and sensible approach to alcohol, with the long-term aim of changing dangerous behavioural and cultural patterns that support the abuse of alcohol.*

A significant proportion of alcohol consumed in Victoria is not done so within safe drinking levels. Drinking to intoxication is a major cause of short-term alcohol-related illness, social problems, injury and death. According to the *National alcohol strategy 2006–2009*.

Some people identify alcoholism or alcohol dependence as the most serious alcohol-related problem. The reality, however, is that excessive single occasion drinking produces far greater and wider-reaching impacts on the health, safety and wellbeing of individuals and communities. This is because of the high incidence of drinking to intoxication, the high number of people affected directly and indirectly within the general population and because much of the injury and many of the lives lost are among young adults.⁴⁸

Despite the significant risks associated with risky and high-risk drinking, the 2004 National Drug Strategy Household Survey found that many Australian drinkers, particularly those who drink at risky or high-risk levels, incorrectly estimate safe drinking levels.

There is however, a good awareness and uptake of strategies to limit blood alcohol levels. Nearly all Australians aged 14 years and older who drank alcohol in the past 12 months reported that they undertook measures to limit their blood alcohol levels (such as limiting their number of drinks or refusing unwanted drinks) always or most of the time. Of recent drinkers, fewer than one in 50 (0.7 per cent) had undertaken no blood alcohol limiting measures.⁴⁹

There is a lack of awareness among young people of the harm associated with alcohol, especially those relating to excessive drinking. Less Victorian school students viewed occasional episodes of excessive drinking as harmful, compared with daily excessive drinking. This suggests that although students are aware of the health implications of regularly consuming large amounts of alcohol, they are less aware of the harmful impact of engaging in this type of behaviour on a more occasional basis.⁵⁰

In April 2008, COAG asked the Australia New Zealand Food Regulation Ministerial Council to request Food Standards Australia New Zealand to consider mandatory health warnings on packaged alcohol.

In recent years, there has also been a considerable change in the types of alcoholic beverages being consumed by young people. Of major concern is the increase in the various types of pre-mixed spirits or ready-to-drink products (RTDs) on the market, which are particularly appealing to young people given their sweet taste, availability and low cost. There is a considerable range in the alcohol content of RTDs currently on the market, with some products containing up to 10 per cent alcohol content.

Australian Bureau of Statistics data shows a sharp growth of RTDs in the Australian market. Various data indicate that the proportion of young people drinking pre-mixed spirits is increasing, with RTDs being particularly popular among teenage females.⁵¹

Figures from the 2004 National Drug Strategy Household Survey show that among 14–19 year olds who drink at risk of short-term harm, almost 78 per cent of females and 74 per cent of males favoured pre-mixed spirits. Seventy-two per cent of males and 30 per cent of females favoured regular strength beer.⁵²



Actions

Actions aim to change the acceptance of intoxication and drunkenness and to reduce risky drinking in the community. This will be achieved through a sustained community awareness campaign across a wide range of community and other settings. The impact of such campaigns, with the aim of changing behaviour and culture, are long term and work alongside short-term initiatives addressing regulatory, legal and health-based issues.

2.1 Develop a community awareness campaign

A targeted community awareness campaign will:

1. increase awareness among Victorians of the connection between risky alcohol consumption and social or physical harm
2. advise Victorians on the legal, health and social aspects of responsibly supplying liquor to young people
3. invite Victorians to consider their own alcohol consumption
4. assist and support Victorians who drink at risky levels to drink differently via access to brief interventions and information.

The campaign will complement the youth binge drinking campaign to be conducted by the Commonwealth Government.

2.2 Support the distribution and uptake of the revised *Australian alcohol guidelines for low-risk drinking*

The National Health and Medical Research Council (NHMRC) has updated the 2001 *Australian alcohol guidelines*. The updated guidelines have changed significantly, with one overarching guideline level for alcohol intake for both immediate and long-term risks, which is significantly lower than the 2001 guideline levels. The revised guidelines also include two guidelines with special precautions for children and adolescents, and pregnant or breastfeeding women.

The NHMRC published its draft guidelines in late 2007, and is currently finalising them. The Victorian Government will support and enhance the promotion of these revised guidelines to the community.

2.3 Introduce more effective alcohol and other drug education in Victorian schools

Schools play an integral part in primary prevention of alcohol-related harm by (1) informing young people about the associated harm; and (2) helping to develop personal, social and cognitive skills to deal with alcohol-related issues in a variety of situations.

Some current initiatives to ensure best practice alcohol education in Victorian schools include:

- > investigating school community approaches to alcohol education in five rural communities in Victoria
- > training regional senior program officers for drug education in the School Health and Alcohol Harm Reduction Project (SHAHRP), which has demonstrated successful outcomes
- > developing comprehensive curriculum materials for Years 8 and 9 students, covering alcohol and other drugs.

2.4 Support the Good Sports Program

To assist community sporting clubs with responsible alcohol management, the Australian Drug Foundation created the Good Sports Program in 2000. The program helps clubs manage liquor usage, thereby reducing alcohol-related problems such as binge and underage drinking. There are approximately 1,200 sporting clubs currently participating in the program in Victoria. The Victorian Government will continue to support the Good Sports Program in Victoria.

2.5 Introduce warnings on alcoholic energy drinks

Alcoholic energy drinks (AEDs) are a form of packaged ready-to-drink products that combine alcohol with a stimulant such as caffeine or guarana. Some research suggests that this combination can be harmful since, as the stimulant can mask the depressant and sedative effects of the alcohol, the drinker may consider that their judgement and coordination are less affected by alcohol than they actually are. Further, some marketing methods used for AEDs in Australia appear to state or imply that consuming the product will increase alertness and reduce the effects of fatigue. This marketing could potentially mislead consumers.

The Minister for Consumer Affairs will issue a public warning statement on alcoholic energy drinks and ask Consumer Affairs Victoria to investigate the marketing of these products, in particular, to determine whether they are marketed in a manner that is misleading and deceptive.



Restoring the balance for our community

To reduce the amount of harm that alcohol can cause, the broader community must recognise and address the problem of alcohol misuse. Industry must cooperate by promoting and retailing alcohol in a socially responsible manner. Government and the police also have a role to play, for example through introducing legislation and providing services that will protect communities from the consequences of excessive alcohol use. This will be backed by efficiently enforced controls on the sale and marketing of alcohol.

Responsible sale and supply – *enforced controls on the sale and marketing of alcohol to ensure that those businesses and industry that manufacture, supply, market and sell alcohol do so in a way that supports the appropriate and responsible use of alcohol.*

Liquor licensing

The Director of Liquor Licensing regulates liquor outlets through a licensing scheme and works with licensees to achieve compliance with their statutory requirements. One of the objectives of the *Liquor Control Reform Act 1998* (the Act) is to contribute to the minimisation of harm arising from the misuse and abuse of alcohol.

Other objectives of the Act include (1) seeing that diverse licensed facilities reflecting community expectations are established and (2) contributing to the responsible development of the liquor and licensed hospitality industries.

The number of liquor licences has continued to increase over the last 20 years. The rate of increase occurred following the significant reforms of 1989. Under the current Act of 1998 there was initially a significant increase in licences but this is now steadily decreasing.

In 2002–03 the rate of increase was 11 per cent, dropping to 4.5 per cent in 2006–07.⁵³ In the past year, four of the eight licence types have either declined or increased only slightly. These are general (hotels), full club (RSL, sporting, community or ethnic clubs), restricted clubs (seasonal sporting clubs) and vigneron's licences.

Four licence types have had larger increases, namely on-premises (cafes, restaurants, bars and nightclubs), limited licences (small sporting clubs, bed and breakfasts, catering companies, small vigneron's, internet sales, home delivery and motels), pre-retail (wholesalers) and packaged liquor licences.

In 2006–07 Victoria Police issued 2,959 infringement notices for breaches of the Liquor Control Reform Act, with 487 issued for licensee offences. Victoria Police also undertook a number of disciplinary proceedings at the Victorian Civil and Administrative Tribunal.

Secondary supply

Secondary supply refers to the practice of adults supplying alcohol to minors. Secondary supply is a complex issue. Under the *Liquor Control Reform Act 1998*, a person must not supply liquor to a minor and a minor must not receive, possess or consume liquor. The Act does not apply to private residences, and some exemptions apply to licensed premises.

Parents play an important role in educating their children about responsible drinking behaviour. Parents are often the main source of alcohol for young people with the most common non-retail sources of alcohol to Victorian students being parents (50 per cent), friends (17 per cent) and others (12 per cent).⁵⁴ There is concern that parents of young people generally feel ill-equipped in knowing the 'right' age or circumstance to permit alcohol consumption and that parents are not receiving clear guidance about providing alcohol to minors and need some assistance.



Seven per cent of Victorian secondary students surveyed reported purchasing their last alcoholic drink and the most common retail outlets where students purchased alcohol were licensed liquor stores, hotels and drive-in bottle shops.⁵⁵ In 2006–07, 2,472 infringement notices were issued to minors for the possession of and/or consuming alcohol.⁵⁶

In April 2008 COAG agreed on the importance of tackling alcohol misuse and binge drinking among young people and asked the Ministerial Council on Drug Strategy to report in December 2008 on options to reduce binge drinking including reckless secondary supply.

Actions

The operation of the Liquor Control Reform Act will be enhanced through monitoring and enforcement to ensure that licensed premises meet their obligations and responsibilities in creating a culture that supports appropriate and responsible alcohol use.

3.1 Enhance enforcement of the *Liquor Control Reform Act 1998*

As an immediate response, Victoria Police has created a State Licensing Taskforce with a focus on skilled, consistent, visible compliance and enforcement activity in relation to targeted licensed venues. This taskforce will use the new, highly visible police Mobile Command Centre to greater effect to change the behaviour of licensees and patrons in targeted areas.

As a longer term measure, a civilian Liquor Licensing Compliance Directorate will be established within the Department of Justice. The Compliance Directorate will supplement Victoria Police operations, undertaking a risk-based compliance regime informed by licence type, Victoria Police intelligence, and previous inspection performance.

3.2 Review liquor licensing fees

Liquor licensing fees in Victoria currently sit well below that of other states. Within Victoria there is minimal differentiation between fees of different types of licences or venues. A review of fees and licence types will be undertaken with consideration given to a differentiated, risk-based fee structure that also operates as a mechanism to ensure licensees associated with the most harm pay a commensurate fee.

3.3 Review obligations of managers and employees of licensed premises

A review will be undertaken to examine the requirements of managers and employees under the liquor licensing regime with consideration given for training and qualifications in risk assessment and responsible service of alcohol. This will ensure that managers and employees meet their legal obligations.

3.4 Consider introducing underage operatives

While most alcohol retailers sell alcohol in a responsible manner, research indicates that some retailers are selling alcohol to minors.

Establishing the Compliance Directorate will include considering using underage operatives to monitor licensee compliance with minimum age restrictions. The Department of Human Services has successfully used this system to monitor tobacco sales.

3.5 Review compliance with the Voluntary water guidelines

In January 2004 the Victorian Government launched the Voluntary water guidelines to provide free or low-cost drinking water in licensed premises. The guidelines recognise that drinking water can slow down alcohol consumption and minimise the potential for intoxication.

As the Voluntary water guidelines have been in place for four years, the government will assess compliance with the scheme and consider including drinking water requirements as a condition of liquor licences.

3.6 Implement an assault reduction strategy

This initiative will better focus enforcement activity on identified high-risk licensed venues to assist in reducing the number of assaults and other offences in and around these venues, liquor licensing regulatory breaches, and adverse health effects related to excessive alcohol consumption.

Victoria Police will identify premises and precincts that are over-represented in incident reports to guide liquor licensing inspection activity and broader monitoring.

Protecting the community – *preventing and reducing the consequences of excessive alcohol use, especially alcohol-fuelled violence and ensuring that local amenity is not negatively impacted by either increases in the number of licensed premises or by intoxicated patrons.*

While the development of a night-time economy has social and economic benefits, there are increasing concerns around alcohol-related antisocial, dangerous and violent behaviour and its impact on public health and safety, security and public amenity.

For people who choose to live in areas where there are a large or concentrated number of licensed venues, the vibrancy that was initially attractive can become a source of grief if appropriate management strategies are not put in place to maintain the benefits that come with mixed-use environments.

Alcohol-related violence and disorderly conduct

The relationship between alcohol, crime and violence is complex. While intoxication does not always lead to offending, it has been estimated that 47 per cent of all perpetrators of assault and 43 per cent of all victims of assault were intoxicated prior to the event.⁵⁷

The *Alcohol and licensed premises: Best practice in policing monograph*, which investigated liquor licences across Australia, found a small proportion of licensed premises, in particular late-night trading venues, are generally associated with the majority of alcohol-related incidents and assaults.⁵⁸ This is particularly the case in situations where licensed venues are in close proximity to one another.

This study reported that alcohol is involved in 62 per cent of all police attendances, 73 per cent of street offences, 40 per cent of domestic violence incidents and 90 per cent of late-night calls (10pm–2am) in Australia.

Victoria Police statistics regarding crime on licensed premises in 2006–07 indicate that there were 1,639 crimes against the person, 4,537 crimes against property, 133 drug offences and 526 other offences.⁵⁹ Data from July 2001 to June 2005 shows that there were 8,850 reported assaults involving young people who were affected by alcohol.⁶⁰

Safety, security and amenity

In recent years, inner city entertainment precincts have undergone substantial changes due to continued growth in residential, entertainment and other activities in concentrated areas. While the high mix of varying land uses creates social, economic and environmental benefits for the community, the transition of these areas from traditional daytime commercial and business activity centres to more diverse mixed-activity communities has presented management challenges.

To ensure the sustainability of our vibrant city, there is a need to develop management strategies to minimise the negative impacts of these various activities. This is particularly important given the models for high-density living within Melbourne 2030.

Drink-driving rehabilitation

Over the past 20 years, Australia has experienced a substantial reduction in drink driving incidents, largely attributable to the introduction of random breath testing (RBT).⁶¹ There remains, however, a section of the community who continue to drive under the influence of alcohol.

In 2005 more than 16,500 Victorian drivers were convicted of drink and/or drug driving offences. Of these, more than 10,000 were recidivist offenders or in a category considered to be at high risk. Available evidence also indicates that on average 30 to 50 per cent of recidivist drink-drivers have identifiable alcohol problems.⁶²

The current Victorian drink-driving program largely focuses on measures that offenders need to undertake as part of the re-licensing process, such as education and assessment programs. The proportion of disqualified recidivist drink-drivers, who do not seek relicensing however, is significant.

Drink-drivers without a valid licence are about 14 times more likely to be involved in an alcohol-related fatal crash compared with drink-drivers holding a valid licence. As the current system relies on offenders wanting to re-licence, there are some drink-driving offenders who are not undergoing any assessment for problem drinking and/or subsequent rehabilitation.

Actions

A number of immediate measures will address public safety and amenity in entertainment precincts and on our roads. These actions are designed primarily to protect the community and work along side – not instead of – longer term initiatives aimed at behavioural and cultural change.

3.7 Introduce late-hour entry restrictions

Violence and antisocial behaviour can occur as people move between late-night venues. Encouraging examples from a number of Victorian regional centres and from Brisbane suggest that late-hour entry restrictions are one way of addressing localised alcohol-fuelled violence, and restoring the balance in our entertainment precincts.

Given that late-hour entry restrictions have proven to be an effective measure in reducing violence and antisocial behaviour in public places in regional Victoria and other jurisdictions, the Minister for Consumer Affairs will request the Director of Liquor Licensing to consider utilising existing powers under the Act to introduce a three month trial of late-hour entry restrictions. An evaluation of the initiative will inform a decision about permanent late-hour entry restrictions.

3.8 Freeze on issuing late-night liquor licences

There is evidence to support concerns voiced in recent years about links between the proliferation of high-risk liquor licenses and violence. The assault rate in the CBD increased by 17.5 per cent over the year to June 2007. Many of these assaults occur after 1 am on Friday and Saturday nights. To prevent potential for further deterioration and allow time for a review, a freeze on the issue of late night liquor licences is being implemented.

For a period of 12 months, no new late-night (after 1am) liquor licences will be issued. This will only apply to the local government areas of Melbourne (including Docklands), Stonnington, Yarra and Port Phillip.

A freeze on the issue of late night licences will provide the government with an opportunity to ensure that adequate mechanisms are in place to minimise the social harm from alcohol. It will also provide the inner city councils with an opportunity to review relevant local planning scheme policies to address emerging late-night economies within the context of impending amendments to planning legislation.

3.9 Implement new security camera regulations

New strict in-venue security camera regulations will be implemented.

The regulations incorporate minimum performance standards for surveillance equipment in a range of licensed premises that trade after 1am and have live or amplified music.

3.10 Review patron numbers in high-risk venues

Liquor licenses that have been designated as high risk have a specified maximum number of patrons. A review will be undertaken in regard to the mechanism by which maximum patron numbers are determined.

3.11 Amend the Victoria Planning Provisions

The Inner City Entertainment Precincts Taskforce (ICEPT) was established to develop a best-practice model for effectively managing inner metropolitan entertainment precincts to address safety, security and public amenity issues. In 2007 ICEPT made 28 recommendations tasked across government to address issues associated with entertainment precincts. These recommendations will continue to be implemented.

Specifically, the government has amended the Victoria planning provisions to introduce new amenity-based decision guidelines for assessing planning permit applications to use land to sell and consume liquor. The new decision guidelines will:

- > ensure that the cumulative impact of both existing and proposed licensed premises is a valid amenity consideration for planning permit applications
- > clarify that councils can consider amenity factors associated with licensed premises including hours of operation and patron numbers.

3.12 Consider a new rehabilitation system for high-risk drink-driving offenders

The Victorian Government will review a proposal from a working party led by VicRoads that legislation be considered to require all high-risk drink-driving offenders be referred to assessment and rehabilitation as a condition of sentencing.

3.13 Extend the zero blood alcohol concentration (BAC) limit for young drivers

As part of the new Graduated Licensing Scheme (GLS) for learner and young drivers, the zero BAC limit will be extended to include an additional year effective from July 2008.

3.14 Conduct the Safe Streets public safety research and pilot evaluation

This will provide Victoria Police the opportunity to start considering preliminary testing of tactics, equipment and innovative operational deployment models. The key objectives of the Safe Streets research project are to:

- > gain a deeper understanding of the triggers and precursors to public-safety-related crime
- > determine the effectiveness of current and proposed policing and regulatory strategies
- > identify and engage partners for an inter-government approach to public safety.

Restoring the balance in partnership

We need to act together in partnership to achieve long-term change. The Commonwealth Government has identified alcohol use as a key issue in preventative health and has announced a national binge drinking strategy. The Victorian Government will work with the Commonwealth and other state and territory governments to tackle alcohol-related issues at the national level. In particular, addressing the advertising and promotion of alcoholic products will require a sustained and coordinated approach.

Advertising, marketing of alcohol and diversion programs – *working with the Commonwealth and other state and territory governments to ensure a national approach in areas where either the Commonwealth has legislative jurisdiction or where there is a requirement for consistency across the states and territories.*

There are a number of areas – particularly to do with the way alcoholic products are promoted – that require a national approach, usually as a result of legislative responsibility.

Alcohol marketing and advertising

There are concerns among health advocates that alcohol advertisements are appealing to young people and influencing the level of alcohol consumption. Although research into the impact of alcohol advertising is a contested area, the general consensus is that current studies support a small but statistically significant association between exposure to alcohol advertisements and alcohol consumption, particularly in young people.

The key national self-regulatory codes applying to the advertising of alcoholic beverages are the Australian Association of National Advertisers code of ethics and the Alcohol Beverages Advertising Code (ABAC).

The alcohol beverage industry refers to the ABAC scheme as co-regulation or quasi regulation because the Commonwealth Government has had input into the scheme and a Commonwealth Government official sits on the management committee. The ABAC code was revised in 2004 where a number of amendments were made incorporating internet advertising and promoting alcoholic beverages at events targeting young people.

The objective of existing regulatory and self/quasi-regulatory arrangements are to ensure that alcohol advertising will be conducted in a responsible manner and does not encourage underage consumption.

However, the exposure of young Victorian people to alcohol advertisements is extensive with 68 per cent of Victorian secondary students recalling seeing or hearing advertisements for alcoholic drinks at least once a week.⁶³ A recent Australian Communications and Media Authority analysis found that, of the top 50 rating programs for people aged 5–17 years in 2007, a significant number were programs where alcohol advertising is permitted.

Actions

It is the Victorian Government's strong view – and one that will be put clearly to COAG – that a national approach to alcohol product packaging, labelling and advertising is critical to the success of any campaign focused on encouraging responsible alcohol consumption by ensuring a consistent message across Australia.

4.1 Conduct research into alcohol product packaging and labelling

The Victorian Government will assess the potential that various labelling options have to assist consumers to make sensible, informed choices and monitor their intake of alcohol including: the adequacy of current labelling of alcohol by volume and number of standard drinks; and inclusion of health warnings and/or guidelines for low-risk drinking.

The government will also examine consumption patterns and the risks related to a range of ready-to-drink alcohol products. These investigations will (1) influence Food Standards Australia New Zealand's consideration of warning statements on packaged alcohol; and (2) inform advice to COAG on options to reduce binge drinking.

4.2 Reduce young people's exposure to alcohol advertising

The impact of the current quasi-regulatory scheme of alcohol advertising on alcohol consumption will be monitored, in particular on exposure of people under the age of 18 to alcohol advertising and marketing. The government will work with the Commonwealth and other state and territory governments to ensure that:

- > alcohol products are advertised and marketed in an appropriate manner and according to community standards
- > alcohol products do not target people under the age of 18.

This work will also include a research component.

4.3 Explore actions to address secondary supply

The Victorian Government will consider ways of supporting parents in relation to how they limit alcohol supply to their children and other minors. This will be through assisting the Ministerial Council on Drug Strategy to prepare advice to COAG on options to reduce binge drinking, including reckless secondary supply of alcohol to minors.

The Victorian Drug and Alcohol Prevention Council will contribute to the government's considerations through providing advice on regulatory options, including the pros and cons of legislation to prevent secondary supply to minors.

4.4 Review the alcohol content in ready-to-drink products

COAG has agreed to ask the Ministerial Council on Drug Strategy to report to it in December 2008 on options to address the alcohol content in ready-to-drink beverages. Victoria will commit to working with the Ministerial Council to develop nationally agreed controls for the alcohol content in ready-to-drink beverages.

4.5 Support including alcohol in the National Illicit Drug Strategy Drug Diversion Initiative

The Victorian Government supports the extension of diversion programs to alcohol-related offences and will recommend to the Ministerial Council on Drug Strategy that alcohol be included in the National Illicit Drug Strategy Drug Diversion Initiative.

4.6 Enhance alcohol diversion programs for young people

The Commonwealth Government has committed to develop diversion programs in both police and hospital settings for young people and alcohol. In addition, a number of local police diversion programs currently operate in Victoria whereby young people apprehended for possession of alcohol are provided with the option to attend an education session with their parents, rather than receive an infringement.

The Victorian Government will work with the Commonwealth, police, local government and hospital services to support successful diversion approaches in order to tackle alcohol abuse by young people earlier in the course of the problem.



Measuring outcomes

OBJECTIVE: Reduce risky drinking	Source
<p>Measurement:</p> <p>Reduction in the proportion of Victorians drinking at risky and high-risk levels</p> <p>Reduction in the proportion of young people drinking at risky and high-risk levels</p> <p>Increased awareness of low-risk drinking guidelines</p> <p>Changes in attitudes of young people towards risky drinking, including attitudes towards getting drunk, perceptions of risk and availability</p> <p>Reduction in the number of young people who drink and the amount of alcohol they consume</p> <p>Providing information on low-risk drinking to parents, young people and other key groups</p>	<p><i>National drug household survey</i> (Victoria supplement)</p> <p><i>Australian secondary schools alcohol and drug survey</i> (Victoria supplement)</p> <p>Other commissioned research</p>
OBJECTIVE: Reduce the consequences of risky drinking on health, productivity and public safety	
<p>Measurement:</p> <p>Participation in early intervention programs</p> <p>Reduction in deaths from conditions attributable to alcohol consumption</p> <p>Reduction in hospital admissions attributable to alcohol consumption</p> <p>Reduction in emergency department presentations attributable to alcohol consumption</p> <p>Reduction in ambulance call-outs attributable to alcohol consumption</p> <p>Reduction in rates of night-time assaults in public places</p> <p>Reduction in the number of alcohol-related incidents, harm and public disorder</p> <p>Improved perceptions of public safety</p>	<p><i>Victorian drug statistics handbook</i></p> <p>Victorian Admitted Episodes Dataset</p> <p>Victorian Emergency Minimum Dataset</p> <p>Victoria Police data</p> <p><i>National drug household survey</i> (Victoria supplement)</p> <p>Australian Bureau of Statistics Mortality Data File</p> <p>Surveillance of Drug Related Events Attended by Ambulance in Melbourne Project</p>

In relation to each outcome, progress will be monitored for different age groups and relevant population sub-groups. The government will monitor progress against these outcome measures over the five-year period of the plan to 2013. However, a number of these outcome measures, such as deaths from conditions attributable to alcohol consumption, will require a longer timeframe to make substantial improvements.

The Victorian Government will also report on the operation of *Restoring the balance* as measured against the national performance indicators through the Ministerial Council on Drug Strategy.

Appendix: Membership of the advisory group to the Victorian alcohol action plan

Mr Peter Allen (Chair)	Chief Drug Strategy Officer, Victorian Government
Professor Jon Currie	Department of Addiction Medicine, St Vincent's Hospital
Dr Yvonne Bonomo	Department of Addiction Medicine, St Vincent's Hospital
Professor Robin Room	Chair of Social Research in Alcohol Policy, Centre for Alcohol Policy
Mr Hadley Sides	CEO, City of Stonnington
Mr David Murray	CEO, Youth Substance Abuse Service
Mr Bill Stronach / Mr John Rogerson	CEO, Australian Drug Foundation
Mr Todd Harper	CEO, VicHealth
Professor George Patton	VicHealth Professor of Adolescent Health Research, Centre for Adolescent Health
Dr Rodger Brough	Director, Alcohol and Drug Services, South West Healthcare
Ms Yvette Pollard	Research and Policy Officer, beyondblue
Ms Sue Maclellan	Director of Liquor Licensing
Commander Stephen Fontana	Victoria Police Corporate Sponsor Drugs and Alcohol
Mr Sam Biondo	CEO, Victorian Alcohol and Drug Association

In addition to the members of the advisory group, the Victorian Government drew on advice from a range of health services, law enforcement, research, local government, industry, emergency services and other organisations in developing this plan.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every sale, purchase, and payment must be properly documented to ensure the integrity of the financial statements. This includes recording the date, amount, and purpose of each transaction.

The second part of the document provides a detailed breakdown of the company's revenue. It shows the total revenue for each quarter and year, along with a comparison to the budgeted amounts. This analysis helps identify areas where the company is performing well and where it may need to adjust its strategy.

The third part of the document focuses on the company's expenses. It details the various costs incurred, such as salaries, rent, utilities, and marketing. This section is crucial for understanding the company's cost structure and identifying opportunities for cost reduction.

The fourth part of the document discusses the company's profit margins. It calculates the gross profit, operating profit, and net profit for each period. This information is essential for assessing the company's overall financial health and its ability to generate profit.

The fifth part of the document provides a summary of the company's financial performance. It highlights the key findings from the previous sections and offers recommendations for future actions. This summary is intended for the board of directors and other stakeholders.