

**Victorian Government's Response to  
the Drugs and Crime Prevention  
Committee**

**'Inquiry into Strategies to Reduce  
Harmful Alcohol Consumption'**

**September 2006**

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## Acronyms

ABAC	Alcohol Beverages Advertising Code
ACCC	Australian Competition Council Commission
ADCA	Alcohol and Other Drugs Council of Australia
ADF	Australian Drug Foundation
ADRIFT	Alcohol and Drug Recorded Intelligence For Tasking
AFL	Australian Football League
AJA	Aboriginal Justice Agreement
AOD	Alcohol and Other Drugs
ARCAB	Australian Rural Centre for Addictive Behaviours
ASB	Advertising Standards Bureau
ASHE	Academy of Sport, Health and Education
ATOS	Australian Treatment Outcome Study
CAAN	Community Alcohol Action Network
CAV	Consumer Affairs Victoria
CLD	Culturally and Linguistically Diverse
DCPC	Drugs and Crime Prevention Committee
DET	Department of Education and Training
DHS	Department of Human Services
DoHA	Department of Health and Ageing
DVC	Department for Victorian Communities
FAS	Foetal Alcohol Syndrome
FASD	Foetal Alcohol Spectrum Disorder
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
GLHV	Gay and Lesbian Health Victoria
GP	General Practitioner
GSP	Good Sports Program
ICEPT	Inner City Entertainment Precincts Taskforce
IGCD	Intergovernmental Committee on Drugs
ISDES	Individual School Drug Education Strategies
MAAC	Monitoring of Alcohol Advertising Committee
MCDS	Ministerial Council on Drug Strategy
NCRAA	National Committee for the Review of Alcohol Advertising
NCP	National Competition Policy
NDS	National Drug Strategy
NDARC	National Drug and Alcohol Research Centre
NHMRC	National Health and Medical Research Council of Australia
NIDS	National Illicit Drug Strategy
NRP	Neighbourhood Renewal Program
OAPC	Office of Alcohol Policy and Coordination
PDPC	Premier's Drug Prevention Council
RSA	Responsible Service of Alcohol
RTD	Ready to Drink
RTO	Registered Training Organisation
TAC	Transport Accident Commission
VAADA	Victorian Alcohol and Drug Association
VAAP	Victorian Alcohol Action Plan
WDS	Workforce Development Strategy

## Background

Australians use and abuse alcohol more than any other drug. Both socially and economically alcohol causes significant problems for the Australian community, with the social costs estimated at \$7.6 billion per annum. This accounts for 22 per cent of the social cost of all drug use in Australia.<sup>1</sup>

The misuse of alcohol is second only to tobacco as a preventable cause of death and hospitalisation. More than 4000 deaths per annum in Australia are attributable to the misuse of alcohol.<sup>2</sup> In Victoria alone, there were an estimated 2,879 alcohol-related deaths from the period of 2000 to 2003.<sup>3</sup>

The available evidence indicates rising levels of alcohol consumption among particular cohorts of the Australian population. The 2004 National Drug Strategy Household Survey reported that between the period of 1993 to 2004, the number of persons aged 14 years and over who had used alcohol on a daily, weekly or less than weekly basis increased from 73 per cent to 83.6 per cent.<sup>4</sup> Young people are also increasingly adopting high-risk drinking patterns with the 2004 Victorian Youth Alcohol and Drug Survey reporting that 76 per cent of young people aged 16-24 years reported consuming alcohol at levels that posed risk of short-term harm in the last year.<sup>5</sup> This is of concern in light of evidence indicating that early initiation to alcohol can lead to more frequent and excessive episodes of alcohol consumption in later adolescence and possibly alcohol dependence in adulthood.

In response to ongoing concerns regarding the harmful consumption of alcohol in the Victorian community, the Drugs and Crime Prevention Committee (DCPC) was requested to inquire into, consider and report to Parliament on strategies to reduce harmful alcohol consumption. The Terms of Reference of the Inquiry were to:

- Investigate the nature, extent and culture of alcohol consumption on the Victorian community and the associated costs to the community;
- Examine the role of alcohol advertising, including its influence on harmful alcohol consumption and high risk groups such as young people and Kooris;
- Review the adequacy of existing strategies for reducing harmful alcohol consumption;
- Recommend best practice strategies to address the issue of harmful alcohol consumption, including regulatory, law enforcement, education and treatment responses; and
- Examine the national and international legislation, reports and material relevant to this issue.

On 22 March 2006, the final report of the DCPC Inquiry into Strategies to Reduce Harmful Alcohol Consumption was released. The Inquiry undertook an extensive examination of the broad areas relevant to alcohol policy and contains 165 recommendations around strategies to address alcohol-related issues and harms in the Victorian community, including research, policy development, education

<sup>1</sup> Collin, D and Lapsley, H (2002) *The Social Costs of Drug Abuse in Australia in 1998-9*, National Drug Strategy Monograph Series No. 49.

<sup>2</sup> Ibid Note 1.

<sup>3</sup> Turning Point Alcohol and Drug Centre (2005) *The Victorian Drug Statistics Handbook 2005: Patterns of Drug Use and Related Harm in Victoria*, State Government of Victoria.

<sup>4</sup> Australian Institute of Health and Welfare (2005) *2005 National Drug Household Survey*, Canberra.

<sup>5</sup> Premier's Drug Prevention Council (2005) *Victorian Youth Alcohol and Drug Survey 2004: Alcohol Findings*, Victorian Government Department of Human Services, Melbourne.

initiatives, legislative change, campaigns and treatment. While the majority of the recommendations require specific action from the Victorian Government, some are also the responsibility of local government, local communities, the Commonwealth Government and the Ministerial Council on Drug Strategy (MDCS).

## **Government Response**

This document details the response of the Victorian Government to the final report of the DCPC Inquiry into Strategies to Reduce Harmful Alcohol Consumption and comprises individual responses to each of the 165 recommendations.

Responses are outlined in a format that identifies whether recommendations are 'Supported', 'Supported in Principle' or 'Not Supported'. Responses to recommendations are ordered numerically under each of the section headings of the final report. In instances where recommendations interrelate, responses have been provided to that group of recommendations rather than to individual ones.

### *Office of Alcohol Policy and Coordination*

One of the key recommendations from the final report of the DCPC Inquiry is the establishment of a whole-of-government Office of Alcohol Policy and Coordination. This proposal provides the basis for a number of other recommendations outlined in the report. Given that the Victorian Government has a range of existing mechanisms and relationships across Government to ensure responses to alcohol issues are coordinated and integrated, the establishment of an office that relates specifically to alcohol policy is deemed unnecessary. This response is discussed further on page 14, however as this recommendation is not supported, any reference to the 'Office of Alcohol Policy and Coordination' in other recommendations is substituted with the term 'Victorian Government' in responses throughout the document.

## **Section Two:**

### **The Nature and Extent of Harmful Alcohol Consumption**

#### **2.1 The Extent of Alcohol Consumption**

**Recommendation 1 (p.42):**

In order to assist with the monitoring and the implementation of strategies to reduce harmful alcohol consumption, the Office of Alcohol Policy and Coordination investigate a mechanism whereby state wholesale alcohol purchase data could be collated and maintained in Victoria.

#### **Support**

The Victorian Government notes that the collection of wholesale alcohol purchase sales data is already being considered by the Ministerial Council on Drug Strategy as part of a wider review of National Drug Strategy data collections and requirements. A National Drug Strategy Data Analysis Reference Group has been established to undertake this review and its Terms of Reference are to:

- identify national needs for data on licit and illicit drug use, attitudes and behaviours;
- assess those needs, including but not limited to, an assessment against current data collections, relative uses, benefits, etc;
- analyse data collections for gaps, overlaps and other areas of concern against those needs; and
- provide strategic and other recommendations, where applicable.

The ongoing collection of Victorian wholesale alcohol purchase data will require an amendment to the *Liquor Control Reform Act 1998* and may impose a burden on business. This amendment would therefore require support through the preparation of a Business Impact Assessment, which would require endorsement by the Victorian Competition and Efficiency Commission. Any future progress on this initiative will follow the release of the findings of the National Drug Strategy Data Analysis Project.

**Recommendation 2 (p.44):**

The Office of Alcohol Policy and Coordination, in conjunction with local government organisations and other appropriate drug agencies, develop as a matter of priority mechanisms by which local government organisations can be provided with and in turn disseminate local data on the extent and patterns of alcohol use and related harms.

#### **Support**

The Department of Human Services provides a number of data sets for local government organisations and drug agencies. The Drugs Policy and Services Branch (DPSB) of the Department of Human Services (DHS) provides drug treatment agencies with a quarterly report of State alcohol and drug treatment data that includes the number of alcohol treatment episodes, emergency department presentations for alcohol, and ambulance attendances for alcohol-

related incidents in Melbourne. Some local government representatives also receive this aggregated information through attendance at service provider forums and through regional alcohol and agency networks.

The Department of Human Services also funds an annual Alcohol Statistics Handbook designed to provide information on alcohol consumption and related harms in the Victorian community. The handbooks provide information on alcohol use and related harm at statewide, regional and local government levels. The focus for each yearly handbook varies and has included data on alcohol consumption and hospital admissions, alcohol-related serious road injury, alcohol-related assault data, hospital admissions and bed-days, deaths and years of life lost due to alcohol misuse, patterns of alcohol consumption, trends in alcohol-related hospital admissions, and data on the availability of alcohol (number of licensed premises). The most recent handbook combines datasets of alcohol-related deaths, hospital admissions, assaults, serious road injuries, and number of licensed premises. This data is presented at the local government level, and enables comparison of local government, regional and statewide patterns.

Other Victorian Government departments upon request provide data on specific local alcohol-related harms such as alcohol-related pedestrian accidents, to inform local alcohol and drug responses and municipal community safety planning.

The Victorian Government will continue to support local government organisations and appropriate agencies with data on alcohol-related harms, and in conjunction with local government representatives and agencies examine how this information is best disseminated.

**Recommendation 3 (p.45):**

The Victorian Government request the Ministerial Council on Drug Strategy to develop a standard set of principles regarding the methodology for data collection, to be agreed on by Government, Industry, researchers and community groups.

**Support**

As discussed in response to recommendation one, a National Drug Strategy (NDS) Data Analysis Reference Group was recently established to review data collection to support the NDS. The Department of Human Services (DHS) is participating in this reference group. As per the Terms of Reference of this group, as detailed in response to recommendation one, this recommendation is partly being addressed at a national level. The Victorian Government will write to the Chair of the Intergovernmental Committee on Drugs (IGCD) to request that the IGCD NDS Data Analysis Reference Group consider this recommendation.

The final report of the Reference Group is scheduled for submission to IGCD in November 2006.

The Department has also contributed to the development and implementation of the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). The dataset has been reported against nationally on an annual basis since 2000 and provides ongoing, standardised information on a range of issues such as the demographics of clients accessing treatment services and the treatment they receive. Victoria continues to contribute to the development of



this national data collection, which serves to assist in planning, management and quality improvement of alcohol and drug treatment services on a national scale.

## 2.3 Drinking Patterns: Specific Populations

### **Recommendation 4** (p.79):

The Office of Alcohol Policy and Coordination develop strategies pertaining to harmful alcohol consumption that address the needs of culturally and linguistically diverse communities.

### **Support in Principle**

The Premier's Drug Prevention Council (PDPC), in partnership with the Australian Drug Foundation (ADF), established the DrugInfo Clearinghouse as a central source of drug prevention information, research and resources for workers in drug prevention fields and the broader community in Victoria.

The PDPC has also funded the DrugInfo Clearinghouse's Culturally and Linguistically Diverse (CALD) Access Project, which aims to improve the accessibility of DrugInfo Clearinghouse information and services to workers with CALD communities in Victoria. This includes increasing the awareness of Clearinghouse services and information, providing equipment, training and/or support to enhance capacity to access and utilise Clearinghouse services and improving access to and relevance of information for these groups.

Specific initiatives undertaken as part of this project include:

- consultations with organisations working with CALD clients and communities to identify any resource gaps, barriers to using existing resources and the types of resources workers find useful for drug education and prevention work among CALD groups; and
- the development of the Multicultural DrugInfo website, which provides a comprehensive database of multilingual drug and alcohol information in Victoria. The site lists over 650 resources in 49 community languages, and also features a multicultural drug and alcohol service directory and the latest prevention research relating to ethnic communities and drugs and alcohol.

In addition, the DrugInfo Clearinghouse has produced a suite of materials on alcohol and other drug prevention in CALD communities. This includes a fact sheet *Drug Prevention Supports for Culturally and Linguistically Diverse Communities in Victoria*, and a prevention research summary, prevention research evaluation report and reading and resource list on *Prevention Issues for Communities Characterised by Cultural and Linguistic Diversity*.

The PDPC has also funded the Koori Access Project, which aims to build capacity among Indigenous communities by increasing the relevance and accessibility of DrugInfo Clearinghouse information and services.

Further research is required to identify any appropriate strategies to target CALD communities beyond these existing initiatives. Ongoing consultations and partnerships will be maintained with key multicultural community organisations to ensure comprehensive and effective responses are established to address alcohol-related issues among CALD communities.

**Recommendation 5 (p.84):**

The Office of Alcohol Policy and Coordination in conjunction with appropriate health care services ensure that information of the affects of alcohol and on responsible drinking practices be incorporated in gay, lesbian, bisexual and transgender health initiatives, and via gay and lesbian media.

**Recommendation 6 (p.84):**

Alcohol-related health promotion strategies for men and women address the needs of people who are same sex attracted.

**Recommendation 7 (p.84):**

Initiatives for all alcohol health promotions for young people address the needs of same-sex attracted youth.

**Support in Principle**

The Ministerial Advisory Council on Gay and Lesbian Health has produced *Health & Sexual Diversity: A health and wellbeing action plan for gay, lesbian, bisexual, transgender and inter-sex (GLBTI) Victorians*. The Action Plan recognises that alcohol and drug use by same sex attracted people is a significant issue, particularly among young people. As part of the development of the Action Plan, research papers were commissioned on five key issues affecting the health and wellbeing of GLBTI Victorians. The research, *What's the difference? Health issues of major concern to gay, lesbian, bisexual, transgender and intersex (GLBTI) Victorians*, includes a paper on drug and alcohol issues.

The Victorian Government funds Gay and Lesbian Health Victoria (GLHV), a consortium consisting of the Australian Research Centre in Sex, Health and Society, Women's Health Victoria and the Victorian AIDS Council/Gay Men's Health Centre. GLHV's role is to enhance and promote the health and wellbeing of GLBTI people in Victoria and its activities include training for health care providers, resource development and research. The Government will discuss with GLHV, its capacity to further explore issues of alcohol use among same sex attracted people, particularly among young people.

**Recommendation 8 (p.88):**

The Office of Alcohol Policy and Coordination take into account the needs of homeless people, including homeless older people, in the development of policy and strategies to address harmful alcohol consumption.

**Support**

The Victorian Government recognises there is a complex link between alcohol misuse and homelessness and has implemented a range of initiatives aimed at addressing the needs of a diverse range of homeless people with alcohol and drug issues, including homeless older people.

The Homeless and Drug Dependency Trial, a joint initiative between Hanover Welfare Services, the Salvation Army, St Vincent de Paul Society and the Department of Human Services (DHS), was conducted over a three year period from 2001 to 2003. The Trial tested innovative service responses to people experiencing homelessness and alcohol and other drug dependency at the three

inner city crisis supported accommodation facilities. At the end of the Trial, these services had substantially strengthened their capacity to effectively engage and assist homeless clients. The Department of Human Services has committed to recurrent funding of the four major successful components of the trial for three years from 2004. Although there is a mix of clients in the program, a significant proportion of clients of the services are older homeless people with alcohol and drug problems. The program has recently been evaluated and the report will be available shortly.

The Alcohol & Drug Supported Accommodation Program provides a supportive environment to help clients achieve drug free and independent living, and to assist their reintegration into the community. Alcohol and Drug supported accommodation services are provided with a day support worker, from a community-based setting, usually transitional housing through the Transitional Housing Management Program. The target group is persons who have undergone an alcohol and drug withdrawal program or who require assistance in controlling their alcohol and drug use and need a period of one to twelve months supported accommodation to assist reintegration into the community. The Department of Human Services is currently conducting a review of the statewide alcohol and other drugs supported accommodation services. This will identify issues relating to the operation of this service type and make recommendations for how these issues might be addressed.

The Victorian Government will continue to consider the needs of homeless people, including homeless older people, in developing strategies addressing harmful alcohol consumption.

## **Section Five:**

### **Developing Alcohol Strategies: Policy Debates, Controversies and Frameworks**

#### **5.1 Current Debates and Controversies in Contemporary Alcohol Policy**

**Recommendation 9 (p.178):**

In developing an Alcohol Framework, strategies that address harmful alcohol consumption should incorporate both universal approaches based on a population or public health theory of alcohol-related harms and targeted interventions for specific populations and cultures.

#### **Support**

The Victorian Government recognises the importance of adopting a comprehensive approach when addressing alcohol-related issues and harms in the community.

In recent years, there has been increasing evidence demonstrating the effect of various alcohol initiatives in reducing harmful alcohol consumption. This evidence strongly supports the relevance of universal approaches in managing the health of populations in regard to the misuse of alcohol, as well as the need for targeted interventions to address the harmful patterns of drinking within specific sub-populations.

The *Victorian Alcohol Strategy: Stage One Report*, which was developed by the Victorian Government in 2002, comprised both strands of initiatives. For example, the Strategy included the Youth and Tertiary Alcohol Campaigns, which specifically targeted the drinking patterns of young people. It also included a review of the marketing and advertising of alcoholic beverages that had greater implications for the wider community. The adoption of both approaches is also reflected in the recently endorsed *National Alcohol Strategy 2005-2009*, which identified the need to strike a balance between the two strands to ensure an effective approach to reducing alcohol-related harms in the community. A similar approach will be adopted in the development of the Victorian Alcohol Action Plan.

## **5.2 The Role of Governments: Overarching Policy Frameworks**

### **Recommendation 10 (p.207):**

The Victorian Government request the Commonwealth Government to advocate for an international convention on alcohol through the World Health Organisation.

### **Support**

The Victorian Government notes that while international treaties exist for tobacco and illicit drugs, there is currently no equivalent for alcohol.

In Australia, alcohol policy initiatives and strategies have been developed at national, state and local levels, however there has been little investigation as to how national governments and international agencies and organisations can work together to develop an international agreement around alcohol policy.

The Victorian Government will refer this recommendation to the Ministerial Council on Drug Strategy for its consideration and response.

## **5.4 Local Level Interventions: State and Municipal Approaches**

### **Recommendation 11 (p.246):**

The Victorian Government should formally develop a new Alcohol Framework as the means for coordinating Government action on alcohol.

### **Support**

The Department of Human Services (DHS) is in the process of developing a Victorian Alcohol Action Plan (VAAP), which proposes a three year whole-of-government approach to reducing the harms associated with alcohol misuse in the Victorian community.

The Victorian Alcohol Action Plan represents the next phase of the *Victorian Alcohol Strategy: Stage One*, which was developed by DHS in June 2002 in response to the release of the *National Alcohol Strategy 2001-2003/04* by the Commonwealth Department of Health and Ageing.

The key objectives of the *Victorian Alcohol Strategy: Stage One* were to inform the community about the harms associated with alcohol misuse and to reduce alcohol-related harms in the community. The Strategy comprised various alcohol initiatives, including the Youth and Tertiary Alcohol Campaigns, the extension of the Australian Drug Foundation's Good Sports Program and an investigation as to the role of alcohol advertising and media portrayal of alcohol.

While the *Victorian Alcohol Strategy: Stage One* was originally to be followed up with a Stage Two Report, it was agreed that a whole-of-government action plan would be more beneficial given that alcohol policy is created through many other government departments. The InterDepartmental Committee on Drugs established a Steering Committee to contribute to the creation of the VAAP, comprising representatives from Aboriginal Affairs Victoria, Department of Premier and Cabinet, Office of Youth, Victoria Police, Department of Education and Training, Crime Prevention Victoria and Consumer Affairs Victoria – Liquor Licensing.

In recognition of the Drugs and Crime Prevention Committee (DCPC) *Inquiry into Strategies to Reduce Harmful Alcohol Consumption*, it was agreed that the VAAP would not be finalised until following the release of the Inquiry's final report and recommendations. Furthermore, the Ministerial Council on Drug Strategy recently endorsed the *National Alcohol Strategy 2005-2009* in May 2006, which comprises a strategic framework outlining priority areas for coordinated action between Australian Governments, non-governments, industry partners and the broader community to develop drinking cultures that support a reduction in alcohol-related harm in Australia.

It is intended that the *National Alcohol Strategy 2005-2009* and the Victorian Government's response to the final report of the DCPC *Inquiry into Strategies to Reduce Harmful Alcohol Consumption* will further inform and expand on the action areas to be included in the VAAP. In finalising the VAAP, consideration will be given to the needs of various communities, including Culturally and Linguistically Diverse, Koori and rural and regional Victorian communities.

**Recommendation 12 (p.247):**

The Victorian Government should establish a whole of government Office of Alcohol Policy and Coordination to undertake the roles specified in this Report. The Office should be located in a Department that has responsibilities across a wide range of Ministers.

**Recommendation 162 (p.1221):**

The role of the Office of Alcohol Policy and Coordination should include but not be restricted to:

- The development and publication of a community engagement strategy to indicate how the public, community organisations and Industry members can have ongoing input into alcohol policy within the Framework;
- Liaising with federal and state agencies, Industry representatives, retailers, professionals in the field and community agencies;
- Disseminating information with regard to alcohol use and abuse;
- Developing and coordinating training programmes on alcohol;
- Developing and coordinating a research agenda and commission research on alcohol;
- Assessing and providing funding for programmes, research and evaluation relating to alcohol;
- Developing a protocol in liaison with media representatives on the

reporting of alcohol issues;

- Liaising with and supporting local government and community agencies to develop Local Alcohol Action Plans;
- Consider the advice of the Alcohol Policy Advisory Council;
- Identifying available resources and gaps in service delivery in order to plan a response to alcohol at both state and local levels;
- Identifying key personnel and agencies in the community who have expertise in dealing with alcohol in order to establish a comprehensive referral and resource network;
- Undertaking a mapping exercise which will establish the current services available to support people with alcohol-related problems and their families, and inform community workers and other professionals of the availability of these services; and
- Identifying best practice initiatives and assessing their applicability to local communities.

### **Not Support**

The Victorian Government agrees with the DCPC that responses to alcohol-related issues should be coordinated, however it believes that the objectives of these recommendations can be substantively achieved without the establishment of an Office of Alcohol Policy and Coordination. There is currently a range of mechanisms and formal and informal relationships that exist across Government to ensure responses to alcohol issues are coordinated and integrated.

The Victorian Government will build on existing mechanisms and examine opportunities to enhance coordination, integration, community and industry engagement, research, information dissemination, training, liaison with other levels of government, and service responses to alcohol issues. These existing mechanisms will be built upon and enhanced through the development of the Victorian Alcohol Action Plan, which as discussed in response to recommendation eleven, is a whole-of-government approach to reducing the harms associated with alcohol misuse in the Victorian community. In addition, the potential establishment of an Alcohol Policy Advisory Council (see recommendation 163) and Research Advisory Panel (see recommendation 164) could enable the Victorian Government to adopt a more integrated approach to addressing issues around alcohol as per the tasks outlined in recommendation 162.

The InterDepartmental Committee on Drugs chaired by the Chief Drug Strategy Officer provides a mechanism for coordinating responses to alcohol and drug issues across Government departments. This Committee will increase its focus on alcohol issues as responses to the Drugs and Crime Prevention recommendations are developed, implemented and evaluated, and will provide the formal mechanism to ensure a whole of government response is effected.

Responses to alcohol issues currently benefit from the relationships and linkages developed by the location of alcohol within portfolios that include related issues and responsibilities. For example, responses from the Drugs Policy and Services Branch in the Department of Human Services are informed by the expertise and experience of initiatives developed for tobacco and illicit drug programs, and initiatives of the Department of Justice can draw on the experience and linkages with Victoria Police and Consumer Affairs Victoria. The benefits of these linkages and associations might be diluted if a separate Office for Alcohol Policy and Coordination were established.

**Recommendation 13** (p.250):

The Office of Alcohol Policy and Coordination work with local government authorities to develop and implement a local Alcohol and Drugs Action Plan, where none currently exists. These should be based on best practice evidence.

**Recommendation 119** (p.1031):

The Office of Alcohol Policy and Coordination liaise and work with those local government authorities in rural and regional Victoria to develop and implement a Local Alcohol and Drug Action Plan in circumstances where they do not have their own expertise and/or resources to develop their own.

**Support**

The Premier's Drug Prevention Council (PDPC) has commissioned the Centre for Adolescent Health to develop a Drug Prevention Resource for Planning or "toolkit" to assist local governments to develop drug prevention planning to complement existing local planning frameworks, such as the Environments for Health Framework and the Integrated Health Promotion Framework.

Based on the book written by the National Drug Research Institute and Centre for Adolescent Health, *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence (2004)*, the Resource for Planning will document existing evidence and best practice in drug prevention. It will also include tools, such as relevant indicators to help local governments assess the effectiveness of existing drug prevention initiatives undertaken in their local area, as well tools to develop, implement and manage additional community based drug prevention initiatives, such as community action groups. It is intended that the Resource will be piloted in 2006/07 before being rolled out more broadly in selected local government areas, which will include rural and regional areas, and being made publicly available.

Further to the work being undertaken by the PDPC, the Victorian Government has developed and implemented the Neighbourhood Renewal Program (NRP), which is a whole-of-government place based strategy that addresses disadvantage across various chosen sites in Victoria. As part of NRP, community governance structures have been implemented, enabling community action plans and whole-of-government agreements to be established by communities, in partnership with local governments and the Victorian Government. The Victorian Government will ensure that when relevant, community based alcohol and drug prevention initiatives will link with existing NRP structures.

In furthering these two recommendations, local government authorities will be consulted with to ensure such responses are reflective of local needs and relevant to local planning frameworks.

**Recommendation 14** (p.260):

The Victorian Government investigate funding models and options to best support local government in developing and implementing programmes and policies with regard to alcohol and other drug issues.

**Support in Principle**

With an increasing focus on place-based community action to address social determinants of health, there are increasing expectations on local governments to undertake prevention, health promotion and community building initiatives. Given this, the Victorian Government recognises that an examination of appropriate funding models to support local governments is timely.

As discussed in response to recommendations 13 & 119, the Premier's Drug Prevention Council (PDPC) has commissioned the Centre for Adolescent Health to develop a Drug Prevention Resource for Planning or "toolkit" to assist local planners to develop drug prevention planning to complement existing local planning frameworks. It is intended that as part of the piloting of the Resource for Planning, the PDPC will fund the implementation of the Resource in limited local government areas with consideration of those local government areas that have been included as part of the Neighbourhood Renewal Program.

As part of this pilot, training will be provided to local communities in the area of drug and alcohol prevention planning, as well as with regard to the development and implementation of evidence based prevention initiatives. Should the Resource for Planning provide a valuable tool for local planners, the PDPC will investigate the feasibility of extending the roll out of the Resource and training more broadly.

## **5.5 Community Action Strategies: Engaging Communities to Address Harmful Alcohol Consumption**

### **Recommendation 15 (p.282):**

The Office of Alcohol Policy and Coordination support the development of partnerships within communities to enhance their capacity to initiate and support programmes and respond to alcohol-related problems at a local level. Initiatives that communities could undertake include:

- Identifying existing networks and groups in the community who might be concerned about alcohol-related harm;
- Identifying the nature and extent of the problems in the local community (eg. underage drinking, drink driving);
- Conducting a forum or summit to discuss the problems associated with harmful alcohol consumption in the community and raise awareness about the issue and possible solutions;
- Establishing a mechanism for coordination (eg. working group or coordinator) that provides a focal point for local planning and implementation of community action targeting the identified alcohol problem(s);
- Developing and implementing local strategies to ensure responsible supply and service of alcohol; and
- Utilising local community groups that can raise issues of community concern regarding alcohol-related problems in Victoria with Government and other key stakeholders.

### **Support in Principle**

The Victorian Government will address this recommendation through the development and roll out of the Drug Prevention Resource for Planning that has been developed by the Premier's Drug Prevention Council (PDPC). This is described in more detail in responses to recommendations 13, 119 and 14.



In addition to the Resource for Planning, the PDPC funds the Community Alcohol Action Network's (CAAN) *GrogWatch* program in 2004-06. *GrogWatch* is a weekly e-bulletin that provides an update of alcohol-related news and views that is collated by CAAN and is circulated to its subscribers. The Victorian Government is supportive of CAAN and views it as playing an important role in community awareness raising, advocacy and the promotion of community action in responding to concerns about Australia's culture of high risk drinking and the ways in which alcohol is marketed and supplied in the community.

One of the key areas within the Department for Victorian Communities is the Community Strengthening and Volunteer Division. The core business of this division is working towards building and strengthening community networks and capacity to address various issues, such as the misuse of alcohol, at the local level.

In regard to addressing alcohol-related issues in Koori communities at the local level, the Department of Justice established the Aboriginal Justice Agreement (AJA), which comprised a number of mechanisms to reduce alcohol misuse in Koori communities. Specific strategies included community night patrols, which seek to minimise the harm caused by alcohol and to prevent negative contact with police. The AJA community initiatives program also provides funding to communities for programs such as Frontline to provide Koori youth with a range of activities that protect them from risks in their environment, such as alcohol.

Phase two of the AJA will continue to develop stronger and more sustainable approaches to tackling issues associated with Indigenous over-representation in the criminal justice system, including alcohol and to empower local Koori communities to become involved in tackling these issues.

**Recommendation 16 (p.283):**

The Office of Alcohol Policy and Coordination establish a community small grant programme to fund and develop programmes that seek to promote awareness of and reduce alcohol-related harm. Such grants should support local community action programmes, including alcohol-free community events.

**Support in Principle**

The Victorian Government has funded a range of locally developed programmes that promote awareness of and reduce alcohol-related harms. As part of the Victorian Government Drugs Initiative, a broad range of Community Strengthening Initiatives were funded across the State that provided funds of up to \$60,000 over 3 years for projects that addressed alcohol and drug misuse, with over 20 per cent of initiatives addressing alcohol-related issues. Funding for local hotspot and emerging hotspot programs has also included local allocations to initiatives that respond to alcohol misuse concerns.

The Drugs Policy and Services Branch of the Department of Human Services and the Premier's Drug Prevention Council (PDPC) have also supported the development in many municipalities of local alcohol and drug action plans and prevention initiatives that identify issues and trends and develop responses to local alcohol and drug concerns within communities. The PDPC is developing a resource for planning to assist local government to interpret local data to inform the design of local prevention initiatives and local alcohol and drug action plans.

The Schoolies Week Initiative funded by the PDPC promotes information and awareness to schools, parents, and students on how to participate in the celebratory event in a safe manner. Part of this initiative includes funding to key local councils to undertake harm minimisation and information activities.

Through its FREEZA initiative, the Office for Youth at the Department for Victorian Communities supports the staging of a number of alcohol and drug free youth events in Victoria. These events are organised by local young people with the support of youth services staff and cater for large numbers of young people in supervised environments.

The Victorian Government will investigate mechanisms to provide further support for local community awareness and action programs, alcohol-free events and prevention initiatives.

The Aboriginal Justice Agreement of the Department of Justice has also established an effective community-based network of Regional Aboriginal Justice Advisory Committees that advocate and promote improved justice outcomes and AJA-related initiatives, encourage the development of early and preventative initiatives at a local level and build linkages between Koori communities and justice agencies.

## **Section Six:**

### **Law and Legal Issues**

#### **6.2 Intoxication and the Criminal Law**

**Recommendation 17** (p.320):

Public drunkenness should be decriminalised pursuant to the recommendations made by the Drugs and Crime Prevention Committee of the 54<sup>th</sup> Parliament in its Final Report into the Inquiry into Public Drunkenness. In particular, this Committee concurs that an essential requirement of such decriminalisation is the provision of adequate numbers of sobering up centres and associated services.

#### **Not Support**

While the Victorian Government recognises that public drunkenness is more appropriately addressed as a health issue rather than a legal one, it is also aware of the complexities of the issue and the need to establish a comprehensive response to support the decriminalisation of public drunkenness. Further investigations are therefore required to assess the complexities of the issue and to determine the suitability of a suite of public health responses before proceeding with this recommendation.

## **Section Seven:**

### **Collaborating with the Commonwealth: Strategies to be Addressed at a Macro Level**

#### **7.1 Labelling and Packaging**

**Recommendation 18** (p.329):

The Office of Alcohol Policy and Coordination promote the greater awareness of standard drink labelling, standard drink measurements and the National Health and Medical Research Council (NHMRC) guidelines as to (safe) alcohol consumption levels.

**Recommendation 79** (p.758):

The Victorian Government request the Ministerial Council on Drug Strategy to mount a national consumer education campaign on standard drink sizes and low risk patterns of consumption.

#### **Support**

The Victorian Government acknowledges the importance of creating a greater understanding of standard drink measurements in the community to ensure individuals make informed decisions about their drinking.

In 2003, the Department of Human Services developed the Tertiary Alcohol Campaign, which aimed to increase the awareness and understanding of the harms associated with drinking at harmful levels among tertiary students aged 18-25 years. As part of the campaign, a number of collateral items were developed for distribution to tertiary students. These items included a standard drinks glass with standard drink measurements for spirits, wine and heavy and mid strength beer; wallet sized information cards that summarised the Australian Alcohol Guidelines; and an insert page in Victorian University diaries that also advertised standard drink measurements and the Australian Alcohol Guidelines.

At the national level, the Commonwealth Department of Health and Ageing (DoHA) developed a communications campaign in 2003 to inform licensed premises and patrons of the Australian Alcohol Guidelines, and in particular the standard drink concept. In 2005, DoHA conducted another campaign titled "Count your drinks for better health", which was again distributed to licensed premises and also to Alcohol and Drug Agencies.

In late 2005, the Ministerial Council on Drug Strategy (MCDS) endorsed the national standard drink logo initiative that was developed by the alcohol beverage industry upon request from the MCDS. This initiative entails the labelling of alcohol products with standard drink information and graphics. Three distinct logos have been developed, including a beer schooner, a spirit tumbler and a wine glass. Each of these three logos will feature on spirit, beer and wine products to ensure that consumers are aware that the product is an alcoholic beverage and of the number of standard drinks that the product contains.

In addition to the national standard drink logos initiative, the Commonwealth Government recently announced its intention to develop an awareness campaign

to promote a more responsible drinking culture in Australia. It is intended that this campaign will follow the review of the Australian Alcohol Guidelines by the National Health and Medical Research Council.

As the Australian Alcohol Guidelines are scheduled for review during 2006, the Victorian Government will await the outcomes of this review, as well as further announcements as to the specific context of the Commonwealth Government's national campaign, before referring these two recommendations to the MCDS for their consideration.

**Recommendation 19** (p.340):

The Victorian Government request the Ministerial Council on Drug Strategy to examine the benefits and costs of including additional product and health warning information on alcoholic drink containers.

**Support**

The Victorian Government acknowledges the effectiveness of health warning labels on alcohol products in raising awareness of the harms associated with the misuse of alcohol among certain groups. The Government also notes the usefulness of health warning labels, when included as part of a more comprehensive strategy, in achieving cultural change around alcohol in the broader community.

The Alcohol and Other Drugs Council of Australia (ADCA) is currently undertaking research on the feasibility of health warning labels and is due to report in late 2006. In addition, the Victorian Government is supporting the development of a national approach to Foetal Alcohol Spectrum Disorder (FASD) through the establishment of a working party by the Intergovernmental Committee on Drugs. The FASD working party is scheduled to report to the Ministerial Council on Drug Strategy (MCDS) in November 2006 and identify key priorities for research into FASD, identify appropriate policies that aim to reduce the incidence of FASD and develop evidence-based and consistent Australian guidelines regarding the consumption of alcohol during pregnancy. In this report, the FASD working party will also likely address the issue of health warning labels as a means of raising awareness among women about the harms of consuming alcohol whilst pregnant.

Following the release of ADCA's report and submission of the FASD Working Party report to the MCDS, the Victorian Government will ensure that this recommendation is highlighted in future MCDS discussions around the placement of health warning labels on alcohol products.

**Recommendation 20** (p.342):

The alcohol industry be encouraged to investigate the use of screw top resealable capped bottles in an effort to reduce drink spiking and encourage more moderate consumption of individuals servings of alcohol. This should especially be the case with regard to ready to drink beverages.

**Support**

In 2004, the Ministerial Council on Drug Strategy commissioned the Australian Institute of Criminology to produce a comprehensive report on drink spiking -

*National Project on Drink Spiking: Investigating the nature and extent of drink spiking in Australia.* The report found that drink spiking is a complicated phenomenon, which can occur in a variety of locations, against a variety of victims, with a variety of different spiking additives, for a number of different reasons.

In regard to the use of screw top resealable caps, the alcohol beverage industry will need to consider the potential impact that such caps on Ready to Drink alcoholic beverages will have on drink spiking more generally, as it is arguable that most alcohol consumed in licensed premises is from open glass containers. The Victorian Government will refer this recommendation to the Liquor Control Advisory Council, established under the *Liquor Control Reform Act 1998*, for further consideration.

**Recommendation 21** (p.345):

Food Standards Australia and New Zealand consider mandating a range of standard sized beverages containers to be used for the dispensing and serving of alcoholic beverages in hotels, restaurants and other licensed premises. Such containers should either be able to contain no more than one standard drink per beverage type according to National Health and Medical Research Council guidelines or have a line etched or otherwise marked on the glass or container indicating the standard measure for the beverage type.

**Noted**

The National Health and Medical Research Council are scheduled to review the Australian Alcohol Guidelines in 2006. Following this review, the Victorian Government will refer this recommendation to the Ministerial Council on Drug Strategy (MCDS) for their consideration and response. Endorsement from the MCDS of this application to Food Standards Australia and New Zealand is required if standard sized beverage containers are to be implemented on a national basis.

In the meantime, the Victorian Government notes the national standard drink logo initiative that was recently endorsed by the MCDS. This initiative was developed by the alcohol beverage industry and will entail the labelling of alcohol products with standard drink information and graphics. Three distinct logos have been developed, including a beer schooner, a spirit tumbler and a wine glass. Each of these three logos will feature on spirit, beer and wine products to ensure that consumers are aware that the product is an alcoholic beverage and of the number of standard drinks that the product contains.

**7.2 Alcohol: Taxation and Competition Policy**

**Recommendation 22** (p.371):

The Victorian Government request the Commonwealth Government to review the application of national competition policy and the *Trade Practices Act* with regard to alcohol sale and regulation to ensure that competition policy does not impede efforts to develop strategies to reduce the cost to the economy of harmful alcohol consumption.

**Support**

Victoria is already acting on this recommendation through the National Competition Policy Working Group established by the Ministerial Council on Drug Strategy. The Working Group was given the task of developing a framework for action in relation to the potential and actual impact of compliance with the National Competition Policy (NCP) on alcohol consumption and related harm. The Final Report of the Working Group found that while there are grounds to argue for the removal of alcohol from the NCP, in the current context it is important to develop a framework for action that is consistent with both the principles of alcohol harm minimisation and the NCP.

National competition principles allow for restrictive regulation to be implemented in the context of liquor regulation as long as such regulation is in the public interest and the government is therefore of the view that alcohol related harms can be addressed within the national competition policy framework.

**Recommendation 23** (p.371):

The Victorian Government amend the *Liquor Control Reform Act 1998* to note that membership of a liquor licence accord is not in contravention of the restrictive trade practices of the Commonwealth *Trade Practices Act* nor of the National Competition Policy.

**Not Support**

As the current structure within which voluntary licensee accords operate is flexible enough to deal with alcohol-related harms and adverse amenity impacts associated with licensed premises, the Victorian Government does not support this recommendation.

The Victorian Government notes that membership of a liquor licence accord per se is not in contravention of the *Trade Practices Act*, but rather it is the practices that are agreed to and engaged in as part of the accord that may breach this legislation.

The *Trade Practices Act* enables the Australian Competition and Consumer Commission (ACCC) to authorise the implementation of practices that would otherwise be deemed as anti-competitive. This is in instances when ACCC is satisfied that the proposed practice is likely to result in the benefits to the community outweighing the potential detriment that could result from the lessening of competition.

**Recommendation 24** (p.372):

The Victorian Government request the Commonwealth Government to convene a wide-ranging Inquiry on the taxation of alcohol. This Committee believes the Terms of Reference should include but not be restricted to:

- The merits of a volumetric tax on wine and cider and the impact it would have on harmful alcohol consumption;
- The indexation of alcohol taxation for alcohol products;
- The feasibility of taxation concessions on all low alcohol products;
- The hypothecation of alcohol taxation into alcohol harm reduction programmes and interventions;
- The examination of various economic models and model combinations with regard to alcohol taxation (the alternative models put forward by the Alcohol and Other Drugs Council of Australia may provide a useful starting point in this regard);
- An examination of methods to safeguard the alcohol and associated industries from any changes to the taxation system that may have potential adverse effects;
- The feasibility of a minimum or floor price for alcohol be established and whether this should apply to selected or all alcohol products; and
- An examination of whether the taxation of ready to drink beverages should be treated any differently from other spirits or spirit based beverages.

**Support**

The impact of the tax system on alcohol-related harm is the subject of ongoing debate in the community. This issue was discussed at length at the 2003 New South Wales Parliamentary Summit on Alcohol Abuse, which resulted in a key recommendation from the Summit proposing that a national public inquiry into alcohol taxation be undertaken to consider the health, economic, social and community costs and benefits of current and proposed alcohol excise and taxation measures.

In response to this recommendation, the NSW Government raised this issue at the November 2003 meeting of the Ministerial Council on Drug Strategy (MCDS) and the MCDS resolved that this recommendation be referred to the Commonwealth Treasurer for consideration. In March 2004, the then Parliamentary Secretary to the Minister for Health and Ageing wrote to the Commonwealth Treasurer regarding this issue.

The Victorian Government acknowledges the complications with the current taxation system as a result of the interaction of various taxation measures. However, the Government also notes that the issue of taxation will be addressed at a national level through the recently finalised National Alcohol Strategy 2005-2009, which recommended that price-related levers to reduce consumption of alcohol at harmful levels be investigated. The National Alcohol Strategy 2005-2009 was recently endorsed by the MCDS.

## **Section Eight:**

### **Advertising, Marketing and Promotion**

#### **8.1 Alcohol Promotion and Regulation**

**Recommendation 25** (p.392):

Research by the Office of Alcohol Policy and Coordination be undertaken with regard to the relationship between advertising and promotion of alcohol and possible harmful alcohol consumption.

**Recommendation 26** (p.395):

The Office of Alcohol Policy and Coordination undertake research to investigate the relationship between alcohol sponsorship of sporting, cultural and other events, and the extent to which such sponsorship may promote the harmful consumption of alcohol.

#### **Support in Principle**

The Victorian Government recognises the strong culture around the relationship between sport and alcohol in Australia with alcohol consumption underlying many of the rituals and traditions associated with sport.

The sponsorship of sporting events in Australia is worth approximately \$1.25 billion per year and alcohol companies are represented among the top 40 sport sponsors. Alcohol companies also provide sponsorship to many other events, such as music and cultural festivals.

In recognition of the public health concerns regarding the promotion and marketing of alcohol products, the Ministerial Council on Drug Strategy (MCDS) established the National Committee for the Review of Alcohol Advertising (NCRAA) in 2002 to review the effectiveness of the self-regulatory system for alcohol advertising. Since its inception, the Victorian Department of Human Services has provided the leadership and secretariat support to NCRAA.

In its review of alcohol advertising, one of the issues identified by NCRAA was the promotion of alcoholic beverages at youth-oriented events, such as at Schoolies Week and extreme sport competitions. In response to this issue, NCRAA recommended that a protocol be developed detailing a policy for the promotion of alcoholic beverages at events clearly targeting young people. This protocol was incorporated into the Alcohol Beverages Advertising Code (ABAC) in April 2004, enabling any complaints relating to promotional activities to be reviewed under the ABAC.

In partnership with the University of Melbourne and the Turning Point Alcohol and Drug Centre, the Victorian Government recently established the position of Chair of Social Research in Alcohol. In negotiating research priorities, the Victorian Government will take into account these two recommendations regarding alcohol sponsorship of sporting and cultural events as potential research projects. The Victorian Government will also refer these recommendations to the MCDS for consideration at a national level.



**Recommendation 27** (p.411):

The alcohol industry allocate sufficient funding to the administration of the Alcohol Beverages Advertising Code (ABAC) and ABAC Panel to allow for the better dissemination of ABAC determinations to the general public.

**Recommendation 28** (p.411):

A website and other means of disseminating information be established by the ABAC administration to provide information to the general public on how to initiate, lodge and conduct an appeal or complaint under the ABAC.

**Noted**

Over the last five years, the Victorian Government has taken the lead on issues relating to alcohol advertising. As discussed in the previous response, the National Committee for the Review of Alcohol Advertising (NCRAA) was established by the Ministerial Council on Drug Strategy (MCDS) following a presentation by the former Victorian Minister for Health, the Honourable John Thwaites MP on the public health concerns arising from alcohol advertising.

In its review of the self-regulatory system for alcohol advertising, NCRAA noted the lack of publicising of the Alcohol Beverages Advertising Code (ABAC) and the ABAC Complaints Adjudication process undertaken by the alcohol beverage industry. Consequently, there was little awareness of these processes among the general community, which was seen to potentially discourage individuals from making complaints about alcohol advertisements.

To raise awareness of the ABAC and its related processes among the general community, NCRAA recommended that the ABAC Management Committee effectively publicise the ABAC and the work of the ABAC Complaints Adjudication Panel, including maintaining a website containing the ABAC and all Panel adjudications and reports.

While the ABAC Management Committee did not establish a specific website, the ABAC was posted on individual industry websites, including the Distilled Spirits Industry of Australia, the Winemakers' Federation of Australia and the Liquor Merchants Association of Australia. The ABAC Management Committee also posted its 2005 annual report on these websites. In addition, the generalist advertising complaints system, the Advertising Standards Bureau (ASB) has its own website, which details the process for lodging complaints. This website states that alcohol advertisements must comply with both the generalist advertising code, the ASB Code of Ethics and the ABAC, and that all complaints relating to alcohol advertisements will be forwarded to the ABAC Management Committee for potential review under the ABAC.

In terms of the dissemination of ABAC determinations, the ABAC Complaints Adjudication Panel provides individual complainants with those determinations about advertisements that they specifically complained about. These determinations however are not readily available to the general community. The Victorian Government recognises the importance of making this information publicly available to increase both the transparency of the overall complaints process and the awareness of the ABAC among the general community.

The Victorian Government will refer these two recommendations to the MCDS who at their meeting in May 2006 endorsed the establishment of the Monitoring

of Alcohol Advertising Committee. The key purpose of the MAAC will be to monitor the self-regulatory system for alcohol advertising and ensure the alcohol beverage industry continues to comply with all of the recommendations proposed by NCRAA in its original review. This Committee is discussed in more detail in the next response.

**Recommendation 29 (p.426):**

The Committee acknowledges that the ABAC has recently been comprehensively overhauled. If the evaluation of the new ABAC indicates that the current quasi-regulatory system is not working then the Committee recommends that the Minister for Health make recommendations to the National Committee for the Review of Alcohol Advertising that further action be undertaken, including the possibility of establishing a statutory regulatory system.

**Support**

As indicated in previous responses to recommendations 25, 26, 27 and 28, the Victorian Government has taken the lead on the issue of alcohol advertising over the last five years. In particular, the Department of Human Services has provided the Chair and secretariat support to the National Committee for the Review of Alcohol Advertising (NCRAA) since its inception in 2002.

Following the review of the self-regulatory system for alcohol advertising, NCRAA presented its report to the Ministerial Council on Drug Strategy (MCDS) in August 2003. This report contained 25 recommendations that would require specific improvements be made to the self-regulatory system to ensure it fulfilled the expectations and spirit of a self-regulatory system and its Code in the advertising of alcohol. The MCDS endorsed all of these recommendations and it was resolved that if the alcohol beverage industry failed to implement the recommendations by 31 March 2004, other options, such as regulation by Government, would be considered by the MCDS. The MCDS also endorsed the continuance of NCRAA to monitor the implementation of the recommendations by the alcohol beverage industry.

At the MCDS meeting in May 2006, the MCDS noted that while the role of NCRAA is complete, there is a demonstrable need for continued monitoring of the self-regulatory system. They therefore resolved to replace NCRAA with a new monitoring committee, the Monitoring of Alcohol Advertising Committee (MAAC), which was deemed instrumental to the maintenance of a purposeful and sustainable system.

The main Terms of Reference of the MAAC are to monitor the effectiveness of the self-regulatory system for alcohol advertising to ensure that:

- the recommendations endorsed by the MCDS in August 2003 are adhered to by the alcohol beverage industry as originally intended;
- alcohol products are advertised in an appropriate manner and according to community standards;
- alcohol products do not target people under the age of 18; and
- the MCDS is regularly updated on the operations of the system and on issues as they arise.

In line with these Terms of Reference, the Victorian Government will refer this recommendation to the MAAC.

**Recommendation 30** (p.426):

The Victorian Government request the MCDS to implement an education programme raising awareness the community's awareness about the advertising code, including how the public can make a complaint to ABAC.

**Support**

The Victorian Government notes the importance of increasing the awareness of the advertising codes and relevant complaints processes amongst the general community to ensure that alcohol products are advertised according to community standards and the Alcohol Beverages Advertising Code (ABAC).

As part of the review of the self-regulatory system for alcohol advertising, the National Committee for the Alcohol Advertising (NCRAA) noted that the general community was not sufficiently aware of the existence of the generalist advertising complaints system administered by the Advertising Standards Bureau (ASB) or its role in receiving and reviewing advertising complaints, particular those relating to alcohol. To address this issue, NCRAA recommended that the ASB be encouraged to run ongoing media campaigns to publicise the ASB Code of Ethics and to improve the accessibility of the complaints process to the general public.

In 2003, the ASB conducted a mass media campaign highlighting the ASB Code of Ethics and its complaints mechanism, which resulted in an increase in the number of general advertising complaints received from 1572 in 2002 to 2620 in 2003. At this time, the ASB also increased the accessibility of the complaints process to the general community by allowing formal complaints to be made via email rather than only by post.

While the ASB has continued to run this same campaign, it has not been advertised extensively. In addition, there has been little communication of the ABAC and its related processes to the general community. Therefore, the Victorian Government will refer this recommendation to the Ministerial Council on Drug Strategy (MCDS), which as discussed in recommendation 29, recently endorsed the establishment of the Monitoring of Alcohol Advertising Committee.

**Section Nine:**

**Harmful Alcohol Consumption: Strategies to Address Environmental Issues**

**9.2 General Licensing Issues: Amenity, Planning and Density**

**Recommendation 31** (p.460):

The *Liquor Control Reform Act 1998* be amended to express harm minimisation as its primary aim and objective in all licensing matters.

**Support**

One of the key objectives of the *Liquor Control Reform Act 1998* is to contribute to the minimisation of harm arising from the misuse and abuse of alcohol. The

second reading speech accompanying this Act stated harm minimisation was the prime purpose of the legislation. However, other competing objectives were also retained in the Act, including those relevant to facilitating the development of a diversity of licensed facilities reflecting community expectations and contributing to the responsible development of the liquor and licensed hospitality industries.

The Victorian Government will refer this issue to the Liquor Control Advisory Council established under the *Liquor Control Reform Act 1998* for further advice.

**Recommendation 32 (p.460):**

Public health issues should be given greater emphasis in the granting of licences. Consistent with the Liquor Control Reform Act's object to 'contribute to minimising harm arising from the misuse and abuse of alcohol' (section 4), the Committee recommends that the Act is broadened to provide the Chief Drug Strategy Officer with specific rights of objection based on public health concerns.

**Support in Principle**

The Victorian Government supports the emphasis on harm minimisation in the granting of liquor licensing, which is one of the key objectives of the *Liquor Control Reform Act 1998*.

While the Government is supportive of the process whereby there is greater consideration of public health issues in the granting of liquor licences in general, it is not supportive of the Chief Drug Strategy Officer being provided with specific rights of objection. There is limited scope to expand the functions of the Chief Drug Strategy Officer from a policy role to an operational role as would be required in adopting this recommendation.

The Victorian Government also notes that section 44(2)(b)(ii) of the *Liquor Control Reform Act 1998*, provides the Director of Liquor Licensing with the power to refuse an application for a liquor licence on the basis that "granting of the application would be conducive to or encourage the misuse or abuse of alcohol". The Government is of the view that this section of the Act could be given more weight when determining liquor licence applications.

**Recommendation 33 (p.461):**

Liquor Licensing Victoria in conjunction with local government authorities develop a uniform set of conditions for both liquor licences and planning permits. Conditions would relate but not be limited to:

- Hours of operation;
- Public safety and security measures;
- Patron and music noise;
- Patron behaviour;
- Patron numbers; and
- Rubbish storage and removal.

**Not Support**

Standard conditions already exist for liquor licences issued by the Director of Liquor Licensing. The Department of Sustainability and Environment has also developed and issued standard conditions around planning permits for liquor licences for use by councils.

This recommendation of the Drugs and Crime Prevention Committee's has been informed by the work of the Inner City Entertainment Precincts Taskforce (ICEPT), which focussed on developing options for dealing with safety, amenity, security and public amenity in inner city entertainment precincts. However, it is not appropriate to translate a model that is suitable for the inner city to the state as a whole. The work of ICEPT in relation to this particular issue does not reflect, nor should it, the relationship between all liquor licences and planning permits across Victoria.

The Victorian Government does not consider the development of uniform provisions as a priority given that each liquor licensing application is considered on its individual merits, and requirements placed on licences and planning permits are based on local circumstances.

**Recommendation 34** (p.461):

The Victorian Government in conjunction with local authorities develop enforcement protocols that define the responsibilities of Victoria Police and local government authorities in relation to planning permits and liquor licences. The purpose of the protocols would be to:

- Minimise duplication of enforcement activities; and
- Identify specific communication mechanisms and agreed responses between each agency.

### **Support in Principle**

This recommendation has been taken from the Final Report of the Inner City Entertainment Precincts Taskforce (ICEPT), which has been presented to the Minister for Police and Emergency Services.

The Inner City Entertainment Precincts Taskforce was tasked with identifying the safety, security and public amenity issues of concern to the community in four Melbourne inner city entertainment precincts; identifying the nature of the response required to address the issues identified in terms of local, State and cross-jurisdictional interventions, and formulating recommendations on best practice strategies and specific actions for effectively managing safety, security and public amenity issues in and around inner city entertainment precincts. The Taskforce developed 28 recommendations in response to its terms of reference and the Drugs and Crime Prevention Committee's recommendation in relation to this issue mirrors the recommendation put forward by ICEPT.

Standard conditions already exist for liquor licences issued by the Director of Liquor Licensing. The Department of Sustainability and Environment has also developed and issued standard conditions for planning permits for liquor licences for use by councils. The ICEPT recommendation should be seen in the context of the Taskforce's work and relates to specific licensed premises. It does not reflect, nor should it, the relationship between all liquor licences and planning permits across Victoria.

The Victorian Government does not consider the development of standard protocols to be a priority. Each council has different approaches to enforcement and arrangements should be negotiated on a case by case basis.

**Recommendation 35** (p.465):

The Office of Alcohol Policy and Coordination (OAPC) should review the impact of legislation in other jurisdictions such as New South Wales, which takes a different approach to the grant and variation of both on and off-premise liquor licences. The Committee further recommends that the OAPC conduct this review with the aim of reassessing the Victorian situation in three years' time.

**Support in Principle**

While the *Liquor Control Reform Act 1998* does provide members of the public to object to the granting of an on or off-premises license on the basis of amenity, it does not allow members of the public to object to the granting of an on-premises license on the grounds that it would be conducive to, or encourage the misuse or abuse of alcohol. This is because drinking in licensed premises is done in the context of a supervised environment – that is, licensees are required to undertake RSA training, and are bound to serve liquor in a responsible manner to patrons. Under existing legislation it is an offence for a licensee to serve an intoxicated individual. However, the Victorian Government will refer this matter to the Liquor Control Advisory Council for further consideration.

**Recommendation 36** (p.476):

The Office of Alcohol Policy and Coordination commission a research project that develops a model to determine appropriate outlet density based on combinations of local risk factors.

**Support in Principle**

The proximity of high numbers of licensed premises in one area can lead to unintended consequences such as assaults, violence and crime although not all types of licensed premises are associated with the same levels of alcohol-related harm. On-licensed premises such as pubs, hotels, nightclubs and bars are associated with more alcohol-related harms than the consumption of alcohol in restaurants and social clubs.

The Victorian Government considers further research into aspects of this issue as desirable especially if this research focuses on the inter-relationships between particular risk factors such as types of licensed premises, density of such premises, and the incidence of alcohol-related social and health harms. The Victorian Government considers further research into aspects of this issue as desirable especially if this research focuses on the inter-relationships between particular risk factors such as types of licensed premises, density of such premises, and the incidence of alcohol-related social and health harms.

This research is to be considered for inclusion in the research program priorities of the Chair of Social Research in Alcohol. It would require investigation of the incidence, nature, timing and location of harms and the availability of evidence to support the development of a model for outlet density based on combinations of local risk factors. The Chair of Social Research is discussed in greater detail in response to recommendations 164 and 165. It should also be noted that any research in this area should inform the work of the Liquor Control Advisory Council, which is currently undertaking a review of packaged liquor licences.

### 9.3 Modifying the Licensed Environment

**Recommendation 37** (p.498):

The Victorian Government make appropriate legislative changes to require mandatory responsible service of alcohol training for all staff (including manager) who sell or supply alcohol on licensed premises.

**Noted**

The Victorian Government notes that there is a considerable voluntary take-up of the Responsible Service of Alcohol (RSA) training courses with approximately 40,000 people undertaking the course on an annual basis. This indicates that RSA training is highly valued in the marketplace and existing offences in the *Liquor Control Reform Act 1998* regarding the serving of intoxicated patrons acts as a powerful incentive for licensees to ensure that their staff are appropriately trained to serve alcohol responsibly. In addition, the Director of Liquor Licensing has the power to impose conditions on particular licences, such as mandatory RSA training. This is especially in instances where there may be higher risks with respect to the irresponsible consumption of alcohol (e.g. late night trading premises providing amplified music or sexually explicit entertainment).

**Recommendation 38** (p.498):

Any volunteer serving or supplying alcohol on licensed premises should at all times be supervised and in the presence of a manager or other staff person who has successfully completed an accredited course of responsible service of alcohol training.

**Noted**

In licensed premises, the involvement of volunteers in the serving or supply of liquor is limited to the context of club licences and limited licences. As there are approximately 12,000 limited licences and 2,000 club licences currently operating in Victoria, it would be unduly burdensome and costly to require all volunteers who serve alcohol to be supervised and in the presence of a manager or other staff person who has successfully completed RSA training. From the operational experience of Consumer Affairs Victoria, only a small fraction of such licences appear to pose risks in terms of the misuse of alcohol or other amenity risks that would warrant such a requirement being placed on a licence. The Director of Liquor Licensing currently has powers under the *Liquor Control Reform Act 1998* to impose and vary conditions on licences that are considered 'high-risk'. This represents a much more flexible, risk-based and proportionate approach to regulating the issue at hand rather than mandating such a requirement across the board.

The Victorian Government also notes that many volunteers in small sporting clubs are required to undertake RSA training as part of accreditation for the Good Sports Program (GSP). This program is an initiative of the Australian Drug Foundation in partnership with national, state, regional and local sports bodies, and governments, to develop safer and healthier communities and sporting clubs. The Good Sports Program is discussed in further detail in response to recommendation 134.

**Recommendation 39** (p.498):

Licensees, managers and staff of licensed premises should undergo mandatory accredited refresher courses with regard to responsible service of alcohol every three years.

**Noted**

The Victorian Government offers in principle support for this recommendation for the same reasons as described in response to Recommendation 37. In addition, Consumer Affairs Victoria (CAV) offers an on-line Responsible Service of Alcohol (RSA) training refresher course that can be undertaken by people who have already completed an initial RSA workshop. CAV also recommends that refresher training should be undertaken every two years.

**Recommendation 40** (p.498):

Responsible service of alcohol training should incorporate modules on preventing and managing violence and aggression.

**Noted**

While existing Responsible Service of Alcohol (RSA) training contains modules on refusal of service, the appropriate responsibility for managing violence and aggression on licensed premises properly rests with crowd controllers who are licensed under the *Private Security Act 2004*.

Crowd controllers are appropriately trained to deal with such issues by virtue of the training they undertake as required by this Act. They are also required to undertake mandatory Responsible Service of Alcohol training. In addition, given that there are approximately 18,000 liquor licensees in Victoria, it would not be cost-effective to require all those licensees to undertake such training as the likelihood of violence and aggression occurring on licensed premises is only a foreseeable problem in a fraction of licensed premises. The Director of Liquor Licensing already places conditions on licensed premises deemed as 'high-risk' in that they trade after 1.00am and provide live or amplified music, which require them to hire registered crowd controllers.

**Recommendation 41** (p.498):

Hospitality industry groups such as the Australian Hotels Association and the Australian Nightclub and Bars Association should encourage licensees to conduct their own ongoing in-house training of staff with regard to the responsible service of alcohol, patron care, health and safety issues and other factors relevant to the appropriate management of the premises.

**Noted**

Licensees have a clear obligation to serve alcohol in a responsible fashion and in a manner that will not cause or permit undue detriment to the amenity of the area in which the licensed premises is located. Any proposal to conduct greater levels of ongoing in-house training is purely a matter for hospitality industry to take



forward, however the Victorian Government will refer this recommendation to them for their consideration.

**Recommendation 42** (p.506):

The Office of Alcohol Policy and Coordination review the operations of the Queensland Act provisions banning irresponsible alcohol promotions outside licensed venues, with a view to assessing their suitability in the Victorian context.

**Support in Principle**

In recognition of the potential risk of promotional activities in licensed premises encouraging excessive drinking, the Queensland Government amended the *Liquor Act 1992* (Qld) to prohibit the advertising of drink promotions on the outside of licensed premises.

Consumer Affairs Victoria will consult with the Queensland Department of Tourism, Fair Trading and Wine Industry Development to gauge the effectiveness of these recent amendments and provide advice to the Minister for Consumer Affairs on this issue and possible future directions.

**Recommendation 43** (p.506):

The Office of Alcohol Policy and Coordination in conjunction with Liquor Licensing Victoria develop a state-wide policy on responsible promotion guidelines that are applicable to on- and off- premise alcohol sales.

**Support in Principle**

Consumer Affairs Victoria provides detailed information sheets on its web-site informing licensees about responsible liquor pricing and promotion practices and specifically identifies those practices that are considered incompatible with the responsible service of alcohol.

In addition, the draft packaged liquor code of conduct pursuant to section 11(5) of the *Liquor Control Reform Act 1998* also requires packaged liquor licensees to refrain from practices that promote the irresponsible consumption of liquor.

**Recommendation 44** (p.506):

Liquor Licensing Victoria should, in partnership with the Office of Alcohol Policy and Coordination and industry representatives, develop a code of practice for advertising and promotion of takeaway products. Among other things, the code should restrict forms of promotion that offer a cheaper price (or provide other benefits such as a free gift or fuel subsidies at a higher rate than normal) if a greater quantity of alcohol is purchased.

**Support**

The Director of Liquor Licensing recently developed a draft code of conduct for packaged liquor licensees, which has been subject to public consultation. The Victorian Government acknowledges that appropriate use of product pricing as a competitive tool is an essential aspect of running a successful business. Given

this, it is not intended that the code of conduct for packaged licensees be used to prevent or reduce normal competition between licensees in terms of price or service, which can be of benefit to those who consume alcohol in a responsible manner. The final code of conduct will be drafted in a manner that ensures compliance with National Competition Principles to ensure that benefits to consumers from normal market-place competition are retained.

**Recommendation 45** (p.526):

Local government authorities in partnership with Victoria Police should lead and coordinate Alcohol Accords in their municipalities. This should be done in collaboration with licensees, retail outlets, events managers, drug and alcohol workers, health and youth workers and local transport operators. The City of Melbourne Licensees Forum may serve as a useful model.

**Not Support**

A partnership between Liquor Licensing, licensees, local government, Victoria Police and other interested parties has provided a forum to identify issues of concern and implement strategies to address them. This approach has been shown to assist in:

- Minimising the unacceptable impacts of licensed premises on local residents and businesses; and
- Promoting a higher level of compliance with liquor laws and related licence conditions.

The Chief Commissioner, Director of Liquor Licensing and the President of the Municipal Association of Victoria launched guidelines for the establishment of licensing forums and, where appropriate, the development of accords throughout Victoria in 2004. These guidelines promote best practice principles while still allowing forums and accords to respond flexibly to their local needs. Currently, there are eighty active Victorian Accords.

Liquor forums and accords are a partnership and in each case the lead agency should be agreed upon by the members of the forum. There are numerous examples of successful accords led by councils, licensees or through other arrangements such as steering committees. Membership equally should include all interested parties in a community who are involved in liquor issues. Membership, leadership and other issues should be decided on a case by case basis and not by prescriptive means.

The City of Melbourne Licensees Forum is a well resourced forum with a dedicated staff officer. Its membership comprises bar and nightclub licensees, which is not representative of the licensed environment in the central business district. This model could not be readily applied to other areas.

**Recommendation 46** (p.529):

The Victorian Government amend the *Liquor Control Reform Act 1998* to give statutory recognition of liquor licensing accords similar to that proposed in Part 7 of the New South Wales Liquor Bill (Consultation Draft).

**Not Support**

Consumer Affairs Victoria (CAV) in conjunction with Victoria Police and the Municipal Association of Victoria have already developed a guidelines document for the establishment of liquor licensing accords and forums. In essence, local accords are a voluntary commitment made by licensees in conjunction with their local community to take proactive steps to minimise adverse amenity impacts that can arise from the operation of licensed premises.

Nevertheless, the *Liquor Control Reform Act 1998* could be amended to recognise the ability of parties to negotiate accords without being prescriptive about what they contain. However, the Victorian Government is of the view that all liquor accords should be subject to the *Trade Practices Act 1974* and would not support the approach adopted in the New South Wales (NSW) Liquor Bill. Part 7 of the NSW Bill specifically authorises practices engaged as part of liquor accords for the purposes of the *Trade Practices Act 1974*, which effectively removes such practices from the provisions regulating restrictive trade practices.

**Recommendation 47** (p.537):

The Office of Alcohol Policy and Coordination in conjunction with the Department of Justice develop a code of practice related to the activities of registered crowd controllers in order to reduce alcohol-related problems in relation to licensed premises.

**Support in Principle**

Victoria Police is currently undertaking a project to develop a best practice model for effective drug and alcohol responses by crowd controllers particularly in relation to young people in and around licensed premises. The development of a Code of Practice will support endeavours to improve the standard of training and behaviour in the industry.

In addition, the Victorian Workcover Authority is currently developing a guidance document for crowd controllers under the ambit of occupational health and safety requirements. This guidance document is being developed in consultation with all stakeholders.

**Recommendation 48** (p.546):

The Victorian Government conduct a review of both private (including taxi and bus operators) and public options for late night transport. This review should include the possibility of public transport operating more frequently and for later hours to serve patrons of late night drinking establishments.

**Support in Principle**

In May 2006, the Victorian Government announced 'Meeting our Transport Challenges' action plan, which represents the biggest single investment in the transport system undertaken by a Victorian Government. Over the next 10 years, the Government will inject an unprecedented \$10.5 billion into the state's transport network - delivering a wave of new projects to ensure that Victoria remains one of the most liveable places in the world.

The action plan includes the following initiatives, which addresses the recommendation made by the Drugs and Crime Prevention Committee:

### *Additional Train and Tram Services*

From October 2006, the Government will extend the operating hours of the metropolitan train network by one hour on Friday and Saturday nights and provide two additional train services on all lines except Alamein and Williamstown and two additional tram services to all city services and the Chapel Street service. This will result in last trains and trams leaving the city between 1.00am-1.25am.

### *Buses*

Buses play an integral role in Melbourne's public transport network. They provide connectivity and cross-town options which complement the radial networks of trains and trams. The major expansion of the SmartBus network, including the creation of three orbital routes around Melbourne will complete the Principal Public Transport Network and addresses the need for cross-town travel without having to travel via the Central Business District (CBD).

SmartBus is a premium bus service offering more frequent services (at approximately 15 minute intervals on weekdays and approximately 30 minute intervals on weekends) and extended operating hours (5am to midnight on weekdays, plus weekend services). SmartBuses operate along major arterial roads, connecting activity centres and interchanging with the rail network.

### *Taxis*

In May 2002, the Minister for Transport announced, as part of a package of Taxi and Hire Car Reforms, the issue of 600 Peak Service Taxi-cab licences over a six year period. Peak Service Taxis operate between the hours of 3.00 pm and 7.00 am to boost late night metropolitan taxi services.

One hundred Peak Service Taxi-cab licences are released annually. Three hundred Peak Service Taxis are currently in service and applications for issue of the 2006 batch of 100 licences will close on 19 July 2006. This will bring the total number of taxis licensed to operate within the metropolitan taxi-cab zone to 3961, with a further 141 taxis in the outer-suburban (Frankston and Dandenong) taxi-cab zone.

A Late Night Surcharge on metropolitan taxi fares (midnight to 5.00 am) was introduced in August 2004 to provide additional incentive for drivers to meet the late night demand for taxis. During the Late Night Surcharge period, taxi fares are 20 per cent higher than the standard (daytime) rate, with the full 20 per cent retained by the driver.

The introduction of legislation during the current Parliamentary sessions for taxi industry accreditation, including the accreditation of taxi booking depots, will enable improved monitoring of taxi performance against service standards such as booking response times. This data will aid future regulatory strategies including the release of additional taxi-cab licences.

**Recommendation 49** (p.546):

The Committee acknowledges the worth of the City Safe Taxi Rank Schemes and recommends that local government authorities, in collaboration with the Taxi Directorate and the Department of Infrastructure, consider extending this scheme to other areas of Melbourne and regional Victoria.

**Support in Principle**

Safe City Taxi Ranks operate in the entertainment precincts within the Melbourne Central Business District (CBD) and at Frankston. Safe Ranks are also provided in regional Victoria at Mornington, Warrnambool, Bendigo and Ballarat.

Safe Ranks typically have improved lighting and are staffed by a security officer (Friday and Saturday nights in the CBD, Saturday nights at Regional locations) to ensure orderly behaviour. The operation of the regional ranks has been reliant on short term funding from local government and the late night entertainment venues that are serviced by them.

The Victorian Taxi Directorate, in conjunction with the Victorian Taxi Association, will continue to provide advice, assistance and encouragement to municipal councils and entertainment venues to establish Safe Ranks at other locations in suburban Melbourne and regional Victoria.

**Recommendation 50** (p.546):

The Office of Alcohol Policy and Coordination in conjunction with the Victorian Taxi Association and Taxi Industry Training Victoria ensure that taxi drivers, as part of their initial induction, receive training with regard to dealing with alcohol-affected customers, particularly those who are or who have the potential to be violent or aggressive.

**Support**

All applicants for metropolitan taxi drivers' certificates are required to undertake compulsory training prior to being authorised to drive taxis. In 2003, the Course in Taxi Driving was extended from 40 hours to 90 hours to further enhance the competency of applicants prior to obtaining their taxi drivers' certificate. The Course is accredited by the Victorian Qualifications Authority and is delivered by three Registered Training Organisations.

Both the previous 40 hour course (introduced in 1994) and the current 90 hour course include a strong emphasis on training drivers to deal with difficult customer situations including aggressive customers and drug affected or intoxicated customers.

The Victorian Taxi Directorate will liaise with the Victorian Government together with Taxi Industry Training Victoria and other taxi driver training providers to ensure that training with regard to dealing with alcohol-affected taxi customers is up to date.

**Recommendation 51 (p.548):**

The Australian Hotels Association, the Australian Nightclub and Bar Association and other peak hospitality organisations encourage licensees to increase the availability of low-alcohol and non-alcoholic drinks and to price such drinks in a way that reflects their lower costs to the licensees.

**Noted**

Consumer Affairs Victoria has produced written material for licensees, *Liquor Licensing – A Guide to the Responsible Serving of Alcohol*, which encourages the provision of low alcoholic beverages and non-alcoholic drinks as a sensible strategy to prevent intoxication amongst licensed premises patrons. This guidance document also suggests that low and non-alcoholic drinks may be priced lower than full strength drinks.

Licensees have a clear responsibility under the *Liquor Control Reform Act 1998* to serve alcohol in a responsible fashion. However, the Victorian Government does not prescribe how licensees should discharge their responsibilities.

Accordingly, any proposal that seeks greater involvement from industry groups to encourage licensees to increase the availability of low-alcohol and non-alcoholic drinks and to price such drinks in a way that reflects their lower costs is a matter for the hospitality industry to take forward. The Victorian Government will refer this recommendation to them for their consideration.

**Recommendation 52 (p.548):**

The Victorian Government amend the *Liquor Control Reform Act 1998* so that the granting of a liquor licence (other than an off-premises or packaged liquor licence) be subject to a condition that cold drinking water, at all times while liquor is sold or supplied on the licensed premises, be made available free of charge to patrons at or near the point of service at which, or by the same means of service by which, liquor is sold or supplied on the premises.

**Support in Principle**

In January 2004, the Victorian Government introduced the Voluntary Water Guidelines to provide free or low cost drinking water in licensed premises. This measure was jointly developed by the Minister for Health, the Nightclub Owners Association, the Australian Hotels Association and Restaurant and Catering Victoria.

As the Voluntary Water Guidelines have been operating throughout Victoria for the last two years, a cost-benefit analysis through the completion of a Business Impact Assessment will be conducted to determine the feasibility of introducing the availability of free drinking water as a condition of licences. A detailed assessment of compliance with these guidelines should be undertaken.

**Recommendation 53** (p.579):

Sales of alcohol in supermarkets, general stores and the like should continue to be restricted to especially designated areas in which only alcohol is sold. Such areas should be physically separated from the general trading areas of the store.

**Noted**

The Victorian Government recognises that the sale of alcohol from 'general' supermarket shelves has generated considerable public interest. On the one hand, public health groups advocate that such retailing practices increase the perception that alcohol is just another 'ordinary' commodity to young people, which could potentially lead to more harmful consumption. On the other hand, there are claims regarding the convenience of such an approach. In this regard, the Minister for Consumer Affairs has announced that the Liquor Control Advisory Council will undertake a broad-ranging review of the packaged liquor industry in terms of how packaged liquor is sold, where it can be purchased and how it is promoted. The sale of alcohol from general supermarket shelves will be considered as part of this review.

**Recommendation 54** (p.581):

The Committee reiterates its support for the restrictions listed in Section 22 of the *Liquor Control Reform Act 1998*. The Committee recommends that alcohol should continue not to be sold in milk bars, convenience stores, and petrol stations subject where appropriate to the exception in Section 22(2).

**Support**

The Victorian Government supports this recommendation.

## **9.4 Addressing Harms in Other Licensed Premises**

**Recommendation 55** (p.581):

The Victorian Government not permit alcohol to be sold in video stores.

**Support**

Recent amendments made to the *Liquor Control Reform Act 1998* already enable the Director of Liquor Licensing to refuse the grant of liquor licences to video stores unless the Director has the approval of the responsible Minister to grant such a licence. The Victorian Government has commenced work to make the relevant regulations.

## 9.5 Licensed and Other Environments: Access to and Availability of Alcohol

### **Recommendation 56** (p.610):

The Office of Alcohol Policy and Coordination investigate the feasibility of trialling a 'lockout' in licensed venues across the state. Such lockouts should be commenced no later than 3a.m.

### **Not Support**

The Victorian Government recently introduced amendments to the *Liquor Control Reform Act 1998* that enables the Director of Liquor Licensing to implement lockouts on an area or locality wide basis.

These legislative amendments provide for late hour entry declarations ('lockouts') to be subject to specified conditions and to also enable some premises to be exempt from the lockout provisions, which provides for appropriate operational flexibility. However, this does not translate into lockouts being implemented across the board as outlined by the Drugs and Crime Prevention Committee in this recommendation.

The utilisation of lockouts is always based on a comprehensive assessment of the circumstances existing in particular areas and is guided by operational intelligence as provided by Victoria Police.

In a typical situation, there would need to be a documented history of violence and other amenity issues that have been brought to the attention of local police and which have not been successfully addressed through voluntary means, such as a liquor accord. Sound evidence would also be required of events being linked or associated with the activities of licensed premises in the areas in question.

Implementing lockouts on a state-wide basis is unnecessary and could potentially have adverse economic impacts on the majority of licensed businesses where amenity and anti-social behaviour problems are not present. Moreover, the power of the Director of Liquor Licensing to impose an area wide lockout is subject to appeal at the Victorian Civil and Administrative Tribunal. Given this, it likely that the imposition of a lockout on a state-wide basis would be overturned if there was no specific evidence of the need to impose such a measure.

### **Recommendation 57** (p.613):

The Office of Alcohol Policy and Coordination in conjunction with the Director of Liquor Licensing Victoria develop a series of guidelines to be applied in the case of an application to install an alcohol vending machine or machines on licensed premises. Such guidelines should include but not be restricted to consideration of the following questions:

- Where exactly should vending machines be located on the premises?
- How will their use be supervised?
- How will they be accessed?

### **Support in Principle**



Whilst the Victorian Government notes there has been little market interest in this form of market innovation (with no applications being put forward to the Director of Liquor Licensing for determination), any possible future applications can be assessed on a case-by-case basis.

Whilst all applications for the installation of alcohol vending machines on licensed premises will require specification of the proposed location on the premises, the means by which adequate supervision will be maintained and appropriate procedures for ensuring legal access will be difficult to stipulate in a specified set of guidelines. This is due to the various ways in which licensees, under different business models and operational structures could adequately address the issues raised in this recommendation.

It is possible for each of the questions raised by this recommendation to be addressed by the Director of Liquor Licensing in assessing any future application under the current legislation.

**Recommendation 58** (p.613):

The Office of Alcohol Policy and Coordination monitor the implementation of any alcohol vending machines and at an appropriate time in the future evaluate their impact, if any, on excessive or harmful alcohol consumption, particularly among young people.

**Support**

As noted in the previous response, at this point in time there have been no applications to the Director of Liquor Licensing to sell liquor by means of a vending machine in Victoria. The Victorian Government, through the Director of Liquor Licensing, will continue to monitor this issue and address any issues relating to alcohol vending machines as they arise.

**9.6 Policing, Enforcement and Effective Management of Licensed Premises**

**Recommendation 59** (p. 638):

The Alcohol and Drug Recorded Intelligence For Tasking project (ADRIFT) be evaluated by the Office of Alcohol Policy and Coordination 12 months after its inception.

**Support in Principle**

The software package (Alcohol and Drug Recorded Intelligence For Tasking - ADRIFT) enables Victoria Police to record last place of alcohol consumption and 'map' those licensed venues that are the most problematic in terms of alcohol-related violence and disorder. The program assists operational functions of Victoria Police, as it provides real time intelligence. The information gathered by ADRIFT will assist relationships between key Victoria Police partners, including Consumer Affairs Victoria (Liquor Licensing), local government and the Department of Justice.

A cost benefit analysis of an evaluation would need to be conducted and the impact on Victoria Police resources would need to be analysed. Further,

proposing that an evaluation commence twelve months from inception may be premature. Training and uptake of the system by Victoria Police will take time. An evaluation after two years would produce a more accurate analysis of the system.

**Recommendation 60 (p.643):**

Victoria Police train specialist police officers to undertake licensing duties.

**Support in Principle**

The Victorian Government support in principle the training of specialist police officers to undertake licensing duties, subject to review of current practice, and demonstrated need.

In the 1990s, there was a move away from specialist licensing units due to the perception that some licensing units were potentially corruptible given their close relationship with the liquor industry. However, as the Drugs and Crime Prevention Committee notes "the retreat from specialists was not necessarily a good thing" (p.997). The benefit of having specialist police officers for liquor matters is the potential for a preventative, rather than a reactive, model for the policing of licensed premises.

Integrating appropriately trained officers at a local level rather than operating from a centralised unit could minimise allegations of corrupt practices. For example, in New South Wales specialist trained police are part of a Local Area Command rather than a centralised Liquor Unit. Under the NSW model, District Inspectors are in charge of a Local Area Command with designated licensing staff. They perform liquor enforcement duties, train generalists in liquor enforcement duties, and provide support to Local Area Commanders with the management and processing of liquor application files. These licensing specialists receive approximately eight days training.

Creating a model which employs specialist licensing police would require a significant change to current operations. Before offering support for this recommendation, Victoria Police would need to review current best practice models and consult a wide range of internal and external stakeholders to determine the feasibility of specialist licensing police.

**Recommendation 61 (p.643):**

Victoria Police undertake a review of current initial police training to ensure general duties officers receive comprehensive instruction in liquor licensing matters and the enforcement of liquor licensing laws.

**Support**

Victoria Police training involves a continuous improvement process. Regular reviews of training and the updating of Liquor Licensing instruction is built into this process.

Victoria Police recruits receive education and training regarding the *Liquor Reform Control Act 1998* and its Regulations in a 70 minute lecture. This is delivered in a broader session on the *Summary Offences Act* within the twenty week recruit

training course. While legislation and policy keeps changing and becoming more complicated, it is hard to find additional training time within the recruit training schedule. In such a short period, it is difficult to fully equip recruits with the required knowledge and skills of the *Liquor Reform Control Act 1998*. The recruit training is currently under review with a view to aligning it to the broader higher education system.

Victoria Police have developed a two-day training course *Policing of the Liquor Industry* that is delivered by Regional Training Officers across the State to suitable general duties members at Senior Constable and Sergeant ranks. Liquor Licensing training is also part of the Diploma in Police Supervision (Sergeants' Promotional Qualification). While this training is available, it can be difficult for some Regions to release staff to attend.

**Recommendation 62** (p.650):

The Office of Alcohol Policy and Coordination review the findings of the evaluation of the Victoria Police Assault Reduction Strategy currently being undertaken by the Australian Drug Foundation.

**Support in Principle**

Victoria Police and Crime Prevention Victoria support in principle a review of the findings of the Victorian Police Assault Reduction Strategy evaluation.

**Recommendation 63** (p.655):

Victoria Police increase their patrols of licensed premises, particularly in entertainment precinct areas.

**Support**

Victoria Police currently patrol licensed premises on a as needs basis. However, the frequency of such patrols is subject to resource demands and local priorities.

The advantages of increased police patrols of licensed premises, particularly in entertainment precinct areas, include the deterrence of anti-social behaviour, violence and predatory crime, and an improved sense of community personal safety. However, the desirable public policy objective of improved community safety and perceptions of safety need to be balanced against increasing police presence to an undesirable, and possibly unnecessary, level of visibility.

Victoria Police is conscious of the potential 'net-widening' effect of such patrols and works with specialist Victoria Police units as well as other agencies to minimise unintended harms for young, indigenous and other vulnerable populations.

## **Section Ten:**

### **Prevention, Education and Information Strategies**

#### **10.1 Prevention Strategies: The Interplay between Risk, Protective and Developmental Factors**

**Recommendation 64** (p.673):

The Victorian Government, in developing the proposed Alcohol Framework, take into consideration the current evidence in relation to the developmental theories that address relevant risk and protective factors.

**Recommendation 65** (p.673):

The Victorian Government in developing strategies to address harmful alcohol consumption, particularly for young people, include consideration of the broader risk and protective factors that impact upon child development.

**Recommendation 66** (p.674):

The Office of Alcohol Policy and Coordination undertake further analysis of the critiques of risk and developmental theories as presented in this Report with the view of informing future policy development in this area.

#### **Support**

The Premier's Drug Prevention Council (PDPC) in its relationship with the academic community is able to maintain an extensive knowledge of current debates and research around alcohol prevention. While supportive of the risk and protective factors model, research and projects initiated by the PDPC are evidence based rather than determined by adherence to any one theory. However, many of the projects developed by the PDPC are very much informed by developmental theories that take into account risk and protective factors. One key example is the 'Transition to School' project, which aims to improve the participation and educational outcomes of Koori students in primary education with particular emphasis on Preparatory Grade.

The PDPC is currently developing a Victorian Drug Prevention Strategy, which will focus on risk and protective factors and contribute to a broader understanding of the relationship between risk and protective factors, drug and alcohol use and other health problems. This Strategy is being developed as a whole-of-government document.

The PDPC will also commence development of its Research Action Plan in 2006-07, which will ensure that the PDPC's research investment is directed to those areas that will add the most value to existing drug prevention research, both in Victoria and across Australia. The Plan will be informed by an analysis of existing gaps that aims to identify those potential areas of research that will produce significant outcomes regarding the prevention of alcohol and drug-related issues. The PDPC intends to develop an Indigenous Drug Prevention Research Action Plan that will aim to achieve similar outcomes. Both of these Action Plans will include investigations of research relevant to risk and protective factors.

In regard to education materials, developmental theories and relevant research into risk and protective factors informed the development of the Department of

Education and Training's *Framework for Student Support Services in Victorian Government Schools*. The Department continues to be informed of new research and frameworks that underpin much of the development of its work relating to alcohol and drug education.

### **10.3 Current Initiatives in Alcohol Education and Information, Provision for Young People**

**Recommendation 67** (p. 696):

Education strategies continue to:

- Be based on a harm minimisation framework;
- Use evidence-based resources;
- Support schools to develop policies and guidelines for a whole of school approach to drug/health education and ensure the effective management of drug use problems for all schools;
- Promote parent and community participation in the development and implementation of drug education programmes, policies and protocols;
- Develop strategies to ensure that effective school drug education is sustainable; and
- Provide comprehensive training and ongoing support for teachers of drug education in schools.

#### **Support**

The Victorian Government welcomes the Drugs and Crime Prevention Committee's endorsement of Victorian school drug education strategies. The Department of Education and Training (DET), in conjunction with cross sectoral representatives and key stakeholders, will continue to design and implement school drug education initiatives and strategies in accordance with these recognised principles of effective drug education.

This year, DET introduced a more strategic, longer-term planning approach for schools in regard to drug education. Known as the Drug Education Planning Process, this approach entails a four year planning cycle requiring all Government schools to integrate drug education action planning into their strategic planning. This new process supercedes the Individual School Drug Education Strategies (ISDES) developed by schools across all sectors, and non-government schools are again participating with support from the Department. As with the ISDES process, the latest process requires individual schools to develop policies and programs to address drug education issues in their school community. The Drug Education Planning Process promotes the principles outlined in Recommendation 67, ensuring sustainable strategies and whole school approaches.

**Recommendation 68** (p.698):

All state alcohol education programmes be subject to ongoing formal evaluation.

#### **Support in Principle**

The Department of Education and Training (DET) is exploring new methods of formal evaluation to enhance existing evaluation mechanisms for school drug education. One example is the implementation of the new Year 7 and 8 initiative that will trial several different approaches to drug education at these year levels

to enhance effectiveness of approaches and increase the number of hours of drug education taught. The effectiveness of approaches will be evaluated by external contractors.

As it operates in a devolved school environment, DET supports schools to evaluate and monitor their programs in terms of student outcomes at a school level using the Drug Education Evaluation and Monitoring (DEEM) student and teacher survey tools. The Department provides professional development to school teams to maximise effective use of data.

All Government schools operate within a school improvement and accountability framework that is responsive to school needs and focuses on improving outcomes for students. Schools plan and develop their drug and alcohol education programs to align with whole school strategic planning processes. The *Principles for School Drug Education* developed by the Commonwealth Government form the basis of a school's drug education evaluation, review and planning.

Other evaluation strategies utilised for school drug education include evaluation of regional professional development activities provided for schools, piloting of programs and resources in their formative stages and representation of key stakeholders on working parties that inform program and resource development.

**Recommendation 69** (p.701):

The 'Rethinking Drinking' programme be extended for implementation throughout Victorian schools.

**Support in Principle**

The revised *Rethinking Drinking - You're in Control (2004)* curriculum package was sent to each secondary school in 2004 by the Commonwealth Department of Education, Science and Training. It is a highly regarded resource widely used by many teachers in Victorian schools, as one component of the evidence-based materials schools use in alcohol education.

The Victorian Government would support extended implementation pending the results of an independent evaluation to assess the impact and outcomes of the current version of *Rethinking Drinking*. To support any extended implementation, the Department of Education and Training could continue to promote teacher training in the *Rethinking Drinking* materials, within existing resources.

The Premier's Drug Prevention Council has advised that it supports programs that aim to increase awareness and discussion of drinking among parents and their children, and professional development activities for teaching staff to increase and maintain their skills in delivering effective alcohol education. It maintains a concern, however, that the involvement of the alcohol industry in funding and developing materials may compromise the rigour of prevention programs such as *Rethinking Drinking*.

Funding for evaluation and extended implementation of the *Rethinking Drinking* program would be a responsibility of the Commonwealth government which developed the program.

**Recommendation 70** (p.706):

The Office of Alcohol Policy and Coordination review the evaluation of the School Health and Alcohol Harm Reduction Project with the view of implementing the project in Victoria if the outcomes are favourable.

**Support in Principle**

The Department of Education and Training has noted previously the highly successful outcomes in alcohol education achieved through the School Health and Alcohol Harm Reduction Project (SHAHRP) project in Western Australia. This effort to investigate the transferability of the program to the Victorian context is welcomed. However, an implementation strategy for Victorian schools should fully consider the costs and benefits of introducing a new program, including the implications for existing school based alcohol and drug education activities.

**Recommendation 71** (p.712):

The Office of Alcohol and Policy Coordination identify those programs in the community that are shown to deliver effective peer education on the responsible use of alcohol. Such programs should be promoted as best practice models and disseminated among other relevant community agencies.

**Support**

In March 2006, the DrugInfo Clearinghouse, with funding from the Premier's Drug Prevention Council, produced a suite of new resources in relation to peer education. This included *Prevention Research Quarterly: Current Evidence Evaluated on Peer Education* and fact sheets on *What is Peer Education?*, *Peer Education for Parents and Carers*, *A Rationale for Peer Education*, *Planning a Peer Education Program* and *Peer Education – Issues and Challenges*. This material is available free of charge on the DrugInfo Clearinghouse website.

The Victorian Government also promotes the use of effective peer drug education strategies in schools through providing resources and professional development for teachers to support establishing and coordinating programs in schools. *In Tune: Student Participation in Drug Education*, a resource developed by the Department of Education and Training and distributed to all Victorian secondary schools in 2006, provides strategies for schools to effectively involve students in drug education and to train students to become effective peer drug educators. The development of *In Tune* involved an extensive literature review on effective peer education programs and piloting of activities and strategies in Victorian schools. Also in 2006, all Victorian schools will receive the resource *Leading Education About Drugs (LEAD)*, which comprise support materials for conducting a peer participation drug education forum from the Commonwealth Government Department of Education, Science and Training.

The Drugs Policy and Services Branch within the Department of Human Services through their funded agencies and the Chair of Social Research in Alcohol (see responses to recommendations 164 and 165), will continue to monitor and identify programs that encourage responsible alcohol use, including peer education programs, and explore avenues for effectively disseminating information about successful programs to the broader community.

## 10.4 The Need for Targeted Education Initiatives on Alcohol and Alcohol Misuse

### **Recommendation 72** (p. 725):

The Office of Alcohol Policy and Coordination in collaboration with the Department of Education and Training conduct research aimed at improving information and support for parents and carers with regard to alcohol use and abuse.

### **Support in Principle**

Recognising the important role played by parents and carers in influencing attitudes and behaviours of young people, the Department of Education and Training (DET) has a commitment to involving parents and carers in school drug education. Parents and carers need to be informed and supportive of initiatives to reduce risky drinking by young people.

Engaging parents in drug education is part of a whole school approach to improving the health and learning outcomes for students. The involvement of parents improves the knowledge and skills of parents and assists them to provide realistic and consistent messages about alcohol and to act as effective role models. The Department welcomes new research initiatives that aim to increase the efficacy of these messages.

The Department will continue to promote its resources to schools, which outline effective strategies for involving parents in alcohol education. These include a suite of school retention resources plus *Creating Conversations, Talking Tactics Together* and *Parent Involvement in Drug Education: Guidelines for Schools*. A new resource *Parent Involvement in the Later Years* is due to be released this year.

The Department's four year Parent Engagement Strategy includes a project that is working with schools to increase involvement and communication with parents and carers from culturally and linguistically diverse backgrounds. The findings of this project will inform overall strategies and develop models of best practice for engaging parents from this and other harder to reach groups. Further research into effective provision of current and new information is welcomed and will complement existing strategies.

As detailed in response to recommendation 98, the Premier's Drug Prevention Council is supportive of developing an alcohol campaign targeting parents and adults to raise awareness of the risks associated with harmful alcohol consumption for young people, and to inform them of their rights and obligations regarding the provision of alcohol to people under the age of 18. Such a campaign could incorporate information dissemination either through new or existing channels and would include coordination and consultation with DET initiatives.



**Recommendation 73** (p.732):

The Victorian Government take steps to ensure short courses are provided to assist alcohol treatment practitioners in updating and extending their knowledge and skill base where such courses are currently not available. Such courses should be designed to overcome deficits in service delivery (eg. The management of clients with co-existing alcohol problems and mental health disorders).

**Support in Principle**

The Department of Human Services has a comprehensive Alcohol and Drug Workforce Development Strategy 2003-2006, which provides accredited training courses to support and enhance the skills of the alcohol and drug treatment (AOD) workforce, including Indigenous alcohol and drug workers. In particular, the Turning Point Alcohol and Drug Centre is funded to deliver training, free of charge, to AOD workers in the following Certificate IV in Alcohol and Other Drugs Work units:

- CHCAOD2C: Orientation to AOD work
- CHCAOD6B: Work with clients who are intoxicated
- CHCAOD7C: Provide needle exchange services
- CHCAOD8C: Assess the needs of clients who have AOD issues
- CHCAOD9C: Provide AOD withdrawal services
- CHCAOD10A: Work with clients who have AOD issues
- CHCAOD11A: Provide advanced interventions to meet the needs of clients with AOD issues

The Victorian Government is committed to continue the delivery of training in these core competencies to maintain the capacity of the AOD workforce.

The Department of Human Services has also developed a dual diagnosis initiative that provides the alcohol and drug workforce with the capacity to work with clients with cognitive impairments and is investigating how this initiative can improve outcomes for these clients.

**Recommendation 74** (p.732):

A competency-based system of worker accreditation for alcohol treatment practitioners be implemented.

**Support in Principle**

The Department of Human Services (DHS) is committed to supporting a competency-based system of worker accreditation for alcohol treatment practitioners. Currently, DHS has implemented the Alcohol and Other Drugs (AOD) Workforce Recognition Project, which is a state-wide strategy that will recognise the skills, knowledge and experience held by AOD workers. It will also support and facilitate AOD workers to meet a Minimum Qualification requirement, which came into effect on 1 July 2006.

The Workforce Recognition project is an investment of over \$550,000 in the Alcohol and other Drug sector workforce, and aims to provide all AOD workers with advice and support to achieve the Minimum Qualification standard through a standardised, work-based, assessment process. This project is being conducted

by the sector's own Registered Training Organisations (RTO's). Every DHS funded Drug Treatment Service has been linked to one of the Registered Training Organisations listed above.

Training Advisors operating in the RTOs provide *recognition of current competency* assessment to individuals in the workplace, against the competencies pertaining to them. Training Advisors use methods such as self-assessment, interviewing and management input. Training needs are identified and an Individual Training Plan is created for each participant. This is developed in consultation with management to determine an action plan for each worker to enable them to meet the Minimum Qualification by 1 July 2006.

The project has been conducted over eighteen months and has produced many benefits for the workforce and sector. These include:

- An opportunity for AOD workers to gain recognition of their skills through nationally accredited qualifications and units of competency;
- Clarification of the roles of training providers and service managers in identifying staff learning/skill gaps and addressing these;
- Consistency across AOD services to allow for recognition of competency and portability across services and career development; and
- Improved understanding of the AOD workforce and their learning needs.

**Recommendation 75 (p.738):**

The Victorian Government take steps to ensure that alcohol education and training be an essential and comprehensive part of the vocational and specialist groups likely to encounter people with drinking problems, especially:

- Primary health care workers (including general practitioners, practice nurses, Indigenous community health workers);
- Social service workers (including social workers, corrections officers, and youth workers);
- Mental health workers (including psychiatrists, mental health nurses and mental health support workers);
- Police and emergency services;
- Taxi drivers and public transport workers; and
- Airline staff responsible for serving alcohol.

**Support in Principle**

The Department of Human Services has an extensive workforce strategy, which provides a competency-based system of worker accreditation for alcohol treatment practitioners, including those Indigenous community health workers who have a focus on alcohol and drug issues. The Department has also developed a dual diagnosis initiative that provides the alcohol and drug workforce with the capacity to deal with high prevalence mental health issues.

External to the Alcohol and Other Drug workforce, many employees within the Victorian Government are provided with information and training to improve their knowledge and skill base around alcohol-related issues. For example, Corrections Victoria provide correctional staff with training in motivational interviewing, which provides employees with the skill to encourage prisoners and offenders to address their offending behaviour through treatment programs, including those relating to alcohol and other drugs.

Victoria Police also conduct extensive training with their employees to ensure they can adequately attend to incidents involving alcohol. This includes:

- The appointment of a Drug Education Project Officer who provides harm minimisation training;
- The appointment of Regional Training Officers in all police regions who include alcohol-related topics within their respective portfolios;
- Operational Safety Tactics and Training in dealing with intoxicated and aggressive persons;
- Provision of education regarding various laws that relate to alcohol, including liquor licensing, intoxication, family violence, public disorder offences and drink/drug driving; and
- Provision of instruction around dealing with intoxicated persons in custody, including the Custodial Health Alcohol and Drug Nurse Program and the Custodial Medicine Unit.

In terms of providing information and training to non-Government employees, such as taxi drivers and airline staff, as well as to local government employees, the Victorian Government will ensure that peak industry bodies and other agencies responsible for the employment of professionals are aware of, and can access, information and training on issues relating to alcohol. One key point of reference for these groups could be the Australian Drug Foundation's Alcohol and Work website, which provides information to employers, managers, supervisors and employees about alcohol in the workplace, provides guidance on developing workplace alcohol policies and information on where to seek help and support.

**Recommendation 76** (p.738):

The Victorian Government support the provision of alcohol training for volunteers working in health and social services.

**Support in Principle**

In 2005, a training program in alcohol and other drugs was provided to workforces other than the Alcohol and Other Drug (AOD) workforce. The workforces targeted included Child Protection workers, Disability workers, Family Support workers, Mental Health workers, housing workers and Juvenile Justice workers. The Victorian Government will continue to work with peak bodies to increase awareness and access of training opportunities.

In 2005 – 2006, the Eastern Metropolitan Region of the Department of Human Services (DHS) Eastern Metropolitan Region offered a broad, basic training program in alcohol and drug issues for volunteers. The training, which was developed and delivered by Turning Point Alcohol and Drug Centre, targeted primarily church groups in the Shire of Yarra Ranges. It provided a basic understanding of alcohol and drug issues and the referral pathways for people seeking help.

The Victorian Government will encourage other DHS regions to consider offering this training program if there is sufficient interest and commitment by volunteers who wish to assist people affected by alcohol and drug issues. The Government will also explore how to ensure that peak bodies and other agencies responsible for the employment of volunteers are aware and can access information and training on issues relating to alcohol.

## 10.5 Alcohol Awareness Campaigns and Community Education Strategies

### **Recommendation 77** (p.755):

The Victorian Government investigate ongoing support of the Community Alcohol Action Network.

### **Support**

Since 2004, the Premier's Drug Prevention Council has funded the Community Alcohol Action Network's (CAAN) *GrogWatch* program, which is a weekly e-bulletin that provides an update of alcohol-related news and views that is collated by CAAN and is circulated to its subscribers.

The Victorian Government is supportive of CAAN and views it as playing an important role in community awareness raising, advocacy and the promotion of community action in responding to concerns about Australia's culture of high risk drinking and the ways in which alcohol is marketed and supplied in the community. A review was undertaken of CAAN and its operations and the PDPC recently agreed to continue its funding of the Network.

### **Recommendation 78** (p.1151):

The Victorian Government request the Ministerial Council on Drug Strategy to develop a national public education campaign that is comprehensive and based on best practice. This campaign should increase public awareness in relation to preventing and reducing the harm associated with alcohol and the consequences on the health and well being of individuals, families and communities. It should also be targeted to a wide range of audiences including but not restricted to:

- Young people;
- Older people;
- Pregnant women;
- Culturally and linguistically diverse communities;
- Indigenous people.

### **Support**

In the last few years, the Victorian Government has developed and implemented a number of campaigns to raise awareness of the harms associated with the misuse of alcohol in the Victorian community.

In 2003, the Department of Human Services developed the Youth and Tertiary Alcohol Campaigns, both of which aimed to increase the awareness and understanding of the harms associated with drinking at harmful levels. The Youth Alcohol Campaign specifically targeted young people aged 14–15 years and comprised television, cinema and radio advertisements. The Tertiary Alcohol Campaign targeted students aged 18–25 years and comprised a series of print advertisements placed in and around tertiary institutions, including in bathroom facilities, local pubs and bars and transport shelters. Collateral items, such as a standard drinks glass were also distributed among tertiary students.

More recently, the Premier's Drug Prevention Council (PDPC) commissioned the Victorian Aboriginal Community Controlled Health Organisation to undertake

research on Foetal Alcohol Syndrome (FAS) in Indigenous communities in Victoria and to develop an information resource kit titled *Healthy Babies, Healthy Pregnancies*. The objective of this resource is to raise awareness within Indigenous communities and in particular among Indigenous women, about how to ensure the health of developing fetuses. The information resource kit comprises print ready and focus-tested flip charts, posters and brochures that display specially commissioned artwork, as well as a detailed dissemination strategy.

In terms of national public campaigns, the Commonwealth Government launched its national alcohol campaign in February 2000 with a second phase commencing in November 2000 and a third phase commencing in September 2002. The aim of this campaign was to reduce alcohol-related harms amongst young Australians. The Victorian Government notes the recent announcement of the Parliamentary Secretary to the Minister for Health and Ageing to develop another awareness campaign to promote a more responsible drinking culture in Australia. It is intended that this campaign will follow the review of the Australian Alcohol Guidelines by the National Health and Medical Research Council.

Once the Victorian Government learns more of this campaign, it will write to the Parliamentary Secretary to the Minister for Health and Ageing to inform him of this recommendation and the need to ensure the campaign materials are relevant to various groups within Australia, including Indigenous Australians and culturally and linguistically diverse communities.

**Recommendation 79 (758):**

The Victorian Government request the Ministerial Council on Drug Strategy to mount a national consumer education campaign on standard drink sizes and low risk patterns of consumption.

For response to recommendations 18 & 79, refer to page 19.

**Recommendation 80 (p.1151):**

The Committee recognises the role the media play in disseminating information on important issues and its contribution to social policy debates. The Committee therefore recommends the Office of Alcohol Policy and Coordination develop a partnership with media outlets to raise community awareness about alcohol related problems and possible solutions.

**Support**

The Victorian Government recognises the significant role that the media plays in shaping opinion and disseminating information. The chief way in which the Government can act on this recommendation is to work with funded providers of drug education and information, such as the Australian Drug Foundation, the Victorian Alcohol and Drug Association and the Turning Point Alcohol and Drug Centre, to ensure that they provide relevant materials, advice and feedback to journalists and editors.

The manner in which alcohol is advertised and promoted in the media is also a significant media issue. The Government's response in relation to alcohol advertising is contained in the response to recommendation 25.

**Recommendation 81** (p.1151):

Youth specific media, such as youth radio, newspapers and the Internet, be included in Office of Alcohol Policy Coordination strategies to disseminate information on alcohol and its related harms when misused.

**Support**

The Victorian Government recognises the need to engage with young people in ways that are meaningful to them, using media and messages that young people can relate to.

The Youth Alcohol Campaign, which is discussed in detail in response to recommendation 78, is a good example of a youth-focussed campaign. The campaign comprised a mass media campaign that utilised television, radio (for example, Nova and Triple M), Internet (MSN chat and Hotmail) and cinemas. In addition, advertisements were placed in venues frequented by young people, such as shopping centres.

The Department of Human Services also developed a Tertiary Alcohol Campaign, which consisted of a series of six print advertisements placed in and around tertiary institutions, including in transport shelters, bathroom facilities of local pubs and bars, on-campus common rooms and student services. The key message of this campaign and the Youth Alcohol Campaign, was that regular excessive drinking could impact seriously on relationship with friends. This message was underpinned by the campaign tagline 'Is Getting Pissed Getting Pathetic? (Just Ask Your Friends)'. Collateral items, such as a standard drinks glass and wallet sized information cards, were also distributed and the Victorian Government's drug and alcohol websites were updated to incorporate information for tertiary students about alcohol. Internet advertising also featured as part of the campaign on popular sites regularly visited by tertiary students. The campaign's evaluation found that the campaign was effective in raising students' awareness of the harms of excessive drinking.

Another youth-focused campaign was the Schoolies Week initiative funded by the Premier's Drug Prevention Council (PDPC). The Office for Youth was funded to undertake extensive consultations with school leavers about the information they wanted to assist them plan for safe partying. Schoolies Week activities conducted by the PDPC included information provision, media, radio advertising and local events funding. Information about Schoolies Week was provided to young people through a range of media, including *youthcentral*, the Victorian Government's web-based initiative for young people aged 12-25.

The Victorian Government will continue to include the utilisation of youth-oriented media and messages in future strategies to disseminate information on alcohol and its related harms to young people.

## **Section Eleven:**

### **Treatment Strategies**

#### **11.1 Current Treatment Options**

**Recommendation 82 (p.775):**

The Victorian Government take steps to ensure that provision be made for the training of primary care professionals in screening and using brief interventions with their patrons with regard to harmful alcohol consumption. Such training should be provided for:

- General practitioners;
- Nurses; and
- Allied health professionals (including community health staff).

Such training should be aimed at instilling the ability and confidence to instigate brief interventions with clients when required.

#### **Support in Principle**

The Victorian Government has funded the development of clinical treatment guidelines for brief treatment interventions for alcohol and drug clinicians. Training in using the guidelines will be provided in 2006-07. Allied health professionals in community health centres have received training in utilising single session therapy for a range of issues including alcohol and drug issues (short brief interventions) in 2005-06.

The Government acknowledges the merits of brief interventions for addressing alcohol problems in non-dependent problematic users. A 2001 National Drug and Alcohol Research Centre study of who seeks treatment for alcohol dependence found that less than 30% of those with alcohol dependence sought help for their alcohol problems and most of those who did saw a General Practitioner (GP). Earlier intervention is a key focus for Government policy in the future development of its alcohol and drug programs.

The Government will investigate mechanisms to educate and train existing and newly qualified GPs in the use of brief interventions and other treatments for alcohol problems in partnership with the Royal College of GPs.

The Department of Human Services already provides cross-sectoral training for allied health and welfare professionals to improve recognition and awareness of alcohol and drug problems for clients and pilot programs have operated in some hospitals through the Hospitals Admission Risk Program. The Department will consider options for targeting future cross-sectoral training, incorporating screening and brief interventions, to nurses based in emergency departments and in other acute and primary health settings.

**Recommendation 83 (p.775):**

The Committee acknowledges the importance of brief interventions by primary health workers, but emphasises that specialist treatment services remain an important part of an overall treatment model. The Committee therefore recommends the provision of additional specialist treatment facilities, particularly for rural, regional and outer suburban areas on the basis of need.

**Support in Principle**

The Victorian Government recognises the benefits of primary health care workers being competent in screening and delivering brief interventions to people with alcohol-related problems. However, the provision of an effective range of specialist treatment services must remain an important part of the overall treatment model.

The Department of Human Services currently funds 102 agencies to provide over 360 specialist treatment services. Almost all of these services currently provide assistance to people with alcohol-related issues. These include a broad array of different service modalities, including:

- Residential and non-residential withdrawal services;
- Residential, home-based and community rehabilitation services;
- Counselling, consultancy and community care services;
- Supported accommodation services;
- Peer support programs;
- Pharmacotherapy programs; and
- Forensic programs.

The 360 services are distributed across Victoria. The process by which these services were distributed and established took into account a number of key issues such as the necessity for location in or near major population centres; accessibility of services by road and public transport; and any economic disadvantage and special needs of local populations.

The 102 auspicing agencies include 25 community health centres, 22 public hospitals, five local government authorities and 50 non-government organisations. In many cases, the specialist drug and alcohol treatment service is physically located with other relevant health or welfare services operated by the auspice. In general they are structurally and clinically embedded within the practice of the auspice agency, enabling more comprehensive service delivery and consultation between workers.

The Victorian Government will consider the need for additional services within the context of existing and further identified needs.

**Recommendation 84 (p.780):**

The Department of Human Services in collaboration with alcohol and other drug treatment services ensure that, wherever possible, part of treatment service provision is geared towards engaging family or significant people in the client's treatment plan.

**Support in Principle**



The Department of Human Services (DHS) funds a number of family services as part of a package of family support initiatives launched by the Minister for Health in August 2000, which were informed by research studies conducted by Success Works P/L on *Young People and Drugs Needs Analysis* (1996-97) and the *Involving Families and Drug Treatment* (1998). *Young People and Drugs Needs Analysis* defines young people's treatment and support needs, the role of parents in supporting young people and the engagement of families in the service system. *Involving Families and Drug Treatment* examined how the drug treatment service system can best work with families and/or carers of young people with problematic substance use, in order to engage them effectively in the treatment process. The *Involving Families and Drug Treatment* report included the *Resource for Family Inclusive Practice* that has been disseminated to all government-funded alcohol and other drug treatment services in Victoria.

The Minister for Health recently launched the *Parenting Support Toolkit for Alcohol and Other Drug Workers*. This Toolkit developed by the Victorian Parenting Centre and Odyssey House Victoria for DHS, assists Victorian drug and alcohol workers identify and respond to their client's parenting needs, provide information, support, guidance, and referrals to specialist services.

The Department of Human Services also provides \$1.8 million annually for a range of family support services:

- Family Counselling - provides assistance, counselling and support to families to promote, maintain and strengthen their independence and well-being, as well as strengthen their capacity to support their addicted family member;
- Family Drug Help - initiates and supports self-help groups for family members of drug users; produces quarterly newsletters; provides information, advice, counselling, referrals and other support; strengthens links and communication between families, self-help groups and drug treatment services; and represents the views of families to Government bodies and relevant organisations;
- Residential Rehabilitation - Odyssey Residential Rehabilitation Service is funded to provide 30 beds specifically for families (15 beds for parents and 15 beds for children) to cater for parents undergoing residential rehabilitation who have young children; and
- Parent Support Program - a group program that provides strategies for better communication between parents and children as well as negotiation skills for setting guidelines on behaviour. It helps carers to develop supportive relationships and to deal with the anxiety surrounding the misuse of drugs by their loved one.

The Department also funds the Alcohol and Other Drug Parenting Support Service that is being piloted in the North West and Southern Metropolitan Regions to deliver family and parenting services to parents residing in Alcohol and Drug Supported Accommodation and, where necessary, support their move back into the community.

**Recommendation 85** (p.791):

The Office of Alcohol Policy and Coordination should commission a review of the treatment service system for people with drinking problems. The review should consider the following issues:

- Whether current arrangements are consistent with the evidence on what constitutes an effective service system;
- Whether current arrangements respond adequately to regional and local needs;
- How to ensure access to the full range of services from brief interventions to aftercare;
- How to improve integration of alcohol and other drug interventions with primary health care and other relevant services; and
- Ways in which ongoing planning and review of alcohol and other drug treatment services can involve and be influenced by local and regional alcohol planning processes.

**Support in Principle**

The Victorian arm of the Australian Treatment Outcome Study (ATOS) is examining the effectiveness of three different interventions in the treatment of alcohol dependence. The study is due to report in July 2006.

The Department of Human Services has commissioned the development of clinical guidelines for the use of brief interventions in the treatment of alcohol and other drug problems in the specialist alcohol and drug sector.

The Department is also developing a blueprint for the alcohol and drug sector, which will incorporate best practice in the treatment of alcohol problems within the specialist setting. It will also suggest ways to improve access to the full range of services and the integration of alcohol and other drug interventions with primary health care and other relevant services. As part of this work, the blueprint will analyse the reviews of the service system recently undertaken (Adult, Youth and Rural) and the outcomes of ATOS to assess whether current arrangements meet the needs of clients presenting with alcohol concerns both in the primary and specialist settings. The way in which planning can incorporate local and regional factors will also be assessed.

The Victorian Government will commission research into the role that hospitals play in the treatment of alcohol problems and assess how the specialist sector can best support those admitted to hospital who have an unsuspected dependency on alcohol.

**Recommendation 86 (p.791):**

The Victorian Government in developing treatment services should give priority to:

- Earlier intervention for people at high risk of harm, including young people;
- Services for families and carers affected by drinking; and
- An improved range of interventions for indigenous people in communities, including night patrols, sobering-up shelters and treatment and aftercare programmes.

**Support in Principle**

The Victorian Government supports giving priority to early intervention, services for families and an improved range of interventions for indigenous communities through a number of program areas.

The work of the Premier's Drug Prevention Council (PDPC) seeks primarily to prevent harmful drug use before it occurs through early intervention initiatives, as well as addressing harms among users. The following are some of the current early intervention projects that have been funded or developed by the PDPC:

- *Transition to School*, which aims to improve the participation and educational outcomes for Koori students in primary education with particular emphasis on Preparatory Grade.
- *Connectus*, which seeks to minimise risk taking behaviour in young people 16 - 20 years of age who are disengaging from education, by providing access to employment, education and training opportunities and support from the business, community and employment sectors.
- *Healthy babies, Healthy Pregnancies* is aimed at raising awareness within the Indigenous community about how to ensure the health of a developing foetus.
- Schoolies Week Initiative promotes information and awareness to schools, parents, and students who intend to participate in Schoolies week activities about how to do so in a planned and safe way.

The Department of Human Services (DHS) has developed the Parent Support Program (PSP) to enhance services for families and carers affected by drinking. This program, delivered in two rural and two metropolitan regions, provides short-term therapeutic group programs for families of alcohol or drug users, and strategies for better communication between parents and children, as well as negotiation skills for setting guidelines on behaviour. It is designed to help carers develop supportive relationships, a key factor in the remission of substance misuse problems, and to deal with the anxiety surrounding the misuse of alcohol and drugs by their loved one.

*A Parenting Support Toolkit for Alcohol and Other Drug Workers*, launched by the Minister for Health in February 2005/06, is a resource developed in partnership with the Victorian Parenting Centre and Odyssey House Victoria, to assist all Victorian drug and alcohol workers identify their client's parenting needs by including parenting in the assessment process. The Toolkit helps workers respond to parenting needs through the provision of information, support and referrals.

In addition, DHS provides funding of \$1.8 million annually to various family support activities, including Family Counselling, Family Drug Help, Peer Support –

Family Support Network, Residential Rehabilitation (30 beds, including family) and Parent Support Program. This represents 1.7% of the total drug budget. These activities are outlined in further detail in response to recommendation 84.

A range of interventions for Indigenous people have been implemented across the State and all rural regions are funded to provide Koori Alcohol and Other Drugs (OD) community workers and a youth community worker, who provide a range of counselling and support services. There are additional specialist services provided to meet specific Indigenous community needs. For example, Gippsland and East Gippsland Aboriginal Co-op and Ramhyuck are to commence operating a mobile night patrol bus. A similar night patrol bus also operates in conjunction with a Koori AOD resource centre and sobering up centre in Mildura. In Southern Metropolitan region, an Indigenous Women's Worker works at the region's primary health care facility to improve access of Indigenous people to the facility.

The Victorian Government in developing treatment services will continue to consider prioritising early intervention for those at high risk (including young people), services for families and carers affected by drinking, and an improved range of interventions for indigenous people in communities.

**Recommendation 87** (p.791):

The Victorian Government take steps to ensure that treatment is at all times evidenced-based, effective and flexible enough to respond to developments in scientific knowledge and treatment technology.

**Support**

The Department of Human Services (DHS) currently implements several measures to ensure that alcohol treatment remains evidence-based, effective and flexible enough to respond to developments in scientific knowledge and treatment technology. These include:

- Workforce Development Strategy (WDS), through which it ensures the maintenance of an appropriate and accredited knowledge and skill base throughout the funded treatment sector. The five key strategic directions of the WDS are:
  - Build the capacity of the specialist alcohol and drug workforce to provide high quality, responsive client services to meet current and anticipated future needs;
  - Increase capacity to attract and retain a highly skilled specialist alcohol and drug treatment workforce;
  - Strengthen the capacity of the Koori AOD workforce to manage and deliver effective and high quality drug and alcohol services and programs to indigenous communities;
  - Increase capacity to identify and respond to alcohol and drug problems and related harm, and apply evidence-based interventions; and
  - Support the attainment of quality standards by funded alcohol and drug treatment services and AOD workers.
  
- Funding provided to the Turning Point Alcohol and Drug Centre, which has a role as a centre of leadership, providing alcohol and drug research and training activities for the drug treatment service sector and the broader health and welfare system. This funding is also extended to research undertaken by the Centre; and

- Funding of the Chair of Social Research in Alcohol, which has been done in partnership with the University of Melbourne and Turning Point. The key roles of this Chair are research and further development of knowledge on alcohol-related issues in society.

## **11.2 Treatment Strategies: Debates, Monitoring and Evaluation**

### **Recommendation 88** (p.799):

The Victorian Government request that the Ministerial Council on Drug Strategy facilitate the development of a national strategy which will enable the diversion of offenders by police and the courts into alcohol treatment and education programmes.

### **Support**

Over the past five years, the Victorian Government has implemented the National Illicit Drug Strategy (NIDS) Drug Diversion Initiative, which comprises a series of early and targeted interventions to individuals who are brought into the criminal justice system due to drug-related offences. The interventions aim to provide an alternative to the criminal justice system and seek to modify individual drug-related criminal behaviour through education, assessment and treatment.

As noted in the Final Report of the Drugs and Crime Prevention Committee, the Victorian Government has expressed its support for the extension of the NIDS Drug Diversion Initiative to be applicable to alcohol-related offences. In August 2005, the Premier of Victoria wrote to the Prime Minister requesting that the NIDS Drug Diversion Initiative be extended to include alcohol. In response, the Prime Minister indicated that while he was sympathetic to the issue, the Commonwealth Government would not agree to provide funding through the National Illicit Drug Strategy to support the inclusion of alcohol in the existing Drug Diversion Initiative.

The issue of including alcohol in the NIDS Drug Diversion Initiative has not yet been raised with the Ministerial Council on Drug Strategy (MCDS) nor has it been addressed at a national level. The Victorian Government will refer this recommendation to the MCDS for their consideration and action.

### **Recommendation 89** (p.813):

The Victorian Government take steps to ensure that young people who need to undergo medicated withdrawal from alcohol should do so in an appropriate adolescent ward of a suitable hospital such as the Royal Children's Hospital or Monash Medical Centre.

### **Support**

The Department of Human Services currently funds a number of Youth Residential Drug Withdrawal Services that provide appropriate support to young people requiring alcohol withdrawal, who do not require acute medical services concurrently with their withdrawal episode. These services have negotiated arrangements with public hospitals for care of clients who do require acute

medical services concurrently with their withdrawal. The current service specifications state that:

'The objective of a youth residential withdrawal service is to provide short-term intensive support, time out and drug withdrawal services to young people in a community residential setting ... The service will have the capacity for medically-supervised withdrawal, as appropriate ... The service will operate in a multi-disciplinary, psycho-social health framework and will be located in close proximity to an acute hospital and a child and adolescent mental health service. Negotiated protocols with these health services for 24 hour emergency access and back up are essential.'  
(DHS: *Tender Specifications for Youth Residential Withdrawal Services*, March 1999).

In cases where these services refer a client to a hospital for acute medical withdrawal, they ensure that the hospital is able to treat the young person in a ward or setting that keeps them separated from adults. However, there are instances when a client in need of acute withdrawal presents, or is taken, to a hospital directly.

## **Section Twelve:**

### **Strategies to Address Harmful Alcohol Consumption Among Young People**

#### **12.1 The Nature and Culture of Young People's Drinking**

**Recommendation 90 (p.854):**

The Office of Alcohol Policy and Coordination monitor national and international programmes aimed at changing or reducing the prevailing climate of acceptance of binge drinking by young people.

#### **Support**

The Victorian Government is concerned about the social acceptability of regular excessive drinking by young people. The *Victorian Alcohol Strategy: Stage One Report 2002* contained a number of initiatives to address this issue, one of which was to develop and implement an alcohol awareness campaign targeting young people. As discussed in responses to recommendations 78 and 81, the Youth Alcohol Campaign was subsequently developed with the aim of increasing young people's awareness of the negative consequences of regular excessive drinking and informing them of ways to reduce alcohol related harm. The Campaign's evaluation showed that it was successful in raising young people's awareness and understanding of the negative social consequences of drinking.

The Schoolies Week Campaign funded by the Premier's Drug Prevention Council (PDPC) and Tertiary Alcohol Campaign developed by the Department of Human Services are also examples of campaigns aimed at addressing harmful drinking by young people. These campaigns are discussed in more detail in the response to recommendation 81.

The Alcohol & Illicit Drugs Unit located within the Drugs Policy and Services Branch of the Department of Human Services (DHS) has primary responsibility for alcohol issues. The Unit currently monitors local, national and international

developments and responses in relation to alcohol, including issues relating to young people such as binge drinking.

The Department of Human Services has also funded the establishment of a Chair of Social Research in Alcohol in the School of Population Health at Melbourne University. The Chair of Social Research in Alcohol and the supporting research team will ensure that policy makers in Victoria have an immediate connection with international alcohol policy and new developments. The Drugs and Crime Prevention Committee's report and recommendations, including those relating to young people, will be drawn on by DHS to inform discussions with Chair of Social Research in Alcohol about appropriate future research projects. The role of the Chair is discussed in more detail in the response to recommendations 164 and 165.

The DrugInfo Clearinghouse, funded by the PDPC, plays an important role in disseminating information and resources on prevention, including relevant international research. This includes information relevant to young people and their drinking. The Clearinghouse is the primary source of drug prevention information, research and resources for workers and the community in Victoria. The Clearinghouse is discussed in more detail in the response to recommendation 4.

The Victorian Government will continue to monitor local and international developments in relation to harmful drinking through the range of mechanisms outlined above.

## **12.2 Young Women's Drinking**

### **Recommendation 91 (p.871):**

The Victorian Government take steps to ensure that responsible drinking guidelines for women, including young women, be promoted, particularly at primary health care settings such as doctor's surgeries, community health clinics, women's health centres and antenatal clinics.

### **Recommendation 92 (p.871):**

The Victorian Government take steps to ensure that clear and accurate information on the effects of alcohol on women, including young women, is made available to primary health care professionals.

### **Recommendation 159 (p.1213):**

The Office of Alcohol Policy and Coordination promote and disseminate information about alcohol and pregnancy to young women through schools, primary health settings and other forums. This should include information that is culturally appropriate for women from Indigenous and culturally and linguistically diverse backgrounds.

## **Support in Principle**

As stated in the previous response, the DrugInfo Clearinghouse, funded by the Premier's Drug Prevention Council (PDPC), provides a range of information and research for health care professionals and the broader community, including information relating specifically to the effects of alcohol on women and young people. This includes information targeted specifically at the Indigenous and

culturally and linguistically diverse communities. The DrugInfo Clearinghouse is discussed in more detail in the response to recommendation 4.

The PDPC leads a range of prevention initiatives in response to community concern about reports of harmful alcohol consumption by young people, especially young women, at Schoolies Week celebrations in Victoria and interstate. This includes supporting the development and dissemination of information for parents, schools, and young people who plan to attend Schoolies Week celebrations with practical tips and guidelines for participating in Schoolies Week celebration in a safe and respectful way. These initiatives include a schoolies sub site on the Office for Youth's youthcentral site, a Z-Card with practical information about health, accommodation, and advisory services, and a youth outreach service in popular Schoolies Week locations to provide advice and support young people who experience alcohol or drug related issues.

As discussed in response to recommendation 78, the PDPC has commissioned the Victorian Aboriginal Community Controlled Health Organisation to undertake a project which, after community consultation, was given the working title *Healthy pregnancies, healthy babies for Koori communities*, to reflect a holistic view of the issues associated with Foetal Alcohol Syndrome (FAS). This project will produce a healthy babies kit for use by Indigenous health care workers to raise awareness of health issues for pregnant women. Moves to develop a national approach to FAS, are discussed in the responses to recommendations 155-158.

One of the key concerns in relation to women's alcohol consumption is determining the safe level of alcohol consumption for women during pregnancy. The Victorian Minister for Health wrote to the Federal Minister for Health and Ageing in July 2005 requesting that Guideline Eleven of the Australian Alcohol Guidelines be reassessed to determine its suitability. The Federal Minister has indicated that the Guidelines will be reviewed in 2006. Following this review, the Victorian Government will consider the appropriate means for disseminating and publicising the Guidelines, including to women from Indigenous and culturally and linguistically diverse backgrounds. In particular, the Government recognises that primary health care settings may provide a useful opportunity to disseminate information on alcohol and its effects to women and will give consideration to this approach.

Furthermore, in ensuring information provided to women is culturally appropriate to those from Indigenous and culturally and linguistically diverse backgrounds, the Victorian Government will consult and explore collaborative efforts with key multicultural community organisations.

**Recommendation 93** (p.872):

The Victorian Government ensure that young women's drinking is addressed in school-based drug education and public education campaigns designed to reduce alcohol-related harms.

**Support**

A key theme in the *Principles for School Drug Education* is that drug education is targeted to needs and context. This means that schools should consider the diverse components of identity, including gender, when providing drug education (Principle 6). Schools also consider a range of risk and protective factors that affect a young person's health and education outcomes (Principle 7).



Activities in commonly used school alcohol education resources *Get Wise* and *Rethinking Drinking* encourage exploration of alcohol-related harms in gender specific ways. Specific issues for young women such as drink spiking, sexual assault, unintended behaviours and women's drinking cultures are addressed at a school level through effective and targeted programs. The Department of Education and Training also intends to conduct research in schools to identify patterns of alcohol consumption for population subgroups, including young women.

Furthermore, schools are advised to deliver programs in a whole health and wellbeing framework, providing timely, developmentally appropriate and ongoing drug education. Initiatives to address young women's drinking should remain in this broader health context that considers the effect of alcohol on their personal safety and physical, sexual and emotional health.

The Victorian Government supports the Drug and Crime Prevention Committee's conclusion that any school-based initiatives to address the harms associated with young women's drinking should avoid labelling behaviour as 'unfeminine' and blaming women if they are victims of alcohol-related abuse and crime.

### **12.3 The Consumption of Ready to Drink Beverages**

**Recommendation 94** (p.889):

The Victorian Government request the Ministerial Council on Drug Strategy to review the content of ready to drink beverages, particularly those associated with and targeted to young people, such as those colloquially known as 'alcopops'.

#### **Support**

The Victorian Government notes the recent research report undertaken by the National Drug and Alcohol Research Centre (NDARC) that examined young people's taste perceptions, attitudes and experiences with alcohol, and in particular Ready to Drink (RTD) products.

The research findings demonstrated that overall RTDs received the highest palatability ratings among young people and in many instances participants were more likely to recognise the non-alcoholic component, such as milk and a fruit based soft drink, than its alcoholic counterpart vodka. The National Drug and Alcohol Research Centre recommended that caution be taken when using milk or soft drink as a base for RTDs, particularly with an alcoholic base that is less readily detected by people under the age of 18.

Following the release of this research report, there was a call to consider banning milk and vodka based RTDs unless they were reformulated and repackaged to lessen their appeal to people under the age of 18. In response, the Parliamentary Secretary to the Minister for Health and Ageing indicated that the Commonwealth Government had no intention of banning these products at a national level, however it would consider strengthening the advertising of these products to reduce their appeal to people under the age of 18.

In light of this research report and the response of the Commonwealth Government, the Victorian Government will request that the Ministerial Council on Drug Strategy commission a review of the content of RTDs, including

consideration of the potential impact of low and mid-strength RTDs on consumption rates among young people.

## 12.4 Underage Drinking and Strategies to Prevent it

**Recommendation 95** (p.899):

The Victorian Government introduce legislation enabling Victoria Police to use underage operatives for test purchases of alcohol.

### Not Support

New legislation is not required. The power enabling police to use underage operatives has already been legislated in the *Crimes (Controlled Operations) Act 2004* which is due to commence on 1 July 2006. However, it is anticipated that the Act will not commence before 1 November 2006 due to changes sought by the Commonwealth to the oversight arrangements for Commonwealth agencies under the Act.

This Act relates to Victoria Police operations that require police members, or civilians acting on their behalf, to engage in criminal conduct and offers protection/indemnity against prosecution. Other Acts that previously included this power have been repealed. Using civilian underage operatives to purchase alcohol would be classified as a Local Minor Controlled Operation.

While the recommendation to change legislation is not supported, the concept of utilising underage operatives to test purchase alcohol is of interest to the Department of Justice. The concept of using underage operatives would need extensive research and consultation both within Victoria Police and with other agencies that currently utilise underage operatives for law enforcement purposes.

Underage drinking is an issue of considerable concern to police, not only from a Liquor Licensing enforcement perspective, but also from the point of view of minimising alcohol-attributable behavioural offences, death and injury among young people. Chikritzhs and Pascal (2004)<sup>6</sup> reported that 47 per cent of young people aged 14-17 years had purchased alcohol from a retail outlet. This provides an indication of the ease with which young people are able to obtain alcohol from licensed premises.

The availability of alcohol through the Internet, supermarkets, packaged liquor being supplied in conjunction with home delivery take-away food, as well as less restrictive licensing of restaurants and cafes, are all areas of liquor enforcement which are difficult to police by traditional policing practices. Using underage operatives to conduct test purchases in these types of environments would greatly enhance the ability of police to detect and prosecute those suppliers in breach of the law.

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<sup>6</sup> Chikritzhs, T. & Pascal, R. (2004) *Trends in youth alcohol consumption and related harms*, 1990-2002. National Alcohol Indicators Bulletin No. 6. Perth: National Drug Research Institute.

**Recommendation 96** (p.105):

The *Liquor Control Reform Act 1998* be amended to insert a specific provision banning internet, facsimile and phone sales of liquor to minors, similar to that in Section 128 of the New South Wales *Liquor Act 1982*.

**Support**

It is an offence under the *Liquor Control Reform Act 1998* to supply alcohol to a person under the age of 18 years and for a person under the age of 18 years to purchase or receive liquor. This is irrespective of the mode of sale.

Furthermore, the Director of Liquor Licensing regulates Internet sales through the imposition of conditions on licences as provided under the *Liquor Control Reform Act 1998*. Specifically, all licensees selling liquor via the Internet must have prominently displayed on their web page their Liquor Licence number and the following notification:

*WARNING - Under the Liquor Control Reform Act 1998, it is an offence to supply alcohol to a person under the age of 18 years (Penalty exceeds \$6,000), and for a person under the age of 18 years to purchase or receive liquor (Penalty exceeds \$500).*

In addition, all Internet-based liquor licences carry the specific condition that licensees effectively address the requirements of the *Liquor Control Reform Act 1998* in respect of the supply of liquor to persons under 18 years of age. The licensee must ensure that delivery arrangements include obtaining evidence of age where appropriate, and prohibits delivery of liquor to unoccupied premises on the day the order is received.

The Victorian Government considers it appropriate that these restrictions be specifically detailed in the appropriate legislation.

**Recommendation 97** (p.911):

The *Liquor Control Reform Act 1998* be amended to prohibit anyone other than a parent, guardian or spouse (being a person of or over the age of 18) of a minor to supply alcohol to that minor in any circumstances including a place of residence or private home without the written authorisation of that person's parent, guardian or spouse (being a person of or over the age of 18). Subject to this proviso that if a parent is present at the time the alcohol is offered and through his or her express words and/or conduct he or she can be deemed to have agreed to the minor being supplied with alcohol.

**Not Support**

Victoria Police have indicated that such provisions would be largely unenforceable. The Victorian Government does not see any merit in introducing legislation that will not be capable of achieving its intended objectives.

Supervision of the activities of persons under the age of 18 should remain the responsibility of their parent, guardian, or spouse.

**Recommendation 98** (p.911):

The establishment of initiatives through the Office of Alcohol Policy and Coordination to inform parents and adults about their rights and obligations when providing alcohol to someone who is underage.

**Support in Principle**

The Victorian Government recognises the important role that parents and other adults have in educating young people about responsible and safe drinking behaviours. Parents are often the main source of alcohol for people under the age of 18, which is often the result of a lack of clarity among parents regarding their responsibilities around the supply of alcohol to minors.

In 2003, the Department of Education and Training developed the *Celebrating Safely* resources for parents, teenagers and teachers, which were designed to educate students, parents and teachers about strategies to manage alcohol consumption among students. Three separate resources were developed for each target group and each resource was translated into 14 other languages. The resources were made available to all Victorian schools and community organisations. This was launched in conjunction with the Victorian Government's Youth Alcohol Campaign.

The Victorian Government, through the Premier's Drug Prevention Council, will further investigate the feasibility of developing an alcohol campaign targeting parents and adults to potentially inform them of the risks associated with harmful alcohol consumption, and include messages regarding the rights and obligations of providing alcohol to young people.

**Recommendation 99** (p.924):

The Committee does not recommend raising the minimum purchasing and consumption age for young people to greater than 18 years of age.

**Support**

The Victorian government notes the conflicting views on this issue and agrees with the Drugs and Crime Prevention Committee's finding that on balance, stricter enforcement of current laws in regard to underage alcohol consumption is more appropriate at this point than raising the legal purchase and consumption age.

**Recommendation 100** (p.924):

The Committee notes the strong research evidence that links an increase in the minimum purchasing and consumption age of alcohol for young people to reduced levels of harmful alcohol consumption. While the Committee believes that currently the Victorian community would not support raising the minimum drinking age, the Committee recommends that if the levels of problematic alcohol consumption and concomitant harms continue to rise among people aged between 18 and 20, the Victorian Government should revisit this question at a later stage.

**Not Support**

The Victorian Government acknowledges the research evidence regarding the minimum purchasing age and reduced levels of alcohol-related harms as noted by the Drugs and Crime Prevention Committee. However, the Victorian Government also notes the various other factors, such as cultural factors, that may also influence underage drinking and any associated harms. On this basis the Victorian Government does not intend to revisit this recommendation.

**Recommendation 101** (p.925):

The Office of Alcohol Policy and Coordination investigate strategies to inform the community about the relevant research findings pertaining to the relationship between legal purchasing age and alcohol-related harms.

**Support**

The Victorian Government supports a number of existing mechanisms to make research and commentary on alcohol and drug issues publicly available. These include the posting on the Government website of relevant research reports, support for the DrugInfo Clearinghouse, dissemination of information through regular forums with agencies, newsletters that include articles on research of interest, press releases, and presentations at seminars and conferences.

The Victorian Government will assess the suitability of these and alternative strategies to ensure research findings are available to the community concerning the relationship between legal purchasing age and alcohol-related harms.

**Recommendation 102** (p.928):

Victoria Police conduct ongoing regular police operations that focus on enforcing the minimum age drinking laws in Victoria.

**Recommendation 103** (p.928):

Victoria Police and regulatory authorities run targeted campaigns to enforce the minimum legal age for the purchase, sale and consumption of alcohol on and from licensed premises, off-licences and the consumption of alcohol in public places.

**Support**

Significant efforts are made to enforce compliance with the *Liquor Control Reform Act 1998*. Police enforcement helps to alleviate community concern with underage drinking, and the associated personal safety issues that can arise for young people. There is also a deterrent effect on licensed operators due to increased enforcement, and threat of legal, economic and industry sanctions. Such operations are labour intensive for police and the matter is one of policing priority and resources.

Police target operations at clearly identified 'hotspots' and/ or events where underage drinking is a problem (such as 'Schoolies Week'). Victoria Police is conscious of the potential 'net-widening' effect of such operations. A number of stations in partnership with drug and alcohol agencies have implemented underage drinking diversion programs to further minimise the harms for young people drinking underage. Further, the local priority policing focus has fostered a

number of local strategies to minimise negative effects for indigenous populations.

## **12.5 Further Strategies to Address Harmful Alcohol Consumption Among Young People**

### **Recommendation 104** (p.953):

The Office of Alcohol Policy and Coordination work with tertiary education institutions to minimise alcohol-related harm by developing and enforcing strategies to address high-risk drinking practices among students.

### **Support**

The Victorian Government acknowledges that tertiary institutions and in particular, university settings offer a unique social context where alcohol plays an important role in the social and sporting life of many students. Consequently, high levels of risky drinking are a common feature within student populations.

In June 2002, the Department of Human Services developed the *Victorian Alcohol Strategy: Stage One Report*, which sought to examine and address alcohol-related issues in the Victorian community. In particular, the Strategy raised the issue of alcohol consumption among tertiary students:

*The Victorian Government is keen to promote the development of strategies at educational institutions across Victoria that address excessive alcohol consumption at student events. The University of Melbourne is developing policies that will provide guidelines on accepted practices with regard to serving of alcohol and managing adverse situations. A strategic approach is required to encourage other universities and higher learning institutions (eg. TAFE colleges) to develop strategies on alcohol consumption by young adults.*

The *Victorian Alcohol Strategy: Stage One Report* contained a number of initiatives, one of which was to develop and implement an alcohol awareness campaign targeting tertiary students. This is discussed in further detail in response to recommendation 81.

To follow on from the success of the Tertiary Alcohol Campaign, the Victorian Government will consider developing a framework model to be used as a guide for tertiary institutions to successfully develop and implement alcohol policies and strategies, which are tailored to the needs and objectives of individual institutions. The basis of the framework could be to address the culture of alcohol in tertiary institutions through the development of a comprehensive approach with an emphasis on harm minimisation. The development of this framework model could be done in collaboration with tertiary institutions.

**Recommendation 105 (p.960):**

Local Government authorities consider the provision of alcohol-free meeting and recreational places for young people, including places to engage in cultural and sporting opportunities.

**Support in Principle**

The Victorian Government has committed \$2 million annually to provide opportunities for young people to actively participate in their communities through the FReeZA program, an innovative youth development program that engages young people through all stages of developing alcohol and smoke free local music and cultural events.

In 2006, 76 organisations across Victoria will receive grants for young people to organise and gain skills in the delivery of local entertainment, youth cultural events run for and by young people.

There are a growing number of Local Government Areas (72) staging alcohol free FReeZA events as part of broader community cultural activities and festivals, therefore connecting young people and their local communities.

National Youth Week 2006 grants funded alcohol free events that celebrated and recognised the value of diverse young Victorians and provided young people the opportunity to participate in their communities. In 2006, funding of over \$150,000 has provided 64 alcohol free events including youth led forums, festivals, art competitions, creation of murals and awards nights.

Local Government Victoria will raise this recommendation with local government peak bodies and explore how the sector could be encouraged and supported to further pursue policies that support the recommendation.

**Recommendation 106 (p.960):**

Young people are routinely consulted on the development, design and implementation of information bases strategies, policies and programmes pertaining to alcohol.

**Support**

Involving young people in decision-making about issues that affect their lives is an important part of the Victorian Government's vision, because it is vital to their successful participation and engagement. Young people's contributions are valued and the Government is committed to achieving a mutual benefit for both the young people and Government.

The Office for Youth actively involves young people in opportunities to provide feedback on Government developed resources and inform policy development. The Office for Youth is committed to enhancing the capacity of other Government departments and key stakeholders to actively engage young people in consultation.

Young people have been involved in a number of consultations undertaken during 2004-05 that relate to alcohol. Example includes the Review of Under 18 events in the Central Business District in partnership with Liquor Licensing Victoria, and the development of strategies to support young people attending Schoolies Week in partnership with the Premier's Drug Prevention Council.

*Youthcentral*, an interactive website, has been used to enable young people to contribute to the development, design and implementation of information based strategies pertaining to alcohol. For example, young people have been able to contribute to identification of the information they require when attending Schoolies Week celebrations. This includes focus on local laws relating to public drinking, State laws relating to identification and blood alcohol content, drink spiking, and the location of safe, fun, alcohol free events for people under 18.

## **Section Thirteen:**

### **Strategies for Specific Populations, Cultures and Harms**

#### **13.1 Indigenous People**

##### **Recommendation 107 (p.989):**

The Office of Alcohol Policy and Coordination organise a summit with Victorian Aboriginal Community organisations including health and drug and alcohol organisations and workers to establish a set of principles and actions to guide the development and implementation of strategies to reduce harmful alcohol consumption. This set of principles and actions should ensure that strategies to address harmful alcohol consumption are community based and managed.

##### **Support in Principle**

The Aboriginal Services Plan developed by the Department of Human Services (DHS) in partnership with the Indigenous communities in Victoria documents how DHS will work with Victorian Indigenous organisations and communities to achieve improved outcomes in key programs and services. It recognises the importance of Indigenous Victorians being actively involved with DHS in the planning, development and delivery of programs and services.

In 2003 to 2005, DHS convened a Koori Drug Strategy Advisory Committee comprising key stakeholders in Government Departments as well as Indigenous organisations to address alcohol and drug issues in Victorian Indigenous communities. This committee has contributed to the development and implementation of the Youth Residential Healing Service.

The Department also recently appointed a Senior Policy Officer specifically to guide the development and implementation of policies and strategies to address the issues of alcohol and drug abuse in Victorian Indigenous communities.

The Victorian Government will consult with Victorian Aboriginal Community organisations on the need for a summit given the range of existing partnerships, initiatives and mechanisms in place in the alcohol and drug sector.



**Recommendation 108 (p.990):**

The Victorian Government support the trial and evaluation of a selected number of Aboriginal cultural revitalisation initiatives.

**Support in Principle**

The Government acknowledges that past policies of dispossession and child removal have placed Indigenous cultures under enormous stress. It acknowledges the huge achievement of Aboriginal people in keeping culture alive under extremely difficult circumstances.

The Victorian Government funds a number of programs which have distinct cultural objectives.

- The new *Aboriginal Heritage Act 2006* broadens and strengthens the role of the Aboriginal people of Victoria in the protection of Aboriginal cultural heritage;
- The Cultural Heritage Training Program provides opportunities to young Indigenous people to learn more about their cultural heritage;
- The Aboriginal Land and Economic Development Program assists Indigenous communities to develop land to meet their cultural, social, economic and environmental interests;
- Community strengthening projects, to be supported by the establishment of Local Indigenous Networks over the next three years, will enable local communities to address cultural renewal and assist them to broaden acknowledgement and appreciation for Indigenous people and culture in the wider community; and
- The Victorian Government's commitment to Reconciliation includes support for events like Sorry Day and NAIDOC Week, which broaden community knowledge and appreciation of contemporary Indigenous culture.

In addition the Victorian Government endeavours to provide services and support funded agencies to deliver services in ways, which are 'culturally appropriate'.

The Victorian Government has committed funding of \$5.1 million over four years as part of the 2005/06 State Budget to support a new organisation dedicated to the needs of the Stolen Generations, including the need to reconnect with family and culture. This is in addition to \$2.1 million over three years committed in 2002.

The Victorian Government recognises that intactness of culture and the continuity of family relationships are linked to individual resilience. Connection to culture and community is also a protective factor against antisocial behaviour and involvement in the criminal justice system.

**Recommendation 109 (p.992):**

The Victorian Government support the trial and evaluation of a selected number of Aboriginal community renewal projects within Victoria. These selected projects would aim to build and enhance community capacity to address local issues including alcohol-related problems within the community. These projects should be developed and operated by local Indigenous community members in partnership with government and community organisations where appropriate.

**Support in Principle**

As part of *A Fairer Victoria* the Victorian Government committed \$3.2 million to a community renewal project for Lake Tyers Aboriginal community in East Gippsland. The Project has established a whole of government response to reduce social and economic disadvantage in the Lake Tyers Aboriginal community. Project initiatives focus on building pride and community participation, enhancing the physical environment, reducing crime and promoting health and wellbeing.

Most Indigenous people in Victoria do not live in discrete Aboriginal communities like Lake Tyers. The Victorian Government supports them to address local issues including through:

- The establishment of Local Indigenous Networks over the next three years which will work with government to strengthen local communities;
- Programs which build the capacity of Indigenous organisations to deliver effective services; and
- Investing in better community facilities.

The Government's approach to community strengthening in Indigenous communities is place based and is centered on the establishment of local Indigenous networks. The networks will play a critical role in increasing participation in community activities and collective decision making, in developing community plans and priorities and in advocacy for the community.

A placed based approach is also an important feature of other Victorian Government programs and initiatives, including initiatives under the Aboriginal Justice Agreement. The second stage of the Agreement, recently announced, will expand the number of initiatives and range of locations in which early interventions and diversionary initiatives can be established in partnership with local communities.

The Indigenous Community Capacity Building Program focuses on initiatives designed to support the Indigenous community sector and to ensure that communities are sufficiently resourced to take on a strategic long-term and sustainable approach to service delivery.

The Indigenous Community Infrastructure Program, which is administered by Aboriginal Affairs Victoria, supports Indigenous communities by providing funding for community facilities.

**Recommendation 110** (p.995):

Where appropriate, local government authorities delegate responsibility to a staff member or employ an Aboriginal liaison officer to facilitate communication and information sharing between local government, community organisations and Aboriginal communities within the area. This would include information in relation to sporting and recreational clubs and activities, health and drug and alcohol services, youth services and community activities.

**Recommendation 111** (p.995):

These officers be responsible for coordinating regular meetings between Aboriginal organisations, mainstream service providers and local council to share information on the range and availability of health and allied services within the local community.

**Support in Principle**

In consultations with local Indigenous communities in 2005, Indigenous people identified strengthening their relationship with local government as an important priority.

The Victorian Government acknowledges the efforts made by many local government authorities to engage with Indigenous people. Many of these were highlighted in the 2002 study by the Municipal Association of Victoria – *Toomnangi – Indigenous Communities and Local Government: A Victorian Study*.

The study found that while many Councils had put in place measures to benefit Indigenous constituents, the major barrier to the development of new initiatives was the small size of the Indigenous population.

The study found that in 2002 a small number of Councils employed Aboriginal policy, liaison or community development officers on a full or part time basis. In addition, four Councils shared the cost of one Aboriginal policy worker.

The Victorian Government applauds these initiatives and would like more local government authorities to adopt them. However, the Government also notes that implementation of this recommendation needs to be done in consultation with Councils, the Municipal Association of Victoria and other peak organisations for local government.

**Recommendation 112** (p.997):

The Victorian government consider extending the current funding to the Academy of Sport, Health and education to allow for the expansion of programmes to other areas in Victoria.

**Support**

The Victorian Government is an important supporter and contributor to the Academy of Sport, Health and Education – a partnership between Rumbalara Football and Network Club and the University of Melbourne in Shepparton.

ASHE reaches out to young people who have become disengaged from education and employment and uses participation in sport to re-engage them to undertake education and training within a trusted, culturally appropriate environment, particularly from Indigenous students.

In partnership with the Goulburn Ovens Institute of TAFE, ASHE recently launched the Indigenous Youth Mobility Program, through which up to 30 young Indigenous people from remote areas of Victoria, Tasmania and other places will undertake training opportunities in Shepparton.

In the 2006/07 Budget the Victorian Government committed \$2.7 million to expand courses provided by the Academy of Sport, Health and Education in Shepparton to give Koori students in northern Victoria a broader range of study and training options, including Certificate IV in Community Recreation, Certificates II and III in Aboriginal Health Work, and short course and specialist sports programs

**Recommendation 113** (p.1007):

The Victorian Government provide resources to establish additional Aboriginal holistic healing centres to cater for the specific cultural needs of Indigenous communities with regard to substance abuse issues including alcohol misuse. The planning, development and delivery of these centres should be community based and managed.

**Support in Principle**

In response to a community identified need, the Victorian Government committed to establish the Koori Youth Alcohol and Drug Healing Service to assist Koori young people who have drug and alcohol problems to recover from their substance abuse and reconnect with their communities. The facility will provide a state-wide service, be centrally located and have access to health, education and other support services. Funding has been committed from the Victorian Government and the Alcohol Education and Rehabilitation Foundation.

The Koori Youth Healing Service is based on a spiritual healing model of residential rehabilitation developed from the priorities identified by the Koori Alcohol and Drug Services Advisory Committee (KADSAC) and will be the first of its kind in Australia. This specialist and innovative service is to be provided by a partnership of Koori and youth specific alcohol and drug service providers commissioned following a competitive tendering process. This partnership will ensure that a suitable range of skills, knowledge and experience are available to clients of the service.

The service model will be comprehensive and is planned to include a state-wide assessment/intake phase, a residential phase involving educational, health, vocational and healing oriented programs, and an aftercare/exit phase where the young person is reconnected to positive community activities, mentors, support services and ongoing activities.

As this service will be the first of its kind in Australia and its establishment is underway, consideration of the need for additional Aboriginal holistic healing centres will be deferred until there has been opportunity for both service consolidation and evaluation of the model.

**Recommendation 114** (p.1010):

The Victorian Government undertake a review of Indigenous Drug and Alcohol services. This should include but not be restricted to:

- Adequacy of staff training;
- Staff workload and turnover;
- Examples of best practice in service provision;
- The appropriateness of mainstream data collection and assessment frameworks for Indigenous Drug and Alcohol Services; and
- Funding mechanisms for services.

**Support in Principle**

A review of the Indigenous alcohol and drug services in Victoria was undertaken by Turning Point Alcohol and Drug Centre in 2001-02.

The report summarised the strengths of the Koori alcohol and drug treatment services as:

- Placing services specifically for Koori communities in Aboriginal Co-operatives;
- Use of a holistic approach in addressing all the concerns of the clients;
- Knowledge, skills and commitment of staff;
- Some organisations have grouped Alcohol and Drug programs with similar services in team clusters leading to improved service provision;
- Linkages with other programs either mainstream or Koori-specific; and
- Flexibility of service delivery resulting in a high degree of responsiveness to clients and the community.

The report also identified the following issues that needed to be addressed:

- A workforce development strategy that takes into account supervision, career pathways and improvements in pay rates and workloads;
- A review of performance targets;
- Improved service accountability by Koori services with more attention paid to accurate data collection; and
- Raising cultural awareness across the alcohol and drug service system.

The Department of Human Services (DHS) is committed to addressing the issues raised and continuing to work closely with Indigenous communities. The Department recently appointed a Senior Policy Officer specifically to guide the development and implementation of policies and strategies to address the issues of alcohol and drug misuse in partnership with Victorian Indigenous communities.

In addition, in July 2004 DHS increased the unit price for the Koori Community Alcohol and Drug Worker program from \$58,216 to \$64,576. The salary for a Koori community Alcohol and Drug Worker is now based on the Social and Community Services Award classification, Community Development Worker Class 2B, Year 4. Under this classification, Koori Alcohol and Other Drug workers are recognised to have a tertiary qualification, are engaged in the provision of community education and policy advice and have significant, culturally relevant experience in delivering alcohol and drug services to the Victorian Koori community. The Department is committed to attract and retain a workforce that is better skilled in assessment and referral and more professional in its approach.

**Recommendation 115** (p.1012):

The Victorian Government take steps to ensure that mandatory cultural awareness training be undertaken by primary health care providers including general practitioners and non-Indigenous drug and alcohol workers who provide services to Indigenous people.

**Not Support**

The Victorian Government strongly supports cross cultural training and will continue to provide opportunities and positive incentives for those working with Indigenous people to undertake further learning and development, but such learning and development is most effective when carried out on a voluntary basis.

The Victorian Government acknowledges that cultural respect and cultural awareness within mainstream health services is a key factor in contributing to improved health outcomes and access to services for Indigenous people. It recognises that a concerted effort is required to systematically lift the cultural competency of health, housing and community sector services.

In 2005 the Department of Human Services engaged the Koori Heritage Trust Inc to design and deliver a generic Victorian Indigenous Cultural Respect Training (CRT) program tailored to meet the needs of the departmental staff and funded agencies in the health, housing and community sector.

In addition, a number of service delivery programs within the Department promote partnerships between mainstream service providers and Aboriginal community controlled organisations. The new Aboriginal Health Promotion and Chronic Care Partnership now being established both promote government and community partnership.

The Victorian Government notes and applauds the work carried by the Royal Australian College of General Practitioners and the Divisions of GPs together with the Victorian Aboriginal Community Controlled Health Organisation in the cultural awareness training for general practitioners.

**Recommendation 116** (p.1012):

The Victorian Government take steps to ensure that primary health care providers including general practitioners and non-Indigenous drug and alcohol workers be trained to identify and deal with alcohol-related health problems among Indigenous people in a culturally appropriate manner.

**Support**

According to data collected by the Department of Human Services, for the year 2004-2005, 29 per cent of Aboriginal and Torres Strait Islander clients were treated at an Indigenous agency, and the remaining 71 per cent received an alcohol and drug treatment service from a non-Indigenous agency. However, this data is likely to significantly under-report the number of clients treated in Indigenous agencies due to reporting compliance issues.

The Victorian Government is committed to the provision of culturally appropriate services to Indigenous communities. In 2004, the Australian Health Ministers' Advisory Council endorsed the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004-2009. This is an overarching framework that identifies cultural respect and cultural awareness within mainstream health services as a key factor in contributing to improved health outcomes and access to services for Indigenous people.

One of the key strategies in the Framework is to ensure that all departmental and agency staff can access cultural awareness training programs as part of their training calendar. The Department of Human Services is providing ongoing funds to support the delivery of the Cultural Respect Training and has introduced a structured training program in 2005.

The Department will investigate how this training program can be further supported to encourage the participation of all mainstream alcohol and drug treatment service providers.

### **13.2 An Overlooked Problem: Harmful Alcohol Consumption in Rural and Regional Victoria**

**Recommendation 117** (p.1029):

The Office of Alcohol Policy and Coordination in conjunction with the rural alcohol and other drug agencies develop as a matter of priority mechanism by which rural communities can be provided with local data on the extent and patterns of alcohol use and related harms.

#### **Support in Principle**

The Department of Human Services initiated a Drugs Trends Analysis Project in 2003. This project has established a database containing alcohol data from a variety of sources around Victoria. The system aims to provide a single source of data regarding alcohol use and related harms across Victoria.

The Victorian Government will investigate the potential of this mechanism to enhance the ability of rural communities to monitor the extent and patterns of alcohol use and related harms.

**Recommendation 118** (p.1029):

The Office of Alcohol Policy and Coordination should also undertake quantitative, qualitative, social and evaluative research pertaining to rural and regional communities. Wherever possible such research should be carried out by researchers based in rural and regional Victoria.

#### **Support**

The Department of Human Services provided seed funding to the Warrnambool-based Australian Rural Centre for Addictive Behaviours (ARCAB) for two years from 2002 to 2004, on the understanding that ARCAB would seek other avenues of funding beyond that time. ARCAB's research focused on a broad range of addictive behaviours, of which alcohol and drugs was a component. ARCAB is discussed in more detail in the response to recommendation 124.

The Victorian Government has shown its commitment to conducting high quality research in the alcohol area by funding the appointment of a Chair of Social Research in Alcohol, in partnership with the University of Melbourne and the Turning Point Alcohol and Drug Centre. This will establish Victoria as the leader in alcohol research and policy development within Australia and facilitate the identification of best practice prevention in relation to alcohol. The Drugs and Crime Prevention Committee's (DCPC) report and recommendations, including those in relation to research pertaining to rural and regional communities, will be drawn on by the Department of Human Services to inform discussions with the Chair of Social Research in Alcohol about appropriate research projects. There may also be opportunities for the Chair of Social Research in Alcohol to form research partnerships with researchers based in rural and regional Victoria.

The Premier's Drug Prevention Council (PDPC) has also commissioned the development of an alcohol and drug prevention research agenda. This will identify research gaps and needs, and will inform future PDPC research activities, and will be finalised within the next 12 months, and have the potential to include a rural and regional research component.

**Recommendation 119** (p.1031):

The Office of Alcohol Policy and Coordination liaise and work with those local government authorities in rural and regional Victoria to develop and implement a Local Alcohol and Drug Action Plan in circumstances where they do not have the expertise and/or resources to develop their own.

For response to recommendations 13 & 119, refer to page 15.

**Recommendation 120** (p.1038):

The Office of Alcohol Policy and Coordination investigate the need for providing incentives to attract and retain adequately trained and experienced staff in the alcohol and drug area in rural and regional Victoria.

**Support in Principle**

The Victorian Government is committed to the provision of resources to alcohol and drug treatment services across Victoria, including rural areas.

The Department of Human Services (DHS) will continue to investigate the needs of rural Victoria to deliver these services and will work with the broader DHS in implementing initiatives that will assist recruitment and retention of the rural workforce.

The Department has committed funds for 2005-2008 towards the development and implementation of the Allied Health Recruitment and Retention Workforce Program. The four components of the program are:

- Rural Allied Health Scholarship Program;
- Professional Support Program for Rural Allied Health Practitioners;
- Rural Allied Health Professional Locum Program; and
- Regional Allied Health Workforce Recruitment and Retention Service.



An evaluation framework has been developed and each project will be required to report against the evaluation framework throughout the course of the project.

**Recommendation 121** (p.1039):

The Victorian Government promote and support forums and meetings (such as the annual Warrnambool Alcohol and Other Drug Advisory Committee (WADAC) Rural Victorian Alcohol and Drug Conference) to give a voice to rural workers, programmes and action research.

**Recommendation 122** (p.1039):

The Victorian Government provide further scholarships to allow rural workers access to training, professional development and conference opportunities (such as those funded through the Alcohol Education and Rehabilitation Foundation scholarship programme).

### **Support in Principle**

The Victorian Government provides support through a number of avenues to give a voice to rural workers, programmes and research. The Government also provides support for workers to access training, professional development and conferences.

The Barwon South West Regional Office of the Department of Human Services (DHS) sponsors the annual Warrnambool Alcohol and Other Drug Advisory Committee Rural Victorian Alcohol and Drug Conference. Rural staff also attend the regular service provider forums organised by Drugs Policy and Services within DHS and the rural health conferences organised by Rural and Regional Health and Aged Care Services. Rural and Regional perspectives are also heard through local networks and meetings as organised/attended by the regional offices of DHS.

There is a range of training and professional development opportunities provided for workers as part of the Drugs Policy and Services Workforce Development Strategy. As an element of this strategy, DHS Rural and Regional offices provide Post Graduate Grants to encourage rural workers to access appropriate training and professional development. The Victorian Government also provides scholarships for indigenous people to attend masters/ doctoral degree program studies in public health.

The Victorian Government will continue to promote rural perspectives and worker training opportunities through a range of approaches and actively consider other ways to ensure these initiatives retain currency and meet rural workers needs.

**Recommendation 123** (p.1042):

Rural and regional representatives be included in all policy and decision making procedures in relation to alcohol and drug issues in Victoria. This should include but not be restricted to membership of relevant policy making committees and decision-making bodies. In particular, there should be appropriate representation from rural and regional Victoria on the proposed Office of Alcohol Policy and Coordination Alcohol Advisory Reference Group (Recommendation 163). Wherever practicable, such participation should be facilitated via technology that enables the worker or staff person to contribute from their home base.

## **Support**

The Victorian Government supports the inclusion of rural and regional representation and perspectives in relevant policy development and decision-making processes on alcohol and drug issues in Victoria. Where appropriate new or existing technology will be utilised to facilitate this involvement, so negating the need for representatives to unnecessarily attend meetings in distant locations.

Rural workers and perspectives have been canvassed in a number of policy-related initiatives in recent years. For the Service System Review commissioned by the Department of Human Services (DHS) during 2003-2004, a separate review of rural and regional issues was conducted, and rural and regional views canvassed for both the Youth and Generalist Service System Reviews.

There are also a number of regional planning and networking groups that provide opportunities to input into local alcohol and drug services planning processes. Regional DHS Offices encourage the involvement of rural workers on reference groups and makes video conferencing available for this purpose. The Department also ensures video conferencing is available when Regional Alcohol and Drug meetings are held to give rural staff the chance to participate through this medium. Additionally, a rural worker is a member of the Victorian Alcohol and Drug Association's (VAADA) Board representing rural constituents.

The Victorian Government considers that in the event of establishing an Alcohol Advisory Reference Group (or if an existing body take on that role), it is important to ensure that representation for the group is drawn from a range of key stakeholders that includes rural and regional alcohol and drug constituents.

**Recommendation 124** (p.1047):

The Victorian Government support the establishment of an organisation similar to the former Australian Rural Centre for Addictive Behaviours (ARCAB).

## **Support in Principle**

The Victorian Government recognises the need for a sound evidence base to support alcohol policy development and planning for interventions and treatment for those with problematic alcohol use and for those at risk. To foster appropriate research and promote the availability of expert policy advice on alcohol issues and consumption patterns, the Victorian Government in partnership with the University of Melbourne and Turning Point Alcohol and Drug Centre has recently funded the establishment of the Chair of Social Research on Alcohol. Both metropolitan and rural and regional alcohol issues and consumption patterns will be considered in the research agenda developed through this appointment, and through the Alcohol Education and Rehabilitation Centre for Alcohol Policy Research that the post-holder will direct as part of his functions.

Prior to the establishment of the Chair of Social Research in Alcohol, the Victorian Government provided seeding funding for a 30 months period between July 2002 and December 2004 towards the establishment of the Australian Rural Centre for Addiction Behaviours (ARCAB) at Warrnambool. This establishment support was provided on the understanding that ARCAB would identify alternative sources of funding consistent with their interests and objective of providing a national rural research body on addiction behaviours. It is unfortunate that ARCAB was not able

to identify alternative sources of funding for a national rural research entity. As an alternative approach to progressing this proposal, the Victorian Government through its membership of the Ministerial Council on Drug Strategy, will lobby the Commonwealth and other jurisdictions to establish a national rural research group.

**Recommendation 125** (p.1047):

The Victorian Government give specific attention to the needs, issues and circumstances of rural and regional Victorian communities in the development and implementation of the proposed state Alcohol Framework.

**Support**

Following on from the *Victorian Alcohol Strategy: Stage One Report 2002*, the Victorian Government has commenced the development of a Victorian Alcohol Action Plan (VAAP), which proposes a three year whole-of-government approach to reducing the harms associated with alcohol misuse in the Victorian community.

The finalisation of the VAAP has been delayed pending the outcome of the Drugs and Crime Prevention Committee (DCPC) *Inquiry into Strategies to Reduce Harmful Alcohol Consumption*, and the endorsement of the *National Alcohol Strategy 2005-2009* by the Ministerial Council on Drug Strategy.

The *National Alcohol Strategy 2005-2009* and the Victorian Government's response to the Drug and Crime Prevention Committee's (DCPC) final report will inform the identification of action areas to be included in the VAAP. In finalising the VAAP, consideration will be given to the DCPC's recommendations in relation to the needs of rural and regional Victorian communities.

### **13.3 Older People**

**Recommendation 126** (p.1053):

The Victorian Government request the National Health and Medical Research Council (NHMRC) to amend Guideline 8 of the *Australian Alcohol Guidelines* to clarify the number of standard drinks that constitute low risk, risky and high risk levels of consumption for older people.

**Support**

The Victorian Government acknowledges the concerns regarding the levels of alcohol consumption at risky and high-risk levels amongst older people. Similar to all age groups, the misuse of alcohol by older people places them at risk of injury, however it is reasonable to assume that this risk of injury may be higher due to increasing frailty in older age. Also, the interaction of alcohol, even in moderate amounts, with medication regimes might be problematic for older people potentially negating the beneficial impact of medication and at worst interact in harmful ways.

While recognising these concerns, the Australian Alcohol Guidelines only states that older people should consider drinking less than the levels set in Guideline One, which are applicable to everyone and does not provide any specific advice to older people about safe consumption levels.

At the meeting of the Intergovernmental Committee on Drugs (IGCD) in February 2006, the Commonwealth Government advised that the National Health and Medical Research Council (NHMRC) is reviewing the Australian Alcohol Guidelines in 2006. In accordance with this, the Victorian Government will consider writing directly to the NHMRC detailing concerns around alcohol and older people and request that Guideline Eight be amended accordingly.

**Recommendation 127** (p.1062):

The Victorian Government take steps to ensure that all health and social service professionals and volunteers providing services to older people are well informed about the effects of alcohol on older people and about lower-risk drinking practices.

**Support in Principle**

The Victorian Government has supported the development of advice, information and education resources about the effects of alcohol on people of different ages and gender based on the guidelines developed by the National Health and Medical Research Council.

As part of a comprehensive workforce training strategy, specific training for a range of generalist and frontline workers as well as for specialists has been developed and delivered through regional programs and the Alcohol and Drug Workforce Strategy. The Victorian Government will explore how to ensure that peak bodies and other agencies responsible for the employment of professionals and volunteers working with older people are able to access information and training on the effects of alcohol on older people and on lower-risk drinking practices.

**Recommendation 128** (p.1063):

The Victorian Government take steps to ensure that information about the effects of alcohol and responsible drinking practices be made readily available to older people (Returned Services Leagues and bowling clubs may be useful conduits for the dissemination of such information).

**Recommendation 129** (p.1063):

The Victorian Government take steps to ensure that information on the effects of alcohol and on lower risk drinking practices is readily available to the families, relatives and friends of older people.

**Support in Principle**

The Victorian Government recognises that it is important for information about the effects of alcohol and responsible drinking practices to be made available to a broad range of audiences, including older people and their families and friends. In addition, the Government notes that alcohol consumption may have particular

risks for older people, such as increasing the risk of falls and road accident and interfering with the effects of medication. The Premier's Drug Prevention Council currently funds the DrugInfo Clearinghouse as a central source of drug prevention information, research and resources for workers in drug prevention fields and the broader community. However, web-based information resources may be less accessible to some segments of the population, such as older people. Therefore, in considering strategies for the wide dissemination of information about the effects of alcohol, the Government will explore avenues for best reaching older persons and their families and friends.

**Recommendation 130** (p.1066):

The Office for Alcohol Policy and Coordination commission research into harmful alcohol consumption among older Victorians. This research should include but not be restricted to an examination of the patterns and extent of drinking; the harms caused; the role of alcohol in road traumas; the relationship between alcohol consumption and falls and the effects of alcohol and medications.

**Support**

The Victorian Government has shown its commitment to conducting high quality research in the alcohol area by funding the appointment of a Chair of Social Research in Alcohol, at the University of Melbourne. This will establish Victoria as the leader in alcohol research and policy development within Australia and facilitate the identification of best practice prevention in relation to alcohol.

In 2006-2007 the Chair of Social Research in Alcohol, Professor Robin Room, will undertake research of relevance to older Victorians. With funding from the National Health and Medical Research Council, Professor Room and Turning Point Alcohol and Drug Centre will conduct a survey of alcohol use by adult Victorians. Following the completion of the survey, Professor Room will provide a report on drinking patterns and problems in Victoria to the Department of Human Services (DHS). This will analyse drinking patterns and problems among adults in Victoria, with special attention to family and other social problems from drinking.

In addition, the Drugs and Crime Prevention Committee's report and recommendations, including the research recommended in relation to older persons, will be drawn on by DHS to inform discussions with Professor Room about the above project as well as other appropriate future research projects. The role of the Chair of Social Research in Alcohol is discussed in more detail in response to recommendations 164 and 165.

## 13.4 Sport and Harmful Alcohol Consumption

**Recommendation 131** (p.1082):

The Australian Football League include in its Players Code of Conduct specific reference to alcohol. In particular, it should state a player's obligation at all times to consume alcohol in a moderate and responsible manner when representing his club, the AFL or otherwise appearing in public.

**Recommendation 133** (p.1082):

The Committee commends the work of the Australian Football League and recommends that it continue to develop projects and initiatives that address harmful alcohol consumption among players, administrators and other staff.

**Noted**

The Department for Victorian Communities has been working closely with the Australian Football League (AFL) in regard to the public behaviour of its players and the impact they have as role models in the community. The Department is aware that the Players Code of Conduct, which is part of the employment agreement negotiated between the AFL and the AFL players association, contains clauses relating to alcohol usage.

The Victorian Government will continue to work with the AFL to enhance the role that AFL players can play as role models in the community, as well work with them to address instances of harmful alcohol consumption where it exists amongst players and other staff. The Government will refer these recommendations to them for their consideration.

**Recommendation 132** (p.132):

All other peak sporting bodies, including Football Victoria and Cricket Victoria, develop similar codes of conduct with regard to alcohol use and abuse.

**Noted**

The Victorian Government will refer this recommendation to Peak Victorian Sporting Bodies for their consideration.

The Sport and Recreation Strategic Plan 2005 – 2010 commits to establishing an ethical framework for sport and recreation in Victoria. This framework will give guidance to State Sporting Associations on implementing a range of ethical behaviours including alcohol use and abuse.

In conjunction with State Sporting Associations, the Department for Victorian Communities (DVC) has promoted "User Friendly Clubs." The "User Friendly Club Guide" has been published by DVC to help sporting clubs be attractive to the full range of potential members, especially families, and promotes the responsible serving of alcohol.

In relation to the alcohol use and abuse the Victorian Government has worked in partnership with Australian Drug Foundation (ADF) and State Sporting Associations to develop and promote the Good Sports Program for sporting clubs.

The program was piloted and developed in Victoria with over 1100 sporting clubs currently involved in the program and is now being implemented nationally. The Good Sports Program is discussed in more detail in response to recommendation 134.

**Recommendation 134** (p.1088):

The Victorian Government take steps to ensure that the Good Sports Program is extended to cover all areas in the state, including clubs in rural and regional Victoria.

**Recommendation 135** (p.1089):

The Office of Alcohol Policy and Coordination in collaboration with peak sporting bodies develop alternative strategies or incentives that can effectively generate income for sporting clubs.

### **Support**

In recognition of the strong association between alcohol and sport and the need for sporting clubs to responsibly manage alcohol-related issues, the Department of Human Services (DHS) has allocated funding over a three year period to the Australian Drug Foundation's Good Sports Program (GSP).

In 2000, the Australian Drug Foundation launched the GSP, an accreditation program that addresses the issue of alcohol in amateur sporting clubs. The program aims to assist sporting clubs manage alcohol responsibly via a step-by-step accreditation process, with sporting clubs being able to achieve three levels of accreditation. The program also provides a basis of incentives for sporting clubs to develop alternative income streams that do not relate to alcohol. A number of Regional DHS offices in both metropolitan and rural areas supported the establishment and initial roll out of this initiative in their communities through the provision of one-off funding.

As of September 2005, there were more than 1200 Victorian sporting clubs registered in the Program. To support the further expansion of the program across Victoria, DHS has recently allocated funding of \$100,000 per annum over a three year period, with this central support commencing in 2005/2006. This funding will increase the number of clubs obtaining higher accreditation levels, resulting in a more significant impact on alcohol consumption and related behaviours within participating sporting clubs and venues.

The Victorian Government considers the GSP an important health initiative towards breaking the nexus between alcohol and sport, and improving the capacity of communities to address some of the issues around alcohol and their local sporting clubs.

## 13.5 Strategies to Address Harmful Consumption of Alcohol in and around the Workplace

### **Recommendation 136** (p.1113):

The Victorian Government in conjunction with unions and employer organisations develop and promote policies for the effective management of alcohol-related problems in the workplace. In particular, such policies should include but not be restricted to subjects such as intoxication, alcohol-related accidents and alcohol-related absenteeism.

### **Support**

The Victorian Government has worked in partnership with the Australian Drug Foundation, Worksafe Victoria, the Alcohol Education and Rehabilitation Foundation and employer and union representatives to establish a website to assist employers recognise alcohol issues in the workplace and to develop policies and practices to address alcohol-related concerns. To support the initiative WorkSafe Victoria has developed an alcohol specific Guidance Note - *Guidelines for Developing a Workplace Alcohol Policy*. The website provides workplaces with a central access point to all alcohol and work information. In addition, information has been developed for publication in workplace newsletters, journals and magazines.

The partnership is working to enhance the range of information and support provided through this initiative and are finalising plans for this second stage of the program.

### **Recommendation 137** (p.1122):

Where feasible and practicable employees should have access to employee assistance programmes. These programmes should have the capacity to provide information and assistance to people with alcohol and other drug-related problems.

### **Recommendation 139** (p.1126):

The Office of Alcohol Policy and Coordination in collaboration with unions and employer organisations further develop education programs for employers and employees about the effects of alcohol, including 'day after' effects of heavy drinking on work performance and safety.

### **Support in Principle**

The Victorian Government through its involvement in the Alcohol in the Workplace initiative will continue to promote information and advice to employers and employees to help address alcohol and drug-related problems in the workplace. The value of employee assistance programs in addressing this concern is recognised in this initiative and a separate section of the web site is planned to provide advice on the merits and content of such employer support services.

Through this joint initiative that engages representatives of employer, union, and safety organisations as well as alcohol policy specialists, further resources are planned to broaden the supports available to employers and employees. The



effects of alcohol on performance and health and safety and the 'day after' effects of heavy drinking are aspects that are being considered in the prioritising and planning for the next phase of this initiative.

**Recommendation 138** (p.1126):

The Office of Alcohol Policy and Coordination commission further epidemiological and social research into the use of alcohol and other drugs in the workplace and the effects on the health, safety and productivity of workers.

**Support in Principle**

Only a limited number of research projects have sought to identify and quantify aspects of the impact of alcohol and other drug use upon the workplace and to develop evidence-based responses to address specific concerns. There is, however, an increasing recognition within the public health sector, as well as within industry groups and unions of the importance of developing and implementing approaches that respond to the broad range of concerns around the impact of alcohol and other drug use on workplaces and the impacts on health, safety and productivity of employees.

Further social and epidemiological research into these issues and concerns would be advantageous and contribute to the more accurate identification of consumption patterns and impacts across specific industry and demographic groupings. The Victorian Government will consider the opportunities to commission further research in this area via the Drugs Policy and Services Branch of the Department of Human Services.

**13.6 Alcohol and Road Trauma**

**Recommendation 140** (p.1134):

The Victorian Government introduce compulsory testing for blood alcohol concentration of all those involved in road crashes including pedestrians who present at hospitals.

**Support in Principle**

The lack of accurate alcohol-related fatality and injury data hampers the development of better targeted programs. This type of data would facilitate the development of long-term strategies to reduce alcohol-related road trauma. It would also enable the identification of specific problem groups and/or other road trauma issues. Compulsory testing may have an increased deterrent effect on drink driving, and other dangerous alcohol related road practices (such as pedestrian intoxication).

The Victorian Government has undertaken to examine the introduction of compulsory blood alcohol testing for all drivers admitted to hospital as a result of a road crash. This follows the Victorian Parliamentary Road Safety Committee recommendation in the report, *Country Road Toll*, published in 2005. VicRoads and the Transport Accident Commission (TAC) are to report to Government on this matter by the end of 2006.

The scope of this review will be expanded to also examine the practical implications and issues associated with extending this requirement to all active crash participants, that is, drivers, riders and pedestrians. VicRoads and the TAC are scheduled to report to Government regarding this issue by July 2007. This will involve extensive consultation with hospitals and Victoria Police.

**Recommendation 141** (p.1135):

The Office of Alcohol Policy and Coordination commission research on violent crime associated with drink driving.

**Support in Principle**

Road violence and aggressive road behaviour is a significant public safety concern for the wider community. However, further investigation is required to determine whether the current qualitative and quantitative data on road violence and aggressive road behaviour suggest that this is a significant problem in Victoria. If the Victorian Government decides that this is an issue warranting commissioned research, consideration would also need to be given to the capacity of VicRoads and Victoria Police to provide data and the impact on the resources of each department.

**Recommendation 142** (p.1143):

The Victorian Government conduct a review of the state's drink driving legislation in order to simplify drink driving laws so they can be more easily understood, applied and enforced.

**Support in Principle**

The drink driving provisions of the *Road Safety Act 1986* are complex, reflecting 20 years of amendment and extension.

More recently, the Victorian Government has introduced alcohol interlocks, tougher penalties, and immediate licence suspensions to further address drink driving.

While a review of drink driving legislation is supported, the focus of any review would be on clarifying the existing laws, making them easier to understand and enforce, and aligning penalties for equivalent offences. Any review would be conducted on the basis that there should be no reduction of the deterrence effects of the current law.

**Recommendation 143** (p.1150):

The Office of Alcohol Policy and Coordination undertake research on the extent of unlicensed driving among drink driving offenders who have had their driving licences disqualified or whose licences have expired and they have failed to reapply.

**Support in Principle**

The proportion of disqualified recidivist drink drivers who do not seek relicensing could be as high as 40 – 50 per cent. This group are a particularly difficult and high-accident risk group. It is estimated that drink-drivers without a valid licence are 14 times more likely to be involved in an alcohol-related fatal crash compared with drink drivers holding a valid licence.

VicRoads will undertake a targeted study looking at the current extent of unlicensed drink drivers involved in fatal crashes.

If feasible, and pending funding, VicRoads will also commission research on the extent of unlicensed driving by disqualified or non-licensed drink driving offenders for consideration by the Victorian Government by mid 2008. There are practical and feasibility issues to be overcome (such as privacy issues when putting a driver under surveillance) before research can commence on unlicensed drink-drivers. It is also important that such research complements the work undertaken by the Sentencing Advisory Council with respect to sentencing issues.

It should be noted that current research and experience points to a number of effective solutions to tackle unlicensed driving, including:

- Mandatory carriage of licence;
- Greater powers for Victoria Police to conduct licence checks as necessary, particularly random licence checks to obtain maximum deterrence benefits; and
- Possible extension and alignment of the vehicle impoundment provisions now applicable to repeat disqualified drivers to drivers breaching an interlock condition and to all disqualified drug and all repeat drink driving offenders (refer Rec. 147).

**Recommendation 144 (p.1150):**

An examination be made of the desirability and feasibility of introducing restricted licences in Victoria.

**Not Support**

It is considered likely that restricted licences for disqualified drivers (such as for work purposes only) would substantially decrease the deterrence effect of drink driving laws developed over 40 years in Victoria.

Such a policy would contradict the 'zero tolerance' message of current drink-driving awareness campaigns and enforcement activities run by TAC and Victoria Police.

The Victorian Government is concerned that this type of sentencing option would provide a lenient penalty for offenders disproportionate to the gravity of the offence.

In addition, the Sentencing Advisory Council released a report in September 2005 on maximum penalties for repeat drink drivers recommending that the maximum penalties for repeat drink driving be increased.

**Recommendation 145** (p.1154):

The Victorian Government undertake research to evaluate the effectiveness of the installation of alcohol interlock devices in Victoria. Such research should include examining ways of facilitating their greater implementation and of reducing the cost of their installation.

**Support**

In Victoria, legislation requiring alcohol interlock devices to be installed for certain drink driving offences commenced on 13 May 2002. Victoria's interlock program has now been operating for three years, with over 4,772 orders issued by the courts.

A process review of the program's first three years is due to be completed at the end of 2006. The review and options for broader implementation and costs of alcohol interlock devices will be considered by the Victorian Government in early 2007.

**Recommendation 146** (p.1154):

Consideration be given to requiring that alcohol interlock devices be installed more quickly on offenders' vehicles with the aim of shortening disqualification periods.

**Not Support**

The process review of the alcohol interlock program in its first three years is due for completion at the end of 2006 (refer to response to Recommendation 145). As such, it is not feasible to address this recommendation regarding shortening disqualification periods until this review is considered.

**Recommendation 147** (p.1156):

The Victorian Government undertake research to establish the effectiveness of vehicle immobilisation as a strategy for dealing with drink driving offenders.

**Support in Principle**

The Victorian Government will consider funding for 2007/08 on a review of programs implemented in other jurisdictions in relation to vehicle immobilisation and drink drivers. A report will be provided to the Victorian Government by mid-2008.

In addition, existing immobilisation provisions which are available to the courts to address repeat disqualified drivers, and drivers in breach of interlock conditions, will be monitored for effectiveness.

**Recommendation 148 (p.1161):**

The drink driving legislation be amended so that the requirement to undertake rehabilitation is part of the sentencing process rather than a re-licensing requirement.

**Support in Principle**

Currently, some drink driving offenders are not undergoing any assessment for problem drinking and/or subsequent rehabilitation, and a proportion are driving unlicensed (refer to response to Recommendation 143).

If deemed feasible, a requirement for an assessment prior to sentencing would be an addition to the current requirement for an assessment prior to re-licensing.

It is imperative that current arrangements for a final assessment prior to re-licensing remain. This assists Courts in determining whether to re-licence a disqualified drink driver, impose an alcohol interlock condition, or remove an interlock condition by providing them with information about the likelihood of a continuing drinking problem and the risk of re-offending.

It is likely that Magistrates would welcome having an offender's assessment report at the time of sentencing. In order for the Court to specify relevant rehabilitation treatment for an offender in the sentencing process, an assessment would need to be available to the court. Referral to a relevant agency for treatment would occur early in the process. It would be equally important that all recidivists and high BAC first offenders are assessed before sentencing.

A report to the Victorian Government outlining the likely effectiveness of early assessment and rehabilitation, and its feasibility will be provided by mid-2008. Impacts on the courts and assessment providers need to be addressed before this recommendation could be considered. Changes to the *Road Safety Act* would need to occur. It is envisaged that a Working Party led by VicRoads would be organised to obtain input from key agencies including the Department of Human Service and the Department of Justice and expert groups such as Turning Point Alcohol and Drug Centre to determine implementation options and the most effective assessment/treatment processes and requirements.

**Recommendation 149** (p.1161):

The Committee notes that there is inconsistency in the quality of current education and treatment programmes conducted by various agencies. The Committee recommends that the Victorian Government undertake a review of the structure and consistency of these programmes with a view to standardising their content and delivery.

**Recommendation 150** (p.1161):

The Victorian Government develop a two-tier system of rehabilitation in Victoria. This should consist of a programme focussing on knowledge and information for first-time offenders with a BAC of less than 0.15. It should also include a programme for repeat drink drivers and high BAC offenders consisting of education, psychotherapy, counselling and follow-up contact and probation with the Department of Human Services.

**Recommendation 152** (p.1161):

The Committee acknowledges that there is no current evaluation of the extent to which education programmes are catering for offenders from non-English speaking backgrounds and from rural and regional Victoria. The Committee recommends that the Victorian Government undertake further research to determine to what extent people from non-English speaking backgrounds and rural and regional Victoria are being referred to programmes.

**Support in Principle**

The Victorian Government is concerned at the adverse personal and community impacts of drink driving and promotes a number of responses to address these concerns. Victoria Police conduct a large number of random roadside breath tests and those who lose their licences due to drink driving offences are required to attend an approved information and education course prior to being re-licensed.

The needs of particular cultural groups are being actively addressed in some areas of demonstrated need. An agency in Dandenong has introduced a Vietnamese specific Drink Driver Education Program with a Vietnamese-speaking presenter. In Gippsland, another agency is in discussions with an Aboriginal service to develop a drink driver education program for indigenous clients.

However, there are indications that some drivers have not adjusted their behaviour following attendance at an approved education program. Of the 25,141 evidential breath tests conducted in Victoria in 2003, 33 per cent were on drivers with at least one prior conviction for drink driving, and of these 8,269 offenders almost a third had two or more prior drink driving offences. Given this, it is opportune to consider the feasibility of developing a multi-tier system of rehabilitation.

The Victorian Government will therefore establish a working group including representatives from the Department of Human Services, VicRoads, Magistrates Court and Victoria Police to consider the structure and consistency of the current education and treatment programmes, options for adjustment or addition to current service models to cater for recidivist drink drivers, and to assess whether current programs cater for people from rural and regional areas and from non English speaking backgrounds.

In assessing these programs and their relevance to people from non-English speaking backgrounds, the Government will ensure ongoing consultations are conducted with key multicultural community organisations.

**Recommendation 151 (p.1161):**

The Committee acknowledges that there are difficulties with the current assessment and referral process. It is particularly concerned that offenders are not seen in time to be assessed and referred on for treatment. The Committee recommends that consideration be given to 'conducting assessments and reporting back to the court prior to sentencing hard-core recidivists/high BAC first offenders so that specific needs of the offender can be considered during the sentencing process.

**Support in Principle**

This recommendation, along with recommendations 149, 150 and 152 need to be considered in the light of proposing changes to the Victorian Drink Driver Education Program (Sections 49 –52 of the *Road Safety Act 1986*), which is administered by VicRoads. It will also require appropriate consultation with the Magistrates Court of Victoria.

See also response to recommendation 148 on page 93.

**Recommendation 153 (p.1166):**

The Victorian Government examine the feasibility of phasing in an extension of the zero BAC limit to include drivers 21-26 years of age.

**Support in Principle**

On 22 June 2006, the Premier of Victoria and the Minister for Transport announced the introduction of a new Graduated Licensing Scheme (GLS) for learner and young drivers. One of the measures to be implemented will be a four year probationary period, which will extend the zero BAC limit to include an additional year. Consequently, the government has already introduced zero BAC to extend to all drivers up to 22 years of age. This will take effect from July 2008.

Alcohol interlocks, which prevent driving whilst under the influence of alcohol, will be imposed on drink drive offenders who are under the age of 26, and on any offending probationary driver. This type of mechanism provides a practical rehabilitation and will help deter initial and repeat drink driving.

**Recommendation 154 (p.1187):**

The Victorian Government continue to support education initiatives addressing drink driving among young people.

**Support in Principle**

Such education programs will continue to be supported subject to these showing evidence of effectiveness.

## 13.7 Foetal Alcohol Syndrome

**Recommendation 155** (p.1201):

The Office of Alcohol Policy and Coordination develop a strategy to improve the monitoring and recording systems for children born with Foetal Alcohol Syndrome.

**Recommendation 157** (p.1210):

The Office of Alcohol Policy and Coordination develop a strategy to increase the professional and public awareness of Foetal Alcohol Syndrome.

**Recommendation 158** (p.1212):

The Office of Alcohol Policy and Coordination review the adequacy of diagnostic and treatment services for children with Foetal Alcohol Syndrome.

### Support in Principle

The Premier's Drug Prevention Council has commissioned the Victorian Aboriginal Community Controlled Health Organisation to undertake a project which, after community consultation, was given the working title *Healthy pregnancies, healthy babies for Koori communities*, to reflect a holistic view of the issues associated with Foetal Alcohol Syndrome (FAS). The outcomes of the project will include an information resource kit for use by Victorian Indigenous health care workers to raise awareness within the Indigenous community about how to ensure the health of a developing foetus. A detailed dissemination strategy for the materials will also be developed.

The Victorian Government has supported the development of a national approach to FAS. The Intergovernmental Committee on Drugs has established a working party to advise the Ministerial Council on Drug Strategy (MCDS) on FAS. The objectives of the working party are to:

- Develop a national approach to reduce the incidence of FAS;
- Develop specific initiatives to address the higher incidence of FAS in Indigenous Australians;
- Improve the diagnosis and referral of children and adults with FAS;
- Review international interventions regarding the management of people with FAS and improve access to services for people with FAS in Australia;
- Identify key priorities for research into FAS;
- Develop appropriate policies that aim to reduce the incidence of FAS and support people living with FAS; and
- Review international policy and develop evidence-based and consistent Australian guidelines regarding the consumption of alcohol during pregnancy with the aim of reducing the incidence of FAS.

The working party will report back to the MCDS in November 2006. The Victorian and national response to FAS will be informed by the findings of the working group.



**Recommendation 156** (p.1208):

The Victorian Government request the National Health and Medical Research Council (NHMRC) to amend Guideline 11 of the *Australian Alcohol Guidelines* to provide greater clarity for women on the effects of alcohol consumption during pregnancy.

**Support**

There is increasing evidence to support concerns regarding the risk of consuming alcohol when planning to become pregnant and during pregnancy.

The Victorian Government recognises the need to better inform women and the broader community of the risks and possible consequences of drinking whilst pregnant and of the characteristics of Foetal Alcohol Spectrum Disorder (FASD).

One of the key concerns regarding FASD is the difficulty in determining any safe level of alcohol consumption for women during pregnancy. In recognition of this concern, the Victorian Minister for Health wrote to the Commonwealth Minister for Health and Ageing in July 2005 requesting that Guideline Eleven of the Australian Alcohol Guidelines be reassessed to determine its suitability in endorsing up to seven standard drinks a week for pregnant women. In his response, the Parliamentary Secretary to the Minister for Health and Ageing advised that the Guidelines are scheduled for review in 2006.

As indicated in response to recommendation 126 and also in accordance with this recommendation, the Victorian Government will consider writing directly to the NHMRC requesting that Guideline Eleven be amended to reflect the ongoing concerns regarding the risks associated with consuming alcohol whilst pregnant.

**Recommendation 159** (p.1213):

The Office of Alcohol Policy and Coordination promote and disseminate information about alcohol and pregnancy to young women through schools, primary health settings and other forums. This should include information that is culturally appropriate for women from Indigenous and culturally linguistically diverse backgrounds.

For response to recommendations 91, 92 & 159, refer to page 63.

## **Section Fourteen:**

### **Implementing the Strategies: Service Delivery, Coordination and Research**

#### **14.1 The Coordination, Implementation and Funding of Strategies to Address Harmful Consumption**

**Recommendation 160** (p.1221):

The Office of Alcohol Policy and Coordination should monitor and report on selected alcohol indicators. The indicators should be reviewed and modified as required on a regular basis.

**Recommendation 161** (p.1221):

The Office of Alcohol Policy and Coordination prepare and table in Parliament an Annual Alcohol Report. This report would include changes in the alcohol indicators and other measures, a report on the activities of Government under the Framework, achievements made and detail of objectives and planned activities for the following year.

#### **Support**

The Victorian Government currently manages a number of data sets that are regularly collated and provide detailed information on alcohol consumption and related harms in the Victorian community. These data sets are particularly useful for the Victorian Government for the purpose of informing the development and implementation of a broad range of policy options relating to alcohol.

The Department of Human Services (DHS) currently funds the Turning Point Alcohol and Drug Centre to prepare the Victorian Alcohol Statistics Handbooks on a yearly basis. These Handbooks are derived from work conducted as part of the Alcohol Epidemiology Project that is also conducted by the Turning Point Alcohol and Drug Centre. The aim of this project is to establish key indicators of alcohol consumption and related harm within the Victorian community to inform policy formulation, resource allocation and service planning.

In reporting on various alcohol-related harms, the Handbooks draw from a number of Victorian data sets, including the:

- Victorian Admitted Episodes Dataset (VAED);
- Victorian Emergency Minimum Dataset (VEMD); and
- Law Enforcement Assistance Program (LEAP).

In addition to the Victorian Alcohol Statistics Handbooks, DHS funds the Turning Point Alcohol and Drug Centre to prepare the Victorian Drug Statistics Handbook on a yearly basis, which describes the major patterns of drug use and associated harms experienced in Victoria in the previous year. The Handbooks comprise ten sections, one of which relates specifically to alcohol. This section details the prevalence and patterns of alcohol use, the harms associated with this use, an examination of socioeconomic status and alcohol use at a population level.

The Department of Human Services also manages the Alcohol and Drug Information System (ADIS), which records alcohol and drug treatment data, such

as primary drug of concern for treatment clients, treatment waiting times, number of courses of treatment and significant treatment goal attainments.

In terms of consumption rates and patterns, the Premier's Drug Prevention Council (PDPC) conducts research on a yearly basis into the attitudes and patterns of alcohol and drug use amongst young people. The Victorian component of the Australian Secondary Schools Alcohol and Drug Survey is a three yearly survey that also assesses substance use and attitudes among secondary students.

As highlighted, the Victorian Government manages a number of data sets that regularly report on various alcohol-related consumption and harm indicators. While the Victorian Drug Statistics Handbook summarises and reports on the various data sets on a yearly basis, this information is not currently presented in the context of current Government initiatives and policies. As the Victorian Drug Statistics Handbooks provide the basis for an annual alcohol report, the Victorian Government will consider incorporating the alcohol data from these handbooks into a broader document along with information on the activities and achievements of the Victorian Government to be provided to Victorian Parliament on an annual basis.

**Recommendation 162** (p.1221):

The role of the Office of Alcohol Policy and Coordination should include but not be restricted to:

- The development and publication of a community engagement strategy to indicate how the public, community organisations and Industry members can have ongoing input into alcohol policy within the Framework;
- Liaising with federal and state agencies, Industry representatives, retailers, professionals in the field and community agencies;
- Disseminating information with regard to alcohol use and abuse;
- Developing and coordinating training programmes on alcohol;
- Developing and coordinating a research agenda and commission research on alcohol;
- Assessing and providing funding for programmes, research and evaluation relating to alcohol;
- Developing a protocol in liaison with media representatives on the reporting of alcohol issues;
- Liaising with and supporting local government and community agencies to develop Local Alcohol Action Plans;
- Consider the advice of the Alcohol Policy Advisory Council;
- Identifying available resources and gaps in service delivery in order to plan a response to alcohol at both state and local levels;
- Identifying key personnel and agencies in the community who have expertise in dealing with alcohol in order to establish a comprehensive referral and resource network;
- Undertaking a mapping exercise which will establish the current services available to support people with alcohol-related problems and their families, and inform community workers and other professionals of the availability of these services; and
- Identifying best practice initiatives and assessing their applicability to local communities.

For response to recommendations 12 & 162, refer to page 14.

**Recommendation 163** (p.1223):

The Office of Alcohol Policy and Coordination should establish and support an expert Alcohol Policy Advisory Council to provide ongoing formal consultation with Industry, community groups and the general public.

**Support in Principle**

The Victorian Government has a number of existing groups and agencies that provide advice on alcohol issues and policy development. The Liquor Control Advisory Council has been established under the *Liquor Control Reform Act 1998* to advise the Minister for Consumer Affairs on problems associated with alcohol misuse and on any other matters referred to it by the Minister. The Premier's Drug Prevention Council (PDPC) provides policy advice for the Premier and Ministers as well as developing information, resources, and commissioning research on drug prevention issues. Additionally a range of key agency representatives are consulted on alcohol issues on an 'as needs' basis, with industry representatives being engaged or consulted on projects funded through the Ministerial Council on Drug Strategy. The alcohol and drug treatment sector's peak body, the Victorian Alcohol and Drug Association, also provides advice on alcohol treatment trends, concerns and policy issues.

Although there are a range of mechanisms for the Victorian Government to receive advice on alcohol policy issues and directions, the Government will consider the roles of the proposed alcohol advisory group and the PDPC to assess whether either one in its current or a revised format can provide the desired breadth of advice and consultative functions, or whether a newly constituted advisory council is required to fulfil this role.

**Recommendation 164** (p.1232):

A Research Advisory Panel on alcohol issues be established within the Office of Alcohol Policy and Coordination. Such a panel should include relevant experts in the area of alcohol policy from academic, government and community sectors.

**Support in Principle**

The Victorian Government has shown its commitment to conducting high quality research in the alcohol area by providing funding for the appointment a Chair of Social Research in Alcohol in the School of Population Health at Melbourne University. Professor Robin Room holds the Inaugural Chair of Social Research in Alcohol and is Head of the Centre for Alcohol Policy research at Turning Point Alcohol and Drug Centre. Professor Room has extensive links with local, national and international organisations and bodies and these will be utilised to help identify appropriate research priorities. Professor Room's research agenda will be developed in consultation with the Department of Human Services, TurningPoint and the University of Melbourne. The Government will consider establishing a more formal research advisory panel on alcohol issues to guide research in this area.

**Recommendation 165** (p.1239):

A research agenda and programme be established to address harmful alcohol consumption. This should be coordinated by the Office of Alcohol Policy and Coordination as outlined in recommendation 162. (The research should prioritise the research issues which have been identified in the practice and academic literature and also reflected in the expert opinion of those who gave evidence to this inquiry).

**Support**

As stated in response to recommendation 164, the Victorian Government has appointed Professor Robin Room as the inaugural Chair of Social Research in Alcohol and is Head of the Centre for Alcohol Policy research at Turning Point Alcohol and Drug Centre. The Alcohol and Education Rehabilitation Foundation has also provided funding for three research positions for three years to support Professor Room's research. The Chair will also maintain a direct relationship with Government, providing policy advice and expertise as required, and ensure that the development and design of policy research best meets the needs of the Victorian community. The Drugs and Crime Prevention Committee's report and recommendations will be drawn on by the Department of Human Services to inform discussions with Professor Room about appropriate research projects.

The Premier's Drug Prevention Council (PDPC) has commissioned the development of an alcohol and drugs prevention research agenda. This project will:

- undertake an analysis of research needs and gaps identified by alcohol and drug prevention research published over the past five years in Australia and other comparable jurisdictions (eg. UK, US, Canada, NZ);
- identify likely future trends and issues pivotal to alcohol and drug prevention research; and
- develop an alcohol and drug prevention research action plan for the PDPC, that will identify where the PDPC can best make a strategic investment in drug prevention research in the short, medium and long term.

It is anticipated that the project, including the alcohol and drug prevention research action plan, will be completed by the end of 2006.