Australian Local Government: Alcohol Harm Minimisation Projects

A good practice guide

A report prepared by
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For the National Drug Strategy Local Government Subcommittee*

* A partnership between the Intergovernmental Committee on Drugs, Council Of Capital City Lord Mayors, and Australian Local Government Association
Foreword

The use of drugs, both licit and illicit, has a significant impact on local governments across Australia. The wellbeing of the communities they represent is undoubtedly affected by the harms drug use can produce. Drugs impact on:

- public space management
- community, businesses and services
- safety
- crime
- tourism and reputation of the city
- inter-agency coordination and service development
- council employees, and
- the health and welfare of people who use drugs.

Local government is well placed to coordinate local efforts to reduce the harms to the community from drug use. The National Drug Strategic Framework (NDSF) highlighted the important role of local government, and a Local Government Sub-Committee of the Intergovernmental Committee on Drugs (IGCD-LGSC) was established.

In 2002/2003, the IGCD-LGSC received Australian Government funding for research into local government alcohol-related harm minimisation initiatives. The project had two components:

• To undertake a review of the national and international literature relating to community-based alcohol initiatives; and
• To consult with local government to identify a range of community alcohol harm minimisation initiatives that local government facilitated, were engaged in, or resourced.

The focus of this resultant report is on local community, public health interventions designed to minimise alcohol-related harm. This report recognises and supports the role of local government in tackling alcohol misuse. Part C includes example case studies of innovative strategies implemented by local governments across Australian in response to alcohol-related harm in their communities.

I’d like to congratulate Australian local government on their efforts to reduce alcohol and drug related harm and hope that this report can be used as a guide / support tool in the development of future responses across Australia.

Jude Munro
Chair, Local Government Sub-Committee
Intergovernmental Committee on Drugs
April 2004
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1. Introduction

Moderate, responsible consumption of alcohol is an accepted part of most societies and recent research suggests that there may be health benefits associated with moderate use for some groups. It has also been established that there are significant social, health and economic costs to individuals and communities from alcohol misuse (NH&MRC 2001).

Social costs include alcohol-related crime, employment problems and family breakdown. Health costs include alcohol-related traumatic injuries from road accidents and interpersonal violence, and longer-term consequences such as cardiovascular disease and cancers (NH&MRC 2001). The economic cost of alcohol misuse in Australia in 1999 was estimated to be $7.5 billion (Collins and Lapsley 2002). Alcohol misuse can also have an environmental impact such as adverse affects on the amenity of public areas that can be confronting and distressing for the general public and can increase safety risks and perceptions of these risks.

It is generally accepted that there is a relationship between total amount of alcohol consumed in a community and the levels of alcohol-related harm (Edwards et al 1994). It is also acknowledged that alcohol consumption patterns and potential for harm varies considerably across population sub-groups. In Australia there is evidence that many young males, particularly in the 18-24 year age group, drink alcohol in a way that places them at risk of acute harm (eg. accidents or injury) (Heale et al 2000). Harms are often associated with occasional intoxication and risk-taking behaviour (Stockwell et al 1996). It is also known that while there is lower prevalence of any alcohol use in Indigenous populations, there is evidence of much higher levels of harmful drinking compared to the general population (Australian Institute of Health and Welfare 1995). These patterns of use justify population-wide alcohol control measures and strategies designed to address at-risk sub-populations. These patterns also provide the rationale for community-based interventions that aim to reduce alcohol consumption and minimise alcohol-related harms generally, and in relation to specific at-risk populations.

Holder (1998) nominated ‘the community’ as the ‘new frontier’ for alcohol-related problem prevention, noting that:

- ‘Alcohol (and other drug) problems are the natural result (output) of dynamic, complex, and adaptive systems called ‘communities’;
- Interventions in complex, adaptive systems do not always yield the desired results, and they often produce undesired and unexpected outcomes;
- The most effective strategies are those that seek to alter the system that produces alcohol problems; and
- Strategies historically have been ‘single solutions’ – they have attempted to accomplish a goal by one program or strategy, rather than by concurrent, mutually reinforcing approaches’ (Holder 1998, p8).

The focus of this report is on local-community, public health interventions designed to minimise alcohol-related harm. This can be conceptualised as the mid-point of a continuum of interventions with broad policy issues such as taxation and individual interventions marking the end points. It should be noted however, that local government is involved in the provision of services directly to individuals experiencing alcohol related problems. The case studies in Part C of this report will detail council-provided jobs programs and a range of outreach services, particularly to Indigenous people.
**1.1 The Role of Local Government**

Local government has a vital role to play, as a leader and a partner, in developing and implementing strategies to reduce alcohol-related harms in their communities. The community is increasingly regarded as the site of mediation between the everyday life of individuals and the larger social, economic and political environment (Casswell 2001). Local government has the experience and authority in public health, planning and enforcement. It has the links with other levels of government, with the business and industry sectors and with the community. It also has a long involvement in community development and action projects and programs. Through an intimate knowledge of the needs of people at a particular time in a particular place, local government also has a critical role to play in place management and coordination programs. In addition to tailoring specific interventions to prevent and treat alcohol-related harm, these programs will reduce harm as a consequence of addressing the upstream issues of economic and social disadvantage.

The role of local government is not one of policing the alcohol sector or to provide direct service in this regard. Local government is in the ideal position to facilitate a coordinated response from a broad spectrum of service providers through its leadership capacity within the policy frameworks developed at the state and federal government levels.

This report recognises and supports the role of local government in tackling alcohol misuse (discussed in detail in Section Two).

**1.2 Project Purpose**

This project aimed to research and report on better practice in alcohol-related harm minimisation initiatives undertaken by local governments across Australia.

The project had two components:

- To review the national and international literature relating to community-based alcohol initiatives; and
- To consult local government to identify a range of community alcohol harm minimisation initiatives that local government facilitated, were engaged in, or resourced.

The project provided a basis for developing principles and practice guidelines that apply at local community level and across a range of local government settings to support community initiatives to minimise alcohol-related harm.

All aspects of the project were developed within the context of the National Drug Strategic Framework, with emphasis on the elements of ‘building partnerships’ and ‘harm minimisation’. This will build on the body of project work already conducted or in train.

**1.3 This Report**

This report provides the background to assist local governments to select, adapt, implement and evaluate strategies to minimise alcohol-related harms in their communities.
It summarises relevant international, national, state and territory, and local government policies and examines the research and practice evidence-base for a range of strategies. The report explores initiatives implemented overseas and in Australia and discusses common strategies. The overview of project planning, implementation and evaluation processes outlines ways to improve practice and ensure that project objectives and desired outcomes are achieved.

A range of local government community case studies has been selected to highlight innovative practice across rural, remote and metropolitan local governments. These are brief accounts designed to give a view of the alcohol-related issues encountered in these communities and ways that different local governments have responded to them.

The report is structured in three parts:

**Part A:** Background information Policy context – Literature review – Overseas community-based initiatives – Australian approaches

**Part B:** Practice Guidelines – Project definition, planning implementation & evaluation

**Part C:** Case studies.
PART A – BACKGROUND INFORMATION

2. Policy Context

Australian community responses to alcohol-related issues are influenced by international, national, state and local policies and practices. This section of the report outlines relevant policy and practice trends.

2.1 International Influences

The first International Conference on Health Promotion in Ottawa in November 1986 developed a charter for action to achieve ‘health for all by the year 2000 and beyond’ (WHO 1986). The charter was a response to an emerging ‘new public health’ movement around the world that supported health promotion strategies and programs that are adapted to local needs and consider differing social, cultural and economic systems. The areas identified for action (including building healthy policy, creating supportive environments, and strengthening community actions) are relevant today and guide community initiatives. This charter, although dated, remains influential in social policy and program development around the world.

More recently, the World Health Organisation (WHO) outlined ten important social determinants of health that need to be considered when developing initiatives to improve public health. These included consideration of ways to prevent people falling into long-term disadvantage, the impact of the social and psychological environment on health, the problems of unemployment and job insecurity, the dangers of social exclusion and the effects of alcohol and other drugs (Wilkinson and Marmot 1998). This report highlighted the complex social, economic, physical and political influences on public health.

Acknowledgment of the dynamic and complex nature of community is the first crucial step in the development of effective community-based responses. WHO also has a long-standing commitment to solving alcohol-related problems and advocates a comprehensive range of strategies to reduce alcohol-related harm. WHO emphasises that approaches must be consistent with local cultures, and that each country must develop its own unique mix of strategies (WHO 2001).

2.2 Australian National Policy Environment

National Drug Strategic Framework

The National Drug Strategic Framework 1998–99 to 2002–03 (1998) was prepared under the direction of the Ministerial Council on Drug Strategy and was endorsed by all Australian governments. It outlines policy principles, priorities and objectives for reducing drug-related harm in Australia.
The six major principles of the framework emphasise cooperative, coordinated action and strategies that involve and target communities and individuals. The six principles are:

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<th>Principle</th>
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| 1. Harm minimisation | Harm minimisation strategies integrate community and individual responses to reduce drug-related harm through three approaches:  
   - Supply reduction strategies designed to disrupt the production and supply of illicit drugs;  
   - Demand reduction strategies designed to prevent the uptake of harmful drug use, including abstinence-oriented strategies to reduce drug use; and  
   - A range of targeted harm-reduction strategies designed to reduce drug-related harm for individuals and communities. |
| 2. Balanced approach | There should be continued balance between these three harm minimisation strategies. |
| 3. Coordinated, integrated approach | Reducing drug-related harm is everyone’s responsibility, involving all levels of government, business and industry, local communities and individuals working together. |
| 4. Partnership approach | Strong partnerships and close working relationships between government, business, education, health and community sectors are critical. |
| 5. Social justice | Responses should consider and reflect the unique nature of local communities, cultural differences and the needs of marginalised population groups. |
| 6. Evidence base | Practice should be based on rigorous research and take into account the preferences of clients, families and the community. Innovation and new approaches should be encouraged. |


A recent review of the strategic framework was very supportive of the Australian approach to drug policy. The review recommends that the original principles be retained with additional emphasis being given to demand reduction and prevention (SuccessWorks 2003).

Four National Drug Action Plans (alcohol, tobacco, illicit drugs and school-based education) have been developed under the National Drug Strategic Framework. The National Alcohol Strategy forms part of the policy framework – detailing strategies to guide interventions at a national, state and local level.

The National Alcohol Strategy was prepared by the National Expert Advisory Committee on Alcohol (2001a) for the Intergovernmental Committee on Drugs and aims to:

- Reduce the incidence of premature mortality related to misuse of alcohol;
- Reduce the incidence of acute and chronic morbidity (disease and injury) related to misuse of alcohol;
- Reduce the incidence of social disorder, family disruption, violence, including domestic violence, and other crime related to misuse of alcohol; and
- Reduce the level of economic loss to Australian society related to misuse of alcohol (Ministerial Council on Drug Strategy 1998).

The National Alcohol Strategy identified 11 key strategy areas including informing the community; improving the effectiveness of legislation and regulatory initiatives; responsible marketing and provision of alcohol; and promoting safer drinking environments. It is in the context of the national policy framework that state and local government projects and programs are delivered.

2.3 State and Territory Governments

The National Drug Strategy identifies the role of State and Territory governments as providing jurisdictional leadership for policy development, implementation and evaluation and for the delivery of services to reduce drug-related harm. Many of these functions are provided based on cooperation between the Commonwealth, states and territories. Over the last few years many of the states and territories have reviewed their approach to alcohol and other drug issues, through a series of ‘drug summits’ and/or revisions to drug policies and action plans. Most have referred to the various roles that local government plays in responding to alcohol and other drug issues.

In Victoria, expert committees have been established to advise the government on a range of alcohol and drug issues. In November 1999, the Government established the Drug Policy Expert Committee to provide advice on the implementation of its illicit drug policy. The committee noted in its Stage One Report (2000) that opportunities to involve local communities in responding to drug issues had been missed recently. The committee strongly supported the need for local action because:

- ‘Many actions can only be taken at a local level;
- Only local effort can harness local community resources;
- Each community is different and responses will need to be tailored accordingly; and
- Communities that act on their own behalf are more healthy’ (DPEC, 2000, p 4).

The Victorian Alcohol Strategy: Stage One (Minister for Health 2002) also nominated the involvement of local communities and local government as essential in addressing alcohol-related issues.
In New South Wales, a Drug Summit was held in May 1999 bringing together drug experts, families, interest groups, community leaders and politicians. Several key recommendations of the summit related to community action and resulted in the development of a Community Drug Information Strategy to build awareness of drug use issues and established Community Drug Action Teams to coordinate local projects and initiatives. (NSW Office of Drug Policy, 1999). The NSW Government also recently held an Alcohol Summit (August 2003), to address the question:

‘Is there a culture of drunkenness in this country, which makes it not only socially acceptable, but the only way to celebrate significant occasions?’

A communiqué released on 29 August 2003, at the conclusion of the summit outlined wide-ranging recommendations. Many were focussed on ways to regulate licensed premises to reduce harms associated with alcohol intoxication. There was also emphasis on community-based and community-owned strategies that could be introduced into Indigenous communities to reduce alcohol related harm. Many of the recommendations, including strong support for liquor accords, highlighted the role of local government.

A summit in Western Australia in August 2001 made a series of recommendations emphasising education, family support, culturally appropriate services, law reform and greater community involvement. The government’s response included strategies to encourage greater community participation, particularly in the areas of education, preventing drug use, and addressing factors contributing to drug use, such as unemployment and social isolation (WA Government, 2001). The West Australian approach highlighted the importance of community partnerships to reduce risk factors in local communities. A statewide network of Community Drug Services Teams has been developed to support partnerships between local government, police, schools, sporting clubs and other community agencies to focus on drug prevention and treatment.

2.4 Local Government’s Role in Local Communities

Local government in Australia has had an important public health role over many years. In addition to traditional functions of managing infectious diseases, food safety, waste and sanitation, local government is becoming increasingly involved in disease prevention, health promotion and the social health agenda. In addressing the social health agenda, it is likely that local government will become more involved in partnerships with other levels of government and non-government bodies in tackling alcohol-related issues in the community. The case studies outlined in Part C of this report demonstrate the nature and extent of local government involvement in alcohol-related harm minimisation projects.

The National Drug Strategic Framework highlighted the important role of local government in responding to alcohol and other drug issues. This was reflected in the establishment of the Intergovernmental Committee on Drugs — Local Government Subcommittee as a partnership between the IGCD, the Council of Capital City Lord Mayors and the Australian Local Government Association. The committee was established to identify emerging issues and provide priorities and strategies to the National Expert Advisory Committees from a local government perspective. The reviews of state and territory drug policies, briefly considered above, also highlighted the importance of local community action and the integral role of local government.
The National Expert Advisory Committee on Alcohol acknowledged the role of local governments in responding to the needs of communities and promoting local responses to reduce alcohol-related harms. The Committee noted that:

‘Increasingly local councils are assuming broader responsibility for local needs by providing a range of community programs and services to support the health and wellbeing of their constituents, in addition to core functions in areas governed by public health legislation. Most local councils also support recreational and cultural activities. Many local governments have established partnerships with local communities to address alcohol-related problems. Initiatives at the local level include the development of accords between police and health services, links to community safety and public event management strategies, and the development of local action plans’ (National Expert Advisory Committee on Alcohol, 2001a, p. 19).

The Municipal Health Planning Framework developed in Victoria (Department of Human Services: Public Health Division in collaboration with the Municipal Association of Victoria 2001) highlights the features of local governments which position them well to promote community health and well-being (including that associated with reduced alcohol related harm). Local governments:

• Are a sphere of government with the authority and responsibility of public health leadership, involving creating a vision and goals, promoting integrated planning, participation and community development, promoting partnerships and advocacy for local needs, establishing structures for corporate cooperation and facilitating change;
• Have an identified population and geographical base. This enables a more coherent approach to a wide range of public health programs, with better coordination and sustainability of public health strategies and strengthening of public health infrastructure and capacity;
• Support collaboration for better health with other sectors at a local level;
• Plan, fund and provide a wide range of public health programs; and
• Have a close relationship with their local constituencies and are well placed to consult and support the active participation of local communities in public health programs (DHS 2001, p 8).

A widespread recognition exists that alcohol and other drug problems arise in communities and are most appropriately addressed by those communities (Midford 2002). Alcohol availability is associated with public health and safety risk and developing policies to manage availability and risk is a shared responsibility between the state/territory government, local government and community organisations and groups.

However, in noting local government’s significant role in reducing alcohol-related-harm in the community, it is important to acknowledge the state/territory government’s role in enforcing licensing requirements of establishments selling alcohol. Local government’s role is complementary to that of the state/territory government working with their local community in supporting/implementing additional responses.

2.4.1 The Nature and Scope of Local Government Involvement

There is growing recognition of the important role of community-based initiatives in identifying and responding to alcohol and other drug-related problems. The nature and scope of these initiatives and the role that local governments can play varies considerably.
This section considers some of these issues.

**Population Rather than Individual Emphasis**
Community initiatives typically have population level behaviour change goals such as the reduction of intoxication and violence in licensed premises, underage drinking, drink driving, or emergency hospital admissions. These interventions do not focus on individual treatment for alcohol-related problems, but do complement these services provided by the health and welfare sector.

**Broad – Environmental or Specific Alcohol-Related Problem Emphasis**
Most community-based programs tend to focus on specific alcohol-related issues (such as violence, car crashes or hospital admissions). There is an argument for greater focus on broader environmental (economic, social and physical) factors that contribute to a range of social problems, including those related to alcohol misuse. This new public health approach aims to apply ‘social transformation’ strategies to improve health and well-being (Baum 1998). Strategies may have a prevention goal. That is, to address issues in an attempt to increase individual, family and community protective factors and resiliency to reduce the incidence of problematic alcohol use. A second focus may be on reducing harms associated with alcohol use. Community factors that contribute to alcohol and other drug-related problems include legal and normative expectations for behaviour, availability of substances, extreme economic deprivation, transitions and mobility and high levels of neighbourhood disorganisation (Toumbourou 2002).

**Place Management**
The “Neighbourhood Renewal” program in Victoria is one of many Australian examples of a ‘place management’ program designed to increase opportunity for those in disadvantaged communities. The program provides opportunity for community participation in a range of training, job creation, health promotion and community safety activities (Office of Housing, Victorian Department of Human Services 2002). This sort of long-term investment could reasonably be expected to result in some reduction in social problems, including those related to alcohol misuse. Although this program is state government funded and coordinated through the regional offices of the Department of Human Services, local government has critical involvement in each of the ten projects underway. Typical features of place management projects are the focus on specific communities (such as neighbourhoods or towns), the emphasis on social or economic conditions that impact on community well-being and active promotion of across government approaches to planning and service delivery. A critical feature that differentiates ‘place management’ from ‘place coordination’ is the delegation of authority to determine outcomes through the allocation of funding and other resources by a place manager. Through an intimate knowledge of the needs of people at a particular time in a particular place, more comprehensive responses can be tailored to meet diverse, complex needs. In relation to alcohol-related harm there are two potential benefits. Specific individual, family or place issues can be directly addressed by providing a range of prevention, treatment and other harm reduction services (eg, parenting and school-based projects, counselling services, local regulations to reduce alcohol harms, etc). Secondly, programs that address social and economic disadvantage will, over time, reduce problems associated with hazardous or harmful drinking. Place management programs offer promise as a way of reducing alcohol-related harm. A challenge will be to sustain, evaluate and refine such programs and feed back this experience with a view to at least incremental change to the broader systems in which place management programs operate.
Multi or Single Strategy Interventions

‘Communities That Care’ is an example of a comprehensive, outcomes-based planning approach that incorporates multiple evidence-based strategies to prevent youth health and behavioural problems (such as violence, substance misuse, teenage pregnancy, school dropout and delinquency). It is a community mobilisation strategy designed to engage a wide range of stakeholders to address youth issues using multiple, evidence-based strategies. The program has been successfully implemented in the United States and the United Kingdom and is now being introduced in Australia (Fiske 2000). The model proposes ‘top-down’ support to sustain programs and ‘bottom-up’ priority setting and responses to enhance local control and engagement. Local government has been identified as the key player in local community planning (Toumbourou 2002).

Local government involvement in community action projects has typically focussed on strategies involving legislative and regulatory provisions, including Liquor Acts, local laws and Planning Acts. Many of these projects involve single, or a small number of, strategies. They often involve the development of voluntary codes of practice such as liquor accords. Partnerships with police give an enforcement dimension to the activity. In Part C of this report there are a number of cases studies outlined describing local government leadership or involvement in accords, or establishing dry-zones through changes to local laws. This role of local government is important and will continue. It is also likely that local government involvement will continue to expand with further role consolidation in broader social transformation programs designed to reduce a range of social problems. This prediction is based on the capacity of local government to provide effective leadership, particularly when the interests of key stakeholders conflict (discussed below).

Community Program Leadership or Input

There is considerable debate in the contemporary literature about roles and responsibilities regarding funding, leadership and involvement in community-based initiatives. Most would agree that a mix of input is required from key community stakeholders, researchers and community-based organisations that are expert in the provision of prevention or harm reduction strategies. There is now greater appreciation that while researchers can provide research-based knowledge in the development of effective community-based strategies, they may not have a detailed understanding of local communities, or be expert in planning and implementing community projects (Casswell 2000). Local government is well placed to provide input or provide leadership on the latter. Researchers can ensure that epidemiological data is provided to focus on real rather than perceived problems and recommend strategies of demonstrated efficacy, rather than political expediency. These inputs are supportive of the development, implementation and evaluation of evidence-based strategies in and by local communities.

Strong leadership is an important issue in community-based program implementation where conflicting interests are often a feature. Effective programs are ‘inherently disruptive to existing social and economic arrangements in the community’ (Holder and Moore 2000, p 77). These arrangements or systems tend to be quite resilient over time. Consequently, measures that have been demonstrated to be effective in reducing alcohol-related harm may be strongly resisted by those with opposing interests. In this context, strong, credible and skilled leadership is required to establish shared goals and develop effective working relationships. It is not simply a matter of ‘bringing people together to do business in conventional ways’ (Giesbrecht and Rankin 2000, p 48). Local government has a long history of dealing with conflict and facilitating shared goals and is ideally placed to
provide the necessary leadership, often when primary responsibility for achieving some of the specific goals rests with other agencies.

This growing expectation of local government responding to a broad range of alcohol and drug issues needs to be supported by identified, continuing funding. While there is consensus about the importance of local government involvement in responding to alcohol and other drug issues in the community, there needs to be further discussion about funding models that might apply.

The prevention of social and behavioural problems is now viewed as an important role for local government. Local government strategies need to fit in with other local initiatives and with state and national strategies in areas such as crime prevention, youth suicide, mental health and accident prevention. The challenge is to articulate the role of local government, describe how it fits with the responsibilities of other levels of government or other organisations and consider how it is resourced.
3. Literature Review

3.1 Guiding Better Practice

Research and practice evidence are examined here to guide better practice in community-based alcohol initiatives. Research evidence refers to the body of knowledge about specific approaches ascertained by scientific investigation (including experimental, quasi-experimental and non-experimental designs). Practice evidence refers to the information gained from well-designed and executed case studies that include process evaluation of project implementation and procedures.

The existing evidence base in relation to community initiatives to minimise alcohol-related harm can guide the process of selecting and adapting strategies for use in different local contexts. It is this process, combined with more rigorous program evaluation that will lead to better practice and a body of Australian community-based literature that represents ‘best practice’.

Before reviewing the evaluative literature, it is worth considering some of the apparent limitations that have been identified in the research literature. Most of the prevention and community-based program (scientific) research is based in the United States of America and focuses on prevention efforts that target school-based youth. There is less research regarding community interventions for non-school, older populations who are typically using alcohol or other drugs and who may already be experiencing harm. It has been argued that the limitations of American research include:

• The goals of prevention are typically total abstention from tobacco and illicit drugs, and delayed initiation of alcohol use;
• Very few programs are designed to assist young people to stop using and even fewer are designed to reduce the harms associated with that use; and
• There is greater capacity to fund large-scale, community wide programs in the US that may be difficult to replicate elsewhere (Paglia and Room 1999, p 4).

These issues need to be kept in mind when examining the body of research literature, particularly when considering the suitability of a particular strategy for use in Australian communities. There is an argument for undertaking large-scale experimental research projects to determine what strategies might effectively reduce alcohol-related harm in Australian communities. It is equally important to utilise naturalistic methods to evaluate and describe good practice. Both strategies will build a body of Australian research literature to address many of the existing gaps.

3.2 A Range of Approaches

The potential strategies in a community-based alcohol-related harm minimisation program are numerous. Some that are commonly used are outlined, and the extent to which they are supported by research or practice evidence is discussed. Some that include legislative and regulatory provisions are commonly associated with the role of local government, while others such as school-based education or parenting programs might merely be some of multiple interventions incorporated in a community-based program. For example, in place management programs where alcohol-related problems are a feature, a multi-
level approach may be required to restrict consumption, prevent further problems developing, improve amenity, and provide family and individual treatment interventions. Some combination of the approaches listed below may be appropriate.

3.2.1 Public Policy Initiatives

Policies comprise rules, regulations, laws and practices designed to shape environments (social, economic, physical) to prevent or reduce the harm associated with alcohol use. These policies might be broad and introduced in similar form across the country. For example, prohibiting the sale of alcohol to minors or legislation to discourage drink driving. They might have a more local orientation, such as targeting harms at specific events (such as preventing the sale of alcohol in glass containers at sporting events). The latter example involves local government making changes to local laws. Strategies can also be implemented at a state or territory level, such as the Northern Territory’s Living With Alcohol Program. This initiative introduced a range of strategies including a five-cent levy on standard drinks, lowering the legal limit for driving to 0.05% mg/ml BAC, and a levy on cask wine. These measures proved beneficial with estimates of alcohol-related road deaths falling by 34.5% and injuries requiring hospitalisation by 28.3%. Substantial reductions in per capita consumption and self-reported hazardous and harmful consumption were also reported (Stockwell et al 2001).

Changes to the legal drinking age or enforcement of existing laws, the density of retail alcohol outlets, the hours of operation of licensed premises and price have all been shown to influence consumption levels. Generally, the greater the availability of alcohol, the higher the level of consumption and potential for alcohol-related problems (in terms of measures such as road crashes, violence, liver cirrhosis and strokes) (Hawkes et al 2002). In a qualification to this statement, there is also evidence that in an environment of increasing alcohol availability, some strategies such as those designed to reduce drink driving can significantly reverse the trend of increasing harm (Holder 2003). In terms of multiple harm measures, Edwards et al (1994) noted that when there was a sharp decrease in alcohol availability, as in some European countries during liquor worker strikes, the decrease in consumption was accompanied by a reduction in alcohol-related problems (road crashes, arrests for drunkenness and admissions for detoxification).

Alcohol policies can be difficult to implement considering that alcohol is a legal retail product. Harold Holder claims that:

‘There must be political will and public support for such strategies. Such strategies often do not provide the level of immediate public satisfaction and personal reward to program staff that educational or service strategies provide. This can mean that environmental strategies may not be as attractive to community members’ (Holder, 2001, p. 10).

The advantage of alcohol policies compared to other strategies is that they are relatively cost-effective, but also, once implemented, they have a long, effective life. Alternative strategies such as public education programs must be maintained and funded each year. For example, a policy legislating training for alcoholic beverage servers through an existing education system has a longer potential effectiveness (Holder, 2001).
3.2.2 Community-Based Programs

Alcohol and other drug problems develop within communities due to a range of social, economic, physical and political structures or factors and can be best addressed in and by those communities. A key feature of community-based programs is the partnerships that are forged between what are often diverse groups. In relation to alcohol projects, those groups might include licensees, police, health professionals, sporting clubs and local government. In a comprehensive review of eight community-based alcohol prevention initiatives, Gorman and Speer (1996) concluded that such initiatives could increase community awareness and knowledge of alcohol-related harms, however there was little evidence to suggest that they resulted in behaviour change and a reduction in alcohol-related harm. Hawkes and colleagues (2002) described such approaches, with some notable exceptions. The notable exceptions included the work of Wagenaar et al. (1994) which demonstrated the effectiveness of targeting policies and practices rather than individual behaviour to change the availability of alcohol to underage youth. Room (2000) concluded that:

‘Community action and other initiatives that combine policy and environmental measures with educational or persuasional approaches seem more likely to succeed than initiatives taking only one of the approaches. However evidence is still lacking of lasting effects from such combined community approaches’ (p 10).

Community-based programs tend to incorporate multiple strategies in a systematic approach that requires the input of a range of organisations. These approaches are often found in place management or place coordination programs. They are designed to directly reduce alcohol-related harm and complement other strategies that might indirectly reduce harm (eg. strategies to address economic and social disadvantage). This complexity makes such programs difficult to evaluate—adequate controls, changes to interventions as the project evolves, long timeframes, the use of qualitative and quantitative data sets and costs are just some of the issues that need to be addressed.

The literature describes characteristics of successful programs as follows:

- **Ownership of the initiative** by the target audience (based on involving key stakeholders; acknowledgement of locally derived priorities; respect; local participation in the delivery of the program; and approaches adapted for local circumstances);
- **The choice of community.** Communities with low attachment, disorganisation, high degrees of transition and low capacity are difficult to change (but may have the most to gain);
- **Determination to build** capacity through the institutionalisation of networks, links and processes.
- **Flexible goal setting and methods;**
- **A willingness to be opportunistic;**
- **Allowing sufficient time for community consultation and negotiation;**
- **Developing a mechanism for dealing with conflict and tension;**
- **Developing a shared vision of program goals and outcome measures; and**
- **Flexible information sharing and dissemination mechanisms for the duration of the program** (Hawkes et al. 2002).
3.2.3 Public Education through Media Campaigns

There have been few controlled studies of media campaigns and, while they may be sound, the efficacy and cost-effectiveness of campaigns is often difficult to confirm. Lipsey and Derzon (2001) conducted a meta-analysis of 72 media campaign evaluations designed to discourage adolescent substance use. They found small positive effects on knowledge, attitudes and behaviour change. Holder (2002) cautions that the small effects need to be balanced against the high costs of media campaigns.

Media strategies are most likely to be effective when they are used to set an agenda, raise awareness and motivate people to participate in community-based programs. They can be important in gaining support for policies, for example changing lifestyle norms around drink-driving (Holder & Moore 2000), and for local activities and interventions.

Paglia and Room (1999) outlined ways that mass media campaigns can be used more effectively:

- Use multiple media to promote a lifestyle norm;
- Combine media campaigns with various other strategies to help change norms;
- Use the media to start people talking about the issue;
- Use entertainment programming to avoid a ‘hard sell’ and promote lifestyle norms;
- Segment the audience (e.g. psychographic or demographic subgroups) and base messages on formative research with subgroups in order to understand their beliefs, attitudes and values;
- Avoid fear and moral tactics and blatant ‘hard-sells’. Do not use celebrity spokes people, as youth are sceptical about their genuineness;
- Messages should present information in an honest and factual manner; and
- Emphasise short-term rather than long-term negative consequences and in certain cases, acknowledge the positive effects and alternative ways of achieving those benefits.

3.2.4 Licensed Premises: Design, Conditions and Practices

Local government has a primary role in influencing the design, conditions and practices of licensed premises. There is great potential to develop alcohol harm reduction strategies that complement or add value to the work that is already being done.

The design and conditions in licensed premises impact on alcohol consumption and alcohol-related harms. It has been established that the following characteristics of premises can contribute to increased alcohol-related harms (including drink-driving, accidents and assaults):

- Overcrowding;
- Drink discounting;
- Serving under-aged or intoxicated patrons;
- Using intimidatory crowd control techniques; and

A United Kingdom review found that the following issues in licensed premises could contribute to alcohol-related assaults:

- Frustration arising from insufficient serving areas, poor layout or uncomfortable sound, heating or lighting levels (too bright or dull);
- Poor layout, including large open spaces, that can lead to the contagion of aggression;
• Inadequate flow patterns that restrict customers capacity to move around with minimum physical contact with others, increasing the opportunity for spillage, jostling and conflict; and
• Siting and design of the bar, that doesn’t allow staff to have control of their own space (Reid Howie Associates 2003).

In a recent review of the literature, Doherty and Roche (2003) identified the following list of issues and possible responses to reduce alcohol-related harms in licensed premises:

**Crowding**
- Consider design issues when determining maximum patron numbers;
- Ensure compliance with maximum numbers;
- Maximise traffic flow; and
- Ensure adequate staff/patron ratios.

**Lighting**
- Ensure that the lighting balance is not irritating (too bright), nor encourages offending (too dim).

**Ventilation**
- Ensure premises are not too hot or smoky.

**Bars**
- Ensure that bars are accessible and do not interfere with patron movement.

**Staff**
- Ensure that there is an adequate staff to patron ratio supported by good communication systems.

**Physical hazards**
- Remove obstacles such as seating in high traffic areas.

These issues are often addressed through liquor licensing, policing and local government planning processes. These are also the issues that can be addressed through ‘codes of good management’ or accords developed between licensees, police and other stakeholders, including local government. The efficacy of such accords is unclear, with some evidence that initial benefits may not be easily sustained (Hawkes et al. 2002). Australian examples of accords are discussed in detail in the next section.

### 3.2.5 The Area Around Licensed Premises

Local government has an important role in improving amenity and urban design. The areas surrounding licensed premises are often associated with alcohol-related harm and neighbourhood concern (Doherty and Roche, 2003). Collaboration with police is critical in identifying problems and implementing effective responses. Local government has an important role to play in addressing issues such as:

- reducing venue density or staggering opening and closing times to ensure that crowds do not spill out on surrounding areas at the same time;
- discouraging congregation outside premises by reducing seating opportunities;
- building barriers to ensure that patrons don’t spill out onto busy roadways;
- incorporating closed circuit TV monitoring for exits to premises to deter harmful activity;
- ensuring the availability of public transport to maximise crowd dispersal

Local government also has an important role in facilitating community involvement in responding to the wide range of issues associated with licensed premises. Included are amenity issues and other activities that harm, annoy or frighten people. The local government role might include:
• facilitating neighbourhood input into planning and licensing processes;
• encouraging the identification and reporting of crime, disorder, and community safety concerns; and
• seeking advice on urban design issues surrounding licensed premises to reduce alcohol-related harm to patrons and other members of the community.

3.2.6 Responsible Server Programs

Responsible server programs are designed to reduce the risk that patrons will become intoxicated and harm themselves or others. The approach of services staff and management can promote or ignore heavy drinking and so foster problems associated with intoxication. There is strong evidence that server training, when combined with enforcement activities, can reduce sales to under-age drinkers and to those who are intoxicated. In Australia, many liquor licensing authorities now require or encourage servers to be trained.

The international literature indicates that achieving effective responsible alcohol service requires:
• the public be made aware of the issue;
• intense enforcement of alcohol control laws;
• strong policies on and commitments to responsible beverage services on the part of owners and managers; and
• training programs for servers (US Department of Health and Human Services, Centre for Substance Abuse Prevention (1999).

3.2.7 Drink-Driving Measures

Australia is a world leader in responding to road safety, including drink-driving issues. The approach has been a combination of legislative change and community education and information campaigns.

It is well established that policies that discourage drink-driving can reduce crashes and associated mortality and morbidity (Homel 1990; Edwards et al. 1994; Hingson et al. 1996). These policies include highly visible law enforcement strategies, such as random breath testing or checkpoint testing; lower blood alcohol concentration laws; additional restrictions (sometimes ‘zero tolerance’ for driving after drinking) for young drivers; and the capacity to remove driving licences. There is also evidence that these strategies are more effective if combined with greater community support for drink-driving law enforcement and other strategies to reduce the level of intoxication of people leaving public drinking venues (Holder 2003). It is in this context that local enforcement of drink-driving laws may be part of a community-based strategy designed to reduce alcohol-related harm (see the Tumbarumba and Sutherland Shire drink-driving case studies in Part C of this report).

3.2.8 Family Interventions

Family interventions aim to improve parenting practices, communication and involvement with children and provide young people with the skills to make better peer group choices or deal with the peer pressures to use alcohol or other drugs. These programs are offered either as stand alone interventions or part of a multi-faceted community or place management program. It is in the latter context that local government needs to be aware of the efficacy of these strategies and how they might complement others included in a comprehensive program.
Programs such as the Iowa Strengthening Families Program (ISFP) include sessions for parents on how to make expectations clear, using appropriate discipline strategies, managing emotions and effective communication skills. Young people learn complementary skills and skills to deal with peer pressure and stress. Evaluation showed that uptake of alcohol, tobacco and other drugs was significantly lower for adolescents involved in the project compared to control groups at one and two year follow-up (Spoth et al 1999). There is evidence that the effects become weaker over time (Holder 2003). Paglia and Room (1999) found that structured family-focused programs targeting high-risk families might be effective in reducing risk factors and strengthening protective factors. While these factors are linked to drug use, it is yet to be established that interventions are successful in preventing or reducing drug use.

3.2.9 School-Based Education Programs

Local government would seldom be involved in school-based education projects if they were implemented as stand alone interventions (although one example of such involvement in Caloundra (QLD) is included as a case study in Part C of this report). Involvement may arise when such a project is part of a broader, multi-faceted place management program. In that context, awareness of the efficacy of school-based strategies is important.

School-based education programs have great political utility, but often have more limited potential to achieve significant changes to drinking and other drug use behaviour. They are very popular and tend to be widely disseminated before the evidence-base has been established. Research over the past three decades has shown that many projects are ineffective and others may be harmful in terms of increased drug use (Holder 2002). Approaches that provide information and assume that drug use behaviour change would follow have proved to be ineffective (Paglia and Room 1999). In fact, providing information about dangers and risks can arouse curiosity and lead to risk taking and experimentation. Messages designed to increase fear and anxiety by dramatising the risks associated with alcohol and other drug use, have also proved to be ineffective, particularly when the message contradicts the experience of the students. While providing accurate information is a necessary part of any school-based program, it should not be the sole focus. Successful programs use ‘social influence strategies’ to inform students about peer and media influence on alcohol and other drug use and provide strategies for resisting this influence. Life-skills training is the best known and most effective of the social influence approaches. It teaches secondary school students social and problem solving skills that focus on decision making and resisting peer and other influences (Botvin et al 1990; Sanci et al 2002).

Australian researchers have recently reviewed the international literature and generated the following list of features found in effective school-based education programs. Programs should:

- be research-based/theory driven;
- deliver coherent and consistent messages;
- present developmentally appropriate, balanced information;
- provide resistance skills training;
- incorporate normative education;
- educate before behavioural patterns are established;
- relate strategies to objectives;
- address values, attitudes and behaviours of the individual and community;
• address the inter-relationship between individuals, social context and drug use;
• focus on prevalent and harmful drug use;
• make judicious use of peer leadership;
• be delivered within an overall framework of harm minimisation;
• incorporate broader social skills training and be part of a comprehensive health education curriculum;
• employ interactive teaching approaches;
• ensure optimal training and support for teachers;
• provide adequate initial coverage and continuing follow-up in booster sessions;
• be sensitive to cultural characteristics of the target audience;
• incorporate additional family, community, media and special population components;
• ensure fidelity of implementation; and
• be evaluated (McBride 2002; Sanci et al. 2002).

3.2.10 Alternative Activities

One strategy to prevent the uptake or escalation of alcohol or drug use is to provide drug use alternatives, usually in the form of recreational activities (for example, art, drama, sport, outdoor adventure). These strategies are designed to address self-esteem issues, increase sense of responsibility and provide fulfilment. In this area, many local governments provide sport, recreation and entertainment programs for their communities (for example, see the Brisbane City Council ‘Black Diamonds’ project in Part C of this report). These programs provide alternate activities and provide an opportunity to deliver other interventions including family focussed and educational strategies while participants are engaged. Much of the evaluation conducted on these alternative strategies has lacked methodological rigour. Paglia and Room (1999, p 17) concluded that there was no evidence that they decreased rates of substance abuse among participants. However, they did ‘not rule out the possibility that alternative programs would be integral components of larger community interventions’ as a way of strengthening protective factors.
4. Overseas Community-Based Initiatives

A small selection of international community-based programs has been included to demonstrate the approaches used in other countries to address similar issues to those encountered in Australia. It is worth considering whether these projects can be easily adapted and applied locally. Some are very large-scale outcome research projects that tend to be very costly endeavours. They do add to the body of evidence regarding community approaches to minimise alcohol-related harm and should be replicated in Australia to determine whether the strategies can be applied effectively here. Smaller projects addressing specific issues are also included.

4.1 United States of America

Holder and colleagues (Holder et al. 1997) conducted a rigorous community-based, alcohol harm reduction program in six communities over a five-year period. The Community Trials Project (CTP) was designed to:

- mobilise communities (develop coalitions, increase public awareness and support);
- introduce responsible beverage service (to reduce intoxication in licensed premises);
- reduce drink driving (through police activity to increase the perceived and real risk of being caught);
- reduce underage drinking (and associated trauma); and
- reduce community access to alcohol.

A program evaluation found significant community support for the project. It was also found that alcohol-related traffic crashes fell by 10% and there was a reduction in underage drinking (National Institute on Alcohol Abuse and Alcoholism 2000). The costs of the project in just one of the six communities exceeded US$360,000. While the elements of this project would appear suitable for implementation in Australian communities, the enormous cost may be prohibitive.

The Massachusetts ‘Saving Lives’ program was a comprehensive community program that commenced in March 1988 and involved city departments and community members in an effort to reduce alcohol-impaired driving, related driving risks, traffic deaths and injuries. Six communities that varied in terms of location and population size received funding and each developed their own program initiatives. These initiatives included media campaigns, business information programs, speeding and drink driving awareness days, speed watch telephone hotlines, police training, high school peer-led education, Students Against Drunk Driving chapters, college prevention programs, alcohol-free prom nights, beer keg registration and increased liquor outlet surveillance. The funded communities were compared over a five-year period to five unfunded but comparable (in terms of size and location) communities (Hingson et al., 1996). Community interventions were found to be associated with a 42% reduction in fatal crashes involving alcohol and halving of the proportion of teenagers who drove after drinking (Holder, 2001). Hingson et al (1996) conclude that community programs can have an important independent effect in reducing alcohol-related fatal crashes.
4.2 Great Britain

Manchester has a history of alcohol-related violence in its city centre. In response to this, Manchester City Council implemented a variety of innovative harm reduction strategies. The Council takes a community approach to crime reduction and is involved in local action partnerships with community members, police, probation service, health service and voluntary groups (Manchester City Council, 2002).

As part of the City Safe Scheme, the Council introduced a by-law making drinking alcohol or carrying alcohol in open containers on streets and in public spaces an offence. Manchester was the first city in the UK to ask the Home Office to give police the authority to seize alcohol from street drinkers. Under the by-law anyone who refused to hand over their drinks could be fined up to £1000 (Manchester City Council, 2000). Since the by-law was introduced, numerous applications were made to designate certain public places, including shopping centres, parks and specific street areas, as places where the consumption of alcohol in public would be controlled. The City Safe Scheme also included education programs to reduce alcohol-related violence, encouraged the use of toughened glasses and targeted certain city premises for improvements and enforcement (Manchester City Council, 2000).

4.3 New Zealand

The Community Action Project (CAP) was a pioneering community project conducted in six New Zealand cities over a two-and-a half-year period. The project, designed to encourage moderate drinking, comprised a media campaign and community organisation to stimulate public debate. The project was judged to have limited impact – with the media campaign component considered to be more successful (Gorman and Speer 1996).

The New Zealand Government recently passed a Local Government (Prohibition of Liquor in Public Places) Amendment Act that allows local governments to create ‘alcohol free areas’ in their communities. The community at Piha Beach in Auckland recognised the need for a long-term alcohol ban over the summer period at the beach and the beach car park. Summer-long bans were put in place between 1996–97 (prior to the introduction Local Government (Prohibition of Liquor in Public Places) Amendment Act). Even though the bans were illegal and could not be enforced by the Waitakere Council, they were successful in reducing disorder, injuries and crime and enhancing general public safety (Alcohol Healthwatch, 2001).
5. Australian Approaches

This section focuses on strategies utilised in Australia that involve local government. It also looks at the legislative and regulatory provisions that support local government community-based alcohol initiatives, including Liquor Acts, Local Laws and Planning Acts, as well as popular approaches such as liquor accords, drug action groups, responsible serving programs and good sports programs.

5.1 Comprehensive, Multi-Strategy Programs

Due to the lack of resources and differing (and sometimes conflicting) responsibilities between the three tiers of government, comprehensive community-based projects to prevent or reduce alcohol related harm have been rare in Australia. One example was COMPARI (Community Mobilisation for the Prevention of Alcohol-Related Injury), a three-year project in Geraldton, Western Australia. The project consisted of 22 components designed to change the way the community understood and responded to alcohol-related harm. A program evaluation reported a reduction in alcohol-related harms, such as traffic crashes and hospital admissions. An important outcome, however, was that the project was institutionalised within the local community and has continued beyond the initial funding period (Midford et al 2002). Typically, community-based harm minimisation projects in Australia tend to be much smaller in scale than this and there is evidence that they are often time-limited due to on-going funding difficulties.

Local community drug (including alcohol) action plans have been developed and implemented by local governments across Australia in recent years. Local government working in partnership with key community stakeholders and other tiers of government has led the development of integrated strategies to address the causes and consequences of alcohol and other drug use. Such strategies can be found in all states and territories and reflect the principles and policy directions of harm minimisation, evidence-based research, the social model of health, and community consultation and engagement (Menner, 2003). These plans provide a framework for the development and implementation of alcohol (and other drug) harm minimisation projects. While this represents a step in the right direction, it usually doesn’t mean that there is a comprehensive range of coordinated projects in place to reduce identified alcohol-related harm – this is the next challenge.

5.2 Liquor Acts

The state and territory Liquor Acts are administered by liquor licensing authorities (such as Liquor Licensing Victoria; the Department of Gaming and Racing, NSW; the Liquor Licensing Division of the Queensland Government’s Department of Tourism, Racing and Fair Trading). They set out the legislative frameworks including specifying licence types and normal hours of operation, outline the processes for obtaining or varying a licence, referrals to police and local government, the consideration of objections and licence cancellation, and so on. In effect, the Acts govern the locations where alcohol can be consumed, and to whom and how it can be supplied.

These Liquor Acts have all incorporated a primary objective of harm minimisation and require licensees and their staff to serve alcohol responsibly (see National Expert Advisory
Committee on Alcohol (NEACA), 2001b; NSW Department of Gaming and Racing, 1999). However, due to a lack of resources (particularly after normal office hours) the enforcement of these conditions is inconsistent. Police have a legislated responsibility to enforce laws associated with licensed premises, but experience some difficulty in doing so (Doherty and Roche 2003). Proactive policing of licensed premises, in collaboration with other organisations such as local government, has great potential for reducing alcohol-related harms (physical/sexual assaults, injuries etc).

5.3 Planning Acts

Town planning schemes and Planning Acts administered by local governments can help communities control the type, number and trading hours of licensed premises through zoning, setting of standards and ordinances (Alcohol and Other Drugs Program, 1996). For example, the Ballarat Planning Scheme:

‘identifies when and where a planning permit is required and the policy and decision guidelines for application consideration. In many instances a planning permit will be required to authorise the use of land for the sale or consumption of liquor before Licensing Victoria can issue a licence’ (City of Ballarat, 2002).

In addition, many licensing authorities encourage local government to provide advice when considering applications for changes in licensing provisions; especially matters such as applications for extended trading hours. Regarding issues of amenity around licensed premises, one function of local government may be to facilitate local neighbourhood involvement in the planning process and in an ongoing monitoring role.

5.4 Local Laws

Local Laws, created and enforced by local government, have provisions that control the consumption of liquor in scheduled areas, streets and reserves. Applications for new licenses, or applications to use footpaths or reserves can be dealt with by either planning or local law permits. In practice, officers prefer the Local Law option because remedies to breaches are more effective. For example, ‘under the local law, Council can issue fines, cancel a local law permit or suspend a local law permit (not subject to appeal). Conditions can be placed on local law permits and they are not subject to review. Enforcement options also exist for non-compliance under the Planning and Environment Act’ (City of Ballarat, 2002). However, it should be noted that where a conflict exists between local laws and Liquor Acts, the latter has ‘head of power’ and will prevail.

5.4.1 Alcohol-Free Zones

There is a growing trend to minimise alcohol-related harm in the community by declaring some areas as alcohol-free zones. For example, the Department of Local Government (NSW) developed ministerial guidelines for the establishment of alcohol-free zones (NSW Department of Local Government, 1995). These guidelines supplement the Local Government Act 1993, under which the drinking of alcohol is prohibited in an alcohol-free zone that has been established by a Council.
'Alcohol-free zones promote the use of these roads, footpaths and car parks in safety and without interference from irresponsible street drinkers. Any person living or working within an area, the local police or a local community group may ask a council to establish an alcohol-free zone or a council itself may decide to do so. A proposal to establish an alcohol-free zone must in all cases be supported by evidence that the public's use of those roads or car parks has been compromised by street drinkers (for example, instances of malicious damage to property, littering, offensive behaviour and other crimes). The council must undertake a consultation process to decide if an alcohol-free zone is appropriate.' (NSW Department of Local Government, 1995, p. 2).

See the Sutherland Shire ‘Your Choice’ case study in Part C of this report for information about education and enforcement of alcohol free zones.

5.5 Liquor Accords

Liquor accords are agreements or arrangements reached between local stakeholders who are committed to minimising harm associated with liquor use. They usually involve local police and representatives of licensed venues and local councils and they encourage participants to work with their communities to find practical solutions to alcohol-related problems (NSW Department of Gaming and Racing, 1999).

‘Accords are underpinned by the harm minimisation and responsible serving principles contained in the liquor laws. They are seen as a pro-active means of bringing about safer neighbourhoods without the need to resort to regulation or enforcement action and ultimately court sanctions. Accords operate at the local level – involving police and licensees working together with their communities’ (NSW Department of Gaming and Racing, 1999, p. 1).

Although local alcohol-related problems can be addressed before the Licensing Court, these measures are taken after a problem occurs. In comparison, liquor accords have the support and cooperation of local licensees and clubs, and aim to prevent problems occurring in the first place (NSW Department of Gaming and Racing, 1999).

The research shows that accords can be an effective way to improve serving practices and reduce violent incidents, but these gains may not endure over time (Midford et al 2002). The early gains may be associated with close monitoring and enforcement activities, which tend to diminish over time unless the commitment of stakeholders can be maintained (Lange et al 1998). (See the Melbourne, Maitland, Holroyd and Gosnells-Armadale accords in Part C of this report for details on how they can be established and sustained and problems commonly experienced).

5.6 Drug Action Groups

In Western Australia, ‘local drug action groups’ have been established in a number of communities (for example Kalgoorlie-Boulder, Geraldton and Albany). Many of the groups include representatives from organisations interested in alcohol-related problems, such as social welfare, treatment centres, public health, police and local government authorities (although involvement from the latter is variable) as well as interested individuals from the community (Alcohol and Other Drugs Program, 1996). Much of the potential value of these Drug Action Groups arises from the combined knowledge presented by the participants.
‘The (WA) Premier’s Drug Task Force supports and endorses local drug action groups and the development of specific and attainable local action plans. Local government authorities are encouraged to assist in the formation of drug action groups, become active member and support their activities’ (Alcohol and Other Drugs Program, 1996. pp. 14-15).

‘Community Drug Action Teams’ have been set up around NSW by the state government to provide up-to-date information on its Drug and Community Action Strategy and on community-based action in response to local drug issues. This covers a wide range of initiatives such as education, prevention, treatment, rehabilitation, law enforcement and community action (NSW Government, 2002). The Drug Action Teams are involved in a range of initiatives, although the main focus has tended to be on illicit drugs rather than on alcohol.

One example of an awareness raising approach is Fairfield City’s Community Drug Action Team launch of a six-week Drug and Alcohol Information Series in their local paper, as part of their ‘commitment to ensuring drug and alcohol information is widely available to all interested groups in the community.’ Articles contained information about a range of drugs including alcohol and details for local services able to provide additional information, support or treatment as well as details of help lines and useful web sites (Fairfield City, 2002).

5.7 Responsible Serving Programs

Responsible Serving of Alcohol training workshops are run by the Liquor Licensing Commission (Victoria), the Department of Gaming and Racing (NSW) and the Commissioner for Licensing (Tasmania). The courses teach licensees and staff about responsible serving and consumption of liquor in premises where alcohol is served.

The courses cover topics such as alcohol and the law, responsible serving for bar staff, and policies and strategies to minimise underage drinking, drink driving and short-term episodes of excessive (binge) drinking. Issues around standard drinks and sobering up, non or low alcoholic drink options and strategies to offset potential problems are also included (Morgan, 1993). Various local governments, such as Hobson’s Bay Council in Melbourne, encourage licensees and staff to attend such courses by covering the costs (Morgan, 1993). The courses are well regarded within the hospitality and liquor industries and within the various government sectors.

As discussed in the previous section, there is evidence that the programs can work, particularly when backed by strong enforcement measures. Often the training is disregarded to achieve more profitable operation (Doherty and Roche 2003). This can lead to continued service to intoxicated patrons thus increasing the potential for a range of alcohol-related harms.

5.8 Good Sports Program

The Australian Drug Foundation (ADF) launched the Good Sports Accreditation Program (GSAP) in rural Victoria in March 2001, in metropolitan Melbourne in October 2001 and recently expanded a pilot program to NSW. More than 500 sporting clubs have registered in the GSAP. The GSAP assists sporting clubs that serve or sell alcohol to manage alcohol
responsibly. This approach is a variation on liquor accords where the intention is to ensure responsible service and therefore reduce the potential for alcohol related harm.

Although sporting clubs usually get involved in the GSAP on their own initiative, some local governments have encouraged clubs to join by providing discounts on the use of council land or viewing the clubs’ applications for grants more favourably than those clubs that are not part of the GSAP. Councils have also played a role in helping sporting clubs to promote the program to their members (private communication, 26 February 2002 – Bianca Crosling, GSAP Project Officer, ADF).

5.9 Councils in Partnerships: A Brief Overview

Local governments around Australia have implemented a variety of alcohol harm minimisation strategies in partnership with community members and groups. The case study section in Part C of this report details a variety of such projects. The following examples also give a brief account of some of these collaborative projects:

- Fairfield City hosted its first one-day Youth Festival as part of National Youth Week. This drug and alcohol free event aimed to ‘unite all young people across Fairfield City’s diverse communities. It was also designed to support local and emerging musicians and artists’ (Fairfield City, 2002). The Festival evolved from Fairfield City Council’s Youth Steering Committee that is made up of young people, youth service representatives and councillors.

- South Sydney City Council and Fox Studios Australia provide a free breath-testing machine in the car park of Fox Studios, allowing visitors to the studios the opportunity to ensure that they are under the legal blood alcohol limit (South Sydney City Council, 2002b).

- South Sydney City Council launched SMART PATHS, an ongoing campaign to educate sports fans to keep their noise down and respect local residents when walking to and from Aussie Stadium and the Sydney Cricket Ground. SMART PATHS is a system of signs along the main thoroughfares, designed as a constant reminder for pedestrians to use the main roads that are well lit, and that have pedestrian crossings and traffic lights (South Sydney City Council, 2002a).

- In 1999, the Hawkesbury City Council introduced their road safety initiative ‘Balancing responsible driving with good times’. The program was developed by the Hawkesbury Road Safety Forum (comprising members from city council, district health services, police, and ambulance services with support from the Roads and Traffic Authority) (Hawkesbury City Council, 2001). The aim of the initiative was to ‘reduce levels of alcohol-related road trauma and to effect a downturn in the number of drivers who are drinking and driving’ (Hawkesbury City Council, 2001). The two components of this initiative were a designated driver component and a Party Pack. The designated driver component was successfully trialled and has been adopted by the Hawkesbury Licensing Accord for expansion (Hawkesbury City Council, 2001). The Party Packs were developed in response to an increase in the numbers of drivers being caught with blood alcohol levels over the legal limit who had been drinking on private premises.

- The Aurukun Shire Council in Queensland is involved in a bold collaborative attempt to address alcohol issues in the local community. Legislative changes have restricted the sale of alcohol. The intervention is relatively new, however some very positive early results are emerging, including reduced attendance rates at the community health centre and improved school attendance rates. There are a number of other case studies outlining strategies for reducing alcohol harm to Aboriginal people in part C of this report. For example, see ‘Black diamonds’ (Brisbane City Council), ‘Nyoongar Patrol’ (City of Perth) and the Port Augusta ‘Substance Misuse Service.’

It is understood that local government is not the lead agency in response to alcohol-related harm in the community. It is also recognised that responding to community issues within the social health agenda is often a more difficult/convoluted process for local government and thus can require more evidence and planning prior to implementation.

Part A of this report outlined the evidence base for a range of community strategies designed to minimise alcohol-related harm. This information provides guidance and support for planning and development of responses by local government.

This section focuses on process. That is, the stages and associated strategies that need to be put in place to define, plan, implement and evaluate a community-based alcohol harm minimisation project. It should be noted that these stages are seldom clearly differentiated. For example there is considerable crossover between defining and planning a project or planning and conducting a project. Therefore the reader should consider the nature and scope of their project before determining whether the following guidelines/strategies apply at all, the extent to which they should be considered, and at what stage of the project should they be addressed.

For the purpose of this section we refer to project (activities designed to achieve a pre-defined goal in a set period) rather than to program (collection of coordinated projects designed to achieve collective objectives over what is often an unspecified time period), but many of the issues that need to be addressed do not vary to a great extent.

The literature on the theory and practice of community project/program management is voluminous and there will be no attempt to replicate it here. This section provides a brief summary that might be used as a checklist for those who have limited understanding of this body of literature.

6.1 Project Definition

Defining the Nature and Extent of the Issue

A clear understanding of the nature and extent of an issue is the crucial first step in determining whether there are grounds for committing funds, or applying for funds to develop a project/program to respond to the identified issue. In determining the nature and extent of the issue related to alcohol use in the community it is worth asking some or all of the following questions:
What is the evidence of need?
• What evidence is available to demonstrate that there is an issue that needs to be addressed?
• What is the source and quality of the evidence? (media, vocal traders, epidemiological data?)
• If the data is limited, it may need to be supplemented (eg. with police or hospital records, key stakeholder interviews, resident surveys or focus groups and community forums).

Who is affected and how?
• Who is affected? What is the nature and extent of their concern? To what extent should they be involved in the project?
• Initiate a preliminary (limited) consultation process to assist with scoping and to engage key stakeholders—this will enhance community ownership of the issue and potential responses.
• Is there consensus on the nature and extent of the issue? Are the interests of residents, business, visitors and councillors consistent, contradictory or mixed?

What is the capacity to respond?
• Collect information about the community—strengths, resources, readiness and capacity to tackle what are often complex issues. Community readiness assessment tools have been developed (Oetting et al 1995) and strategies for increasing readiness have been designed (Edwards et al 2000).

What is already being done or what has been done before?
• Establish whether the community has attempted to address this issue or related ones in the past. What reports or other records are available? What did or didn’t work and why?
• Establish the extent to which individuals and organisations might already be responding to different aspects of the issue—are there obvious service gaps or duplications?

Who else may have responded to these or similar issues?
• Undertake a search to determine whether other communities/councils have been confronted with similar issues and review the effectiveness of their responses.
• Check what experiences are available from other arenas (e.g. cardiovascular trials, tobacco prevention and control programs). Can any of them be adapted?

Is there a body of literature or people with expertise to provide guidance?
• Undertake a literature search to establish whether there is a body of research to guide the selection of effective approaches – or seek advice from experts.

Should your organisation be responding in some way?
• Does your organisation have a role in responding to the issue? Is it a primary responsibility requiring a direct leadership role? Is the role required one of influence (prompting others to respond)? Is collaboration required? Should your organisation be involved at all?
• Are the funds and other resources available in your organisation to undertake a project of the scope necessary to address the identified issue/s? If not, what is the likelihood that another body might fund the project?

This is an environmental scanning process that allows you to replicate or build on other successful projects, to avoid the pitfalls encountered by others and to ensure that the
strategies you employ are based on the best available evidence. It should be noted that to a greater or lesser extent an environmental scan could be conducted at the project definition, planning or implementation stage. For example, if you are seeking project funding some information that would be gained from a quick environmental scan might need to be included in a funding application.

Decision Point: Do You Have a Project?
At this stage, you will have collected information, liaised with stakeholders and determined the feasibility of conducting a project. You should have sufficient information to make an informed decision not to proceed, or to proceed to a more active planning stage.

6.2 Project Planning
Project planning defines the work and outlines the tasks to be performed, by whom and to what end. For projects that already have funding this represents the commencement of the project proper and may involve external stakeholders. If the project were yet to be funded, most funding bodies would expect a brief version of this project planning to be included in a funding submission. Therefore a project plan may be developed for different purposes and may vary in detail, but would typically have the following elements:

Objectives and Project Deliverables
• Project objectives that are a specific statement of what will be achieved, measurable in terms of process and outcomes, achievable in terms of the time and resources available and agreed by members of the team/steering committee. Don’t be too grandiose and don’t expect to meet everyone’s needs.
• Specified project deliverables.

Strategy Selection
• Determine what interventions or combination of interventions might be adapted for local application. Benign, politically expedient, ‘popular’ strategies that have little or no potential for change should be rejected. Note whether the:
  – Efficacy of the strategy has been established through scientific research
  – Strategy intensity matches the magnitude of the issue
  – Strategy is age, gender and culturally appropriate
  – Community and target group are likely to support the intervention (remembering that the most effective ones may be the least popular).
• Develop strategies to sustain the initiative beyond the funding period—so communities adopt the process.

Work Schedule
• A sequenced outline of tasks to be performed and timelines. This is a detailed work breakdown. Tools such as Gantt charts can help.
• Resources required to perform each task (funding, knowledge, skills, commitment). Resource constraints will always be a factor in implementing community programs and should be considered in the planning phase of any initiative. If you have identified knowledge or skill gaps, will you provide training or buy in consultancy skills?

Risk Management
• An outline of the risks associated with executing the project (an assessment of what might go wrong and identified countermeasures to prevent or reduce the likelihood of problems occurring).
Quality Assurance

- A process for stipulating relevant quality standards and methods for achieving them (including monitoring and reporting strategies) is needed.

Communication

- Strategies for communicating project progress and outcomes to key stakeholders (funders, the community, collaborating partners etc).

Evaluation

- An evaluation plan that details budget, methodology, data collection and reporting. This is a quality measure that should be incorporated from the outset of the project. The nature and scope of the evaluation may vary according to the project size and objectives, the budget and the expertise available. See Sec 6.4 for details on project evaluation.

Common Mistakes

Careful project planning can minimise problems along the way. Posner (1995) identified the following most common problems associated with project management:

- Inadequate resources;
- Unrealistic deadlines;
- Unclear goals and direction;
- Uncommitted team members;
- Insufficient planning;
- Breakdowns in communication;
- Changes in goals and resources; and
- Conflict.

6.3 Project Implementation

This is the process of putting strategies into practice and reviewing progress. During this stage it is important to attend to partnerships and networks to ensure that stakeholders remain engaged and committed to the project. Good monitoring strategies allow for the early detection and rectification of anticipated or unforeseen problems. There is also a need to ensure that a process for recording and reporting/communicating progress is in place from the outset.

Community Consultation, Awareness Raising, Ownership and Participation

An integral part of ‘best practice’ in all aspects of local government, including efforts to reduce the harms associated with alcohol consumption, is community consultation (Local Government Focus, 2000a). According to the Alcohol and Other Drugs Program (1996) people are generally supportive of policies aimed at reducing alcohol-related problems in the community, as long as the policies have been explained to them. Information campaigns have been demonstrated to be effective ways to raise community awareness and motivation to participate in community-based programs. They can also be an important strategy for gaining support for policies. Community participation strategies need to be devised so that people can assist in defining problems and feel empowered as they contribute to addressing them.
**Engagement and Ownership**

The success of a project will largely be determined by the engagement and sense of ownership that follows from stakeholder awareness and involvement. It is through this involvement and creating a shared vision that energy is harnessed and extensive knowledge and experience of key stakeholders is applied to address complex issues. ‘Ownership of the initiative by the target community would appear to be the single most important ingredient of success’ (Hawkes et al 2002, p 31). Such ownership will include:

- involving key stakeholders;
- an acknowledgement of locally derived priorities;
- respect; and
- local participation in program delivery.

**Communication Throughout the Project**

Poor communication is one of the main reasons why projects get into difficulty. Have a communication plan and monitor its effectiveness during the project. It should include strategies and a schedule for communication within the project team, communication between the project team and the major stakeholders/groups in the project. The plan should list:

- those with whom you wish to communicate;
- the reasons for the communication;
- how communication will occur;
- when it will occur; and
- what information will be provided.

The plan could list formal reporting strategies, mass media campaigns or regular informal team meetings.

**Monitoring Progress of the Project**

You need to be able to monitor or track the progress of your project. Issues to monitor include:

- budget expenditure;
- use of resources;
- progress on tasks, and achievement of milestones outlined in the plan;
- effectiveness and efficiency of communications and reporting; and
- the project environment.

The monitoring strategy keeps you informed on the status of the project and inform decisions you may need to make (e.g. reschedule tasks, change plans, and reallocate resources).

**6.4 Project Evaluation**

**Evaluation: What is it and why do it?**

Project evaluation is an ongoing structured process for systematically determining worth of an intervention. It can assist in project planning by forcing the clarification of objectives, deliverables, expected outcomes, scope, resources required and timelines. It can allow a better understanding of what has occurred (what worked, what didn’t and why) and may be the basis for further development and improvement. It can provide information about how a project impacts on participants, partner agencies and the community.
Incorporating evaluation strategies also represents best practice in project management and provides a higher level of accountability. Finally, findings from small and large-scale projects contribute to a body of knowledge about a particular issue and effective ways of responding.

When should an evaluation occur and what steps are involved?
There is a compelling argument for allocating evaluation funding in the project definition/planning stage. It is a good way to get clarity about what you are trying to achieve and articulating this in a way that can be measured. Evaluation is a process than typically runs for the duration of a project, rather than an event at the end. The stages involved include the development of an evaluation plan (including clarification of purpose, scope, methodology and performance measures), undertaking the strategies to collect and analyse data, and communicating results to key audiences in a way that maximises the likelihood that recommendations will be accepted.

Components of an Evaluation Plan
An evaluation plan is a framework that should address the:
- **Evaluation purpose** – why is the evaluation being conducted?
- **Audience** – who will receive and use the information?
- **Evaluation resources** – what funds and expertise are available?
- **Key evaluation questions** – what do you want to know about?
- **Limitations** – what can’t the evaluation achieve?
- **Data collection and analysis** – what data is required to address the key questions and what is the appropriate way to collect and analyse?
- **Reporting** – what will be reported, to whom, at what stage of the process? How to communicate findings and maximise influence?
- **Standards** – what strategies are in place to ensure that the evaluation will meet accepted standards, such as privacy and ethical conduct (Owen 1993).

Evaluation Types
The type of evaluation conducted will be determined largely by the evaluation purpose. Evaluation types include:
- **Formative**: Conducted in the early stages of a project with emphasis on clarification, development and improvement. In this sense formative evaluation is closely linked to 'action research'.
- **Summation**: An assessment of the overall effectiveness of a project typically conducted at the end that provides guidance on what to do next.
- **Process**: Tends to focus on how a project is conducted and how it might deviate from what was planned.
- **Outcome**: Focuses on longer-term effects that can be directly attributable to the project interventions.

Evaluation Checklist
John Owen (1993, p 29) urges those conducting or affected by a program evaluation to be clear about the following questions:
- **Orientation** — what is the ultimate reason for undertaking the evaluation? (Enlightenment? Accountability? Improvement? Judging Impact?)
- **State** — What is the stage of implementation? (Formative? Established-unsettled/settled?)
- **Focus** — what aspect(s) of the program will be the focus of the evaluation?
• **Timing** — what is the temporal relationship between the evaluation and program development and delivery?

• **Approach** — what is the most appropriate underlying epistemological approach, and what are acceptable methods of collecting and analysing relevant information consistent with this approach? For example, an action research methodology may be appropriate if the evaluation purpose is program improvement.

**Evaluating Community Projects: The Challenges**

Communities are made up of people with often quite different views of the world. This is particularly evident when discussion turns to alcohol and other drug issues. There may be little consensus on the best way to address issues. One of the challenges for those developing and evaluating projects is the selection of appropriate outcomes. That is, the selection of a particular outcome (benefit or change) and the strategies designed to achieve it may be difficult. For example, reduced alcohol consumption in a particular place may reduce alcohol-related harm. From a public health perspective this is a beneficial outcome, however other members of that community may not necessarily agree that this is a desired outcome, particularly if the strategies to achieve it are perceived to be an infringement on rights/interests.

As discussed earlier in this report, some of the most effective strategies to reduce alcohol-related harm may be the least supported or most unpalatable (usually involving increased restrictions). It is important to note that improved community processes (community involvement, improved linkages, better resource utilisation, refinement of service delivery to meet local need and project sustainability through institutional change) are legitimate outcomes of community development and action projects. This constellation of community process improvements may lead to greater social connectedness, which in turn can lead to an improvement of the health and well being of community members (Berkman 1995).

From an evaluative research perspective, even the most effective community based project or programs have difficulty demonstrating even moderate effects (measured utilising objective, quantifiable indicators). The lack of impact may be due to weak interventions and strong countervailing pressures (i.e. the expectations about program impact were unrealistic); insensitive or inappropriate outcome measures, or the timing of measurement (Graham and Chandler-Couuts 2000, p 104). Community interventions are difficult to evaluate using experimental designs (which involves randomly allocating communities as treatment or control) and it has been argued that other methodologies, such as using case studies, may represent better science (Casswell 2001). Experimental and quasi-experimental designs emphasise the need to carefully control the interventions so that changes can be attributed to the interventions. While this methodology may be rigorous, more naturalistic, descriptive approaches allow for program evolution and greater ownership by community stakeholders.

**For more details on community-based program evaluations, see:**


Department of Justice, Victoria: (1) Evaluating community safety: A guide, and (2) Crime prevention evaluation framework – both located at:


Owen, J. (1993)*Program evaluation: Forms and approaches.* Allen and Unwin, St Leonards, NSW.
7. Glossary

Alcohol-Related Harm
This term refers to the harms associated with long-term patterns of excessive or dependent alcohol use (e.g., liver cirrhosis, cardiovascular disease). It also refers to problems that are commonly associated with short-term episodes of excessive (binge) drinking in otherwise moderate consumers of alcohol (e.g., injury, including that associated with drink-driving).

Binge Drinking
Not a preferred term due to its lack of consistent and specific meaning. Conventionally can refer to either (i) occasional bouts of heavy drinking by young and/or non-dependent people, or (ii) a ‘bender’ engaged in by an alcohol-dependent person which may last for days or weeks.

Community Action
This is an approach for working with a community on a specific issue of concern. It has been described as a ‘top-down’ approach that attempts to implement specific public policy goals at a local level. The emphasis may be on changing social structures, systems and norms.

Community Development
This is a way of working with communities on issues that concern them. It is a process that provides the skills and resources that are necessary to bring about change in a way that is owned and driven by the community. Community ownership of the issue is critical to an effective response. This approach may share some community action strategies, however it does tend to be more ‘bottom-up’ in emphasis.

Harm Minimisation
This has been the underlying philosophy of Australian drug policy for more than fifteen years. Harm minimisation refers to policies and programs to reduce harm. These focus on three areas: supply reduction (law enforcement); demand reduction (prevention and treatment); and environmental modification.

Neighbourhood Renewal
A comprehensive community response to tackle the causes of deprivation, and improve the prospects of people living in deprived neighbourhoods. It combines two approaches, (1) urban renewal (e.g., improving the appearance and safety of housing estates) and (2) social renewal (e.g., providing training, increasing employment prospects and improving health). The emphasis is on supporting people to participate in processes of identifying and addressing problems.

Population Heath Approach
A population health approach emphasises a view of the community as a whole, addressing the key determinants of health and wellbeing of the population and reducing health inequities, in addition to treating and supporting individuals.

Public Health
Public health is an organised societal response to protect and promote health and to prevent illness and injury. The emphasis is on the identification of public health issues, problems and development of strategies to improve the quality of life among whole populations.

Social Model of Health
A social view of health emphasises the need to change aspects of the environment, that individuals often have little control over, that are promoting ill health.
8. Bibliography


Department of Human Services (2001) Environments for health; promoting health and wellbeing through built, social, economic and natural environments; Municipal public health planning framework. DHS, Melbourne.


PART B – PRACTICE GUIDELINES


9. Local Government Alcohol Harm Reduction Initiatives

This section highlights examples of local government involvement in community-based alcohol harm minimisation initiatives in Australia.

9.1 Generating and Selecting Case Studies

The Turning Point Alcohol and Drug Centre called for information on initiatives through an email distributed to all Local Government Drug Electronic Network members. Other local governments were mailed directly and the project was advertised through other national networks. A template was developed and distributed to organisations that expressed an interest in submitting a case study. The template was designed to elicit information about the individual strategies in a standardised way. All case studies in this report are presented in that format.

Although the response rate was lower than expected, the case studies included here highlight the diverse and innovative projects that are being conducted in Australia. Projects were selected on the basis of the completeness of the information provided, the need to reflect different local government classifications (according to the Australian Classification of Local Governments), and a desire to demonstrate a range of harm minimisation strategies dealing with different alcohol-related harms.

While these examples are brief, they are provided to encourage further discussion and illustrate the breadth of involvement of local government. Some of these case studies have been highlighted in other strategy documents. In most of these case studies, public health objectives are being achieved through a partnership approach. It is acknowledged that no one sector can achieve public health gains in isolation. These case studies demonstrate the strong partnerships that exist between local government, health services, police, non-government organisations and other agencies.

More case studies are available at the following sites:


Projects conducted by or for Indigenous Australians have recently been mapped – Indigenous Drug and Alcohol Projects, 1999-2000 (Gray et al 2002). This was an ANCD funded report and is available on the ANCD website: http://www.ancd.org.au/publications/pdf/rp4_indigenous_drug.pdf
CASE STUDY ONE: ‘Anti Drink-Spiking Project’

Location details
Sutherland Shire Council, Southern Sydney Region, New South Wales

National Office of Local Government (NOLG) classification
Urban, Metropolitan Developed, Very Large (UDV)

Target group
• Women in licensed premises
• Potential drink-spiking perpetrators
• Peer group of potential perpetrators
• Staff of licensed premises

Goals/objectives
Overall Objective:
To increase awareness of drink-spiking and subsequent sexual assault and to increase the level of sexual safety for women and men attending pubs and clubs in the Sutherland Local Government Area.

Specific Objectives:
• Target young women to increase their knowledge about drink spiking and sexual assault in pubs and clubs to assist in prevention.
• Increase awareness of the Southern Sydney Sexual Assault Service (SSSAS) and the number to contact for those who have experienced drink spiking and sexual assault.
• Target potential drink-spikers and perpetrators and those influencing them to emphasise community (rather than individual) responsibility in sexual assault prevention.
• Provide a positive contribution to the campaigns targeted at drink spiking and sexual assault as well as ‘violence against women’ campaigns and strategies generally.

Organisations Involved
• Southern Sydney Sexual Assault Service – office and supervision for student to coordinate project.
• South Eastern Sydney Area Health Service – printing and laminating, networks.
• NSW Police – advice on recorded incidents, such as number and location, comment on designs of materials.
• Sutherland and Miranda Liquor Accords – networks with liquor industry, opportunity for education of bar staff and security staff.
• Sutherland Shire Council – funding for evaluation, member of advisory committee, contacts with liquor accords, distribution of materials, extension of project into outreach youth work.
Funding source
Many of the materials were supplied in kind. Some funding through Sutherland Shire Council for evaluations and Health for printing. Staff resources supplied for advisory group from council, police, licensees etc.

2. Background

Nature of alcohol or drug-related issue(s) being addressed
In recent years a number of sexual assault services have launched community education and prevention campaigns in response to statistical and anecdotal evidence of increasing numbers of women (and some men) experiencing drink-spiking and sexual assault while attending, or soon after leaving, licensed premises. Such campaigns have provided both secondary and tertiary intervention to the problem of drink-spiking and associated sexual assault.

As well as providing a preventative education campaign targeted at young women (as potential victims) similar to other campaigns, the Sutherland Drink-Spiking Campaign also offers a unique contribution to the campaigns by also targeting potential offenders and those in a position to influence them. In this way, it promotes community responsibility for the prevention of sexual assault.

Local context
The prevention of violence and the misuse of alcohol were raised as major issues during the development of the Sutherland Shire Crime Prevention Plan in late 1999. The Plan includes strategies aimed at preventing alcohol misuse in the community and reducing the risk of violence in the local area.

Also in place in the LGA are two Liquor Accords, which have recently been restructured to focus on issues at the local level. The Accords receive support from both NSW Police and Sutherland Shire Council.

Approach
The project intended to develop community education and prevention resources in the form of coasters, stickers and posters to be distributed and displayed at licensed premises in the Sutherland Area. These resources have messages targeted at young women (as potential victims) and potential offenders as well as those in a position to influence them. Firstly, the messages targeted at potential victims provide information about the dangers, warning signs and prevention strategies concerning drink spiking and sexual assault. Secondly, the resources targeted at potential offenders and their peers provide messages that focus on peer pressure and public perception/shaming (rather than the criminality of the offence) in order to prevent drink spiking and sexual assault. Both sets of resources shall also offer tertiary intervention for victims with information and referral numbers for the Sexual Assault Service and local police.
3. Project Implementation

Project development

As with other sexual assault services, SSSAS has anecdotal evidence of numerous clients presenting to the service having experienced drink-spiking and subsequent sexual assault either during or after attending licensed premises. Furthermore, due to the nature and characteristics of this offence, numerous clients have also presented to the service with indicators that they may have been drugged and assaulted even though there may be uncertainty and this may be difficult to prove. In this context, the Sutherland Drink-Spiking Project aimed to be a small, and thus manageable, pilot project targeting five clubs and pubs in the Sutherland Area with a view to a possible extension of the project if it is successfully evaluated.

Concerns have been raised about ensuring a balance in detailed preventative education to avoid placing the burden of responsibility on potential victims or victims or putting potential victims more at risk. The project attempted to:

- Not provide potential perpetrators with detailed information (such as the names and effects of drugs) that may be used to further perpetrate drug-assisted sexual assault; and
- Not focus solutions only on individual strategies which place most responsibility on potential victims to prevent sexual assault and, by denying the responsibility of perpetrators, may also subtly blame victims who do experience drink spiking and sexual assault. This may also have the added effect of controlling women’s sexuality and movement in licensed premises by making them feel unsafe.

Furthermore, research suggests that prevention, as well as being victim-oriented, should also focus on those at risk of becoming perpetrators and those who may exert personal influence to prevent or prohibit perpetrators with a focus on peer pressure and public perception/shaming rather than the criminality of the offence.

Other strategies:
- Establishment of a working party and involvement of licensed premises.
- Development of slogans and design of stickers, posters and coasters.
- Production of the stickers, posters and coasters.
- Distribution of the stickers, posters and coasters and publicity about the project.
- Evaluation of the project.

Outcomes
- Project has not yet been evaluated.
- Project has already been extended from original brief of educational materials in licensed premises to include the following:
  - education session for all staff in the licensed premises (managerial, security, bar staff) on how to help prevent drink spiking in the establishment
  - development of a module on drink spiking in a local peer education project for young people.
4. Project Learning

Success factors

- Partnership meant that the project could be fully informed.
- Partner networks allowed for an extension of the project beyond originally planned pilot.
- Local liquor accords were open to use of premises and training sessions.
- Local councillors and MPs were supportive of the project in the public arena.

Barriers

Funding initially was an issue, however, alternate sources were found.

Use of student as project coordinator meant a strict timeframe needed to be kept and evaluation became difficult after the student’s placement.

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CASE STUDY TWO: ‘One Life Bus’

Location details
Sutherland Shire Council, Southern Sydney, New South Wales

NOLG classification
Urban, Metropolitan Developed, Very Large (UDV)

Target group
Young people aged 18–35 years.

Goals/objectives
• To reduce the number of crashes involving young alcohol affected pedestrians and drivers.
• To reduce the incidence of drink driving and drink walking among the target group through the provision of an alternative transport service.

Organisations Involved
• Sutherland Shire Council – leadership and coordination
• The sponsoring venues
• Miranda and Sutherland Local Area Command Licensing Police – support
• Crowthers Buslink and Connex – reduced-cost services.
• Road Traffic Authority (RTA) – guidance and funding support

Funding source
The service is fully funded through sponsorship of 16 local pubs, clubs and nightclubs – these venues contribute in total over $180,000 pa. Council and the RTA jointly fund promotions and marketing of the service.

Sponsors include Northies, Miranda Hotel, Crest Hotel, Sutherland District Trade Union Club, Cronulla RSL, Taren Point Hotel, Engadine Hotel, Engadine RSL, Miranda Bizzos, Caringbah RSL, Caringbah Bizzos, Caringbah Hotel, Hunters, Fusion, Vinyl Room, Brass Monkey.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
Friday and Saturday nights throughout Sydney have typically been the most likely time for young people to be involved in road accidents, as drivers, passengers or pedestrians. A high percentage of these accidents are preventable, as a high proportion are alcohol-related.

There is a marked lack of available transport in the Shire, such as buses, trains and taxis. The provision of this alternative transport system allows young people to feel comfortable leaving their cars at home, knowing there is always a way to get closer to home through the shuttle service. The safety of the shuttle service is enhanced by CCTV and trained security on board all participating buses.
Local context

There are two Liquor Accords in operation in the Sutherland Shire at present. Neither of these Accords was in existence in 1996 when the service began, but the service was used as an example of cooperative success in order to promote initial interest in forming the Accords.

The shuttle service is now promoted and developed through the Accords, which have since implemented a range of additional strategies to reduce alcohol-related harm.

Approach

• The general philosophy of the project is that licensed venues recognise that they have an obligation and an opportunity to assist their patrons in particular and the community in general.
• The service is apolitical (as far as possible), as the basic philosophy is promoted as transcending self-interests.
• The use of the service extends to patrons of licensed premises other than those who financially support the shuttle and the service is extremely well known and utilised within the shire with up to 1300 passengers each weekend.

3. Project Implementation

Project development

Focus groups held with 17–21 year olds found that lack of late night transport was a major concern. Local bus companies were contacted to investigate the possibility and costs of running a shuttle bus service on weekend nights. Funding proved the greatest hurdle, until six of the major hotels and clubs were invited to participate in and financially sponsor a six-month pilot scheme. Promotion of the pilot was conducted by Sutherland Shire Council with council and RTA funding, and an evaluation was conducted after six months. The evaluation concluded that the service was directly responsible for reducing the incidence of drink driving among the target group (18–35 year olds), with the added benefit of reducing the amount of alcohol-related street crime. A copy of the independent evaluation is available on request. The service has since been extended to cover a more comprehensive geographical area, and the number of sponsors has now increased to 16 venues.

Outcomes

• Reduction in the numbers of licensed venue patrons who drink and drive.
• Reduction in the incidence of alcohol-related crime.
• Greater degree of cooperation between licensed venues, Police and Council.
• High level of community support for service and the program sponsors.

4. Project Learning

Success factors

• Sponsors given ongoing and high profile recognition.
• Open lines of communication between all partners to deal with emerging concerns/comments/questions.
• Continual promotion of service in the community.
• Supporting resources such as timetable cards, posters, made easily accessible and free to venues and public.
• Weekly report provided to venues.
• Regular review of service operations included detailed independent evaluation.

Barriers
The greatest difficulty lies in convincing venue operators that the money they are asked to contribute to the service is dedicated to the holistic aim of helping members of the community get home safely after a night out in the Shire, rather than merely providing their own patrons with an extra service. The service needs to be promoted to the sponsors as a community service that they can directly benefit from, so that a venues ability to take part in a high-profile community venture takes precedence over calculating specific cost benefits.

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CASE STUDY THREE: ‘Black Diamonds’

Location details
Brisbane City Council, Queensland

(NOLG) classification
Urban Capital City (UCC)

Target group
Young Indigenous people between the ages of seven and 25

Goals/objectives

Objectives:
• To increase the participation of young Aboriginal and Torres Strait Islander people in recreation and sporting activities with a focus on Indigenous culture.
• To assist the Indigenous community to develop and implement their own recreation and cultural activities.
• To raise individual self-esteem of participants through involvement in local peer and mentor networks and through quality and meaningful recreation activities with a cultural focus.
• To develop the knowledge, skills and qualifications of participants as they progress through the program.
• Provide alternatives to substance abuse, crime and youth suicide.

Organisations Involved
Consultation in developing Black Diamonds has been extensive over a two-year period with a range of stakeholders including:
• Brisbane Council of Elders
• Sport and Recreation Queensland
• Lord Mayor’s Sport Advisory Board
• Aboriginal and Torres Strait Islander Commission
• Brisbane Indigenous Sport and Recreation Reference Group
• Representatives from the Aboriginal and Torres Strait Islander sporting Community of Brisbane.

Funding source
• The annual project budget for Black Diamonds for the past two financial years has been $50,000 increasing to $100,000 for 2002-03. This amount includes an allocation towards staffing and funding for the Black GOLD program for older Indigenous people. This allocation supports the overall program, coordination and marketing.
• Funding for the next three years has been allocated in the Council budget. The program is subsidised by Brisbane City Council (BCC) with activities being free or low cost.
• Sustainability for the program could involve movement towards a small fee on each activity to recover some of the total activity costs. This would decrease financial reliance upon Council and enable more activities to be offered.
2. Background Information

Nature of alcohol or drug-related issue(s) being addressed

- The Aboriginal and Torres Strait Islander populations suffer greater levels of ill health than other Australians. They are at increased risk from several factors (smoking, alcohol misuse, poor nutrition, inadequate physical activity and poor social connectivity) that affect heart health.
- The Black Diamonds Program promotes social interaction and active participation of young Indigenous people (7–25 years). The program educates and makes young Indigenous people aware of the different sporting and recreation opportunities (facilities, programs and events) that are available in Brisbane.

Local context

- The Black Diamonds program was introduced in July 2000 to increase the participation of young Aboriginal and Torres Strait Islander people in recreation and sporting activities with a focus on Aboriginal and Torres Strait Islander culture.
- The program was developed by BCC following extensive consultation with the Indigenous community, and is implemented by BCC in conjunction with the Brisbane Indigenous community.
- Black Diamonds is BCC’s strategy for implementing the national Young Persons Sport and Recreation Development Program, and outcome of the Royal Commission Inquiry into Aboriginal Deaths in Custody.

Approach

- The program name is derived from the Professor Colin Tatz book *Black Diamonds – The Aboriginal & Islander Sporting Hall of Fame*. In essence, the program is creating developmental opportunities for Brisbane’s future ‘Black Diamonds’.
- The strategies used to achieve the Black Diamonds objectives revolve around providing fun, affordable sport, recreation, arts and cultural activities for young Aboriginal and Torres Strait Islander people.
- Black Diamonds offers funds and supports sporting, recreational and arts activities, with a focus on Indigenous culture and increasing long term participation. For example, Get Active Days, tournaments, skill development programs, dance workshops, camps, etc.
- Black Diamonds works closely with Indigenous and non-Indigenous community organisations in assisting them to develop and implement their own initiatives for young Indigenous people. Black Diamonds works in partnership with two Indigenous community organisations to develop, implement and evaluate a Get Active Weekend.

3. Project Implementation

Project development

- Activities are located throughout Brisbane, in venues in highly populated Indigenous communities (eg. Inala and Keperra). Activities are also accessible by public transport.
- A majority of Black Diamonds activities are held on a weekend or during the school holidays. These activities help combat boredom, which may lead to substance abuse, crime and youth suicide. Black Diamonds offers activities that raise individual self-esteem through involvement in quality and meaningful camps, come and try days, events, workshops, programs and tournaments.
- A drug and alcohol free program provides participants with Participation Awards plus Brisbane Black Diamonds shirts, hats and posters as rewards for actively participating.
• The mentoring element of the program provides role models to young Indigenous participants and includes sport stars, artists and actors, Indigenous elders, community members, parents and local sport club members.

• Activities specifically relating to health, physical activity and recreation facilities include sports programs, camps and adventure activities, an arts program and ‘get active days’ (encouragement to try different sports).

An evaluation conducted in early 2002 looked at how the program had operated over the previous 18 months. Four methods were used to collect data including:

• Feedback forms from Black Diamonds participants
• Evaluation reports from community organisations and clubs that had received sponsorship funding for events and programs
• Self-administered evaluation questions to participants during programs and events
• Face to face and telephone conversations and interviews with community organisations, clubs and BCC staff.

Outcomes

• During the last 18 months participation numbers across all components totalled well over 8,000.
• Black Diamonds has been considered successful by participants, parents, community, clubs, teams and community organisations that have been involved with the program.
• Black Diamonds has been able to effectively develop strong partnerships and assist Indigenous community organisations in developing and implementing sport, recreation, arts and cultural activities with their communities – giving them ownership and developing their skills and knowledge.
• The program has raised community morale and participant self-esteem through the involvement and delivery of quality and meaningful programs and events.
• Black Diamonds will continue to develop close partnerships with Indigenous and non-Indigenous community organisations, sporting associations and all levels of government, in particular Queensland Health and Police liaison officers in providing alternatives to substance abuse, contact with the justice system and youth suicide.
• Participation rates in this program have increased over the last two years. Black Diamonds is attracting its target group of young Indigenous people; it is also attracting all ages in the Indigenous and mainstream communities during large events and festivals.

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CASE STUDY FOUR: ‘Think, Don’t Drink and Drive, Stay Alive’

Location details
Tumbarumba Shire Council, New South Wales

(NOLG) classification
Rural, Agricultural, Medium (RAM)

Target group
All drivers

Goals/objectives
To reduce the number of drivers taking the risk of drinking and driving by:
• Working with licensed premises in Tumbarumba to provide alternative transport options for patrons
• conducting a localised media campaign to promote the availability of alternative transport and to promote the consequences of drinking and driving
• producing promotional materials advertising alternative transport options in Tumbarumba.

Organisations Involved
• Local Police
• Local Council
• Licensees in the area

Funding source
Institute of Public Works Engineering Australia (IPWEA)

Nature of alcohol or drug-related issue(s) being addressed
Drink driving

2. Project Implementation
This project incorporated a number of strategies to raise community awareness of the available alternative transport options and of the consequences of drink driving:
• A media campaign (local paper) promoted alternative transport options and outlined the consequences of drink driving.
• Information packs were developed containing information on the consequences of drink driving, alternative transport options and magnets detailing standard drinks information. They were delivered to all (1,200) households in Tumbarumba Shire.
• Fridge magnets were provided to the four licensed premises and were distributed by Police when conducting Random Breath Tests.
• 20,000 coasters were produced which promote alternative transport, the standard drinks guide and the alcohol consumption guide.
Outcomes

- All licensed premises within Tumbarumba agreed to provide alternative transport for their patrons and have provided funds for their own bus. All have agreed that this will be an ongoing service.
- A survey was conducted (66 responses) showing that all respondents were aware of the alternative transport options now available, the consequences of drink driving, the standard drinks guide and the alcohol consumption guide.
- All licensed premises report that the alternative transport options are very popular with patrons. The majority of patrons now use the buses and leave their cars at home.
- During the period of the project (July 2001 to June 2002) the number of drink driving incidences decreased.

3. Project Learning

Success factors

The key factor was the partnership formed between the police, Council and the licensees. Licensees received benefits from the project, such as posters, signage and coasters. Police noted fewer drink drive offences.

This project’s success has been attributed to the commitment of licensees and of the Tumbarumba Police. It shows that it is possible to set up alternative transport in small isolated communities, raise community awareness and reduce the incidence of driving.

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CASE STUDY FIVE: ‘The Melbourne City Licensing Accord’

Location details
Melbourne City Council, Victoria

(NOLG) classification
Urban Capital City (UCC)

Target group
All city venues with a 1.00am or later liquor licence, and offering night entertainment.

Goals/objectives
Goals:
The establishment and maintenance of the Melbourne City Licensing Forum acknowledges the important role of licensed premises in ensuring a safe city and the need to more fully address licensing issues across the Central Business District (CBD) of Melbourne.

The Melbourne Safe City Licensees Accord is a voluntary agreement within the City’s licensing community. It promotes safety, security and good service as the cornerstones of sound management practice.

Objectives:
• To promote problem solving and development of new initiatives through cooperative action.
• To encourage the further development of good management and licensing practice.
• To improve the level of safety in and around licensed premises.

Organisations Involved
• Victoria Police: Licensing Branch
• Australian Hotels Association
• Liquor Licensing Victoria
• The City of Melbourne
• Metropolitan Fire Brigade
• Nightclub Owners Association

Funding source
City of Melbourne
2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
The Forum, established in October 1995, responds to licensing matters across the CBD and works to promote problem solving and development of new initiatives through cooperative action. The Accord also addresses issues such as noise and safety.

Local context
- The establishment of the City Licensing Forum acknowledges the important role of licensed premises in ensuring a safe city and the need to more fully address licensing issues across the whole CBD.
- The City Licensing Forum is a sub-committee of the City Safety Forum, which aims to improve the level of safety for business, residents and visitors in the CBD through cooperative action.
- The Forum meets once every two months and is chaired by Victoria Police.
- Membership of the City Licensing Forum is open to all city venues with a 1.00am or later liquor licence, and offering night entertainment.
- Melbourne City Council provides executive officer and project management support to the Forum. Files, Inquiries and Special Tasks (Victoria Police) provide appraisal and auditing of venues.

3. Project Implementation

Project development
Members of the Melbourne City Licensees Accord provide examples of best practice management. This is demonstrated through venues that:
- are clean, well signed, well lit and well designed;
- provide quality entertainment;
- promote non-alcoholic beverages;
- have a high staff ratio – including security staff – and which train their staff in essential practices, including emergency management and responsible serving of alcohol; and
- that display a responsible attitude to their immediate environment.

To promote further training and support improved systems, the Melbourne City Licensing Forum provides venue management with access to information sessions addressing issues such as:
- crowd control security;
- appropriate first aid strategies for venues;
- management of illicit drug-related issues;
- legal liability for licensees;
- noise management for night-clubs; and
- information, management and training strategies to minimise sexual harassment or assault.

The City Licensing Forum supports the Safe City Taxi Ranks Program and the NightRider Bus Service.
Outcomes

- The long-standing partnership between Victoria Police, Liquor Licensing Victoria, Melbourne City Council, and the city’s licensees has produced a range of outstanding initiatives to address safety issues late at night, including the Melbourne City Licensees Accord and the Safe City Taxi Rank program.
- Now entering its seventh year, the Melbourne City Licensing Forum continues to meet its aims, through the continuing commitment of its wide-ranging membership.
- The initial membership launched in 1996 comprised 12 venues. This had grown to 36 venues in 2001.

The Forum has achieved a breadth of positive outcomes, including:
- increased liaison and communication between licensees, Council, Police, and other authorities;
- improved relations with police;
- improved management practices in licensed venues;
- increased awareness of issues affecting licensed premises, and improved resolution of issues;
- a Licensees Accord that is an enduring program, and not short-lived;
- a contribution to the decrease in anti-social behaviour late at night; and
- a contribution to a decrease in alcohol-related crime such as assaults.

The Night-Club Owners’ Association and the Licensing Police concur that the city’s licensing community has attained a level of sophistication and awareness in their management and operational systems that promotes a better environment.

4. Project Learning

Success factors

Accords will not stand effectively on their own and are of little value if they aren’t embedded in a licensing forum. This embedding has contributed to the success of the accord.

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CASE STUDY SIX: ‘Your Choice’

Location details
Sunderland Shire Council, Southern Sydney Region, New South Wales

(NOLG) classification
Urban, Metropolitan Developed, Very Large (UDV)

Target group
Young people involved in inappropriate use of alcohol, and their parents.

Goals/objectives
To educate young people and their parents to use alcohol in a personally, and community responsible manner.

Organisations Involved
- Sutherland Police Community Youth Club (PCYC) — Organises venue, seating, and acts as MC for project.
- Sutherland and Miranda Local Area Command, Licensing Officers and Youth Liaison Officers — Issue invitations (and fines if necessary) to the project, organises guest speakers and presents a session.
- Sutherland Shire Council — Council Enforcement Officers involved in Police Operations to address alcohol-related crime. Community Services staff involved in project presentations, printing of materials etc.
- South East Sydney Health — guest speakers, standard drink session and harm minimisation session.
- Community volunteers to provide personal accounts and has included members of the Sharks Rugby League Team.

Funding source
In-kind support from above organisations including venue, time and staff.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
Police in the Sutherland Local Area Command (LAC) regularly detect youths drinking alcohol not only illegally but also irresponsibly. Almost all the parks in the Sutherland LAC are zoned as alcohol prohibited parks under the Local Government Act. That means that it is an offence to possess or consume alcohol in these parks and the penalty is a $110 on the spot fine. It is also an offence for any minor to possess or consume alcohol on any public street under the Summary Offences Act and police are continually stopping youths that are breaking these laws. In the past, infringement notices were issued on the spot.

In the past, Sutherland Council faced massive costs for clean up of parks and reserves after large gatherings of young people, many of whom were intoxicated. Issues included smashed glass, burnt bins, bonfire mess and graffiti and vandalism.
Local context

Sutherland Shire Council has taken a leading role in projects designed to reduce the impact of alcohol-related crime. Alcohol related anti-social behaviour was raised as a major issue during the development of the Sutherland Shire Crime Prevention Plan in late 1999. The Plan includes seven strategies aimed at preventing alcohol misuse in the community. “Your Choice” is one of these strategies. Other related projects were launched simultaneously to add weight and value to the “Your Choice” Program. These include the educational preventative program “Are You Responsible?” originally trialed in Wollongong LAC.

Alcohol related crime was a major issue for the local police, who spent a lot of time moving groups of young people after parties and dealing with anti-social behaviour in parks and reserves.

The Local Licensing Officers, Youth Liaison Officer and PCYC were very active in the area and had an excellent working relationship. Council Enforcement staff were often called to parks and reserves to deal with large groups of intoxicated young people. In addition to noise complaints, often the groups were responsible for damage to these areas.

Approach

The project content is based on a harm minimisation philosophy. Many of the project partners had an interest in removing the harm caused to and by intoxicated young people. Council sought to reduce damage to public spaces and improve the amenity for neighbours to these areas. Police were concerned about the levels of alcohol-related crime in the area. Local youth workers sought to increase awareness of the risks of binge drinking.

3. Project Implementation

Project development

- Concerns from the partners were raised at both Community Crime Prevention and Safety Committee and the Community Drug and Alcohol Action Team Meetings.
- Local Licensing Officers researched existing programs and came up with “Your Choice” format.
- Pilot sessions held and refined.
- Project expanded to current level.
- Formal evaluation is currently being planned.

Outcomes

- Over 400 local youths have attended during the last two years with only a handful of Infringement Notices issued for failure to show up, and even fewer repeat offenders.
- Partners involved in project had developed effective working relationships with benefits expanding into other related areas.
- Impact on crime levels has not been evaluated so far, but participant evaluations are positive, especially from parents.
- Through the two local liquor accords, industry involvement is increasing.
4. Project Learning

Success factors

- Partnership approach is imperative.
- Local celebrities/sports hero’s work well as guest speakers, especially when recounting from personal experience.
- Education of parents on their legal responsibilities in areas such as purchasing alcohol for a minor and allowing children’s friends to drink on their premises is effective in changing long-term behaviour.
- Project format is interactive – no long lectures.

Barriers

Funding for invitations, standard drink props and other items on an ongoing basis can be difficult.

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CASE STUDY Seven: ‘Working On’

Location details
Brisbane City Council, Queensland

(NOLG) classification
Urban Capital City (UCC)

Target group
Young recovering drug addicts (15 - 25 years) many with multiple abuse problems (illicit drugs with alcohol).

Goals/objectives
To develop and implement an appropriate employment program that will assist young people who have successfully completed an illicit drug rehabilitation / management program. The aim of the employment program is to provide training and work experience that will maximise future employment opportunities.

Objectives:
• Provide initial training and support to ensure job readiness and assistance with identifying suitable traineeship opportunities.
• Provide training and support to management / supervisor to create a supportive work environment for the participant.
• Provide ongoing support during traineeship placement to both the participant and the employer to maximise success.
• Provide participants with employment, training and the opportunity to gain a nationally recognised qualification.
• Enable the trainee to complete a certificate level course with the possibility of permanent ongoing employment (although not guaranteed).
• Assist with the participants’ drug rehabilitation program through improved self esteem, financial opportunities, work experience and improved skills.

Organisations Involved
‘Working On’ (partnership between BCC and Mater Family Services (Jobtrack)) to provide the initial training / skill development program prior to actual job placement (BCC funded). Alcohol & Drug Services / Agencies provide referrals of job-ready young people to the program (and assist with initial assessments prior to referral).

Reference Group established during planning stage with representatives from the following agencies:
• Youth Interagencies
• Alcohol and Drug Programs
• QuIVAA
• Office of Youth Affairs
• Qld Health – HotHouse (Youth ATODS)
Funding source
Money for the first six months of “Working On” came from BCC giving a percentage of the $30,000 per trainee it had allocated for its 10 traineeship places a year as seed money and from a one-off grant from Department of Employment and Training to match BCC’s contribution. DET also directed Adult Community Education funds to the program to assist with Literacy/Numeracy etc.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
Recovery from drug use (predominantly illicit drugs although often poly-drug users with alcohol a significant contributor) and re-entering (or initially entering) the workforce during recovery/rehabilitation.

Local context
Referrals of young people to “Working On” come from a number of rehabilitation agencies and youth agencies across Brisbane. Counsellors and youth workers are asked to complete an assessment tool that indicates a person’s readiness in their recovery process to participate in a work program.

Inquiries also come from parents and young people themselves who have heard of the program and are invited to participate as well - via their rehabilitation counsellor.

Approach
The Youth at Risk traineeship pilot program was instigated as a result of a Lord Mayor’s Drugs Task Force recommendation.

“Recommends that Council provide training and employment programs for people who have successfully completed a drug rehabilitation program. This is in recognition that many of these people require purposeful direction following treatment. The Taskforce recommends that Council advocate to the business sector to assist with similar programs.”

3. Project Implementation

Project development
Initial concept identified during Illicit Drug Taskforce process and documented in the Taskforce Report and the Brisbane Drug Action Plan. Initial scoping received Council approval. Reference group (with external agencies) formed to develop concept further. Council developed information, application and assessment criteria / forms etc. Council then funded a community agency to provide the preparatory training. The initial pilot resulted in only 2 trainees completing their traineeship. A review was conducted and significant changes made to both the referral process and recruitment process (both of which were deemed too lengthy and bureaucratic).
Outcomes
At the end of last year (after significant improvements made to the recruitment process etc) 29 participants have now successfully completed traineeships.

8 have now commenced permanent work – 5 with Brisbane City Council and 3 in other State government departments (Attorney General, QBuild).

Strategy implemented to involve more government departments and the private sector – promoting “Working On” as a model that works to assist young people maintain their recovery.

4. Project Learning

Success factors
- If prepared well and supported once they commence, stability is more assured for the young person.
- Anecdotal evidence from rehabilitation counsellors that the young people’s relapse rate is decreased or ceases while on the traineeship.
- Young people who may have been at risk of increased offending have not done so – they have meaningful employment.
- Work places notice amazing growth in self-esteem, responsibility and well being in the young person they have under the program, and are usually highly impressed with the attitude of the young person as they rehabilitate themselves and become a contributing citizen – sometimes the direct opposite to what they had been (especially those who may in the past have been involved in crime to support their habit).
- Young people start to develop new networks of friends, acquaintances and social activities away from the drug environment.
- Family members are reinvigorated to support their son/daughter/spouse, as the person becomes a participating member of the community through work.
- Rehabilitation agencies are able to access an avenue with a future orientation for their clients—a sense of future is an important aspect of the case management process for young people in recovery.

Barriers
After the initial 12 months, a review was conducted which indicated two things:
- The young people selected for the traineeships needed to be job ready or if not yet ready then we should assist them to become ready for work before placing them in the rigours of full-time work; and
- Once in their jobs these young people need support in the form of ongoing, consistent on-the-job case management by someone in addition to their workplace supervisor.

Both of the above issues have subsequently been addressed and improvements in outcome have been achieved.

The issue of participant transport costs during their pre-placement training has been raised. Options for future funding are currently being considered.

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CASE STUDY Eight: ‘Holroyd City Liquor Accord’

Location details
Holroyd City Council, Western Sydney Region, New South Wales

(NOLG) classification
Urban, Metropolitan Developed, Large (UDL)

Target group
Licensees and patrons

Goals/objectives
The Holroyd City Liquor Accord established in November 2001 is a voluntary agreement aimed at coordinating local business practices designed to prevent harm relating to alcohol consumption through:

• Responsible serving of alcohol
• Improved safety and security
• Improved local amenity
• Better co-operation with the police and the community to improve local outcomes

Organisations Involved
The Holroyd Liquor Accord is a voluntary agreement between licensees, Council, Police, Community Health and other interested parties. An elected licensee member chairs the Accord meetings and Council provides secretarial support.

Funding source
To date funding has been in kind from the participating licensed clubs and Council. Currently examining the possibility of having an annual membership fee.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed

• Alcohol awareness information evenings
• Responsible service of alcohol training for staff in licensed premises
• First aid training
• Breath testing equipment in venues
• Responsible service of alcohol principles related to the public
• Standard drink information

Local context
The development of the Holroyd City Liquor Accord was a recommendation emanating from Council’s 2000 City Health Plan.
The plan was developed in partnership with Council and the Western Sydney Area Health Service. Council has established a steering committee made up of Councillors, representatives from Area Health and the community sector to oversee (originally) the development of the Plan and now its implementation.

The task of establishing the Liquor Accord was given to Council’s Road Safety Officer, with direction and support provided by the City Health Plan Steering Committee members.

**Approach**

Council’s City Health Plan aims to facilitate an amalgamation of the traditional public health role of Councils, such as immunisation, food surveillance and vermin control, with what has been described as the “new public health”. The new public health incorporates the elements of natural environment, social and economic equity, a safe physical environment and mental well-being. Council sees healthy lifestyles as a key function area and the prevention of drug abuse as an important strategy to be pursued.

### 3. Project Implementation

**Project development**

The project incorporated the following developmental steps:

- Research on existing accords
- Identification of stakeholders
- Conduct of stakeholder information forums
- Establishment of working party from stakeholders
- Liquor Accord principles drafted and exhibited
- Liquor Accord launch and signing of membership by participating stakeholders
- Action Plan developed and implemented

**Outcomes**

The project to date has not been evaluated. However, road safety campaigns such as Sober Driver are regularly held in licensed venues.

### 4. Project Learning

**Success factors**

The key factor to date is that there is better co-operation between the Police, Council, Health and the licensees in implementing local programs to prevent harm relating to alcohol consumption.

**Barriers**

Within three months of the establishment of the Liquor Accord, the enthusiasm of the licensees waned. Council and the Police had to drive the agenda with support from the licensed Clubs. Strategies are currently being investigated so that licensees feel they have, and have, ownership of the accord.

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CASE STUDY NINE: Caloundra ‘Safe Partying Workshops’

Location details
Caloundra City Council, Sunshine Coast Region, Queensland

(NOLG) classification
Urban, Regional, Large (URL)

Target group
Students years 8-12 at local High Schools (approx. age 12-18).

Goals/objectives
To increase awareness of drink spiking and subsequent sexual assault and to increase young people’s knowledge of safe and unsafe social environments.

Organisations Involved
School Health Nurses at Caloundra State High School, Maleny State High School, and Beerwah State High School – concept development and implementation into school schedule.

Funding source
All materials were supplied in kind. Staff resources supplied by Caloundra City Council – Youth Services and trained youth workers from other local youth organisations.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
Evidence of an increasing number of young people presenting to local hospitals with symptoms of drink spiking and young people who consume alcohol/drugs and regularly attend youth parties where alcohol is consumed.

Local context
The prevention of violence and misuse of alcohol and drugs was raised as major issues at Maleny State High School in April 2001. The workshops were extended to other schools (particularly to those student intending to attend schoolies week).

Approach
The workshop format was chosen as an innovative way to discuss safety issues with young people. (No lecture style). Politically, workshops are seen as a youth crime prevention initiative, and are accepted by schools, as they are effective and easily resourced.
Specific objectives:
• Increase awareness of the support services in the local area and generalist services in other areas.
• Increase young people’s capacity to identify potential dangers in social settings and identify options and actions that they can take to ensure a safer environment.

3. Project Implementation

Project development
School Health Nurses — design and implementation of workshops, and scheduling of schools in partnership with Youth Services Unit at Caloundra City Council. Safe Partying workshops are often incorporated into special information days at the schools. Other workshops regarding personal development are also scheduled for students on a rotational basis.

Outcomes
• Positive feedback from participants/young people.
• High participation rates from participants/young people.
• Decrease in young people presenting at hospitals with drink-spiking symptoms.
• Decrease in incidents of young people involved in unsafe activities in public spaces.

4. Project Learning

Success factors
Partnerships with School Health Nurses and Youth Organisations. Effective and innovative workshop format.

Barriers
Some High Schools resist hosting the workshops (sometimes scheduling constraints contribute to resistance).

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CASE STUDY TEN: ‘Nyoongar Patrol’

Location details
City of Perth, Perth CBD, Western Australia

(NOLG) classification
Urban, Metropolitan Developed (UMD)

Target group
- Unaccompanied indigenous youth in the central city and entertainment precinct at night in Northbridge.
- Transient Indigenous individuals and families, many from remote and regional areas congregating in Perth CBD parks and reserves.

Goals/objectives
- To reduce the high incidence of Indigenous people involved in alcohol and other substance related harm, and their contact with the criminal justice system.
- To provide an early intervention and referral service for at risk indigenous people back to families and communities and to relevant community, health and housing support services as required.

Organisations Involved
- City of Perth
- WA Department of Indigenous Affairs
- Aboriginal & Torres Strait Islander Commission (ATSIC)
- Town of Vincent
- WA Police (Juvenile Action Group)
- Mission Australia – On Track program
- The Police and City of Perth are represented on the Management Advisory Committee of the Nyoongar Patrol and work closely in the management of safety and security on city streets and public spaces.

Funding source
Funding for the patrol is mainly provided by a combination of sources:
- Federal Government’s PEEDAC (work for the dole) Scheme/ ATSIC
- City of Perth
- WA Department of Indigenous Affairs
- Additional funds are provided by a variety of government agencies and from funding agencies and have included Lotteries Funding (for a minibus) and Safer WA Community grants for additional daytime patrols of parks and for special events.
2. Background Information

Nature of alcohol or drug-related issue(s) being addressed

- Intoxication, and antisocial behaviour of unaccompanied children and youths on the streets of the entertainment precinct at night - visiting the city for social reasons.
- High incidence of intoxication, antisocial behaviour, violence and homelessness of transient Aboriginal people in city parks and public spaces, who are visiting the central city for health, social or cultural reasons.

Local context

Due to its central location, many social problems in the wider community are manifested in the public areas of central Perth.

Paradoxically, while the central area is the headquarters of many social and welfare services, the Nyoongar Patrol came into being to help fill a major gap in service provision. This is for an indigenous, street-level, intervention service that operates at night and at the weekend – when most other services are closed.

Approach

Need for a culturally appropriate service with Aboriginal patrol members.

The role of the patrol is one of mediation and early intervention with Indigenous people to minimise their contact with the Police and Juvenile Justice System. The patrol is not a security service. The City of Perth has significantly supported the Nyoongar Patrol, both financially and operationally since its inception in 1998. The City’s Youth Forum Report in 1997 identified the importance of involving the Aboriginal community in the development of any Indigenous youth services and facilities.

3. Project Implementation

Project development

In 1998 a working party of government and non-government agencies, led by the Aboriginal Advancement Council, prepared a business case for a community based early intervention patrol to work with under-age youth on the streets of the Northbridge entertainment district. The patrol would work closely with health and community services providers to improve outcomes for indigenous youth and reduce the levels of alcohol and substance abuse and anti-social behaviour in the community.

Twenty-five indigenous patrol officers have been recruited and trained. Patrol members generally work on shifts from 4pm into the early hours of the morning between Thursday and Sunday. From small and tentative beginnings, the confidence, support and viability of the patrol as an important street level service has been recognised. This has necessitated a close working relationship with the Police (Juvenile Aid Group), City of Perth rangers, Nyoongar Alcohol and Substance Abuse Service, Mission Australia On-Track program, Police Aboriginal Liaison Officers, the Street Doctor, YMCA bus and Safer WA.

Good management and outcome accountability has been an important requirement of the service. Quarterly performance reports are provided, detailing the extent and nature
of all interventions. The appointment of an Executive Director of the Patrol has been instrumental in elevating the performance, monitoring and review of the patrol. It has been critical in highlighting other gaps in support services, particularly in relation to meeting the needs of transient Aboriginals from regional and remote communities. The Nyoongar Patrol now also operates patrols in other parts of the metropolitan area including the Town of Vincent, Fremantle and Midland. Grant funding has enabled a daytime patrol of parks and public spaces to address the problems experienced with transient Aboriginal people from regional and remote communities.

**Outcomes**

Statistics are only recorded in relation to interventions. In the first quarter of 2003 the following interventions were recorded (total interventions with % of alcohol related interventions):

- Children (<15 Yrs) – 305 of which 86% were alcohol related
- Juveniles – 285 of which 87% were intoxication related
- Adults – 1195 of which 85% were intoxication related

Strategies with children and juveniles range from contacting parents and responsible adults, providing supervised transport home in the patrol minibus or removal from the streets into the care of youth workers at the On-Track program.

Interventions with adults include referral to services and transport for detoxification, health, community services or housing. However culturally appropriate facilities for sobering up and housing are scarce in the central city. The patrol minibus is used to assist Aboriginal people to access services and temporary accommodation, as many are unfamiliar with the central city environment. Transport home to remote and regional communities can also be organised. The patrol has an important mediation role, often between Aboriginal families or communities with long-standing feuds.

**4. Project Learning**

**Success factors**

- The service is taken directly to the customers and not vice versa.
- A wide range of government and non-government agencies have input into and ownership of the initiative especially the City of Perth, Police, State Government and the non-government organisations such as Mission Australia. The service has provided a model for other patrols and NGOs.
- Strong leadership and profile provided by a high calibre Executive Director – who has successfully highlighted shortcomings in the provision and co-ordination of other services for Indigenous people.
- Expansion of the patrols to the parks and public spaces
- Nyoongar Patrol in the City now co-ordinates patrols at Midland and Fremantle.
- The Nyoongar Patrol received both Federal and State Government Awards for its services in 2001.
Barriers

- Community perceptions. Unrealistically high expectations set by local businesses that the Nyoongar Patrol would eliminate the problems of alcohol and antisocial behaviour of Indigenous people in the central area. There is also a common but misguided perception that it is a security patrol.
- On-going financial uncertainty as funding is on an annual basis and major efforts are required to ensure the long-term financial viability of the service.
- Lack of culturally appropriate services.
- Lack of responsiveness to referrals and ongoing support by some services. This is particularly important where itinerants are provided with housing (through the work of Nyoongar Patrol), where other services do not adequately address the alcohol related issues which results in itinerants returning to the streets, perpetuating a vicious cycle.

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CASE STUDY ELEVEN: ‘Gosnells-Armadale Alcohol Project’

Location details
Cities of Gosnells and Armadale, Western Australia

(NOLG) classification
Urban, Fringe, Large (UFL) & Urban, Fringe, Medium (UFM), respectively.

Target group
Cities of Gosnells and Armadale Communities

Goals/objectives

Overall Objective:
In 1999, the Cities of Gosnells and Armadale established a collaborative partnership aimed at developing strategies to address alcohol-related harm and related social problems within the City of Gosnells and City of Armadale communities.

Strategies developed include comprehensive alcohol policies and management plans by the respective Councils, the Gosnells Armadale Alcohol Project (GAAP) and membership of the South Suburban Alcohol Accord. An outline of the Cities’ alcohol management strategies is set out below.

Specific Objectives:

The alcohol policies have been developed as a result of concerns expressed about the health, social and economic costs associated with the use and abuse of alcohol in the community and outline the paths the respective local governments and staff can undertake to address alcohol-related issues.

Alcohol management plans have also been developed to support the alcohol policies. The Plans outline how the respective councils will assess specific liquor licence applications to ensure that the intent of the Cities’ alcohol policies are achieved and that alcohol related problems, as far practicable, are reduced so as to make the Cities of Gosnells and Armadale safer and healthier places. An important feature of both policies and plans is the requirement for community consultation with community members and groups, local police and other relevant agencies and preparation of a report prior to approval by Council.

The Cities’ alcohol policies and management plans have also resulted in the Department of Health Drug and Alcohol Office, in partnership with the Cities, agreeing to an innovative pilot project that provided training for local government Environmental Health Officers on the Liquor Licensing Act and the evaluation of the South Suburban Alcohol Accord, a voluntary partnership between licensees, Cannington Police and relevant local...
governments which aims to encourage a range of harm minimisation strategies and reduce the crime and violence stemming from the excessive consumption of alcohol in and around licensed premises.

**Goals/objectives**

**Objectives:**
- Adoption of Alcohol Policies by the two local governments.
- Monitoring of compliance with the Liquor Licensing Act (1988) among licensed premises within the GAAP area.
- Evaluation of the effectiveness of the South Suburban Alcohol Accord among licensed premises.
- Raising the awareness among local government Environmental Health Officers and licensees of licensed premises within the GAAP area of the Liquor Licensing Act 1988 and South Suburban Alcohol Accord.

**Strategies**
- Facilitation of Environmental Health Officer training workshops on the Liquor Licensing Act (1988) and South Suburban Alcohol Accord, test knowledge and visit licensed premises to ascertain compliance with the Act, with particular emphasis on serving to minors, and parents buying and/or supplying to minors (under 18 years).
- Development of model Local Government Alcohol Policies.

As members of the Accord, the respective Councils have agreed to adopt, promote and encourage the philosophy of responsible service of alcohol in the interest of customer safety, comfort and enjoyment.

**Organisations Involved**

This project was a collaborative initiative between the Cities of Gosnells and Armadale, Armadale Health Service, Cannington Police Service and the Department of Health.

**Local context**

The cities of Gosnells and Armadale continue to be active members of the South Suburban Alcohol Accord. City Environmental Health Officers are the Cities’ representatives on the Accord Committee. The aim of the Alcohol Accord is to encourage and embrace a range of positive and effective community based harm minimisation strategies aimed at reducing the crime and violence that stem from the excessive consumption of alcohol in and around licensed premises within the cities of Gosnells and Armadale.

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CASE STUDY TWELVE: ‘Alcohol Alliance’

Location details
Fairfield City Council, New South Wales

(NOLG) classification
Urban, Metropolitan Developed, Very Large (UDV)

Target group
Suppliers and consumers of alcohol.

Goals/objectives

Overall Objective:
To reduce alcohol related incidents including drink driving in the Fairfield area.

Specific Objectives:
The work is presented under the banner of the "Alcohol Alliance". Funded projects to date have included:

• 2001 — Wholesale and retail outlet promotion of the CHOOSE A SOBER DRIVER message. Some 43,000 alcohol take way bottle bags were distributed to local outlets. This direct point of sale message provides a reminder at the time of purchase about the issue. The campaign received very strong support from members of the alliance.

• 2002 — Designated Driver project delivering free soft drink to designated drivers by 31 participating venues. The project was promoted across the media and coordinated by Council's officer.

A number of resources are made available to the licensed premises that participate in our Alcohol Alliance activities. This includes the monthly rotation and loan of FREE BREATH TEST units. Fairfield City Council coordinates the rotation of four of these units each month.

Through the Alcohol Alliance a survey of venue transportation and taxi usage rates has been undertaken. The survey indicated that taxi drivers do not place a high priority on transporting persons affected by alcohol as the "costs" out-weigh the financial rewards.

One club is currently trialling a Taxi Voucher Scheme with a view to improving taxi volume and security in the City. The voucher system provides the driver with a form of passenger identification process that enables inappropriate behaviour to be dealt with by the consumers club. Drivers are more likely to receive payment without abuse or degrading of the taxi vehicle and this will encourage more taxis to service licensed premises. Fairfield City Council has created and submitted a Business Case, to the State Government, to advocate for these important changes. The improved software allows targeted initiatives to individual premises based on local issues. It also provides a linkage to road accidents, domestic violence or anti-social behaviour to individual premises even when the incidents occur some distance from the source of consumption.

Organisations Involved
All licensees in the local government area.
2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
The Alliance covers a range of projects to reduce alcohol related incidents including drink driving in the Fairfield area.

Local context
An important component of the Alcohol Alliance is the ability to monitor alcohol related incidents and to evaluate and report upon the initiatives. Currently, local Police are hand collating this important information. Small changes to the Police database to create mandatory screens to track alcohol related crime are integral to clear monitoring and evaluation of any alcohol related harm minimisation scheme.

3. Project Implementation

Project development

Outcomes
Fairfield's Alcohol Alliance was launched in May 2002. The work is in its early stages although they reportedly have had good support and some early successes. To date four venues have purchased their own breath-testing unit as a result of regular patron use. There is also some preliminary evidence of reduced alcohol related crime attributable to the project.

4. Project Learning

Success factors
Permanent structured partnerships with stakeholders for alcohol countermeasures in Fairfield was crucial

Barriers
Lack of police data in (COPS) database.

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CASE STUDY THIRTEEN: ‘The Maitland Liquor Accord’

Location details
Maitland City Council and Maitland Liquor Accord, New South Wales

(NOLG) classification
Urban, Rural, Medium (URM)

Target group
Licensed premises (hotels, clubs, liquor stores, function licensees and restaurants) within the Maitland Local Government Area and some adjoining areas.

Goals/objectives

Overall Objective:
The Council has for several years been working to address community safety issues in conjunction with the Maitland Liquor Accord, a voluntary organisation of local licensees and licensed premises, supported by the Council, local police and the Hunter Centre for Health Advancement. The Accord, which boasts about 90% membership of local licensees, operates in a responsive way.

Specific Objectives:
• Reduction in alcohol and other drug related incidents attended by police and complaints;
• Reduction in alcohol-related hospital presentations;
• Increase in the number of premises that have responsible service policies and trained staff;
• Reduced underage sales and consumption;
• Improved community perceptions of safety; and
• Increased use of safe transport options.

Organisations Involved
• Licensees in the Maitland and surrounding areas
• Maitland City Council
• Maitland Police and Local Area Command
• NSW Premier’s Department
• Hunter Area Health Service
• Department of Gaming and Racing
2. Project Outcomes

Outcomes

Initiatives to date have included a free late-night bus service, funded partly by participating venues, which operates in the lead-up to Christmas and New Year. Known as the Loop Bus, the service is now in its third year and has contributed to stopping an increasing trend of malicious damage in the CBD.

Other initiatives have included Responsible Service of Alcohol courses for venue staff, a taxi voucher system, relocation of taxi ranks, provision of point of sale promotional material, secondary supply of alcohol public education and advertising campaigns, and security patrols between late night venues. Alcohol-Free Zones have also been extended. A public awareness campaign and staff training seminar on spiked drinks is currently underway, and sponsorship of Responsible Service of Alcohol courses combined with work experience for young people is being considered as an initiative for Youth Week 2003 to provide employment opportunities for local young people and promote responsible consumption.

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CASE STUDY FOURTEEN: ‘Port Augusta Substance Misuse Service’

Location details
City of Port Augusta, South Australia

(NOLG) classification
Urban, Rural, Small (URS)

Target group
Due to the range of projects the target group is very broad, including Indigenous and non-Indigenous people, various age groups and those using alcohol and illicit drugs.

Goals/objectives
Port Augusta Substance Misuse Services combines the Sobering Up Unit, Needle Exchange Program, the Mobile Assistance Patrol and the Youth Intervention Program. Overall the goal of the program is to provide practical assistance to community members to prevent or reduce the harms associated with alcohol and other drug use.

Organisations Involved
On 1 November 1999 the Health Department, the Corporation of the City of Port Augusta, the Mobile Assistance Program and the Sobering Up Unit amalgamated to form the Port Augusta Substance Misuse Services. This new service incorporates the Sobering up Unit, Needle Exchange Program, Mobile Assistance Patrol and the Youth Intervention Program.

Funding source
Department of Human Services, Office of Aboriginal and Torres Strait Islanders & City of Port Augusta.

2. Background Information

Nature of alcohol or drug-related issue(s) being addressed
Public intoxication and alcohol-related problems and injecting drug use.

Local context
The program operates in the context of changes in legislation relating to liquor licensing and public intoxication, local dry area legislation, and recommendations from the inquiry into Aboriginal Deaths in Custody.

The needle and syringe services are a public health initiative designed to reduce the harms associated with injecting drug use.
3. Project Implementation

Project development

The Mobile Assistance Patrol staff assessed and assisted 3,893 clients during the 2000-2001 period. This number has increased by approximately 145% during the past 2 years. There were 1,475 assessments for admission to the Sobering up Unit during the same period. The Clean Needle Program statistics reflect the usage of intravenous drugs used within the community. The people in Port Augusta and surrounding areas who use the service would not have the opportunity to be offered education on safe injecting and other drug and alcohol issues if the Clean Needle Program was not in operation in the community.

4. Project Learning

Key factors contributing to the success of the project

• Strong and stable leadership over a 12-year period.
• Effective partnership between Commonwealth, State and Local Government.
• Quality (hand-picked) staff.
• Comprehensive service profile.
• Strong linkages with other service providers, especially police.
• Community perceptions about the value of the service.

Barriers to project implementation or the achievement of outcomes

Lack of local residential rehabilitation options

Some recent funding issues (due to salary pressures on the budget).

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9.3 Case Study Summary

These case studies were selected from many projects currently operating in many locations around Australia. They demonstrate the nature and extent of local government involvement in projects designed to reduce the harms associated with alcohol use. This involvement varies from primary responsibility and leadership to providing input as a collaborating organisation. Some projects, such as the Port Augusta Substance Misuse Service and the Melbourne City Licensing Accord have operated over a long period of time and are now institutionalised in the community. Projects such as this are multi-dimensional and receive funding from all tiers of government.

Other projects such as the ‘Anti-Drink Spiking Project’ in Sutherland Shire also demonstrate the importance of collaborative effort. Another feature of this and other projects such as
‘Your Choice’ also in Sutherland Shire and the ‘Caloundra Safe Partying Workshops’ is that many operate on limited funding and are heavily reliant on in-kind contributions.

Ongoing financial uncertainty is a feature of many of the projects. While many of the projects, such as the liquor accords, are based on research that demonstrates that they can be efficacious, many will not be evaluated or are yet to be evaluated. Others such as the Sutherland Shire ‘One Life Bus’ and the Brisbane City ‘Black Diamonds’ projects were developed based on a consultation process and have shown positive effects on evaluation. Further research using both experimental and naturalistic (often descriptive) methods is a necessary step in building an Australian literature on what constitutes best practice for community-based interventions.