

REPORT FROM

**Getting**

the **Full Bottle**

on **Alcohol**

KEY STAKEHOLDERS SEMINAR  
10 December 2004



Premier's Drug  
Prevention Council

**Premier's Drug Prevention Council**

**Getting the Full Bottle  
on Alcohol**

**Report of the  
Key Stakeholders Seminar**

**10<sup>th</sup> December 2004**

# CONTENTS

- INTRODUCTION ..... 1**
  
- SUMMARY OF ISSUES ..... 2**
  - Community-based action..... 2
  - State government roles in community-based action..... 2
  - Funding ..... 2
  - Enforcement and legislation ..... 3
  - Data..... 3
  - Parents ..... 3
  - Education ..... 3
  - Models for cultural change ..... 3
  - Other issues ..... 4
  - Suggestions for the PDPC ..... 4
  
- SETTING THE SCENE ..... 5**
  - Teen drinking: rite of passage or problem path? ..... 5
  
- ALCOHOL AND THE COMMUNITY ..... 7**
  - A randomised controlled trial to reduce ..... 7
  - alcohol-related harm in rural communities in NSW..... 7
  - Taking a whole-of-community approach to alcohol harm: ..... 9
  - the Kalgoorlie Alcohol Action Project ..... 9
  - The Geelong Liquor Accord: a partnership in crime prevention ..... 12
  
- THE CULTURE OF ALCOHOL ..... 14**
  - Rural teenagers and alcohol: What are parents thinking?..... 14
  - Advertising and the industry..... 16
  - New ways of marketing alcohol ..... 19
  - The Western Australian approach to changing culture..... 21
  
- THE REGULATION OF ALCOHOL ..... 23**
  - Inner City Entertainment Precincts (ICEP) Taskforce..... 23
  - Regulation, Licensed Premises and Alcohol-Related Crime ..... 25

# INTRODUCTION

---

The Premier's Drug Prevention Council (PDPC), now in its second term, is working to raise community awareness of alcohol misuse in our community. It plans to use a variety of approaches to combat the problems of harmful alcohol consumption and public intoxication, ranging from targeting the environment in which alcohol is consumed to strategies that focus on sub-groups of the population who are more at risk due to their drinking patterns. The PDPC's work will include public policy initiatives and working with the media to influence community attitudes towards reducing harmful levels of alcohol consumption.

The PDPC recognises the vital importance of liaising with key stakeholders in its efforts to combat alcohol-related problems, and the *Getting the Full Bottle on Alcohol* seminar is one step in that process. The seminar, held on 10 December 2004, was chaired by Dr Rob Moodie, Chair of the Premier's Drug Prevention Council. It focused on four main areas: setting the scene; alcohol and the community; the culture of alcohol; and the regulation of alcohol. A number of background papers were presented, followed by questions from the floor to the panel of speakers.

This report provides a summary of the issues raised during the seminar, followed by a summary of each of the papers. It should be noted that this report reflects the general views of the participants and does not necessarily reflect the position of the PDPC.

# SUMMARY OF ISSUES

---

- There is no single way to address alcohol misuse and its consequences. A full range of strategies is needed, linking in with those in related areas, and involving sustained social marketing, education, and cross-sectoral efforts – with the emphasis on ‘sustained’. The focus needs to be on a reduction in violence and injury, not a reduction in people’s enjoyment.

## **Community-based action**

- Community-based initiatives to address both alcohol misuse and its consequences need to involve a wide range of community partners. These might include general practitioners, emergency services, school principals and schools, ambulance services, service clubs, churches, youth groups, sporting clubs, fire services, housing, the media etc.
- Local government can have an important coordinating and facilitating role in community-based action.
- An arrangement such as the Geelong Nightclubs Association provides a forum to address any problems that arise. Nightclub owners, due to peer pressure to improve their image, are highly motivated to support the association, and police and Council initiatives provide further incentive to work together rather than in conflict.
- Particularly in Indigenous communities – but in other communities as well – it is important to increase people’s capacity to have their voices heard. The legislative framework must be created in a way that allows this to occur.

## **State government roles in community-based action**

- State government instrumentalities working together (e.g. at a regional level, through a committee with representation of each relevant area or department, such as crime, justice, traffic, roads, housing etc.), can provide a valuable resource and coordinating structure for local initiatives.

## **Funding**

- Funding for programs needs to be long-term if changes are to be achieved and sustained. This is particularly important in some Culturally and Linguistically Diverse (CLD) communities where it can be a major challenge to achieve acknowledgement of the issues. To address the issues of cultural conflict around drugs and alcohol in CLD communities, it is imperative to work both with the young people and the parents.
- Funding needs to be integrated, not fragmented as in the silo model, to provide sustained programs that work across the range of social problems, given that so many problems have similar antecedents. There are some advantages for funding to build on initiatives already underway, rather than providing support to separate short-term projects.

## **Enforcement and legislation**

- The enforcement of liquor licensing legislation is vital in achieving a reduction in alcohol-related harm.
- There appears to be little enforcement around the serving of alcohol to intoxicated patrons, and the likelihood of being detected for breaching that law is low. Yet, deterrence theory shows that the certainty of being detected for breaches of the law is the critical issue – more critical even than the severity of the penalty.
- There did not seem to be support for Australia following the US and raising the legal age of drinking to 21.

## **Data**

- There is a pressing need for integrated data on alcohol-related harms to underpin intervention.
- The discontinuation of the wholesale sales data base means it is no longer possible to drill down to the postcode level to plan actions and monitor results.

## **Parents**

- Parents' attitudes are particularly important in shaping their children's behaviour and they also offer considerable scope for intervention. Parents are critical in implementing different attitudes to drinking. This requires parents having the skills and the confidence to restrict access to alcohol in young people. It also involves the encouragement of a different attitude to alcohol in society in general.
- There are many resources available for parents and teachers via the Australian Drug Foundation DrugInfo clearinghouse at [www.druginfo.adf.org.au](http://www.druginfo.adf.org.au).

## **Education**

- There is strong evidence that shows the need for a greater emphasis, in the primary school years, on well-designed, well-evaluated, evidence-based programs to help change the mindset of young people about alcohol.
- Drug education in schools must be seen as one part of a whole program that includes influencing adult behaviour, good policy and procedures, enforcement of liquor licensing, and effective legislation.

## **Models for cultural change**

- Two good models have achieved cultural change in relation to legal drugs: the anti-tobacco campaign, which has transformed attitudes towards smoking and reduced the overall level of smoking; and the drink driving campaign, which has made drink driving socially and legally unacceptable. The Slip Slop Slap campaign has also achieved major cultural and behavioural change. The key, in any such campaign, is to be constantly alert, consistent and persistent over time.
- A lesson from the anti-smoking campaign could be to capitalise on the fact that alcohol has an impact on everyone. It is often argued that people have the right to drink. A strong counter argument is that 'your drinking affects *me*, I don't want to

feel unsafe or threatened when I go out, or go into a hotel'. The argument about excessive alcohol consumption could be re-phrased and targeted more strategically, and engage the whole community.

### **Other issues**

- Sport is a particular concern, with alcohol consumed at most events and many young people under 18 in attendance.
- The benefits of aligning our interests with the public was highlighted. A good example is hospital beds. Over 70,000 people are admitted each year to hospital due to alcoholic excess. Issues such as this could be dramatised, to communicate to the public that it is in everyone's interests if we all start to change the way in which we use alcohol.

### **Suggestions for the PDPC**

- Many of the data sources available to identify alcohol problems are expensive. Data needs to be more affordable and available. One possible approach is for the PDPC to work with other organisations or municipalities to obtain data and share the costs.
- It is important that the PCPC maintain its focus on young people, but adults need to be targeted as well. Abuse of alcohol is not just a youth problem.
- In view of cultural changes and the effort and money put into smoking and illicit drugs, there is a role for the PDPC to engage in concerted advocacy about alcohol.

## SETTING THE SCENE

---

### *Teen drinking: rite of passage or problem path?*

**Professor George Patton**

**VicHealth Professor of Adolescent Health Research, Centre for Adolescent Health and Murdoch Children's Research Institute**

How should we view teenage drinking? Should we continue to view it as a rite of passage, or should we view it increasingly as a problem path, a slippery slope towards alcohol and social problems later in life? This is a central question for policy. There is increasing evidence that more and more young people are drinking, in risky situations and in risky ways, for a prolonged time. What do we know about what drives teen drinking, and of its consequences?

The International Youth Development Study<sup>1</sup>, which commenced in 2001, studied 6000 young people aged 10-15, in Washington, US, and Victoria, Australia. It found that prevalence rates of substance use more than doubled from early to late puberty, regardless of the age of puberty or school year level. Puberty is clearly driving the pattern of substance use. The most important influence in this was peer users. Puberty changes the way young people affiliate with their peers, and those in later puberty want to affiliate with the 'Alpha Plus' group. In the Australian context, this is 'the party group', the substance-using, drinking group.

In the US, where drinking is not legally permitted until 21 and attitudes are less tolerant towards adolescent alcohol use, the study found that rates of alcohol use at Years 7 and 9 were less than half those in Australia. Rates of binge drinking were also very much higher in Australian teenagers, who were experiencing more alcohol-related problems, including injury, than teenagers in the US. The social and cultural context clearly makes a difference.

The Victorian Adolescent Health Cohort Study<sup>2</sup> has followed a cohort of 2000 young people from the age of 14 to 25 (to date). Nearly all the males reported recent drinking by the time they reached 20 or 21, with females tracking close behind. Heavy drinking also peaked at about the same age. But importantly, both drinking and heavy drinking were common before the age of 18 – the age at which young people can legally drink in Australia. High-dose teen drinking (an average of more than 5 drinks) peaked between 14 and 17, and involved almost one-third of the females and just under half of the males. Problem teen drinking was also common – i.e. drinking that leads to social problems, injury, or sexual risk-taking. Around 40% of the young people reported one of these problems at some point.

---

<sup>1</sup> More information on the International Youth Development Study can be found on [www.iyds.org](http://www.iyds.org)

<sup>2</sup> Victorian Adolescent Health Cohort Study Report: 1992 to 1998. Centre for Adolescent Health, Parkville, Victoria.

The study also found that teen drinking led to alcohol disorder, social disruption and other disorders. Those who were high dose drinkers in their teens – particularly the males – had almost three times higher rates of alcohol dependence at age 25, with almost one-third of the high dose teen drinkers reporting DSM diagnoses of alcohol dependence. Social outcomes were also affected. For example, around 40% of male and 30% of female high-dose teen drinkers were early school leavers, and around 15% were parents by the age of 24 years.

So, is teen drinking a rite of passage or a problem path? Puberty is a catalyst; 75% of young people in Australia drink before the legal age, and 50% of teens have an episode of high-dose or problem drinking. It sounds like a rite of passage. However, we are seeing adverse consequences by young adulthood: a third of problem drinking males report later dependence; later social problems are two to five times commoner in problem teen drinkers; and there are very high rates of other substance use, particularly nicotine dependence. So our data suggest that teen drinking is both a rite of passage and a problem path – the worst possible combination.

How has this come about? Adolescence has changed, and the time from puberty to independence has lengthened substantially. Young people used to be independent at about 20 years of age, and had only limited exposure to alcohol, mostly in late adolescence. Now, young people are not independent until closer to 30, and exposure to alcohol is starting earlier and continuing longer, increasing the chance of developing alcohol dependence.

Who is particularly at risk of alcohol problems? Some young people come into adolescence with a lack of social, emotional, and personal resources – young people at the margins, in protective care, broken families, academic failures. These are the young people most at risk of alcohol problems. Social scaffolding is important – education, family, being in school, being in employment. The cultural context, also very important, has changed in terms of our attitudes to alcohol. The community and the industry must both take some responsibility for this.

# ALCOHOL AND THE COMMUNITY

---

## ***A randomised controlled trial to reduce alcohol-related harm in rural communities in NSW***

**Professor Rob Sanson-Fisher**  
**Professor of Health Behaviours**  
**University of Newcastle**

This paper presents an overview of a five-year randomised controlled trial that we are just beginning in 20 rural communities in NSW, examining the effectiveness of multifactorial interventions in rural communities.

We believe that a system or community-based approach offers the best chance of achieving a reduction in alcohol-related harm. Multifactorial interventions will involve settings such as schools, general practice, emergency departments, police and local government, with the aim of achieving a synergistic effect. We hope that if you act at a whole community level, change may be maintained over time. The approach is also potentially cost-effective.

There are over 160 published studies of community-based interventions to reduce alcohol-related harm, but only 10 were rigorous research trials. The results vary, but generally show that these interventions have little or no effect. In the US, for example, the Community Trials Project (Holder et al, 1997)<sup>1</sup> which ran over five years with three experimental and three control communities, addressed community mobilisation, responsible service, drink driving, underage drinking and alcohol access. It achieved a statistically significant reduction in alcohol crashes. A larger US study, Communities Mobilising for Change (Wagenaar et al, 1999), involved seven experimental and eight control communities, and addressed sales hours, monitoring sales to youth, responsible service, and education. It reported no statistically significant reduction in self-reported youth drinking.

It is not appropriate to generalise from the US environment to Australia given the very different context; and high-level Australian evidence regarding the effectiveness of interventions is relatively limited. It is therefore imperative that Australian trials be rigorously evaluated. We need to demonstrate in the Australian environment that positive change occurred, that observed change was a result of the intervention, and that the amount of change was considered significant

We chose to work with rural communities for a number of reasons, one of which is that there is a higher level of alcohol-related harm in rural communities. Further, a stronger

---

<sup>1</sup> Harold D. Holder, PhD., is the principal investigator for the Community Trials Project which was developed and implemented by the Prevention Research Centre, Berkeley, CA, under a grant from the National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services.

evaluation methodology is possible, because contamination of intervention effects is reduced by geographical separation, and it is possible to match communities demographically and in other ways. It is also possible to achieve adequate sample size.

We randomly selected ten rural communities in NSW, matched them with another ten and then randomly allocated them into either the experimental or control condition. Baseline and outcome measures include emergency department consultations, road traffic authority, police, community self-report of alcohol consumption and alcohol-related harm. All the data has some methodological flaws, but is the best available.

We are working in close partnership with each of the ten intervention communities. In each community, a meeting has been organised involving a wide spectrum of community representatives. The meetings have been chaired by the shire president, to ensure local and community ownership of the intervention. In each community, we have a commitment to a partnership with the research group to reduce alcohol-related harm over five years.

Initial activities have included:

- meeting with representatives from 24 government departments, including health, police, ambulance, housing, licensing etc., to enlist collaboration and explore cross-agency interventions that could be trialled in the experimental communities;
- a survey of randomly selected individuals in the 20 selected towns, regarding alcohol-related harm. We will provide feedback to the community regarding alcohol-related harm in their community compared to other towns and against preferred levels.

We have started training general practitioners to increase the detection, and effective treatment, of those with alcohol-related problems. Future action includes supporting and extending school-based education and linking with police to monitor licensees.

## References

Wagenaar, A.C. et al. 1999. Communities mobilizing for change on alcohol: lessons and results from a 15-community randomized trial. *Journal of Community Psychology*, 27 (3), 315-326.

## ***Taking a whole-of-community approach to alcohol harm: the Kalgoorlie Alcohol Action Project***

**Associate Professor Richard Midford  
National Drug Research Institute  
Curtin University  
Perth, WA**

Prevention that concentrates on high-risk individuals, while it leads to intervention appropriate for those individuals, has only a small ability to reduce the burden of disease at the community level - the "prevention paradox"<sup>1</sup>. In the context of alcohol use, the majority of alcohol problems are caused by moderate drinkers rather than heavy dependent users, because they comprise such a large proportion of the drinking population (Kreitman 1986).

Prevention at the population level has a number of advantages. It attempts to remove or modify the underlying cause of the problem; it has considerable potential for change because of the large numbers involved; and, once behavioural change has been achieved, it is likely to be self-sustaining because a new community norm has been established.

The move to less state control in western countries over recent decades has made it increasingly difficult to deal with population-level alcohol problems by altering state policies and regulations. At the same time, consumers have become more influential and the community has emerged as the natural vehicle for taking action.

Rural and remote populations in Australia consume greater amounts of alcohol and suffer higher levels of associated harm than do metropolitan populations, and prevention is more difficult. Drug and alcohol services are scarce, community amenities are generally poor, the population in many cases is younger and more male dominated, family and social networks are often limited, and local norms encourage high levels of consumption.

There has been little community-based alcohol prevention work in non-metropolitan settings; but such work is vital to reduce the level of alcohol-related harm in these communities in the long term. Addressing individual problems will achieve little, because the community dynamics remain unchanged. Long-term environmental and structural changes are essential

Kalgoorlie is a remote mining city with population of 30,000. In the early 1900s an estimated 93 hotels and eight breweries served its largely male population. It maintains its frontier tradition of heavy drinking and has the greatest number of pubs per head of population of any regional centre in Western Australia. The predominantly younger and male population is well paid, and unemployment rates are low. Six percent of the

---

<sup>1</sup>Rose, G. (1981) "A preventive measure that brings large benefits to the community offers few benefits to each particular individual".

population are Aboriginal. Recent figures show per capita alcohol consumption, the rate of night-time assaults (a proxy measure of alcohol-related violence), and hospitalisation for acute alcohol problems all to be substantially above the state average.

The Kalgoorlie Alcohol Action Project (KAAP), a three and a half year prevention project, will develop, trial, implement and evaluate an integrated range of local intervention strategies that have been derived from research evidence. It is a whole-of-community intervention designed to change the way Kalgoorlie conceptualises and responds to alcohol problems and to demonstrate how rural and remote Australian communities can take action to reduce alcohol-related harm. The combination of initiatives will seek to alter social developmental risk and protective factors in children and young people, target at-risk drinking groups, change the operation of community systems that impact on alcohol use, and alter community norms on drinking. Specific objectives are to reduce per capita alcohol consumption, night-time traffic crashes, acute hospital morbidity due to alcohol, night-time assaults, incidence of service at Accident and Emergency in local hospitals at times when risk of alcohol involvement is high, and to increase drink driving charges by targeting high risk locations and times.

KAAP is a partnership of the National Drug Research Institute (NDRI) and the City of Kalgoorlie-Boulder. The Kalgoorlie Investing in Our Community Committee, which has links with a number of other community projects and agencies, is overseeing the project. Local ownership is also being promoted in other ways. A 'menu approach' will enable the community to select the mix of interventions best suited to local circumstances. Local agencies will receive expert training to improve their ability to assess local conditions leading to alcohol-related harm and to inform their choice of suitable intervention strategies. The community will be encouraged to improve conditions for healthy youth development, while simultaneously working to reduce harms across the population.

Baseline measures will be established and public education and social marketing will be used to inform the community and engender support. The intervention stage, which will span about two years, will include an integrated range of prevention measures that address the full range of alcohol harm experienced by the community. Interventions will include local sales restrictions, responsible service training, increased enforcement of responsible service, alcohol accords, intervention in sporting clubs, a private setting host responsibility campaign, a designated driver (skipper) campaign, targeted drink driving enforcement, family intervention and parent education, community support for school based intervention, screening and opportunistic brief intervention (e.g. in the workplace), and media campaigns on normative drinking. While accords are very effective for getting things going, the research demonstrates that enforcement is also very important.

The focus then will be on maintaining and institutionalising the changes within community structures. This might be achieved through, for example, having another agency take responsibility for running successful program components; fostering a sense of self-efficacy and the motivation to continue by demonstrating prevention successes in a manner that is relevant to the community; seeking alternative sources of funding for continuing the project; skilling local project staff, thereby providing a better trained local

workforce; and changing community norms on risky drinking practices, in order to influence decisions on alcohol well after the completion of the demonstration project.

Process evaluation will occur throughout and an overall evaluation of the project's impact and outcomes will be conducted immediately prior to its completion.

## **References**

Kreitman, N. 1986. Alcohol consumption and the prevention paradox. *British Journal of Addiction*, (81), 353-363.

## ***The Geelong Liquor Accord: a partnership in crime prevention***

**Ms Kay Rundle  
Chief Executive Officer  
City of Greater Geelong**

Local government can play a crucial role in community interventions to reduce alcohol-related harm.

The City of Greater Geelong's Liquor Accord had an ignoble start. Geelong was featured on "The Shame File" in the early 1990s due to levels of violence that were above the state average and which appeared to be related to the consumption of alcohol in late night venues. There was strong community pressure for action to be taken. Venues were serving free and heavily discounted drinks; there were extended 'happy hours', 'laybacks', slammers, two-for-one drinks and similar promotions that encourage fast drunkenness. Crowd controllers were unsatisfactory and licensees were failing to check the bona fides of underage persons.

The Geelong Liquor Accord was established as a loosely structured Code of Practice Agreement between licensees, the City of Greater Geelong, Victoria Police, and Liquor Licensing Victoria. Its initial objectives were to minimise practices that lead to abuse, stop underage patronage of licensed premises, minimise movement of large and intoxicated crowds between venues at night, and maintain a competitive market. A range of harm minimisation strategies were agreed to and a statement of intent developed: *"To ensure and maintain proper and ethical conduct within all licensed premises in line with the local industry accord and promote the responsible service of alcohol philosophy within the Geelong Region."*

A Best Practice Working Group meets every six weeks, bringing together representatives from Council, Liquor Licensing Victoria, and the local licensees. Meetings provide updates on crime statistics and venue performance, and provide a forum for discussing any issues that arise. The ambitious outcomes set by the Accord were to restrict property damage to one incident per day, and to restrict assaults to 0.5 incidents per day. Before intervention, the serious assault rate in Geelong was 50% higher than the state average; after intervention it declined to 40% below the state average.

The Accord also provides guidance over extended licence hours for late night venues, and by 1994 almost all licensed premises across Geelong had adopted its philosophy and were positive about its effectiveness. The Accord enables licensees to address their public image and destructive competitive strategies. The introduction of the Private Agents Act, which requires the screening, training and monitoring of crowd controllers, assists the process. In addition, the Accord encourages licensees to train all staff in the responsible serving of alcohol.

Recent strategies to discourage underage drinking have been very successful. Licensees can refer any person to the police who presents a false ID, and the police have operated

a number of successful Blue Light Discos. Council has introduced a local law prohibiting the consumption of alcohol in public places.

The Accord has achieved many of its original outcomes, reducing the incidence of charges of being drunk and disorderly, assault, damages, underage drinking, and assaults and damage in licensed premises.

The positive outcomes of the Accord plateaued in 2003 and media coverage of violent episodes and property resulted in further pressure from the community. The City took the lead and conducted a Community Safety Forum in early 2004. It was agreed that the Accord would be reviewed and a plan of action was developed. In an attempt to improve their public image, licensees formed the Geelong Nightclub Association, with the condition of membership being to abide by the Accord rules. The Group hopes to be affiliated with the Australian Hoteliers Association and the Australian Nightclub Association.

Lock-in and lock-out strategies have been introduced to restrict entry of patrons to licensed premises after a specific time and to stop intoxicated patrons travelling between venues in the early hours of the morning. The City is working with Victoria Police to install security cameras in high activity areas within the Central Activities Area. Six cameras are being trialled at present and, anecdotally, this has had a positive impact in reducing incidents. Council has introduced a levy on nightclubs to allay clean-up costs outside late night venues, and nightclubs are finding strategies to prevent the need for a clean-up. Other strategies include the installation of a Place Manager in the Central Activities Area and the Waterfront to work with licensees and planners on crime prevention through environmental design; Council support for a safe taxi rank; and the introduction of a service similar to the Night Rider Bus Service.

# THE CULTURE OF ALCOHOL

---

## ***Rural teenagers and alcohol: What are parents thinking?***

**Joint research project conducted by:**

**M. Graham and B. Ward, Victorian Universities Rural Health Consortium**

**G. Munro, Australian Drug Foundation**

**P. Snow and J. Ellis, School of Health and Environment La Trobe University,  
Bendigo**

**Presented by Dr Pamela Snow**

Young people are starting to drink at an earlier age, levels of consumption are at a record high, and rates of alcohol misuse increase throughout adolescence. We know that both early access to alcohol, and its misuse, are associated with later problems. Teenagers in rural areas consume more than those in metropolitan areas, and both research and anecdotal evidence tell us that many adolescents drink to get drunk.

Research also demonstrates that parental values, behaviour and rules are important to adolescents. Parents have a powerful influence on their children's development, and their support and control are critical influences in adolescent alcohol use. Where high parental support and good communication exists, adolescents are more receptive to being monitored. Parental goals for socialisation are linked to parental style and practices.

We conducted a study to gain an understanding of parents' attitudes, concerns, and experiences regarding their teenagers and alcohol use; their perspective on education and role modelling; and their receptiveness to harm reduction strategies. The parents were recruited from north-western Victorian government, Catholic and independent schools, and were interviewed in focus groups and in-depth interviews. Four major themes emerged from the thematic analysis:

- **Perceptions of use:** Parents reported that children started to drink alcohol at home at 13-14 years, and it was usual for 15 year olds to be drinking outside the home, and for 16 year olds to be drinking "frequently". Consumption was generally outside the home but young people also drank at home, where alcohol was cheaper. One parent commented that "being so drunk that they can't remember, or they lose consciousness, or they vomit is in no way a deterrent". Parents reported that geographical distances restricted access.
- **Perceived influences on alcohol use:** Parents and family were seen to be the strongest influences on young people, but parents were often seen to have double standards regarding alcohol consumption. Different values among parents could lead to difficulties for some. Peers were also seen to be a strong influence. Reputation Enhancement Theory (Emler, 1984) fits well with what parents were saying. The culture of sporting clubs was highly criticised. Media and school programs were seen

to have little impact, although despite this, many parents thought school-based education should continue and be compulsory. Parents were very critical of alcohol advertising. Cost of alcohol was not perceived to be a barrier for young people.

- **Short and long-term risks:** Parents commented that teenagers do not personalise the risks, and they hide alcohol consumption. Many parents did not see alcohol as a drug, and their knowledge and concern was focused on short-term risks. They expressed minimal concern about long-term risks.
- **Harm reduction strategies used by parents:** Most did not feel there was a place for abstinence or zero tolerance. Many encouraged their children to have small amounts of alcohol at home, and felt that “if you don’t buy it for them they are going to get it anyway and they will probably get twice as much”. They reported that adolescents respect designated driver programs, and getting a license was seen to curb the use of alcohol. Other harm reduction strategies included use of mobile phones, prohibiting sleepovers, and contacting other parents.
- **Parents’ access to information and support:** The main sources were peers, their own experience, schools, seminars, media and printed materials. There were gaps in parents’ knowledge about information and support from alcohol-related services. Parents in rural areas felt isolated. Parents did not feel empowered to provide adolescent support that is evidence-based.

In summary, the following major issues emerged from the research:

- Parents’ attitudes, beliefs, knowledge and actions have an important role in determining adolescent patterns of alcohol use.
- Many parents have limited knowledge about the physical properties of alcohol and the associated long-term risks.
- Some parental strategies, while they may have good face validity in reducing adolescent alcohol consumption, could actually be contributing to the normalisation of alcohol consumption and ongoing harm.
- Parents feel isolated and powerless to do anything about adolescent alcohol consumption, and parents seem to be responding reactively rather than proactively.
- These issues are exacerbated for parents from rural areas.

The parents in this study, who gave up time for the research, probably represent only the tip of the iceberg in relation to teenage alcohol problems. A similar study, but metropolitan-based, is currently being conducted in conjunction with the TAC, and planning is underway for a large scale quantitative survey of parents in Victoria.

## References

Emler, N. 1984. *Differential involvement in delinquency: Toward an interpretation in terms of reputation management*. New York: Academic Press.

## ***Advertising and the industry***

**Mr Jason Clarke**  
**Minds at Work**

It's hard to see something when you're completely immersed in it; as the old saying goes, we don't know who discovered water but we're pretty sure it wasn't a fish. As a society, we swim in advertising and marketing, our minds are marinated in promotion. Estimates differ as to how many sales messages we are exposed to every 24 hours – 2,000 to 10,000 depending on which research you trust – but by anyone's numbers, that's a lot of promotion.

Yet there are only three core ideas underpinning all advertising activity: *"you are not enough"*, *"you don't have enough"*, and *"everyone is having a much better time than you"*. The products vary, the target audiences differ, but the basic messages never do. They never say *"relax and enjoy what you have"*, or *"spend more time with the people you love"*, or *"don't worry so much, it'll be fine"*. Nobody would pay for messages like that, because relaxed, happy people don't tend to buy a lot, or at least, not as much as anxious, neurotic people do – which might be why advertising is carefully designed to make us feel inadequate and incomplete.

Advertising doesn't sell products to consumers. It sells audiences to businesses. It sells to companies direct access to your mind. The companies, having already got their logo across your chest, want it branded into your brain. The effects are bad enough on adults, but consider the impact on our kids, particularly teenagers. The average teen is a gangly mess of elbows and mood swings, pimples and anxiety; the last thing they need is more insecurity. Yet they are the primary target for marketing, the demographic every advertiser wants, and with good reason.

Lonely, confused, desperate for social acceptance and popularity, teens are as vulnerable as toddlers but with ready access to disposable cash. They are an ad man's dream. And research shows us that brand loyalties formed during childhood tend to stay locked in for life. (Recent UK research shows that one in four British babies utters a brand name as its very first word.)

As parents we learn to surrender our kids to marketing long before they hit their teens. From the moment they open their eyes they are exposed to colourful, upbeat characters, scientifically designed to dazzle and excite. It starts with Bob the Builder or Dorothy the Dinosaur and it never ends – because if you can get them young, you have them for keeps.

In 1968 Marshall McLuhan said, "Ours is the first generation in which many of the top paid minds have made it a full time profession in order to get into the public mind, in order to manipulate and control". In doing so, he identified the emergence of a propaganda industry that is now one of the biggest businesses on earth, after armaments and fashion. Not even McLuhan could have foreseen how big – and how smart – that

industry would become. Advertising and marketing employ clever minds, people who can open new loopholes faster than governments can close them down. They know how to blur distinctions and categories and test the boundaries of regulations to the point where they become meaningless.

Imagine that you and thousands of parents like you take a stand on toy guns. You refuse to buy them for your kid and your kid learns not to ask. The marketers respond with big, colourful guns that make comic noises when you squeeze the trigger. You refuse. They produce super-soaker water pistols, harmless fun on a summer's day. "Still a gun", you say. They bring out computer games with a joystick interface, nothing you could point at another kid. Then they launch a game that uses standard computer keyboard, no triggers or handles, that lets you control a person who isn't real while they fire a gun that isn't real at monsters that aren't real. Or a nice space battle game, where ships and robots (machines, after all) fire brightly coloured laser beams at each other. When is a toy gun not a toy gun?

The same thing happens with the distinction between soft drinks and hard drinks. Mixed drinks in a can are packaged to look more like cola and lemonade (both of which can be added to spirit drinks to create a fun, familiar taste) while fizzy drinks for teens are packaged to appear more like hard spirit drinks. Ask yourself: Red Bull – hard drink or soft?

The rules of marketing and promotion are easily bent. You can't directly advertise alcohol to young kids but you can create word-of-mouth campaigns through friends of friends – what the industry refers to as 'viral marketing'. Attractive young people are hired to strike up conversations that are strategically targeted promotions disguised as small talk. The young marketer, called a 'roach', chats up a future drinker, laughs at his/her jokes and steers the chat to the product the roach is there to sell. Make it illegal for the roach to buy the kid a drink, and the marketer switches it around – a beautiful young roach lets an impressionable teenage boy buy *her* a drink. It doesn't matter who gets the drink, everybody gets the message.

Then there is 'cool hunting', where socially intelligent kids are paid to socialise with their peers in order to spy on them. Armed with digital cameras and internet access, they feed their reports into central databases that can be accessed by any marketing company with a big enough budget.

Ban alcohol marketing and promotion altogether, it will make not a scrap of difference, because it is not about selling products, but selling audiences – and the key to selling teenagers is to inflame their insecurities. "*You are not enough*" becomes "*you are not cool/thin/beautiful enough*". "*You don't have enough*" becomes "*you don't have enough friends/clothes/technology*", and "*everyone is having a much better time than you*" refers to the amount of sex/fun/parties you should be having but never will unless you buy our product.

The teenage abuse of alcohol is a compound issue, the result of a series of inter-related causes. The drug itself not only impairs judgement but also has a delayed cumulative effect, so that you are just starting on your third drink when the first one really starts to kick in. Then there is the psychology of the teenage drinker: the awkwardness of socialising with the opposite sex, the need for constant affirmation from mates, the

desire to prove how grown up and sophisticated they are. This cocktail would be potent enough without the constant external pressure to live fast, play hard, do it all now. It's a message that comes to our teenagers from virtually every industry, whether they're flogging music, computer games, sportswear, fast food or fast cars.

Teenagers are perhaps the most vulnerable members of our society and yet we treat them as targets to be captured, packaged and sold on by some very cunning minds. The invasion of the child mind is vast and pervasive, and probably beyond the control of any single government. What defences do kids have to deal with this onslaught? Is there a course of intellectual self-defence out there that would help them identify their Pavlovian buttons, to recognise when they are being pushed to know what to do in response?

Advertising, marketing and promotions all work to make kids more insecure and confused than they already are. But this corporate child abuse underpins much of our economy, which is why I suspect it's here to stay. That's not to say, however, that we can't arm our kids with the sense to see when they are being sold to and by whom.

Ultimately, advertisers sell audiences to businesses. They sell our kids to merchandisers and manufacturers. And in doing so, they sell off our society's future.

## ***New ways of marketing alcohol***

**Mr Geoff Munro**  
**Community Alcohol Action Network**

If we want to change the culture and attitudes towards alcohol, then drawing the public's attention to the ways in which alcohol is marketed is a very good way of dramatising the problems. A wealth of research indicates that advertising has an impact on attitudes to alcohol and consumption. People who are exposed to alcohol advertising have much higher expectations of alcohol. They believe that alcohol is a positive product, and that people who drink have more fun than non-drinkers. People who hold these beliefs drink more often and, when they drink, they consume more.

A strong indication that alcohol advertising really works comes from the fact that it is banned in French cinemas and television and on Danish radio and television; banned entirely in Sweden except for low alcohol beer; and allowed on Spanish television and radio only after 11.30 pm<sup>1</sup>. OECD countries with bans on spirits advertising have 16% lower consumption than countries without bans. Countries with bans on beer and wine advertising have 11% lower consumption than countries with bans on spirits advertising only. Car deaths are 10% lower when spirits advertising is banned and 23% lower when beer, wine and spirits advertising are banned.<sup>2</sup>

The Alcohol Beverages Advertising Code itself suggests the effectiveness of advertising in changing behaviour. It stipulates that alcohol advertising must present a mature and responsible approach to drinking; not have evident appeal to children or adolescents; not suggest alcohol contributes to social, sexual or business success; not encourage excessive drinking, underage drinking, or offensive behaviour; and not broadcast on TV until 8.30pm (Distilled Industry Spirits Council of Australia, 2004).

Alcohol advertising is widespread and insidious. Trams now carry all-over alcohol advertisements and it is young people who use trams most. Tram shelters sport eye-catching advertisements for alcohol combined with a mobile phone saying, "come out to play", and promoting a web site that is constructed like a page from Dolly magazine. This particular campaign asks 'leaders' to send their mobile phone numbers to the company, along with the numbers of ten of their friends, and at some stage they will all receive an invitation to a chic bar where they can enjoy a free drink of the product. The phone numbers provide a direct line for advertising at any time. Alcohol companies sponsor cricket and football, with logos on the ground and on T-shirts. These are worn by young fans far below the drinking age, who become walking advertisements, boosting brand recognition. Chocolate bars normalise and promote alcohol flavours – Kahlua, Tia Maria – placing the logo on grocery shelves, where the drinks themselves are banned. A 'double

---

<sup>1</sup> WHO, Global Status Report on Alcohol, 1999

<sup>2</sup> Edwards G, WHO Conference on Young People and Alcohol, Ministry Health & Social Affairs, Sweden

strength' vodka product has been promoted by a free drink voucher which was given away to everyone, of any age, buying a DVD or CD album. At chic boutique bowling alleys, the alley has turned itself into a vodka bar, feeding an obsession with drinking and suggesting, in its promotion, a level of drinking that is almost double that recommended as the maximum for women. The overall suggestion is that people ought to be drinking whatever they are doing.

It is time we took these artefacts seriously. By drawing attention to the means advertisers use, we can start to do something to change some of the cultural triggers for excessive drinking. Rethinking alcohol promotion might include independent regulation of advertising, enforcement of advertising regulations, regulation of internet promotion, no advertising on public transport, a ban on branded neo-alcohol products, and no sponsorship of youth events.

## ***The Western Australian approach to changing culture***

**Associate Professor Steve Allsop**

**Drug and Alcohol Office, WA**

Addressing hazardous and harmful alcohol use is a priority for the Western Australian Drug and Alcohol Office, in response to a major consultation with key stakeholders including community groups, Indigenous elders, police, and people working in emergency services, where alcohol was identified as the single biggest drug problem.

The Western Australian Drug and Alcohol Office has recently convened an internal expert advisory group and drafted an alcohol strategy based on the available evidence. The Senior Officers Group (representing 11 key government departments) and the Community Advisory Council have been briefed and the first draft is now undergoing community consultation.

Baseline research found that almost three quarters (73%) of the population deem it inappropriate to get drunk in public – leaving a significant proportion who think it is not inappropriate. This perceived inappropriateness increases with age, and is higher amongst those who started drinking at a later age (older respondents were likely to have started drinking later). Basically, young people thought it was acceptable to be drunk in public. Interestingly, research by MacAndrew and Edgerton, published in 1969 as *Drunken Comportment*, concluded that societies get the sort of alcohol-related problems in relation to drunkenness that they are prepared to tolerate. The table provides an indication of the level of support for a range of potential controls over access and consumption.

	Impact (%)	Support (%)
Stricter enforcement underage drinking	94	89
Increase penalties for underage supply	91	83
Stricter enforcement serving drunks	89	79
Increase penalties for licensees serving underage drinkers	89	78
Limiting alcohol advertising on TV until after 9.30pm	78	77
Reduce trading hours for all pubs and clubs	73	30
Raise the legal drinking age	64	40
Reduce trading hours of liquor stores etc.	68	36
Increase price of alcohol	68	20
Information of harmful effects of alcohol on containers	71	80
More severe penalties for drink driving	91	87

Key strategic directions in WA for the next five years are:

- helping young people to avoid high risk alcohol consumption;
- community action to support responses to alcohol-related problems;
- responsible supply and service of alcohol;
- enhancing access to treatment and support for people affected by alcohol-related problems;
- information, monitoring and evaluation.

The *Enough is Enough* Alcohol Education Program, a key initiative addressing a number of these strategic directions, is a long-term, population-based education initiative that aims to achieve a sustainable reduction in hazardous and harmful alcohol use in Western Australia. It seeks to do this by changing the social acceptability of drunkenness and associated behaviours, and creating safer drinking environments. It will use a range of education strategies to build community support, understanding and demand for change, and to mobilise community action. The primary target group of the program is the Western Australian community, but the program also targets key groups in the community that can bring about change to create safer drinking environments – people in emergency departments, in private enterprise, injury surveillance, policing.

The aim of initial phase of the program is to reduce the acceptability of the harms related to drunkenness. Advertisements will appear in newspapers over several weeks, and in advertisement shells around bus stops, emphasising that alcohol can contribute to violence. The advertisements will run a second time in the new year, and TV advertising will identify the impact of alcohol in relation to violence and hospital emergency departments.

The second phase will concentrate on a sustainable decrease in alcohol-related harms across the board. The government is currently working with a number of community groups to equip them with the means to make an impact at the local level. Action at the local level can make a huge impact. For example, in Derby, in the north west of the state, Liquor Licensing responded to local concerns about public health by introducing controls on the hours of sale of packaged liquor. Sales were prohibited before 12.00 noon and after 8.00 pm. Six months later, there was a 51% reduction in alcohol-related arrests, which had comprised about 70% of all arrests. There was a 20% reduction in police call outs, a 60% reduction in the number of people transported by the local Aboriginal patrol to the sobering-up shelter, and a 74% reduction in people transported to the local emergency department. These were changes that affected not only those who drink, but the whole community.

## References

MacAndrew, C. and Edgerton, R.B. *Drunken Comportment: A Social Explanation*. Chicago: Aldine, 1969.

# THE REGULATION OF ALCOHOL

---

## *Inner City Entertainment Precincts (ICEP) Taskforce*

**Bernie Marshall**

**Acting Director, Crime Prevention Victoria**

**Clare Malone**

**Senior Policy Officer**

**Crime Prevention Victoria**

Community safety involves a number of interrelated areas: drugs and alcohol, workplace safety, crime prevention, education, employment, transport and roads, urban safety, positive early intervention, the built and natural environment, home safety, public health, fire and emergency services, law enforcement and corrections.

The Department of Justice's *Safer Streets and Homes Strategy* focuses on three areas: safety in streets and neighbourhoods; safety in the home (preventing family violence); and the reduction of offending and violence by young people. It has been developed in response to community concern – for example, over the past few years a number of high profile incidents involving homicide have focused media and community attention on entertainment precincts.

The Inner City Entertainment Precincts (ICEP) Taskforce was established by the Minister for Police and Emergency Services in August 2003 to provide advice on key issues in the management of entertainment precincts and propose some ways forward. The Taskforce is chaired by Mr Tony Lupton MP (Pahran), and includes CEO level representation from the Cities of Melbourne, Port Phillip, Yarra and Stonnington, Consumer Affairs Victoria – Liquor Licensing, Department of Sustainability and Environment, Victoria Police, and Crime Prevention Victoria.

The ICEP study area contains the highest proportion of licensed venues in the State and the highest population density, both of which are increasing.

The ICEP Discussion Paper (December 2004) presents the public safety, security and public amenity issues of concern, and explores initiatives currently in place to address these, as well as approaches taken in different jurisdictions and measures proposed by stakeholders. It then identifies further options for consideration.

Key issues include behaviour that has an impact on safety and amenity; mixed use development; planning and liquor licensing enforcement; management of licensed venues; public and private transport; traffic management and parking; perceptions of safety; and cultural influences.

Where there is mixed use development, there is a need to manage the concentrations and types of licensed premises in the area and potential conflict with other activities (particularly residential). Other issues that require management are restaurants that transform later in the night into bars without planning permission; and coordinating the processes for issuing liquor licences and planning permits for licensed venues. There is a need for better coordination between enforcement agencies, and all parties involved need to be aware of enforcement processes, particularly those wanting to lodge complaints.

The management of licensed premises plays a key role in the prevention and reduction of alcohol-related antisocial behaviour and violence. Transport can be an issue, with a lack of taxis in entertainment precincts and limited availability of public transport to patrons of late night licensed venues. Night time traffic congestion can further endanger the safety of intoxicated pedestrians.

The media have an impact on perceptions of safety in entertainment precincts. There is a need for multi-layered strategies that address the physical and economic characteristics of entertainment precincts, and for factual information to inform media reporting and counteract selective reporting.

Through consultation, the taskforce has identified 46 options across eight key areas, relating to legislative and regulatory matters, cultural research, the development and implementation of specific projects based on best practice, improved information dissemination mechanisms and new partnership arrangements to address specific issues. The taskforce will be seeking feedback to develop the final recommendations that will be presented to the Minister. Outcomes from the ICEP Taskforce will ultimately have relevance for other local areas

## ***Regulation, Licensed Premises and Alcohol-Related Crime***

**Neil Donnelly**

**Research Manager**

**NSW Bureau of Crime Statistics and Research**

This presentation focused on enforcement and licensed premises. It is based on work over the past four years conducted by the NSW Bureau of Crime Statistics and Research, in conjunction with the National Drug Research Institute in WA.

There is considerable evidence that licensed premises are an important situational risk factor for alcohol-related problems, and they offer potential for health promotion and crime prevention initiatives. Importantly, there are specific legislative provisions in most of the liquor laws throughout the country relating to intoxication on licensed premises.

The NSW police conducted a study in the early 90s (Ireland & Thommeny 1993) which found that 77% of street incidents in six Sydney police patrols involved alcohol, 60% of alcohol-related incidents occurred in or near licensed premises, and 91% of all alcohol-related incidents occurred between 10pm-2am. As the number of licensed premises increases, so do rates of alcohol-related crime. Outlet density is an issue (e.g. Scribner, MacKinnon & Dwyer 1995), and those postcodes with higher sales and consumption levels have higher rates of alcohol-related crime.

However evidence from studies focusing on individual premises demonstrates that this relationship is not a direct or simple one. Some licensed premises are at higher risk for alcohol-related crime than others, and a small number of premises account for a large amount of alcohol-related crime.

Extended trading is a risk factor. Chikritzhs & Stockwell (2002) found that the risk of assault doubled among hotels and nightclubs in Perth that adopted extended trading (one extra hour) compared with those that did not. This effect was explained statistically by the increased alcohol sales. Our study of Sydney, Newcastle and Wollongong showed clearly that the rate of assaults on licensed premises peaks between midnight and 3.00 am.

Other risk factors for violence on licensed premises include licence type, with hotels and nightclubs being more problematic; irresponsible liquor promotions; overcrowding and low comfort; aggressive bouncers; and the serving of alcohol to obviously intoxicated patrons.

Responsible Service of Alcohol initiatives are promoted as one response to reduce levels of intoxication among patrons. Demonstration projects in North America showed early promise, but replication at broader community level has shown mixed results. In a NSW telephone survey of 18-39 year olds, we identified a group of 412 people whose last occasion of drinking was at a licensed premises and asked them if they were showing any

of five signs of intoxication. Over half reported at least one sign; a third showed two signs, and about a fifth, three signs. By far the most common reaction from the bar staff was to continue serving them. Hardly any responsible service initiatives were occurring. There are a number of studies showing that enforcement of existing liquor laws can reduce harms (e.g. McKnight & Streff, 1994); but to what extent are the intoxication provisions of the liquor laws being enforced in NSW? To answer this, we tried to combine all the different law enforcement data sources. We drew on 1996-2001 data from Licensing Court finalisations, Local Court finalisations, and Liquor Administration Board conferences; and, for 2001 data only, we also used police infringement notices, and Department of Gaming and Racing infringement and compliance notices.

We found that of some 2,500 breaches detected in 2001, just under 1000 were issued with liquor licensing notices. Most were dealt with by infringement notices, which have little deterrent effect on a licensee who is grossing many thousands of dollars a night. The most frequent breach that was being enforced was Failure to Quit, where the police are called for a patron who is intoxicated, and it is the patron who is liable. There was little enforcement around conduct and intoxication provisions.

There are a number of data challenges for intelligence-based enforcement. There is a lack of integration or interface between data sources, and the sources use different offence codes. Police infringement notice trend data are critical, and it is also critical that the licensed premises' ID codes are recorded on infringement notices. We need integrated information systems to enable us to target problematic premises more effectively, to assist in the regulation of liquor licensing (e.g. trading hours).

We held an alcohol summit in NSW last year, and one result has been the establishment of an Alcohol-Related Crime Intelligence Working Party in NSW, with members from the police, the Liquor Licensing Authority, the Bureau of Crime Statistics, and Health. This body is now trying to implement some of our recommendations around better integration of the information systems.

## References

Chikritzhs, T. & Stockwell, T.R. (2002). The impact of later trading for Australian public houses (hotels) on levels of violence. *Journal of Studies on Alcohol*, 63 (5), 591-599.

Ireland, C.S. & Thommeny, J.L. (1993). The Crime Cocktail: Licensed Premises, Alcohol and Street Offences. *Drug and Alcohol Review*, (12), 143-250.

McKnight, A. & Streff, F. (1994). The effect of enforcement upon service of alcohol to intoxicated patrons of bars and restaurants. *Accident Analysis and Prevention*, 26 (1), 79-88.

Scribner, R.A., MacKinnon, D., & Dwyer, J. (1994). Alcohol outlet density and motor vehicle crashes in Los Angeles County cities. *Journal of Studies on Alcohol*, (55), 447-453.