

4. PRIORITY AREAS

4.1 Priority Area 1:

Intoxication

Aim: Reduce the incidence of intoxication among drinkers

4.1.1 What is the issue?

Drinking to intoxication or being 'drunk' or 'pissed', as it is colloquially referred to in Australia, is a major cause of short-term alcohol-related illness, injury and social problems. Despite this, some people identify alcoholism or alcohol dependence as the most serious alcohol-related problem. The reality, however, is that excessive single occasion drinking produces far greater and wider-reaching impacts on the health, safety and wellbeing of individuals and communities. This is because of the high incidence of drinking to intoxication, the high number of people affected directly and indirectly within the general population, and because much of the injury and many of the lives lost are among young adults. It is also because intoxication produces substantial direct and indirect costs, many associated with increased likelihood of other risky behaviours such as unsafe sex, amenity issues (such as cleaning) and insurance payouts.

Intoxication as described in current Australian Alcohol Guidelines

(NHMRC 2001)

- There is no consistent or formally agreed definition.
- Usually refers to blood alcohol concentration (BAC) elevated above 0.05 or 0.08 percent, but this is not universally agreed.
- **Intoxicated persons cannot function within their normal range of physical/cognitive abilities.**
- It is a subjective feeling, the experience of a substantial effect of alcohol on mood, cognition and psycho-motor function.

Intoxication is not a new issue, nor is it confined to the realm of public health. For the first half of the 1900s, drunkenness offences comprised more than half of the charges presented at Australian Magistrates' Courts (DCPC 2001). Since then, there has been a move towards dealing with intoxication more as a public health issue than a criminal justice problem. A number of jurisdictions have now decriminalised public drunkenness as an offence (Australian Capital Territory, New South Wales, Northern Territory, South Australia, Tasmania, and Western Australia), although in some it remains an offence (Queensland and Victoria).

Whether it is public or private intoxication, there is continuing concern among individuals, law enforcement and health personnel, local government and some community leaders about the extent and cost of intoxication.

Key findings of consultations

Drinking to intoxication:

- is the issue of greatest concern in the community
- is a normalised activity for many Australians who routinely drink to get drunk
- is often not recognised as a drinking 'problem'
- often leads to serious harms such as violence and crime, road crashes, as well as verbal abuse
- occurs frequently in public settings, such as in and around licensed premises
- occurs despite Responsible Service of Alcohol (RSA) programs being in place
- also occurs in private settings, is expected as a cultural norm among many groups, and is reinforced by adult behaviours
- should be addressed more actively by the alcohol beverage and hospitality industry
- is often difficult for police to adequately respond to due to the impact on resources and staff
- appears to be associated with the increasing availability and promotion of alcohol
- is seen to have decreasing tolerance in the community
- is a focus of concern about younger drinkers; especially by parents

The effects of intoxication on the individual are well documented and include psychomotor impairment, delayed reaction time, disinhibition, impaired judgement, emotional changes and other behavioural changes. Of course, not all occasions of intoxication result in major social harm or great catastrophe, but none of the health benefits of alcohol are delivered when it is consumed at levels causing intoxication. What is more likely to result are the social harms both for the individual drinker and for those around them, such as injury, verbal abuse, violence, traffic crashes, drowning and other harmful outcomes.

A Global Problem

A recent international study on alcohol-related harm by the WHO reported several important findings regarding intoxication:

- Impairment from intoxication is biological, but is also affected by social expectations and cultural norms.
- Occasional intoxication occurs among most drinkers and, even if infrequent, can cause substantial harm. The likelihood of harm from a particular episode of intoxication is higher among infrequent drinkers than regular drinkers.
- Preventing intoxication would significantly reduce the harm from alcohol.
- The social and physical context affects the potential for harm from intoxication, hence strategies are needed that protect the drinker by altering the drinking context.

(Babor et al 2003).

Impacts

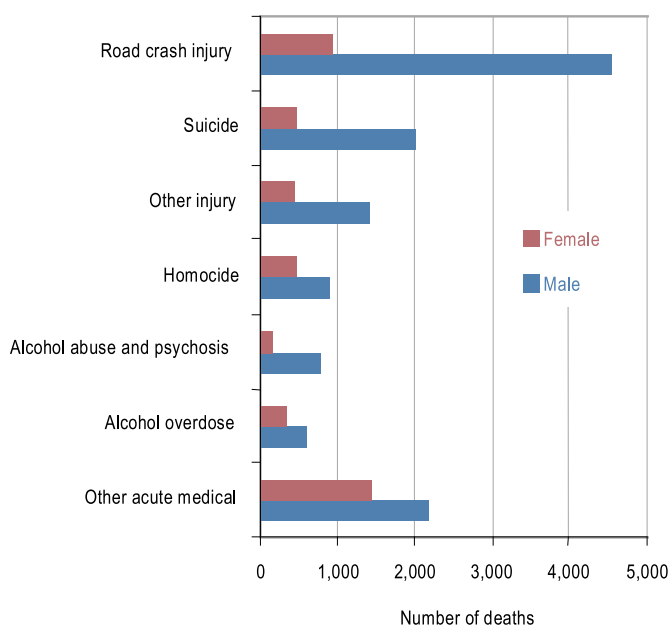
Intoxication is not a random occurrence. This is particularly evident among young adults (AIHW 2005). Australians aged 20–29 are the most likely of all age groups to drink at levels risky or high risk for short-term harm. Around one third of males (26 percent) and one quarter of females (26 percent) aged in their 20s drink at risky or high levels for short-term harm at least once per month (AIHW 2005).

A drunken culture?

- A reputation for heavy drinking has been part of white Australia's national myth from rum corps during initial British colonisation, to drunkenness in the gold diggings, to the lasting traditions of bush workers' "shouts" and the end of week "work and burst" drunken blowouts (Room 1988).
- Today, more than one third (35.4 percent) of the Australian population consumes alcohol at levels that are risky or a high risk for harm in the short-term at least once a year (AIHW 2005).
- Almost two thirds (62.3 percent) of all alcohol in Australia is consumed at levels that are risky or a high risk for short-term harm. (Chikritzhs et al 2003).

Harms to people who become intoxicated are felt most by those in the young adult years, and mostly by males. Of the 16,756 deaths from acute conditions due to drinking at levels risky or high risk to health between 1992 and 2001, three quarters (74.3 percent) were male. Of these, more than one quarter (27 percent) were aged 15–29 years. The most common cause of death related to intoxication among Australian males is road crash injury (see Figure 8). Other injuries, particularly those resulting from violence involving alcohol, are also a major contributor to the number of deaths.

Figure 8. Estimated number of deaths from acute conditions due to drinking at levels risky or high risk to health, Australia, 1992–2001. (Source: Chikritzhs et al 2003).



Intoxication also causes an enormous amount of preventable illness and injury requiring medical treatment, which puts an immense strain on the health system. Between 1993–94 and 2000–01, 391,283 hospitalisations for acute conditions due to drinking at levels risky or high risk to health were recorded. As shown in Table 2, many of these conditions are also likely to involve costly emergency services including fire and ambulance, law enforcement agencies and social support services.

Fire fatalities involving alcohol

- Queensland's fire service estimates 20 percent of fire deaths are alcohol-related, and this is higher for males and those aged 25–29 years. The majority of these deaths occur in accidental/preventable fires and at night, particularly between the hours of 9.30pm and 5.00am. Half of the victims recorded 0.20 BAC.
- The NSW Drug Summit reported that 44 percent of fire injuries are associated with alcohol consumption.
- Victoria's metropolitan fire service reported that two out of six preventable fatalities from fire in 2004 were alcohol-related. (Community Education Department: MFB 2005)

Table 3. Estimated number of hospitalisations from acute conditions due to drinking at levels risky or high risk to health, Australia, 1993–94 to 2000–01 (Source: Chikritzhs et al 2003).

Cause	Number
Road crash injury	47,167
Attempted suicide	20,374
Assault	76,115
Other injury	116,177
Alcohol overdose	10,094
Alcohol abuse and psychosis	85,355
Other acute medical	36,002

There is now a greater acknowledgment of the link between alcohol consumption and injury. *The National Injury Prevention Plan* (2004) and the *National Aboriginal and Torres Strait Islander Peoples Safety Promotion Strategy* (2004) also outline a range of actions designed to reduce the number and severity of injuries, including those associated with alcohol.

An issue that has received much media attention recently is that of drink spiking. This is a complex issue that warrants further research and evidence-informed responses.

Drink Spiking

The *National Project on Drink Spiking: Investigating the nature and extent of drink spiking in Australia*:

- was the first comprehensive investigation of drink spiking in Australia;
- obtained evidence directly from victims of drink spiking, data from police in each Australian jurisdiction, data from the Centre Against Sexual Assault, and reports from the operation of a national Drink Spiking Hotline;
- estimated that for the year ending 30 June 2003, between 3000 and 4000 suspected incidents of drink spiking occurred in Australia and approximately one third of these incidents involved sexual assault;
- noted that the incidence of these suspected drink spiking sexual assaults is very small compared with the much larger numbers of sexual assaults in general that are reported to police; and,
- found that alcohol is the predominant drug identified in drink spiking cases.

(Taylor 2004)

Aboriginal and Torres Strait Islander peoples

It is important to note that whilst a lower proportion overall of Aboriginal and Torres Strait Islander peoples than the general population drink alcohol, and drink less frequently, those Aboriginal and Torres Strait Islander peoples who do drink generally consume at much more harmful levels (Gray et al 2004). Figures show that in 2001, Indigenous males and females were 1.5 times more likely to drink at risky or high risk levels for short-term harm than their non-Indigenous counterparts (Gray et al 2005). Aboriginal and Torres Strait Islander peoples are more than seven times more likely to be hospitalised for acute intoxication than the rest of the Australian population. The *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006* (MCDS 2003) outlines key actions to reduce alcohol-related harms in this population.

Good Practice

Sobering Up Shelters (SUS)

- In Australian States and Territories where public drunkenness has been decriminalised, intoxicated people can be taken to a shelter instead of police cells.
- These places are special Sobering Up Shelters (SUS) and provide a safe, caring and respectful environment for people to sober up and opportunities for their health issues and other needs to be addressed.
- The process of being picked-up and sobered-up at an SUS helps to educate people about what is acceptable behaviour.
- SUSs are a source of valuable data on the population of people who drink to intoxication in public that can potentially be analysed to identify their needs and plan strategies to respond.

Brady (2005)

Nyoongar Patrol (Perth)

- The City of Perth in collaboration with other partners set up the Nyoongar Patrol to assist Indigenous people who are homeless or affected by alcohol or other substances.
- The aim of the outreach service is to provide health and welfare services to reduce harms to individuals and the community.

King and Richards (2003)

Underage drinking to intoxication

The drinking preferences and patterns among young Australians are also a concern. Over 80 percent of all alcohol consumed by 14-17 year olds is drunk at risky or high risk levels for short-term harm (Chikrtzhs et al 2004). In 2004, almost a third of 12-15 year olds drank alcohol, and this figure rose to three quarters for 15-16 year olds (AIHW 2005). Furthermore, 17.1 percent of young people aged 12-17 drank at risky or high risk levels for short-term harm within the past 12 months (AIHW 2005b). The consequences of these drinking patterns are twofold. Firstly, there are the short-term effects, and secondly there is also evidence from cohort studies that early initiation to alcohol use is related to more frequent use, higher consumption levels and the development of alcohol-related harms in adulthood (Loxley et al 2005). Over the ten years 1993-2002, an estimated 501 underaged drinkers died from alcohol-related injury caused by risky or high risk drinking, and in 1999/00, there were 3,300 14-17 year olds hospitalised for alcohol-related conditions (Chikrtzhs et al 2004).

Between 34 and 50 percent of males aged 15-17 years who drank within the previous three months reported consuming alcohol at higher risk levels (equivalent to seven or more standard drinks), while among females, the rate was between 42 and 47 percent (equivalent to five or more standard drinks) (King et al 2005). Among those male drinkers consuming alcohol at higher risk levels there has been a reduction in the proportion drinking beer (77- 59 percent) and an increase in those drinking pre-mixed spirits (18-51 percent) while those who reported drinking spirits (not pre-mixed) remained relatively stable. Among females consuming alcohol at higher risk levels, there was a significant shift to pre-mixed spirits/liqueurs, from 21 to 78 percent while the proportion drinking other beverage categories declined (King et al 2005).

Reducing Intoxication – public licensed environments

To reduce the incidence of intoxication, responsible service practices in licensed environments are recommended, but need to be accompanied by formal law enforcement which leads to the reduced serving of intoxicated people. As all Australian jurisdictions have responsible service laws in place, encouraging responsible service is usually more a matter of enforcing existing laws than creating new ones.

(Loxley et al 2005)

A significant proportion of alcohol-related harm occurs in or in the vicinity of licensed premises. Some licensed drinking environments are associated with a disproportionate level of alcohol-related harm, and drinking at peak times intensifies the impact on local communities. Much of this harm involves assaults where young men are the victims or perpetrators (Doherty and Roche 2003). Recent research has recommended strategies for reducing alcohol-related harm associated with licensed environments (See Table 3).

Table 4: Principles for Effective Policing of Licensed Drinking Environments (Source: Doherty and Roche 2003)

Licensing	Ensure liquor licence decisions consider community and patron safety.
Management	Ensure management practices comply with legislative requirements, and reduce risk of harm to staff and patrons.
Staff training	Ensure bar staff, security and management understand their legal obligations
Responsible service	Ensure staff understand and engage in responsible server practices
Premises design	Ensure the premises are designed in a way that minimises potential for harm
Responsible marketing	Ensure the licensed premises are promoted in a way that does not encourage violence or excessive consumption
Community education	Reduce alcohol-related social disorder by improving public awareness of liquor laws
Public transport	Ensure sufficient public transport is available, to disperse patrons quickly and prevent drink driving
Collaborative crime reduction	Establish cooperation between police, licensees, liquor authorities, local councils and the community and develop collaborative strategies to reduce alcohol-related incidents
Enforcement policies	Ensure a visible police presence at and around licensed venues and events, and ensure action is taken for breaches of liquor and other legislation

4.1.2 What responses are recommended?

1A Increase community awareness and understanding of the extent and impacts of intoxication.

- Continue to work with industry to develop labelling of alcohol products to facilitate knowledge and self-monitoring through readily seen, consistent, graphic standard drinks labelling.
- Promote the Australian Alcohol Guidelines aiming for consistency and clarity of messages across all alcohol-related health and safety arenas.

- Develop a nationally agreed and workable definition of intoxication.
- Increase community understanding of liquor licensing laws and requirements for the responsible service of alcohol in the context of harm reduction.

1B Improve enforcement of liquor licensing regulations.

- Increase capacity of police, local government and liquor licensing authorities to enhance enforcement of liquor licensing laws, particularly those relating to serving people who are intoxicated.
- Examine the liquor licensing laws in each jurisdiction with regard to the adequacy and appropriateness of current penalties for breaches and the feasibility of developing a demerit points system, especially for serious and repeat offences.
- Support the refinement and improve the reliability of data linkage efforts to facilitate an early warning system of possible trouble spots and provide opportunities for proactive policing at a local level, including possible liaison and coordination with local government, alcohol industry bodies and health programs.

1C Ensure the inclusion of Aboriginal and Torres Strait Islander groups to identify specific responses for Aboriginal and Torres Strait Islander communities.

- Provide and improve access for Aboriginal and Torres Strait Islander peoples to the current police diversion, pre-sentencing programs, and legal aid for alcohol-related offences.
- Build capacity to provide a full range of treatment and rehabilitation options and resources to Aboriginal and Torres Strait Islander peoples in rural and remote areas, in collaboration with mainstream services.
- Reduce harm for Aboriginal and Torres Strait Islander families and communities by implementing harm reduction strategies outlined in the Complementary Action Plan and strategies outlined in national injury prevention plans and safety promotion strategies.

1D Implement strategies to reduce the outcomes of intoxication and associated harm in and around late night (extended hours) licensed premises and outlets.

- Conduct periodic appraisals of compliance with legislation, regulations and good practice guidelines in late night (extended hours) liquor outlets in conjunction with other measures such as local accords where these are in place.
- Develop and implement additional specialised Responsible Service of Alcohol (RSA) training in conjunction with the alcohol distribution industry and support for premises that are high risk environments for intoxication, particularly late night licensed premises.
- Establish nationally consistent RSA training programs such that these are recognised and accepted across the country.

- Require all managers of liquor outlets to undergo appropriate training in the responsible sale and serving of alcohol.
- Improve and enhance the knowledge base of the extent of drink spiking and associated criminal victimisation and increase capacity to effectively prevent, reduce and manage the incidence of drink spiking.

4.2 Priority Area 2:

Public Safety and Amenity

Aim: Enhance public safety and amenity at times and in places where alcohol is consumed.

4.2.1 What is the issue?

The forgotten problems

Although public discussion has often concentrated on alcohol-related problems connected with disease and other medical conditions, alcohol is also linked to consequences in the social realm, which have been called the forgotten dimension.

(Babor et al 2003)

There are significant social harms and harms to the physical environment that result from risky and high risk consumption of alcohol. They include crimes against persons such as threats and assaults, and crimes against property, such as vandalism. The harms also include anti-social behaviour such as public disorder and bodily fluid spills. There are also harms resulting from reckless acts and accidents involving alcohol, such as road accidents, falls, drownings, poisonings and burns. Some of the harms are highly visible, such as vandalism and litter, others are more hidden, such as domestic violence, while others are invisible, such as reduced feelings of safety.

Key findings of consultations

The impacts of alcohol on public safety and amenity:

- potentially affect everybody in some way, regardless of age, gender, socio-economic status, or whether or not they drink
- reduce feelings of safety in public places
- are wide-ranging and include road accidents, violence, property damage, and public disorder
- are felt most at a local level and hence have become a burden upon families, workplaces and local communities
- are often left to business and local governments to manage, including responding to complaints from the public
- occur at all times/days of the week, but peak late at night
- often result from drinking to intoxication in licensed venues
- are exacerbated by the nature of the drinking environment
- are not improving at previous rates under the existing laws (such as 0.05 BAC driving limit) and enforcement practices (for example, random breath testing in country areas)
- also include injuries and deaths from fires, drowning, poisonings, and workplace injuries

Responses to these sorts of issues have not featured highly in Australia's previous National Alcohol Strategy. This *Strategy* aims to increase awareness and understanding of these issues and identify evidence-based responses to address them where available. The involvement of liquor licensing, law enforcement and local government authorities from all jurisdictions, together with the alcohol beverage and hospitality industry, in the development of the *Strategy* has been key to prioritising this direction.

Violence and abuse

It is not surprising that much of the time and resources of policing in Australia is related to incidents involving alcohol. One study reported that alcohol is involved in 62 percent of all police attendances, 73 percent of assaults, 77 percent of street offences, 40 percent domestic violence incidents, and 90 percent of late night calls (10 pm to 2 am) (Doherty & Roche 2003).

Alcohol is a major factor in homicides. It has been reported that 34 percent of homicide perpetrators and 31 percent of homicide victims were alcohol affected at the time of the homicide occurring (SCRGSP 2005). In 65 percent of Aboriginal and Torres Strait Islander homicides, both the victim and the perpetrators were under the influence of alcohol, in contrast to 24 percent of homicides among the general population (SCRGSP 2005).

In Australia, it is estimated that 47 percent of all perpetrators of assault and 43 percent of all victims of assault were intoxicated prior to the event (English et al 1995). In a single year (1998-99), there were 8,661 people admitted to Australian hospitals with injuries from alcohol-related assaults; 62,534 alcohol-related assaults were reported to police in the same year, and it is estimated that many more went unreported. Of the hospitalisations with injuries from alcohol-related assaults, 74 percent were male and two thirds were aged 15 to 34 years (Matthews et al 2002).

Perceptions of safety

A recent survey of the Australian population revealed that over a 12-month period:

- 24.9 percent were verbally abused
 - 4.4 percent were physically abused
 - 13 percent were put in fear by a person/s under the influence of alcohol.
- AIHW (2005)

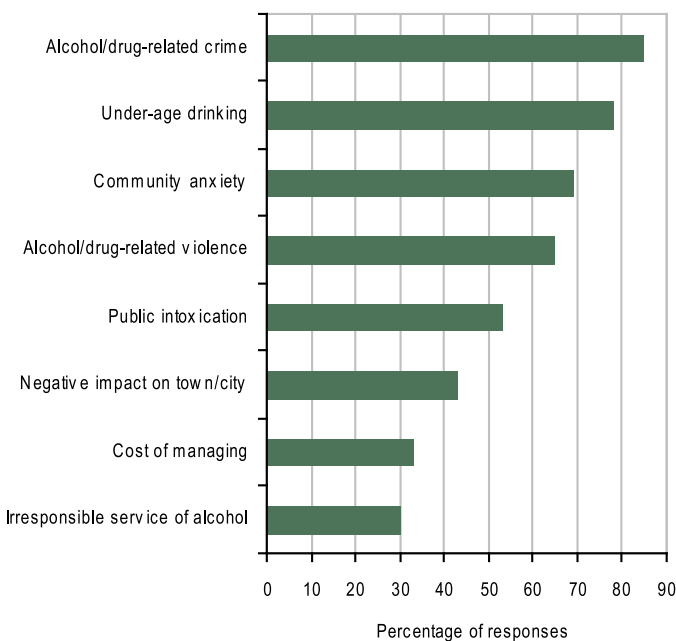
A flow-on effect of the widespread prevalence of alcohol-related violence and abusive behaviour in Australia is a reduction in community perceptions of safety. This occurs not only among those who have been victims of alcohol-related violence, but also among the general community. Furthermore, while most intoxicated people do not actually pose a direct risk to others, the perception that they may cause harm still has the potential to frighten and intimidate others. This, in turn, impacts on perceptions of liveability and the business confidence in areas where there are particularly high rates of alcohol-related problems.

In a recent survey of crime and feelings of safety, 12 percent of Australians identified drunkenness as a major concern in their neighbourhood; 27 percent identified property damage and 23 percent identified concerns about individuals and groups engaged in anti-social behaviour (loitering, loutish behaviour, etc) as a problem in their local neighbourhood (ABS 2003).

Local impacts and responses

It is at the local level that alcohol-related harm is often most acutely felt. Alcohol issues are recognised by Australian local governments as the most significant drug-related issue they have to deal with. A recent survey of 98 local governments in Australia found that alcohol and drug-related crime, underage drinking, community anxiety and violence are the main alcohol and drug issues facing local governments (see Figure 9). The survey found that community anxiety is a greater concern among urban councils (77 percent) compared to rural councils (43 percent), while direct alcohol-related issues (public intoxication, irresponsible serving and underage drinking) are the main concern for local governments with smaller populations (under 25,000) (IGCD Local Government Sub-Committee 2001).

Figure 9. Main alcohol and drug-related issues reported by local government (IGCD 2001)



The costs for local government in addressing alcohol-related issues are substantial. Figures for Queensland, show that in that state alone, local governments spend \$62 million each year on public safety and order initiatives (LGAQ 2004). It is also likely that a sizeable proportion of the \$240 million spent by local government cleaning public space in that state can be attributed to managing alcohol-related litter, bodily fluid spills, and other by-products of alcohol consumption that impact on local environments (LGAQ 2004).

Good Practice

Licensed premises pick-up the cleaning bill
A large regional local government authority in Victoria has recently increased the municipal rates charges for properties with late night liquor licenses. The higher rates reflect the additional costs to Council in managing the waste and public space impacts of these premises.

Land Use	Rates (\$)	Annual cost to a property with a Capital Improved Value of \$500,000
Farm	0.002544	\$1,272
Residential	0.002544	\$1,272
Commercial	0.005539	\$2,769
Petroleum production	0.007706	\$3,853
Late night liquor license	0.010176	\$5,088
Auto & aluminium production	0.010176	\$5,088

Additional municipal charges apply to all properties and waste service charges to residential properties.
(Source: City of Greater Geelong 2005)

Local communities have opportunities to influence decisions about alcohol in their community. Many jurisdictions invite comment from local councils when considering liquor sales applications. Some councils underutilise this opportunity because of limited resources or experience. Other councils have developed guidelines that allow both direct feedback and indirect attention to these matters in their day-to-day decision-making; including decisions about building and planning permits that often precede applications for liquor licences. This provides an opportunity for more systematic consideration of local interest and issues. As part of key regulatory functions, there is an underutilised ability to include consideration of preventing alcohol-related harm and other problems.

The role of licensed premises

A partial solution to a bigger problem

Lockouts

- In many parts of Australia, trading hours of licensed premises have been extended and densities have increased
- Associated with this is increasing offending (for example, violence, assault, property damage) outside licensed venues
- In some localities, early morning 'lock-outs' have been introduced whereby patrons are unable to enter premises within one or two hours of closing, preventing all patrons exiting simultaneously and congregating on the streets
- Having to lock potential customers out of venues for reasons of safety is not a sign of civil drinking. It is another proof that patrons are drinking and being served while intoxicated
- Lockouts are said to be successful in reducing street violence but the problem they manage is an artefact of the extension of trading hours

(Source: Australian Drug Foundation 2005)

An important factor in alcohol-related violence is the setting where drinking occurs. The majority of alcohol-related incidents occur in a minority of licensed venues. A study in inner Sydney found that 60 percent of all assaults at hotels and nightclubs occurred within a select group of venues representing just 12 percent of the total number of hotels and nightclubs in the area (Briscoe & Donnelly 2003). Australian studies have generally confirmed that alcohol-related violence most commonly occurs in inner-city hotels, in the early hours of Saturday and Sunday mornings, and usually among young adult males (Doherty & Roche 2003). Recent research indicates that the problem has not shown signs of improving, despite increasing community concern, the spread of locally-based 'alcohol accords' and related safety initiatives, and the introduction of harm reduction as a purpose in all liquor control legislation with Australian jurisdiction (Matthews et al 2002).

Good Practice

NSW Alcohol Linking Program

- Commenced in 1996 with the aim of reducing intoxication and alcohol-related crime by identifying licensed premises that may be serving alcohol irresponsibly.
- Linking Program data 'links' the incidence of alcohol-related crime to intoxication, and enables policing resources to be directed appropriately to reduce crime and the fear of crime.
- Research and evaluation of areas where the Linking Program has been operating have indicated an average reduction in alcohol-related crime of 13 percent.

(NSW Police 2005)

Alcohol-related harm in private settings

Private settings, including homes, family events, youth and adult parties, are often locations for alcohol-related harm. It is likely that much of this harm goes unreported.

Good Practice

Queensland Police Party-Safe Program

- Everyone enjoys going to or hosting a party, and for young people it is a typical part of growing up and celebrating special occasions with friends.
- While most parties are fun for everyone involved, intoxicated guests or gatecrashers can sometimes ruin the occasion.
- Queensland Police has developed a Party-Safe program that provides practical tips to assist in holding successful, enjoyable and safe parties for everyone concerned including parents, hosts and guests.
- There is also a Party-Safe registration form so that party hosts can register their party with the local police.
- Registering a party will provide the police with details they need to know if they are called to the party to deal with an incident.

(Queensland Police 2005)

A worrying aspect of alcohol consumption in private settings is the provision of alcohol to minors. Increasingly, parents and other hosts are exposed to considerable pressure from both other adults and young people, and can be confused about their legal obligations and about how best to prevent and manage the incidence of underage drinking. In addition to the ways parents sometimes make alcohol available to children, parental and adult influence as role models is a critical issue as behaviours may be replicated by young people around them.

While not always occurring in private settings, excessive alcohol has been found to be an important factor in 50 percent of cases of domestic physical and sexual violence (SCRG5 2005). Between 1993-94 and 2000-01, it is estimated that there were 21,487 hospitalisations of females in Australia for injuries from alcohol-related assault (Chikritzhs et al 2003). Other recent research into domestic violence within selected parts of Australia found that 18 percent of adults surveyed had experienced some form of violence by a current or ex partner and that alcohol misuse was one of the variables found to be strongly associated with these occurrences (Dal Grande et al 2003).

Drink driving

Despite great progress in preventing and reducing drink driving, alcohol use is a major contributing cause of road injury in Australia. A substantial reduction in alcohol-related road deaths occurred following a national campaign to reduce drink driving. From 1981 to 1996 alcohol-related road fatalities decreased from 44 percent to 29 percent of all road crash deaths. This equates to a reduction in the mortality rate due to alcohol-related motor vehicle crashes from 5.71 to 3.29 per 100,000 persons. The reduction was attributed to increased legislation, enforcement, and social marketing campaigns aimed at deterring drink driving.

Despite these improvements, it is estimated that between 1990 and 1997, 31 percent of all driver and pedestrian deaths on Australian roads were alcohol-related (Chikritzhs et al 2000). In these cases, the driver or pedestrian had a BAC level over 0.05. What is even more concerning is that of these fatalities, 28 percent had a BAC over 0.10, and 23 percent had a BAC over 0.15. Also of concern is the high rate of alcohol involvement in fatalities from pedestrian collisions and single vehicle non-collisions, which in Western Australia, for example, represent 30 percent and 33 percent of such fatalities respectively. It is in these contexts that some call for a higher tiered range of penalties for serious and multiple drink driving offences (Baker et al 2005), and lowering the legal BAC to 0.00 or 0.02 as a way of more clearly disassociating drinking from driving.

The most recently available figures indicate that between 1992 and 2001, 5,489 people died from road crash injuries due to risky and high risk drinking (Chikritzhs et al 2003). Death rates from road accidents are much greater in rural and remote areas, especially for males. Rural rates are one-and-a-half to two times the metropolitan rate, and remote area rates are more than double. Unlicensed driving, by persons who have had their licence disqualified for drink driving, is also a widespread problem and undermines many strategies aimed at preventing and reducing road injuries. It is estimated that up to 70 percent of people who lose their licence drive without one during their suspension as the risk of being caught is low (Loxley et al 2005). Although the evidence base is relatively small, it appears that the fitting of ignition interlock devices, which require drivers to provide a BAC breath sample before starting their vehicle, does reduce the risk of re-offending

while they are fitted (Loxley et al 2004). There is also recent Australian research indicating the value of brief interventions, with a treatment and rehabilitation focus, that target serious drink drive offenders who have had their license disqualified for an extended period of time (Sheehan et al 2005).

Good Practice

'Think, Don't Drink and Drive, Stay Alive'

- In 2002, Tumbarumba Shire Council (NSW), in collaboration with local police and licensees, implemented a program to reduce drink driving in this small isolated community.
 - The program comprised a community education program and the purchase of a bus by licensees to provide alternative transport for patrons of their premises.
 - It proved to be a popular initiative and was associated with a reduction of the incidence of drink driving.
 - The program is a demonstration of the potential for collaborative projects to reduce alcohol-related harms.
- (King & Richards 2003)

Aboriginal and Torres Strait Islander peoples are over-represented in road accidents by approximately 3.5 times compared to the general population. It is estimated that in 1997 there were 31 Aboriginal and Torres Strait Islander deaths per 100,000, compared with 10 deaths per 100,000 for general population (Brice 2000). There is now a large body of Australian research evidence of the link between alcohol consumption levels and Aboriginal and Torres Strait Islander road trauma (ATSB 2004; Alati et al 2000; Brice 2000; Harrison et al 2001).

The workplace

The impact of alcohol problems upon workplaces in Australia is significant, costing business at least \$1.9 billion per year (Collins and Lapsley 2002). The costs are associated with absenteeism, reduced productivity, work injuries and deaths. Research on the extent and nature of alcohol use at work, out of work hours (but affecting work), or at work-sanctioned social events is extremely limited (Loxley 2004). Developing workplace programs is complex and requires consideration of health, ethical, legal and industrial relations issues (Loxley 2004).

Good Practice

- A recent review of the evidence base relating to workplace strategies to prevent, reduce and manage alcohol-related issues in the workplace reached a number of important conclusions.
 - Generally, there is no strong empirical evidence that any particular workplace alcohol prevention strategy delivers benefit in terms of reduced consumption or lower levels of harm.
 - There are, however, logical and theoretical arguments to support a range of strategies such as:
 - occupational health and safety policies
 - employee assistance programs for those experiencing problems
 - primary prevention interventions such as modifying the physical working environment that may encourage problematic alcohol use, such as hazardous working conditions, or aspects of the culture and organisation of the workplace such as poor promotion opportunities
 - breath testing for safety-sensitive occupations
 - information, education and brief intervention programs
 - broad-spectrum health promotion programs
 - whole-of-community approaches
- (Loxley 2004)

This is clearly an area where further research would be of value in building the evidence base for appropriate policy responses.

4.2.2 What responses are recommended?

2A Prevent and reduce alcohol-related injuries.

- Investigate the current evidence base and public interest in a range of measures to reduce alcohol-related road injury, particularly:
 - establishing lower BAC limits for all drivers;
 - establishing that all statutory maximum penalties for repeat drink driving offenders should relate to the BAC of the offender and the number of prior offences committed;
 - creating a "serious" offender category and appropriate penalties for multiple drink drive offenders;
 - creating a specific category for first time offenders with high BACs;
 - examining the appropriateness of installing ignition interlock devices on vehicles of certain categories of offenders such as multiple drink drive offenders and those with high BACs;
 - providing alcohol-related brief interventions, treatment and rehabilitation support for drink drive offenders, as part of re-licensing requirements, in an effort to reduce recidivism; and
 - exploring potential for consistency between Australia and New Zealand and possible other countries in our region in relation to recommended low risk drinking levels.

- Conduct trial demonstration projects that aim to reduce drink driving in regional and rural areas, in partnership with key stakeholders.
- Coordinate with the National Public Health Partnership to ensure the realisation of alcohol-related injury objectives in the National Injury Prevention Plan; especially related to injury other than road traffic injuries.
- Introduce basic strategies in the workplace to prevent and reduce alcohol-related harm in a range of key industries including:
 - development of evidence-informed workplace policies;
 - alcohol and drug awareness initiatives in the workplace; and,
 - employee assistance programs.
- Explore opportunities to engage with the insurance industry to develop strategies to minimise the risk associated with alcohol use.

participate in liquor licensing decision-making processes.

- Support the inclusion of alcohol as a priority issue in local community safety initiatives.
- Continue to monitor the impact of arrangements by Aboriginal and Torres Strait Islander communities for restricted availability and total bans on alcohol in the context of reducing violence and enhancing public safety in and around Indigenous communities.
- Encourage and support Aboriginal and Torres Strait Islander communities to develop local solutions to particular problems, including those who have the opportunity and decide to go 'dry' and require health and social support services to assist people to cease drinking.

2B Revise, develop where necessary, and disseminate best practice guidelines on:

- Environmental design and place management to reduce alcohol-related harm on and around licensed premises.
- Private host responsibility, particularly for parents, in partnership with police, schools, local government and family groups.
- Provision, management and promotion of late night transport options, including taxis and designated driver programs from licensed premises.
- Management of alcohol-related issues at public events.
- Responding to drinking in public places among communities of concern, in both urban and regional locations.
- Support and safety services for people who are intoxicated in public settings.
- Harm minimisation and health promotion in community sports club settings where alcohol-related harm occurs.

2C Increase the capacity of local communities, including government, to address public health and safety issues associated with alcohol.

- Examine opportunities for local government to:
 - consider the costs and benefits of liquor licensing applications in their area, including when exercising their building and planning regulatory authority; and,
 - recover the additional costs of maintaining public amenity in areas with high densities of late night liquor outlets through measures such as differential rates and the application of direct fees and charges related to licensing provisions.
- Develop a 'toolkit' to assist local government and local communities to