## INQUIRY INTO STRATEGIES TO REDUCE ALCOHOL ABUSE AMONG YOUNG PEOPLE IN NSW

Organisation:	Foundation for Alcohol Research and Education
Date received:	1/03/2013





## FARE's submission to the NSW Legislative Council Standing Committee on Social Issues

Inquiry into strategies to reduce alcohol abuse among young people in NSW

### About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and

> engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has have invested more than \$115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

FARE is guided by the <u>World Health Organisation's *Global Strategy to Reduce the Harmful Use of* <u>*Alcohol<sup>[i]</sup>*</u> for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.</u>

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email fare@fare.org.au. All donations to FARE over \$2 are tax deductible.

<sup>&</sup>lt;sup>II</sup> World Health Organisation (2010). *Global strategy to reduce the harmful use of alcohol.* Geneva: World Health Organization.

### Contents

Intr	ntroduction			
Recommendations			6	
Res	Responses to the terms of reference			
a)	inclu	The effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict alcohol advertising and promotion		
b)	The peop	effectiveness of alcohol harm minimisation strategies targeted at young ole	12	
C)	Measures to minimise the impact of alcohol in the workplace		16	
d)	The	he effectiveness of measures to reduce drink driving		
e)	) Measures to reduce alcohol related violence, including in and around licensed venues		20	
f)	) Measures to address the impact of alcohol abuse on the health system		23	
g)	) Any other related matter			
	i.	Measures to address the provision of alcohol to minors	24	
	ii.	Young Aboriginal and Torres Strait Islander peoples	26	
	iii.	Alcohol use and misuse among university students	27	
Refe	References			



The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide a submission to the *Inquiry into strategies to reduce alcohol abuse among young people in New South Wales* (NSW). The unnecessary harmful consumption of alcohol by young people is concerning and deserves immediate and comprehensive attention by the NSW Government.

For the purpose of this submission young people have been defined as being aged between 12 and 24 years of age. People within this age group can be divided into two key population groups, those under the legal drinking age of 18 years and those above the legal drinking age.

For people aged under the age of 18 years, almost three quarters (74 per cent) have ever consumed alcohol, with almost one in five (17.4 per cent) having consumed alcohol in the past seven days.<sup>1</sup> Of those who have consumed alcohol in the past seven days, 6.4 per cent have consumed alcohol at short term risky levels, with the average amount of alcohol consumed being 6.6 standard drinks in one sitting.

For young people aged 18 to 24 years, the vast majority (85.8 per cent) consume alcohol, with 43.7 per cent doing so each week.<sup>2</sup> More than one quarter of 18 to 24 year olds (27.4 per cent) consume alcohol at these levels each week.<sup>3</sup>

The excessive availability, affordability and promotion of alcohol all contribute to the current culture of risky alcohol consumption. For young people, the most apparent impact of this is the culture of consuming alcohol to get drunk, or "drinking to get drunk". Over one third (36.4 per cent) of young people aged 12 to 17 years admit to consuming alcohol with the intention of getting drunk most times or every time. <sup>4</sup> A majority (61 per cent) of young people aged 18 to 29 years also drink to get drunk.<sup>5</sup>

The excessive consumption of alcohol by young people and the culture of drinking to get drunk results in young people experiencing disproportionate levels of alcohol-related harms.<sup>6</sup> Between 1993 and 2001, 28 per cent of alcohol related injuries and deaths and 36 per cent of alcohol related hospitalisations were incurred by young people.<sup>7</sup>

Strategies to minimise harm to young people from alcohol use and misuse are most effective when they are multi-dimensional, and when each component is applied in a balanced manner.<sup>8</sup> As acknowledged by the World Health Organization (WHO)

Policies to reduce the harmful use of alcohol must reach beyond the health sector, and appropriately engage such sectors as development, transport, justice, social welfare, fiscal policy, trade, agriculture, consumer policy, education and employment, as well as civil society and economic operators.<sup>9</sup>

In recent years governments have adopted an ad hoc approach to alcohol policy. This has resulted in an overemphasis of cleaning up the mess from alcohol-related harms, and a shortage of evidencebased regulatory policies that prevent alcohol-related harms. This approach fails to protect young Australians from being affected by the various harms that alcohol causes.



Over the last two years the O'Farrell Government has cut funding to important alcohol intervention programs for young people, including the Youth Drug and Alcohol Court and the Drug Prevention program under the Department of Education's student Welfare Directorate. These actions are not those of a government that is committed to reducing alcohol use and misuse and alcohol-related harms among young people.

There is the need for a broader, coordinated response to alcohol related harm In NSW. This need is reflected in the breadth of topics covered in the *Inquiry into strategies to reduce alcohol abuse among young people in NSW*. This is also reflected in the range of Government Departments (including, but not limited to, Healthcare, Education, Workplace Relations, Hospitality, Police, and Corrections) that carry the burdensome costs and responsibilities involved in managing alcohol-related harms.

This Inquiry is an opportunity to develop, implement and enforce a comprehensive approach to preventing alcohol-related harms among young people in NSW.

### Recommendations

- 1. That the NSW Government applies the Liquor Promotion Guidelines to both on-license and offlicense premises with equal weight.
- 2. That the NSW Government requires Point-of-Sale (POS) promotions at all on- and off-license premises in NSW to carry warnings about the harms associated with alcohol consumption.
- 3. That the NSW Government clarifies and tightens regulations regarding POS promotions with a view to minimising minors' exposure to these promotions in and around licensed premises in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets.
- 4. That the NSW Government provide the general public with clear guidelines on how to submit complaints concerning liquor promotions and advise the general public of the types of evidence that may support their submission.
- 5. That the NSW Government re-establish the dedicated Drug Prevention Programs Unit in the Department of Education and base the program on the evidence-base of what is most effective in the provision of AOD education.
- 6. That the NSW Government develops a code of practice in line with the World Health Organization (WHO) recommendation disallowing alcohol industry groups from participating in the development of alcohol policy or health promotion programs.
- 7. That the NSW Government should explore other emerging evidence-based AOD programs in criminal justice systems abroad, such as "Hawaii's Opportunity Probation with Enforcement" (HOPE) program.
- 8. That the NSW Government re-fund the Youth Drug and Alcohol Court (YDAC) program and ensure that it is regularly evaluated to continuously improve its practices with a view to enhancing future performance and outcomes.
- 9. That the NSW Government extends the eligibility criteria of the Drug Court program to include alcohol-dependent adult offenders.
- 10. That the NSW Government encourages work places to adopt an alcohol and drug policy that includes a particular focus on young employees and workplace safety.
- 11. That the NSW Government introduces a zero Blood Alcohol Concentration (BAC) limit for all drivers under 25 years regardless of their license status.
- 12. That the NSW Government develop a comprehensive public education campaign on drink driving targeting young people, that focuses on the potential for people to be over the legal BAC limit the morning after consuming alcohol.
- 13. That the NSW Government wind back late night trading hours. FARE proposes that the NSW Government legislate to introduce a 12 month state-wide trial of the reduction of trading hours based on the Newcastle alcohol restrictions, including:
  - i. A common 3.00am closing time for all pubs and clubs with extended trading license conditions across NSW;
  - ii. "Lockouts" (time periods disallowing patrons from entering or re-entering premises) at all extended trading licensed premises from 1.00am; and
  - iii. The trial should be independently evaluated to ascertain the social, health, crime and economic effects of these trading controls. The data collection requirements for this independent evaluation should be in place from the commencement of the 12 month trial.

- - 14. That the NSW Government make late night licensed premises contribute to the costs of alcoholrelated harms. FARE proposes that the NSW Government introduce a risk-based licensing fee system that offsets and attributes the cost to Government and the community of administering and managing the impact of alcohol use and misuse on the community.
  - 15. That the NSW Government that the NSW Government control the density of licensed premises. FARE proposes that the NSW Government:
    - i. Establish and enforces saturation zones in areas that are identified as already having large numbers of liquor licences including the City of Sydney; and
    - ii. Introduce cumulative impact and cluster control policies for the determination of new liquor licenses.
  - 16. That the NSW Government enforce responsible service of alcohol requirements. FARE proposes that the NSW Government:
    - i. introduce measures to better enforce RSA requirements in licensed venues throughout NSW including Compliance Officer visiting licensed premises outside of regular business hours.
    - ii. introduce requirements for OLGR and the NSW Police Force to publically report on compliance activities relating to the Liquor Act, the number of venues inspected and their location, the times of day that these venues are inspected and the number of identified breaches of compliance.
    - iii. prohibit the sale of shots, mixed drinks with more than 30mL of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10.00pm;
    - iv. prohibit the sale of more than four drinks to any patron at one time and a requirement to provide free water stations on every bar; and
    - v. prohibit the sale of alcohol mixed with energy drinks after midnight.
  - 17. That the NSW Government enhance data collection and the public availability of data on the burden of alcohol-attributable harms on the NSW health system.
  - 18. That the NSW Government support the development and delivery of brief interventions for young people who misuse alcohol and are presented to hospital emergency departments as a result.
  - 19. That the NSW Government introduces "irresponsible supply" laws to NSW, stating that the lawful supply of alcohol to minors must be conducted in a safe and responsible manner.
  - 20. That the NSW Government develops and implements a comprehensive public education campaign that informs the general public of the state legislation regarding supplying alcohol to minors. This campaign should incorporate the lessons learnt from the evaluation of the NSW Police's "Supply Means Supply" campaign.
  - 21. That the NSW Government amends legislation in NSW to enable NSW Police Force to undertake controlled purchase operations for alcohol.
  - 22. That the NSW Government fund culturally appropriate education, diversion and intervention programs that target young Aboriginal and Torres Strait Islander peoples.
  - 23. That the NSW Government re-fund the Youth Drug and Alcohol Court and tailor eligibility criteria for Drug Court applicants who identify themselves as Aboriginal and Torres Strait Islander peoples.
  - 24. That the NSW Government extend the NSW Drug Court's eligibility criteria to include alcohol dependence, and tailor the Drug Court's eligibility criteria to accommodate for program applicants who identify themselves as Aboriginal or Torres Strait Islander peoples.



- 25. That the NSW Government carry out enforcement activities more regularly at licensed premises on and around university campuses.
- 26. That universities in NSW develop comprehensive and universal alcohol policies that are communicated and promoted among students and reinforced within university council by-laws.
- 27. That universities in NSW introduce by-law rules that restrict the availability of alcohol on campuses in terms of trading hours, the number of outlets and the pricing and promotion of liquor.
- 28. That universities in NSW introduce by-law rules that discourage or prohibit the sponsorship of student associations, clubs and societies by licensed venues and alcohol companies.
- 29. That universities in NSW fund and design alcohol education and intervention programs to reduce risky alcohol consumption behaviours and improve university student health and resilience.

### **Responses to the Terms of Reference**

# (a) The effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict alcohol advertising and promotion

The exposure of young Australians to alcohol promotions shapes their perception of alcohol and alcohol consumption behaviours. The marketing of alcoholic beverages and brands is sophisticated, strategic, and uses a wide range of traditional media (e.g. print, television, radio) and "new" media (e.g. point-of-sale promotions, internet advertising, sporting and cultural event sponsorship, and product placement).<sup>10</sup>

One relatively new form of alcohol promotion is point-of-sale (POS) marketing. POS marketing refers to promotional materials that are found within or on the exterior of a licensed store or venue at the point where an alcohol purchase will be made (e.g. happy hours, free gifts with purchase, prominent signage, competitions, price discounts for bulk purchases, and sale prices).

POS marketing is increasingly used as a marketing tool for alcohol products to the point that it has been coined as "ubiquitous" and "aggressive".<sup>11</sup> Liquor outlets in Sydney alone host an average of 30.2 POS promotions per outlet.<sup>12</sup> The prolific nature of POS marketing is concerning because it results in young people (including minors) being regularly exposed to advertisements and promotions that depict alcohol consumption as a fun, social and inexpensive activity.<sup>13</sup>

Young people are also capable of interpreting the messages and images of alcohol advertisements in the same way as adults do.<sup>14</sup> For example, a survey of children (between 9 to 15 years of age) in Western Australia found that 75 per cent of children and adolescents recognise the Bundaberg Rum "Bundy Bear" and correctly associate him with an alcoholic product.<sup>15</sup>

Consumer studies reveal that exposing young people to alcohol advertising increases the likelihood of them starting to consume alcohol as well as increasing consumption in those already consuming alcohol.<sup>16 17 18</sup> There is consistent evidence to suggest that POS promotions are likely to affect overall consumption of underage alcohol consumers, binge drinkers, and regular drinkers.<sup>19 20</sup> POS promotions involving price or volume discounts have been found to be particularly effective in encouraging the purchase of increased volumes of alcohol.<sup>21</sup> In addition, ownership of alcohol branded merchandise and promotional items among non-drinking children and adolescents predicts both early initiation to alcohol use and binge drinking.<sup>22 23</sup>

#### Regulation of alcohol promotions in NSW

9

Liquor promotions in NSW are regulated under section 102 of the *Liquor Act 2007* (NSW) (the "Liquor Act"), wherein the "Director may restrict or prohibit [the] undesirable promotion of liquor". Section 102 of the Act refers to the *Liquor Promotion Guidelines* (the "Promotion Guidelines") published by the Director of the Office of Liquor, Gaming and Racing (OLGR), which indicate the kinds of activities or promotions that the Director may restrict or prohibit.<sup>24</sup>



The Promotion Guidelines state that the "Director of Liquor and Gaming may restrict or prohibit an activity or promotion" if they believe that the activity of promotion:

- "uses designs, name, motifs and characters that have special appeal to minors
- "involves the provision of liquor in non-standard measures that encourages irresponsible drinking and is likely to result in intoxication
- "involves free drinks, or extreme discounts or discounts of limited duration, that creates an incentive for patrons to consume liquor more rapidly than they otherwise might, and
- "encourages irresponsible, rapid or excessive consumption of liquor".<sup>25</sup>

More specifically the Promotion Guidelines state activities which pose an "unacceptable risk". These include those where: "entry, participation or outcome is dependent on the consumption of more than one alcoholic drink"; "prizes of alcoholic beverages are awarded and which involve their consumption on the premises'; "Two for the price of one offers"; and "50% or higher discount for consumption on the premises".<sup>26</sup> Despite these Promotion Guidelines being in place, premises throughout NSW continue to hold activities that encourage excessive consumption, and even those that pose an 'unacceptable risk' as outlined above.

The Promotion Guidelines also clearly convey that 'on-licence' premises are prioritised and many of the activities referred to are specific to on-licence premises. This is concerning because there are several promotions in off-licence premises which involve excessive discounting and bulk-buy purchases. Off-licence premises can also be attended by people under the age of 18 years, who are then exposed to the promotions that occur throughout the store. These activities will increasingly occur as the sale of liquor continues to move into supermarket settings, such as ALDI.

#### **Policy options**

Australian and international research identifies the restriction of alcohol advertising and promotions as a cost-effective policy measure to reduce alcohol related harms. <sup>27 28 29 30 31</sup> All promotions that take place on off- and on-license premises should be defined and regulated by the Promotion Guidelines with a view to minimising young people's exposure to alcohol promotions in and around licensed premises. This is particularly necessary in public areas where minors are exposed to such advertisements and promotions, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets. When POS are present, warnings about the risks of consuming alcohol should be present and visible alongside the promotion and promotional materials. Policies that require such health warnings alongside liquor promotions have been employed in Sweden.<sup>32</sup>

The Promotion Guidelines almost exclusively focus on on-license premises, which only addresses part of the liquor trade in NSW and ignores the expansion in retail liquor outlets and sales. The Act, the *Liquor Regulations 2008* (NSW) (the "Liquor Regulations") and the Promotion Guidelines need to be amended to address contemporary alcohol promotions, advertisements and promotional materials which take place or are distributed from licensed premises. Promotions that take place at on- and off-license premises should be regulated equally under law. The riskiness of promotions for package liquor trading should not be exempted from the judgment by the Director of OLGR in terms of the nature of liquor promotions and encouragement of consumption, the promotional price, the time frame of the promotion, safety and amenity, and the legality of the promotion. This is particularly important to reduce minors' exposure to liquor promotions in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets. This is also of value to reducing the exposure of young adults to such promotions given that the culture of 'pre-loading' (heavily consuming packaged liquor before going out to licensed venues) continues to occur among young people.

T A

Under regulation ("reg") 50 of the Liquor Regulations, promotions and advertisements that take place on licensed premises are not required to include messages that encourage the responsible consumption of alcohol. Imposition of such a requirement is at the discretion of the Director of OLGR, and only applies to individual licenses. Promotions that take place on licensed premises in NSW (regardless of license type) should be required to include a visible message encouraging responsible consumption of alcohol in line with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* ("NHMRC Guidelines").

The process of submitting a complaint specifically regarding liquor promotions should also be clarified for the general public. At present, reg 73 of the Liquor Regulations limits such complaints to be made only by the Director, Police, or a local consent authority. Members of the general public should be aided in their submission of complaints concerning promotions in licensed premises with clear guidelines on how to submit such complaints and the types of evidence that may support their submission.

Improving such channels of communication between the general public and OLGR would improve the Director's awareness of possible breaches of the Promotion Guidelines. Allowing members of the general public to submit complaints would also act as an added incentive for licensees to comply with the laws and guidelines that concern the advertisement and promotion of liquor on their premises.

#### Recommendations

- 1. That the NSW Government applies the Liquor Promotion Guidelines to both on-license and offlicense premises with equal weight.
- 2. That the NSW Government requires Point-of-Sale (POS) promotions at all on- and off-license premises in NSW to carry warnings about the harms associated with alcohol consumption.
- 3. That the NSW Government clarifies and tightens regulations regarding POS promotions with a view to minimising minors' exposure to these promotions in and around licensed premises in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets.
- 4. That the NSW Government provide the general public with clear guidelines on how to submit complaints concerning liquor promotions and advise the general public of the types of evidence that may support their submission.

## (b) The effectiveness of alcohol harm minimisation strategies targeted at young people

This section will focus on the effectiveness of harm minimisation strategies not covered in other term of reference, namely education and diversion programs targeted at young people as strategies to minimise alcohol related harms.

The lack of a broader alcohol policy in NSW limits the effectiveness of alcohol harm minimisation strategies targeted at young people. Strategies that minimise harms to young people from the consumption of alcohol are most effective when they are multi-dimensional, and when each component is applied together in a balanced way.

Since the 2003 Alcohol Summit no comprehensive strategy has been developed regarding how alcohol and alcohol-related harms are to be addressed in a coordinated manner by all relevant departments and sections of the NSW Government. As a result, harm minimisation activities, programs and strategies in NSW are largely run in isolation of one another, and funding for these programs and strategies is delivered in an ad hoc manner.

The full potential of the NSW Government to address alcohol use and misuse among young people, and to deliver alcohol harm minimisation programs and strategies, is limited without an overarching alcohol policy that encompasses all relevant departments of government service in NSW.

#### Education

There is the need to provide young people with opportunities to reflect on the drinking culture they are exposed to, and the reasons and risks behind alcohol consumption behaviours. The World Health Organization (WHO) supports alcohol and other drug (AOD) education strategies as worthwhile pursuits based on the principle that the population "should know about and understand harmful alcohol use and associated health risks".<sup>33</sup> WHO also states that:

... To be effective, education about alcohol needs to go beyond providing information about the risks of harmful use of alcohol to promoting the availability of effective interventions and mobilizing public opinion and support for effective alcohol policies.<sup>34</sup>

Most alcohol and other drug (AOD) education programs in Australia have been implemented in school-based settings. The advantages of school-based settings are that educators can deliver the lessons, materials and interact with large audiences while keeping costs low.<sup>35</sup> School-based AOD education interventions should start before harmful patterns of alcohol use are established among young people. Such pre-emptive action is important to reduce the occurrence and costs associated with alcohol use and misuse by young people in the short-term and long-term.<sup>36</sup>

In 2012 the NSW Department of Education's Drug Prevention Program (the "Education Program") was closed and funding from the program was cut. The role of the Education Program was to provide "strategic direction for the Department in drug education, as well as policy advice and resource development".<sup>37</sup> Since the closure of the Education Program, there has been little public information from the NSW Government as to why it was cut, and where and how future development of AOD education programs for NSW Schools will take place.<sup>38</sup>



Since funding for the Education Program ceased, the NSW Government announced the launch of an alcohol education website for high school students, *Out Tonight? Party Right.*<sup>39</sup> The website was developed by the NSW Government with input from the liquor and hospitality industry, including representatives from the Australian Hotels Association NSW, ClubsNSW and the Liquor Stores Association of NSW. The website is also poorly designed and included links to a range of websites providing general advice that is not supported by research evidence. It appeared to be that there was no input from independent public health, social marketing and AOD education researchers and practitioners.

The poor quality of the website and input from alcohol industry representatives is concerning given the need to communicate effectively with young people about alcohol and the vested interests of the alcohol industry. This directly contravenes WHO recommendation that:

 $\dots$  Any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.<sup>40</sup>

The cut in funding for formalised drug education programs in NSW has already resulted in the development of poor quality, ad hoc resources that are not based on the evidence of what is most effective.

#### **Policy options**

AOD school-based programs often face many challenges including that they are not always supported by the evidence; poorly implemented; funded in an ad hoc manner that jeopardises the sustainability of the project; or never evaluated to assess the effectiveness of the program and areas for future improvement.<sup>41</sup>

Effective AOD education programs for young people have inclusive, interactive teaching strategies that actively engage students in the learning process.<sup>42 43</sup> Such programs are comprehensive and involve whole of school and community support for classroom drug education messages. AOD education programs should be also based on the experiences and interests of the students it is designed to influence, and should be timed such that the intervention starts before AOD experimentation begins and continues as young people mature.

An example of an effective school-based education program is the Drug Education in Victorian Schools (DEVS). A trial of this program commenced in 2008 and ran for three years in 21 High Schools in Victoria.<sup>44</sup> The classroom AOD education program addressed issues around the use of alcohol, tobacco and illicit drugs (mainly cannabis). At the heart of the DEVS program is its grounding in social learning theory, which posits that human learning – including alcohol and other drug use – occurs in a social context and is socially learned through modelling, imitating and reinforcing behaviours.<sup>45</sup> This "social cognitive approach" aims to teach young people to avoid using alcohol and other drugs by resisting external pressure from peers, family and the media, and by increasing coping skills.

The program was delivered to year eight and nine students and included up to 12 classes.<sup>48</sup> As part of the program students also completed three self-completion questionnaires: before the program, after the program (in 2008), and the year following the program (2009). The information collected



was used to collect information on knowledge, patterns and context of use, attitudes and harms experienced in relation to alcohol, tobacco, cannabis and other illicit drug use.

Students who participated in the intervention were no less likely to have tried alcohol, however the trial evaluation found that after the program they

- were more knowledgeable about drug use issues
- communicated more with their parents about alcohol
- drank less and got drunk less
- experienced fewer alcohol related harms, and
- remembered receiving more alcohol lessons.<sup>49</sup>

Inspired by the trial results, the Victorian Government has committed to roll-out the DEVS program in all secondary schools across Victoria.<sup>50</sup>

#### **Diversion programs**

The traditional criminal justice system has failed to elicit long-term behaviour change among alcoholand other drug-dependent offenders.<sup>51</sup> In response to this, alternative options of treatment and rehabilitation for criminal offenders have been provided through diversion programs.

Diversion programs aim to reduce among participants the level of criminal activity and other problematic behaviours associated with their misuse of alcohol and other drugs. Two models of diversion has been available to offenders: the Drug Court for people aged over 18 years and Youth Drug and Alcohol Court for people aged 14 to 18 years.<sup>52 53</sup> Offenders are presented with the choice of accepting the traditional criminal justice path or participating in the treatment option after pleading guilty, or indicating that they will plead guilty, to the charges. Eligible participants must also satisfy the court that their dependency contributed to them committing the offence for which they are charged.

Diversion programs such as drug courts must learn from best practice evidence-based examples found in Australia and abroad. AOD court programs and their practices innovative and must be evidence-based and regularly evaluated to ensure that they are most effective. The "total quality management" of diversion programs should ensure that AOD courts are held accountable and responsible for reducing participants' AOD use and misuse as well as for reducing the likelihood of them re-offending or violating probation or parole conditions.

The NSW Government should explore other emerging evidence-based AOD programs in criminal justice systems abroad. An example of this is "Hawaii's Opportunity Probation with Enforcement" (HOPE) program. HOPE targeted those on probation for all manner of crimes (e.g. burglary, auto theft, sexual assault and drug dealing) who were chronic violators and were continuing to use methamphetamine. HOPE is built on compliance with the rule "Stay away from illicit drugs" – treatment is available to participants, however the focus is on probationers getting sober, being regularly tested for drug use, and complying with other probation conditions.<sup>54</sup> The parole violation rate for HOPE participants was 90 per cent lower than the level for the three months before they were in the program, and HOPE participants were rearrested for new crimes less often and on less serious charges than those not participating in the HOPE program.<sup>55</sup> The application of such programs to the Australian context of alcohol abuse should be explored by the NSW Government.

#### **Policy Options**

#### The Youth Drug and Alcohol Court

Funding for the YDAC was cut in July 2012, after the program had run for 12 years. A 2004 evaluation of the YDAC program found "graduates" were less likely to re-offend and were more motivated to reduce their misuse of alcohol and other drugs compared to those who did not complete the program.<sup>56</sup> Many participants saw the support and care they received from the YDAC Workers as the best aspect of the program; while others believed that the best aspect of the program was the reduction in their use of alcohol and other drugs.

The same evaluation concluded that for all participants in the YDAC program, "[The] unit costs of achieving these impacts on a group of young people with entrenched drug use and criminal histories do not appear greater than keeping them in custody".<sup>57</sup>

In light of the benefits to participants in YDAC, it should be re-funded as a matter of urgency. The most vulnerable members of NSW society should have access to diversionary programs that address their alcohol and other drug use with a view to reducing their current and future prospects of criminal behaviour.

#### The NSW Drug Court

There is the need to ensure that diversion programs are in place for young people that are 18 years or over. Currently the NSW Drug Court for adult offenders limits its eligibility criteria to prohibited or illicit drugs; alcohol is not included in the dependency criteria.<sup>58</sup>

A member of the Drug Court Team suggested as far back as 2002 that dependence on alcohol should be included in the Drug Court eligibility criteria.<sup>59</sup> The exclusion of alcohol from the Drug Court's eligibility criteria reduces the access of young offenders aged 18 and over to diversion programs and interventions that address their alcohol abuse and its relationship with their criminal behaviour and past offences.

There is a substantial body of evidence demonstrating the relationship between alcohol use and misuse and criminal offences.<sup>60</sup> Given the effectiveness of the YDAC in reducing AOD use and misuse among program participants, the NSW Drug Court should similarly extend its criteria to include alcohol dependence, as it would address the behaviours of a significant number of young adult offenders.

#### **Recommendations**

- 5. That the NSW Government re-establish the dedicated Drug Prevention Programs Unit in the Department of Education and base the program on the evidence-base of what is most effective in the provision of AOD education.
- 6. That the NSW Government develops a code of practice in line with the World Health Organization (WHO) recommendation disallowing alcohol industry groups from participating in the development of alcohol policy or health promotion programs.
- 7. That the NSW Government should explore other emerging evidence-based AOD programs in criminal justice systems abroad, such as "Hawaii's Opportunity Probation with Enforcement" (HOPE) program.



- 8. That the NSW Government re-fund the Youth Drug and Alcohol Court (YDAC) program and ensure that it is regularly evaluated to continuously improve its practices with a view to enhancing future performance and outcomes.
- 9. That the NSW Government extends the eligibility criteria of the Drug Court program to include alcohol-dependent adult offenders.

## c) Measures to minimise the impact of alcohol in the workplace

According to the 2010 National Drug Strategy Household Survey (NDSHS), 3.7 per cent of people that consume alcohol nominated the workplace as a usual place of alcohol consumption. This was higher among (5.9 per cent) among people aged between 20 and 29 years.<sup>61</sup> Secondary analysis of the 2004 NDSHS has revealed that young workers were significantly more likely than older workers to attend work under the influence of alcohol, with 10.6 per cent of people aged between 14 and 19 years and 11.8 per cent of people aged 20 to 29 years having done this in the 12 month prior to the survey.<sup>62</sup> The same study also showed that young people are more likely than older people to report absenteeism due to alcohol use, with 7.6 per cent of 14 to 19 year-olds and 9.2 per cent of 20 to 29 year olds having missed work due to their alcohol use.

Alcohol has a negative impact on the workplace. An Australian study found that 16 per cent of victims of fatal workplace injuries had alcohol in their system at the time of their accidents. <sup>63</sup> Work-related harm is not limited to impacts on the drinker themselves. Third-party harms include accidents affecting other workers, absenteeism or reduced work performance causing others to work harder to compensate. Between 5 to 8.1 per cent of the working population reported being negatively affected by a co-worker's alcohol consumption in some way.<sup>64</sup>

Industries with the highest risk of alcohol-affected employees tend to be those involving high levels of physical work with potentially dangerous equipment and conditions. They include hospitality, construction, trades and unskilled work, <sup>65</sup> which tend to employ high proportions of younger workers.<sup>66</sup>

Young people affected by alcohol in the workplace are likely to experience greater harms than older people. This could be due to a combination of factors such as lack of experience with consuming alcohol and lack of experience with work.<sup>67</sup> It is also important to note that many young people, particularly those who have left school early, may be missing out on the alcohol education, intervention and the welfare supervision that exists mostly within school-based contexts. Young people are treated as adults in the workplace, however, they may lack the emotional maturity to deal with alcohol issues and require continuity of education and care in that regard.

#### **Policy options**

The National Centre for Education and Training on Addiction (NCETA) produced a set of guidelines specifically focused on young employees and alcohol and drug issues. The document is entitled *Young workers and workplace safety: Guidelines for managing alcohol and other drug risk* and



provides useful advice regarding young workers and alcohol. The Guidelines contain principles that apply to workers of all ages. These include:

- Reducing workplace factors that may contribute to alcohol related workplace risk. These factors may be physical (e.g. The physical environment), social (e.g. Reducing workplace social factors that encourage alcohol consumption, or psychological (e.g. Controlling workplace bullying).
- Implementing a written drug and alcohol policy which clearly outlines the rules and guidelines over consumption, possession or supply of alcohol or drugs at the workplace, procedures for responding to detected use in the workplace, and actions taken.
- Providing education and training on the drug and alcohol policy to ensure worker awareness of the policy as well as knowledge about the dangers of being alcohol or drug affected in the workplace.
- Providing access to counselling and rehabilitation services, either to a private service provider through employee assistance program (eap) or to a public non-profit service provider.
- Using additional strategies, where relevant and appropriate, to ensure the best possible outcome. Examples include peer intervention and drug testing.<sup>68</sup>

For young workers, further strategies should also be used to complement the general principles. These include:

- Providing a copy of the workplace drug and alcohol policy explaining the safety risks and penalties associated drug and alcohol use at work
- Building alcohol and drug information and training specifically into occupational health, safety & welfare orientation and training. This training needs to be repeated and assessed regularly to ensure best uptake for young workers
- Providing positive reinforcement by rewarding young workers for safe work practices, including those around alcohol. This may be effective because young people have a greater desire than older people to impress supervisors and colleagues
- Providing adequate supervision. Young workers lack the work experience and have incomplete cognitive development and would therefore benefit from extra supervision. Supervisors should model safe work behaviours including those related to alcohol or drugs
- Providing a workplace mentor or "buddy". This mentor can help monitor the young worker's behaviour, model safe work behaviours and provide advice.

It is important that alcohol and drug policies have a specific focus on supporting young people and incorporate the principles above to reduce the risk of harms for young people in the workplace.

#### Recommendation

10. That the NSW Government encourages work places to adopt an alcohol and drug policy that includes a particular focus on young employees and workplace safety.

#### d) The effectiveness of measures to reduce drink driving

Alcohol impairs driving ability by slowing brain function, impairing judgment and reducing the ability to focus on multiple things.<sup>69</sup> For these reasons, alcohol not only increases the likelihood of a crash, it also increases its severity. Road traffic crashes in which alcohol is involved are more likely than non-alcohol-involved crashes to result in severe injury or death.<sup>70</sup>

Young people are disproportionately represented in fatal crash statistics. In 2011 in NSW, twenty one per cent of all drivers and motorcycle riders involved in fatal crashes were aged 17 to 25 years old, despite this age group accounting for only 14 per cent of license holders.<sup>71</sup> Australian research has found that first-year provisional drivers are three times more likely than experienced drivers (defined as more than five years driving experience) to be injured in a crash if they have been consuming alcohol. <sup>72</sup> This is attributed to inexperience with both driving and with consuming alcohol.

Blood Alcohol Concentration (BAC) is the measure of grams of alcohol per 100 millilitres (mL) of blood. In NSW laws allow drivers a BAC of up to 0.05 for full license holders, and zero for learner and provisional one and two licence holders.<sup>73</sup> The majority of states and territories enforce a zero BAC limit for learner and provisional licence holders, although Western Australia allows up to 0.02 for provisional drivers who have held their license in Australia or anywhere else for over two years,<sup>74</sup> and Northern Territory places a zero limit on drivers under 25 years of age who have not held a license for three continuous years.<sup>75</sup>

Random Breath Testing (RBT) has been in effect in NSW since 1982. RBT is a successful demonstration of how the intersection of public education, evidence and multi-sectoral cooperation between Police and Government do have an effect on alcohol-attributable harms. The introduction of RBT has been associated with immediately reduced road fatalities in NSW, with a 19.5 per cent reduction overall and a 30 per cent reduction during holiday periods.<sup>76</sup> In 2011 alone NSW Police Force conducted 4.5 million RBT.<sup>77</sup> It is estimated that between 1982 and 2011, RBT has saved around 7,000 lives.<sup>78</sup>

Under current NSW law, provisional drivers progress from zero BAC to 0.05 BAC once they receive their full license. This is problematic for two main reasons:

• Young people in general are at greater risk of drink-driving harm. New Zealand research found that drivers in their 20s had more than five times the risk of crashing compared to drivers in their 30s for all BAC levels, including as low as 0.02.<sup>79</sup> This may pose a danger in NSW given that drivers as young as 20 years are able to achieve full licensure (with the corresponding increase in allowable BAC).



• There is evidence to suggest that a sudden elevation in allowable BAC level from zero to 0.05 may contribute to the increased incidence of drink driving injuries of young people at this stage of their licensure.<sup>80</sup>

#### **Policy options**

RBT in NSW takes two main forms: stationary and mobile. Stationary RBT units, or "booze buses", involve an organised operation in which a number of police section off part of the road and conduct RBT on a random selection of drivers. Mobile RBT refers to police cars being fitted with an RBT unit, enabling them to test anyone on the road. Mobile RBT have recently been fitted on all police cars, marked and unmarked.<sup>81</sup>

To keep up with new driver notification technologies, enforcement of BAC laws through mobile RBT needs to be enhanced in order to increase the success of these activities. Drivers who have been tested for alcohol (or know someone who has), and perceive police avoidance to be difficult, are less likely to drink drive in the future.<sup>82</sup> However, the majority of RBT testing tends to use stationary units, which are easier to avoid than mobile units.<sup>83</sup> Current technology facilitates speedy information sharing, with phone apps and social media pages dedicated to RBT detection. One example is the mobile phone app Trapster, which is Global Positioning System (GPS)-based software used by drivers to alert other motorists to RBT locations, among other traffic events.<sup>84</sup>

Zero alcohol restrictions for young and/or inexperienced drivers have reduced crash-related fatal crashes and injuries considerably. An Australian study collected information from various jurisdictions within both Australia and the United States, allowing comparison of novice driver crashes across a range of different BAC limits (zero, 0.02, 0.04, 0.05 and 0.06). The study found that the number of night-time, single-vehicle crashes resulting in death reduced by 22 per cent in places that had introduced a zero BAC restriction.<sup>85</sup>

People of all ages may not be aware that their BAC could take a considerable amount of time to return to the legal BAC limit. However, young people are at particular risk because of: a) their lower legal BAC limit; b) their greater tendency to consume more standard drinks on a single occasion compared to older people,<sup>86</sup> therefore increasing the chances that their BAC is still above the limit the next day. Currently the NSW Police Force do perform testing in the morning; unfortunately, this is not supported by a highly visible media campaign outlining the dangers of still being "over the limit" several hours after a drinking occasion. Further awareness is needed of "morning after" BAC, and a public education campaign addressing this issue is warranted.

#### Recommendations

- 11. That the NSW Government introduces a zero Blood Alcohol Concentration (BAC) limit for all drivers under 25 years regardless of their license status.
- 12. That the NSW Government develop a comprehensive public education campaign on drink driving targeting young people, that focuses on the potential for people to be over the legal BAC limit the morning after consuming alcohol.

## (e) Measures to reduce alcohol-related violence, including in and around licensed venues

The over representation of young people in alcohol-related violence statistics is alarming. In the year ending March 2011, half (51 per cent) of all assailants proceeded against by the NSW Police Force for alcohol-related non-domestic assaults were under the age of 26 and one in five (22 per cent) of all assailants proceeded against for alcohol-related domestic assaults were under the age of 26.<sup>87</sup>

Each year in Australia there are an estimated 11 deaths of 15 to 24 year-olds due to alcohol-related interpersonal violence.<sup>88</sup> One in five (20 per cent) victims of alcohol-related interpersonal violence that are hospitalised for injuries sustained during the assault are aged between 15 to 24 years.<sup>89</sup>

A range of social factors predict young people's exposure to alcohol-related violence.<sup>90</sup> Alcohol consumption among young people is typified by frequent episodes of binge drinking, with young people treating intoxication as a normal outcome of consuming alcohol.<sup>91</sup> Young people also go out to pubs and clubs in the evening more often than other age groups do, which in turn increases their exposure to alcohol-related violence.<sup>92</sup>

The availability of alcohol is a significant contributor to alcohol-related harms, and in NSW alcohol has never been more readily available. There is approximately one liquor license for every 369 adults in NSW.<sup>93</sup> Pubs and clubs are often the focus of policies to reduce alcohol-related harms.<sup>94</sup> However, increases in take-away alcohol outlets also contribute to violence and domestic violence rates.<sup>95</sup> Take-away alcohol is often considerably cheaper than alcohol purchased at pubs and clubs, and the greater availability of cheap take-away alcohol and later trading hours of pubs and clubs has led to a culture of pre-loading where people consume alcohol before visiting licensed premises.<sup>96</sup>

#### **Policy options**

The increased availability of alcohol contributed to alcohol-related violence and harms. There is a substantial body of international and Australian research evidence that supports the approach of regulating alcohol availability to reduce rates of alcohol-attributable harms including violence. The availability of alcohol can be controlled to reduce alcohol-related violence through the stricter regulation of trading hours and the number and density of liquor outlets in a locality.<sup>97</sup>

In the City of Newcastle such availability measures were imposed on over a dozen licensed venues in 2008. The Liquor Administration Board (since replaced by the Independent Liquor and Gaming Authority) imposed restrictions on pub closing times to 3/3.30am and a range of restrictions on the service of alcohol. The result of the intervention was a 37 per cent relative reduction in alcohol-attributable assaults in the Newcastle CBD.<sup>98</sup>

In real terms, approximately 33 assaults per quarter were prevented as a result of the new licensing conditions in Newcastle.<sup>99</sup> An evaluation also found that there was no geographic displacement of consumers to the nearest late night trading district of Hamilton. This reduction in harms was not only sustained, but improved. A further study three years after the restrictions were introduced found a 35 per cent reduction in night-time non-domestic assaults requiring police attention and a 50 per cent reduction in night-time street offences.<sup>100</sup>

In the City of Newcastle, services of alcohol conditions were also imposed on the licensees as well as trading hour restrictions. These conditions included that from 10pm onwards licensees were not allowed to sell shots, mixed drinks with more than 30mLs of alcohol, ready mixed drinks stronger than five per cent alcohol by volume, nor were they allowed to sell more than four drinks to any patron at one time.<sup>101</sup> In the *Dealing with alcohol-related harm and the night-time economy (DANTE)* report that surveyed opinions of harm minimisation strategies, it was raised by licensees that "drinks restrictions were likely to be effective because they also send messages about what "responsible" drinking looks like".<sup>102</sup> Further, it was reported by industry sources "that the drink restriction laws allowed servers to more easily enforce [Responsible Service of Alcohol (RSA)] guidelines".<sup>103</sup>

In the City of Newcastle restrictions, licensees were also required to ensure that a "RSA marshal" – a supervisor with the sole purpose of monitoring responsible service of alcohol – be on the premises from 11pm until closing.<sup>104</sup> The DANTE study found that licensees and Police had positive views of RSA marshals because they "sent a different message to security or bar staff and they acted as a physical reminder of the RSA imperative".<sup>105</sup>

The role for the NSW Government is clear. Liquor licensing, planning and transport in NSW are the responsibility of State Government, and changes to these policy areas can result in significant reductions in alcohol-related harms. Most people in NSW perceive that alcohol companies (72 per cent), pubs and clubs (63 per cent) and governments (56 per cent) are not doing enough to address these problems.<sup>106</sup> This Inquiry is a prime opportunity for the NSW Government to take leadership on the issue of young people's exposure to alcohol-related violence through the implementation of a comprehensive and evidence-based plan to address alcohol-related harms.

#### Recommendations

- 13. That the NSW Government wind back late night trading hours. FARE proposes that the NSW Government legislate to introduce a 12 month state-wide trial of the reduction of trading hours based on the Newcastle alcohol restrictions, including:
  - i. A common 3.00am closing time for all pubs and clubs with extended trading license conditions across NSW;
  - ii. "Lockouts" (time periods disallowing patrons from entering or re-entering premises) at all extended trading licensed premises from 1.00am; and
  - iii. The trial should be independently evaluated to ascertain the social, health, crime and economic effects of these trading controls. The data collection requirements for this independent evaluation should be in place from the commencement of the 12 month trial.
- 14. That the NSW Government make late night licensed premises contribute to the costs of alcoholrelated harms. FARE proposes that the NSW Government introduce a risk-based licensing fee system that offsets and attributes the cost to Government and the community of administering and managing the impact of alcohol use and misuse on the community.
- 15. That the NSW Government that the NSW Government control the density of licensed premises. FARE proposes that the NSW Government:
  - i. Establish and enforces saturation zones in areas that are identified as already having large numbers of liquor licences including the City of Sydney; and



- ii. Introduce cumulative impact and cluster control policies for the determination of new liquor licenses.
- 16. That the NSW Government enforce responsible service of alcohol requirements. FARE proposes that the NSW Government:
  - i. introduce measures to better enforce RSA requirements in licensed venues throughout NSW including Compliance Officer visiting licensed premises outside of regular business hours.
  - ii. introduce requirements for OLGR and the NSW Police Force to publically report on compliance activities relating to the Liquor Act, the number of venues inspected and their location, the times of day that these venues are inspected and the number of identified breaches of compliance.
  - iii. prohibit the sale of shots, mixed drinks with more than 30mL of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10.00pm;
  - iv. prohibit the sale of more than four drinks to any patron at one time and a requirement to provide free water stations on every bar; and
  - v. prohibit the sale of alcohol mixed with energy drinks after midnight.

## (f) Measures to address the impact of alcohol abuse on the health system

Hospitalisation rates for alcohol-related problems in NSW have increased over the past decade.<sup>107</sup> Consumption levels among young people are high.<sup>108</sup> The health system addresses the burden of alcohol-related injuries from assaults and self-inflicted accidents, road traffic crashes attributed to drink driving, and on-going chronic disease treatment caused by alcohol use and misuse.<sup>109</sup>

For NSW, this constitutes a significant cost burden to provide these treatment services for largely preventable injuries, diseases and deaths.<sup>110</sup> The annual cost of alcohol to St Vincent's Emergency Department alone was estimated to be as much as \$1.38 million between 2004-2005.<sup>111</sup> Such costs are largely avoidable with the implementation of effective alcohol harm-minimisation policies.

In 2010-2011 there were a total of 49,409 hospitalisations attributed to alcohol in NSW between 2010 to 2011 and alcohol attributable hospitalisations representing approximately 1.83 per cent of all hospitalisations in NSW.<sup>112</sup> A 2005 study into *The role of alcohol in injuries presenting to St Vincent's Hospital Emergency Department* (ED) *and the associated short-term costs* found that patients under the age of 25:

- Were more likely to incur alcohol-related injuries compared to non-alcohol-related injuries
- Were more likely than any other age group to have alcohol-related injuries (representing 28.8 to 30.7 per cent of all alcohol-related injury presentations), and
- Were more likely than any other age group to present injuries due to assaults (representing 23 to 28.3 per cent of all assault-attributable injury presentations).<sup>113</sup>

This is concerning as two thirds (68.8 per cent) of patients who had been involved in an assault were likely to have consumed alcohol, and were likely to have consumed alcohol at high-risk levels than patients presenting to the ED with other injuries.<sup>114</sup>

#### **Policy options**

Given the overrepresentation of young people in EDs, opportunities must be taken to engage with young people on their alcohol use when they are coming into contact with the health system. Brief interventions should form part of normal practice in ED to ensure that people presenting with alcohol problems are supported to get the assistance they need to prevent further alcohol-related harms.

The availability of consistently collected health data on alcohol is also needed to ensure that there is a sound understanding of the impact of alcohol on health services to inform policy and program development. In NSW data on alcohol-related ambulance attendance *is limited in* NSW, and highlights the need for better data collection to accurately depict the burden of alcohol-related harms to the NSW Health System. Statistics from Geelong, Victoria, shows that most alcohol-related ambulance attendances occur on Friday and Saturday nights, and that the age group most commonly attended are 18 to 24 year olds (25.3 per cent).<sup>115</sup>

Brief interventions are clinical alcohol interventions designed to achieve a reduction in risky alcohol consumption, and/or alcohol-related problems.<sup>116</sup> Brief interventions delivered in hospital ED settings target individuals before their risky drinking behaviours develop into abuse or dependence disorders.<sup>117</sup> Studies have found that brief interventions can lead to significant reductions of up to 30 per cent in alcohol consumption, and have been achieved in a variety of health care settings, including hospital and general practice.<sup>118 119 120</sup> ED-based brief interventions have also been found to be worthwhile interventions for children and adolescents presenting with alcohol-related injuries and illness.<sup>121</sup> Brief interventions are cost-effective intervention methods, and should be standard practice in NSW primary health care facilities where patients presented to the facility have sustained injuries or illness due to their misuse of alcohol.<sup>122</sup>

#### Recommendations

- 17. That the NSW Government enhance data collection and the public availability of data on the burden of alcohol-attributable harms on the NSW health system.
- 18. That the NSW Government support the development and delivery of brief interventions for young people who misuse alcohol and are presented to hospital emergency departments as a result.

#### (g) Any other related matter

#### Measures to address the provision of alcohol to minors

In August 2012 FARE provided a submission to the *NSW Legislative Assembly Social Policy Committee: Inquiry into the Provision of Alcohol to Minors.* The submission outlined strategies to reduce alcohol related harms among people under the age of 18 years, with a particular focus on secondary supply laws and strategies to ensure that these laws are being implemented such as carrying out controlled purchase operations. A full copy of the submission and a Supplementary Submission made in October 2012 are attached. A summary of the key areas of focus for the submissions is also included below.

Many parents who supply alcohol to their children do so because they believe that supervised alcohol use will demystify the experience for the young person and prevent later irresponsible consumption.<sup>123</sup> However, this is against the advice given in the NHMRC Guidelines, which state that "for young people under 18 years of age, not consuming alcohol is the safest option".<sup>124</sup>

The prevalent and socially sanctioned act of parental supply may occur primarily due to misconceptions regarding the "right" time and method with which to introduce alcohol to a young person. Despite their best intentions, early alcohol use can result in higher levels of harmful alcohol consequences - even in adult-supervised settings.

Minors should avoid initiating alcohol consumption behaviours for as long as possible as under-age alcohol consumption is associated with physical injury, risky sexual behaviour, adverse behavioural patterns and academic failure.<sup>125</sup> Early alcohol use is also linked to later-life impacts such as

problematic alcohol consumption patterns as well as a range of long-term physical and mental health conditions.<sup>126</sup>

#### **Policy options**

Secondary supply laws should include irresponsible supply laws to ensure that parents that do provide alcohol to young people supervise their consumption. In some jurisdictions, such as Queensland and Tasmania, there are also "irresponsible supply" laws which prohibit the unsafe provision of alcohol (e.g. excessive amounts) or the inadequate supervision of the minor's alcohol consumption. In NSW the Liquor Act acknowledges the potential harms from alcohol consumption among minors by introducing secondary supply provisions which aim to prohibit the provision of alcohol to people under the age of 18 years by anyone other than an adult or guardian.

Strategies are also needed to ensure that young people are not directly purchasing alcohol from licenced premises. Controlled purchase operations are one way in which the NSW Government can actively raise licensee awareness and compliance with "supply to minors" provisions in the Liquor Act. Controlled purchase operations are designed to monitor and enforce "prohibited supply to minors" provisions in liquor laws that relate to the sale and supply of liquor to minors, and the allowance of liquor to be sold or supplied to minors.

Such operations involve engaging supervised volunteers (15 to 17 years of age) to attempt to purchase liquor from off-licensed, on-licensed and special licensed premises. If the volunteer is able to successfully purchase alcohol, the operator of the premises (licensee and/or manager) and staff member are liable to prosecution under the relevant sections of the Liquor Act.

Controlled purchase operations have been in place in New Zealand for over a decade, and legislation in NSW should be amended to enable police to undertake controlled purchase operations for alcohol.<sup>127</sup> Further, of the defence that currently exists for people convicted of selling liquor to minors should be removed.

#### Recommendations

- 19. That the NSW Government introduces "irresponsible supply" laws to NSW, stating that the lawful supply of alcohol to minors must be conducted in a safe and responsible manner.
- 20. That the NSW Government develops and implements a comprehensive public education campaign that informs the general public of the state legislation regarding supplying alcohol to minors. This campaign should incorporate the lessons learnt from the evaluation of the NSW Police's "Supply Means Supply" campaign.
- 21. That the NSW Government amends legislation in NSW to enable NSW Police Force to undertake controlled purchase operations for alcohol.

#### Young Aboriginal and Torres Strait Islander peoples

Nearly half (48.5 per cent) of Aboriginal and Torres Strait Islander peoples aged 16 to 24 years living in NSW consume alcohol at risky levels.<sup>128</sup> Aboriginal and Torres Strait Islander peoples are also more than six times more likely to die from an alcohol-related reason than non-Aboriginal and Torres Strait Islander peoples.<sup>129</sup>

The marginalisation, displacement and disadvantage among Aboriginal and Torres Strait Islander peoples has had a complex intergenerational impact on alcohol consumption and alcohol-attributed harm levels among the Aboriginal and Torres Strait Islander population in Australia.<sup>130 131 132 133</sup>

Throughout Australia there is also a disproportionate number of Aboriginal and Torres Strait Islander people in correctional systems. One in four (26 per cent) people in Australian prisons are Aboriginal and Torres Strait Islander peoples, yet only 2.5 per cent of the total Australian population identifies themselves as Aboriginal and Torres Strait Islander peoples.<sup>134</sup> <sup>135</sup> Aboriginal and Torres Strait Islander peoples who are in prisons are more likely to be dependent on alcohol than non-Indigenous people. <sup>136</sup> In NSW, Aboriginal and Torres Strait Islander men (73 per cent vs 59 per cent) and women (67 per cent vs 44 per cent) are more likely to report (compared to non-Aboriginal and Torres Strait Islander peoples) that they were intoxicated at the time of the offence for which they were charged and later incarcerated.<sup>137</sup>

#### **Policy options**

Given the impact of alcohol use and misuse on Aboriginal and Torres Strait Islander peoples, it is vitally important that strategies are developed and implemented to minimise alcohol-related harms among Aboriginal and Torres Strait Islander peoples. Such programs must also ensure that they connect with and relate to alcohol use and misuse among local Aboriginal and Torres Strait Islander communities.

In light of the over-representation of Aboriginal and Torres Strait Islander peoples in the Australian prison system, and the NSW data on the attribution of alcohol to their offending, young Aboriginal and Torres Strait Islander men and women should be provided with more culturally-appropriate opportunities to participate in diversion programs that direct them away from a life of substance abuse and crime. The National Indigenous Drug and Alcohol Committee (NIDAC) argues that this action is needed as a matter of urgency throughout Australia.

However, Aboriginal and Torres Strait Islander peoples are under-represented in court-based diversion programs. It has been highlighted by a recent *Deloitte Access* Economic paper for NIDAC that the eligibility criteria for such programs constitute a barrier to entry for Aboriginal and Torres Strait Islander offenders. It has been suggested that this may be explained by Aboriginal and Torres Strait Islander offenders being less likely to make an admission of guilt to police, more likely to have multiple charged, more likely to have previous criminal convictions (particularly for violent offences), more likely to have alcohol misuse problems that are not covered by drug diversion programs, and more likely to have co-existing mental illness.<sup>138</sup>

In order to enhance access to diversion programs for young Aboriginal and Torres Strait Islander peoples, the NSW Government should re-fund YDAC and reform eligibility criteria to enhance the

participation of Aboriginal and Torres Strait Islander peoples in the program. This should be developed in consultation with Aboriginal and Torres Strait Islander communities. In addition to extending the NSW Drug Court's eligibility criteria to include alcohol dependence, the NSW Government should tailor the Drug Court's eligibility criteria for participants who identify themselves as Aboriginal or Torres Strait Islander people.

#### Recommendations

- 22. That the NSW Government fund culturally appropriate education, diversion and intervention programs that target young Aboriginal and Torres Strait Islander peoples.
- 23. That the NSW Government re-fund the Youth Drug and Alcohol Court and tailor eligibility criteria for Drug Court applicants who identify themselves as Aboriginal and Torres Strait Islander peoples.
- 24. That the NSW Government extend the NSW Drug Court's eligibility criteria to include alcohol dependence, and tailor the Drug Court's eligibility criteria to accommodate for program applicants who identify themselves as Aboriginal or Torres Strait Islander peoples.

#### Alcohol use and misuse among university students

In 2011 there were 381,743 higher education students in NSW, and the majority (63 per cent) of Australian students attending higher education institutions, such as universities, are under 25 years of age. This presents the NSW Government with an opportunity to target the consumption behaviours and drinking environments of a significant population of young people.<sup>139</sup>

Heavy consumption of alcohol has long been seen a traditional aspect of student life in Australian universities. An Australian population-based study has found that the vast majority (90 per cent) of university students consume alcohol.<sup>140</sup> With one in three (34 per cent) respondents consuming alcohol at hazardous levels (i.e. exceeding at least six standard drinks on one occasion in the previous month), university students do not consume alcohol more frequently than their non-university counterparts, but they drink more excessively when they do.<sup>141 142</sup>

Long-running trends of risky alcohol consumption patterns have a negative impact on many aspects of university life. This includes harms to the student, harms to other people (including interpersonal and sexual violence), and costs to the institution such as property damage and student attrition.<sup>143</sup> Alcohol-attributable harms to students can be of a social, physical or psychological nature, such as academic impairment, blackouts, injury, suicide, unintended sexual activity and sexual coercion.<sup>144 145</sup>

In addition to harms incurred on themselves, a relatively large proportion of university students are adversely affected by other students' alcohol consumption behaviours.<sup>146</sup> Other people's consumption of alcohol has been attributed to student experiences of verbal abuse, interpersonal violence, and sexual assault and harassment.<sup>147</sup>

A study into the second-hand effects of people's alcohol consumption on other students at the University of Newcastle found that one in four (27 per cent) students have had to "baby sit" other inebriated students; one in five (20.9 per cent) have had their study or sleep interrupted by other alcohol-affected students; one in eight (12.9 per cent) students were insulted or humiliated by other

students affected by alcohol; and one in 9 (10.9 per cent) students have experienced unwanted sexual advances from alcohol-affected students.<sup>148</sup> Students aged 17 to 19 years are burdened with a greater share of these second-hand effects of other's alcohol consumption than students aged 20 to 22 years.<sup>149</sup>

Young people often go to university with pre-existing alcohol consumption behaviours and preconceived expectations of the university drinking cultures. Risk factors for frequent binge drinking by university students include: lower age, earlier onset age for alcohol consumption, monthly or more frequent binge drinking in high school, and living in a residential hall or a shared house (relative to living with parents).<sup>150</sup> This reiterates the need for earlier, more effective and more thoroughly evaluated education and intervention programs in secondary schools that minimise new tertiary students' exposure to these risk factors at university.

There is a pervasive and enduring campus culture – and factors within the university environment and certain drinking locations (such as pubs, residential halls and off-campus houses) – that appear to promote or facilitate heavy alcohol consumption by students.<sup>151 152</sup> In a University of Western Australia study, the majority (74 per cent) of students reported participating in drinking games, of which the majority (60 per cent) reported being pressured to participate in the drinking games and half (51 per cent) reported an adverse outcome following participation.<sup>153</sup>

#### **Policy Options**

The university environment contributes to risky levels of alcohol consumption by students, which confirms the need for greater leadership and compliance with comprehensive alcohol policies in tertiary institutions. However, universities and their various student clubs and associations often lack comprehensive alcohol policies, or fail to ensure compliance with these policies.

Commercial interests may preclude compliance with responsible alcohol policies by student organisations and associations. It is common for student clubs and associations to subsidise their operations, activities and events through sponsorship from licensed venues and even from alcohol companies, such as Jim Beam.<sup>154</sup> Student associations subsequently reward members with discounted alcoholic beverages at the sponsor's venues, large-scale entertainment and events with cheap alcohol supplied and promoted by the sponsor (e.g. "Jim Beam On Campus" events), and host pub crawls and other events that heavily promote the excess consumption of discounted alcohol available to members at their sponsors' venues. University campuses should introduce policies that do not allow alcohol industry to sponsor university campus functions, including sporting events. This is particularly important where such sponsorship involves "in kind" gifts such as free or discounted alcohol.

Tertiary institutions, student clubs and associations and their sponsors must be held more accountable to the laws, regulations and guidelines concerning the promotion and consumption of liquor. The parts of the Liquor Act concerning the inappropriate promotion of alcohol are clear and should be more strictly enforced in order to reduce university students' consumption of alcohol at risky levels and to reduce their exposure to alcohol-attributable harms.

There are some programs in universities that are aiming to address the risky consumption of alcohol in Universities. The Tertiary Alcohol Project (TAP) at the University of Western Australia aims to

provide students with the knowledge, skills and support that enable them to make informed and healthy choices in regard to alcohol consumption.<sup>155</sup> The TAP provides a number of health services for students, including confidential online alcohol self-assessments which inform customised snapshots for students of the risks and costs associated with their current alcohol consumption levels. The TAP also provides "environmental support" to enhance the management of alcohol and

compliance with responsible service of alcohol standards at student events.<sup>156</sup>

Internet-based brief interventions are also being delivered on other campuses and are proving to be effective. Internet-based alcohol interventions enhance the accessibility of interventions, such as the Western Australia Centre for Health Promotion Research's *Tertiary Health Research Intervention Via Email* (THRIVE) program. Key design elements of THRIVE include: ease of access (e.g. via an emailed hyperlink); brief length of intervention (10 minutes or less); clear, non-judgmental language; personalised normative feedback; and links to appropriate services.<sup>157</sup> Programs such as THRIVE provides universities with an opportunity to engage with their students about individual alcohol consumption behaviours at a larger scale than programs confined to on-campus health services.

On-line intervention programs such as THRIVE have been found to reduce alcohol consumption levels among students, and should be endorsed and supported by the NSW Government as a method of reducing young student's exposure to alcohol-related harms caused by alcohol use and misuse.

When implementing such programs and strategies, universities must also consider the density of alcohol outlets on and around university campuses as that may limit the effectiveness of education and intervention programs for students.<sup>158</sup> <sup>159</sup> <sup>160</sup> If the NSW Government is to reduce alcohol use and misuse among university students, enforcement activities must be carried out more regularly at licensed premises on and around university campuses.

University councils have the power to implement and enforce alcohol controls through university bylaws. With a view to reducing excessive alcohol consumption on campus and its associated harms and costs, university councils should exercise their powers to regulate the availability and promotion of alcohol on campus. Such action should regulate the availability of liquor on university campuses by restricting trading hours, the number of outlets and the pricing and promotion of liquor on campus. By-law restrictions may also prohibit the sponsorship of university bodies, organisations and/or events on campus by licensed venues and/or liquor producers. University councils may also enforce rules that university bodies, associations and other organisations composed of staff and/or students are held accountable to the Liquor Act, Liquor Regulations and Liquor Promotion Guidelines when hosting events and functions where liquor is supplied at unlicensed venues on campus.

#### **Recommendations**

- 25. That the NSW Government carry out enforcement activities more regularly at licensed premises on and around university campuses.
- 26. That universities in NSW develop comprehensive and universal alcohol policies that are communicated and promoted among students and reinforced within university council by-laws.
- 27. That universities in NSW introduce by-law rules that restrict the availability of alcohol on campuses in terms of trading hours, the number of outlets and the pricing and promotion of liquor.



- 28. That universities in NSW introduce by-law rules that discourage or prohibit the sponsorship of student associations, clubs and societies by licensed venues and alcohol companies.
- 29. That universities in NSW fund and design alcohol education and intervention programs to reduce risky alcohol consumption behaviours and improve university student health and resilience.

### References

<sup>1</sup> White, V., & Bariola, E. (2012). Australian secondary school students' use of tobacco, alcohol, and over-the counter and illicit substances in 2011. Melbourne: Centre for Behavioural Research in Cancer, Cancer Council Victoria. Report prepared for the Drug Strategy Branch of the Australian Government Department of Health and Ageing, p.54.

<sup>2</sup> Australian Institute of Health and Welfare (AIHW). (2011). The 2010 National Drug Strategy Household Survey Report. Drug Statistics Series Number 25. Canberra: AIHW, p.45.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Alcohol Education and Rehabilitation Foundation. (2011). Alcohol Education and Rehabilitation Foundation Annual Alcohol Poll: Community Attitudes and Behaviours. Canberra: Alcohol Education and Rehabilitation Foundation, p.16.

<sup>6</sup> Poynton, S., Donnelly, N., Weatherburn, D., Fulde, G. & Scott, L. (2005). 'The role of alcohol in injuries presenting to St Vincent's Hospital Emergency Department'. Alcohol Studies Bulletin 6. Retrieved from:

<a href="http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll\_bocsar.nsf/vwFiles/ab06.pdf/\$file/ab06.pdf">http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll\_bocsar.nsf/vwFiles/ab06.pdf</a>

<sup>7</sup> Chikritzhs, T., Catalano, P., Stockwell, T. et al. (2003). Australian Alcohol Indicators, 1990–2001 Patterns of Alcohol Use and Related Harms for Australian States and Territories. Perth: National Drug Research Institute, Curtin University of Technology. <sup>8</sup> Ministerial Council on Drug Strategy. (2011). National Drug Strategy 2010-2015: A framework for action on alcohol, tobacco and other

drugs. Canberra: Commonwealth of Australia, p.2.

<sup>9</sup> World Health Organization (WHO). (2010). Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, p.6. <sup>10</sup> Australian National Preventive Health Agency (ANPHA). (2012). Alcohol Advertising: The Effectiveness Of Current Regulatory Codes In Addressing Community Concerns. Issues Paper (December). Canberra: ANPHA. <sup>11</sup> Jones, S.C., Barrie, L., Robinson, L., Allsop, S., & Chikritzhs, T. (2012). 'Point-of-sale alcohol promotions in the Perth and Sydney

metropolitan areas'. Drug and Alcohol Review 31, pp.803-808.

<sup>12</sup> Ibid.

<sup>13</sup> Pettigrew, S., Roberts, M., Pescud, M., Chapman, K., et al. (2012). 'The Extent And Nature Of Alcohol Advertising On Australian Television'. Drug and Alcohol Review 31, pp.797-802.

<sup>14</sup> Aitken, P.P., Eadie, D.R. Leathar, D.S., Mcneill, R.E.J., & Scott, A.C. (1988). 'Television advertisements for alcoholic drinks do reinforce under-age drinking'. British Journal of Addiction 83(12), pp.1399-1419.

<sup>15</sup> Carter, O., Phan, T. & Donovan, R. (2010). 'Three-quarters of Australian children recognise Bundy R. Bear: alcohol advertising restrictions are not working'. Australian and New Zealand Journal of Public Health 34(6), pp.635–636.

<sup>16</sup> Anderson, P., de Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies'. Alcohol and Alcoholism 44(3), pp.229–243. <sup>17</sup> Gordon, R., MacKintosh, A.M., & Moodie, C. (2010). 'The impact of alcohol marketing on youth drinking behaviour: a two-stage cohort

study'. Alcohol and Alcoholism 45(5), pp.470-480.

<sup>18</sup> Smith, L.A., & Foxcroft, D.R. (2009). 'The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies'. *BMC Public Health* 9(51). <sup>19</sup> Meier, P., Booth, A., Stockwell, A., Sutton, A., *et al.* (2008). *Independent Review of the Effects of Alcohol Pricing and promotion. Part A:* 

Systematic Reviews. Sheffield: the University of Sheffield.

Kuo, M., Wechsler, H., Greenberg, P., & Lee, H. (2003). 'The marketing of alcohol to college students: the role of low prices and special promotions'. American Journal of Preventive Medicine 25(3), pp.204-211. <sup>21</sup> Jones, S.C., & Smith, K.M. (2011). 'The effect of point of sale promotions on the alcohol purchasing behaviour of young people in

metropolitan, regional and rural Australia'. Journal of Youth Studies 14(8), pp.885-900.

<sup>22</sup> McClure, A.C., Stoolmiller, M., Tanski, S.E., Worth, K.A., & Sargent, J.D. (2009). 'Alcohol-branded merchandise and its association with drinking attitudes and outcomes in US adolescents'. Archives of Paediatric and Adolescent Medicine 163(3), pp.211-217. <sup>23</sup> Hurtz, S.Q., Henriksen, L., Wang, Y., Feighery, E.C. & Fortmann, S.P. (2007). 'The Relationship Between Exposure To Alcohol Advertising In

Stores, Owning Alcohol Promotional Items, And Adolescent Alcohol Use'. Alcohol & Alcoholism 42(2), pp.143-149.

<sup>24</sup> Office of Liquor, Gaming and Racing (OLGR). (2009). Liquor Promotion Guidelines. As at 29 April 2009. Sydney: OLGR. Retrieved from: <http://www.olgr.nsw.gov.au/pdfs/Liquor\_%20promo\_guidelines.pdf>.

<sup>25</sup> Ibid. p.1.

<sup>26</sup> Ibid.

<sup>27</sup> Anderson, P., & Baumberg, B. (2006). Alcohol in Europe: a public health perspective. A report for the European Commission. London, UK: Institute of Alcohol Studies

<sup>28</sup> Collins, D.J., & Lapsley, H.M. (2008). The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to *reduce the social costs of alcohol*. Canberra: Commonwealth of Australia, pp.18-22. <sup>29</sup> Meier, P. et al. (2008). *Op. cit.* 

<sup>30</sup> Babor, T.F., Caetano, R., Casswell, S., Edwards, G., et al. (2010). Alcohol: No Ordinary Commodity - Research and Public Policy. 2<sup>nd</sup> Edition. Oxford and London: Oxford University Press, pp.185-198.

<sup>31</sup> Saffer, H. (1991). 'Alcohol advertising bans and alcohol abuse: an international perspective'. Journal of Health Economics 10(1), pp.65-79. <sup>32</sup> European Centre for Monitoring Alcohol Marketing. (2009) 'Regulations in Sweden'. July. Retrieved from:

<http://www.eucam.info/eucam/sweden/>. Accessed 28 February 2013.

<sup>34</sup> Ibid.

<sup>35</sup> Champion, K.E., Newton, N.C., Barrett, E.L., & Teeson, M. (2012). 'A systematic review of school-based alcohol and other drug prevention programs facilitated by computers or the Internet'. Drug and Alcohol Review. Accepted 3 September 2012, early online view, p.731. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1465-3362.2012.00517.x/full>. Accessed 25 February 2013. <sup>36</sup> Botvin, G.J. (2000). 'Preventing drug abuse in schools: social and competence enhancement approaches targeting individual level

etiologic factors'. Addictive Behaviours 25, pp.887-97.

<sup>37</sup> NSW Public Schools. (2012). 'Drug Education Contacts'. Last up-dated: 31 Jan 2012. Retrieved from:

<a href="http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/contacts.php">http://www.schools.nsw.edu.au/learning/yrk12focusareas/druged/contacts.php</a>>. Accessed 25 February 2013.

<sup>38</sup> NSW Parliament. (2012). 'Questions Without Notice: Alcohol Education Program'. 16 August. Speakers: Speaker; Ms Carmel Tebbut; Mr Adrian Piccoli. Retrieved from

<a href="http://www.parliament.nsw.gov.au/prod/parlment/hansart.nsf/V3Key/LA20120816102?open&refNavID=HA8\_1>">http://www.parliament.nsw.gov.au/prod/parlment/hansart.nsf/V3Key/LA20120816102?open&refNavID=HA8\_1></a> 2013.

<sup>39</sup> OLGR. (2013). 'Media release: Online Alcohol Education for Senior Students'. 14 February. Retrieved from:

<a href="http://www.olgr.nsw.gov.au/pdfs/media\_releases/rel\_souris\_20130214\_online\_alcohol\_education.pdf">http://www.olgr.nsw.gov.au/pdfs/media\_releases/rel\_souris\_20130214\_online\_alcohol\_education.pdf</a>. Accessed 25 February 2013. <sup>40</sup> WHO (2007). WHO Expert Committee On Problems Related To Alcohol Consumption. WHO Technical report Series 944. Geneva: WHO, p.48. Retrieved from: <a href="http://www.who.int/substance\_abuse/expert\_committee\_alcohol\_trs944.pdf">http://www.who.int/substance\_abuse/expert\_committee\_alcohol\_trs944.pdf</a>>. Accessed 28 February 2013.

<sup>1</sup> Champion, K.E., Newton, N.C., & Barett, E.L. (2012). 'Australian school-based programs for alcohol and other drugs: A systematic review' Drug and Alcohol Review 31(6), pp.731-735.

<sup>42</sup> Cahill, H.W. (2007). 'Challenges in adopting evidence-based school drug education programmes'. Drug and Alcohol Review 26(6), pp.673–

679. <sup>43</sup> Cahill, H.W. (2003). 'Using role-play techniques to enhance engagement in the health class: issues and strategies'. *Health Education* Australia Journal 3(2), pp.17–23. <sup>44</sup> Midford, R., Cahill, H., Foxcroft, D., Lester, L., *et al.* (2012). 'Drug education in Victorian schools (DEVS): the study protocol for a harm

reduction focused school drug education trial'. BMC Public Health 12(112), pp.1-7. Ibid.

<sup>46</sup> McAlister, A.L., Perry, C.L., Parcel, G.S. (2008). 'How individuals, environments, and health behaviors interact: social cognitive theory'. In: Health Behavior and Health Education: Theory, Research, and Practice 4. Glanz, K., Rimer, B.K., Viswanath, K. (Eds). San Francisco: John Wiley & Sons Inc., pp. 169-188.

<sup>47</sup> Evans, R.I., Rozelle, R.M., Mittlemark, M.B., Hansen, W.B., et al. (1978). 'Deterring the onset of smoking in children: knowledge of immediate physiological effects an coping with peer pressure, media pressure, and parent modeling'. Journal of Applied Social Psychology 8, pp.126–135. Referenced in Teesson, M., Newton, N.C. & Barrett, E. (2012). Op cit. p.732.

<sup>8</sup> Midford, R., Davenport, G., Cahill, H., Ramsden, R., et al. (date unknown). 'Drug Education in Victorian Schools (DEVS) – Findings from comprehensive school drug education pilot research project'. Presentation. Retrieved from:

<a href="http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\_Download&EntryId=272&Portall">http://www.dao.health.wa.gov.au/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\_Download&EntryId=272&Portall</a> d=0&TabId=211>. Accessed 25 February 2013.

<sup>49</sup> Midford, R., Cahill, H., Ramsden, R., Davenport, G., et al. (2012). 'Alcohol prevention: What can be expected of a harm reduction focused school drug education programme?' Drugs: Education, Prevention, and Policy 19(2), pp.102-110.

<sup>50</sup> Office of the Premier of Victoria. (2012). 'Media release: Victoria's new drug and alcohol education program for secondary students wins national award '. 2 July. Retrieved from <a href="http://www.premier.vic.gov.au/media-centre/media-releases/4358-victorias-new-drug-and-">http://www.premier.vic.gov.au/media-centre/media-releases/4358-victorias-new-drug-and-</a> alcohol-education-program-for-secondary-students-wins-national-award.html>. Accessed 25 February 2013.

<sup>51</sup> Freeman, K. (2002). New South Wales Drug Court Evaluation: Health, Well-Being And Participant Satisfaction. Sydney: New South Wales Bureau of Crime Statistics and Research, p.2. Retrieved from:

<a href="http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll\_bocsar.nsf/vwFiles/L14.pdf/\$file/L14.pdf">http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll\_bocsar.nsf/vwFiles/L14.pdf</a> Accessed 25 February 2013.

<sup>52</sup> Australian National Council on Drugs (ANCD). (2013). An economic analysis for Aboriginal and Torres Strait islander offenders: prison vs residential treatment. Report prepared for the National Indigenous Drug and Alcohol Committee (NIDAC), ANCD, by Deloitte Access Economics, Canberra: ANCD, p. 21.

<sup>53</sup> Social Policy Research Centre. (2004). Evaluation of the New South Wales Youth Drug Court Pilot Program. Report prepared for the New South Wales Attorney General's Department. Sydney: Social Policy Research Centre, p.9.

<sup>54</sup> Kleiman, M.A. (2009). When Brute Force Fails: How to Have Less Crime and Less Punishment. Princeton and Oxford: Princeton University Press, pp.34-41.

<sup>55</sup> Ibid. p.40.

<sup>56</sup> Ibid. p.v.

57 Ibid.

<sup>58</sup> NSW Drug Court. (2013). 'Who is eligible?' 20 February. Retrieved from

<a href="http://www.drugcourt.lawlink.nsw.gov.au/drgcrt/dc\_program/dc\_eligible.html">http://www.drugcourt.lawlink.nsw.gov.au/drgcrt/dc\_program/dc\_eligible.html</a>>. Accessed 25 February 2013.

59 Taplin, S. (2002). The New South Wales Drug Court Evaluation: A Process Evaluation. Sydney: New South Wales Bureau of Crime Statistics  $and \ Research, p.23. \ Retrieved \ from \ <htp://lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/L13.pdf/sfile/L13.pdf>. \ Accessed \ 25.pdf$ February 2013.

<sup>30</sup> Weatherburn, D. (1990). 'Sources of Confusion in the Alcohol and Crime Debate'. Originally published in Julia Vernon (ed.). Proceedings of a conference held 4-6 April 1989. Canberra : Australian Institute of Criminology. Retrieved from

<a href="http://www.aic.gov.au/media\_library/publications/proceedings/01/weatherburn.pdf">http://www.aic.gov.au/media\_library/publications/proceedings/01/weatherburn.pdf</a>>. Accessed 25 February 2013.

<sup>&</sup>lt;sup>33</sup> WHO. (2010). Op. cit. p.31.

<sup>62</sup> Pidd, K., Shtangey, V. & Roche, A. (2008). Alcohol use in the Australian workforce: Prevalence, patterns and implications. Findings from a secondary analysis of 2004 NDSHS data. Adelaide: National Centre for Education and Training on Addiction.

<sup>63</sup> Hollo, C.D., Leigh, J. & Nurminem, M. (1993). *The role of alcohol in work-related fatal accidents in Australia 1982-1984*. Occupational Medicine (Oxford, England) 43(1), pp.13-17. Retrieved from: <a href="http://www.ncbi.nlm.nih.gov/pubmed/8422440">http://www.ncbi.nlm.nih.gov/pubmed/8422440</a>>. Accessed 9 January 2013.
 <sup>64</sup> Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., et al. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, p.142.

<sup>65</sup> Pidd, K., Roche, A. & Buisman-Pijlman, F. (2011). 'Intoxicated workers: Findings from a national Australian survey'. Addiction 106(9), pp.1623-33.

<sup>66</sup> Australian Bureau of Statistics (ABS) (2004). Australian social trends. Cat no. 4102.0. Canberra: ABS.

1 1

<sup>67</sup> Pidd, K., Roche, A.M., & Wilson, P. (2011). Young workers and workplace safety: Guidelines for managing alcohol and other drug risk. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.

68 Ibid.

<sup>69</sup> NSW Government Roads & Maritime Services. (2011). *The effects of alcohol on driving*. NSW Government. Retrieved from: <a href="http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/bac/drinkinfoabout0\_05.html">http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/bac/drinkinfoabout0\_05.html</a> Accessed 18 January 2013.

<sup>70</sup> Babor. *et al*. (2010). Op. cit.

 <sup>71</sup> Centre for Road Safety, Transport for NSW. (2011). Road traffic crashes in New South Wales. Statistical statement for the year ended 31 December 2011. Retrieved from <a href="http://www.rta.nsw.gov.au/roadsafety/downloads/crashstats2011.pdf">http://www.rta.nsw.gov.au/roadsafety/downloads/crashstats2011.pdf</a>. Accessed 9 January 2013.
 <sup>72</sup> The George Institute for Global Health. (2013). 'Young Driver Fact base: Blood Alcohol Concentration Limits'. Retrieved from

<http://www.youngdriverfactbase.com/the-issues/restrictions/>. Accessed 9 January 2013.

<sup>73</sup> NSW Transport: Roads and Maritime Services (2012). 'Blood alcohol limits'. 3 February. Retrieved from

<a href="http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/bac/index.html">http://www.rta.nsw.gov.au/roadsafety/alcoholdrugs/bac/index.html</a>. Accessed 18 January 2013.

<sup>74</sup> Legal Aid Western Australia. (2010). 'Blood Alcohol Content Limits'. 12 April. Retrieved from

<http://www.legalaid.wa.gov.au/InformationAboutTheLaw/CarsandDriving/Trafficoffences/Pages/BloodAlcoholLimits.aspx>. Accessed 18 January 2013.

<sup>75</sup> Northern Territory Department of Lands and Planning. (2009). 'Road users' handbook: Driving in the Northern Territory'. 4<sup>th</sup> Edition. Darwin: Northern Territory Government. Retrieved from: <a href="http://transport.nt.gov.au/\_\_data/assets/pdf\_file/0011/19919/handbook.pdf">http://transport.nt.gov.au/\_\_data/assets/pdf\_file/0011/19919/handbook.pdf</a>>. Accessed 9 January 2013.

<sup>76</sup> Homel, R. (1997). 'Drink-driving law enforcement and the legal blood alcohol limit in New South Wales'. Accident Analysis and Prevention 26(2), pp.147-155.

" Ibid.

<sup>78</sup> Gridneff, I. (2012). 'The loathed idea that saved 7,000 lives'. 20 November. Sydney Morning Herald Online. Retrieved from

<a href="http://smh.drive.com.au/loathed-idea-that-saved-7000-lives-20121120-29nag.html">http://smh.drive.com.au/loathed-idea-that-saved-7000-lives-20121120-29nag.html</a>>. Accessed 29 January 2013.

<sup>37</sup> Keall, M.D., Frith, W.J. & Patterson, T.L. (2004). 'The influence of alcohol, age and number of passengers on the night-time risk of driver fatal injury in New Zealand'. Accident Analysis & Prevention 36, pp.49-61.

<sup>80</sup> Senserrick, T.M. (2003). 'Graduation from a zero to .05 BAC restriction in an Australian graduated licensing system: a difficult transition for young drivers?' *Annual proceedings/Association for the Advancement of Automotive Medicine* 47, pp.215-231.

<sup>81</sup> Road Traffic Authority NSW. (2013). *It's so random: All about breath testing.* 

<http://www.rta.nsw.gov.au/geared/licence/its\_so\_random.html>. Accessed 29 January 2013.

<sup>82</sup> NDLERF. (2011). Evaluating the deterrent effect of random breath testing (RBT) and random drug testing (RDT) – The driver's perspective. Monograph Series no. 41. Canberra: Commonwealth of Australia.

<sup>83</sup> Road Traffic Authority NSW. (2013). 'It's so random: All about breath testing'. Geared. Retrieved from

<http://www.rta.nsw.gov.au/geared/licence/its\_so\_random.html>. Accessed 29 January 2013.</ht>

<sup>84</sup> Re ach Unlimited Corporation. (2013) 'Trapster: home page'. Retrieved from <a href="http://trapster.com/devices/pnd/>">http://trapster.com/devices/pnd/</a>. Accessed 29 January

2013.

<sup>85</sup> Zwerling, C., Jones, M.P. (1999). 'Evaluation of the effectiveness of low blood alcohol concentration laws for younger drivers'. American Journal of Preventive Medicine 16(1), pp.76-80.

<sup>86</sup> Foundation for Alcohol Research and Education. (FARE). (2012). 2012 Foundation for Alcohol Research and Education Annual Alcohol Poll: Attitudes and Behaviours. Canberra: FARE.

<sup>87</sup> NSW Bureau of Crime Statistics and Research. (2012). 'NSW Recorded Crime Statistics April 2007 to March 2012'. Unpublished data. Reference #jh12-10749.

<sup>88</sup> Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., et al. (2010) Op. cit., p.213.

<sup>89</sup> Ibid. p.214.

<sup>90</sup> Morgan, A. & McAtamney, A. (2009). 'Key issues in alcohol-related violence'. *Research in Practice* (summary paper) 4. Retrieved from <a href="http://www.aic.gov.au/publications/current%20series/rip/1-10/04.html">http://www.aic.gov.au/publications/current%20series/rip/1-10/04.html</a>. Accessed 25 February 2013.

<sup>91</sup> Wells, S., & Graham, K. (2003). 'Aggression involving alcohol: relationship to drinking patterns and social context'. Addiction 98, pp.33– 42.

<sup>92</sup> Makkai, T. (2001). 'Alcohol and Disorder in Australian Community: Some Results from the National Drug Strategy Household Survey, in Alcohol, Young Person and Violence', Ch. 5 in *Alcohol, Young Persons and Violence*, Williams, P. (Ed). Australian Institute of Criminology Research and Public Policy Series. No. 35, p.93. Retrieved from <a href="http://www.aic.gov.au/documents/0/9/E/%7B09E08D01-F508-4FB1-85AB-02A990A17AE2%7DRPP35.pdf">http://www.aic.gov.au/documents/0/9/E/%7B09E08D01-F508-4FB1-85AB-02A990A17AE2%7DRPP35.pdf</a>>. Accessed 25 February 2013.

<sup>&</sup>lt;sup>61</sup> AIHW. (2011). Op. cit.

<sup>94</sup> NSW Department of Premier and Cabinet. (2012). 'Media release – Restrictions on Kings Cross Licensde Venues'. 15 August. Retrieved from <a href="http://www.premier.nsw.gov.au/sites/default/files/RESTRICTIONS%20ON%20KINGS%20CROSS%20LICENSED%20VENUES.pdf">http://www.premier.nsw.gov.au/sites/default/files/RESTRICTIONS%20ON%20KINGS%20CROSS%20LICENSED%20VENUES.pdf</a>. Accessed 25 February 2013.

<sup>95</sup> Livingston, M. (2008). 'A longitudinal analysis of alcohol outlet density and assault'. *Alcoholism: Clinical and Experimental Research*, 32(6), pp.1074-1079.

<sup>96</sup> Miller, P., Tindall, J., Sønderlund, A., Groombridge, D., Lecathelinais , C., Gillham, K., McFarlane, E., de Groot, F., Droste, N., Sawyer , A., Palmer, D., Warren, I., Wiggers, J. (2012). *Dealing with alcohol-related harm and the night-time economy (DANTE)*. Monograph Series No. 43. Canberra: National Drug Law Enforcement Research Fund (NDLERF), pp.131-132.

<sup>97</sup> Burgess, M. & Moffatt, S. (2011). 'The association between alcohol outlet density and assaults on and around licensed premises'. *Crime and Justice Bulletin* 147. Retrieved from

<http://www.lawlink.nsw.gov.au/lawlink/bocsar/ll\_bocsar.nsf/vwFiles/cjb147.pdf/\$file/cjb147.pdf>. Accessed 25 February 2013. <sup>98</sup> Kypri, K., Jones, C., McElduff, P. & Barker, D. (2010). 'Effects of restricting pub closing times on night-time assaults in an Australian city'. *Addiction* 106(2), pp.303-310.

99 Ibid.

<sup>100</sup> Hunter New England Local Health District. (2011). No title. Retrieved from <http://lastdrinks.org.au/wp-content/ uploads/2012/07/New-Institute-June-2012\_Newcastle-Interventiongipa1.pdf>. Accessed 25 February 2013.

- <sup>101</sup> Jones, C., Kypri, L., Moffatt, S., Borzycki, C., & Price, B. (2009). 'The impact of restricted alcohol availability on
- alcohol-related violence in Newcastle, NSW'. Contemporary issues in Crime and Justice 137, pp.1-2.

1

<sup>102</sup> Miller, P. *et al.* (2012). Op. cit. p.138.

<sup>103</sup> Ibid. p.139.

<sup>104</sup> Jones, C., *et al.* (2009). Op. cit. pp.1-2.

<sup>105</sup> Miller, P. *et al.* (2012). Op. cit. p.137.

<sup>106</sup> Foundation for Alcohol Research and Education. (FARE) (2012). *Foundation for Alcohol Research and Education Annual Alcohol Poll: Attitudes and Behaviours. Community Attitudes and Behaviours: New South Wales.* Canberra: FARE. Retrieved from

<a href="http://www.fare.org.au/wp-content/uploads/2011/07/NSW-Galaxy-Report.pdf">http://www.fare.org.au/wp-content/uploads/2011/07/NSW-Galaxy-Report.pdf</a>>. Accessed 25 February 2013.

<sup>107</sup> Health Statistics NSW. (Year unknown). 'Alcohol attributable hospitalisations by sex, NSW 1998-99 to 2010-11'. Retrieved from <a href="http://www.healthstats.nsw.gov.au/indicator/beh\_alcafhos>">http://www.healthstats.nsw.gov.au/indicator/beh\_alcafhos></a>. Accessed 25 February 2013.

<sup>108</sup> White, V. & Bariola, E. (2012). Op. cit., p.45.

<sup>109</sup> Collins, D.J. & Lapsley, H.M. (2008). *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*. National Drug Strategy Monograph Series No. 64.

<sup>110</sup> Ibid. p.xi-xii.

<sup>111</sup> Poynton, S., *et al.* (2005) Op. cit.

<sup>112</sup> Health Statistics NSW. (Year unknown). 'Alcohol attributable hospitalisations by Local Government Area, NSW 2009-10 to 2010-11'. Retrieved from <a href="http://www.healthstats.nsw.gov.au/Indicator/beh\_alcafhos\_lgamap">http://www.healthstats.nsw.gov.au/Indicator/beh\_alcafhos\_lgamap</a>. Accessed 25 February 2013.

<sup>113</sup> Poynton, S., *et al.* (2005) Op. cit. p.8.

<sup>114</sup> Ibid.

<sup>115</sup> Miller, P. Tindall, J., *et al.* (2012). Op. cit., p.86.

<sup>116</sup> Bien, T., Miller, W., & Tonigan, J. (1993). 'Brief interventions for alcohol problems: a review'. Addiction 88, pp.315-336.

<sup>117</sup> Babor, T. & Higgins-Biddle, J. (2000). 'Alcohol screening and brief intervention: dissemination strategies for medical practice and public health'. *Addiction* 95(5, pp.677-686.

<sup>118</sup> Bertholet, N., Daeppen, J.B., Wietlisbach, V., Fleming, M., Burnand, B. (2005). 'Reduction of alcohol consumption by brief alcohol intervention in primary care: systematic review and meta-analysis. *Archive of Internal Medicine* 165(9), pp.986-995.

<sup>119</sup> Kaner, E.F., Dickinson, H.O., Beyer, F., Pienaar, E., Schlesinger, C., Campbell, F., Saunders, J.B., Burnand, B., Heather, N. (2009). 'The effectiveness of brief alcohol interventions in primary care settings: A systematic review'. *Drug and Alcohol Review* 28(3), pp.301-323. <sup>120</sup> Kaner, EF.S., Dickinson, H.O., Beyer, F.R., Campbell, F., Schlesinger, C., Heather, N., Saunders, J.B., Burnand, B., Pienaar, E.D. (2007). Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database System Review*. Retrieved from <a href="http://summaries.cochrane.org/CD004148/effectiveness-of-brief-interventions-in-primary-care-populations#sthash.KWq51wdu.dpuf>.</a>

Accessed 28 February 2013. <sup>121</sup> Ahmed, M. (2007). 'Is ED-based Brief Intervention worthwhile in children and adolescents presenting with alcohol-related events?' *Emergency Medicine Journal* 24(2), pp.125–128.

<sup>122</sup> Wutzke, S.E., Shiell, A., Gomel, M.K., Conigrave, K.M. (2001). 'Cost effectiveness of brief interventions for reducing alcohol consumption'. *Social Science & Medicine* 52(6): 863-870.

<sup>123</sup> Gilligan et al. (2012). Adolescent risky drinking: Sources of alcohol and the role of parents. Canberra:

Foundation for Alcohol Research and Education.

<sup>124</sup> National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia, Canberra, p.4.

<sup>125</sup> Ibid. pp.57-68.

126 Ibid.

<sup>127</sup> National Drug Policy New Zealand. (2002). 'Tackling Alcohol-related Offences and Disorder in New Zealand'. Retrieved from <a href="http://www.ndp.govt.nz/moh.nsf/0/55A657CFF8203066CC2572F10001B35A">http://www.ndp.govt.nz/moh.nsf/0/55A657CFF8203066CC2572F10001B35A</a>. Accessed 25 February 2013.

<sup>&</sup>lt;sup>93</sup> Trifonoff, A., Andrew, R, Steenson, T., Nicholas, R., & Roche, A.M. (2011). *Liquor Licensing Legislation in Australia: An Overview*. An National Centre for Education and Training on Addiction (NCETA). Adelaide: Flinders Univesity, p.xiii.

<sup>129</sup> Australian Bureau of Statistics. (2010) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*. October. Canberra: Australian Bureau of Statistics.

<sup>130</sup> Australian Government Department of Health and Ageing for the National Drug Strategy. (2003, 2006). National Drug Strategy:
 Aboriginal and Torres Strait Islander peoples Complementary Action Plan 2003-2009. Canberra: Commonwealth Government of Australia.
 <sup>131</sup> Wilson, M., Stearne, A., Gray, D., & Saggers, S. (2010). Review of harmful use of alcohol amongst Indigenous Australians. Retrieved from <a href="http://www.healthinfonet.ecu.edu.au/alcoholuse\_review">http://www.healthinfonet.ecu.edu.au/alcoholuse\_review</a>. Accessed 25 February 2013.

<sup>132</sup>. Department of Health and Ageing (DoHA). (2007). Alcohol Treatment Guidelines for Indigenous Australians. Canberra: DoHA.
 <sup>133</sup>. Mid North Coast Aboriginal Health Partnership. (2001). Mid North Coast Aboriginal Injury Surveillance Project Report. Sydney: NSW Health, Injury Prevention Policy Unit, p.33. Retrieved from <a href="http://www0.health.nsw.gov.au/pubs/2001/pdf/mid\_abl\_injury.pdf">http://www0.health.nsw.gov.au/pubs/2001/pdf/mid\_abl\_injury.pdf</a>. Accessed 25 February 2013.

<sup>134</sup> Australian Bureau of Statistics (ABS). (2011). *Prisoners in Australia*, 2011. ABS cat. no. 4517.0.

<a>http://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0/>. Accessed 25 February 2013.</a>

1 AL

<sup>135</sup> ABS. (2011). Census of Population and Housing: counts of Aboriginal and Torres Strait Islander Australians, 2011. ABS cat. no. 2075.0. <a href="http://www.abs.gov.au/ausstats/abs@.nsf/mf/2075.0">http://www.abs.gov.au/ausstats/abs@.nsf/mf/2075.0</a>. Accessed 25 February 2013.

<sup>136</sup> Indig, D., McEntyre, E., Page, J. & Ross, B. (2010). 2009 NSW Inmate Health Survey: Aboriginal health report. Sydney: Justice Health. Retrieved from <http://www.justicehealth.nsw.gov.au/publications/Inmate\_Health\_Survey\_Aboriginal\_Health\_Report.pdf>. Accessed 25 February 2013.

137 Ibid.

<sup>138</sup> ANCD. (2013). Op. cit., p.30.

<sup>139</sup> Gavin Moodie. (2010). 'Trends, risks and opportunities in Australian higher education post 2012'. Paper presented to the University of New England council retreat on 10 October 2010, p.3. Retrieved from: <a href="http://www.une.edu.au/governance/academicboard/Occasional">http://www.une.edu.au/governance/academicboard/Occasional</a> per cent20Addresses/gavin-moodie>. Accessed 25 February 2013.

<sup>140</sup> Hallett, J., Howat, P.M., Maycock, B.R., McManus, A., *et al.* (2012). 'Undergraduate student drinking and related harms at an Australian university: web-based survey of a large random sample'. *BMC Public Health* 12:37. Retrieved from <a href="http://www.biomedcentral.com/1471-2458/12/37">http://www.biomedcentral.com/1471-2458/12/37</a>. Accessed 25 February 2013.
 <sup>141</sup>. Moreira, M.T., Smith, L.A., & Foxcroft, D. (2009). 'Social norms interventions to reduce alcohol misuse in university and college

<sup>141</sup>. Moreira, M.T., Smith, L.A., & Foxcroft, D. (2009). 'Social norms interventions to reduce alcohol misuse in university and college students'. *Cochrane Database of Systematic Reviews 2009, Issue 3*. Published on-line 20 January 2010. Retrieved from

<a href="http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006748.pub2/full">http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006748.pub2/full</a>. Accessed 25 February 2013.

<sup>142</sup> Kypri, K., Cronin, M., & Wright, C. S. (2005). 'Do University Students Drink More Hazardously Than Their Non-Student Peers?' Addiction, 100, pp.713–714.

<sup>143</sup> Hallett, J., *et al.* (2012). Op. cit.

<sup>144</sup> Martinez, J.A., Sher, K.J., & Wood, P.K. (2008). 'Is Heavy Drinking Really Associated With Attrition From College? The Alcohol–Attrition Paradox'. *Psychology of Addictive Behaviour* 22(3), pp.450–456.

<sup>145</sup> Hallett, J.A., *et al.* (2012). Op. cit.

<sup>146</sup> Ibid.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

149 Ibid.

<sup>150</sup> Kypri, K., Paschall, M.J., Langley, J., Baxter, J., *et al.* (2009). 'Drinking and Alcohol-Related Harm Among New Zealand University Students: Findings From a National Web-Based Survey'. *Alcoholism: Clinical and Experimental Research* 33(2), pp.307–314.

151 Ibid.

<sup>152</sup> Kypri, K., Paschall, M.J., Langley, J.D., Baxter, J., & Bourdeau, B. (2010). 'The role of drinking locations in university student drinking: findings from a national web-based survey'. *Drug and Alcohol Dependence* 111(1-2), pp.38-43.

<sup>153</sup> Polizzotto, M. N., Saw, M. M., Tjhung, I., Chua, E. H. & Stockwell, T. R. (2007). 'Fluid skills: drinking games and alcohol consumption among Australian university students'. *Drug and Alcohol Review* 26, pp.469–475.

<sup>154</sup> Jim Beam. (2012). 'Jim Beam On Campus'. Retrieved from <a href="http://jimbeam.com.au/jim-beam-on-campus">http://jimbeam.com.au/jim-beam-on-campus</a>. Accessed 25 February 2013.
<sup>155</sup> The University of Western Australia. (2012). 'Current students: Tertiary Alcohol Project'. Last up-dated 13 September 2012. Retrieved from <a href="http://www.student.uwa.edu.au/life/health/fit/tap">http://www.student.uwa.edu.au/life/health/fit/tap</a>. Accessed 25 February 2013.

<sup>156</sup> The University of Western Australia. (2012). 'Event Management Toolkit: Managing Alcohol at Events'. Last up-dated 5 June 2012. Retrieved from <a href="http://www.student.uwa.edu.au/life/health/fit/tap/toolkit">http://www.student.uwa.edu.au/life/health/fit/tap/toolkit</a>. Accessed 25 February 2013.

<sup>157</sup> Hallett, J., Maycock, B., Kypri, K., Howat, P., McManus, A. (2009). 'Development of a web-based alcohol intervention for university students: processes and challenges'. *Drug and Alcohol Review*, 28(1); 31-9.

<sup>158</sup> Reavley, N.J., Jorm, A.F., McCann, T.V. & Lubman, D.I. (2011). 'Alcohol consumption in tertiary education students'. *BMC Public Health* 11 (545). Retrieved from <a href="http://www.biomedcentral.com/1471-2458/11/545#86">http://www.biomedcentral.com/1471-2458/11/545#86</a>>. Accessed 25 February 2013.

<sup>159</sup> Kavanagh, A.M., Kelly, M.T., Krnjacki, L., Thornto, L., *et al.* (2011). 'Access to alcohol outlets and harmful alcohol consumption: a multilevel study in Melbourne, Australia'. *Addiction* 106(10), pp.1772-79.

<sup>160</sup> Moreira, M.T., Smith, L.A., Foxcroft, D. (2009). Op.cit.

<sup>&</sup>lt;sup>128</sup> Centre for Epidemiology and Research. (2010). *NSW Population Health Survey. 2006–2009 Report on Adult Aboriginal Health.* Sydney: Department of Health, p.17.



Foundation for Alcohol Research & Education

Level 1 40 Thesiger Court Deakin ACT 2600

PO Box 19 Deakin West ACT 2600

www.fare.org.au

ISBN: 978-0-9875187-4-3