

## WORKSHOP 2

# The National Alcohol Strategy 2005–2009 ~ have your say

Chair: Rodger Brough  
Facilitator: Trevor King

**RODGER BROUGH:** Good afternoon, ladies and gentlemen. We might get this session under way. My name is Rodger Brough and I'll be chairing the session for you. I should perhaps explain that the people over here wearing the green hats are the 21 scholarship holders from scholarships that were awarded by ARCAB and ADCA, who have arranged the alcohol and drug stream of this conference. We're grateful to the organisers for allowing us to introduce this stream at this conference. Our grateful thanks and appreciation are extended to the Commonwealth Department of Health and Ageing for the funding which has enabled this. This is the first conference session in the Alcohol and Other Drugs stream.

The Commonwealth Health Department's sponsorship has, with assistance from the Alcohol Education and Rehabilitation Foundation, supported the ARCAB/ADCA scholarship program. In the audience today is Mr Daryl Smeaton, the Chief Executive Officer of the AERF, and Ms Moya Smith from the Department of Health and Ageing is also here today. So I'd like to acknowledge them in thanking them and their organisations for supporting this innovative program.

We'll move straight into the workshop today. The workshop will be run by Trevor King from Turning Point Alcohol and Drug Centre in Melbourne. Having known Trevor for 21 of the 25 years he has worked in the alcohol and drug sector, as a clinician, manager and educator, he is eminently experienced and qualified to lead this workshop. Trevor is part of the senior management team at Turning Point, and Turning Point has been contracted to conduct the lead up to the Alcohol Strategy 2005–2009 on behalf of the Commonwealth. So, Trevor will be taking us through this workshop. Thanks, Trevor.

**TREVOR KING:** Thanks very much, Rodger, for those remarks. I'm intending to break up this workshop into a number of sections. There's a very brief presentation that I want to do. The presentation really gives an overview of what the project is about, the timelines, etc and I'll then try and give you a bit of a sense of what the opportunities are for input along the way.

I'll talk a little about why the need for another alcohol strategy, although certainly many in the room won't need too much convincing about that. After that presentation, I'm really very interested in getting feedback – I want this to be an interactive session. I'm very, very interested in your views about what some of the issues are, what some of the strategies might be, for the new National Alcohol Strategy.

What we've also done is we've run off a series of feedback sheets, so in addition to the discussion, we're also providing you with the opportunity to write about what you see as some of the key issues. That allows me to go away and do some sort of analysis of it, and I'm adding information as I go. We were at the Thinking/Drinking Conference down in Melbourne, going back a couple of weeks now, and we had, I think, about 50 people in the room and they gave some really good solid feedback, and that's very, very helpful; and to have it documented is also very helpful.

All right, I'll get into this part of the session. Because it goes for an hour and a half, there's a spot where, when I ask you to write some feedback, I think it might be an opportunity to get up and walk around a little as well. It's going to be a bit tough to go for an hour and a half, I think. Again, there's a whole heap of data that I could present here today about alcohol and some of the harms, and it's not my intention to go on and on and on about it, but I did want to set the context for the strategy by just going through some background.

We know, for example – this is some work that The National Drug and Alcohol Research Centre (NDARC) did a couple of years ago now, and these figures are very well known. About 10 per cent of Australians drink alcohol in a risky way; about 6 per cent – I think it's 6.1 per cent their figures were suggesting – of the population use or are dependent on alcohol.

It's also worth acknowledging the harms that are associated with heavy consumption, but what's becoming more and more apparent to us is that lower level consumption, what we might describe as average or low consumption, with episodic intoxication, is also associated with a whole range of harms. Such alcohol abuse is implicated in violent crime, homicide, domestic violence, motor vehicle and industrial accidents, to mention just a few.

There are two groups that have already been suggested to us as 'absolutely needed' in reviewing the alcohol strategy. We certainly need to address issues around these groups in the new strategy.

The first is young people. Now, again, just to highlight what some of the issues are, let's look at non-alcohol related, serious road injuries. I would just ask you to look at the 26 per cent of the 15 to 24 year group, and then see what happens when you add alcohol to the equation. These figures might be very, very familiar to some people here. In relation to alcohol-related harms, we know three leading causes of death in adolescents: unintentional injuries; homicide and suicide are all associated with the use of alcohol.

The second group that it's absolutely loud and clear to us that we've still got a long way to go, relates to Indigenous Australians and alcohol related problems; problems that are experienced by Indigenous Australians in metro, regional and remote areas. Again, these sorts of figures, I think it's fairly explanatory here with the females, comparing Indigenous and non-Indigenous, comparing states, comparing metro and non-metro; and I think that the figures are quite startling. When it comes to males, again, the pattern is in some ways quite similar and disturbing.

We have a telephone help-line service, Directline, at Turning Point in Melbourne. In looking at over 7000 calls we were interested to look at what people are concerned about in Victoria. These are calls from family members. You'll note that this is 2003 data and it's getting old, but let me tell you how it has changed. Unfortunately, I didn't receive this data early enough to include it in the slide. It won't surprise you to know that the psycho stimulants, the amphetamines, the ecstasy and so on, are represented at a much higher level than was the case in 2003. But alcohol remains the drug of most concern.

I think in any discussion like this, we certainly need to acknowledge that there's a growing body of literature that alcohol may have some benefits to some groups, under some circumstances. But it's probably worth saying – I'm not going through all of this – it's probably worth saying that in some areas, the research isn't that solid just yet.

There's evidently some evidence that the studies that have been done in terms of showing protection against heart disease, may have some methodological issues in there that might suggest that the figures aren't quite as compelling as they might at first seem. I don't know the

detail of that, but one of the speakers from National Drug Research Institute who will be speaking tomorrow has more information on that issue.

The previous national alcohol strategy, was in place from 2001 to 2003–04, so we're actually at a stage now where there is no strategy. We're in a vacuum, so it feels a bit weird, and that's what we're really trying to do something about. Just quickly let me outline the key strategy areas from the previous strategy; they focused on informing the community, protecting those at high risk, and preventing harm to young people.

There's also consideration around legislation and regulation. Marketing and taxation were also areas of concern. Drinking environments, particularly licensed premises, were also considered. Drink-driving has been an issue for a long time, that we need to be vigilant. We've had some great successes, but things can change fairly quickly if we don't remain vigilant.

Interventions, health professionals – we do know that the strategy is designed to encourage treatment for people early in their drinking career, if you like. That can be very successful strategic public health approach to address alcohol problems.

Research and workforce development are also listed as key strategy areas. Someone asked the question at the Thinking/Drinking Conference in Melbourne recently, whether the recent national alcohol strategy has been evaluated: and it hasn't, which seems a little strange, I think.

In some ways through this process, we're doing an evaluation of it, because we're engaging with people who have got very strong views about how effective it was. While there was some fantastic work done by the National Expert Advisory Group on Alcohol (NEAGA) members that went into developing the first National Alcohol Strategy, we have received some critical feedback in two areas.

The first was that the strategy wasn't designed in a way that could easily measure successes. I think that's a problem sometimes with a lot of policy documents. The other criticism has been that it was a little bit "all things to all people". It didn't have a focus that you might want. We can sit here, for example, and think of a hundred or maybe even 200 things that we should be doing in relation to alcohol, but there's a bit of a sense that, for the next strategy, we might want to sort of zero in on some things that are achievable; some do-able things.

In terms of the development of the new strategy, we're certainly wanting to build on past efforts. This doesn't mean starting with a blank slate. There is a lot of work that's been done over the years, and we are certainly wanting to build on that.

We want to seek evidence. NDARC is doing a review of a background paper that was developed for the last strategy, called "Issues and Strategies", if my memory serves me well. So, they're going through a process of updating that evidence base for this new strategy. We want to consult widely and we're just now developing up a consultation strategy – a strategy that also includes opportunistic access to conferences such as this one.

I want now to focus on some of the key areas we're really trying to push people to think about, in a strategy:

What are the things that just simply must be in there, critical issues that we must address?

We also want to identify some achievable goals and strategies.

We're also interested in trying to build some sort of sense of engagement and ownership of the strategy and, quite frankly, we'd be happy to be talking to bodies that might be in a position to fund strategies, for example. If there are people saying, "Gee, here's some good strategies and

we'd be interested in contributing some money to that", they're the strategies that might sort of creep towards the top of the pile.

In terms of the process of this project, there's a Project Management Group. Professor Margaret Hamilton is chairing that group. There are also four advisory groups. The Health and Social Issues group is a group we have not yet met with.

We did meet with the Research Advisory Group last year, and we've gone through a process of trying to identify where are the research gaps and what are the sorts of things we need to be doing; what might the strategy be to pick up in terms of a research agenda. And as I said before, we're also doing a review of the earlier evidence base that we had for the previous strategy.

We've met with the Alcohol, Beverage and Hospitality Advisory Group. This is not an homogenous group of people; they are representing a whole range of interests. We met with them a couple of weeks ago and we will be meeting with them again over the duration of the project.

The final group, is one we are trying to work out how to get all of the appropriate representatives together. This is the Regulation, Enforcement and Public Amenity Advisory Group. So we've got people from liquor licensing, local government and so on, in that group, providing advice.

The Management Group is very interested in a consultation process that will take us right around the country. We're looking at setting up forums in all states and territories, trying to get as far as we can, to get out and speak with people in both the metro and non-metro regions.

We're also taking a pragmatic approach. We want to meet with key individuals and along with your written feedback today, if there's someone that you believe we absolutely must speak with, then please, give us that information. We're also attending conferences and meetings all over the place. A website <http://www.alcohol.gov.au>, where we can post information about the consultation schedule, has also been set up. We'll be developing background papers and we'll be inviting interested people to read the consultation document and contribute to the process. We're developing a consultation paper that will be available early in April.

We also want to meet with some of the peak bodies, and there's a range of them. For example, the Victorian Association of Alcohol and Drug Agencies (VAADA) and Western Australian Network of Alcohol and Other Drug Agencies (WANADA) and – I'm struggling to remember all of these. But these are, we think, good opportunities for really valuable input, if we can encourage these peak bodies to bring together people as part of our state forums.

And of course we are seeking general feedback from the public

We are aiming to get to a point where we will have a lot of information, have it focused and collated, and in Stage 2, a draft strategy will be developed. It's our expectation that once we've got to that point, we will need to go back out and consult once again, but with more focused consultation at that stage.

We are also looking to the states that have held 'summits' in recent years.

We have already spoken to people in New South Wales about the alcohol summit and their experiences and what has gone well and what has not gone so well, and what do we need to take on board.

Although we're really trying to do a range of things, the timelines are quite tight. There's a lot of ground to cover and we need to put a report for NCDS for endorsement in November.

So you can see, we've set up and met with advisory groups. We're now just going through a process of informal meetings. We're at a point where NDARC have delivered the review of the literature, so we're not too far away from developing up the consultation paper. What I'm talking about here is a three or four page, "We're thinking about this, this might be a strategy, what do you think?" It will be that sort of thing.

The questions that I'm really wanting to put to you as a group today, and these are in the sheets that we'll hand out to you, the written feedback sheets. What are the main issues for attention in the next four years regarding alcohol? What are the best opportunities for reducing harm associated with alcohol in Australia, in your opinion? What do you think should be the main focus of attention for the National Alcohol Strategy? What issue or action might provide an opportunity for local action? So we're really trying to zero in at a number of levels here.

The analysis we did of the Thinking/Drinking Conference feedback, provided a long list of things, from the macro – around taxation and pricing and advertising and cultural change and globalisation and so on, right down to more specific strategies. I'm hopeful that we will continue to build on what we already have.

I think I alluded to this before – we're also seeking your assistance in other ways. We're very, very pleased when someone says, "Oh, there's a report you've just got to read, and this is the name of the report, here's a copy of it" – sometimes. Or, "Here's the author and this is someone who is really good". Or information about particular forums, where we're still looking for opportunities to get out and about, in terms of meetings like this. If you know about a conference going on that would be a really useful opportunity to receive feedback and also to spread the word about the new strategy, then we'd be keen to hear about it. Or small groups to consult, individuals to consult, or any other suggestions that you might have.

Just to let you know, Moya is the person to contact to make comment, to make an enquiry or to register interest or whatever: [moya.smith@health.gov.au](mailto:moya.smith@health.gov.au).

**MOYA SMITH:** To see what's going on, whatever you need.

**TREVOR KING:** We're not there yet in terms of the website, but it is in the process.

Moya is just going through the steps that you need to go through to get something set up at the Commonwealth.

That's the presentation bit for me.

So where to from here? I'm really very interested in at this stage is just your general thoughts about the National Alcohol Strategy, anything that you would want us to hear in relation to the new strategy. So I'm thinking it's probably around 20 minutes for that discussion, if we need that amount of time. After that, we'll circulate this document that asks you address the questions we have up there.

The final bit I'm going to really push is to ask you what is the one single issue. This is the one that's absolutely critical that it's addressed in this new strategy, and some suggestions on how it might be addressed. So, I want to go from the general down to the specific. So, I'll stop at this stage and I'm really keen just to throw it open to the floor for discussion. I don't want to guide you too much. I'm really just wanting to hear from you about what are the sorts of things you want to say about this new National Alcohol Strategy.

**FEMALE SPEAKER:** Trevor, I think your first slide that talked about 10 per cent of the Australian population drinking at risky levels of alcohol is really focusing on levels for long-term harm and it's not recognising the 40-odd per cent of the population whose drinking levels place them at risk of short-term harm. So I think it's really important that the strategy actually recognises that there's a number of patterns of drinking that are problematic, not just heavy, regular drinking. So that's the first thing.

I think the second thing it's really important that it does reflect the evidence base. And a lot of the strategies that have the best evidence are also the least popular with government, like taxation, and enforcement of liquor licensing laws and recognising the importance of having good regulations and not allowing density of outlets, that sort of thing. So I think it is really important that the strategy actually bites that bullet and recognises that we do need to look at the evidence-based strategies, not just the nice feel good educational programs that governments want to do.

**TREVOR KING:** Absolutely, they are good points to make. Interestingly, the Thinking/Drinking conference feedback also made the point very, very clearly, about the most popular sorts of strategies tend to be the least effective strategies. In some way, some people would say, "We've already done this, now we've got to make some inroads on the tougher stuff", taxation and so on, so point absolutely taken.

**DARYL SMEATON:** Daryl Smeaton from the Alcohol Education and Rehabilitation Foundation. Thank you very much, Trevor, for taking part. Could I just begin by introducing the Director of the Foundation, Anne Mosey. She is actually from Alice Springs, so I'm very pleased to have her with me. I will be a little controversial by suggesting that I don't think we need a national alcohol strategy. What we need is a national drug strategy that recognises that alcohol is a drug and when it's misused, it's the most dangerous drug in our community. That's what we really need. And this has been the case, unfortunately, more and more, since 1997 when the government introduced Tough on Drugs. Let me quote you three findings from three national household surveys.

In 1995, there was a question asked of every national household survey, "If you were told that Roger had a drug problem, what drug would be involved" In 1995, 38 per cent of people said alcohol. In 1998, 14 per cent said alcohol, and in 2001, less than 8 per cent said alcohol. Now, nothing has changed since 1995, except the focus of governments right around the country as being on illicit drugs. \$2 billion since 1997 has been spent on the National Illicit Drug Strategy. Less than \$50 million – \$50 million – has been spent by the federal government on alcohol since that time.

But by any measure, alcohol is by far the most dangerous drug in our community. The harms are borne – three and a half thousand people on average die every year from alcohol misuse, and yet all we hear – Trevor said it himself – is a rising concern about ecstasy and amphetamines. Well, frankly, three people died last year from ecstasy overdoses – three. Three and a half thousand people died from alcohol. So, I'm saying we don't need a National Alcohol Strategy; we need a National Drug Strategy recognising alcohol as the most dangerous drug in our community.

**TREVOR KING:** ... but that's sort of the point. Point taken.

**FEMALE SPEAKER:** I think it's vital that any drug strategy or alcohol strategy continue to have links with mental health strategy because ... at least 75 per cent of people who have been to mental health services will have a drug and alcohol issue. Alcohol is the most frequently used drug or substance and it's a chicken and egg thing. We don't know which comes first, but

we need to have those strategies ... and to have it recognised that we can't fund or work with people ...

**FEMALE SPEAKER:** I just wanted to add to – I mean, not to take away from the fact that only three people died from an ecstasy overdoses. I think obviously we're referring to what people identified in their household survey to be the most problematical. Parents are concerned about which drug their children are concerned about.

And I can understand there's rising concern about your children's use of drugs, but I think the point of distinction is that alcohol is accepted across the life span and continues to be used whether it's at, fluctuating levels, going from less harmful to more harmful It's not just bingeing, but in patterns of abuse and behaviour.

**TREVOR KING:** If you want to build on that, I'd like to get that sort of richness to the discussion, because I think this is so far fantastic in terms of feedback.

**FEMALE SPEAKER:** I guess I'd like to build on the mental health and I'd like to suggest that one of the things up there would maybe be mental health first aid, maybe ...

**FEMALE SPEAKER:** I think the broader issue there is that government has separated out drug and alcohol from mental health issues and assumed that they are streams that don't connect. They're funded separately, they are organised separately, and now we need projects to put the two back together. But I just think the fact that we say "drug and alcohol" sends the message out that alcohol isn't a drug. Your average Joe Blow out there doesn't think that he's using a drug when he drinks alcohol. The general public don't consider that alcohol is a drug.

**FEMALE SPEAKER:** And alcohol and tobacco are the two leading causes of morbidity and mortality.

**FEMALE SPEAKER:** There are two things that I'd like to comment on. In the presentation you gave, I was a little concerned about the bio-strategy model and I think that would work very well with the licensing – for licensees and alcohol distributors basically who manufacture. I'm concerned that if we have a bio-strategy, that that will eliminate possibly some good ideas because if you prioritise something as a strategy because it had some attractive funding, then basically I think you get to the crux of the matter. So that was one point.

The other issue is that I think that one of the key things that any national strategy, whether it's alcohol or drugs, needs to incorporate is a much greater focus for rural and particular grass root services; a strategy in rural Australia in a small community means very little to a community with no drug or alcohol services. So, any strategy that we have as a nation, if it doesn't deliver funded services at the grass root level, even to small communities, is of no worth to that community whatsoever.

**TREVOR KING:** After working 25 years in the sector, the issue of how a range of strategies can be adequately funded is never far away. But I think it was Cheryl saying that this is a strategy that absolutely has to be based on sound evidence. Let me explain that a bit more. I think some areas we don't have enough evidence about. I think there is some room for very promising projects to be evaluated. I think the thing that we don't want to continue to do is to put up strategies where the evidence is quite clear that it ain't going to work, and that's a real concern, and we sometimes have a tendency to do that.

**MALE SPEAKER:** What kind of strategies have there been? I just don't have much knowledge of this area. Just roughly, what I'm getting at, is it just an educative sort of approach where, the message is "don't", and leaflets are handed out and promotional people are all around the country and when it gets down to the grass roots, what do you do in Cunnamulla, you know?

For these people here, there's no rehabs for miles and all that kind of thing ... But, Trevor, is that right, that it's just more or less been about awareness? Is this the main focus?

**TREVOR KING:** Let me put a quick comment on that. I think two things I'd say about it. One is essentially that a lot of the strategies have been down at the individual sort of level rather than about some of the structural stuff. And I think Cheryl summed it up very well. In the last few years, there's any amount of good evidence about the things that will work.

We know about things like pricing and taxation issues that we know will work, and the greater the price, the greater consumption reduction overall. We know there is some debate going on about codes of practice for advertising, and maybe the links are not quite there in terms of advertising. But there is some evidence for things that will work well, if there was a political will to take them on.

**FEMALE SPEAKER:** Just to build on from the mental health discussion, yes, I agree, totally agree. I'm completely in favour of getting back, drugs and mental health together, working together in partnership, because there's been a huge gap for quite a long time, particularly in New South Wales. But one of the things that's fairly important is more than just education programs. There needs to actually be service provision and treatment programs, particularly in the rural areas, because it's not appropriate for somebody with a mental illness to then have to travel a thousand kilometres to access a detox program. And, at the same time, a lot of detox programs say they don't want the person if they've got a mental illness.

**FEMALE SPEAKER:** Look, I mean, I'm just sort of going even further than that and thinking – when you talk about pricing and advertising and all those things, I mean, sport is huge in Australia; alcohol is still the biggest funder of most of the big sporting things. It's where advertising for alcohol is. I mean, that needs to be included in terms of the strategy, to involve communities, educate communities and start educating young. Probably, I suppose, you've got to stop it before it begins, but you've also got to treat it.

I would also say that there are a lot of practitioners that put on many hats, and the smaller the rural community, the more hats you wear. But you know, funding questions aren't asked, too. You wait until it's problematic and it's in your face, rather than giving people an opportunity to actually identify their own problems. It's not the health service providers that have to identify the problems. It needs to be often the person who's drinking..... You know, if you go to your GP, you should be able to say, "Look, I think I'm drinking too much" and get a response, not get, "Oh no, it's all right", and they give you the liver function tests and find everything is okay.

So, you know, how do you do it? I don't know.

**FEMALE SPEAKER:** Can I just comment, sporting clubs were mentioned, and one of my big concerns has been for a long time that as long as sporting heroes continue to promote that culture of alcohol, then young people who adore them obviously are going to emulate that, and I think that has to be changed. It has to be changed ...

**FEMALE SPEAKER:** I would like to build on that. I think the most dangerous thing you can do at communities ... You know, those men then spend three days of absolute alcohol poisoning, and is this a good thing that our seniors teach us?

**FEMALE SPEAKER:** I wonder too about the costs of the harms associated with drinking. I mean, when the cost of smoking outweighed the revenue collected, then we had the big push, and it has worked. It has worked so well. I just wonder whether the costs of alcohol are being collected correctly. You know, where I live, the police say that 87 per cent of their work involves alcohol, and they're flat out.

So, are those sorts of costs being looked at and collated? And that's only one area of policing. That's not even looking at family violence, those types of things where social workers are at the coalface – it's very resource intensive, to collect that sort of information. And I just wonder whether all those little segments of the pie are actually being collated, to really represent all the costs.

**TREVOR KING:** I think there's a real argument for collecting better data. Let's understand that alcohol is the big one here, and tobacco, but I think for that to occur and for there to be a shift in terms of community thinking around alcohol is not an easy ask.

**MALE SPEAKER:** I think we probably need to tap into it, but it's really interesting to be part of an 'accord' process. I'm involved in a couple of local community accords where you get a range of people in the room together. The police say, "80 per cent of our time involves this venue and it's that venue". Ambulance officers say, "It's not heroin overdoses that we worry about, it's the 6 o'clock swill that still goes on with office workers who have fallen over when their drunk", and then, the local council will say, "Our constituents are telling us about the body fluid spills all over the streets" – you get them together and all of a sudden, "Gee, this is an interesting picture, isn't it?" We're not actually capturing that information.

**MALE SPEAKER:** The Australian Institute of Criminology published two very interesting documents about two years ago, looking at some of that softer data about violence and those sorts of hidden community issues.

**FEMALE SPEAKER:** I'm very much a lay person, and I'm interested in that kind of mainstream office worker drinking type ... I think that there's nothing apart from the sort of drink/driving messages about what is the standard drink – and I don't think a lot of people really know what a standard drink is, anyway. There's nothing to educate people about what socially responsible drinking might be in Australia.

Our whole attitude towards drinking is very different, I think, from most other countries, and I'd like to see more sort of public promotion of different attitudes towards drinking. I don't think that parents know how to educate their kids about drinking because they grow up, taking a cask to the barbecue, just keep drinking until they can't take any more. And that's just mainstream behaviour, and I was staggered by your figure of 10 per cent of Australians who engage in risky drinking because that's not my experience.

**TREVOR KING:** And I'd say the point is well taken. If we start really looking at risky drinking – you may not drink, or you drink one or two drinks and it's not problematic, but once every two to four weeks you go out and get off your face, then the consequences of that, now all of a sudden, the figures are perhaps somewhat misleading.

**FEMALE SPEAKER:** So on cigarettes you have a health warning. In bars, why don't you have messages about, what is a safe level of alcohol to drink?

**MALE SPEAKER:** I'm from the Territory and as you know, we don't even know what the word "macho" means up there. But I have a particular interest in Aboriginal things. I've worked professionally with Aboriginal people in substance abuse. By far, most of my work is involved with alcohol. And I was quite incredulous this morning, and that's not the first time, that the latest surveys would tend to indicate that only 40-odd per cent of Aboriginal people consider they drink dangerously. I just can't accept that. My experience would indicate that it's probably twice that, and I worked all over west Arnhem Land and into Weipa and down in the Centre. I just wonder where the statistics come from. I have my own ideas.

I think it's the fact the question is unknown ... the questions that they ask, the way they're asked, and I believe they give very inaccurate information as a result. I'm retired now, on the

sidelines, but I still do voluntary work out in Arnhem Land for the Heart Foundation, but it relates to alcohol and tobacco and all those unhealthy substances. So I still have a fairly active interest in it.

**TREVOR KING:** And well taken. I'll just mention to you that Dennis Gray tomorrow will be a good resource person in this area tomorrow? Dennis Gray would be a good person to pose the question, how we're collecting the data particularly in Indigenous communities.

**FEMALE SPEAKER:** I think another area that the strategy would need to address is bolstering the family as a protective factor, family being whatever it might be. I don't know how you define family, but I think those units in which children are nurtured, in which adults relate intimately with one another are important. I think that is a protective factor that we have not capitalised on in terms of drug and alcohol work. I think that what we have done is we have learnt, particularly in rural Australia, to expect that the bar should pop up at every public function, including school kids' fetes. And I think that's a very disturbing role model.

So I think that in terms of protection, and rather than treatment, we need to do things that build family and build protective factors. One thing I really wouldn't like to see come out of this strategy is that a whole lot of referral services are promoted. In rural Australia, getting information about a referral service doesn't mean much at all in terms of actually achieving anything. Referral and advice services have very, very limited use.

**MALE SPEAKER:** I just want to tell you, now that somebody earlier mentioned the relationship between alcohol and sport. The session in the room next on Sunday morning at 11.15 is John Rogerson talking about the "Good Sports" program. I think that's one of the strategies that we really do need to focus on. All the stuff that happens with the league footballers doesn't start when they become a league footballer, it starts when they start playing T-ball and they learn from their fathers, their coaches and the supporters. We've got to get away from providing the best on the ground for the under 16s with a slab of beer.

But we've also got to understand that we have a drinking culture in this country. More than 50 per cent of Australians think getting drunk is an acceptable part of the Australian way of life. Well, we've got to make sure that doesn't happen. We've got change culture. But more importantly, I think we've got to get people to understand that point I'm making. Alcohol is a drug, and that's why I say we don't need an alcohol strategy; we need a drug strategy that recognises alcohol as the most dangerous drug. The biggest killer of under 25s, outstripping illicit and tobacco, is alcohol, by three times. We've got to do something.

**MALE SPEAKER:** There's a few points that I was just thinking about. First of all, I'm just thinking on people that I know. Generally at this point in time, if you're a smoker, you know you're a loser. If you go out and people smoke, it's recognised as being something which is socially unacceptable.

If you drink it's cool. In fact, not only is it cool, but if you don't drink you're uncool, and that's a major point. And also if you watch the Formula 1 and they finish, what's the first thing they do? They pop open a bottle of champagne and spray it everywhere. I think probably the responses we've made to cigarettes, are probably a good place to look at when we're talking about alcohol. That has certainly been successful in terms of how they went, in terms of banning advertising and stuff like that. I definitely think that that's made an impact on my generation in terms of our attitudes towards tobacco as opposed to alcohol.

**FEMALE SPEAKER:** I think another area that I wanted to just throw into the pot was about workplace drinking, and I'm just wondering if that was dealt with in the last national strategy, or whether we need it to come out in this one. I know that there's been a big push because of

public liability insurance and things like that, and a lot of agencies now are writing policies about workplace drinking. They also may include policies if you're representing your workplace at functions and conference dinners and so on. Hey, we've got one.

I actually think that's another thing, because it's built into the culture. A lot of people still do the boozy lunches and the boozy after work drinks, so I'm thinking about addressing that aspect of our drinking culture.

**TREVOR KING:** It's a whole new horizon, isn't it? It's interesting because we've been involved in workplace policies and trying to change cultures and gee, the rhetoric is really good. There's a real reluctance however to tackle changes in this area. I know Daryl you're interested in trying to generate some interest in workplaces taking greater responsibility for what happens in their own workplace.

**FEMALE SPEAKER:** One of the problems I think with alcohol at the moment is, it doesn't taste like alcohol any more and there is a growing trend for these little soft drink-type drinks. They are getting higher and higher in alcohol content. And that's pushed at young girls. And the other thing is about packaging. They used to be packaged in four, and now it seems to be in six. And that it's not 5 per cent alcohol any more, it's now 7, and rising. Is there any cap on how much alcohol you can get into ...

**RODGER BROUGH:** We might take perhaps two or three more comments, thank you.

**FEMALE SPEAKER:** I just wanted to build on the comment before about Indigenous issues, and I very much support what was said before. I think it is huge, huge issues, and restrictions and bans, they're not working. It's not enough. You can't say okay, your community has an alcohol ban....., therefore that's it. I know that that wouldn't have been such a black and white thing in the strategy, but there's a particular community that really jumps out at me, and they have an alcohol management plan. They have a pub which opens from 3 till 7 in the afternoon. At 2 o'clock, the community shuts down, everybody's heading to the pub. After 7 o'clock if you're not locked in the compound that you are staying in, you're an idiot. Like, it's not a nice community to be in after the pub shuts. They have just had to get more police on to the island to go to the next phase of the alcohol management. And so all of this is going on. But then on the other side of the island there's a fishing resort, but the restrictions don't apply to the resort. The resort can serve alcohol any time of the day, but in the community they can only get their alcohol from 3 till 7 o'clock. Like, it's just not working, like it's just breeding resentment, it's all of those things.

And they don't have a drug and alcohol worker. They have a psychologist that goes every six weeks, and that's not enough. It needs to change. If I had the answer I'd say it, and my job would be so much easier, and I don't expect you to come up with the answer straight away, but it's just got to change.

**FEMALE SPEAKER:** I guess it's the comment before about standard drinks that I want to pick up. I agree that information is readily available in my office, but not in the average place that a person drinks. The other thing that I worry about, is my career and life are absolutely controlled by that .05, and being under that, because I sure don't want to lose my car or my licence to drive it. But how can I check that I'm under .05? Is it possible for a person in the community to check on their alcohol level?

**FEMALE SPEAKER:** I'm a student. The amount of alcohol abuse I see amongst my peers and these are smartly dressed students, med students ... it's just the culture of acceptance with alcohol ... every Thursday, Friday, Saturday night and drink until you have to be rolled home. They've been through school where they've learnt about alcohol through education programs,

but they're not working. It's the culture that says it's cool to be one of those people that drinks. You're kind of out of the loop if you don't go out and get drunk. It's a huge problem, I think.

**FEMALE SPEAKER:** And I support that too, because even though I'm completely from a different part of Australia, I can fully agree with that statement. I think that it really shows that this is a really big issue on a national level, that 14 and 15 year old girls, they're going out and drinking.....; mates down at the pub having a beer after they win the footy ...

**FEMALE SPEAKER:** And you don't realise how much alcohol you're drinking ...

**FEMALE SPEAKER:** There was just a few themes, I guess, that are coming out of this. And that is, I think we do need to recognise that there are certain population groups who are at greater risk, and not just have something that is completely generic, although there's obviously some of those high level strategies like taxation, like labelling, etcetera, are population-based. And the other given is the big one that's emerged from the 2001 household survey which for the first time more young women are drinking at harmful levels than young men. And obviously Aboriginal and Torres Strait Islander populations are also at high risk.

I think the issue around how little people know about standard drinks is real. We've had it in Australia for years now – these standard drinks on the bottle – that's sitting there in front of them in the pub or whatever, but half the people can't find it on the label, it's pretty small. It can be anywhere on the bottle. There's no standard placement. So I think the issue of standard drink labelling is a big one. And just greater education so people realise their 300 ml tumbler is not a standard drink of wine, it's about three standard drinks. So I think we need to do a lot more about giving people the knowledge they need to make healthier choices.

And perhaps we also need to look at the issue of health messages on alcohol labels, I think. It may be a way to go as well.

On the issue of alcohol taxation generally, there are no incentives for people to produce low alcohol drinks. They can't compete with the low alcohol beer market, so they don't do it. But we need to look at providing some pricing incentives to industry to market lower strength products and encourage people to do that. And we've seen it work very successfully with the low alcohol beer market, but we don't have it for wine or RTDs. I think low strength RTDs make up less than two per cent of the RTD market in Australia.

So I think that's the big one. And also using taxation in terms of things like cask wine. A standard drink of cask wine pays around – well, it's probably about five cents now since the last budget incentives for the wine industry, about five cents per standard drink. If it's spirits it's at 33 cents in tax, and beer about 36 cents or something. So you know, there's real inequities there that push people towards high quantities, low quality products.

**RODGER BROUGH:** Thank you. I'm afraid we're going to have to call a halt to the open discussion at this point, we've gone over time on it. Sorry to those people that missed out. There are other opportunities that Trevor has explained to us that people have to make sure their voice is heard.

**TREVOR KING:** There is just one thing I would like to do before we leave this room and that is to get some written feedback. Moya is just handing those sheets out now. Please fill those out, that's really valuable. By the way, Moya has been madly taking notes over there. If it looks like we're just sort of letting the discussion flow over us, we have been getting the dialogue captured. It is absolutely critical that we get this written feedback as well, if you don't mind.