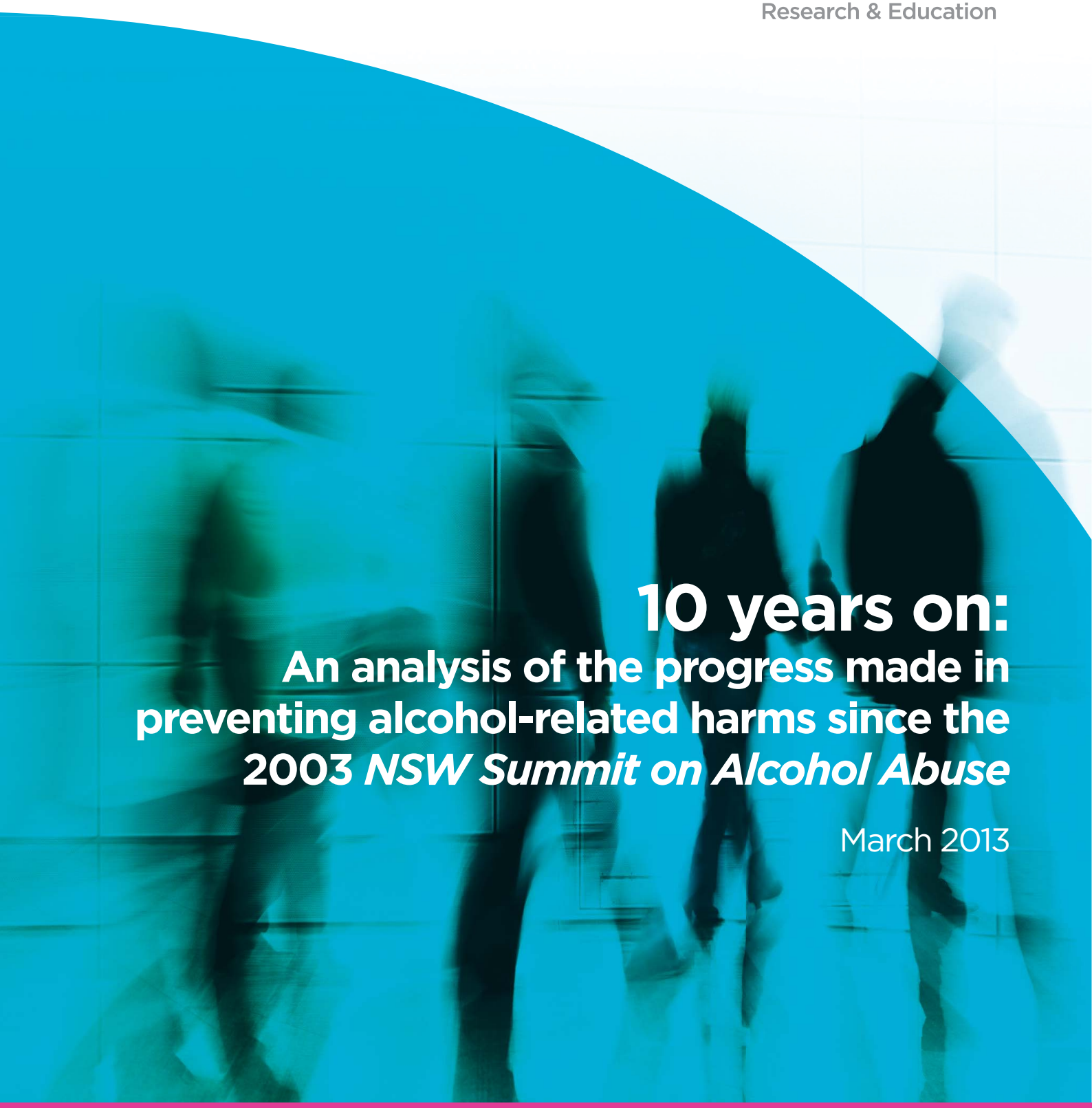
Foundation for Alcohol Research & Education



10 years on:

An analysis of the progress made in preventing alcohol-related harms since the 2003 *NSW Summit on Alcohol Abuse*

March 2013

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 800 organisations and funded over 1,500 projects addressing the harms caused by alcohol misuse.

FARE is guided by the *World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol*[1] for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

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.

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[1] World Health Organization (2010). Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization.

Summary

As part of the 2003 New South Wales (NSW) election campaign, the then Premier the Hon Bob Carr announced that if re-elected his Government would hold a summit on alcohol.[1] Following the Labor party's re-election, the NSW Parliament agreed to hold the *Summit on Alcohol Abuse* (the Summit). The Summit was held at NSW Parliament House between 26 and 29 August 2003 and was attended by more 300 stakeholders including parliamentarians, public servants, health professionals, community representatives and alcohol industry representatives.[2] A consultation process was also held in the lead up to the Summit and received over 300 submissions.

The NSW Government's response to the Summit came in May 2004 in the report *Outcomes of the NSW Summit on Alcohol Abuse 2003: Changing the culture of alcohol use in NSW* (Outcomes Report). The Outcomes Report specified the Government's long-term goal of

> changing the way the community uses and thinks about alcohol – to achieve a downward trend in irresponsible drinking behaviour, alcohol related incidents of violence, injury and disease, and an upward trend in research activities and accessibility of treatment and other programs.[3]

While the Summit was heralded as a success by the then NSW Government,[4] the effectiveness of the Summit outcomes in reducing alcohol-related harms have not been examined. Ten years on from the Summit, this study examines the contribution of the Summit in preventing alcohol-related harms in NSW.

To assess the impact of the Summit in preventing alcohol-related harms, the recommendations arising from the Summit were analysed to determine the strength of the evidence supporting them and the progress made against each one. Alcohol-related harms data in NSW were also analysed to determine whether there had been any changes in trends.

Of the Summit's 318 recommendations, 195 related to primary and secondary prevention and 107 of these recommendations specified at least one prevention activity. These recommendations were included as part of this analysis. Of the 107 recommendations that specified at least one prevention activity, the areas with little or no evidence to support their effectiveness in reducing alcohol-related harms (eg. awareness raising) had the greatest number of recommendations, while areas with substantial evidence to prove their effectiveness (eg. pricing) had the least number of recommendations.

The largest number of the 107 recommendations relating to at least one prevention activity focused on awareness raising (26) and liquor accords (15). The areas with the least number of recommendations were price (1), promotion and marketing (3), drink driving countermeasures (3) and availability (4).

Each of the recommendations was then assessed to determine progress made against them. The analysis found that in total 19 recommendations were completed, 53 had some action taken and 35 had no progress made against them. As with the analysis of the effectiveness of the evidence supporting each of the policy areas, activities were most likely to have been undertaken in areas with little or no evidence-base for effectiveness for reducing alcohol-related harms, when compared to areas with greater evidence for effectiveness. For example awareness raising (18), liquor accords (11) and RSA (8) were the policy areas where the most action was taken, while promotion and marketing (nil), brief intervention (2), availability (3) and price (1) had the least action taken.

Alcohol-related harms data for the ten year period preceding the most recent available data was also analysed to gain an indication of the trends in alcohol-related harms in NSW. Eight indicators of alcohol-related harms were examined including:

- alcohol-attributable hospitalisations and deaths;
- treatment episodes where alcohol was the principal drug of concern;
- alcohol-related domestic assaults, non-domestic assaults, assaults on police and all assaults; and
- alcohol-related road accidents.

The analysis found that there was an increase in levels of harm for five of the eight indicators, including a 37 per cent increase in alcohol-attributable hospitalisations (2001-02 to 2010-11), a 37 per cent increase in alcohol-related domestic assault (2002-03 to 2011-12), a 16 per cent increase in all alcohol-related assaults (2002-03 to 2011-12), a ten per cent increase in alcohol treatment episodes (2001-02-2010-11) and a nine per cent increase in non-domestic assaults (2002-03 to 2011-12). There were declines for three of the eight indicators, including an eight per cent decrease in alcohol-attributable deaths (1998-2007), a 34 per cent decrease in alcohol-related assaults on police (2002-03 to 2011-12), and a 34 per cent decrease in alcohol-related road accidents (2001-2010).

This study demonstrates that the recommendations arising from the Summit and actions following the Summit have had little impact in achieving the long-term goal from the Summit of "a downward trend in irresponsible drinking behaviour, alcohol related incidents of violence, injury and disease". This is evidenced by the significant and concerning increases in alcohol-attributable hospitalisations, all reported assaults, and treatment episodes where alcohol is the principal drug of concern.

While the Summit provided a valuable opportunity for people to come together to discuss alcohol interventions and policy, it failed to contribute to an overall decline in alcohol-related harms in NSW. The study concludes that the three primary reasons for this are that:

1. Many of the recommendations arising from the Summit were not evidence-based.
2. The Government's response to the Summit's recommendations was not well resourced, actions were not prioritised, and there was no ongoing political leadership in progressing the Summit's outcomes.
3. The alcohol industry was significantly involved in the Summit proceedings, which is reflected in the rhetoric included in many of the recommendations and the Government's Outcomes Report.

The NSW Government must ensure that future alcohol policy is evidence-based in order to prevent further increases in harms. However to introduce evidence-based policy, the Government must first acknowledge the need to address the supply of alcohol. This will require the Government to 'reframe' the alcohol policy debate in NSW from one with a focus on the problem of a few, to one that focuses on the need for population-based interventions. It also requires the Government to place a greater emphasis on consultation with public health experts and the community, ahead of the alcohol industry.

Contents

Background

The *Summit on Alcohol Abuse* (the Summit) was held at NSW Parliament House between 26 and 29 August 2003 and was attended by more 300 people including parliamentarians, public servants, health professionals, community representatives and alcohol industry representatives. A consultation process was also held in the lead up to the Summit and received over 300 submissions.

Premier Carr specified in a motion in Parliament on 26 June 2003 that the Summit was arranged

> in order to:
>
> - Create a better understanding by members of Parliament and the community of the causes, nature and extent of the problem of alcohol abuse.
> - Better inform members of Parliament and the community through a forum bringing together a range of alcohol experts, public health experts, law enforcement, industry and community representatives who reflect the spectrum of views on alcohol.
> - Examine existing approaches to the problems arising from alcohol abuse and consider new ideas and new options in a bipartisan forum.
> - Consider evidence regarding those strategies that work and those that do not, and in particular, to consider:
>   - — the effectiveness of existing New South Wales laws, policies, programs and services.
>   - — the cost to the community of alcohol-related harm.
>   - — the impact on human services and their effectiveness in responding to problems and needs.
>   - — the effectiveness of current resource allocations in targeting the problem of alcohol abuse.
>   - — the role of Commonwealth Government agencies, programs and strategies.
>   - — implement specific strategies to ensure the views of women, young people, Aboriginal people, rural and regional communities and people from culturally and linguistically diverse communities are fully represented at the Summit.
> - Identify ways to improve existing strategies, programs and services.
> - Build political and community consensus about future policy directions which target alcohol abuse and deal with its impact.
> - Recommend a future course of action so that the best and most cost-effective strategies, policies and programs, both long and short-term, are available to address and impact on the problem of alcohol abuse.[5]

Premier Carr also specified that

> New South Wales has made significant progress battling illegal drugs, and we will maintain that effort. However, we must also initiate a new focus on alcohol abuse—how to prevent it, how to help people who are dependent and how to promote a culture where alcohol is used responsibly.

Overview of the Summit

The Summit was held over four days, with each day guided by a theme. Day one focused on the nature and extent of alcohol abuse; day two examined existing policies, strategies and services; day three focused on informing and engaging the community; and the fourth day examined the way forward (the fourth and final day). The Summit was co-chaired by Dr Neal Blewett (a former Federal Minister for Health), and Ms Kerry Chikarovski (a former NSW Opposition leader and NSW Government Minister).

The Summit also convened ten working groups. The working groups addressed the following topics:

1. Informing and Engaging the Community;
2. Preventing Abuse and Harm;
3. Alcohol Dependence, Disease and Treatment;
4. Effective Health Care Service Delivery;
5. Alcohol Related Injury and Trauma;
6. Family Health and Wellbeing;
7. Workforce Development and Infrastructure;
8. Alcohol-Related Crime and Anti-Social Behaviour;
9. Alcohol and the Justice System; and
10. Responsible Supply and Consumption.

The recommendations arising from the Summit were also framed around these ten areas.

Outcomes of the Summit

The final report from the Summit, *Outcomes of the NSW Summit on Alcohol Abuse 2003: Changing the culture of alcohol use in NSW* (Outcomes Report) further specified the Government's short and long-term goals arising from the Summit. The Outcomes Report identified the Government's short-term goal for the course of 'the plan for the next four years' was

> improving and better targeting services and programs to deal with the effects of alcohol misuse as well as fostering a better understanding of the causes, effects and means of addressing alcohol abuse by the community and industry.[6]

The long-term goal arising from the Summit was

> changing the way the community uses and thinks about alcohol – to achieve a downward trend in irresponsible drinking behaviour, alcohol related incidents of violence, injury and disease, and an upward trend in research activities and accessibility of treatment and other programs.

The approach

To determine the Summit's success in contributing to the prevention of alcohol-related harms in NSW, two phases of analyses were undertaken. Phase one of the analysis identified the recommendations arising from the 2003 Summit that related to preventing alcohol-related harms, assessed the evidence-base supporting the recommendations and examined the progress made by subsequent NSW Governments in implementing the recommendations.

Phase two of the analysis examined available data on alcohol consumption and harms to determine whether there had been improvements against each of these measures following the 2003 Summit. The indicators to be examined as part of this phase of the analysis were determined based upon the long-term goal of the NSW Government's response to the Summit, which was 'to achieve a downward trend in irresponsible drinking behaviour, alcohol related incidents of violence, injury and disease'.[7] More specifically, phase two of the analysis assessed Governments progress in achieving reductions in the following

> Over the next 10 years it is intended that the communiqué and consequent Government action plan would help to achieve a downward trend in:
>
> - irresponsible drinking behaviour and the abuse of alcohol in the community
> - incidents of alcohol related violence, especially street violence and domestic violence
> - disease, injury and disability associated with alcohol abuse, and the burden associated with such disease and disability
> - the numbers of people who need treatment for alcohol problems
> - alcohol related crime
> - incarceration and detention rates arising from or related to alcohol abuse
> - harms experienced by young people, families and the community
> - the harm caused by alcohol abuse in Aboriginal communities
> - alcohol related road/pedestrian deaths and injuries.[8]

The study examined the trends in alcohol-related harms and eight indicators in total were used to assess these harms.

Further information on the study approach used within this study is provided in the following sections.

Phase One: Assessing the evidence for and actions by Government to progress the prevention recommendations from the Summit

Identifying recommendations for inclusion in the analysis

As this study examined the progress of the Summit in reducing and preventing alcohol-related harms, only the prevention recommendations of the Summit were analysed. To determine which of the 318 recommendations arising from the Summit related to prevention, the Australian Government definition of prevention was adopted. This definition describes prevention as being "action to reduce or eliminate or reduce the onset, causes, complications or recurrence of disease".[9]

More specifically, recommendations relating to primary and secondary prevention were examined. The Australian Government defines the goal of **primary prevention** as being to "limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective to health". Primary prevention targets the "total population, selected groups and healthy individuals".[10]

The goal of secondary prevention is to "reduce progression of diseases through early detection, usually by screening at the asymptomatic stage, and early intervention". Secondary prevention targets "asymptomatic individuals with early disease or established high risk factors".[11]

Once recommendations were identified as addressing primary or secondary prevention, they were assessed to determine whether they specified one or more prevention activity. Only recommendations that involved a prevention activity were included as part of the analysis. Qualitative thematic analysis was then undertaken to group the recommendations into 'policy areas' for analysis.

Assessing the evidence to support the prevention recommendations from the Summit

The effectiveness of the recommendations were analysed using *Alcohol no ordinary commodity* as the guide for determining the strength of evidence-base to support the effectiveness of different alcohol policies.[12] *Alcohol no ordinary commodity* was developed by a collection of the world's leading alcohol researchers. The publication was first produced in 2003 and a second edition was released in 2010. The second edition was used in this analysis.

Alcohol no ordinary commodity assesses the evidence supporting various alcohol strategies and interventions. In assessing the evidence, *Alcohol no ordinary commodity* provides a mark out of three in the categories of 'effectiveness', 'breadth of research and report' and 'cross-national testing' for all of the alcohol policies listed in the publication. For the purpose of this analysis, the 'effectiveness' category was used as a basis for determining whether a policy was effective in contributing to a reduction in alcohol-related harms.

Actions by Government to progress the prevention recommendations from the Summit

An assessment was also made of the progress by NSW Governments in implementing the recommendations from the time that the Summit ended on 29 August 2003 until 28 February 2013. The NSW Government's immediate response to the Summit was determined by examining the Outcomes Report released in May 2004, while progress by NSW Governments since the Summit was assessed by examining possible changes to alcohol prevention measures through searching relevant legislation, policy documents and program information.

Recommendations were then categorised as being 'completed', having had 'some action taken' or 'no progress made'. An assessment against each of these categories was made from March 2013, with progress being assessed at this point in time. More specifically, recommendations were categorised as having been 'completed' when the recommendation was implemented in full. Recommendations were categorised as having had 'some action taken' when part of the recommendation had been implemented or actioned. Recommendations were categorised as having had 'no progress made' if it was determined that progress has not been made against the recommendation.

Phase two: Trends in alcohol-related harms

Phase two examined the extent to which there have been changes in alcohol-related harms in NSW. Data was collected for the ten-year period preceding the most recent available data. For example, where the most recent available data was for 2010, trends were examined between 2001 and 2010. The data period allows for an examination of alcohol trends both prior to and after the Summit.

In addition to providing the numbers of people affected by each indicator of alcohol-related harm, data was also provided as people affected per 100,000 NSW residents. NSW Ministry of Health data included estimates per 100,000 NSW residents, for all other indicators NSW population figures were sourced from Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP).[13] The ERP is calculated on a quarterly basis and provides population information for the years where there has not been a census. For data based on financial years (e.g. 2009-2010), ERP of the June quarter of that year has been applied to the calculations of incidents per 100,000. For data based on a single year (e.g. 2010), ERP of the December quarter of that year has been applied to the calculations of incidents per 100,000.

Information regarding the indicators used to assess trends in harms and the data sources from which they were accessed is provided in the following sections.

To determine the extent to which there has been a "downward trend in irresponsible drinking behaviour, alcohol related incidents of violence, injury and disease",[14] the following trends were examined:

- Alcohol-attributable hospitalisations (2001-02 to 2010-11)
- Alcohol-attributable deaths (1998 to 2007)
- Treatment episodes where alcohol was the principal drug of concern (2001-02 to 2010-11)
- Alcohol-related non-domestic assaults (2002-03 to 2011-12)
- Alcohol-related domestic assaults (2002-03 to 2011-12)
- Alcohol-related assaults on police (2002-03 to 2011-12)
- All alcohol-related assaults (2002-03 to 2011-12)
- Alcohol-related road accidents (2001 to 2010)

The data sources used to gain data on each of these indicators are described in the following sections.

Alcohol-attributable hospitalisations (2001-02 to 2010-11)

Alcohol-attributable hospitalisations were sourced from *Health Statistics NSW*, an open data web portal managed by the NSW Ministry of Health. Alcohol-attributable hospitalisation estimates use age and sex-specific aetiologic fractions developed by Begg, Voss and Barker for the Australian Institute of Health and Welfare (AIHW) and published in *The burden of disease and injury in Australia*.[15]

NSW hospitalisations include both overnight and day-only hospitalisations, however they do not include emergency department attendances. *Health Statistics NSW* do not detail the types of alcohol-related hospitalisations that are most common. However, other research on alcohol-attributable hospitalisations has reported that the leading cause of alcohol-related hospitalisations was alcohol dependence.[16]

The most recent available data on alcohol-related hospitalisations in NSW is for 2010-11. In examining a ten year period of trends, data was examined for the period 2001-02 until 2010-11.

Alcohol-attributable deaths (1998 to 2007)

Alcohol-attributable deaths were also sourced from *Health Statistics NSW*. As with hospitalisations, alcohol-attributable death estimates use age and sex-specific aetiologic fractions developed by Begg, Voss and Barker for the AIHW and published in *The burden of disease and injury in Australia*.[17] Health Statistics NSW mortality figures are based on the information contained in death certificates.

The most recent available data on alcohol-related hospitalisations in NSW is for 2007. In examining a ten year period of trends, data was examined for the period 1998 until 2007.

Treatment episodes where alcohol was the principal drug of concern (2001-02 to 2010-11)

Each year AIHW reports on the *Alcohol and other drug treatment services national minimum data set*. These reports publish data about alcohol and other drug treatment services, consumers accessing the services, drugs of concern and the types of treatment received. From this source, treatment episodes where alcohol is the principal drug of concern in NSW were identified.

Treatment episodes are defined as "a period of contact, with defined dates of commencement and cessation, between a client and treatment agency"[18] where alcohol is the main substance which led them to seek treatment.[19]

The most recent available data on treatment episodes where alcohol was the principal drug of concern in NSW is for 2010-2011. In examining a ten year period of trends, data was examined for the period 2001-02 until 2010-11.

Alcohol-related assaults (2002-03 to 2011-12)

The NSW Bureau of Crime Statistics and Research (BOCSAR) provided FARE with a monthly breakdown of alcohol-related assaults from January 2001 to September 2012. The data included a breakdown of alcohol-related assaults, alcohol-related domestic violence assaults, and alcohol-related assaults on police. Data was also provided as a combined figure of all alcohol-related assaults. Alcohol-related assaults are defined as assaults recorded by NSW Police based on whether alcohol was involved in the incident.

The most recent available data from BOCSAR on all assault measures where alcohol is involved in NSW is for 2011-12. In examining a ten year period of trends, data was examined for the period 2002-03 to 2011-12.

Road accident where alcohol has involved (2001 to 2010)

Transport for NSW publishes data each year on road vehicle accidents that occur on NSW roads. A road accident is classified as involving alcohol when at least one motor vehicle controller involved in the accident has a blood alcohol concentration (BAC) over the legal limit. There are three BAC limits in NSW. A zero BAC limit applies to learners and provisional P1 and P2 drivers. The second limit is under 0.02 BAC for drivers of vehicles of "gross vehicle mass, vehicles carrying dangerous goods and public vehicles such as taxi or bus drivers. The third BAC limit is under 0.05 for all other licenses.

The most recent available data from NSW Roads on road accidents where alcohol is involved in NSW is for 2010. In examining a ten year period of trends, data was examined for the period 2001 until 2010.

Results

Assessing the evidence to support the prevention recommendations from the Summit

Of the 318 recommendations arising from the Summit, 195 focused on primary and/or secondary prevention. Recommendations that were excluded from this analysis were those that related to tertiary prevention, and treatment and rehabilitation.

The recommendations relating to primary and secondary prevention were then assessed to determine whether they indicated at least one prevention activity. Recommendations that did not specify an activity and those that related to conducting research or collecting data were removed from the sample. A total of 107 recommendations remained and a full list of these is provided as Appendix 1.

Thematic analysis was undertaken of the 107 recommendations and 12 policy areas were identified. These policy areas, their definitions and an example of a Summit recommendation that related to these areas are included in Table 1 below.

Table 1: Definitions of policy areas and examples of recommendations

Policy area	Definition	Examples of Summit recommendations*
Availability	Activity targeted at reducing the supply of alcohol to communities through strategies such as restricting trading hours or outlet density.	2.8 Control of the economic and physical availability of alcohol can be effective in preventing alcohol misuse and harms in specific situations. Further consideration of these measures in NSW should be undertaken to ensure that existing research, investigation and strategies are optimised and additional effective strategies are not overlooked.
Awareness raising	Activity targeted at raising awareness of the harms associated with consuming alcohol and/or ways to reduce the risk of these harms occurring, such as television campaigns, information websites and printed resources.	8.12 A whole-of-government education campaign is required on the issues of parental and secondary supply of alcohol to underage persons.
Brief intervention	Activity targeted at identifying and supporting people who may be consuming alcohol at risky levels, such as health professionals routinely asking questions about alcohol consumption.	3.7 Provide training to frontline health workers in brief intervention. This should be a mandatory component of training for all primary health care workers and should be aimed at both aboriginal and non aboriginal workers.
Drink driving counter measures	Activity targeted at reducing drink driving and accidents resulting from drink driving.	5.9 The Roads and Traffic Authority and the Police establish a task force, with appropriate consultation with young people i.e. under 25 to consider the appropriateness of 0.00 Blood Alcohol Content (BAC) for L and P Plate drivers and report to the Minister for Roads as soon as possible.

Policy area	Definition	Examples of Summit recommendations*
Early intervention	Activity targeted at creating supportive environments for people to prevent them from engaging in risky drinking practices or experiencing alcohol-related harms, such as peer support programs.	4.17 Utilising the infrastructure provided by Families First and other early intervention programs provide integrated interventions, which target alcohol problems at all stages of the life cycle, inclusive of Foetal Alcohol Syndrome. Consideration be given to the appropriate establishment of Drug and Alcohol Early Childhood Nurses.
Education	Activity targeted at increasing awareness of alcohol related harms and/or ways to reduce the risk of these harms, based in a school or educational institution.	4.24 Given our responsibility for prevention and evidence based approaches and the equivocal research base regarding the benefits of drug education, that drug education approaches be rigorously evaluated for their preventative benefits prior to the commitment of resources to them.
Enforcement	Activity targeted at ensuring that legislation relating to alcohol control are complied with, such as regularly inspecting licensed premises.	8.52 Increase Police and Gaming and Racing Licensing activities.
Liquor accords	An agreement between liquor licensees and other stakeholders to introduce various actions to reduce alcohol-related harms, usually in and around on-licence premises.	8.26 A best practice liquor accord model should be developed, which can be customised to fit local circumstances and involves a mechanism for arbitration.
Price	Activity targeted at increasing the price of alcohol or limiting price discounting, such as taxation and restrictions on discounting.	2.9 There should be a national public inquiry into alcohol taxation that should consider the health, economic, social and community costs and benefits of current and proposed alcohol excise and taxation measures (eg greater price incentives for low alcohol products).
Promotion and marketing	Activity targeted at restricting or reducing marketing activities of the alcohol industry, such as removing alcohol advertising or sponsorship.	1.7 The Advertising Code does not encourage socially irresponsible drinking and work to find a way to incorporate NHMRC guidelines into the Code.
Responsible Service of Alcohol	Activity enacted by liquor licensees targeted at minimising risk of harms resulting from alcohol use, such as bar staff refusing to serve intoxicated persons.	7.13 Responsible service of alcohol training be extended in scope and content to include: a. mandatory training for the BYO sector with emphasis on service as well as sale of alcohol b. handling of difficult patrons and complaints by managers and supervisors c. dealing with those who move from bar to bar in large premises, from venue to venue and the sale or provision of alcohol to minors by adults.
Other	All activity that does not fit into the categories above.	8.21 Consideration be given to localised initiatives to improve relations between young people and police. We note the importance of PCYC, youth liaison officers, crime prevention officers in this process.

*The Summit recommendations are taken directly from the report: *Outcomes of the NSW Summit on Alcohol Abuse 2003, Changing the culture of alcohol use in New South Wales, May 2004.*

The policy areas with the most recommendations were awareness raising (26), other (17), liquor accords (15), enforcement (10) and RSA (8). Price (1), promotion and marketing (3), drink driving countermeasures (3), and availability (4) had the least number of recommendations. Table 2 below provides an overview of the 'policy areas' and number of recommendations categorised under each of these policy areas.

Table 2: Number of recommendations categorised by policy area

Policy area	Number of recommendations
Awareness raising	26
Liquor accords	15
Enforcement	10
RSA	8
Early intervention	8
Education	6
Brief intervention	6
Availability	4
Drink driving countermeasures	3
Promotion and marketing	3
Price	1
Other	17
TOTAL	107

Each of the policy areas were then assessed to determine the strength of evidence supporting their effectiveness in reducing alcohol-related harms. This information was determined using *Alcohol no ordinary commodity*, which assesses the effectiveness of various policy interventions. Effectiveness is rated as a score of zero, one, two or three, where three is the most effective. Where evidence of the effectiveness is unknown, the intervention is marked with a question mark (?). For example, there is strong evidence demonstrating the effectiveness of alcohol pricing policies such as increased taxes on alcohol, which received a score of three. There is also strong evidence to support measures such as brief interventions, which also received a score of three.

Table 3 below provides an overview of the effectiveness of the various strategies under each of the policy areas.

Table 3: Effectiveness of alcohol interventions by policy area

Policy area	Strategy or intervention	Effectiveness*
Awareness raising	Social marketing	0
Liquor accords	Voluntary codes of bar practice	0
Enforcement	Enhanced enforcement of on-premises laws and legal requirements	2
Responsible Service of Alcohol	Staff training and house policies relating to responsible beverage service	0/1
	Staff management and training to better manage aggression	2
Early intervention	N/A	N/A
Education	Classroom education	0
	College student normative education	1
Brief intervention	Brief intervention with at-risk drinkers	3
Availability	Hours and days of sale restrictions	2
	Restrictions on the density of outlets	2
Drink driving countermeasures	Sobriety check points	2
	Random breath testing	3
	Lowered BAC limits	3
	Low BAC for young drivers (zero tolerance)	3
Promotion and marketing	Legal restrictions on exposure	1/2
	Legal restrictions on content	?
	Alcohol industry voluntary self-regulation	0
Price	Alcohol taxes	3
	Bans on price discounts and promotions	?
Other	N/A	N/A

*Source: *Alcohol no ordinary commodity.*[20] Effectiveness is measured as a score out of 3, where 0 is not effective and 3 is most effective. When effectiveness is unknown a question mark (?) is used to denote this.

When assessing the effectiveness of the policy areas against the number of recommendations in each of the areas, it becomes apparent that the majority of prevention recommendations were made in areas where there is little evidence to support the effectiveness of these activities. For example, there were 26 prevention recommendations in the area of awareness raising, which is a policy area that is not rated as being effective. However six recommendations were made for policy areas such as brief interventions which are very effective policy measures. Table 4 below provides an overview of the number of recommendations against each policy area and evidence to support the effectiveness of the policy area.

Table 4: Number of recommendations by policy area and effectiveness

Policy area	Number of recommendations	Effectiveness of the intervention*
Awareness raising	26	0
Liquor accords	15	0
Enforcement	10	2
RSA	8	0/1/2
Early intervention	8	N/A
Education	6	0/1
Brief intervention	6	3
Availability	4	2
Drink driving countermeasures	3	2/3
Promotion and marketing	3	0/1/2/?
Price	1	3/?
Other	17	N/A

*Source: *Alcohol no ordinary commodity.*[21] Effectiveness is measured as a score out of 3, where 0 is not effective and 3 is most effective. When effectiveness is unknown a question mark (?) is used to denote this.

Assessing the progress made against each of the policy areas

Each of the 107 primary and secondary prevention recommendations was also assessed to determine the progress made against each of the policy areas. Recommendations were categorised as having been completed, had some action taken or no progress made. In total 19 recommendations were completed, 53 had some action taken and 35 had no progress made against them.

A complete overview of the categorisation of each of the recommendations is provided as Appendix 1. An overview of the number of the progress made against each of the policy areas is provided in Table 5 below.

Table 5: Progress made against recommendations by policy area

Policy area	Completed	Some progress made	No progress made	Total number of recommendations
Awareness raising	1	17	8	26
Liquor accords	4	7	4	15
Enforcement	3	4	3	10
RSA	6	2	0	8
Early intervention	0	6	2	8
Education	0	4	2	6
Brief intervention	0	2	4	6
Availability	0	3	1	4
Drink driving countermeasures	2	1	0	3
Promotion and marketing	0	0	3	3
Price	0	1	0	1
Other	3	6	8	17
TOTAL	19	53	35	107

As with the analysis of the evidence supporting the effectiveness of each of the policy areas, the progress made against each of the policy areas clearly indicates that the activities undertaken in policy areas where there is little evidence of effectiveness had the most progress. For example awareness raising (18), liquor accords (11) and RSA (8) were the policy areas where the most action was taken, while promotion and marketing (0), brief intervention(2), availability (3) and price (1) had the least action taken. Table 6 below provides an overview of the progress made in each policy area and the strength of evidence supporting each policy area.

Table 6: Number of recommendations where some action was taken, measured against effectiveness

Policy area	Number of recommendations where some progress was made or was completed	Effectiveness of the intervention*
Awareness raising	18	0
Liquor accords	11	0
Enforcement	7	2
RSA	8	0/1/2
Early intervention	6	N/A
Education	4	0
Brief intervention	2	3
Availability	3	2
Drink driving countermeasures	3	2/3
Promotion and marketing	0	1/2
Price	1	3/?
Other	9	N/A

*Source: *Alcohol no ordinary commodity.*[21] Effectiveness is measured as a score out of 3, where 0 is not effective and 3 is most effective. When effectiveness is unknown a question mark (?) is used to denote this.

Trends in alcohol-related harms

Eight indicators of alcohol-related harms were assessed to determine the trends in harms overtime. For five of the eight indicators of alcohol-related harms there was an increase in levels of harm ranged from a 9 per cent increase in alcohol-related non domestic assaults to a 37 per cent increase in alcohol-attributable hospitalisations. Decreases were observed for three indicators, ranging from a 5 per cent decrease in alcohol-attributable deaths, to a 34 per cent decrease in road accidents where alcohol was involved. When examining trends per 100,000 population, four of the indicators demonstrated increases or remained the same, three decreased and data was not available for the final indicator. Table 7 below provides an overview of the trends observed against each of the eight indicators, both overall and per 100,000 NSW residents.

Table 7: Trends in alcohol-related harm indicators

Indicator	Time-frame	Trend	Trend per 100,000 population
Alcohol attributable hospitalisations	2001-02 to 2010-11	37% increase	20% increase
Alcohol attributable deaths	1998-2007	5% decline	19% decline
Treatment episodes where alcohol is the principal drug of concern	2001-02 to 2010-11	10% increase	1% increase
Alcohol-related non-domestic assaults	2002-03 to 2011-12	9% increase	no change
Alcohol-related domestic assaults	2002-03 to 2011-12	37% increase	25% increase
Alcohol-related assaults on police	2002-03 to 2011-12	15% decline	22% decline
All alcohol-related assaults (domestic, non-domestic and on police)	2002-03 to 2011-12	16% increase	7% increase
Road accidents where alcohol as involved	2001-2010	34% decline	39% decline

A more detailed analysis of the trends against each of the indicators is provided in the following sections.

Alcohol-attributable hospitalisations (2001-02 to 2010-11)

Alcohol-attributable hospitalisations have increased by 37 per cent between 2001-02 and 2010-11 from 36,182 to 49,409. This increase was more prominent among women (49 per cent) than men (28 per cent).

When examining trends in alcohol-attributable hospitalisations per 100,000 people residing in NSW, overall hospitalisations increased by 20 per cent from 544.4 to 654.8. This increase was again more prominent among women (30 per cent), than men (15 per cent). Table 8 below provides an overview of the number of alcohol-attributable hospitalisations for men, women, persons and per 100,000 population between 2001-02 and 2010-11.

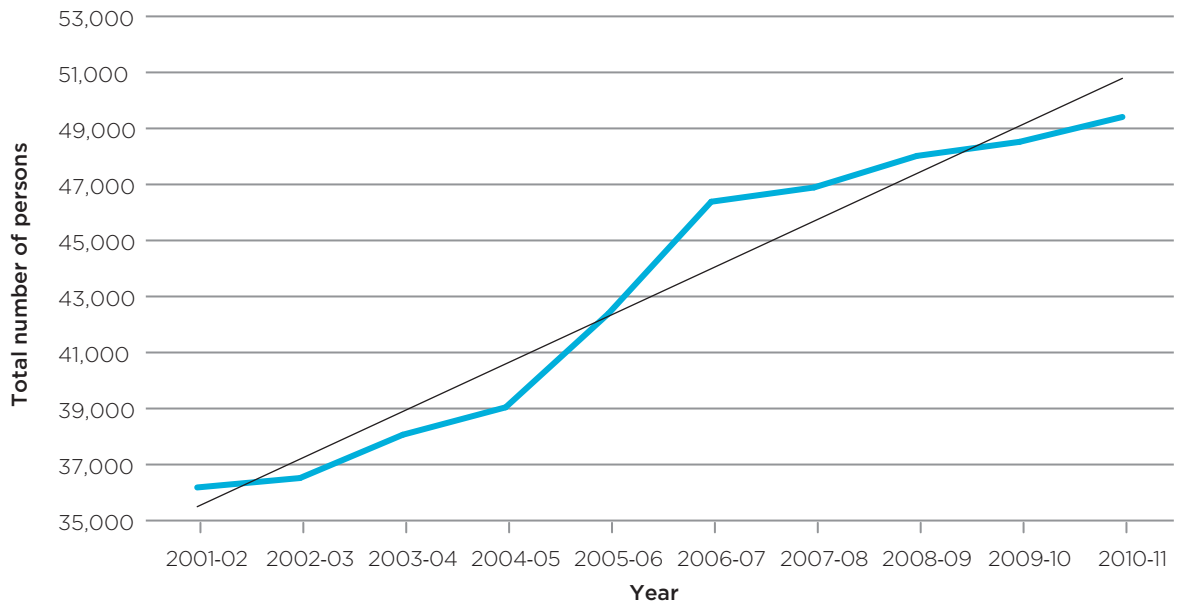
Table 8: Trends in alcohol-attributable hospitalisations

	Men	Men	Women	Women	Persons	Persons
Year	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
2001-02	22,182	686.5	14,000	399.2	36,182	544.4
2002-03	22,452	688	14,065	395.7	36,518	542.8
2003-04	23,147	703.9	14,917	414.3	38,064	560
2004-05	23,969	722.4	15,072	413	39,042	568.3
2005-06	25,901	772.5	16,487	446.2	42,388	610.3
2006-07	28,022	823.2	18,361	490.7	46,383	657.7
2007-08	28,038	808.3	18,854	493.7	46,892	652
2008-09	28,405	805.2	19,612	504.6	48,018	655.9
2009-10	28,205	791.2	20,316	512.5	48,521	653.2
2010-11	28,494	790.1	20,915	517.4	49,409	654.8

Source: NSW Ministry for Health 2011.[22]

Graph 1 below demonstrates the increase in the total number of alcohol-attributable hospitalisations between 2001-02 and 2010-11.

Graph 1: Alcohol-attributable hospitalisations



Alcohol-attributable deaths (1998 to 2007)

Alcohol-attributable deaths declined by five per cent between 1998 and 2007 from 1,293 to 1,224. When examining trends in alcohol-attributable deaths per 100,000 people residing in NSW, overall deaths declined by 19 per cent from 20.6 per 100,000 to 16.6 per 100,000.

Alcohol-attributable death rates in Australia are declining while hospitalisation rates are increasing due to improved screening and treatment for alcohol-caused illnesses.[23] The significant increase in hospital admissions also suggests an increase in the prevalence of Alcoholic Liver Disease (ALD) among the Australian population.[24] Further, the observed trend in ALD mortality may be partly due to the residual effect of an ageing population.

Table 9 below provides an overview of the number of alcohol-attributable deaths for men, women, persons and per 100,000 population between 1998 and 2007.

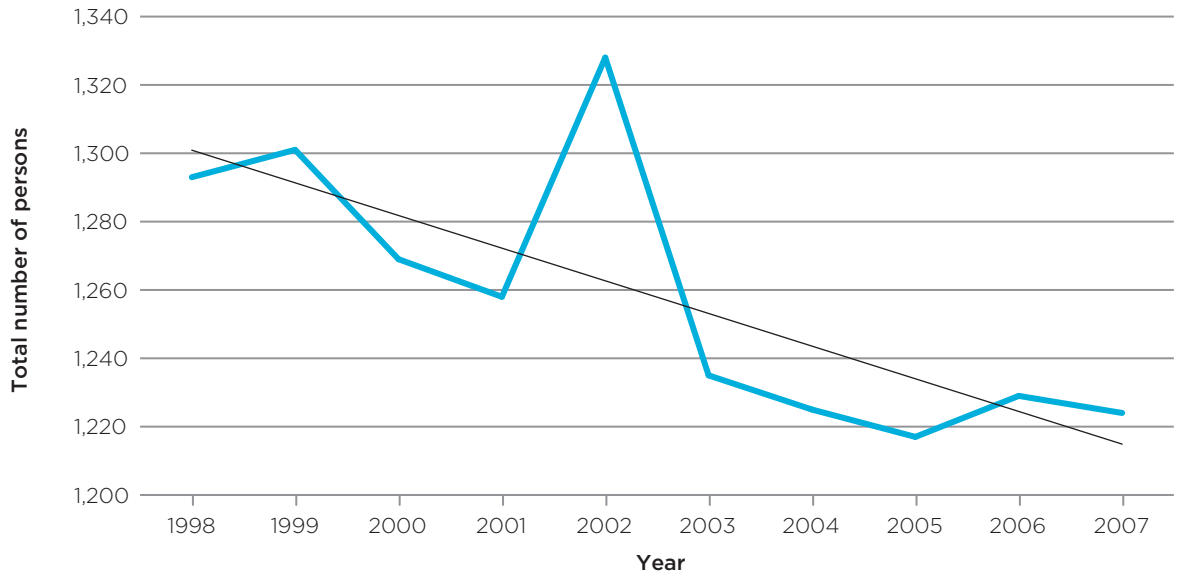
Table 9: Trends in alcohol-attributable deaths

	Males	Males	Females	Females	Persons	Persons
Year	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
1998	967	32.5	326	9.7	1,293	20.6
1999	984	32.6	317	9.2	1,301	20.3
2000	945	30.7	324	9.2	1,269	19.5
2001	967	30.8	292	8	1,258	18.9
2002	975	30.6	353	9.6	1,328	19.6
2003	903	28	332	8.8	1,235	18
2004	909	27.8	316	8.2	1,225	17.6
2005	887	26.7	331	8.4	1,217	17.2
2006	902	26.8	327	8.2	1,229	17.1
2007	860	24.9	365	8.9	1,224	16.6

Source: NSW Ministry for Health 2011.[25]

Graph 2 below demonstrates the decrease in the total number of alcohol-attributable deaths between 1998 and 2007.

Graph 2: Alcohol-attributable deaths



Treatment episodes where alcohol was the principal drug of concern (2001-02 to 2010-11)

There was a ten per cent increase in treatment episodes where alcohol was the principal drug of concern between 2001-02 and 2010-11. When examining trends in alcohol treatment episodes per 100,000 people residing in NSW, treatment episodes increased by 1 per cent. The proportion of all drug and alcohol treatment episodes which involved alcohol as the principal drug of concern increased from 42.7 per cent to 50.6 per cent over the same period. Table 10 below provides an overview of the number of treatment episodes where alcohol was the principal drug of concern, the treatment episodes per 100,000 NSW residents and the percentage of all alcohol and other drug treatment episodes where alcohol was the principal drug of concern.

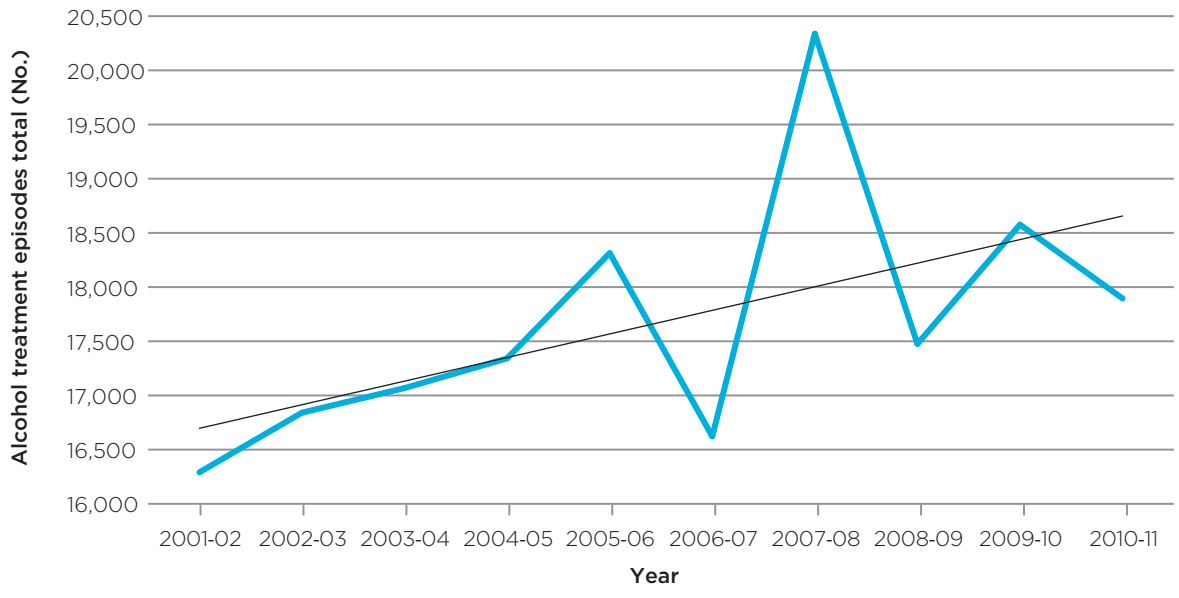
Table 10: Trends in treatment episodes where alcohol was the principal drug of concern

Year	Alcohol treatment episodes total (No.)	Total (% of all treatment episodes)	Persons per 100,000 population
2001-02	16,291	42.7	245.8
2002-03	16,841*	42.1	252.4
2003-04	17,068*	41.2	254.5
2004-05	17,342*	41.5	256.7
2005-06	18,313*	43	268.7
2006-07	16,623	45	241.4
2007-08	20,338	49.3	291.5
2008-09	17,476	51.0	247.2
2009-10	18,576	53.9	260.0
2010-11	17,895*	50.6	248.1

*Estimated totals calculated from percentage of alcohol treatment episodes of the total number of treatment episodes.

Graph 3 below demonstrates the increase in the total number of treatment episodes where alcohol is the principal drug of concern between 2001-02 and 2010-11.

Graph 3: Treatment episodes where alcohol is the principal drug of concern



Alcohol-related non-domestic assaults (2002-03 to 2011-12)

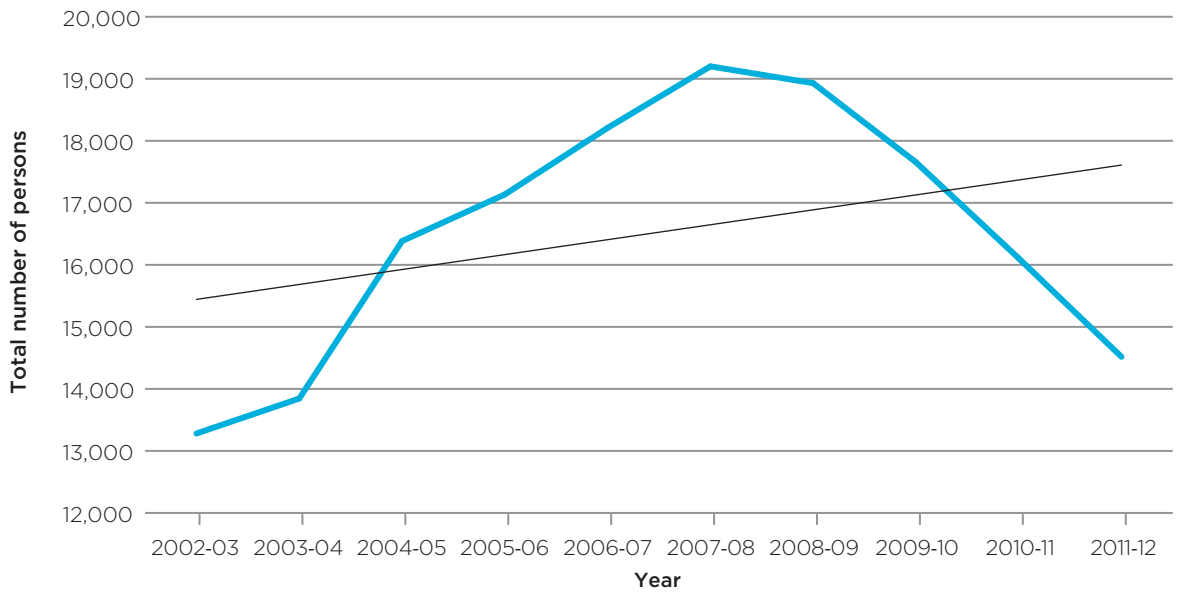
Alcohol-related non-domestic assaults have increased by nine per cent in NSW between 2002-03 and 2011-12 from 13,281 to 14,518. When examining trends in alcohol-related assaults per 100,000 people residing in NSW, overall alcohol-related assaults increased by one per cent from 199.0 to 199.1. Table 11 below provides an overview of the number of alcohol-related assaults for all persons and per 100,000 NSW residents between 2002-03 and 2011-12.

Table 11: Trends in alcohol-related domestic assaults

Year	Total number of persons	Persons per 100,000 population
2002-03	13,281	199.0
2003-04	13,845	206.4
2004-05	16,383	242.5
2005-06	17,135	251.4
2006-07	18,208	264.5
2007-08	19,200	275.2
2008-09	18,930	267.8
2009-10	17,655	247.1
2010-11	16,106	223.3
2011-12	14,518	199.1

Graph 4 below demonstrates the increase in the number of alcohol-related non-domestic assaults between 2002-03 and 2011-12.

Graph 4: Alcohol-related non-domestic assaults



Alcohol-related domestic assaults (2002-3 to 2012-13)

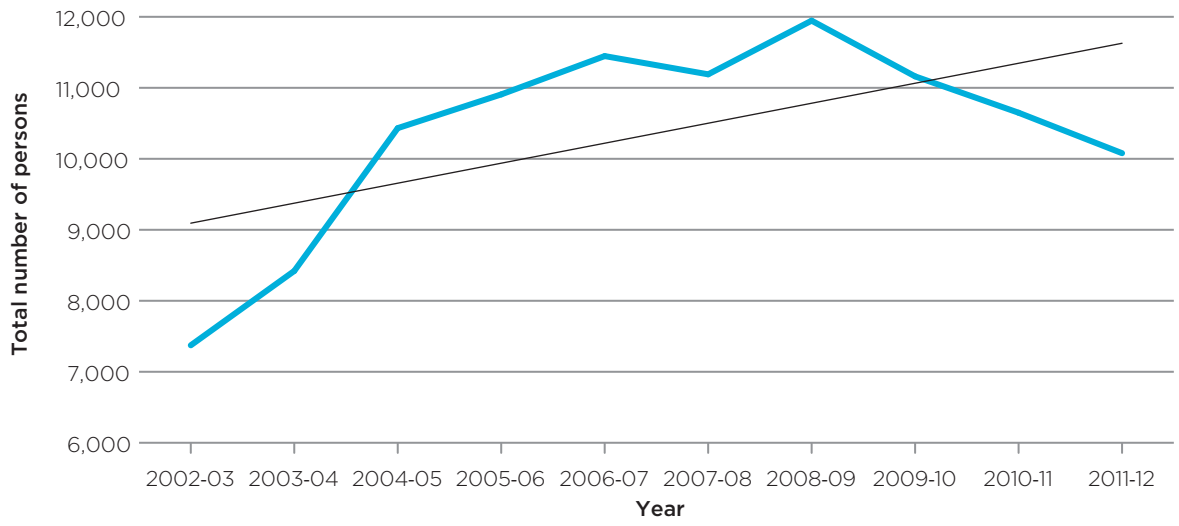
Alcohol-related domestic assaults have increased by 37 per cent in NSW between 2002-03 and 2011-12 from 5,151 to 10,079. When examining trends in alcohol-related domestic assaults per 100,000 people residing in NSW, alcohol-related domestic assaults increased by 25 per cent from 110.5 to 138.3. Table 12 below provides an overview of the number of alcohol-related assaults for all persons and per 100,000 NSW residents between 2002-03 and 2010-11.

Table 12: Trends in alcohol-related domestic assaults

Year	Total number of persons	Persons per 100,000 population
2002-03	7,373	110.5
2003-04	8,420	125.5
2004-05	10,432	154.4
2005-06	10,907	160.0
2006-07	11,447	166.3
2007-08	11,190	160.4
2008-09	11,946	169.0
2009-10	11,161	156.2
2010-11	10,649	147.7
2011-12	10,079	138.3

Graph 5 below demonstrates the increase in the number of alcohol-related domestic assaults between 2002-03 and 2011-12.

Graph 5: Alcohol-related domestic assaults



Alcohol-related assaults on police (2002-03 to 2011-12)

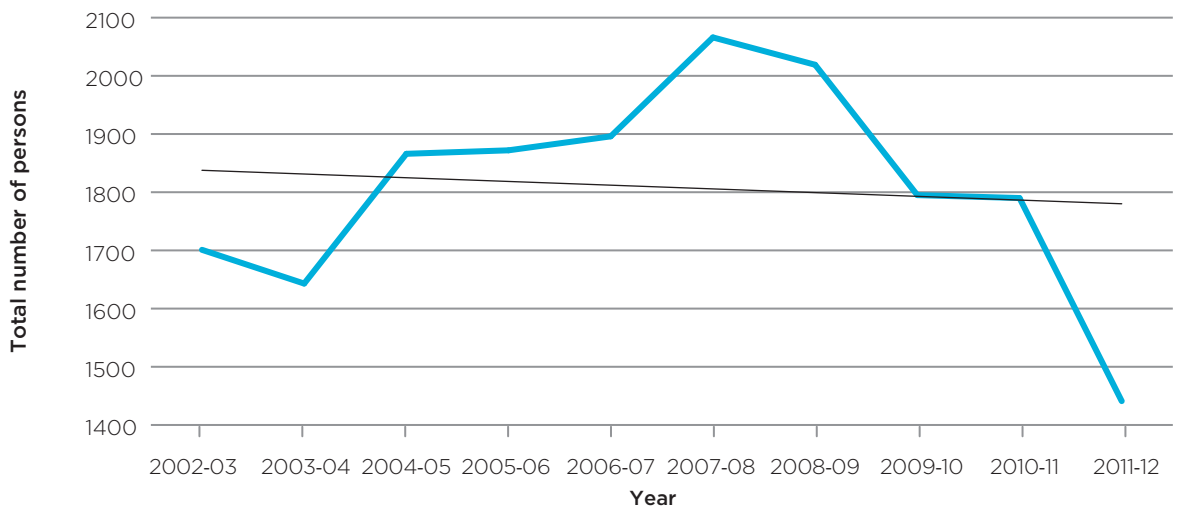
Alcohol-related assaults on police have declined by 15 per cent in NSW between 2002-03 and 2011-12 from 1701 to 1441. When examining trends in alcohol-related assaults on police per 100,000 people residing in NSW, alcohol-related assaults on police have declined by 22 per cent from 25.5 to 19.8. Table 13 below provides an overview of the number of alcohol-related assaults for all persons and per 100,000 NSW residents between 2002-03 and 2010-11.

Table 13: Trends in all alcohol-related assaults on police

Year	Total number of persons	Persons per 100,000 population
2002-03	1,701	25.5
2003-04	1,643	24.5
2004-05	1,866	27.6
2005-06	1,872	27.5
2006-07	1,896	27.5
2007-08	2,066	29.6
2008-09	2,019	28.6
2009-10	1,795	25.1
2010-11	1,790	24.8
2011-12	1,441	19.8

Graph 6 below demonstrates the decrease in the number of alcohol-related assaults on police between 2002-03 and 2011-12.

Graph 6: Alcohol-related assaults on police



All alcohol-related assaults (domestic, non-domestic and on police) (2002-03 to 2011-12)

All alcohol-related assaults were examined to determine the trend across domestic assaults, non-domestic assaults and assaults on police. Overall alcohol-related assaults have increased by 17 per cent in NSW between 2002-03 and 2011-12 from 17,500 to 26,038.

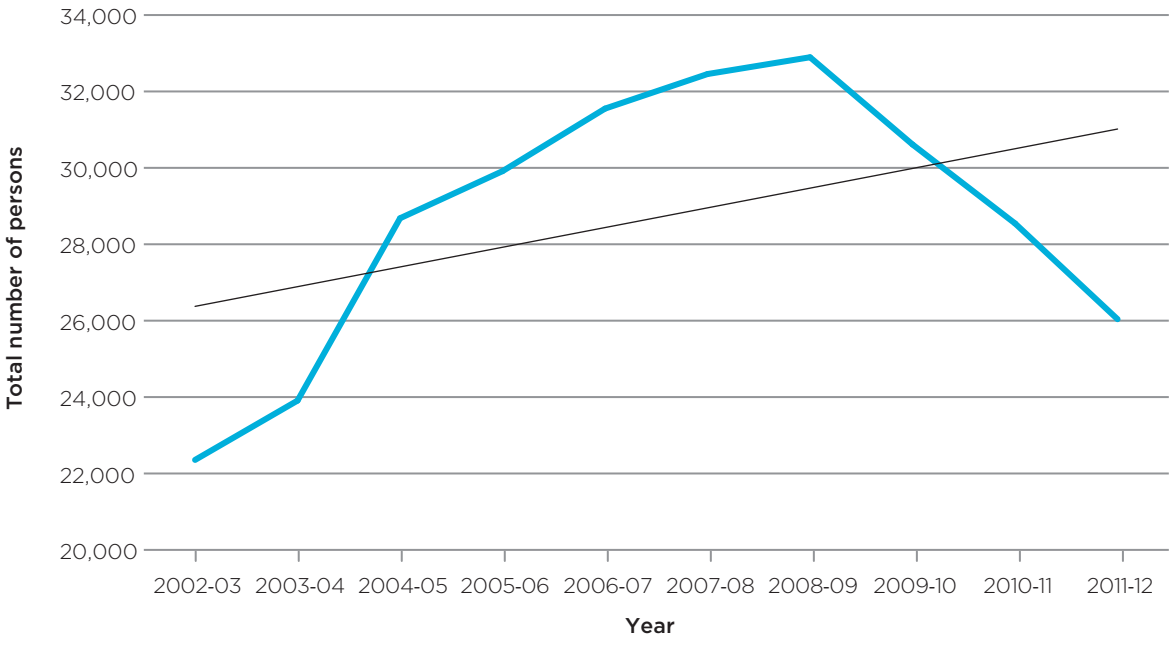
When examining trends in all alcohol-related assaults per 100,000 people residing in NSW, alcohol-related assaults increased by seven per cent from 264 to 357.2. Table 14 below provides an overview of the number of alcohol-related assaults for all persons and per 100,000 people between 2002-03 and 2010-11.

Table 14: Trends in all alcohol-related assaults

Year	Total number of persons	Persons per 100,000 population
2002-03	22,355	335.0
2003-04	23,908	356.5
2004-05	28,681	424.5
2005-06	29,914	438.9
2006-07	31,551	458.2
2007-08	32,456	465.3
2008-09	32,895	465.3
2009-10	30,611	428.4
2010-11	28,545	395.8
2011-12	26,038	357.2

Graph 7 below demonstrates the decrease in the number of all alcohol-related assaults between 2002-03 and 2011-12.

Graph 7: All alcohol-related assaults



Alcohol-related road accidents (2001 to 2010)

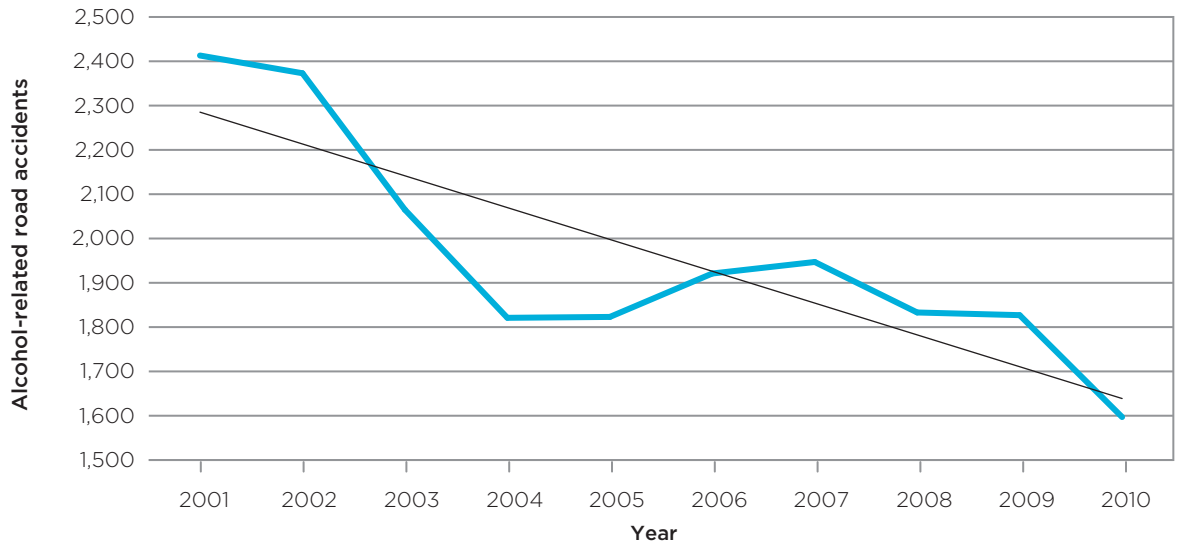
Road accidents that involved alcohol have declined by 34 per cent between 2001 (2,413) and 2010 (1,597). When examining trends in all alcohol-related road accidents per 100,000 people residing in NSW, alcohol-related road accidents declined by 39 per cent from 36.5 to 22.3. Table 15 below provides an overview of the number of alcohol-related road accidents for all persons and per 100,000 people between 2001 and 2010.

Table 15 Trends in all alcohol-related road accidents

Year	Alcohol-related road accidents	Persons per 100,000 population
2001	2,413	36.5
2002	2,373	35.7
2003	2,065	30.9
2004	1,821	27.1
2005	1,823	26.9
2006	1,921	28.1
2007	1,947	28.1
2008	1,833	26.1
2009	1,827	25.7
2010	1,597	22.3

Graph 8 below demonstrates the decrease in the number of all alcohol-related road accidents between 2001 and 2010.

Graph 8: Alcohol-related road accidents



Discussion

While the 2003 Summit provided a valuable opportunity for people to come together to discuss alcohol interventions and policy, this study demonstrates that the recommendations arising from the Summit and the actions taken in the ten years following the Summit did not contribute to a reduction in alcohol-related harms. This is evidenced by the increase in the number of people being affected by alcohol-related harms for five of the eight indicators. This study concludes that there were three primary explanations for this:

1. Many of the recommendations arising from the Summit were not evidence-based.
2. The Government's response to the Summit's recommendations was not well resourced, actions were not prioritised and there was no ongoing political leadership in progressing the Summit's outcomes.
3. The alcohol industry was significantly involved in the Summit proceedings, which is reflected in the rhetoric included in many of the recommendations and the Government's Outcomes Paper.

Each of these is described in greater detail in the following sections.

1. Many of the recommendations arising from the Summit were not evidence-based.

The study clearly shows that the majority of alcohol-harm prevention recommendations made at the Summit were not supported by a strong evidence-base. Strategies that focused on areas with little or no supporting evidence of their effectiveness, such as awareness raising, liquor accords, education and RSA, made up over half of all prevention recommendations made.

It is not surprising then that the subsequent action by Governments following the Summit reflected this also, with much of the Government action occurring in areas where there was little of no evidence to support their effectiveness for reducing alcohol-related harms.

The evidence-base for effective alcohol policy interventions is clear. Policies and interventions which target the availability of alcohol, the price of alcohol, brief interventions and drink driving are all considered to be most effective in reducing alcohol-related harms. However, these strategies have largely not been adopted by the NSW Government, with the exception of drink driving strategies where successful strategies have resulted in continued reductions in road fatalities. The example of the drink driving interventions with the combination of sustained regulation, enforcement and public education demonstrates how the implementation of evidence-based policies can result in reductions in alcohol-related harms.

2. The Government's response to the Summit's recommendations was not well resourced, actions were not prioritised, and there was no ongoing political leadership in progressing the Summit's outcomes.

The NSW Government did not articulate a plan for resourcing the implementation of the Summit recommendations, resulting in the Outcomes Paper arising from the Summit focusing heavily on strategies that were already in existence and the extension of these strategies. Haber et al stressed

the importance of resourcing the recommendations from the Summit in an article published in the Medical Journal of Australia

> The outstanding achievement of the Alcohol Summit so far has been returning alcohol control policy to the public health agenda. The resulting policy changes have the capacity to achieve considerable future benefits for the community. However, it is critical that the NSW government maintains its focus on this field and injects new resources to ensure that the Alcohol Summit leads to tangible outcomes.[27]

In addition to resourcing, Haber et al also suggest that the 'NSW Government maintains its focus' on the alcohol policy agenda. This did not occur, with the NSW Government not maintaining pressure to ensure that activities were undertaken. This is particularly important in the alcohol policy field where the public discourse on alcohol is partly informed by alcohol industry interests who often call for policies that are not evidence-based and do not have the greatest impact in reducing alcohol-related harms.

The NSW Government response to the Summit also did not prioritise the actions to be progressed leading on from the Summit. The Outcomes Paper arising from the Summit, provided a response to each of the recommendations, but did not discuss the evidence-base supporting the recommendations or the need for a staged approach to address the 318 recommendations. This resulted in the Outcomes Paper highlighting many short-term activities that were not sustained that therefore could not contribute to ongoing awareness raising or behaviour change.

It can be argued that if the NSW Government prioritised recommendations based upon the strength of the evidence supporting them that greater reductions in alcohol-related harms would have occurred over the ten year period. The NSW Government should consider the extensive evidence-base on effective interventions to reduce alcohol-related harms when developing policy priorities in the future.

To progress alcohol policy, strategies need to be well-resourced, prioritised, and focus must be maintained by political leaders on the issue. Without these factors, other influences will dominate the policy discussion, leaving little room for evidence-based policy reforms that will reduce alcohol-related harms.

3. The alcohol industry was significantly involved in the Summit proceedings, which is reflected in the rhetoric included in many of the recommendations and the Government's Outcomes Paper.

Both the Interim Report and Outcomes Report from the 2003 Alcohol Summit specify the need for "Partnerships with the industry". The very first 'Government Commitment" listed in the Interim Report is that

> the Government is committed to working with the alcohol industry to reduce alcohol abuse and the damage it causes. A partnership approach will be adopted so industry and Government can work together to continue to manage the supply of alcohol and encourage its responsible use.[28]

The Outcomes Paper also describes the need for partnerships with the alcohol industry, stating that

> Industry involvement is crucial to reducing the level of alcohol abuse. The Government consulted closely with the industry prior to and during the Summit and will continue to do so.[29]

The Outcomes Paper even mentions the need for the industry to be involved in the development of education, a practice that still continues in NSW to this day.

Commentary by leading alcohol researchers in the Medical Journal of Australia on discussions at the Alcohol Summit acknowledged the challenges of having the alcohol industry present in policy discussions, stating that "at times, the debate became quite confrontational" and "representatives of the alcohol beverage industry denied developing products designed to appeal to under-age drinkers". Representatives of the alcohol industry also "advocated retaining self-regulation of alcohol advertising" and "expressed a strong interest in developing voluntary partnerships with health and community groups, but argued that funding should be drawn from existing alcohol taxes".[30]

The challenge of determining the extent to which Governments should consult with the industry is ongoing and Governments across Australia still consult with the alcohol industry freely to inform the development of alcohol harm-reduction policies. This is against the World Health Organisation's advice which is that

> 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.[31]

It is now well accepted in public health literature that the alcohol industry has vested interest and should not be involved in the development of alcohol policy and programs. A recent article by Moodie in *The Lancet* provided clear recommendations to Governments on engagement with the alcohol industry and other industries representing 'unhealthy commodities', stating that "Unhealthy commodity industries should have no role in the formation of national and international policy for non-communicable diseases" and "Discussions with unhealthy commodity industries should be with the government only and have a clear goal of evidence-based approaches by government."[32]

Arguably one of the weakest recommendations to arise from the Summit was for "The liquor industry to set aside a percentage of its advertising budget for harm minimisation programs". This recommendation led to the development of DrinkWise, an alcohol industry funded social aspects organisation. DrinkWise has received over $5 million in Commonwealth Government funding and has been criticised by public health academics and organisations for supporting alcohol policies that are ineffective,[33] and delaying the introduction of an effective alcohol warning label regime by implementing weak 'consumer information labels' on alcohol products.

The NSW Government should adopt WHOs advice on engagement with the alcohol industry and not involve the alcohol industry in alcohol policy development. There should be an acknowledgement that the alcohol industry's vested interest in the outcomes of alcohol policy, as producers and retailers, is to promote and sell their products.

Conclusion

In future the NSW Government should ensure that evidence-based policy is at the centre of alcohol policy development. The majority of alcohol-related harms are increasing or at best remaining stable both in absolute terms and relative to the NSW population. This is despite the fact that we know more about evidence-based alcohol policy than ever before.

In NSW the number of liquor licences has increased from 13,705 in 2005-06 to 15,686 in 2011-12, representing an increase of 14.5 per cent.[34] In 2010 there were 369 people aged over 18 years per licensed premise. This increase in licensed premises is concerning because there is now substantial evidence which demonstrates that when alcohol is made more available, the associated harms increase. Recent Australian research on the association between alcohol outlet density and health impacts found that there was a strong association between reported assaults and the density of on-licence and off-licence premises.[35] There was also a strong association between domestic violence and the density of packaged liquor outlets.[36]

The evidence-base of effective alcohol policy is also available from experience with policy changes in NSW. For example the Newcastle trading hour restrictions, which introduced a 3am closing time and 1am lockout (later moving to 3:30am and 1:30am respectively), resulted in 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.[37]

In order to gain a clearer understanding of consumption and changes to consumption as a result of policy changes, better data on both alcohol-related harms and consumption is also needed in NSW. In 1996 the High Court ruled that state and territory imposed levies were excise duties and therefore illegal under the Australian Constitution. The NSW Government stopped collecting sales data at this time despite the value of the data in informing alcohol policy development. The collection of sales data provides a more detailed picture of what people are drinking, including beverage type and amount per postcode or region. The NSW Government should recommence the collection of sales data immediately.

To introduce evidence-based policy, simply having the evidence on what is effective is not sufficient. The Government must first acknowledge the need to address the supply of alcohol. This will require the Government to 'reframe' the alcohol policy conversation in NSW from one with a focus on the problem of a few, to that which emphaises the need for population-based interventions. It also requires the Government to place a greater emphasis on consultation with public health experts and the community, rather than the alcohol industry.

This study highlights a valuable lesson to Government regarding the development of alcohol policy and demonstrates how detrimental it can be to support and implement ineffective policies. NSW can not afford to delay the introduction of evidence-based alcohol policy any further, if they intend to reduce alcohol-related harms.

Appendix 1: Prevention recommendations, policy area and government response

Recommendation Number**	Recommendation*	Policy area	Government response
1.1	Safe and responsible drinking needs to be further encouraged at all levels through: • partnerships between the government (local, state and commonwealth), alcohol industry and communities • the use of positive messages • coordinated and sustained programs • the involvement of community leaders and role models • the direct engagement of communities • the development of an annual Alcohol Awareness Week.	Awareness raising	SOME ACTION TAKEN
1.3	A Government taskforce is established for a Government coordinated centrally themed and consistent campaign to coordinate the messages about socially responsible alcohol use.	Awareness raising	NO PROGRESS MADE
1.4	Safe drinking guidelines and practices should be promoted and publicised including: • National Health & Medical Research Council (NHMRC) guidelines particularly at the local level • consideration should be given to how alcohol companies can promote safe drinking levels, for example incorporating straightforward messages on alcohol product labels • liquor accords should be strengthened and there should be more community based involvement in their development • major public and community events to promote safe drinking practices.	Awareness raising	NO PROGRESS MADE

Recommendation Number**	Recommendation*	Policy area	Government response
1.5	Existing programs, services and networks be built on to address alcohol issues at a local level. These could include: • Community Drug Action Teams (CDATs) to address alcohol issues where they are not already doing so. Establish new CDATs across the State as necessary and establish effective collaboration with liquor law regulators. • explore the role of 'Schools as Community Centres' • existing services such as General Practitioners, local councils, libraries, schools and community centres • sports clubs and associations • existing events such as Big Day Out, New Year's Eve celebrations.	Awareness raising	SOME ACTION TAKEN
1.6	In recognition of the important role that the media plays, as a credible provider of information: • further engage and fully brief key media personnel on alcohol harms • support the introduction of 'media guidelines for reporting alcohol issues' based on the Mental Health Guidelines and with reference to the Australian National Council on Drugs (ANCD) • target popular culture media, such as soaps, to influence story lines about alcohol • in order to better engage the media, establish an index of statistics to measure the success or otherwise of progress in combating alcohol abuse.	Awareness raising	SOME ACTION TAKEN
1.7	The Advertising Code does not encourage socially irresponsible drinking and work to find a way to incorporate NHMRC guidelines into the Code.	Promotions and marketing	NO PROGRESS MADE
1.8	The NSW Government should work collaboratively with industry to explore ways of incorporating socially responsible messages into advertising sponsorship and promotion and the NSW Government will form an Alcohol Task Force to closely monitor the operation of the self-regulatory Alcohol Advertising Code and reserves its right to make recommendations concerning a mandatory Advertising Code and/or a restriction and/or a ban on alcohol advertising.	Promotions and marketing	NO PROGRESS MADE
1.9	Recognising the integral and positive role that sport plays in many communities: • support interventions in sporting clubs and associations that promote increased compliance with responsible service of alcohol policies and practices • strongly urge more sporting clubs to become involved in the Good Sports accreditation program • engage sponsors of sporting events and high profile sport identities in promoting safe drinking practices and healthy lifestyles • address dangerous levels of drinking at sporting events through responsible service of alcohol.	Awareness raising	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
1.10	Recognising the important role that parents play as a role models and sources of information for young people: • increase awareness of parents/carers about the supply of alcohol to underage young people • provide parents/carers with practical tools to manage parties and other events safely • encourage parents/carers to model responsible drinking behaviour and promote safe consumption within the family setting • allocate resources for peer support programs for parents • use schools as a vehicle to reach parents and young people.	Awareness raising	SOME ACTION TAKEN
1.11	To meet the needs of young people: • provide young people with information on safe drinking practices, legal issues and potential harms that may arise from drinking • involve young people in developing options and strategies so that messages and services are appropriate • allocate resources for peer support programs for youth. That the Commissioner for Children and Young People be involved in all initiatives relating to young people.	Awareness raising	SOME ACTION TAKEN
1.13	No mechanism currently exists for dealing with the erroneous activities of those producers of alcohol products that are not signed up to the alcohol advertising Code of Practice. With the development of new, low-cost media such as the Internet comes an increased risk of non-compliant advertising. Working Group 1 recommends that a retailer alerts system be developed for Australian retailers highlighting breaches of the new agreed Code, including those breaches pertaining to Internet advertising. Upon issuance of an Alert, retailers would be encouraged to remove offending products from sale until the breaches of the Code are rectified. Licensing authorities should take into account a licensee's compliance with retailer alerts when they come to consider applications for license renewal.	Promotions and marketing	NO PROGRESS MADE
2.8	Control of the economic and physical availability of alcohol can be effective in preventing alcohol misuse and harms in specific situations. Further consideration of these measures in NSW should be undertaken to ensure that existing research, investigation and strategies are optimised and additional effective strategies are not overlooked.	Availability	NO PROGRESS MADE

Recommendation Number**	Recommendation*	Policy area	Government response
2.9	There should be a national public inquiry into alcohol taxation that should consider the health, economic, social and community costs and benefits of current and proposed alcohol excise and taxation measures (eg greater price incentives for low alcohol products).	Price	SOME ACTION TAKEN
2.10	The liquor industry should be required to set aside a percentage of its advertising budget for harm minimisation programs.	Awareness raising	SOME ACTION TAKEN
2.12	It should be recognised that alcohol is consumed in a variety of environments, such as licensed premises, sporting venues, special events and the home. Effective prevention of harms from excessive alcohol consumption will encompass a range of strategies tailored to the specific circumstances of each of these environments. These strategies should: • promote the safe use of alcohol through local community agreements • involve the stricter enforcement of laws regarding the responsible service of alcohol • continue and expand responsible service of alcohol training to include all staff, paid or volunteer, working in licensed premises, venues, special events, sports clubs or any other location in which alcohol is sold • review and promote current reporting measures available to communities to be able to report breaches of RSA (include modified training to community members on RSA and breaches) • encourage better management of public events in relation to alcohol promote awareness of the potential harms of underage drinking • promote awareness of host responsibilities in relation to alcohol including normalising peoples' choices not to consume alcohol • clarify the role of police in supervising private parties.	RSA	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
2.16	Alcohol abuse prevention strategies in Indigenous communities should be community-based and community-owned. These strategies may be achieved by: • developing and using local leadership and Indigenous workers at all stages of programs • implementing programs which build capacity within local communities to work on their own solutions • targeting resources for communities to conduct their own alcohol summits in partnership with Local Governments • ensuring the accessibility and appropriateness of mainstream services to the community through consultation with local Indigenous groups • researching local Indigenous issues to inform the direction and suitability of local strategies • ensuring a sustainable framework which reflects the impact of alcohol on Indigenous communities through skill building and workforce development, continuous evaluation and funding • recognising that these are complex problems that do not have simple solutions • proactively target recruitment strategies to increase the number of female Aboriginal community liaison officers and the number of female and male Aboriginal police officers in NSW Police • establishing specialist alcohol resource units to support community based action.	Awareness raising	SOME ACTION TAKEN
2.18	Peer-facilitated alcohol forums for young people which initiate and support action at the local level should be developed and evaluated.	Awareness raising	NO PROGRESS MADE
2.23	Strategies and support need to be developed to assist families to look at the areas where they can have a positive impact on reducing the potential harms caused by alcohol including: • making informed decisions with their teenagers about end of year celebrations and the supply of alcohol for parties • providing information to their teenagers about alcohol and its effects • building resilience in their teenagers • education campaigns similar to those for seat belt use and skin cancer • parenting skills programs • the development of a parent education program that links to drug education programs in schools to more effectively involve parents in educating their children about alcohol use and misuse. This could be achieved through a core group of experts from relevant government agencies, non-government agencies (including those with personal experience of alcohol abuse) and media and advertising organisations.	Awareness raising	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
2.25	The acceptability of inappropriate alcohol use at sporting events, by both participants and spectators, should be challenged through: • providing opportunities for training to strengthen the administration and culture of sports organisations, including increased compliance of responsible service of alcohol and legal responsibilities for sports clubs, workers and volunteers • improving the management of large sports events including restricting the sale of alcohol and improving the physical environment before, during and after the event • encouraging high profile sports people to promote non-drinking and responsible alcohol use • reviewing alcohol sponsorship of motor sports and under age events.	Awareness raising	SOME ACTION TAKEN
2.29	All schools should aim to: • involve young people in the planning, implementation and evaluation of alcohol education • promote the social and emotional wellbeing of children and young people by implementing programs and practices that address the risk and protective factors related to alcohol misuse • provide accurate and credible information about alcohol and alcohol use to students beginning in primary school and based on the principles for effective drug education • provide road safety education which focuses on the relationship between alcohol and road trauma • provide access to referral and other appropriate support services for young people experiencing alcohol related problems • ensure students are encouraged to remain at school by providing programs, structures and curriculum that engage students and are relevant to their needs • provide support at key transition points in schooling, particularly Year 6 to Year 7 and beyond school • develop appropriate strategies to encourage young people to celebrate special celebrations including end of year functions safely.	Education	SOME ACTION TAKEN
2.30	Support the establishment of Schools as Community Centres in appropriate areas to act as a hub where parents can be assisted in accessing a range of services to improve their parenting skills and other family supports.	Education	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
3.2	Given that a major barrier to treatment is a lack of knowledge about and acceptance of the dangers of alcohol, a range of education and information campaigns, including mass media campaigns, be developed to promote awareness of the risks associated with different levels of drinking. The major purpose of these campaigns be to reduce the cultural acceptance of high levels of drinking and to encourage people to seek interventions. General campaigns be also framed to target specific groups, i.e. youth.	Awareness raising	SOME ACTION TAKEN
3.3	The NSW Health Department, in consultation with the Australian Professional Society on Alcohol and Drugs, the Chapter of Addiction Medicine (RACP), the College of Nursing, other professional bodies and relevant tertiary institutions investigate the development of an appropriate means to facilitate professional education and training about alcohol (and other drugs) for generalist health workers and non-government organisations and to provide more advanced training for specialist drug and alcohol workers.	Brief intervention	SOME ACTION TAKEN
3.4	On-going training be provided to generalist health and community workers in early identification of alcohol-related problems and provision of brief interventions.	Brief intervention	NO PROGRESS MADE
3.5	Support and training be provided to General Practitioners with the aim of enhancing both their identification of alcohol-related problems and the interventions provided by them. This program would be provided by multiple disciplines and would involve both Government and Non-Government agencies.	Brief intervention	NO PROGRESS MADE
3.17	Provide training to frontline health workers in brief intervention. This should be a mandatory component of training for all primary health care workers and should be aimed at both aboriginal and non aboriginal workers.	Brief intervention	NO PROGRESS MADE
3.22	Improve young people's knowledge of services by taking young people on school excursions to local services so they meet the workers face to face and therefore feel more comfortable contacting them or create opportunities for youth services to visit schools and provide information, for example, a 'Service Expo'.	Awareness raising	NO PROGRESS MADE
4.17	Utilising the infrastructure provided by Families First and other early intervention programs provide integrated interventions, which target alcohol problems at all stages of the life cycle, inclusive of Foetal Alcohol Syndrome. Consideration be given to the appropriate establishment of Drug and Alcohol Early Childhood Nurses.	Early intervention	NO PROGRESS MADE
4.22	Work should be undertaken with professional bodies representing pharmacists to pursue an increased role for pharmacists with identification and referral for alcohol related problems.	Awareness raising	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
4.24	Given our responsibility for prevention and evidence based approaches and the equivocal research base regarding the benefits of drug education, that drug education approaches be rigorously evaluated for their preventative benefits prior to the commitment of resources to them.	Education	NO PROGRESS MADE
4.25	Staff of human service agencies, Aboriginal Community Controlled Health Services and other NGOs should be provided with appropriate training and education opportunities to enhance earlier identification of alcohol abuse issues and increased understanding of the responses and care pathways that these individuals require to achieve healthy outcomes. Recruitment, Retentions and Development of staff for these agencies should be approached strategically from a whole of Government perspective.	Early intervention	SOME ACTION TAKEN
5.1	The Summit recognises that employers and employees have obligations under the NSW Occupational Health and Safety legislation to manage the risks associated with alcohol in the workplace. It calls on the relevant government agencies, agreed and recognised experts in alcohol policies, employer groups and unions to form a working party to jointly recommend appropriate action which ensures that employers and employees are provided with clear guidance on managing those workplace risks. This must take into account their occupational health and safety, industrial relations and privacy obligations, personal responsibility, procedural fairness and access to rehabilitation and counselling services.	Early intervention	SOME ACTION TAKEN
5.2	Educate young people in prevention of problems arising from acute alcohol use and what to do if things go wrong and how to look after each other. Request the Department of Education to review the Personal Development Health and Physical Education syllabus to ensure adequate coverage of information on standard drink sizes and basis first aid. It was noted that other working groups have a similar resolution and that the Special Resolutions Group may amend a resolution to eliminate ambiguity and promote consistency.	Education	SOME ACTION TAKEN
5.3	NSW Police investigate the feasibility of random breath testing on waterways and report to the Minister for Police as soon as possible.	Drink driving counter-measures	COMPLETED
5.4	Support for the NSW Water Safety Task Force in its education campaigns for parents and carers particularly of children in the 0-5 years of age range. This should highlight the risks of drowning whilst supervisors are entertaining, and the need to heighten understanding of the dangers of alcohol consumption associated with aquatic activities.	Awareness raising	SOME ACTION TAKEN
5.5	A Country Road Summit to be held in early 2004 involving relevant Government and non-Government stakeholders to address the rising road toll in country NSW and to provide input regarding relevant resolutions from the alcohol Summit.	Awareness raising	COMPLETED

Recommendation Number**	Recommendation*	Policy area	Government response
5.9	The Roads and Traffic Authority and the Police establish a task force, with appropriate consultation with young people i.e. under 25 to consider the appropriateness of 0.00 Blood Alcohol Content (BAC) for L and P Plate drivers and report to the Minister for Roads as soon as possible.	Drink driving counter measure	COMPLETED
5.10	Mandatory alcohol interlocks in all new vehicles to be referred to the Minister at the Australian Transport Council for investigation.	Drink driving counter measure	SOME ACTION TAKEN
5.14	The Ministry of Transport to investigate the options for avoiding drink driving by improving access to alternative forms of transport including community or club based shuttle services, taxi vouchers or encouraging people to stay overnight.	Other	NO PROGRESS MADE
5.15	The Department of Health review the effectiveness of the "drink safe program" conducted by Northern Rivers Area Health Service and Police.	Other	COMPLETED
5.16	The Department of Gaming and Racing to explore with industry ways to decrease the risks of falls from people exiting licensed premises. Reference should be made to the Australia Hotels Association, occupational health & safety audit of licensed premises, the Department of Health's work on falls prevention and the role of alcohol in those falls.	Other	NO PROGRESS MADE
5.17	The Roads and Traffic Authority to examine ways to improve road safety outcomes for people engaging in drink walking.	Other	SOME ACTION TAKEN
6.2	Parenting support be provided to identified vulnerable families as a preventive measure for abuse of alcohol and other drugs.	Other	SOME ACTION TAKEN
6.4	Education be provided on responsible use of alcohol and the consequences of irresponsible use of alcohol. This should: 6.4.1 acknowledge that alcohol is a drug with potentially deleterious effects; 6.4.2 be in developmentally (age) appropriate modules; 6.4.3 support those who choose not to drink alcohol; 6.4.4 commence from an early (primary school) age; 6.4.5 engage both parents and children and use both school and home settings eg Fact Packs; 6.4.6 be targeted to Indigenous and culturally and linguistically diverse groups in culturally effective ways; 6.4.7 be targeted to specific gender groups (eg adolescent males) where appropriate; 6.4.8 be universally accessible in NSW; 6.4.9 include easily accessible information on where to get help.	Education	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
6.11	Promoting and supporting positive relationships and connections between young people, their friends, their schools and their communities reduces harmful risk taking behaviour including a reduction in harm caused by alcohol and other drugs. Develop increased support and coverage of programmes that support positive youth development (such as Better Futures).	Early intervention	SOME ACTION TAKEN
6.12	As an alternative to high risk alcohol consumption, enhance low cost, accessible, safe entertainment and recreation opportunities for young people.	Other	SOME ACTION TAKEN
6.13	Explore whether further use of the Parental Responsibility Act and liquor licensing accords could assist with minimising risk to children and young people.	Early intervention	SOME ACTION TAKEN
6.14	Explore innovative ways to address high risk alcohol drinking such as binge drinking by young people including consideration of establishing safe, supervised venues where responsible use of alcohol can occur.	Awareness raising	NO PROGRESS MADE
6.20	That the New South Wales Government provide funding and support for effective implementation of the Aboriginal and Torres Strait Islander Substance Abuse Plan.	Other	COMPLETED
6.21	As pregnancy is the first critical developmental phase of life, guidelines be developed for progressing healthy pregnancy with regard to alcohol, tobacco and other drug use.	Early intervention	NO PROGRESS MADE
7.13	Responsible service of alcohol training be extended in scope and content to include: a. mandatory training for the BYO sector with emphasis on service as well as sale of alcohol b. handling of difficult patrons and complaints by managers and supervisors c. dealing with those who move from bar to bar in large premises, from venue to venue and the sale or provision of alcohol to minors by adults.	RSA	SOME ACTION TAKEN
7.18	The NSW Government undertake a review of the level and type of training available in the Higher Education Sector on drug education and prevention and, in particular that appropriate training in this area be included in all NSW pre- service and in-service teacher education programs.	Education	NO PROGRESS MADE
7.23	The NSW Government revise training strategies of teachers and counsellors to enable them to recognise alcohol abuse.	Early intervention	SOME ACTION TAKEN
7.24	Have specialist youth staff who know about alcohol e.g. adolescent mental health workers, not generalist counsellors.	Early intervention	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
7.28	The Government provide training to frontline health workers in brief intervention. This should be a mandatory component of training for all primary health care workers and should be aimed at both aboriginal and non-Aboriginal workers.	Brief intervention	NO PROGRESS MADE
7.37	Training for Aboriginal Health Workers needs to consider brief intervention; training in holistic assessment; and identifying treatment and dependency with appropriate time away from work to train, with appropriate remuneration and back filling of positions.	Brief intervention	SOME ACTION TAKEN
8.3	A public education campaign be conducted and information provided to patrons at licensed premises to change drinking behaviour.	Awareness raising	SOME ACTION TAKEN
8.4	Licensing laws be amended to introduce an offence for being intoxicated on licensed premises (in line with the new definition of intoxication which is able to be gauged by direct observation).	RSA	COMPLETED
8.5	In addition to the current offence of being intoxicated on licensed premises, there should be an offence of attempting to enter licensed premises whilst intoxicated and after having been refused entry to those premises.	RSA	COMPLETED
8.6	Regular inspections of licensed premises by police officers are needed, and where appropriate DGR inspectors, or other authorised persons, who make observations and provide feedback to licensees on the applications of the principles of RSA by them and their staff.	Enforcement	NO PROGRESS MADE
8.8	Standardisation of, and stricter criteria, for acceptable identification is required – licensed venues should ascertain age by reference only to a drivers licence, Government Proof of Age Card, or a passport.	Enforcement	SOME ACTION TAKEN
8.9	The age limit for proof of age cards should be removed and the card should distinguish between under 18 year olds and over 18 year olds.	Enforcement	COMPLETED
8.10	Increase the penalty notice only for the offence of supply alcohol to a minor on licensed premises be increased from $550 to $2,500.	Enforcement	SOME ACTION TAKEN
8.11	Initiatives should be undertaken to educate against the provision, in a licensed premise, of alcohol to minors by adults (other than the licensee) and there should be signage to this effect in licensed premises.	Enforcement	COMPLETED
8.12	A whole-of-government education campaign is required on the issues of parental and secondary supply of alcohol to underage persons.	Awareness raising	SOME ACTION TAKEN
8.13	NSW Police produced Safe Party Kit should be funded with a view to a wider distribution to parents across the state, and the Kit should be adaptable to ensure that it is appropriate to a diverse range of community groups.	Awareness raising	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
8.14	Police participation on Community Drug Action Teams state-wide on developing safe party kits.	Other	SOME ACTION TAKEN
8.15	State-wide rollout is recommended of education campaigns such as Supply Means Supply on the secondary supply of alcohol conducted by NSW Police, Central Coast Health and the Department of School Education on the Central Coast, and such campaigns should be adaptable to ensure that they are appropriate to a diverse range of community groups.	Awareness raising	NO PROGRESS MADE
8.17	A preliminary evaluation of young people's knowledge of the current fine for drinking illegally in an Alcohol Free Zone be conducted, and whether they consider an increase in the penalty would deter drinking in such zones.	Other	COMPLETED
8.20	An offence be Introduced for a patron who purchases liquor for an intoxicated person on licensed premises and supplies liquor to them on those licensed premises. Penalties equivalent to those applying to a licensee or employee are appropriate	RSA	COMPLETED
8.22	The NSW Government review the alcohol laws concerning minors in relation to penalties for purchasing, possession and consumption of alcohol so as to protect minors from the influence of alcohol and binge drinking.	Other	SOME ACTION TAKEN
8.23	The following recommendations contained in the submission of Mr David Amarti, Chairperson of the Licensing Court of NSW and Chairperson Liquor Administration Board were noted: • Secondary supply - A good plan of management of licensed premises, and appropriate conditions on a licence, such as prohibition at major sporting venues of sales of more than 4 drinks at anyone time to a person, can be used in an attempt to reduce secondary sale practice. The requirements should continue. • Minors - Police need to be instructed to consider the issue of penalty notices or Court Attendance Notices to adults detected providing alcohol to minors in private homes, particularly where parties get out of hand and it becomes apparent to police that the adult hosts have provided alcohol to minors.	Other	NO PROGRESS MADE
8.24	Accords should be mandatory and enforceable, with a state-wide regime of local liquor accords underpinned by legislation which highlights their role in decreasing alcohol-related crime and anti social behaviour.	Liquor Accords	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
8.25	This should be achieved in consultation with industry and the community, by extending the existing provisions of the liquor laws to make participation in liquor accords compulsory and to enable the police or the Director of Liquor and Gaming or a local consent authority to make application to the Court for the compulsory establishment of a liquor accord in a nominated area for the compulsory participation in that accord by all licensed premises.	Liquor Accords	NO PROGRESS MADE
8.26	A best practice liquor accord model should be developed, which can be customised to fit local circumstances and involves a mechanism for arbitration.	Liquor Accords	SOME ACTION TAKEN
8.27	To implement roll-out of the best practice accord model, and improve the operation of accords generally, in partnership with the Liquor Industry a workshop should be held to develop a three-year strategy for accords which can be customised for application locally.	Liquor Accords	SOME ACTION TAKEN
8.28	Funding be provided for an accord secretariat/support function.	Liquor Accords	COMPLETED
8.29	Liquor accords to include community and local government consultation, involvement and cooperation with Aboriginal people from the local community, especially in areas with a significant Aboriginal populations.	Liquor Accords	COMPLETED
8.30	Supermarkets, bottle shops and other retail outlets which sell alcohol to participate in mandatory liquor accords especially in rural areas.	Liquor Accords	NO PROGRESS MADE
8.31	Accords should consider a “lockout” for new patrons.	Liquor Accords	COMPLETED
8.32	Accords should consider patron entry number restrictions.	Liquor Accords	NO PROGRESS MADE
8.33	An evaluation be conducted of the impact of current 24 hour trading in all licensed premises.	Liquor Accords	NO PROGRESS MADE
8.34	Consideration be given to strengthening the conditions for 24 hour licensed venues, both on application for granting a license and when being considered by an accord.	Liquor Accords	SOME ACTION TAKEN
8.35	Taxi industry representatives, bus co-operatives and the like be brought together to discuss a uniform approach to the provision of transport from late night entertainment venues, including better coordination of services in the early hours and the security of drivers etc.	Other	NO PROGRESS MADE
8.36	Mandatory security personnel training on responsible service of alcohol and conflict resolution.	RSA	COMPLETED

Recommendation Number**	Recommendation*	Policy area	Government response
8.37	Require premises to retain and maintain a mandatory incident register accessible to police at all times.	RSA	COMPLETED
8.38	Require 24 hour premises to provide CCTV monitoring at major access and exit points. Recorded material to be retained for a minimum of one month and be made available to police at all times.	Other	NO PROGRESS MADE
8.39	Require varied trading hour venues with entertainment to have sufficient security personnel.	Other	NO PROGRESS MADE
8.40	Takeaway alcohol facilities, including Good Friday trading, must be considered by local accords in line with local concerns.	Liquor Accords	SOME ACTION TAKEN
8.41	Whole -of-government and community discussion is required concerning the practicality and appropriateness of adopting varying "dry" options in selected areas (not necessarily just in relation to Aboriginal communities).	Availability	SOME ACTION TAKEN
8.42	A specific focus should be adopted on alcohol related issues and isolated rural communities – with a view to utilising Community Justice Groups and/or Working Parties in cooperation with a whole of government effort coordinated by the Cabinet Office to discuss, develop and then trial a package of initiatives in one or more remote towns. For example, Brewarrina, Engonia or Wilcannia could be used as a pilot case for Summit initiatives.	Availability	SOME ACTION TAKEN
8.43	Liquor accords to include community consultation, involvement and cooperation with Aboriginal people from the local community, especially in areas with a large Aboriginal population.	Liquor Accords	SOME ACTION TAKEN
8.52	Increase Police and Gaming and Racing Licensing activities.	Enforcement	NO PROGRESS MADE
8.54	Increase funding for night patrols in areas where they are required and ensure they operate all night.	Other	NO PROGRESS MADE
8.55	Consideration be given in accords to the banning of glass based containers in areas and/or circumstances where there is a clear link between supply, consumption and alcohol-related crime and violence.	Liquor Accords	COMPLETED
8.56	Through the Getting It Together Scheme, explore and identify issues of drinking patterns or settings among young people and adults of culturally and linguistically diverse backgrounds to develop strategies with relevant community groups to reduce alcohol-related incidents.	Awareness raising	NO PROGRESS MADE
8.76	That Local Area Commands should have specialist licensing officers who are fully trained in the intricacies of the liquor law.	Enforcement	NO PROGRESS MADE

Recommendation Number**	Recommendation*	Policy area	Government response
9.28	That the Taree and Ballina Streetbeat Programs should be adopted as models for community patrols. These include outreach youth services involving two youth workers, a vehicle and the support of a late night youth drop-in centre 2 nights per week.	Other	NO PROGRESS MADE
9.31	Initiatives such as the Safer Times (Pubsafe) should be implemented in conjunction with Local Government to encourage licensed premises to ensure that the venue and its surrounds are safe for women.	Other	NO PROGRESS MADE
10.1	Multi-faceted programs should be developed which would: • educate and encourage parents and other adults to resist supplying alcohol to minors • provide clear, easy to understand information on the requirements of the liquor laws to the public • promote the benefits of moderate alcohol consumption, and the dangers of heavy or high risk drinking • implementation of television advertising using shock tactics, to discourage young people from drinking alcohol and/or decreasing young people drinking at excessive and dangerous levels. Program components should target young people, Aboriginal communities, ethnic communities, women, rural and remote communities, as well as the broader population. Program components should target young people, Aboriginal communities, ethnic communities, women, rural and remote communities, as well as the broader population.	Awareness raising	NO PROGRESS MADE
10.2	There should be an extension of the current mandatory training requirements as follows: • all liquor licensees, serving staff and security officers should be required to undertake responsible service of training when taking up employment in the liquor industry • this training should be updated on a periodic basis every three or four years • RSA training should be sensitive to the special issues relating to Aboriginal and culturally diverse communities, and should be developed with appropriate input from representatives of those communities.	RSA	COMPLETED
10.3	Specific strategies should be developed to address drink spiking, including: • encouraging licensed premises to adopt those preventative measures found to be effective in combating drink spiking, including alcohol, particularly where there is a greater potential for drink spiking to occur, for example, in nightclubs. • a public awareness campaign highlighting the issue of drink spiking	Awareness raising	SOME ACTION TAKEN

Recommendation Number**	Recommendation*	Policy area	Government response
10.4	There should be enhancements and extensions of the current liquor accords program to: • encourage venue operators to develop local accords, in consultation with community stakeholders such as chambers of commerce and progress associations, and Aboriginal and ethnic community leaders in communities with a high percentage of those people • provide licensing authorities with the power to require participation of licensed venues in local accords on a case by case basis • provide effective support and resources to local accords to ensure their continuation • establish a mechanism for reviewing and evaluating liquor accords, and disseminating information to all accords about measures that have been found to be successful.	Liquor Accords	SOME ACTION TAKEN
10.6	Communities with a high percentage of Aboriginal people should be consulted over using restrictions on alcohol supply as a harm minimisation measure, and legislative and administrative practices should be established to ensure that any such restrictions that are directed and supported by Aboriginal communities can be put in place.	Availability	SOME ACTION TAKEN
10.9	Recruit Aboriginal and multicultural licensing officers who are locally or regionally based, within the Department of Gaming and Racing, who can undertake spot random checks of local alcohol related licensing issues outside of core (9 to 5) working hours.	Enforcement	NO PROGRESS MADE
10.10	Establish a two-way information line that callers can use to get information about local liquor licensing matters, and where callers can raise concerns about the impact of alcohol misuse/abuse on their local community.	Enforcement	NO PROGRES MADE
10.12	Improve training and increase resourcing of liquor licensing police.	Enforcement	SOME ACTION TAKEN

* This information was taken verbatim from the *2003 NSW Summit on Alcohol Abuse Communiqué*.
**The recommendation number has been adopted by the *2003 NSW Summit on Alcohol Abuse Communiqué*.

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