



# NSW Summit on Alcohol Abuse 2003

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Parliament House  
Macquarie St,  
Sydney

## Communiqué

Friday, 29 August 2003

## Preamble

On 3 July 2003 the New South Wales Parliament, recognising the problem of the abuse of alcohol in the community and its impact on society, resolved to agree to the holding of a Summit on Alcohol Abuse at Parliament House, involving members of both Houses of Parliament and invited community representatives, 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 NSW 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 allocation 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.

In accordance with that resolution, the NSW Summit on Alcohol Abuse concluded on Friday 29 August 2003 after four days of deliberations. This Interim Report sets out the recommendations made by the Summit.

## Introduction

Since European settlement, alcohol has played a central role in the social, economic and political culture of NSW. Alcohol abuse in Indigenous communities is relatively recent and has had a significant impact on their physical and cultural health and wellbeing.

Alcohol has been, and continues to be, an accepted part of Australian life.

It makes an important contribution to the NSW economy. The Summit has been advised the liquor and hospitality industries provide employment for over 60,000 people (Australian Bureau of Statistics). The Summit recognises there are positive social and health benefits from responsible alcohol use.

However, the Summit heard that alcohol abuse is associated with serious harm to individuals and the community. It was reported that between 1992 and 2001, there were 10,369 deaths and 537,742 hospital episodes in NSW related to alcohol (National Drug Research Institute 2003; National Alcohol Indicators Statistical Bulletin No. 6, [in press], NDRI, Curtin University, Perth, WA).

The Summit heard that alcohol abuse costs NSW \$7 million each day, inclusive of lost labour and productivity, crime and health costs and the costs associated with road accidents (Collins and Lapsley, Counting the cost: estimates of the social costs of drug abuse in Australia 1998-99).

Alcohol abuse is one of the leading causes of preventable death in Australia (National Alcohol Strategy; Alcohol and Your Health Fact Sheet 22, 2003, Commonwealth Department of Health and Ageing).

The Summit recognises that alcohol abuse is largely driven by cultural factors. Many of the issues that face rural and regional NSW are different from those in urban areas. Some population groups, such as young people and Indigenous communities, face particular issues.

Alcohol abuse can be classified into four areas of concern.

#### ***Immediate effects***

Excessive drinking, drinking to intoxication or binge drinking significantly impacts on a person's health and safety, as well as the broader community. Assaults, domestic violence, accidents, injury, as well as crime are all outcomes of this type of drinking and all have an immediate impact on individuals, families and the community.

The National Drug Research Institute reports this type of consumption has accounted for 51% of all alcohol-related deaths and 70% of all alcohol-related hospital episodes in NSW between 1992 and 2001 (National Drug Research Institute 2003; National Alcohol Indicators Statistical Bulletin No. 6, [in press], NDRI, Curtin University, Perth, WA).

The Summit has heard that this type of consumption is associated with a number of criminal offences, including assault, offensive behaviour, malicious damage and noise complaints.

#### ***Regular use***

The second area of concern is chronic drinking, or regular heavy drinking over a sustained period. This type of use can lead to significant health issues such as cancer, liver disease and heart failure, and has accounted for 43% of alcohol-related deaths from 1992 to 2001 (National Drug Research Institute 2003; National Alcohol Indicators Statistical Bulletin No. 6 [in press], NDRI, Curtin University, Perth, WA).

This pattern of use is debilitating and distressing for the individual and their family. It also places considerable demands on the public health system – particularly over the longer term.

### ***Dependence related***

The third category of drinking relates to those persons who are dependent, or addicted. These people can be socially isolated, perhaps homeless and require high levels of care and a multi-service response.

According to the National Drug Research Institute 3.5% of adults in NSW are at risk of this level of consumption. It has accounted for 6% of alcohol related deaths from 1992 to 2001 and 16% of alcohol related hospital episodes (National Drug Research Institute 2003; National Alcohol Indicators Statistical Bulletin No. 6 [in press], NDRI, Curtin University, Perth, WA).

### ***Compounding effects***

Alcohol can also contribute to, and exacerbate, other conditions. This is most notable for people who suffer from a mental illness, and also physical conditions, such as diabetes, stroke and heart disease. This presents a significant challenge for assessment, management and treatment.

From the above effects flow the adverse social, cultural and economic consequences of alcohol abuse.

The Summit recognises that successful policy measures have been implemented to reduce the harm associated with alcohol abuse and major advances have been made. Between 1990 and 1997, alcohol-related deaths fell 24% in women and 20% in men (National Drug Research Institute 1999; National Alcohol Indicators Statistical Bulletin No. 1, NDRI, Curtin University, Perth, WA). There has also been greater recognition of the range of treatment approaches available, including early intervention and pharmacological approaches.

Random Breath Testing (RBT) was introduced in NSW in 1985, and its implementation and community acceptance continues to contribute to a reduction in road accidents and deaths each year. There has been a general decline in serious alcohol-related road injuries in NSW between 1990 and 1997 (National Drug Research Institute 2000; National Alcohol Indicators – Trends in Alcohol-Related Road Injury in Australia, 1990-1997 Statistical Bulletin No. 2, NDRI, Curtin University, Perth, WA).

RBT changed the culture of drink driving in NSW. The Summit acknowledges that similar cultural shifts will also be needed if the problems associated with alcohol abuse are to be reduced.

Programs and services emerging from the Summit will need to be based on the best available evidence, and outcomes measured and evaluated. Innovative new approaches will also need to be trialled, and current activity will be strengthened. Due to the complexity of the problem it is recognised that a range of programs and services are required to help people suffering from the effects of alcohol abuse.

The Summit acknowledges the importance of existing National and State strategies, which provide a framework for dealing with the evolving process of coming to terms with a difficult social problem.

The Summit also acknowledges the importance of close and ongoing cooperation between NSW and the Commonwealth in developing solutions and strategies which transcend state

boundaries. A recent example is the review of alcohol advertising by the Inter-Governmental Committee on Drugs, which agreed to work with industry across all jurisdictions.

In particular, the Summit recognises the centrality of the *National Alcohol Strategy: A Plan for Action 2001-2004*, to which all Australian governments are signatories and which was developed under the Ministerial Council on Drug Strategy.

The Summit notes the wide impact of the recommendations in the Report of the Special Resolutions Group and agrees that any delegate may provide in writing, to the Clerks of the Parliament by 5pm Friday 19 September 2003, a supplementary submission addressing any recommendations of concern, and that such submissions will form part of the official record of the Summit.

The Summit notes the resource requirements in each Working Group's recommendations and accordingly requires the NSW Government to:

1. identify by 30 November 2003 the programs and allocations required to fully implement all recommendations of the Summit Communiqué;
2. establish clear expected outcomes by which successful performance will be measured; and
3. report on the performance of the community and Government in delivering these outcomes, with the first report to be made to Parliament in September 2004, and annually thereafter.

### **The Summit recommends that:**

#### **1. Community Engagement and Information**

- 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.
- 1.2 Communities need to be better informed of the harms of alcohol misuse – to them as individuals, to their families and to the wider community. There should be a sustained approach to informing the community of the social and economic and health costs of alcohol misuse to achieve a cultural change. This information should be simple, clear and targeted. Opportunities for localising messages should be built into programs.
- 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.
- 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.
- 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, libraries, schools and community centres
  - sports clubs and associations
  - existing events such as Big Day Out, New Year's Eve celebrations.
- 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.
- 1.7 The Advertising Code does not encourage socially irresponsible drinking and work to find a way to incorporate NHMRC guidelines into the Code.
- 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.
- 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.

- 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.

- 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 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.

- 1.12 To meet the needs of Aboriginal communities:
- support Aboriginal communities in reclaiming kinship and culture to unify communities and families.
  - engage Aboriginal community leaders to convey a range of messages on alcohol use, other options and interventions to their communities
  - support locally based and locally determined approaches
  - allocate resources for peer support programs for Aboriginal communities.

- 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.

- 1.14 That these resolutions be appropriately resourced including where necessary, and additional funding to that budgeted for existing programs.

**The Summit recommends that:**

## **2. Preventing Abuse and Harm**

### *Community and Government Partnership Approaches to Alcohol Abuse Prevention*

- 2.1 Alcohol abuse prevention should involve the whole community working in partnership with Government. This approach needs to include all sectors of government and non-government agencies. Strategies should be tailored for specific communities, be evidence-based, and planning should include a sustainable framework through continuous evaluation and funding.
- 2.2 All Government departments and community funded projects should develop criteria against which they report each year, on approaches to alcohol abuse prevention.

#### *Sharing Research and Data Collection*

- 2.3 A comprehensive system should be established for sharing research and data across Australia and overseas on the prevention of alcohol abuse and harm. Partnerships should be established between data-collection agencies and local communities.
- 2.4 A condition of any significant grant allocation should be a requirement for rigorous evaluation.
- 2.5 The collection of wholesale alcohol sales data should be recommenced by the liquor licensing authority and made available to appropriate community groups and agencies.
- 2.6 Better information systems should be available to licensing authorities and police.
- 2.7 The Government should coordinate the collection of data from relevant agencies and local communities. It should establish a website which enables sharing of data and research related to prevention of harmful use of alcohol.

#### *Regulating the Physical and Economic Availability of Alcohol*

- 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.
- 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).
- 2.10 The liquor industry should be required to set aside a percentage of its advertising budget for harm minimisation programs.
- 2.11 A trial should be undertaken of the use of breath ignition interlock devices for persons convicted of a drink-driving offence.

#### *Promoting Safer Drinking Environments*

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.

#### *Access to Services and Outcomes*

2.13 Prevention strategies should encompass a holistic approach that takes into account different target populations' access to services, including employment, transport, alternative recreational activities and health care. This should be accomplished by:

- integrating existing and new services into established community networks and infrastructure
- assisting non drug and alcohol related services to better deal with clients with issues related to alcohol misuse and harm
- developing and providing cultural programs for young Aboriginal people utilising community facilities in local Aboriginal communities. These programs should be developed, operated and controlled by appropriate and respected local Aboriginal people.

2.14 Consideration needs to be given to particular needs of individuals and groups who meet barriers in accessing mainstream services. These groups may include: homeless people, Indigenous peoples, people with dual diagnosis and young people without family support. This can be achieved through:

- facilitating access by increasing the mobility and flexibility of service delivery
- reviewing the range of outreach services provided by government and non government agencies to identify service gaps.

#### *Prevention Strategies to Meet the Specific Needs of Particular Groups*

2.15 Prevention strategies should be tailored to the specific needs of men, women, young people rural and remote communities, culturally and linguistically diverse groups, and Indigenous peoples and the gay, lesbian, bisexual and transgender communities. Effective prevention strategies should be:

- research based
- culturally appropriate
- developed and implemented in consultation with members of these identified groups
- tailored to meet local needs.

- 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.
- 2.17 “Joined up”, “one-stop” and linked services should be established for people with an alcohol problem who also have mental health and drug issues.
- 2.18 Peer-facilitated alcohol forums for young people which initiate and support action at the local level should be developed and evaluated.

### *Family and Parent Education*

- 2.19 Greater effort is required to enhance the awareness amongst parents, carers and family members of the importance of their behaviour on the development of their children’s attitudes about alcohol.
- 2.20 Research is needed to evaluate and apply effective ways of encouraging parents, carers and family members to be effective role models and the needs of different communities taken into account when developing local responses.
- 2.21 Education strategies should recognise that the use of alcohol in Australia may differ from the experience of people recently arrived from other countries. Strategies, including giving information and developing skills, should be made available for parents, families and groups that self-identify as a community, about issues likely to be encountered in the Australian culture around alcohol use.

- 2.22 Information and skills need to be provided to parents to introduce relevant alcohol information to their young people. Additional efforts will be required for some parents with greater needs due to personal circumstances.
- 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.

#### *Changing the Accepted Association Between Sport and Alcohol Consumption*

- 2.24 It is important to recognise that participation in physically active recreational activities leads to feelings of well-being that can provide an alternative to excessive alcohol use. As an activity, participation in sport can also be one of many positive alternatives to risky alcohol consumption and abuse.
- 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.
- 2.26 That the Institutes of Sports recognise their responsibility to train junior athletes in the responsible use of alcohol.

#### *Media Promotion of Alcohol*

- 2.27 There is a need for further research into the role of the media, including the internet and other electronic media, in alcohol misuse and harm. Consideration should be given to greater involvement of the Government in regulating the promotion of alcohol use through:
- media such as television programs, internet sites, and print
  - liquor industry generation and sponsorship of events
  - advertising industry.

### *School Based Prevention*

- 2.28 Schools are only one of the influences on young people. They cannot, in isolation from the rest of the community, change behaviours. However, programs which are evidence-based can provide them with the opportunity to develop valuable skills to avoid the harms linked with alcohol misuse. Education sectors should ensure they are aware of their legal requirements in relation to the use of alcohol products for fundraising activities involving young people under 18 years of age.
- 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.
- 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.

### **The Summit recommends that:**

#### **3. Alcohol Dependence, Disease and Treatment**

- 3.1 A range of disease prevention initiatives be further developed to address alcohol-related disease (eg. thiamine fortification of alcoholic beverages).
- 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.

- 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.
- 3.4 Ongoing training be provided to generalist health and community workers in early identification of alcohol-related problems and provision of brief interventions.
- 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.
- 3.6 An appropriate range of services for people with drug and alcohol-related problems be available in Area Health Service regions. This range of services include enhanced capacity in:
- consultation-liaison
  - case management
  - counselling
  - support of generalist clinicians, including General Practitioners
  - treatment of people with combined drug and alcohol and mental health problems
  - treatment of alcohol-using pregnant women
  - pharmacotherapies
  - specialist medical services, where appropriate
  - residential rehabilitation
  - recognising and responding appropriately to the impact of the client's alcohol misuse on other family members.

The range of services be detailed in an Alcohol Clinical Services Plan linked to the existing NSW Drug Treatment Services Plan 2000-2005.

- 3.7 Area Health Services develop improved infrastructure for a full range of detoxification services, including outpatient and home detoxification, having regard to existing or potential government and non-government services.
- 3.8 Development of any specific treatment programs for Aboriginal people be undertaken collaboratively with the Aboriginal Health and Medical Research Council, Aboriginal Community-Controlled Health Services and community representatives. Such services be culturally sensitive and respond appropriately to gender issues, and the needs of families and young people.
- 3.9 Development and implementation of any specific education and treatment programs for young people be based on the consultation and participation of young people and youth advocates.
- 3.10 A holistic 'case management' approach be adopted to address the range of issues facing those with alcohol dependence. Fundamental to this is a chain of

care which links services to guarantee individuals smooth passage through the different levels of the service system.

- 3.11 A process be put in place to improve the quality of treatment provided to people with alcohol-related problems. A Quality Framework for Managing Drug and Alcohol Treatment Services in NSW be developed and implemented and the effectiveness of treatments be monitored over time.
- 3.12 Interagency service agreements be developed outlining agreed protocols for referral pathways, service delivery criteria and joint working arrangements in each Area Health Service region. One model that could be adopted is that currently being undertaken in the Hunter as part of the Intoxicated Persons Protocol (this program has successfully case managed homeless people with alcohol problems into a range of services, including public housing).
- 3.13 In dealing with alcohol-related problems more attention needs to be paid to people with dual diagnosis, especially in regard to interagency co-operation, and building and further strengthening joint services. In order to promote understanding of the relationship between alcohol dependency and other mental illnesses, better co-ordination of alcohol drug and mental health services is required.
- 3.14 In relation to research:
- Such be undertaken to monitor policy changes and individual modalities to allow comparison of cost-effectiveness. That pharmacological interventions face the same cost-effectiveness criteria as non-pharmacological interventions.
  - The NSW Government fund research by tendering research questions.
  - Consideration be given to the development of longitudinal research studies to understand the outcomes of alcohol treatment and that research relevant to public policy be facilitated in understanding alcohol treatment outcomes.
  - Any research projects involving Aboriginal communities comply with the Aboriginal Health and Medical Research Council Ethical Guidelines and the NSW Aboriginal Health Information Guidelines 1998, and be linked to Aboriginal community-identified needs and priorities.
  - In view of overseas developments regarding safe alcohol consumption, that the NSW Health Department, through the Inter-governmental Committee on Drugs, request the NHMRC to review and update the Australian Drinking Guidelines.
- 3.15 Establish and provide funding for a community controlled and culturally appropriate training program for awareness, treatment and addiction, aimed at communities and frontline workers, with involvement from elders and other community experts. Training to be provided by AH&MRC Aboriginal health college.
- 3.16 Provide cultural trainers in communities who are able to provide cultural training to enhance the clinical skills of frontline workers involved in alcohol and other drugs.

- 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.
- 3.18 Provide dedicated Aboriginal beds/places in a diverse range of treatment services, at all area health services, from detoxification to residential rehab and relapse prevention. This should include the development of an Aboriginal and Torres Strait Islander specific detox service.
- 3.19 Address the need for services specific to indigenous women, to take into account the unique family social structure that exists in indigenous society.
- 3.20 Endorse the NSW Aboriginal and Torres Strait Islander Substance Abuse Plan.
- 3.21 Have specialist youth staff who know about alcohol eg adolescent mental health workers, not generalist counsellors
- 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'.
- 3.23 Reduce the chance of relapse by following up treatment with intensive post discharge support services and activities.
- 3.24 Additional funding and resources be allocated to implement all of the above recommendations.

**The Summit recommends that:**

**4. Effective Health Care Service Delivery**

- 4.1 The progressive implementation of the NSW Drug Summit 1999 - Government Action Plan provides a base to further develop a comprehensive, holistic, inclusive approach to the prevention, early identification and intervention, treatment, maintenance and rehabilitation of all substance misuse. Accordingly, this capacity should be expanded such that it is applied to include alcohol abuse as an entry criterion.
- 4.2 "Alcohol misuse is everybody's responsibility". Achievement of this ethos among service providers will result in:
  - first point of contact service providers, across all service types, undertaking effective (triage) assessment and referral of individuals and groups
  - all service providers managing alcohol misuse as a component of their service delivery
  - specialist workers are able to provide increased access for individuals and groups requiring specialist alcohol misuse services.
- 4.3 Priority be given to increasing the use of evidence based brief interventions for individuals and groups for the management of alcohol related problems and reducing alcohol consumption in problematic drinkers.

- 4.4 Distribution of services be reviewed and adjusted to ensure that all residents of NSW have equity of access in proportion to the needs of the population. This review and adjustment consider the services that should be provided locally, those that could be provided regionally and services which are more appropriately provided at a State level.
- 4.5 Improved case management of individuals by the expansion of consultation and liaison services to:
- coordinate the interface between inpatient and outpatient services
  - provide specialist support to general ward staff for the integrated management of individuals with alcohol misuse
  - ensure integrated treatment programs in which GPs feel supported and confident to manage this challenging group of patients.
  - promote the utilisation of Enhanced Primary Care Medicare Items with appropriate support staff.
  - develop agreed protocols for referral and Integrated Care Pathways, eligibility criteria, and joint working arrangements in each Area.
- 4.6 Strategies be developed to ensure existing case management and interagency guidelines are implemented and evaluated at Area level.
- 4.7 Development, implementation and evaluation of a Quality Framework for Managing Drug and Alcohol Treatment Services in NSW.
- 4.8 Review current data collection and performance measurement systems and investigate and develop appropriate, standardised systems in consultation with service providers and affected communities to inform future service planning and development.
- 4.9 Increase focus on action based local community solutions.
- 4.10 Provide services that are responsive and evidence based, where funding cycles are structured to provide security and reliability of service to their clients. Where practicable, service planning works toward providing access to a variety of services on one site.
- 4.11 The holistic service approach of prevention, early intervention and intervention, treatment, maintenance, rehabilitation and ongoing support will underpin all service development and delivery. Fundamental to this is a Chain of Care, which links services to guarantee individuals a smooth passage through the different levels of the service system.
- 4.12 Priority will be given to equitable access and outcomes for specific groups through the provision of services in a holistic, culturally appropriate manner.
- 4.13 In collaboration with those communities, develop mechanisms to ensure culturally sensitive, responsive services for individuals and groups from the Gay, Lesbian, Bisexual and Transgender Communities.
- 4.14 Promote and resource ease of access for Aboriginal people through a strategy for Drug and Alcohol based on the Aboriginal Liaison Officer Program. This

gender-specific program creates pathways to services and supports services to enhance their cultural sensitivity. This initiative needs to be developed in the context of partnerships already existing with Aboriginal communities.

- 4.15 Ensure effective support and care of people with Dual Diagnosis through expansion, building and further strengthening joint service strategies between and within Government and Non Government Agencies and trialling a specialist dual diagnosis service for people with complex co-morbidity.
- 4.16 Ensure effective support and care of people with co-morbidity through expansion, building and further strengthening joint service strategies between and within Government and Non Government Agencies.
- 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.
- 4.18 Ensure effective support and care of homeless people with alcohol problems through the promotion of partnerships between Health, Housing and NGO Sector including but not restricted to the Intoxicated Persons' Protocol.
- 4.19 To ensure improved service delivery and access to services, issues to do with privacy and confidentiality need to be addressed urgently especially in the following areas:
- support for programs that enhance capacity for coordinated care across agencies through information sharing based on client consent
  - explore mechanisms to expand such information sharing to specifically include family and carers
  - that client consent remain a key component of information sharing especially in the context of young peoples' need to access support services.
- 4.20 Ensure services are designed and operated in a sensitive and appropriate manner with regard to the needs of women, with particular reference to stigma, safety and childcare.
- 4.21 Additional services need to be developed to account for the changing gender demographics of alcohol abuse.
- 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.
- 4.23 Regulatory responses need to be developed to ensure that supply of methylated spirits best prevents human consumption.
- 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.

- 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.
- 4.26 “Wet activity” facilities with access to appropriate services be considered as a response to problematic behaviour associated with intoxication, should local communities view it as an appropriate solution.
- 4.27 Adequate funding allocations are required to provide comprehensive services.
- commitment to rapidly deploy new approaches that are shown to be beneficial
  - commitment to resource the costs involved in developing and supporting partnerships.
- 4.28 In collaboration with young people, develop and evaluate strategies and services which are evidence based and specific for their needs, for example, school-based liaison officers:
- ensure existing programs and infrastructure that provide specialist services for young people are expanded to include alcohol related issues
  - these programs should take a holistic approach to all issues faced by young people such that alcohol is not seen in isolation
  - ensure that the inability to access a Medicare card does not act as a barrier to health services.
- 4.29 The provision of supervised “sobering up” places with appropriate referrals for individuals not requiring/requesting clinical interventions, so as to ensure the safety of individuals and their families:
- reconsideration of Proclaimed Places Legislation.

**The Summit recommends that:**

**5. Alcohol Related Injury and Trauma**

*Injury in the Workplace*

- 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.

*Alcohol and Trauma Costs (to Health System)*

- 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.

### *Alcohol and Water Safety*

- 5.3 NSW Police investigate the feasibility of random breath testing on waterways and report to the Minister for Police as soon as possible.
- 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.

### *Drink Driving*

- 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.
- 5.6 The Roads and Traffic Authority, Attorney General and the Police give consideration to the removal of discretion of magistrates in applying a conviction under the relevant act for high range Prescribed Content of Alcohol offences.
- 5.7 The Roads and Traffic Authority, Attorney Generals and Police investigate appropriateness for mid range Prescribed Content of Alcohol guideline judgements from the Court of Appeal in respect to an appropriate level of penalty.
- 5.8 The Roads and Traffic Authority, Attorney Generals and Police investigate the appropriateness of a guideline judgement from the Court of Appeal regarding the exercise of discretion in determining whether a conviction should be recorded for repeat PCA offenders, having regard to the role of the habitual offenders scheme.
- 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.
- 5.10 Mandatory alcohol interlocks in all new vehicles to be referred to the Minister at the Australian Transport Council for investigation.

- 5.11 The Roads and Traffic Authority investigate a mandatory requirement of an alcohol interlock device for all repeat drink drive offenders as a prerequisite for obtaining an unconditional licence.
- 5.12 The Road Safety Task Force to investigate demerit points or other licence status options (for example downgrading to a P Plate) attaching to drink driving offences.
- 5.13 The Roads and Traffic Authority, Police and Attorney Generals to investigate whether drink drivers convicted of middle or high range Prescribed Concentration of Alcohol or equivalent offence be required to undertake an alcohol related brief intervention program before licence reinstatement. This should include consideration of the appropriate target groups.
- 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.
- 5.15 The Department of Health review the effectiveness of the “drink safe program” conducted by Northern Rivers Area Health Service and Police.

#### *Drink Walking*

- 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.
- 5.17 The Roads and Traffic Authority to examine ways to improve road safety outcomes for people engaging in drink walking.

#### *Data Collection*

- 5.18 The NSW Health Department review relevant data coding schemes, data collection, databases and access to information, including information obtained by ambulance officers with respect to alcohol consumption.

### **The Summit recommends that:**

## **6. Family Health and Well-being**

### *Prevention and Education*

- 6.1 That the most effective measure for preventing alcohol-related harm is supporting families to be strong and effective. This will do three things:
- 6.1.1 prevent adults abusing alcohol
  - 6.1.2 assist young people to make wise choices about alcohol
  - 6.1.3 assist early intervention in cases of developing misuse by family members.

Programmes supporting effective parenting, such as Families First, be provided as a fundamental platform for long term prevention of alcohol related harm.

- 6.2 Parenting support be provided to identified vulnerable families as a preventive measure for abuse of alcohol and other drugs.
- 6.3 All education programmes for parenting and alcohol use have a strong evidence base for both the content and delivery mechanism. Existing research on “what works” must be utilised.
- 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.
- 6.5 Consideration be given to establishing peer support mechanisms for young people at personal risk or impacted by family alcohol abuse, including state-based, community-based and school based programmes.

### *Supporting Families*

- 6.6 Given the importance of parenting to the health and wellbeing of young people, the New South Wales Government should develop and implement a State-wide, culturally relevant program that informs parents about normal adolescent development and behaviour, and supports them in parenting adolescents effectively.
- 6.7 In supporting families to cope with alcohol related issues it is recognised that these issues can arise in any family - not just where identified risks are present. All affected families need to be supported by strategies that::
- 6.7.1 help develop coping skills and resilience
  - 6.7.2 provide resources that give information about the dependency cycles and also treatment options
  - 6.7.3 encourage care and respite for families and carers
  - 6.7.4 provide effective crisis intervention.
- 6.8 Misuse of alcohol is linked to high levels of domestic violence, family violence and sexual assault and serves to reinforce pre-existing patterns of abuse. Consideration should be given to:
- 6.8.1 development of women’s leadership programmes designed to combat alcohol abuse and family and domestic violence

- 6.8.2 undertaking research designed to explore the intersection of sexual assault domestic violence and alcohol abuse
  - 6.8.3 piloting an alcohol rehabilitation service including anger management counselling targeted at families experiencing domestic violence
  - 6.8.4 developing guidelines for government and non government workers for supporting children whose parents are affected by alcohol abuse and domestic violence
  - 6.8.5 requiring that the protection and developmental needs of young children are paramount in situations where there is a conflict between the needs of the alcohol or substance abusing carers and those of the child
  - 6.8.6 exploring the further development of locally based community controlled programs such as night patrols which are supported by appropriate ancillary services
  - 6.8.7 refocusing, where possible, current NSW violence prevention strategies, such as the NSW Strategy on Violence against Women to early intervention and prevention
  - 6.8.8 developing preventative programs that recognise the impact of domestic and family violence on the crucial developmental stage of pregnancy
  - 6.8.9 identifying and implementing the most effective models of service delivery to respond to family violence and sexual assault (eg co-located Police-DoCS domestic violence teams).
- 6.9 Develop ways of supporting individuals to maximise the chances of gaining access to educational and meaningful employment opportunities, as these are fundamental to family capacity building.

### *Young People*

- 6.10 Programmes directed at young people designed to decrease alcohol-related harms need to acknowledge that risk-taking, novelty-seeking and a preference for peer-group social relationships are normal, adaptive, biologically grounded responses in adolescents during their transition from the dependence of childhood to their independence as adults.
- 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).
- 6.12 As an alternative to high risk alcohol consumption, enhance low cost, accessible, safe entertainment and recreation opportunities for young people.
- 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.
- 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.

### *Treatment*

- 6.15 Treatment for people with established alcohol problems needs to be available and accessible (in rural, regional as well as metropolitan areas).
- 6.16 Detoxification be recognised as a necessary and preliminary step in treatment. This needs to be linked in a smooth and seamless manner to on-going treatment services where clients are willing to proceed.
- 6.17 Improvement to existing treatment services be explored by:
- 6.17.1 making treatment more attractive, and accessible
  - 6.17.2 strengthening and increasing funding for family-based approaches
  - 6.17.3 introducing a “visitors programme” allowing families a role in developing responsive services
  - 6.17.4 supporting telephone and other linking services that can provide information, peer-support, advice and referral to parents and family members.
- 6.18 As housing is critical in treatment outcomes:
- 6.18.1 development of culturally appropriate halfway houses be explored (eg Oxford Housing and Alcohol and Drug Treatment supported accommodation services)
  - 6.18.2 examine ways of assisting SAAP services to support high needs clients, clients with drug and alcohol and/or mental health problems, including the feasibility of establishing health treatment teams
  - 6.18.3 opportunities be examined to enhance residential treatment services that can include extended family members including mothers and their children.
- 6.19 There is a need to establish locally relevant Aboriginal treatment services across the State. This could commence with five-year demonstration programmes developed, implemented and delivered by Aboriginal people. An important aspect is to facilitate culturally appropriate, competency based education and training for workers.
- 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.
- 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.
- 6.22 As alcohol-induced harm is frequently associated with other adverse outcomes (eg. mental health disorders, homelessness, unemployment) means of enhancing collaboration across different services and levels of government need to be explored and implemented.
- 6.23 An integrated service delivery model for indigenous and non-indigenous communities in Western NSW be developed to assist people affected by alcohol misuse and domestic violence.
- 6.24 In recognising that people including young people, in custody often have high problematic alcohol use, treatment must be provided both within custodial

facilities, on transition out of custodial facilities and as part of post release services. There must be parallel programs and information to facilitate family engagement in treatment programs, and support services to maximise the likelihood of long-term effectiveness.

- 6.25 Develop an integrated service delivery model to assist gay, lesbian and transgender people affected by alcohol misuse and domestic violence.

### *Research*

- 6.26 Additional information is required to understand aspects of the causes and impacts of alcohol abuse and to develop sound alcohol related programmes. Five broad areas are recommended for consideration:
- 6.26.1 improved collecting and reporting of input and outcome data (eg liquor sales, linkages between alcohol abuse and child abuse and neglect and between alcohol abuse, sexual assault and domestic and family violence)
  - 6.26.2 examine the attitudes, experience and responses to alcohol use among culturally and linguistically diverse communities in Australia
  - 6.26.3 pathways to and away from alcohol abuse, including child development and the extent to which peer group accepted "smart risk taking" minimises engagement in harmful risk taking and gender-based biases
  - 6.26.4 a fundamental exploration of the links between alcohol misuse and Australian culture with a view to identifying ways to decrease the impact of these links in key areas such as sport and leaving school
  - 6.26.5 research is needed to determine whether harm minimisation strategies that encourage responsible drinking in young people (aged 12 to 17 years and 18 to 24 years) (eg. supervised venues for under-age drinking in moderation) are more effective or less effective than total abstinence in this age group
  - 6.26.6 reporting mechanisms be developed for government agencies in relation to outcomes from alcohol programmes.
- 6.27 Research be undertaken to develop an appropriate range of outcome indicators relevant to alcohol-related harm. Interventions targeted at reducing harms from alcohol be evaluated in terms of their impact on these outcome indicators.
- 6.28 Research must encompass evaluating the experience and programmes in other jurisdictions and cultures for its relevance to NSW, as well as primary research in NSW.

### **The Summit recommends that:**

#### **7. Workforce Development**

- 7.1 The Working Group notes and supports the resolutions relating to workforce development recommended by the Youth and Indigenous forums held on 25 August 2003. The Youth Forum request for increased contacts between young people and key service providers in community services and hospitality services is specifically noted and supported.

### *Drug and Alcohol Workforce Development Council*

- 7.2 The establishment of the Drug and Alcohol Workforce Development Council as the appropriate body to progress the agreed workforce development resolutions of the Summit.
- 7.3 The Drug and Alcohol Workforce Development Council oversee the development of a Drug and Alcohol Workforce Development State-wide Planning Framework. The purpose of the Framework will be to identify and support initiatives for specialist and non-specialist workforces across the key issues of:
- a. workforce planning including regional and remote areas
  - b. maintenance (recruitment and retention) including local recruitment and training and relocation incentives
  - c. work practice change.
- 7.4 Each government department develop a workforce development plan within the context of the Framework. This recommendation to be progressed by the Drug and Alcohol Workforce Development Council.
- 7.5 The Drug and Alcohol Workforce Development Council undertake a review which will investigate:
- a. the current availability of recognition assessment, career pathways and training programs to meet the needs of the higher education, vocational education and training sector
  - b. the access of relevant groups to training (e.g. remote communities, NGOs)
  - c. a range of workplace based strategies for improved access to training delivery be developed in collaboration with TAFE, private Registered Training Organisations (RTOs), higher education, and other agencies.
- The results of the review to be referred to the relevant government agencies with specific recommendations for action.
- 7.6 The Drug and Alcohol Workforce Development Council commission a profile and audit of the current composition of AOD services workforce across NSW. This service mapping exercise should include:
- a. international comparisons
  - b. a profile of treatment service and delivery outcomes
  - c. the relevant workforce skill mix and competencies required now and in the future
  - d. recruitment and retention issues including salaries, wages and conditions.
- 7.7 An audit be undertaken of the current drug and alcohol workforce (including Aboriginal and Torres Strait Islander workers) in NSW to identify the current expectations and need for skills training and workforce development in different groups. This audit will include:
- a. government and non-government organisations
  - b. frontline workers including volunteers
  - c. the range of work roles that include alcohol knowledge and skill but are not specifically designated alcohol worker
  - d. a review of all the incentives that motivate workers to work in the sector including issues such as burnout

- e. information and support for employers, including small businesses, responding to alcohol related OHS issues including referral options in rural areas
- f. continuing education programs
- g. general practitioner programs.

- 7.8 The NSW Government continues to provide funding and ongoing support for the development of workforce development strategies across the government and non-government sector through:
- a. workforce Development Program developed and delivered through the Network of Alcohol and Other Drug Agencies
  - b. the NSW NGO Grants Administration
  - c. that each government department allocate a designated appropriate amount of its professional development budget to drug and alcohol workforce development and its allocation and programs be reported in the annual report of the department. The Workforce Development Council will receive a copy of these reports and will review these allocations and programs on a regular basis.
  - d. that the Board of Vocational Education and Training (BVET) be asked to give priority to drug and alcohol workforce development training programs including recognition of mature aged workers.

#### *Accreditation of Non-Government Organisations*

- 7.9 The Drug and Alcohol Workforce Development Council consider the appropriateness of government-wide accreditation of NGOs as a pre-requisite of receiving public funding and that training and resources be provided to equip the non-government sector as it becomes more accountable in response to changed demands e.g. accountability, service standards, clinical governance.

#### *Security Industry Competency Standards*

- 7.10 The Department of Education and Training support the NSW Police Force in seeking a review of the security industry competency standards and training to ensure that security officers are able to handle intoxicated persons appropriately.

#### *Multicultural Services*

- 7.11 The NSW Government fund a sustained workplace training program and workforce development program on Alcohol issues for community ethno-specific and multicultural welfare agencies, including those in remote and regional communities. This program would target the training of workers (both in a paid and voluntary capacity) that provide a range of support and casework services to culturally and linguistically diverse background clients.

- 7.12 A bilingual workforce recruitment campaign, similar to the one conducted by the NSW Police to be developed to promote Alcohol and other drug professionals to NESB communities and students in secondary and tertiary education.

#### *Hospitality Services*

- 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.

#### *Local Government as a Full Partner*

- 7.14 Workforce development programs for local government staff be implemented to support their role in areas such as management of public domains, crime prevention plans, strategic and regulatory planning, social and community planning, health promotion activities.

#### *Access To 'Just In Time' Learning Online*

- 7.15 In addition to traditional training, the NSW Government initiate discussions with the Commonwealth Government and ANTA on the development and maintenance of an online resource that would use existing materials (where possible) that provides 'just in time' training and information specific to the range of front line workers responding to drug and alcohol issues.

#### *Organisational Development and Careers*

- 7.16 The Workforce Development Council work with representatives of Area Health Services and NGOs to determine strategies for expanding short term exchanges of workers between government and non-government services, the access of volunteers to paid positions as they become available, and to identify potential career paths for drug and alcohol workers.

#### *Higher Education*

- 7.17 The Department of Education and Training ask the NSW Vice Chancellors Committee to consider the development of additional post-graduate level programs in drug and alcohol treatment for professional and clinical staff accessible metropolitan and regional workers.
- 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.

#### *Industry Trust Fund*

- 7.19 The Workforce Development Council canvass the relevant industry bodies about the establishment of an industry funded trust, which would have contribution from government and the alcohol manufacturing, supply and retailing industry, and/or their industry associations, to provide funding support for drug and alcohol workforce development programs and initiatives.

#### *System Changes*

- 7.20 The need for increased access to early intervention services be considered in conjunction with the recommendations of working Group 4 Effective Health Care Service Delivery.
- 7.21 The need for holistic treatment services be considered in conjunction with the resolution of the Working Group 3 Alcohol Dependence Disease and Treatment and Working Group 4 Effective Health Care Service Delivery.
- 7.22 Training needs to recognise the link between alcohol and crime and reflect community concerns.

### *Young People*

- 7.23 The NSW Government revise training strategies of teachers and counsellors to enable them to recognise alcohol abuse.
- 7.24 Have specialist youth staff who know about alcohol e.g. adolescent mental health workers, not generalist counsellors.
- 7.25 Free training for workers helping people with alcohol problems.

### *Indigenous Communities*

- 7.26 The Government establish and provide funding for a community controlled and culturally appropriate training program for awareness, treatment and addiction, aimed at communities and frontline workers, with involvement from elders and other community experts. Training to be provided by AH&MRC Aboriginal Health College.
- 7.27 The Government provide cultural trainers in communities who are able to provide cultural training to enhance the clinical skills of frontline workers involved in alcohol and other drugs.
- 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.

### *Alcohol Dependence, Disease and Treatment*

- 7.29 Ensure the provision of long term (5 10 15 year) and additional funding of:
- a. education and training of all NSW health care workers on drug and alcohol issues amongst Aboriginal people
  - b. existing drug and alcohol services for Aboriginal people which are known to be effective.
- 7.30 Funding must be tied to health outcomes, and be flexible to changing circumstances at local levels.
- 7.31 Models of effective alcohol service delivery develop and implemented. This would include the uptake of culturally appropriate case management models by all drug and alcohol clinicians in NSW. This must be promoted amongst GPs

through education about relevant rebates available through Medicare under Enhanced Primary Care.

- 7.32 Every Area Health Service and Aboriginal community controlled health service must employ a minimum of one male and one female specialist drug and alcohol worker.
- 7.33 The numbers of Aboriginal drug and alcohol specific workers be increased by:
- a. NSW Aboriginal Health Partnership identifying and developing career pathways for health professionals
  - b. TAFE and other entities offering accredited training in drug and alcohol issues specific to Aboriginal people
  - c. ensuring that funding of Aboriginal community controlled services supports appropriate remuneration of staff.

#### *Effective Health Care Service Delivery*

- 7.34 The NSW Government request that NSW Health, Department of Community Services, the Department of Juvenile Justice and NSW Police develop integrated models of service delivery to deal with alcohol and homelessness in Indigenous communities.

#### *Family Health and Wellbeing*

- 7.35 Compulsory cultural education is required for frontline workers and other workers who come into contact with Aboriginal clients with alcohol and other drug issues. This training can be provided by the following modes: pre service education, community cultural education, refresher education, and all must then build onto and incorporate local knowledge.
- 7.36 Increased and enhanced preventive, clinical training is required for all primary health care workers who work with Aboriginal clients with alcohol and other drug issues. This training must encompass the areas of:
- a. brief intervention
  - b. training in holistic assessment
  - c. and identifying treatment and dependency issues
  - d. the issues surrounding this training need to incorporate the issues of backfilling and appropriate remuneration.
- 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.
- 7.38 Appropriate Drug and Alcohol Networks need to be developed which build on partnerships with other agencies; provide debriefing and clinical supervision for Aboriginal workers; with innovative models for health services.
- 7.39 More frontline workers taking into consideration: more gender specific factors when providing primary health care for Aboriginal clients in drug and alcohol. This needs to be done in a range of settings such as: area health, residential

rehab, detox, Aboriginal medical services, outreach, across government and NGOs. These models must incorporate culturally appropriate treatment models.

#### *Workforce Development and Infrastructure*

- 7.40 Professional training and development for judiciary and police officers on culture and context:
- a. better recruitment processes to ensure suitable police officers, and encourage Aboriginal persons to apply
  - b. more ACLOs, particularly females.

#### *Alcohol Related Crime and Anti-Social Behaviour Recommendation 3*

- 7.41 More local facilities and training in areas of need be established – for ongoing rehabilitation centres such as Safe Houses, Cooling-off Houses and Aboriginal Intervention Workers.
- 7.42 Cultural awareness programs and strategies be implemented across the Justice System that are properly resourced at the local level.

#### **The Summit recommends that:**

### **8. Alcohol-Related Crime and Anti-Social Behaviour**

#### *Preventing Excessive Intoxication*

- 8.1 Intoxication by alcohol or other drugs should be defined in relevant legislation in order that the levels of intoxication can be more confidently gauged through direct observation, and the responsible service of alcohol requirements applied confidently by both servers and police.
- 8.2 Inter-departmental consultation is required in relation to the development of a definition of intoxication, which should not confuse intoxication with disability or brain injury, or other medical conditions, such as diabetes and asthma, and which should address industry concerns about allegations of discrimination.
- 8.3 A public education campaign be conducted and information provided to patrons at licensed premises to change drinking behaviour.
- 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).
- 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.
- 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.

- 8.7 An appropriate record of warnings issued and past penalty notices issued should be kept so that those coming before the court cannot claim they were not on appropriate notice.

*Preventing underage access to alcohol in licensed premises*

- 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.
- 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.
- 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.
- 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.

*Preventing Underage access to alcohol outside of licensed premises*

- 8.12 A whole-of-government education campaign is required on the issues of parental and secondary supply of alcohol to underage persons.
- 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.
- 8.14 Police participation on Community Drug Action Teams state-wide on developing safe party kits.
- 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.
- 8.16 Minors who breach relevant laws be referred to attend an alcohol conference, for example, “circle” conferencing or other suitable conference mechanisms, which includes experts, counsellors and victims of alcohol related crime.
- 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.
- 8.18 A trial, evaluated by the Bureau of Crime Statistics and Research, in Cronulla, Bondi and Manly and the inner-city be established, of an increase in the penalty notice for drinking illegally in an Alcohol Free Zone from \$22 to \$220.
- 8.19 Police be provided with the authority to confiscate alcohol outside Alcohol Free Zones when an offender has been observed to exit the zone with alcohol.

- 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.
- 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.
- 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.
- 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.

*Controlling Supply to minimise alcohol related crime and public order offences – 24 hour trading or extended trading*

- 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.
- 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.
- 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.
- 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.
- 8.28 Funding be provided for an accord secretariat/support function.

- 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.
- 8.30 Supermarkets, bottle shops and other retail outlets which sell alcohol to participate in mandatory liquor accords especially in rural areas.
- 8.31 Accords should consider a “lockout” for new patrons.
- 8.32 Accords should consider patron entry number restrictions.
- 8.33 An evaluation be conducted of the impact of current 24 hour trading in all licensed premises.
- 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.
- 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.
- 8.36 Mandatory security personnel training on responsible service of alcohol and conflict resolution.
- 8.37 Require premises to retain and maintain a mandatory incident register accessible to police at all times.
- 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.
- 8.39 Require varied trading hour venues with entertainment to have sufficient security personnel.
- 8.40 Takeaway alcohol facilities, including Good Friday trading, must be considered by local accords in line with local concerns.

*Issues for rural and remote communities – Alcohol restricted areas and levels of dry communities*

- 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).
- 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.

- 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.
- 8.44 Implementation by NSW Police of the recommendations of the Aboriginal Substance Abuse in NSW Police Western Region report, including specifically:
- The development of recruitment and transfer procedures to improve suitability and preparation of police officers transferring to Aboriginal communities such as:
    - Selection criteria for officers transferred to Aboriginal communities to include demonstrated understanding of, and commitment to Aboriginal issues;
    - Police applying for an Aboriginal community to be interviewed on location, to ensure thorough briefing on the community and policing context;
    - A specific Induction Program for police transferred to Aboriginal communities; and
    - Active encouragement for operational police to participate in community activities and provide incentive for officers to engage socially with members of their local Aboriginal community.
  - Further develop and implement a cultural competency based training model for police officers;
  - More proactive recruitment of Aboriginal police, and an increased level of support during the recruitment process and training;
  - Monitor on-the-job development of NSW police working in Aboriginal communities to ensure adequate debriefing on experience and attitude (which could be assisted by Community Justice Groups);
  - That in LACs with a high Aboriginal population, NSW Police increase the level of participation in the MARC (Management of Alcohol Related Crime) Course;
  - That NSW Police provide appropriate competency-based training for Aboriginal Community Liaison Officers to more pro-actively assist police in the management, reduction and prevention of alcohol and drug related crime.
- 8.45 Examine the important role community elders, and in particular respected female elders, can play in intervention strategies with Aboriginal communities.
- 8.46 NSW Police further extend the Aboriginal Community Liaison Officers program.
- 8.47 Pro-actively target recruitment strategies to increase the number of female Aboriginal Community Liaison Officers (ACLOs) and the number of Aboriginal Police Officers in the NSW Police.
- 8.48 Increase the facilities for young persons living in remote areas and increasing the scope for youth activities operated by local businesses, government and non-government agencies.
- 8.49 Increase family support services, health and treatment services by DOCS and Health in remote towns.

- 8.50 Support Aboriginal owned and managed community programs that aim to reduce family violence and alcohol associated harms.
- 8.51 Increase availability of detoxification and rehabilitation, sobering-up shelters, and refuges in rural areas with identified alcohol issues.
- 8.52 Increase Police and Gaming and Racing Licensing activities.
- 8.53 Extend the Wilcannia Food Trial to other appropriate areas.
- 8.54 Increase funding for night patrols in areas where they are required and ensure they operate all night.
- 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.
- 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.
- 8.57 Examine the feasibility of introducing locally based “regional cadetships” to facilitate recruitment and training for government service roles, particularly in difficult to fill locations.

*Public Safety - Allowing Police to Close Premises to Decrease Risk*

- 8.58 Amend the Liquor Act, 1982 and Registered Clubs Act, 1976 to allow a senior police officer of the rank of an Inspector or above, or an authorised person, to close premises until the next normal opening times, or for 12 hours (whichever is the shorter), where the officer holds the reasonable opinion that this is required because there is a breach of the peace.
- 8.59 All such operations of the closure power should be reported to the Licensing Court, and an evaluation of the effectiveness and appropriateness of the operation of the powers by police or authorised person should be conducted annually by an independent body.

*Public Safety - Safe Places*

- 8.60 It is preferable that intoxicated persons not be detained in police cells, rather the Government should fast-track the state wide rollout of intoxicated persons services to support the diversion of intoxicated persons;
- 8.61 Urgently expand the number of intoxicated persons services (culturally specific principles should apply state-wide), which will take intoxicated persons, particularly in inner-city, rural and remote communities that do not have these facilities.

*Public Safety - Directing Intoxicated Persons*

- 8.62 Amend s28F of the Summary Offences Act 1988 to allow police to disperse persons in or near public places where, due to the person's alcohol-related behaviour, there are reasonable grounds to believe the person's presence would:
- increase the risk of harm to any other person; or
  - increase the risk of crime and/or anti-social behaviour in the area; or
  - compromise public safety; or
  - be likely to cause harm to another person or persons, damage to property, or compromise public safety generally where, as a consequence of the use or possession of alcohol by that person or others in the immediate vicinity, appears to be a contributing factor.

*Domestic and family violence issues*

- 8.63 Increase women's refuges especially in rural and remote areas, including those services specifically designed to meet the needs of Aboriginal women and children.
- 8.64 Ensure 24-hour availability of welfare or support services to attend immediately after police intervention to advise and support victims.
- 8.65 Support the AJAC model to resolving family violence in Aboriginal communities (Holistic Community Justice: A proposed response to Aboriginal Family Violence, November 2001).
- 8.66 Integrate alcohol-related violence prevention programs such as Violence Against Women, Family Violence.
- 8.67 More support for men's services in relation to issues that have a proven link to decreasing family violence.

*Law and regulatory enforcement approaches*

- 8.68 A tiered liability regime, applying over three years to deal with repeat offender premises, be developed in consultation with NSW Police, the Department of Gaming and Racing, the Liquor Administration Board, the Australian Hotels Association, ClubsNSW, Restaurant and Catering NSW, and the Liquor Stores Association of NSW.
- 8.69 Explore the option of developing NSW Police capacity to collect and use alcohol-related crime information and patterns to generate intelligence driven operational strategies through enhanced Computerised Operational Policing System (COPS).
- 8.70 Note that the NSW Police should develop, implement, and monitor "smarter problem orientated policing" in the context of alcohol related crime, including but not limited to: targeting, patrolling, intelligence, reduction strategies and enforcement.

*Law and regulatory enforcement approaches - Linking Project*

- 8.71 Increase police training and education on alcohol-related crime and licensing issues.
- 8.72 NSW Police centralise coordination of licensing and alcohol-related crime capacity to include state-wide intelligence (including analysis against national/international trends).
- 8.73 Prior to NSW Police adopting the Linking Project state-wide that there be appropriate evaluation and consultation with relevant stakeholders.
- 8.74 Integration of NSW Police and DGR enforcement data.
- 8.75 Routine reporting on liquor licensing enforcement to see if it is achieving its aims is a priority - BOCSAR could be engaged to perform and publish annual audits.
- 8.76 That Local Area Commands should have specialist licensing officers who are fully trained in the intricacies of the liquor law.

*Law and regulatory enforcement approaches - Research on drink spiking*

- 8.77 Further inter-agency research is required to ensure accurate data about the nature, extent and impact and preventative initiatives in relation to Drug Facilitated Sexual Assaults and accurately inform public perception and prevention initiatives.

**The Summit recommends that:**

**9. Alcohol and the Justice System**

*Principles*

- 9.1 The underlying causes of behaviour (such as lack of work, lack of recreational facilities, underlying cultural and family issues) need to be recognised in any strategies to address alcohol abuse.
- 9.2 The likely discriminatory enforcement and impact of new legislative or regulatory regimes, especially on the indigenous community and disadvantaged groups, needs to be carefully considered.
- 9.3 The achievement of long-term changes in behaviour and the related benefits will more than offset the short-term costs of preventive and treatment programs.
- 9.4 All programs, whether of an assessment, referral or treatment nature, incorporate rigorous and objective evaluation as an essential component.

*Statistics*

- 9.5 Current methods of collection of data on alcohol related incidents and offences should be reviewed to ensure comprehensive and accurate data is available to inform policymaking and service delivery.

- 9.6 Prevalence data in relation to alcohol dependence and abuse should be collected on reception using validated community instruments to inform service delivery.

#### *Assessment and Referral*

- 9.7 Police and Magistrates should have access to health assessment services (staffed by fully trained professionals), covering multi-diagnosis aspects such as alcohol and drug dependence, to ensure persons are referred or diverted to appropriate treatment programs at the earliest time.
- 9.8 More drug and alcohol treatment services are required particularly in regional areas. More facilities will enable persons needing assistance to be referred for treatment and this should extend to but not be limited to those who have come to the notice of the Police or are appearing before the Courts.
- 9.9 There is a need to ensure adequate places are available in alcohol and drug treatment programs to absorb court referrals.

#### *Court Diversion*

- 9.10 All existing court diversion schemes should be considered for extension to cover those with alcohol abuse problems.
- 9.11 The Youth Drug Court should be renamed the Youth Drug and Alcohol Court.
- 9.12 The Adult Drug Court should be extended to cover offenders with alcohol abuse problems and should be renamed the Adult Drug and Alcohol Court.
- 9.13 An early intervention court program (similar to MERIT) for juveniles with alcohol and other drug problems be developed and implemented
- 9.14 The development of a model of MERIT for alcohol-related cases in the Western Region of NSW is supported.
- 9.15 Consideration should be given to increasing access to voluntary alcohol and other drug treatments for young people during the course of cautioning or conferencing under the Young Offenders Act.
- 9.16 Mandated diversionary community-based treatments for alcohol dependency linked to juvenile crime, such as “No More” and “Our Journey to Respect” should be available as well as optional diversionary programs such as “Your choice”.
- 9.17 There be a trial of a Juvenile Correctional Centre Release and Treatment Scheme (CCRTS) in western NSW to establish connections with community-based services and so maintain health, educational, vocational and other gains made in custody. (This would be modelled on the current CCRTS for adult offenders). That consideration be given to the court liaison model to provide expert assessment and advice to magistrates, where alcohol dependence is an issue in the commissioning of an offence, and to a pilot in Western NSW involving a partnership between CHS, local ACCHO, the courts and the local Area Health Service.

- 9.18 Alcohol-related offending should be included in the development of the trial of community justice conferencing (for young adults).
- 9.19 Programs directed to the long-term management of high-risk persistent offenders who abuse alcohol should be supported and made more widely available particularly for criminal justice system referral.
- 9.20 The proposed Intensive Court Supervision program currently under consideration in the Children's Court should be supported and piloted in rural areas
- 9.21 That the proposed expansion of Sober Driver Program conducted by the Community Offender Service for repeat offenders across the state should be endorsed and evaluated.
- 9.22 Consideration be given to a review of the eligibility criteria, including the offence charged and criminal history, for all diversion schemes to ensure that appropriate treatment services are available for persons with alcohol abuse problems.

#### *Aboriginal Communities*

- 9.23 In order to reduce tensions between police and the Aboriginal community, it is recommended that all options designed to reduce detention of intoxicated people be actively communicated to local Aboriginal people and specifically to Aboriginal people working within the criminal justice system such as police Aboriginal Community Liaison Officers, Aboriginal Field Officers.
- 9.24 All NSW government agencies should review protocols or policies around employment based criminal record checks to ensure that Aboriginal people are not disadvantaged in seeking employment or gaining access to government funded programs because of prior convictions for minor offences.
- 9.25 Given the success of the Aboriginal Circle Sentencing (piloted at Nowra) in dealing with Aboriginal persons charged with offences where alcohol is a factor, it should definitely be available in Aboriginal communities more generally. That Aboriginal Circle Sentencing be evaluated for suitability for young offenders.
- 9.26 There be a trial of a community based cautioning scheme (similar in operation to the current cannabis cautioning scheme) in relation to offensive language, offensive behaviour and resisting police arrest charges.
- 9.27 Subject to favourable evaluation, the Community Patrols program and Aboriginal Community Justice Groups should be expanded across the State and consideration given to allowing the ACJG's to issue community based cautions (along the lines of similar Queensland schemes).
- 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.

- 9.29 “Sobering up shelters” or “dry houses” should be made available for people affected by alcohol. More “safe places” should also be available, especially in rural and remote areas, that meet the needs of Aboriginal families, especially children, at risk of alcohol related violence.

#### *Violence Against Women and Children*

- 9.30 The powers of a Court to make apprehended domestic violence orders should be extended to enable the making of positive orders such as an order that an offender undertakes a compulsory program to deal with his/her alcohol use.
- 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.
- 9.32 An awards scheme (such as exists in Nowra) should be developed for licensed premises and run either on its own merits or incorporated into an existing scheme such as the National Anti-Violence Awards.
- 9.33 Consideration be given to whether the provisions of the Children (Protection and Parental Responsibility) Act 1997, relating to children at risk, are adequate to enable Police to escort children to “safe houses” or a similar community facility rather than detaining them in Police Stations.
- 9.34 The integrated Domestic Violence Intervention model being developed by NSW Police and the Courts should be established in one regional and two metropolitan courts to improve outcomes for families experiencing domestic violence.

#### *Inebriates Act*

- 9.35 The Inebriates Act should be reviewed by the Social Issues (Legislative Council Standing Committee):
- to consider whether the compulsory treatment of people (not offenders) with severe alcohol dependence should be provided and, if so, under what conditions
  - to consider whether legislation is required to provide for the compulsory assessment or treatment of persistent alcohol-related offenders.
- 9.36 Persons, who as a result of their alcohol abuse and who are within the jurisdiction of the Inebriates Act, should be considered for assessment of the level of impact of their alcohol use. This assessment may be imposed as a condition of the Act, which may serve to assist the person to receive appropriate interventions, which may minimise the harm associated with their alcohol use.

#### *Intoxicated Persons Act*

- 9.37 The legal framework and supported accommodation arrangements existing under the Intoxicated Persons Act should be reviewed with a view to reducing the use of police cells for detaining intoxicated persons and exploring more

community-based options for intoxicated persons. The Review should consider the reasons for, and the impact of, the repeal of proclaimed places.

### *Offenders*

- 9.38 To assist in reducing re-offending consideration needs to be given to ensuring that appropriate incentives exist for offenders to take up programs directed to addressing alcohol abuse problems whilst on community orders, in custody and after release and that sufficient places are available for them in treatment programs.
- 9.39 Where appropriate, offenders during the transition from custody to the community are recognised as a “special needs” group by government and community agencies so that formal MOU’s can be developed in relation to service delivery needs of this group.

### *Other Recommendations*

- 9.40 The RTA should consider making completion of programs such as “Survive the Drive” a condition of acquiring a Driver’s Licence.
- 9.41 The TOPS (Traffic Offenders Program) court diversion scheme should be expanded to be available throughout the State. It should have consistent course structure and materials and its impact on offending should be evaluated.
- 9.42 The Working Group recognises that some of its recommendations have funding and resource implications and that this should be discussed in the plenary session.

### **The Summit recommends that:**

#### **10. Responsible Supply and Consumption**

- 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.

Programs should include culturally appropriate information to meet the needs of those different groups. To achieve this goal, programs should be developed in consultation with relevant leaders and representatives from the different communities and demographic groups.

- 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.
- 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
- 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.
- 10.5 The Working Group endorses the changes to the Alcohol Advertising Self Regulatory System as determined by the Ministerial Council on Drug Strategy at its August 2003 meeting.
- 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.
- 10.7 The current powers to require intoxicated or disorderly persons to leave a licensed venue should be extended to permit police officers to require that such persons move away from the vicinity of the venue.
- 10.8 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).

- 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.
- 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.
- 10.11 Appropriate deterrents to under aged youth obtaining and purchasing alcohol must be pursued, as it is evident that the current system of fines is not effective in preventing under aged youth from purchasing or obtaining alcohol illegally. Examples could include increased fines and mandatory conferencing. Infringements of this kind should be graduated, with each additional offence, or more serious offences, escalating the punishment. A situation where a youth can offend in one area and receive a caution, and then re-offend in another area and receive a subsequent caution should not occur, to the extent administratively possible.
- 10.12 Improve training and increase resourcing of liquor licensing police.
- 10.13 Recognising that a minority of licensed premises account disproportionately for alcohol related violence, intelligence led regulation of licensed premises is urgently required. Resources are needed to enable liquor licensing decisions to be informed by data on incidents of harm recorded by police, Emergency Departments, and licensing courts.
- 10.14 The data supplied to the Commonwealth by the wholesalers should be made available to the states, including types of beverages sold by postcode to enable local communities to monitor and evaluate harm minimisation initiatives.

Kerry Chikarovski  
Joint Chair

Neal Blewett  
Joint Chair