



Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015

Alcohol Support Plan 2012-2015



Government of **Western Australia**
Drug and Alcohol Office

Contents

The Alcohol Support Plan 2012-2015	3
The aim	4
Coordination and collaboration	4
Harms associated with alcohol use	5
Alcohol – the facts	6
Guiding principles	9
Summary of key outcomes & initiatives	10
Working together	20
Monitoring, evaluation and review	21



Government of **Western Australia**
Drug and Alcohol Office

© Western Australian Alcohol and Drug Authority 2012

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to an inclusion of an acknowledgement of the source and no commercial usage or sale. Reproduction for purposes other than those above requires written permission of:

Drug and Alcohol Office	Phone:	+61-8-9370 0333
PO Box 126	Fax:	+61-8-9272 6605
Mount Lawley WA 6929	Website:	www.dao.health.wa.gov.au

Suggested citation:

Drug and Alcohol Office (2012). Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015. Alcohol Support Plan 2012-2015. Drug and Alcohol Office. Government of Western Australia.

All photographs appearing in this document which depict individuals or groups of people are fictional and are not related to drug and alcohol use.



> The Alcohol Support Plan 2012-2015

The Alcohol Support Plan 2012-2015 (the Alcohol Support Plan), summarises the key objectives and supporting initiatives that will be pursued over the coming years to prevent and respond to problematic alcohol use.

The Alcohol Support Plan is a supporting document to the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015* (the Interagency Strategic Framework), which seeks to prevent and reduce the adverse impacts of alcohol and other drugs (AOD) in Western Australia (WA). There are other support plans for the following priority areas:

- *Illicit Drug Support Plan 2012-2015.*
- *Volatile Substance Use Support Plan 2012-2015.*
- *Capacity Building, Coordination and Monitoring Support Plan 2012-2015.*

The Alcohol Support Plan's key actions are in support of the Interagency Strategic Framework's key strategic areas of:

- Focusing on prevention.
- Intervening before problems become entrenched.
- Effective law enforcement approaches.
- Effective treatment and support services.
- Strategic coordination and capacity building.

The evidence demonstrates that some population groups experience greater impacts from alcohol and other drug use than others and therefore require additional support. Priority population groups include:

- Aboriginal people and communities.
- Children and young people.
- People with co-occurring mental health and alcohol and other drug problems.
- People in rural and remote areas.
- Families, including alcohol and other drug using parents.
- Offenders.

A copy of the Interagency Strategic Framework is available on the Drug and Alcohol Office website:
www.dao.health.wa.gov.au

The Strong Spirit Strong Mind - Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015 complements the Interagency Strategic Framework. It provides guidance to key stakeholders in delivering culturally secure programs and Aboriginal ways of working in order to strengthen their efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.

The Interagency Strategic Framework and the *Strong Spirit Strong Mind - Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015* are aligned with national policy for addressing alcohol, tobacco and other drugs. The *National Drug Strategy 2010-2015* and the planned *National Alcohol Strategy* outline priority areas for coordinated action to support a reduction in alcohol and other drug related harm in Australia.



> The aim

The aim of the *Alcohol Support Plan 2012-2015* is to prevent and reduce harmful alcohol consumption and associated alcohol related harm.



> Coordination and collaboration

The Alcohol Support Plan provides a framework for a collaborative, inter-sectoral response to preventing and reducing alcohol related harm. It has been developed as a guide for Western Australian government departments to address alcohol use at a state, regional and local community level. The Alcohol Support Plan summarises the key strategic areas and initiatives that will be pursued over the coming years to prevent and respond to alcohol related issues.

Responsibility for action exists across a broad range of government sectors including health, law enforcement, criminal justice, social welfare, recreation and education. The community-based sector, business and industry, the media, research institutions and local communities affected by harmful alcohol use also have a role in action as it relates to their areas of social and community life.

As the lead State Government agency responsible for AOD strategies and services in Western Australia, the Drug and Alcohol Office (DAO) aims to provide guidance and support to an integrated approach to harmful alcohol use across the state.

The DAO also supports broader coordination efforts and strategies to reduce alcohol related problems at the national, state and local level.

The Alcohol Support Plan represents the commitment by State Government departments represented on the Drug and Alcohol Strategic Senior Officers' Group (DASSOG) to prevent and respond effectively to harmful alcohol use.



> Harms associated with alcohol use

Long-term harmful use of alcohol is associated with a variety of adverse health effects and is a major risk factor for conditions such as liver disease, pancreatitis, diabetes and some types of cancer.¹ The short-term consequences or risk of harm from a single occasion of drinking (a sequence of consuming drinks without the blood alcohol concentration reaching zero in between²) can include motor vehicle accidents, falls, burns, suicide and assaults (including domestic violence).³ Other consequences of harmful single occasion drinking include increased potential for risky behaviours such as unsafe sex, property damage, antisocial behaviour, depression and relationship breakdown.



1. Australian Institute of Health and Welfare (2011) *2010 National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.
2. National Health and Medical Research Council (2009) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: NHMRC.
3. Australian Institute of Health and Welfare (2011) *2010 National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.



> Alcohol – the facts

Prevalence:

- In 2010, a higher percentage of Western Australians consumed alcohol at levels that placed them at risk of lifetime harm (22.7%) and of an alcohol related injury from a single occasion of drinking (43.3%) compared to nationally (20.1% and 39.8%, respectively) according to the 2009 National Health and Medical Research Council (NHMRC) Guidelines.⁴
- In 2007/08, Western Australians on average consumed more alcohol per capita than nationally (12.45L versus 9.85L).⁵
- During 2007/08, there was an increase of 16% in alcohol consumption by Western Australians compared to 2006/07. In comparison, there was a 1.5% decrease in alcohol consumption per capita nationally.⁶
- During 2010, 83% of the Western Australian population aged 14 years and over consumed at least one full serve of alcohol in the past 12 months.⁷
- During 2008, 40.2% of the Western Australian population aged 12 to 17 years reported use of alcohol in the past month, compared to the 37.1% reported nationally.⁸
- During 2007, 10.6% of 14 to 19 year olds, 19.9% of 20 to 29 year olds and 11.2% of 30 to 39 year olds drank at risky or high risk levels of harm in the long-term (according to the 2001 NHMRC Guidelines) in Western Australia.⁹

4. Ibid.

5. Loxley W., Chikritzhs T. & Pascal R. (2011) *National alcohol sales data project: Final report, 2009*. Perth: Drug and Alcohol Office, Western Australia National Drug Research Institute, Curtin University.

6. Ibid

7. Australian Institute of Health and Welfare (2011) *2010 National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

8. Drug Strategy Branch, Australian Government Department of Health and Ageing (2008) *Australian School Student Alcohol and Drug survey*. Canberra, Australia.

9. Drug and Alcohol Office WA (2007) *NDSHS Preliminary Results*. Perth, Western Australia.



> Alcohol – the facts

Harms:

- Between 2005–2009, the cost of alcohol related hospitalisations in Western Australia was \$379,689,476.83 or \$35.82 per capita.¹⁰
- Between 1999–2007, the rates of alcohol related deaths were significantly higher in the Goldfields, Kimberley, Midwest and Pilbara health regions compared to the rate of alcohol related deaths in the rest of the State.¹¹
- There were 2,247 alcohol related deaths in 2003-2007 in Western Australia, with the most likely causes being cancers, alcoholic liver cirrhosis and suicide. Populations in very remote areas were twice as likely to die from alcohol related conditions as those in metropolitan areas, and the most socioeconomically disadvantaged population had a death rate 1.5 times higher than the least socioeconomically disadvantaged group.¹²
- In 2007, Western Australians were more likely to be victims of an alcohol related incident (verbal abuse, physical abuse, put in fear), compared to the national proportions (32.4% and 29.6%, respectively).¹³
- In Western Australia, there was a general increase in victims put in fear from alcohol related incidents between 2004 and 2007 (12.1% and 14.3%).¹⁴
- Of those persons who were victims of alcohol related incidents in 2007:
 - Almost one in four persons aged 14 years and over reported being put in fear in a pub or club (23.1%).¹⁵
 - Males were more likely to be put in fear on public transport (12.2%) than females (11.1%).¹⁶
 - Females were more likely to be put in fear in their own home (28.6%) than males (4.7%).¹⁷
 - Approximately six in 10 Western Australian females aged 14 years and over reported being physically abused in their homes (64.0%) by someone under the influence of alcohol or drugs.¹⁸
 - Women nominated a spouse/partner as the person responsible for the alcohol related incident more often than men (15% vs. 8%).¹⁹
 - Men nominated friends as the person responsible for the alcohol related incident more frequently than women (37% vs. 21%) and co-workers as the person responsible for the alcohol related incident more frequently than women (16% vs. 5%).²⁰

10. Drug and Alcohol Office WA and Epidemiology Branch of Department of Health WA (2011) *Alcohol-Related Hospitalisations and Deaths: State Profile*. Perth, Western Australia.

11. Ibid.

12. Griffiths P., Calic R., McGregor C. and Gunnell A. (2011) *National Drug Strategy Household Survey 2007: Western Australian Households, DAO Surveillance Report: Number 05*. Perth, Western Australia; Drug and Alcohol Office.

13-20. Ibid.



> Alcohol – the facts

Community attitudes:

- The percentage of the population indicating support for policy responses to reduce the problems associated with alcohol increased in the Western Australian community from 2007 to 2010. This included:
 - Increasing the price of alcohol (from 22.6% to 27.8%)
 - Raising the legal drinking age (from 45.7% to 48.8%).
 - Reducing trading hours for pubs and clubs (from 27.3% to 33.6%).
 - Increasing tax on alcohol to pay for health, education and treatment for alcohol related problems (from 40.3% to 42.1%).²¹
- In 2010, 83% of Western Australians reported support for more severe penalties for drink driving as a measure to reduce problems associated with alcohol.²²



21. Australian Institute of Health and Welfare 2011 (2010) *National Drug Strategy Household Survey (NDSHS) report*. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

22. Ibid.



> Guiding principles

In Western Australia, alcohol policies, strategies and programs will be supported by the guiding principles outlined in the Interagency Strategic Framework:

- Applying comprehensive responses to complex issues.
- Promoting access and equality.
- Supporting evidence based practice and applying innovation.
- Developing and maintaining effective partnerships.
- Promoting stakeholder participation.
- Being responsive to emerging issues.
- Promoting sustainable change.



More alcohol related facts are available on the Drug and Alcohol Office website:
www.dao.health.wa.gov.au



> Summary of key outcomes & initiatives

The summary table below outlines the outcomes and initiatives as they relate to the key strategic areas of the Alcohol Support Plan. These strategic areas align to the Interagency Strategic Framework and include focusing on prevention, intervening before problems become entrenched, effective law enforcement approaches, effective treatment and support services and strategic coordination and capacity building. The key initiatives will be undertaken across DASSOG agencies to meet the outcomes outlined under the Interagency Strategic Framework.

Key Outcomes	Key Initiatives
<i>Focusing on prevention</i>	
<ul style="list-style-type: none"> • Individuals, families and communities with better knowledge and skills to prevent alcohol related problems and reduce associated harms. • Communities promote a positive culture and a supportive environment consistent with preventing and decreasing harmful alcohol consumption. • Prevention programs that include building resilience and protective factors amongst children and young people. 	<ul style="list-style-type: none"> • Encourage consumer, community and key stakeholder participation in the development and implementation of strategies, such as alcohol management plans, particularly in areas where high levels of harm are evident. • Increase community awareness of the issues associated with long-term and short-term harmful alcohol use through public education campaigns which highlight emerging and proven evidence of harms and effects on health. • Improve community awareness of low risk drinking guidelines and increase support for the development of a safer drinking culture, practices and environments (e.g. through programs such as <i>Alcohol. Think Again</i>). • Improve knowledge and recognition of Fetal Alcohol Spectrum Disorder to inform prevention strategies and assist affected children and their families (e.g. <i>Strong Spirit Strong Future</i> - Promoting Healthy Women and Pregnancies project).



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Focusing on prevention (continued)</i>	
	<ul style="list-style-type: none">• Continue to develop and implement an appropriate school curriculum including evidence based school alcohol education and associated workforce development for teachers (e.g. School Drug Education and Road Aware initiative).• Provide universal programs within the school health promotion framework, facilitating student engagement and support services for young people and their parents in school settings.• Assist schools to develop the values, structures and strategies which promote appropriate student behaviour as well as providing principles and procedures for responding locally to inappropriate behaviour, including that related to the possession and consumption of alcohol (e.g. implementation of the <i>Behaviour Management in Schools</i> policy).• Promote recreational, educational and cultural activities using methods and channels favoured by young people as an alternative to, and to prevent and delay, alcohol use.• Consider options to reduce children's and young peoples' exposure to alcohol promotion, use and related harms.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Intervening before problems become entrenched</i>	
<ul style="list-style-type: none">• Greater awareness and knowledge amongst consumers, communities and stakeholders of the alcohol treatment and support services available in Western Australia.• Greater access to, and availability of identification, early assessment and brief intervention measures to reduce problems resulting from alcohol use.• Improved early identification, assessment and intervention treatment opportunities for priority population groups.	<ul style="list-style-type: none">• Provide agencies and the public with clear, accessible, culturally secure and appropriate information about alcohol treatment services, support and self-help resources (e.g. through the Alcohol and Drug Information Service (ADIS) and the Parent Drug Information Service (PDIS)).• Improve access to information, education and brief intervention in settings other than specialist alcohol services.• Explore opportunities for greater engagement with primary health care providers to improve brief intervention and referral systems in settings other than specialist alcohol services.• Implement community engagement programs to provide communities and stakeholders with information on effective use of harm reduction and liquor control laws (e.g. section 175 restricted areas, sections 73 and 74 objections and restricted premises declarations).• Target priority population groups, such as Aboriginal people, young people, those with co-occurring AOD and mental health problems, young women with children, those with culturally and linguistically diverse backgrounds and families, in the development of early intervention strategies.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Intervening before problems become entrenched (continued)</i>	
	<ul style="list-style-type: none">• Build and maintain strong family, education, and community connection for young people that includes the development of resilience and protective factors to reduce the likelihood of young people becoming involved in harmful behaviour, including harmful alcohol consumption.• Provide treatment and support opportunities for juvenile offenders at all stages of the criminal justice system to address their alcohol use.• Consider innovative options to strengthen and expand programs for young offenders, including the expansion of diversion programs to include alcohol.• Support School Psychologists as a valuable resource for supporting positive mental health in young people and through consultation to schools, inter-agency referral and risk assessments.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective law enforcement approaches</i>	
<ul style="list-style-type: none">• Improved awareness and application of existing legislation to reduce alcohol related harm, antisocial behaviour, and alcohol related crime.• Investigation of the effectiveness of legislative options to reduce alcohol related issues.• Evidence-based legislation to support supply, demand and harm reduction strategies.	<ul style="list-style-type: none">• Continue to monitor liquor license applications and use the provisions of the <i>Liquor Control Act 1988</i> to intervene and make applications where appropriate in liquor control matters to minimise harm or ill-health that may occur due to the use of alcohol, particularly those that relate to high risk communities.• Continue to implement and enforce alcohol control strategies such as enforcement of liquor licensing laws, controlling access and availability, targeting harmful alcohol use and responsible marketing, supply and service.• Use existing and emerging evidence of alcohol related harm and health implications to improve regulatory responses to alcohol use.• Maintain a strong focus on frontline policing including high visibility in and around licensed outlets, increased compliance with relevant legislation, random breath testing, prohibition orders and barring notices.• Support development and implementation of the Government's proposed Repeat Drink Driving legislation.• Identify and implement, where appropriate, legislative and structural reforms to decrease the impact of alcohol related harm in the community.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective law enforcement approaches (continued)</i>	
	<ul style="list-style-type: none">• Explore the options and issues associated with, and effectiveness of regulatory and/or law enforcement approaches to the disruption and reduction of the secondary supply of alcohol to children.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective treatment and support services</i>	
<ul style="list-style-type: none"> • A comprehensive range of alcohol treatment and support services to facilitate access and ensure continuity of care. • Integrated and coordinated services through effective partnerships and collaboration between the alcohol and other drug sector, other sectors and key stakeholders. • Evidence based treatment that supports services to better meet the needs of clients and improve client outcomes. • Better access to inclusive alcohol support services for individuals, families and children affected by someone else's alcohol use. 	<ul style="list-style-type: none"> • Provide a range of specialist alcohol services across Western Australia. • Consolidate and expand integrated (government and non-government) and coordinated services to meet the needs of consumers. • Continue to improve linkages between primary health, the alcohol and other drug sector and services such as child protection, mental health, sexual health, corrective services and housing to enable more holistic service provision. • Provide quality alcohol treatment services through evidence based practice and adherence to continuous improvement. • Undertake evaluations to determine effectiveness and inform program and service planning. • Increase access to alcohol treatment services by trialling initiatives to improve engagement with priority population groups and to improve services to people living in regional and remote Western Australia, including alcohol withdrawal. • Provide a range of alcohol related education, health promotion and treatment programs in the criminal justice system and through community corrective services for young people, those assessed as having high needs or those at high risk of reoffending.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Effective treatment and support services (continued)</i>	
	<ul style="list-style-type: none">• Provide appropriate police and court diversion programs, including referrals from specialist courts and diversionary options, particularly for young people and young adults (aged 18 to 24), for related areas such as repeat drink driving.• Address the needs of families and carers of those in treatment through the provision of information, support and family inclusive practice.• Promote Parent Drug Information Service (PDIS) and the Alcohol and Drug Information Service (ADIS) counselling and call-back services.• Continue to improve responses for pregnant women and children who may be adversely affected by parental alcohol use by ensuring the provision of coordinated treatment and support pathways.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Strategic coordination and capacity building</i>	
<ul style="list-style-type: none"> Coordinated local, regional state and national planning and action across government, non-government and related sectors. Workforce planning and development initiatives that build the capacity, capability and sustainability of the alcohol and other drug sector and other key stakeholders. Innovative and evidence based responses to alcohol issues through data collection, monitoring, evaluation and research. Capacity building of the workforce to better respond to the needs of priority population groups, including Aboriginal people and communities, when addressing harmful alcohol use. 	<ul style="list-style-type: none"> Coordinate policy, planning and strategy related to alcohol at local, regional, state and national levels in consultation with consumers and service providers. Support the identification of innovation and emerging evidence in relation to prevention, treatment and support for alcohol related problems. Where appropriate, utilise across government and sector groups to develop and implement effective (including culturally secure) responses to emerging alcohol issues. Further the working relationship between the alcohol and other drug sector and other key sectors (including mental health, corrections, child protection and housing) to provide improved and coordinated services for people with alcohol and other co-occurring problems. Collaborate across Local, State and Commonwealth Governments to ensure optimal resourcing and outcomes in delivery of alcohol related services for Aboriginal people, and to close the gap between Aboriginal and non-Aboriginal aspects of health impacted by alcohol use. Provide comprehensive workforce development for professionals and volunteers and encourage pre-employment placements to build expertise, capacity, cultural competence and a sustainable workforce.



> Summary of key outcomes & initiatives

Key Outcomes	Key Initiatives
<i>Strategic coordination and capacity building (continued)</i>	
	<ul style="list-style-type: none">• Collaborate with tertiary institutions and other agencies to gather evidence and improve the translation of alcohol knowledge into policy and practice.• Collect and improve evaluation of data to monitor alcohol related issues, trends and service delivery, and assist in the development of new programs and policies.• Provide guidance in delivering culturally secure programs and nationally recognised Aboriginal workforce development programs and career pathways to strengthen efforts to manage and reduce alcohol related harm in Aboriginal communities.• Consider the perspectives and specific needs of particular population groups, such as those from culturally and linguistically diverse populations, young people, and those with co-occurring AOD and mental health problems, in the development of policy and services.• Encourage engagement and partnership with communities, particularly those at high risk, to build their capacity and involvement in reducing alcohol use.• Engage with interagency groups and stakeholders to coordinate appropriate responses to minimise alcohol related harm during significant events during the year (e.g. Leavers).



> Working together

The Alcohol Support Plan represents the commitment of State Government departments represented on the Drug and Alcohol Strategic Senior Officers' Group (DASSOG) and key partners to prevent and respond effectively to alcohol related issues.

Members of DASSOG consist of high-level representatives from the following departments:

- Department of the Attorney General.
- Department for Child Protection.
- Department for Communities.
- Department of Corrective Services.
- Department of Education.
- Department of Health.
- Department of Housing.
- Department of Indigenous Affairs.
- Department of Local Government (including Office of Multicultural Interests).

- Department of Racing, Gaming and Liquor.
- Drug and Alcohol Office.
- Mental Health Commission.
- Office of Road Safety.
- Western Australia Police (including Office of Crime Prevention).

Key partners in implementing actions to reduce alcohol related harms also include:

- Commonwealth Government.
- Local Governments.
- Non-government AOD and Community Controlled Organisations.
- Community groups.



> Monitoring, evaluation and review

Progress towards achieving the strategic priorities of the Alcohol Support Plan will be achieved as part of the annual reporting processes of the *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. The report will include outcome-based key performance indicators and other quantitative measures. Longitudinal reporting will also be collated at the end of the four year implementation period.

Data proposed to be collected in relation to the monitoring, evaluation and review of the Alcohol Support Plan includes:

- Number of deaths from conditions attributable to alcohol consumption.
- Rate standardised hospital admissions from presentations attributable to alcohol consumption.
- Estimated per capita consumption (litres).
- Rates of night time crashes and fatalities attributable to alcohol consumption.
- Number of injured people attending emergency departments from 10pm to 6am and attributable to alcohol consumption.
- Percentages of males and females who drink at risky levels for acute harm.
- Percentages of males and females who drink at risky levels for chronic harm.
- Number of episodes of alcohol treatment.
- Number of people completing treatment for alcohol related problems.
- Number of drink driving offences recorded.
- Number of recorded alcohol related assaults.
- Number of liquor licensing infringement notices and charges issued in relation to responsible service of alcohol provisions within the *Liquor Control Act 1988*.
- Number of people attending sobering up shelters.
- Community support for initiatives which minimise alcohol related harm.



> Notes



> Notes



Government of **Western Australia**
Drug and Alcohol Office