Local government reducing harm from alcohol consumption

The **Issues Paper** and the **Reading and Resource List** are part of the DrugInfo Clearinghouse's quarterly publications on drug prevention. Other publications and resources include the newsletter *DrugInfo* and a range of Fact Sheets tailored for specific audiences, such as professionals and others working in the drug prevention and related sectors, teachers, students, parents and others with an interest in drug prevention. The quarterly publications usually provide a range of perspectives on current research and best practice relating to a central theme in drug prevention. All these publications are available for download.

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Mr Ged Dibley, PDF Management Services

Introduction

In Victoria, local councils play a leadership role in supporting the prosperity of their communities; socially, economically and culturally. This means that their focus includes both an interest in the positive benefits of responsible alcohol consumption, as well as taking action to reduce harmful consumption. It can be a challenge for councils to balance these different and at times, competing factors.

However, as the level of government closest to local communities, the role of local government is crucial. Local councils can play a pivotal role in preventing alcohol-related harm using a range of mechanisms, including local regulation and enforcement, social marketing, service provision, advocacy and planning.

The purpose of this paper is to provide a description of some of the issues councils are faced with in undertaking this role and to explore the range of strategies available to them to prevent and reduce alcohol-related harms in their communities.

Harm from alcohol consumption

The direct and indirect impacts resulting from harmful alcohol use are well-documented and few people have not witnessed its effects. For individuals who consume high quantities of alcohol there are acute health risks, such as alcohol poisoning, motor vehicle accidents, falls and other injuries, and the risk of physical or sexual assault.

Chronic health consequences include liver cirrhosis, cancer, mental health and acquired brain injury, irreversible nerve damage and premature death. Major social consequences may include family breakdown, domestic violence, crime and public violence, property damage and decreased workplace productivity through absenteeism and unemployment.

The factors that contribute to harm from alcohol consumption are very complex and interrelated. One way of thinking about it is to consider the "supply side" (the factors that result in alcohol being readily available to consumers) and the "demand side" (the factors that are more likely to draw people into patterns of harmful drinking). Figure 1 illustrates these broad factors and the harms that can result from alcohol consumption.

It can be argued that in Australian society, alcohol use is generally not just accepted but expected. Drinking at harmful levels can be seen to "open the door" to a range of social groups and regular drunkenness can be regarded as a "badge of honour" in some circles.

Evidence suggests that the factors described in Figure 1 increase the potential for harmful alcohol consumption. These apply both to the general

population and to sub-groups within the population who may be thought of as having an "elevated risk for alcohol-related harms and/or have special treatment needs" (Wolinski, O'Neill, Roche, Freeman & Donald 2003, p.9).

A role for local government

Preventing, and responding to, the consequences of harmful levels of alcohol consumption is the responsibility of the three tiers of government. At the national and state levels, in particular, this means undertaking research, formulating policy, enacting laws and regulations and promoting community education, training and effective treatment.

At the local government level, councils are already actively involved with the health and wellbeing of the community, which means they have many areas of interest that overlap with alcohol. These might include strategies impacting on the entire population, for example, public space projects, and strategies targeting those groups within the community who

may be more vulnerable to harm from alcohol consumption, for example, maternal and child health programs or youth services.

Generally speaking, councils' response to issues influencing the health and wellbeing of their community is expressed through a Municipal Public Health Plan (MPHP), however titled. Municipal Public Health Plans are a statutory requirement under the *Health Act 1958* (1988 and 1991 amendments).

In 2001, the Department of Human Services produced the resource *Environments for Health: Municipal Public Health Planning Framework* (Victorian Department of Human Services 2001) to assist councils to consider the impact on health and wellbeing of factors originating across any or all of the built, social, economic, and natural environments and to develop responses.

As a result, public health planning at the council level has widened in scope so that scanning issues, researching needs, identifying action and setting priorities, all take into account these four environments for health.
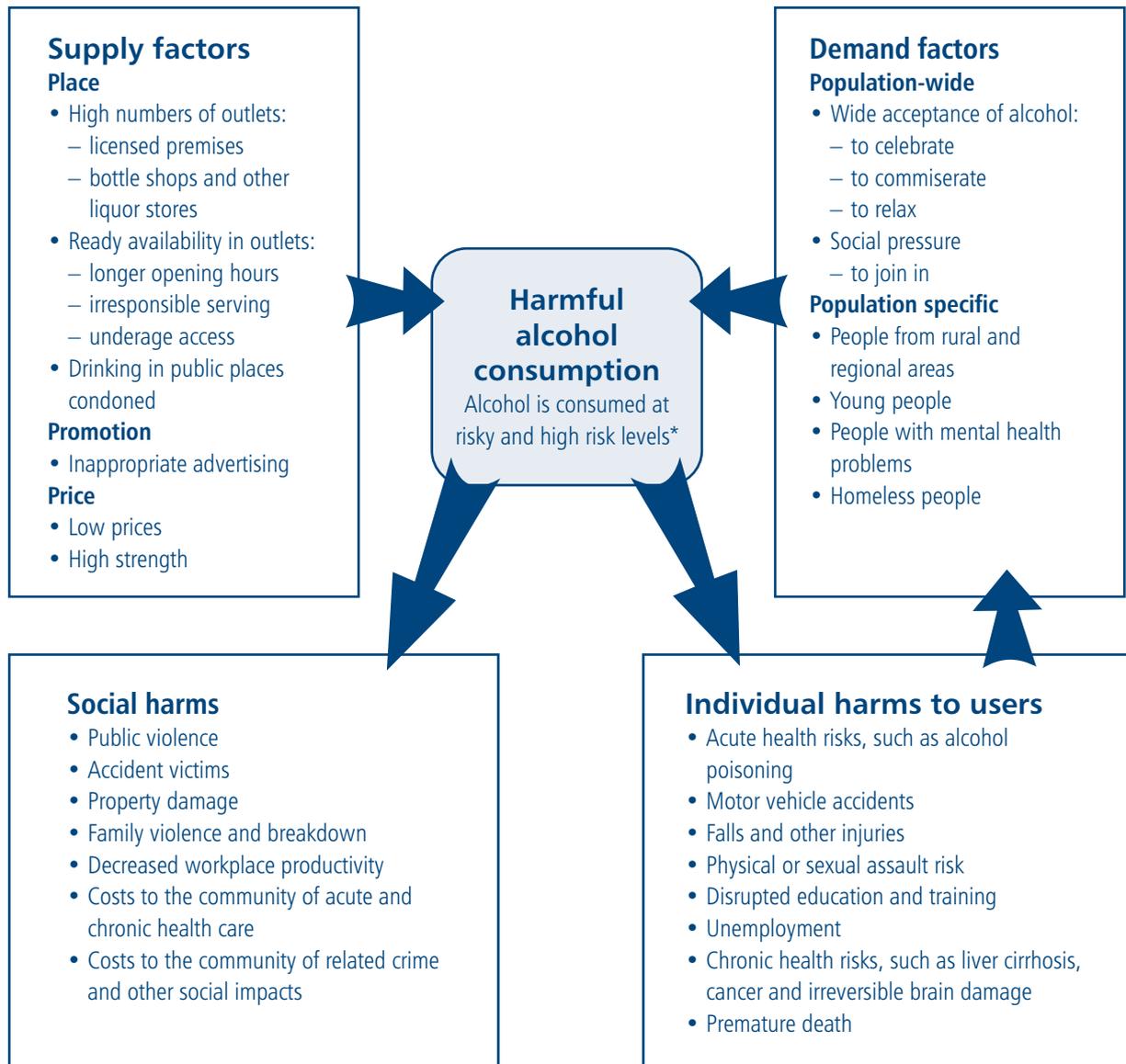
Applying the *Environments for Health* framework (Victorian Department of Human Services 2001) to the issues surrounding the harmful consumption of alcohol, it is possible to get a clearer picture of the scope of issues that confront councils.

Figure 1: Major contributors to harm from alcohol consumption

Supply factors
Place
- High numbers of outlets:
  - licensed premises
  - bottle shops and other liquor stores
- Ready availability in outlets:
  - longer opening hours
  - irresponsible serving
  - underage access
- Drinking in public places condoned

Promotion
- Inappropriate advertising

Price
- Low prices
- High strength

Harmful alcohol consumption
Alcohol is consumed at risky and high risk levels*

Demand factors
Population-wide
- Wide acceptance of alcohol:
  - to celebrate
  - to commiserate
  - to relax
- Social pressure
  - to join in

Population specific
- People from rural and regional areas
- Young people
- People with mental health problems
- Homeless people

Social harms
- Public violence
- Accident victims
- Property damage
- Family violence and breakdown
- Decreased workplace productivity
- Costs to the community of acute and chronic health care
- Costs to the community of related crime and other social impacts

Individual harms to users
- Acute health risks, such as alcohol poisoning
- Motor vehicle accidents
- Falls and other injuries
- Physical or sexual assault risk
- Disrupted education and training
- Unemployment
- Chronic health risks, such as liver cirrhosis, cancer and irreversible brain damage
- Premature death

	Risk of short-term harm		Risk of long-term harm	
	Risky *(standard drinks)*	**High risk** *(standard drinks)*	**Risky** *(standard drinks)*	**High risk** *(standard drinks)*
Males	7 to 10 on any one day	11 or more on any one day	5 to 6 average per day	7 or more average per day
Females	5 to 6 on any one day	7 or more on any one day	3 to 4 average per day	5 or more average per day

* adapted from Australian alcohol guidelines: health risks and benefits (National Health and Medical Research Council, 2001, p. 5)

Table 1: Mapping the issues

Built	Social	Economic	Natural
◗ Are there too many alcohol outlets in the vicinity?	◗ What are the health impacts of alcohol use in the community?	◗ What is the impact of alcohol controls on local businesses?	◗ Are there natural hazards that might be a risk for intoxicated people in close proximity to drinking venues?
◗ Are they located in close proximity to vulnerable groups?	◗ What are the impacts on perceptions of safety and crime?	◗ What are the financial impacts of alcohol consumption on local businesses?	◗ What damage to the natural environment occurs as a result of alcohol use?
◗ How long are they open?	◗ Who are the "at risk" groups in the community?		
◗ Do they meet their licensing standards?	◗ What information is available to the community as a whole, and "at risk" groups, about risks from alcohol consumption?	◗ Are there any fees and charges that impact on local alcohol industry businesses?	◗ Are there risks associated with extremes of weather at events or venues?
◗ Are there "dry areas" at public events?	◗ Are there peak activity times that involve alcohol use?	◗ Is there a need for subsidised services for people affected by alcohol, for example, safe transport options, treatment costs and so on?	
◗ Are there hazards that might be a risk for intoxicated people in close proximity to drinking venues?	◗ Are there alcohol free alternative activities available?		
◗ Is there adequate lighting?	◗ What treatment services are available?		
◗ Are toilets available?	◗ What partnerships can actively reduce harm from alcohol use— across all four environments for health?	◗ What are the financial costs to council and the community of responding to alcohol-related issues—across all four environments for health?	
◗ Is there access to safe public transport nearby?	◗ Are those serving alcohol adequately skilled to deal with patrons drinking to excess?		
◗ What property damage occurs as a result of alcohol use?	◗ Are those providing security adequately skilled to deal with patrons drinking to excess?		
	◗ How is the behaviour of drinkers monitored or policed?		

Note: This table is intended to illustrate issues relevant to any community, rather than represent an exhaustive list.

The role a council takes in relation to the issues that stem from these questions will vary but options include:

◗ advocating for action to state and federal government on behalf of the community

◗ planning and facilitating interventions with partners

◗ directly delivering information or services.

This choice will often be based on historical involvement, political considerations, capacity and resource availability.

Principles of integrated planning for health

Local councils already significantly influence the impact of alcohol consumption on their communities. Taking action on alcohol can occur at many levels; from reducing alcohol-related problems occurring in the first place through to reducing their impact should they occur.

Ideally, as with health and wellbeing in general, the aim is to integrate strategies that reduce harm from

alcohol consumption into the core business of council planning, policy and practice.

Table 2 proposes a number of principles to guide council action. These principles underpin an integrated planning approach, which will assist council to work collaboratively with others to identify shared or overlapping goals and identify complementary action to achieve these goals. "Others" will include individuals and organisations whose actions, considered with reference to the built, social, economic and natural environments, may influence a community's health and wellbeing and specifically reduce alcohol-related harm.

Councils taking action

Many of the strategies employed by local councils have been evaluated and are reported on in the monograph, *Prevention of substance use, risk and harm in Australia: A review of the evidence* (Loxley *et al.* 2004).

This research, based on national and international literature, suggests that some strategies designed to reduce harm from alcohol consumption are demonstrably more effective than others. The National Drug Research Institute lists the following as demonstrating value:

◗ pricing and taxation strategies

◗ regulating the physical availability of alcohol

◗ modifying the drinking context

◗ drink driving countermeasures

◗ regulating alcohol promotion

◗ interventions in communities, homes, schools and workplaces

◗ treatment and early intervention.

Of course, some strategies have not been sufficiently tested to rule them in or out. However, the evidence shows that integrated and collaborative responses that span regulation, enforcement, social marketing, service provision and advocacy, are generally more

Table 2: Principles of integrated planning for health

Principle	This means council will
Identify areas for action using the four environments for health	Take into consideration the built, social, economic, and natural environments in identifying issues and determining appropriate strategies.
Ask questions using the best available information to understand the issues	Research available data and seek the advice of experts on local health outcomes, patterns of behaviour, service needs and opportunities. This is compared with relevant regional state and national trends.
Listen to the community	Encourage people to have a say and be heard regarding their concerns and their solutions. Actions are meaningful to the local community, attract local participation and are locally driven.
Reduce the risks of health and wellbeing inequality	Ensure that "at risk" people in the community are specifically supported to avoid the risks and minimise the harm.
Choose action based on what is most likely to work	Evaluate what it has tried in the past and research what others have done so that action is based on evidence and more likely to provide achievable and measurable outcomes.
Work in partnership with communities, the private sector, the community sector and other tiers of governments	Actively engage partners across a broad range of sectors—remembering that using the four environments means many may not be traditional health partners. Partnership reduces duplication and maximises effort.
Build capacity across the community	Use information, skill development, support and advocacy to increase the capacity of individuals and community partners to contribute to solutions.

effective in achieving sustainable change than isolated and one-off activities. Table 3 provides some examples of "popular" strategies with doubtful effectiveness.

Councils have a broad scope that allows them to take action in a range of ways. Using a mix of strategies, they can target levels of alcohol consumption in the general population, as well as specific strategies that target "at risk" groups and individuals in the community. Table 4 depicts these levels of action and also reflects the level of risk for each group.

Planning in relation to alcohol is usually mandated through the council corporate plan and features as a strategy in the Municipal Public Health Plan. As Figure 2 illustrates there are also many linkages with other plans and strategies, which can be usefully engaged to develop an integrated approach across the four environments for health.

Using the *Environments for Health* framework (Victorian Department of Human Services 2001) to integrate a planned response to alcohol consumption in the community has enormous potential. Table 5 on page 8 sets out a number of strategies against the four environments for health.

Table 3: Objectives, rationale and problems with typical drug prevention strategies aimed at individuals
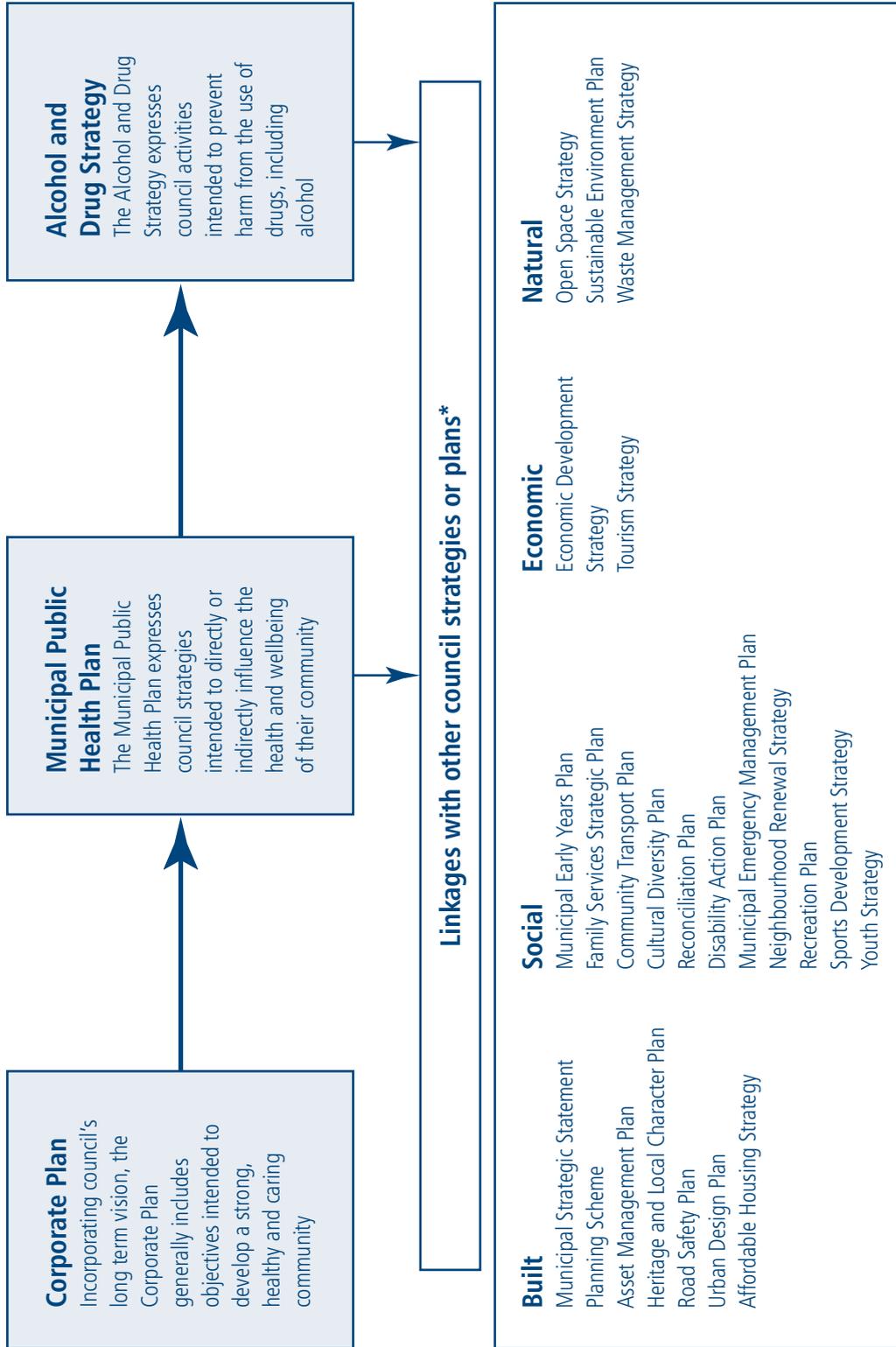
Objective	Rationale	Efficacy and problem with this approach
To increase fear of drugs	Scaring young people about drugs will act as a deterrent	Ineffective or counter-productive: Can increase attractiveness of drugs, as something risky, for some
To increase perception of drug-related harms	Giving information about the risks and harms associated with drug use will cause young people to make informed decisions to not use drugs	Ineffective or counter-productive if young people discover that information is incorrect or biased, the whole message is discarded
To increase psychological health, particularly self-esteem	Young people use drugs because they have emotional problems or low self-esteem	Ineffective or counter-productive: Low self-esteem has not been found to be predictive of drug use or abuse, so the strategy is fundamentally flawed
To increase social skills particularly assertiveness	Young people who use drugs are pressured to use drugs as they lack the skills to resist peer pressure	Ineffective or small, short-term positive impact, depending upon quality of implementation

Source: Spooner, Hall & Lynskey 2001 *Structural determinants of youth drug use*, Woden: Australian National Council on Drugs

Table 4: Levels of action

Action area	Risk	Strategies
Population (or universal)	Whole populations at average risk	Broad promotion of healthy lifestyle choices and supportive environments
Targeted (or selective)	Groups at increased overall risk	Key messages to target groups and tailored programs
Specific (or indicated)	Those individuals with emerging problems and support needs	Support and treatment services

Figure 2: Local government planning linkages

Corporate Plan
Incorporating council's long term vision, the Corporate Plan generally includes objectives intended to develop a strong, healthy and caring community

Municipal Public Health Plan
The Municipal Public Health Plan expresses council strategies intended to directly or indirectly influence the health and wellbeing of their community

Alcohol and Drug Strategy
The Alcohol and Drug Strategy expresses council activities intended to prevent harm from the use of drugs, including alcohol

Linkages with other council strategies or plans*

Built
Municipal Strategic Statement
Planning Scheme
Asset Management Plan
Heritage and Local Character Plan
Road Safety Plan
Urban Design Plan
Affordable Housing Strategy

Social
Municipal Early Years Plan
Family Services Strategic Plan
Community Transport Plan
Cultural Diversity Plan
Reconciliation Plan
Disability Action Plan
Municipal Emergency Management Plan
Neighbourhood Renewal Strategy
Recreation Plan
Sports Development Strategy
Youth Strategy

Economic
Economic Development Strategy
Tourism Strategy

Natural
Open Space Strategy
Sustainable Environment Plan
Waste Management Strategy

* This figure includes a cross-section of plans typical to many councils. Some councils may not have a specific Alcohol and Drug Strategy and alcohol-related activities may appear elsewhere, for example, in a Community Safety Plan or across a number or plans.

Conclusion

Alcohol consumption seems likely to remain a feature of life in Australia, with both its welcome and unwelcome consequences. It is at the community level that these consequences are most keenly felt. Local councils (whether large metropolitan cities or smaller rural shires) are faced with helping their communities to prevent or reduce harm from alcohol consumption.

Whether councils choose to advocate for change, deliver information and services themselves, or support others in the community to do so, it is

critical to understand the impact of alcohol in the community and what strategies are most likely to achieve results. Planning a response in an integrated way (looking across the built, social, economic and natural environments) will mean available resources are used to greatest effect to influence the supply and demand factors and achieve improved health outcomes.

There is no one solution for all communities and each council will need to work with their community partners to find what is needed and what will work locally. The monograph *The prevention of substance use, risk and harm in Australia: A review of the*

Table 5: Mapping the strategies

Level	Built	Social	Economic	Natural
Population	◗ limits to number of local licensed premises ◗ prescribed "dry areas" ◗ safe transport options, for example, community buses, safe taxi ranks ◗ safe venues—no glass, "wet areas" ◗ safety and amenity of public places—Crime Prevention Through Environmental Design	◗ alcohol accords ◗ enforcement of liquor licensing ◗ community information ◗ parent education ◗ family counselling ◗ mental health promotion ◗ community renewal programs ◗ Drug Action Week activities	◗ clean up levy applicable to liquor outlets (vomit tax) ◗ reduced differentials in social economic status ◗ responsible serving of alcohol training	◗ reduced natural hazards in proximity to licensed venues ◗ drinking banned in public areas
Targeted	◗ alcohol free venues for young people ◗ precinct specific responses	◗ family planning programs for young and vulnerable mothers ◗ school based programs ◗ Good Sports program ◗ peer education ◗ gender programs ◗ homelessness strategies	◗ employment and training ◗ sponsored alcohol free events, for example FReeZA program	
Specific	◗ clinics and treatment centres	◗ treatment services ◗ community health ◗ case management ◗ family home visiting ◗ maternal and child health visiting services	◗ affordable subsidised services	

Note: This table is intended to illustrate examples of strategies, rather than represent an exhaustive list.

evidence (Loxley *et al.* 2004) provides a valuable resource in examining numerous types of strategies for their effectiveness. In addition, councils and communities using innovation and determination, continue to explore new models.

Some brief examples appear in this paper and other case studies appear in the *DrugInfo* newsletter published as part of this suite of resources.

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Case studies

Frankston Drink Safe Project

In February 2007, six educational sessions were run outside local licensed venues in Frankston. Drink Safe workers gave away free merchandise to those who could answer simple questions about responsible drinking practices. The project has also included:

◗ Outreach to young people experiencing problems with the misuse of alcohol and other substances.

◗ An "Alcohol—Community Responses" forum held in October 2005 to gain awareness of the local communities alcohol-related concerns.

◗ Educational sessions by the Youth Substance Abuse Service (YSAS) outside local licensed venues during the 2005–2006 summer seasons, which informed patrons of the risks associated with excessive consumption of alcohol and gave them some responsible drinking techniques.

◗ Information and training sessions in dealing with challenging customers were held for staff and managers of local businesses.

The Frankston Drink Safe project was initiated in June 2005 with funding from the Victorian Law Enforcement Drug Fund (VLEDF). The project was a huge success and Frankston City Council has funded the continuation of the Frankston Drink Safe Project in 2006–2007.

Source: Frankston City Council website, www. frankston.vic.gov.au/Services_A-Z/Community_ Safety/Drugs_and_Alcohol/index.aspx

Ballarat Safe City Taxi Rank

Since its inception in November 2000, the Ballarat Safe City Taxi Rank has taken over 200 000 patrons home after a night out in Ballarat.

A City of Ballarat risk reduction program, the Ballarat Safe City Taxi Rank has increased safety to people and property—with wide sweeping benefits to individuals, service providers, businesses and the broader community. Advantages of the taxi rank include: a safe, central location for people with certainty of taxi access; a more focused disbursement of people from nightclubs; orderly and prompt access of patrons to taxis; increased security for taxi drivers; a decrease of incidents for Victoria Police; a decrease of vandalism to residential and commercial properties; and a positive lift to amenity of the central business district.

Source: City of Ballarat website, www.ballarat. vic.gov.au/Community_and_Culture/Community_ Development/Safe_City_Taxi_Rank/index.aspx

City of Port Phillip Safer City Licensees Accord

The City of Port Phillip Safer City Licensees Accord was established in 2001 as part of a pedestrian safety program addressing the high incidence of pedestrian fatalities in the city at that time.

Issues tackled by the Accord have included: late night public transport and provision of extra taxi ranks; theft of personal property on premises; emergency management planning (for example, the St Kilda Festival); patron behaviour; and drink spiking. Responsible Serving of Alcohol (RSA) training is provided free of charge to licensees' staff. The training relies on Accord membership fees, with 1279 staff trained to date.

Membership of the Accord comprises licensees, the City of Port Phillip Council, Victoria Police, Consumer Affairs Victoria (Liquor Licensing) and VicRoads. There are currently 76 members, representing approximately 78 per cent of the late night venues in the city. The Accord's ongoing effectiveness is attributed to the benefits of networking for licensees and encouraging "ownership" by members of the Accord. A small working group of members has a major role in the Accord's decision making.

Since the establishment of the Accord, the rate of serious alcohol-related road injuries to City of Port Phillip residents has been on the downward trend and there has also been a decline in the number of alcohol-related assaults in the City (Laslett, Dietze & Matthews 2005).

Source: City of Port Phillip
Contact: Chris Ellard, CEllard@portphillip.vic.gov.au

Darebin tackles liquor licensing

Out of the 21 local councils in metropolitan Melbourne, the City of Darebin has the second highest rate for all alcohol-related deaths. In response to this, in August 2006, Darebin developed the *Darebin Alcohol Strategy: Future Directions Report 2006–2009*.

A key feature of the strategy has been to reduce or limit the harmful impacts of alcohol in the community by taking action to limit the availability of alcohol through large volume, discounted packaged liquor outlets.

Under the *Liquor Control Act 1998*, local government is able to object to an application where they consider it would:

◗ detract from or be detrimental to the amenity of the area in which the premises are situated," Clause 40 (1)

◗ …be conducive to or encourage the misuse or abuse of alcohol." Clause 40 (1A).

Council officers have worked across departments (including Community Health and Safety and Urban Development) and with local police, to critically assess and evaluate each liquor licensing application. As a result, Darebin has recently lodged objections with Liquor Licensing Victoria to two applications for packaged liquor licences in Preston.

After giving full consideration to the recommendations of the Liquor Licensing Panel, the Director of Liquor Licensing, subsequently refused one of these applications.

Darebin has subsequently made a submission to Liquor Licensing Victoria, highlighting the urgent need to establish a workable model for assessing and monitoring liquor outlets so that due consideration is routinely given to the social, community and health implications of liquor licences.

Source: City of Darebin
Contact: Morgan Scholz, Morgan.Scholz@darebin.vic.gov.au

Fact sheet

For workers
Number 5.6 | September 2007

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www.druginfo.adf.org.au

Evaluation of local government strategies to reduce harm from alcohol consumption

Introduction

Programs and strategies intended to reduce harm from alcohol consumption often require significant resources and effort to develop and implement. Often too, the strategies will have a broad array of results. If all goes to plan the strategies will prove positive—but how can we be sure?

Evaluation enables us to be confident that we have invested our resources wisely for the intended target group and have not produced unintended consequences for others.

Evaluation may also be conducted for pragmatic reasons such as, demonstrating accountability to key partners and funding bodies or making a case for future funding. Whatever the catalyst, evaluation provides an opportunity to learn what has worked and why, to learn what has not worked and why not and most importantly, to apply this learning to improve our strategies and better target our efforts.

There are three broad types of evaluation: process, impact and outcome.

› Process evaluation assesses elements of program development and delivery. The quality, appropriateness and reach of the strategies used to implement the program are of key interest in this type of evaluation.

› Impact evaluation measures immediate program effects and assesses the degree to which program objectives are met.

› Outcome evaluation measures the longer-term effects of programs and assesses the degree to which the original intent or program goal has been achieved. It is concerned with the actual changes that have occurred for individuals and communities and often considers outcomes such as mortality, morbidity, disability, quality of life and equity.

General questions each evaluation type poses

Process evaluation

› Are all projects and activities developed and implemented?

› Are all materials and components of the program of good quality?

› Are key partners involved in the program able to fulfil the program goals and objectives?

› Is the program reaching the target or interest groups?

› Are all parts of the program reaching all parts of these groups?

› Are participants satisfied with the program?

Impact evaluation

› Has knowledge increased concerning healthy lifestyles?

› Have attitudes, motivation, confidence, behavioural intentions and personal skills improved?

› Are communities active participants in the program?

› Is public opinion supportive of the direction of the strategies?

› Are supportive public policies and organisational practices in place?

› Are adequate resources allocated?

› Are strategies integrated with other relevant activity?

Remember:

» *Budget for evaluation from the outset; 10% of the total program budget is a useful guide.*

» *Use or adapt existing evaluation tools to assist in planning and carrying out the evaluation.*

» *Consider working collaboratively with applied research programs.*

» *If engaging an independent evaluator, use the "six steps" to develop an evaluation brief.*

» *Share the news! Others are always keen to know what works and what doesn't.*

Councils may also use community surveys to measure changes in awareness of alcohol issues and perceptions of safety.

The Department of Human Services has evaluation resources suitable to programs and strategies intended to reduce the harm from alcohol consumption available from: www.health.vic.gov.au/healthpromotion/hp_practice/eval_dissem.htm#measuring

Outcome evaluation

› Has the strategy achieved its program goal?

› Have changes in behaviour been sustained over time?

› Have environmental conditions improved?

› Have there been improvements in health status?

It is important to use each type of evaluation to inform the various development phases of the program. At times, an evaluation may be of a single type; in other instances it may include aspects of all three.
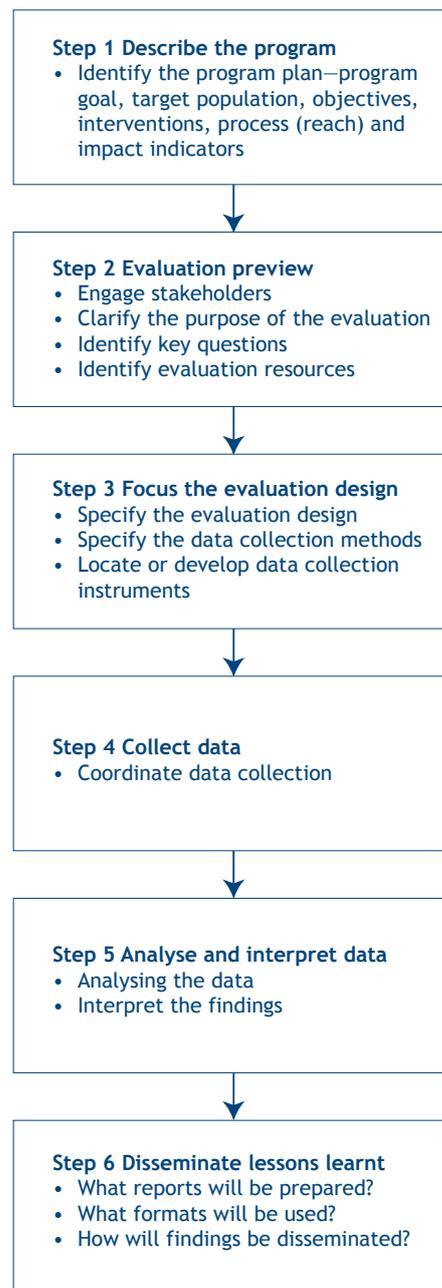
Whatever the type of evaluation, the process can follow key simple steps as outlined in the figure on the right.

Outcome evaluation is generally the most challenging; in part, because many factors may be acting on the target group, other than the specific program strategies.

Some useful data sources that monitor the level of alcohol consumption and related harms include:

› The Victorian Alcohol Statistics Handbook series produced by Turning Point Alcohol and Drug Centre, presents some of the major findings by local government areas, regarding alcohol-related harm in Victoria. Publications in the series include, harm for whole populations, harm among young people, alcohol-related mortality and morbidity and alcohol-related serious road injury and assault.

› The Victorian Population Health Survey, produced by the Department of Human Services, which measures risky alcohol consumption at a regional level.

Six steps to evaluation

Step 1 Describe the program
• Identify the program plan—program goal, target population, objectives, interventions, process (reach) and impact indicators

Step 2 Evaluation preview
• Engage stakeholders
• Clarify the purpose of the evaluation
• Identify key questions
• Identify evaluation resources

Step 3 Focus the evaluation design
• Specify the evaluation design
• Specify the data collection methods
• Locate or develop data collection instruments

Step 4 Collect data
• Coordinate data collection

Step 5 Analyse and interpret data
• Analysing the data
• Interpret the findings

Step 6 Disseminate lessons learnt
• What reports will be prepared?
• What formats will be used?
• How will findings be disseminated?

Source: Round R, Marshall B & Horton K 2005 *Planning for effective health promotion evaluation*, Melbourne: Victorian Government Department of Human Services

More information
For information about drugs and drug prevention, contact DrugInfo on
tel. 1300 85 85 84, email druginfo@adf.org.au, or visit www.druginfo.adf.org.au.

Fact sheet

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Resources for local governments developing strategies to reduce harm from alcohol consumption

Developing strategies to reduce harm resulting from alcohol consumption can be challenging. Access to up-to-date statistical information and research, and networking with others working in the field, helps to build a robust evidence-base and boost motivation. This is particularly important in local government where strategies will cut across the built, social, economic and natural environments for health and will call for partnerships across diverse agencies and professions.

This fact sheet lists some useful websites that provide information, resources and networks.

National

Australian Drug Foundation

Website address: www.druginfo.adf.org.au

Resources: The DrugInfo Clearinghouse provides a comprehensive range of information services and resources to help professionals who work in areas related to alcohol and other drugs.

Website address: www.goodsports.com.au

Resources: Good Sports helps sporting clubs manage alcohol responsibly and reduce alcohol-related problems such as binge and underage drinking.

Australian Government Department of Health and Ageing

Website address: www.alcohol.gov.au

Resources: The Australian Government's information site for alcohol. This site contains information on alcohol-related health, science, news, and Australian Government policy. Includes information materials and resource products. Includes the National Health and Medical Research Council [NHMRC] (2001) *Australian Alcohol Guidelines: Health Risks and Benefits*—currently under review.

Website address: www.health.gov.au/internet/wcms/Publishing.nsf/content/health-pubhlth-publicat-document-mono_prevention-cnt.htm

Resources: This page contains links to the publication *The Prevention of Substance Use, Risk and Harm in Australia—a review of the evidence.*

Australian Institute of Family Studies

Website address: www.aifs.gov.au

Resources: This site includes research regarding the impacts of alcohol on families and communities. Examples include parenting influences on adolescent alcohol and patterns and precursors of adolescent antisocial behaviour. Search under "Publications" or "Resources".

Australian Institute of Health and Welfare

Website address: www.aihw.gov.au

Resources: Follow the "Drugs and Alcohol" quick link to information including: The Burden of Disease and Injury in Australia and findings from the Alcohol and Other Drug Treatment Services— National Minimum Data Set reported by State.

DrinkWise Australia

Website address: www.drinkwise.com.au

Resources: DrinkWise Australia is an evidence-based organisation funded by the liquor industry focused on promoting change towards a more responsible drinking culture in Australia.

Medical Journal of Australia

Website address: www.mja.com.au

Resources: Search the site for "alcohol" to find numerous articles on alcohol-related health impacts. Published in the *Medical Journal of Australia*.

Victorian

Australian Institute of Criminology

Website address: www.aic.gov.au/research/drugs/links.html

Resources: Follow the "Illicit Drugs and Alcohol" link to look at services, projects and research specific to Victoria, other Australian jurisdictions and overseas.

Community Alcohol Action Network

Website address: www.caan.adf.org.au

Resources: Community Alcohol Action Network aims to "change the way our society behaves around alcohol to reduce the prevalence of alcohol-related accidents, illnesses and diseases." This site contains information on alcohol and activities aimed at reducing harm from alcohol. Includes *Grogwatch* a weekly online newsletter.

Consumer Affairs Victoria

Website address: www.consumer.vic.gov.au

Resources: Consumer Affairs Victoria is the agency responsible liquor licensing in Victoria. Follow the "Liquor" link for information on alcohol licensing, responsible serving of alcohol and liquor forums and accords. Includes a number of accords that can be downloaded for viewing.

Department of Human Services

Website address: www.health.vic.gov.au/healthstatus/ vphs

Resources: This site presents the findings of the Victorian Population Health Survey, which measures risky alcohol consumption at a regional level. Some burden of disease data are presented at local government area level.

Website address: www.health.vic.gov.au/drugs/alcohol

Resources: This is the Victorian Government's site on alcohol This site includes State policies on alcohol and alcohol-related information relevant to young people (under 18 years), parents and young adults, as well as on counselling and treatment services. This site also contains information on the Victorian Government's current initiatives regarding alcohol use and misuse in the community.

Website address: www.health.vic.gov.au/ healthpromotion

Resources: This is the Victorian Government's site on health promotion. Follow "Resources and links" for useful tools and information including:
Measuring health promotion impacts: A guide to impact evaluation in integrated health promotion and planning for effective health promotion evaluation.

Website address: www.health.vic.gov.au/localgov

Resources: This website provides information to support local governments in positively influencing the health and wellbeing of their communities. The site includes useful tools and information on integrated planning, social and health impact assessment and healthy cities. Includes *Environments for Health* framework; *Municipal Public Health Planning Framework*.

Municipal Association of Victoria

Website address: www.mav.asn0.au

Resources: The Municipal Association of Victoria manages the MAV Community Safety mailing list and the Local Government Drug Issues Forum mailing list.

To subscribe to either network check the MAV contact on the site. Follow "Policy and Projects" to "Emergency Management and Community Safety" and to "Community Safety Network".

Odyssey House Victoria

Website address: www.odyssey.org.au

Odyssey House Victoria is a specialist drug and alcohol agency that provides opportunities for change and growth by reducing drug use and reconnecting people to families and the community. Follow the "Institute of Studies" link to look at projects and research involving those affected by alcohol.

Parliament of Victoria

Website address: www.parliament.vic.gov.au/dcpc

Resources: This is the Drugs and Crime Prevention website. Follow the "Previous Inquiries" link to parliamentary inquires such as: *Report on Inquiry into Strategies to Reduce Harmful Alcohol Consumption, Report on Inquiry into Public Drunkenness*.

Turning Point Alcohol and Drug Centre

Website address: www.turningpoint.org.au

Resources: Turning Point is a community agency that aims to promote and maximise the health and wellbeing of individuals and communities living with and affected by alcohol and other drug-related harms. Contains useful links and research on alcohol-related harm. The Victorian Alcohol Statistics Handbook series presents some of the major findings by local government area.

Follow the "Research and Development" link.

VicHealth

Website address: www.vichealth.vic.gov.au

Resources: Search "alcohol" to go to all alcohol-related information and links.

Victorian Alcohol and Drug Association

Website address: www.vaada.org.au

Resources: The Victorian Alcohol and Drug Association is a peak organisation that aims to reduce the harms associated with alcohol and other drug use within the Victorian community. The site includes useful links to drug and alcohol information and an online monthly newsletter

Victorian Safe Communities Network

Website address: www.vscn.org.au

Resources: Includes alcohol consumption from a community safety perspective. Information includes relevant presentations to VSCN Conferences and useful links.

www.druginfo.adf.org.au