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Prevention of harm from alcohol consumption in rural and remote communities

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Prevention Research Quarterly: Current evidence evaluated

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Contents

Prevention of harm from alcohol consumption in rural and remote communities

Issues Paper

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Prevention of harm from alcohol consumption in rural and remote communities

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Introduction

Alcohol consumption is part of daily life in rural and remote Australia: celebrating with friends; drinking with a meal; or just relaxing at the end of a hard day's work. Many people use alcohol responsibly and for them drinking alcohol is a pleasurable and arguably safe activity that does not lead to harm.

However, the short-term harms that can result from alcohol consumption are well documented. For individuals 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 also include family breakdown, domestic violence, crime and public violence, property damage and decreased workplace productivity through absenteeism and unemployment.

Research tells us that:

- the extent of alcohol consumption, particularly at risky levels, is disproportionately higher in rural and remote regions of Australia (Strong et al. 1998);
- services and systems that might otherwise prevent or reduce harm from alcohol consumption are less readily available in rural and remote communities (AIHW 1998);
- in recent times, in particular, rural communities are feeling the social and economic pressures of the drought (Stehlik, Gray & Lawrence 1999).

The purpose of this paper is to:

- provide a description of some of the issues facing rural and remote communities around Victoria in relation to alcohol-related harms; and
- explore the range of practical prevention and early intervention strategies available to them to prevent and reduce such harms.

The paper draws on recent literature on the subject and is also informed by input and advice from people actively working to reduce alcohol and other drug-related harm in rural and remote areas across Victoria.

For simplicity, the term "rural" is used in this paper to refer to non-metropolitan areas of Victoria, that is, population centres of less than 100 000 people, and includes remote areas.

The diversity between rural areas in terms of demographic, socioeconomic, aspirational and many other factors means that general statements should be treated with caution and any local action should be underpinned with local analysis and consultation.

Alcohol consumption and harm in rural Victoria

As stated above, the extent of alcohol consumption, particularly at risky levels, is disproportionately higher in rural and remote regions of Australia, including Victoria.

> In rural and remote regions, the consumption of high levels of alcohol by men is inversely proportional to the size of the population, ranging from 5% of men in a large rural centre to 8% in remote areas with less than 5000 people. The consumption of high levels of alcohol by women does not follow the same linear pattern seen for men, with increased levels of high alcohol consumption by women seen only for small rural centres and in remote areas with less than 5000

people. These areas show a doubling of the proportion of women consuming high levels of alcohol (2.4% and 2.1% respectively) compared to capital cities (1.2%; Strong et al. 1998).

The incidence of alcohol-related harm is frequently higher across a range of indicators such as: alcohol-related assaults, family violence incidents and serious road injuries. In Table 1 the regional rates are generally higher than the figure for Victoria for these indicators and two regions stand out as significantly higher in relation to "deaths". The figures for these indicators also vary for local government areas within regions, and vary again at the township or small area level within municipalities, so that there are some small towns with rates far in excess of the figure for Victoria or for their region.

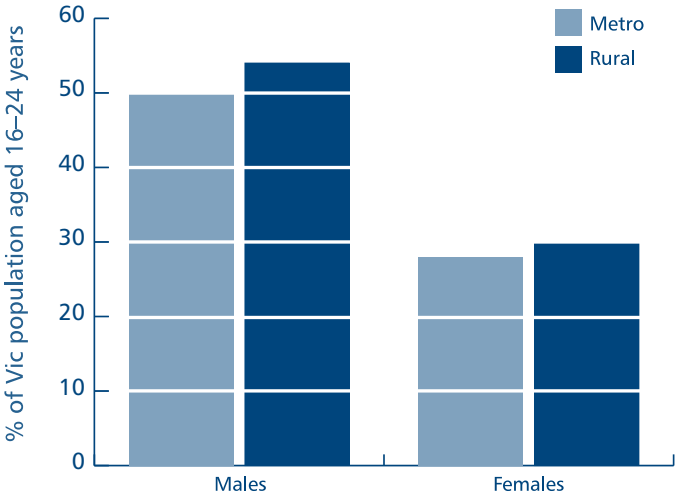
Some population groups in rural areas also emerge as being at greater risk of harm from alcohol consumption. Young people, in particular (including underage drinkers), living in regional Victoria routinely drink at levels that put them at a high risk of harm compared with those in metropolitan areas. For example, 43% of young people living in non-metropolitan Melbourne consumed 20 plus drinks in one day at least once in the past 12 months, compared to 37% of those from metropolitan areas. Figure 1 shows the higher prevalence among young men. Seventeen per cent of young people living in non-metropolitan areas of Melbourne (compared to 13% of young people living in metropolitan areas) consumed 20 plus drinks in one day, monthly or more frequently (Victorian Premier's Drug Prevention Council 2005).

Table 1: Incidence of alcohol-related harm from 2002/03–2003/04

Health region	Assaults*	Family incidents	Serious road injury	Medical hospital admissions	Deaths
Barwon South West	10.29	17.96	2.84	22.70	1.84
Grampians	12.83	20.91	3.89	18.95	1.27
Loddon Mallee	11.16	22.12	3.31	19.97	1.28
Hume	10.94	22.96	3.67	19.21	1.35
Gippsland	15.59	24.22	3.78	22.06	1.93
Victoria	9.65	15.80	3.42	26.92	1.49

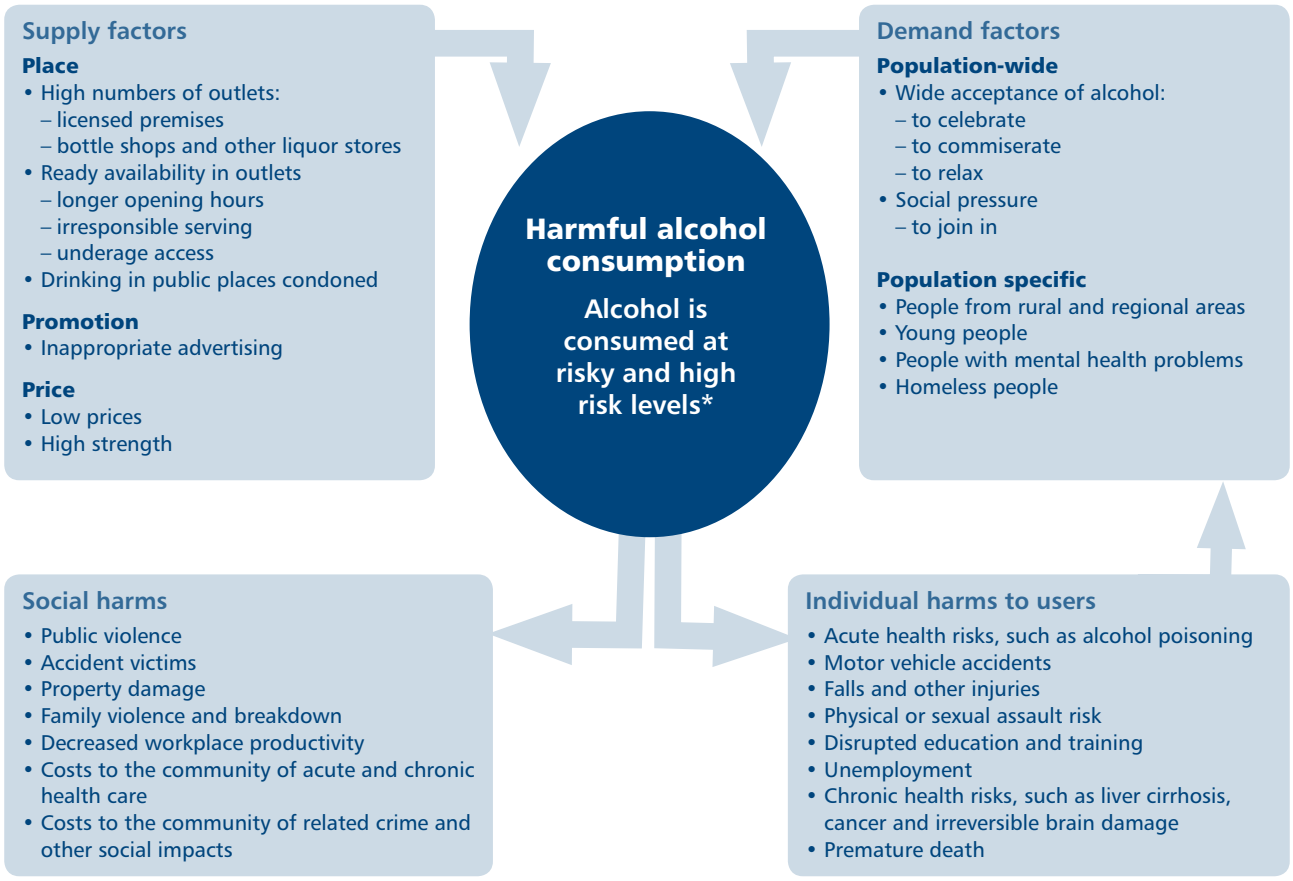
*Rates are annual per 10 000 population. Source: Laslett, Dietze & Matthews 2005.

Figure 1: Consumption of 20+ standard drinks in one day during last 12 months



Source: Victorian Premier's Drug Prevention Council 2005.

Figure 2: Major contributors to harm from alcohol consumption



*Current Australian Alcohol Guidelines that define alcohol consumption risk are available from www.alcoholguidelines.gov.au. These are periodically revised and updated.

Adapted from Dibley 2007.

Based on these statistics, it would be easy to focus solely on young people or some other specific population groups. However, it is important to recognise the risks of harm from alcohol consumption across the entire population and respond with broad based strategies as well.

Factors influencing harm from alcohol consumption

The factors that contribute to harm from alcohol consumption are very complex. 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 2 illustrates these broad factors and the harms that can result.

Geographical location can clearly influence these factors. This influence will vary between locations and will potentially differ depending on the prevailing culture regarding alcohol consumption.

Supply side factors in rural communities

There are major strategies designed to control or manage the supply of alcohol at a national and/or statewide level. This includes measures such as:

- border controls, which limit what alcohol gets into the country
- high level policies, laws and regulations regarding availability, strength and advertising
- taxes and excise, which impact on price (Loxley et al. 2005)
- social marketing and media campaigns aimed at promoting responsible use.

Broadly speaking, the reach of these is reasonably uniform regardless of geographical location. Shortcomings in communication systems, however, might limit coverage for some media campaigns, particularly television and more recently the Internet.

There are nonetheless, local supply side factors that will vary between locations. Primarily these are concerned with licensing (including distribution) and enforcement.

For example, research indicates that the level of outlet density is highly predictive of alcohol-related harm (Loxley et al. 2004). Rural Victoria has significantly more licensed premises per head of population than Victoria as a whole (Table 2).

Again, these figures are calculated across a region, which means that for some municipalities and some townships, the outlet density is higher still. In some areas this increased outlet density may be connected to tourism and hospitality operations. Nonetheless, the increased availability is likely to impact adversely on visitors and local residents.

Enforcement at a local level falls predominantly to local policing and to an extent the social support and cooperation of the community.

Demand side factors in rural communities

As with supply side factors, there are many national and statewide policies and strategies aimed directly at reducing demand for alcohol, for example through education, and health promotion.

Factors influencing demand in rural communities are numerous and might include:

- diverse impacts of social isolation, such as loneliness and boredom
- infrastructure limitations, such as access to facilities and transport
- individual, family and community stresses, such as drought or bushfires.

Social isolation

The potential for social isolation will vary enormously between townships and will also reflect diverse individual needs. However, individuals in rural communities are at greater risk of social isolation given the barriers involved in getting together with others—distance, transport, time and cost.

Small, sparsely distributed populations and a smaller pool of people can mean more pressure to "fit in".

The consequences of this social isolation are complex and broad. For some, it might lead to the solitary consumption of alcohol for company or solace.

For others, it might mean that getting together, on whatever basis, is ample cause for celebration. This can be accompanied by a view that opportunities should not be squandered and events should be memorable—buoyed by sometimes excessive consumption of alcohol. This may be reinforced by the seasonal nature of some rural activities or the influxes of visitors in the holiday season in some areas.

Table 2: Number of licensed premises per head of population

Health region	Outlet density*	Variation†
Barwon South West	39.29	+5.48
Grampians	48.68	+14.87
Loddon Mallee	47.83	+14.02
Hume	59.72	+25.91
Gippsland	44.63	+10.82
Victoria	33.81	

*Number of licensed premises per 10 000 population.
†Variation in comparison to Victorian figure.
Source: Laslett, Dietze & Matthews 2005.

Examples include annual events like harvest or bachelor and spinster balls, but also include more regular interaction around local sporting clubs. Research suggests alcohol has been a major part of country sports clubs. Football clubs and, to a lesser extent, cricket clubs and bowls clubs have been associated with a culture of excessive and unsafe drinking (Snow & Munro 2000).

Higher consumption of alcohol in rural areas and even binge drinking can often be associated with values of "self-reliance", "hardiness" and "mateship" (Dunn 1998). It can be regarded as a reward for hard work or consolation for hard times.

Infrastructure limitations

There is often limited access to suitable entertainment, recreation and sporting facilities in many rural areas—with local pubs becoming the major social hub.

This lack of facilities is felt particularly strongly by young people. The view that "there's nothing to do" for young people, it is often associated with boredom which may lead to a greater propensity (traditionally among young men) to drink large quantities of alcohol, resulting in feelings of alienation and marginalisation making them more vulnerable to depression and suicide (Patterson & Pegg 1999).

The lack of leisure facilities for rural people and young people in particular is often compounded by a lack of transport options and lower road quality. For example, transport availability and ease of travel would enable young people in small country towns to access more entertainment facilities in the nearest provincial centre.

Individual, family and community stresses

It is well documented that people who live in rural and remote Australia experience many health disadvantages when compared to their urban counterparts. This is demonstrated by higher morbidity and mortality rates, with health worsening the further one travels away from urban areas (Humphreys 1998).

In addition, access to employment and education is limited compared with urban areas (Strong et al. 1998).

In recent years, drought conditions in many parts of Victoria have disrupted rural enterprises, sometimes to the point of collapse. This has resulted in pressure on family finances and subsequently on local economies.

In addition, calamities such as bushfires and floods have cut deep into personal and community resilience.

Cases of mental illness and suicide have consequently been on the increase in rural areas. Alcohol consumption has been identified as a major risk factor for suicide, particularly when it occurs in association with other risk factors (De Leo et al. 1999).

The challenge of reducing harm from alcohol consumption

The capacity of rural communities to respond to the challenges presented by the harms from alcohol consumption varies considerably. In general, rural areas are socioeconomically disadvantaged compared to metropolitan areas (see population-weighted socioeconomic indexes for areas in Laslett, Matthews & Dietze 2006).

This means lower revenue bases for local councils to draw on and less disposable income for residents to contribute to community initiatives or meet the costs associated with accessing services themselves.

Of course, many programs and services tackling prevention and early intervention of alcohol-related harm in rural and remote areas are provided by way of federal or state funding. However, geographical location has a significant impact on the capacity for delivery. Services can be restricted by:

- **Difficulties recruiting and retaining suitable health professionals**

  There is a recognised global shortage of health professionals. The shortage of nurses for example is being felt around Australia and is most pronounced in rural and remote areas.

  Funding uncertainty, inadequate information and management systems, lack of professional supervision, limited access to further training and professional development are commonly reported and lead to stress and burnout among rural and remote alcohol and other drug practitioners.

  In the absence of specialised practitioners, considerable pressure is placed on law enforcement officers, welfare workers, youth workers and teachers who frequently deal with alcohol and other drug related problems in their daily work.

- **The need to travel considerable distances to outlying townships**

  For service providers, this translates as higher costs per client contact and less client contact time. Conversely the need for clients to travel considerable distances to access services brings with it ongoing transport pressures for clients and is a barrier to seeking assistance.

- **Client concerns regarding confidentiality and anonymity**

  Concerns regarding confidentiality and anonymity often occur in small "close-knit" communities in which most people know or recognise each other. This means attending health services may not go unnoticed. This is exacerbated by the lack of transport options to visit larger regional or metropolitan services.

- **The lack of early intervention, treatment and rehabilitation pathways**

  There is a lack of detoxification and rehabilitation services for young people in some rural areas, which means that services based in larger regional or metropolitan centres are the only option—isolating clients from their families and existing social supports.

- **Responding to clients with dual diagnosis**

  There are strong links between alcohol and other drug use and some forms of mental illness, particularly depression and anxiety. In areas where specialist services are limited, "bouncing around the service system" on the basis of diagnosis fit can be a serious risk.

Taking up the challenge

Research tells us that prevention strategies at the community level are a key ingredient to enabling change to occur (Loxley et al. 2004). This is because many of the factors influencing harm from alcohol can be affected by locally driven regulation and enforcement, social marketing, service provision, advocacy and planning.

Despite the challenges, there are many features of rural areas that lend themselves to tackling issues of this kind. For example, a small "close-knit" community may raise concerns for confidentiality and anonymity but it might also mean strong partnerships can be developed based on interpersonal relationships, good will and a shared vision. A willingness to respond with flexibility (and sometimes outside the strict parameters of what might be regarded as core business) is often required in less well resourced communities.

Many active community members are also likely to have multiple roles, sitting on professional and community organisations, for example, being a member of the community health agency and a member of the football and netball club. This can fast-track communication and consultation; speed up decision-making and action; and mobilise strategies that span different settings.

A "close knit" community can also mean behaviours that might otherwise escalate unobserved are picked-up early enough for timely and effective intervention. For example, the preservation of close family relationships in rural areas can offer timely or early motivational intervention and support for a family member engaging in risky levels of alcohol consumption.

There are many people and organisations in any rural community whose work or other roles means that they might be interested in preventing harm from alcohol consumption. Examples include:

- Local councils
- Government and non-government community health agencies
- General practitioners
- Primary care partnerships
- Police
- Residents groups
- Traders and business associations
- Community development and health promotion workers
- Alcohol and other drug workers
- Youth workers
- Primary health care practitioners
- Teachers
- School health nurses
- Indigenous workers
- Cultural and Linguistic Diversity workers
- Sporting clubs
- Social groups of various kinds.

Many are already actively involved with the health and wellbeing of the community, which means they have many areas of interest that overlap with prevention of harm from alcohol consumption. Some of these people may be in a position to take on a leadership or coordination role, others may be able to assist with information and training, while others may simply support local initiatives through advocacy within their specific local interest group.

Local councils already significantly influence the impact of alcohol consumption on their communities (King & Richards 2003). This includes measures that impact on the entire population, for example, public space strategies and regulations and targeted strategies intended for those groups within the community who may be more vulnerable to harm from alcohol consumption, such as maternal and child health programs or youth services.

Prevention and early intervention strategies

The Monograph, *Prevention of substance use, risk and harm in Australia: A review of the evidence* (Loxley et al. 2004), provides a valuable resource in examining numerous types of prevention strategies for their effectiveness.

This research suggests that some strategies designed to reduce harm from alcohol consumption are demonstrably more effective than others. This includes effective and timely early intervention responses. Of particular interest for rural areas are also prevention strategies designed to regulate the physical availability of alcohol, modify the drinking context and work with communities, homes, schools and workplaces.

Some ways in which rural communities in Victoria have responded to the challenge of reducing harm from alcohol consumption are set out in Table 3. Importantly, the evidence strongly indicates that integrated and collaborative responses that span regulation, enforcement, social marketing, service provision and advocacy are generally more effective in achieving sustainable change than isolated and one-off activities.

Table 3: Some ways in which rural communities in Victoria are attempting to reduce harm from alcohol consumption

Regulatory and enforcement	
Strategies	**Comment**
Limiting the number of local licensed premises	Members of the community may object to the granting of a liquor licence if they believe that the amenity of the area will be adversely affected. For more information see the Objections to Liquor Licensing Applications fact sheet (PDF, 138Kb; www.consumer.vic.gov.au/CA256902000FE154/Lookup/CAV_Publications_Liquor_Licensing_1/$file/liquor_factsheet_objections.pdf).
"No drinking" areas or events	Alcohol free zones may be prescribed under local laws or may be instigated by event organisers. This can result in more family-friendly social events. For example, the City of Shepparton maintains an alcohol ban zone for the annual Springcar Nationals auto show which attracts tens of thousands to the regional centre. Shortly after that event, the nearby Numurkah community also runs the popular Showusyarwheels as a "strictly no alcohol" event.
Enforcement of liquor licensing regulations	Enforcement is not just responding to breaches. Liquor licensing forums and accords in local communities bring together police, licensees, local government and community representatives to proactively improve compliance with regulations (for example, ensuring easy access to responsible serving of alcohol training) and also improve community safety (see case study on page 12).
Enforcement of drink driving laws	Random breath testing at particular times of the year (for example, holiday periods) or during particular events and locations provides an important means to influence driver behaviour. Designated driver programs, including where water and soft drink are provided free by the licensee, provide strong support to reducing drink driving.

Regulatory and enforcement	
Diversionary approaches for minor alcohol-related offences	An example of this kind of strategy is Your Choice, a program developed by Victoria Police aimed at tackling underage drinking. When apprehended by a police officer or a council local laws officer, offenders can either formally commit to attending a responsible drinking seminar with a parent or be issued with an infringement notice.
Lockout regulations	A lockout at hotels and clubs can be used to curb antisocial late night behaviour. It might be informally agreed through an accord or forum or enforced through the Director of Liquor Licensing. Under a lockout, patrons are not able to enter premises after a specified time (for example, 3 am) They can leave at any point before closing time but will not be readmitted.
Implementation of a banned persons list	Identification of individuals with a history of antisocial behaviour occurs at times through alcohol accords or forums. Developing a united approach among members, a banned persons list means that a consistent message is conveyed to both the individual and to others in the community.

Advocacy and community programs	
Strategies	**Comment**
Local plans to reduce harm from alcohol consumption	Local area drug and alcohol plans are effective in bringing together key stakeholders, such as local council, alcohol and other drug services, police, and community representatives to address local alcohol issues. A formal planning process enables integrated action to be agreed at a "whole of community" and population group level. Plans can be developed between agencies and across council boundaries. See, for example, the Glenelg and Grampians Drug Action Plan (www.sthgrampians.vic.gov.au/Page/Download.asp?name=DrugActionPlan.pdf&size=1866299&link=../Files/DrugActionPlan.pdf). In some instances other formal plans may deal with alcohol. For example, local council Municipal Public Health Plans or Community Safety Plans often deal with alcohol issues as health and wellbeing matters or because of the safety risks experienced by both those drinking and those in the vicinity.
Local networks or partnerships	Local networks or partnerships may emerge from formal planning approaches as described above and meet to monitor the plan. Some may form in response to a pressing issue or to coordinate a specific activity; others may form to pool resources, collaborate on programs or address the ongoing needs of a given population group. An example is the Barwon South West Youth Alliance which is a collaboration of nine services committed to reducing drug related harm among young people across the Barwon South West Region of Victoria (see case study on page 13). Another example is the SSMART (Surviving Substance Misuse & Alcohol Risk Taking) Network, a collaboration of local government with health, welfare, community, education and justice organisations and young people, brought together to tackle the issues of binge drinking and unsafe party behaviour. One of its projects, the ASSK (Alcohol and Substance Survival Knowledge) Program—is a harm minimisation program for year 9 students, delivered in a nightclub environment. Young people learn how to do a risk audit, understand the amount of alcohol in drinks, risks of drink spiking, risks of binge drinking and substance use and what to do in an emergency. SSMART is part of Strengthening Generations, a City of Ballarat and local community services program that originally focussed on community renewal in the areas of Sebastopol, Delacombe and Wendouree. Since its evaluation in 2005, Strengthening Generations moved from a model focusing on specific small communities to a model focusing on specific risk factors such as alcohol and other drug use (www.ballarat.vic.gov.au/Community_and_Culture/index.aspx).
Community renewal and social connection programs	Programs and activities aimed at increasing the social cohesion and resilience of communities provide a strong opportunity to tackle how alcohol is regarded within the community. For example, Neighbourhood Renewal communities commonly confront the issues of alcohol as a community safety or social issue (www.neighbourhoodrenewal.vic.gov.au/).

Advocacy and community programs	
Safe transport options	Getting home safely has been a focus for many alcohol accords and community safety initiatives. In addition to designated driver programs, these have resulted in: • the provision of additional community bus services, in some instances funded by licensees and the local council • the establishment of reliable taxi services • the creation of safe taxi ranks monitored by security and in some instances paid for by accord members.
Alcohol-free activities for young people	Creating opportunities for young people to take part in interesting and engaging activities provides an important alternative to "drinking because there's nothing better to do". Alcohol-free events reduce the peer pressure to drink that often accompanies events where alcohol is present. Examples include: The FReeZA program is a Victorian Office for Youth initiative that supports young people to organise drug, alcohol and smoke-free music and cultural events for other young people in their local community. In rural communities many businesses and organisations support the FReeZA events, ranging from traders, local schools, councils and health services (www.freeza.vic.gov.au). The Blue Light initiative provides alcohol-free entertainment for many young people in country Victoria. Originally providing discos supervised by off duty police officers and other community members, activities have expanded to include camps and forums for young people; self defence classes; clinics for basketball, abseiling, canoeing, skate-boarding, tennis and cricket; and educational excursions and trips to sporting events (www.bluelight.com.au/districts_victoria).
Good Sports program	The Good Sports program is an Australian Drug Foundation (ADF) initiative that helps sporting clubs manage alcohol responsibly and reduce alcohol related problems such as binge and underage drinking. Many clubs have turned around club cultures that previously encouraged high risk alcohol consumption and have created much safer environments for players, members, families and supporters. In many instances this has improved their financial viability as well. For more information and examples visit www.goodsports.com.au.
Community sponsorship and fundraising alternatives	Alcohol is often a key component in community fundraising and sponsorship. The local hotel might sponsor the local sports team; a brewing company might sponsor a local community event—sometimes with cash, sometimes with alcohol. Community clubs and groups themselves often rely on alcohol sales, bar takings and alcohol as prizes, to maintain their viability. The experience of Good Sports and of many alcohol-free events, is that less alcohol can create a more family-friendly environment, which in turn can attract greater attendance and a greater mix of sponsors. For some alternative fundraising ideas visit the Good Sports website (www.goodsports.com.au/about/partners1/fundideas/).
Safer parties and events	Private parties and community events with alcohol available can be made safer. For example, PartySafe is a Victoria Police program that "provides information to help minimise the risk of having intoxicated guests or gatecrashers ruin a private party". Party organisers can register their party and local police will assist in ensuring it is safe (www.police.vic.gov.au/content.asp?Document_ID=9566). Local communities in popular "schoolies week" destinations, such as Torquay and Lorne, Phillip Island, Sorrento and Portsea have all invested in strategies to limit harm from alcohol consumption for the young people arriving to celebrate the end of school. These include mobile support services, safe transport options and activities for those aged over 18 years and for younger people. One example is Surf Coast Shire Council which has developed a dedicated website that is focused on having fun in safety (www.schooliesdownsouth.com.au).

Social marketing	
Strategies	**Comment**
Community information	Community information campaigns are often centrally funded and coordinated. To be effective in rural areas media campaigns need to be backed up with locally available material, internet based information or other innovations, such as SMS promotions via mobile phones. Consideration should be given to using images and depictions familiar to rural people and focussing on issues and solutions relevant to rural communities, for example, designated driver promotions.
Drug Action Week activities	Drug Action Week is an initiative of the Alcohol and other Drugs Council of Australia, to raise awareness about alcohol and other drug issues. Information is able to be shaped and driven by local groups working on Drug Action Week activities and is often presented in engaging and novel ways. For example, the Drug Action Week website (www.drugactionweek.org.au) describes: "A play titled 'Toxic' was performed at schools in the Mitchell Community Health Services District, Victoria, to entertain students and share some important messages". '''Within Reach' was an art exhibition in which young people involved with alcohol and other drug services in Victoria created art works in a variety of media on the theme of drug use and other social issues" .
School based education programs	Schools provide a convenient and effective setting in which to provide information and create a sense of social connectedness and resilience that can help to reduce the likelihood of consumption of alcohol at risky levels among young people. Available evidence suggests that school based drug education is more likely to be effective when a broad multilayered approach is used. The Victorian Department of Education has useful resources and information on its website including information and case studies on School Community Approaches to Drug Education (SCADE) projects (www.education.vic.gov.au/studentlearning/programs/drugeducation/funding.htm). The Australian Government Department of Education, Science and Training developed *Principles for School Drug Education* (Meyer & Cahill 2004) which contains 12 principles that are recommended to underpin drug education programs in schools. This document and other resources are available at www.redi.gov.au.
Parent education	Parent education can often go hand in hand with school based education programs so that messages are reinforced and consistent. Separate parent forums can help to clarify key information. Resources available at www.redi.gov.au include parent focused materials. More information can also be accessed at the Victorian Department of Education website (www.education.vic.gov.au/studentlearning/programs/drugeducation/funding.htm).
Workplace education and promotion	The use of alcohol can have a significant impact on workplaces in terms of accidents, lost productivity and absenteeism. Work related factors such as stress may influence the way people use alcohol. Workplaces therefore are a key setting for tackling alcohol. Taking an occupational health and safety perspective provides a practical motivation for employers and employees to embrace workplace education concerning alcohol harms. Examples of workplace strategies include training programs to raise awareness of alcohol issues developed by industry bodies and health agencies (see the case study on page 14) and Employee Assistance Programs provided within particular businesses or organisations that provide services, including alcohol and drug counselling.

Service provision	
Strategies	**Comment**
Recruitment and retention initiatives	Recruitment to rural health services has been addressed with varying degrees of success. Increasing the pool from which to recruit by: • increasing undergraduate rural-health curricula • preferential university admission of rural students • scholarships • rural attachments and international recruitment. Providing incentives including: • community involvement in welcoming newcomers • financial incentives • appropriate accommodation • mentoring and accessible professional development • assistance finding employment for spouses and partners • provision of good equipment. Alternatives to resident health professionals including: • visiting or sessional services • electronic and telecommunication-based service options.
Screening initiatives at health care contact points	Screening provides an effective early intervention strategy for identifying those who may be at risk of harm from high levels of alcohol consumption. For example, Northeast Health Wangaratta and Wodonga Regional Health staff routinely administer a simple screening test to those attending hospital accident and emergency departments or other wards. This provides an opportunity to identify people at risk and provide a brief intervention or a referral if required.
Increased training for health professionals, working in alcohol related areas	Many qualifications, including those dealing with alcohol, such as the Certificate IV in Alcohol and Other Drugs Work, are supported with high quality, text-based material and software featuring scenarios, images and interactive activities that simulate real life. Online learning of this kind helps to cut the distance between student and the learning centre.
Flexible service delivery and case management	Alcohol and other drug and mental health sectors have long highlighted the plight of people with dual diagnosis and recognised that working more closely together would achieve the most effective outcomes. The structural and organisational barriers to making this happen can be overcome. Health agencies in the Central Hume Primary Care Partnership catchment area set out to do this by developing the "Integrated Protocol 2006: paving the way to a 'No Wrong Door' service system" (www.health.vic.gov.au/pcps/coordination/care_planning.htm). The intent of the protocol is to establish: • common intake and assessment processes used by all services • referral pathways within and across services and sectors • jointly developed care plans (involving the client) and joint case management • collection and reporting on a common set of dual diagnosis data.
Overcoming the distance to services	Overcoming the distance to services for the client can make the difference in terms of service access. Options include: • taking the service to the client through outreach services, including family home visiting • low cost statewide telephone services, for example, the 24 hour DirectLine operated by Turning Point • locally based telephone or videoconference support services, for example, to support family support program • videoconference specialist support services • online service and support , for example, ***Counselling Online*** (www.counsellingonline.org.au) also operated by Turning Point

Conclusion

There is no one solution for all communities and each will need to find what is needed and what will work locally.

Whether communities choose to advocate for change, deliver information and services themselves, or support others to do so, it is critical to understand the issues and identify the strategies that are most likely to achieve results. Planning a response in an integrated way will mean available resources are used to greatest benefit.

References

De Leo D, Hickey PA, Neulinger K & Cantor CH 1999 *Ageing and suicide: A report to the Commonwealth Department of Health and Aged Care,* Canberra: Australian Institute for Suicide Research and Prevention

Dibley G 2007 *Local Government reducing harm from alcohol consumption,* Melbourne: Australian Drug Foundation

Dunn P 1998 "Rural health and drug and alcohol dependence: double jeopardy" in S Griffiths, P Dunn & S Ramanathan (eds) *Drug and alcohol services in rural and remote Australia*, Wagga Wagga: The Gilmore Centre, pp. 1–6

Humphreys J 1998 *Rural health and the health of rural communities,* Bendigo: La Trobe University

King T, Richards J 2003 *Australian Local Government: Alcohol Harm Minimisation Projects—A good practice guide,* Melbourne: Turning Point Alcohol and Drug Centre

Laslett A-M, Dietze P & Matthews SM 2005 *The Victorian alcohol statistics handbook Volume 7: a summary of alcohol-related harm for Victorian local government areas 2005,* Melbourne: Turning Point Alcohol and Drug Centre

Laslett A-M, Matthews SM & Dietze P 2006 *The Victorian Alcohol Statistics Handbook Volume 8: Alcohol use and related harm among young people across Victorian Local Government Areas 2006,* Melbourne: Turning Point Alcohol and Drug Centre

Loxley W, Toumbourou JW, Stockwell T, Haines B, Scott K et al. 2004 *The prevention of substance use, risk and harm in Australia: a review of the evidence,* Canberra: Commonwealth of Australia

Loxley W, Gray D, Wilkinson C, Chikritzhs T, Midford R & Moore D 2005 "Alcohol policy and harm reduction in Australia", *Drug and Alcohol Review,* 24:6

Meyer L & Cahill H 2004 *Principles for School Drug Education,* Canberra: Department of Education, Science and Training

Patterson I & Pegg S 1999 "Nothing to do: The relationship between 'leisure boredom' and alcohol and drug addiction: is there a link to youth suicide in rural Australia?", *Youth Studies Australia,* 18:2, pp. 24–9

Snow P & Munro G. 2000 "Alcohol consumption in amateur Australian rules football clubs: evidence from a rural region", *Health Promotion Journal of Australia,* 10:237–243

Stehlik D, Gray I & Lawrence G 1999 *Drought in the 1990s: Australian farm families' experiences.* Canberra: Rural Industries Research and Development Corporation

Strong K, Trickett P, Titulaer I & Bhatia K 1998 *Health in Rural and Remote Australia.* Canberra: Australian Institute of Health and Welfare, AIHW Cat No PHE 6

Victorian Premier's Drug Prevention Council 2005 *The Victorian Youth Alcohol and Drug Survey 2004—Alcohol findings,* Melbourne: Victorian Government Publishing Service

Case studies

A sample of rural liquor licensing accords

There are dozens of accords and forums in place across rural Victoria. Below are just a few of them; some newly formed; some in place and updated over many years. Meetings are generally four to six times per year.

The Winchelsea, Moriac and District accord was formed in March 2007 and jointly launched in August 2007.

The licensees of this accord are enthusiastic to comply with best practice in order to achieve the objectives of the accord, which are to:

- work cooperatively to protect the welfare of the community
- discuss and resolve relevant issues that impact on the local community
- discuss antisocial behaviour both in and near licensed premises
- eliminate illegal underage patronage at licensed premises
- set a good example and promote the community as a safe place to be
- acknowledge those who achieve good results.

The Colac Otway and District accord was officially formalised in October 2006. The accord has been able to initiate a number of incentives including a Responsible Serving of Alcohol course for hospitality workers and arranging guest speakers to attend meetings. Members have agreed on the standards they will tolerate in their premises and put steps in place to deal with patrons who display unacceptable behaviour. The accord has also made alcohol management and anger management counselling available to patrons who require it.

The Far East Gippsland accord has been running since December 2004. The aim of this accord is to create safer licensed venues for patrons. This in turn, will create a safer environment for the Far East Gippsland community. One particular outcome of the accord is the improvement of the local taxi service.

When the accord commenced the taxi service was sub standard and unreliable. Through the accord, licensees were able to collectively write to the Taxi Licensing Authority which responded promptly and addressed all the issues. The service has improved beyond licensees expectations.

Members of the accord believe the cooperation with police and Liquor Licensing to assist with day to day operations of businesses has been invaluable.

The Swan Hill accord was established in 2001. Guest speakers at meetings inform members on a range of issues. These include drink spiking/drug issues, insurance, fire safety and security cameras. Through the accord, members have also been able to access Responsible Serving of Alcohol courses and club seminars. It is a great opportunity for licensees to share ideas and initiatives. Recently the Oasis Hotel in Swan Hill developed its own in-house poster about drink spiking. This was then made available to other licensed premises in the area.

Source: Consumer Affairs Victoria (**www.consumer.vic.gov.au**). Each of these accords along with many more can be found at this website follow the *Liquor* link and scroll to *Forums and Accords*

The Barwon South West Youth Alliance

From a membership of three organisations seven years ago, the Barwon South West Youth Alliance (BSWYA) has grown to a membership of nine:

- Barwon Youth (BASYA Ltd)
- Western Region Alcohol and Drug Centre (WRAD)
- Glenelg Southern Grampians Drug Treatment Service
- Colac Area Health
- Brophy Family and Youth Services
- Kikkabush Aboriginal Advancement Association Inc
- Odyssey House Victoria
- Salvation Army Geelong Withdrawal Unit Geelong
- Winda Mara Aboriginal Corporation.

Initially responsible for youth residential services, the BSWYA now brings together complementary skills, knowledge and expertise from a wider range of drug and alcohol and youth specific services. Together, the alliance is able to provide an integrated service response to young people affected by or at risk of harm from alcohol and other drug use across the entire Barwon South West Region. Services include:

- youth residential and home based withdrawal
- community development
- alcohol and other drugs counselling
- youth alcohol and drug day program
- general practice
- drug education
- youth outreach.

The Youth Access Program (YAP) is one example of a regional program operating through the alliance which provides a level of prevention and early intervention in relation to alcohol and other drugs issues associated with young people. The program works with local services and schools, including those in more remote areas, to get in touch with young people and identify those at risk.

Outpost arrangements and protocols have been established with schools, which are visited once a week or fortnightly. Frequent visits help to build relationships with the school community and mean that alcohol and other drug workers become more familiar to students and more approachable to them. The program's three outreach workers routinely travel up to 3000 kilometres a week to reach up to 500 young people in rural and remote communities such as Apollo Bay, Colac, Warrnambool, Hamilton, Heywood and Portland.

While drug education is not strictly core business for YAP, demand means that workers deliver drug education sessions in some identified schools that are more rural and remote. For example, although the Corangamite area has a WRAD alcohol and other drugs clinician visiting the health service weekly, it does not have an alcohol and other drugs mainstream service. This means the local capacity to deliver drug education to schools is limited.

In 2006, YAP received an award for excellence in services for young people from the Australian National Council on Drugs. Attracting resources to support the work of YAP has been a challenge since its earliest days; however funding of $750 000 over the next three years under a Commonwealth Proceeds of Crime Grant will see the program continue to respond to this vital need.

The BSWYA is actively involved in finding ways to assist other existing services and programs on the ground to access or make the most use of the resources available. For example, writing submissions for grants to focus on health promotion or drug education or establishing working groups for projects that pool resources and expertise.

The BSWYA is governed by an Executive Committee made up of the Executive Directors/Managers of the services operating under a joint Memorandum of Understanding. The BSWYA is also supported by a Regional Reference Group that meets quarterly and allows input from a broad range of professionals working with young people across the region. It also provides a great opportunity for workers and community members to get together to build and strengthen relationships that make the alliance and the services it supports work.

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Drugs or alcohol? The Victorian building and construction industry says "Not at work"

Incolink is a joint enterprise of unions and employer associations in the building and construction industry and provides a range of services to its members, including a drug and alcohol program. Drug and alcohol use has been identified as one of the pressures likely to be faced by young workers and apprentices who are commencing their careers.

Under the slogan "Drugs or Alcohol? Not at Work!" the Incolink drug and alcohol program aims to make sure that young workers and apprentices are aware of the risks in using drugs and/or alcohol and are aware of the supports available to them. With over 1000 apprentices per year participating in the Incolink Drug and Alcohol Awareness Program run in TAFE and industry training centres, this slogan and its key message are well and truly "front of mind" for young workers and apprentices entering the building and construction industry across Victoria.

The building industry has long had a drugs and alcohol policy and Incolink provides information and assistance for industry members, family members and employers on the harm caused by the misuse of alcohol and other drugs. This includes free counselling and confidential drug and alcohol treatment and referral services where required.

More recently Incolink has been in discussion with TAFE colleges and other Registered Training Organisations in rural Victoria to extend the drugs and alcohol module to these areas on a regular basis. The idea is to provide modules dealing with alcohol and drugs to apprentices who are participating in Incolink's Life Care Skills Program, funded through the Federal Government Department of Health and Ageing and supported by CBUS.

The success of Incolink's Life Care Skills Program, a suicide prevention program based in Bendigo, has provided a great deal of momentum for responding to the issue of alcohol in rural areas. The program supports young people facing the many changes and transitions that occur as they move into the construction industry. Alcohol and other drug use is an issue that many apprentices and young workers may confront and the program will ensure this important issue is kept at the forefront.

TAFEs in Mildura, Geelong, Bendigo and Ballarat are already expressing interest and it is anticipated many more will follow. Incolink also hopes to link in with local alcohol and other drug services to ensure material is accurate and locally relevant, and that appropriate support and referral pathways are provided.

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