

centre lines

A bi-monthly newsletter from the National Centres for Drug and Alcohol Research
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issuing forth

Making evaluation more accessible to
community organisations



edspace

Welcome to the final issue of CentreLines from NDRI in 2001. Monitoring and evaluation, at the local, regional and national level, are major parts of NDRI's research activities, and are the main themes of this issue of CentreLines.

In *Headspace*, Tim Stockwell laments the national demise of local alcohol sales data and discusses the implications that this has had for monitoring alcohol consumption in different parts of Australia. This highly accurate information was proven to be invaluable in advising alcohol policy and for a range of significant public health purposes. Without it, it has become very difficult to monitor changes in alcohol consumption over time, and virtually impossible to determine the impact of changes such as the introduction of the GST on drinking patterns. NDRI has been invited by Commonwealth Health to explore options for restoring this "national treasure".

In *Issuing Forth* Brooke Sputore and Dennis Gray outline the development of an innovative resource aimed at helping Aboriginal organisations to improve the effectiveness of their patrols, warden schemes and mobile assistance programs. While these services are known to play an important role in keeping intoxicated people off the streets – and thus helping prevent alcohol and other drug-related harm – it has until now been difficult for them to easily monitor and evaluate what they do. The new *Patrol Monitoring and Evaluation Database*, developed by NDRI in collaboration with three Aboriginal community organisations, aims to help change this situation, leading to better services for all concerned.

We hope that you enjoy this issue of CentreLines, and offer you our best wishes for Christmas and the New Year.

Rachael Lobo
Editor

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contents

edspace 1

headspace 2

Tim Stockwell discusses the
implications of the demise of local
alcohol sales data

issuing forth 3

Brooke Sputore and Dennis Gray
introduce the Patrol Monitoring and
Evaluation Database

project notes 4/5

- A review of the literature on alcohol use and older Australians
- Repeat drink drivers study
- Illicit Drug Reporting System 2001
- Making the most of testing
- Trial of a video-based educational intervention
- Prevention is a two-way bet

abstracts 6

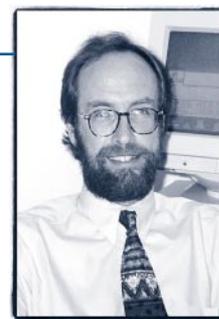
Summaries of recently published
articles

recent publications 7

staff list 8

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Local alcohol sales data: A national treasure under threat



It is strange, but true, that the field of public health and safety no longer has reliable data on how much alcohol is being consumed in different parts of Australia. What evidence there is suggests increasing consumption in Western Australia and the Northern Territory up until 1998/1999¹, but we do not know what has happened for example in New South Wales or Victoria since 1995/96. The impact of major changes to alcohol taxation arrangements from 1 July 2000, which saw prices of pre-mixed spirits tumble while prices of full strength beer and alcoholic sodas rose, are also uncharted and unknown. As a consequence, alcohol policy stumbles along more in the dark than ever before.

Once this was not so. Up until the financial year 1995/1996 all liquor licensing authorities collected annual returns from licensees regarding their total purchases of different alcoholic beverages in order to calculate liquor licence fees. These returns from approximately 20,000 Australian hoteliers, tavern keepers, nightclub owners, restaurateurs, sporting clubs and social clubs were checked carefully against corresponding returns from wholesalers and distributors. These highly accurate data were beginning to be used for a variety of significant public health purposes. A prime example was the evaluation of licensing restrictions in, and at the behest of, some predominantly Aboriginal communities. Gray *et al*² have described how a key indicator of the success of some of these local restrictions was changes in the patterns of alcohol sales. For example, the restrictions on cask wine sales imposed in Tennant Creek resulted in a substantial reduction in sales of casks and a *less substantial* rise in the sale of fortified wine³.

At the level of the individual licensed premises, Chikritzhs *et al*⁴ were able to demonstrate that the granting of an extra hour of trading to hotels and taverns after midnight was associated with an average increase in alcohol purchases of 28.5%. This increase was also associated with a significant rise in violent incidents in and around those premises. A swathe of studies in different states found strong local level associations between the consumption of different types of beverages and rates of serious alcohol related problems, eg violence and the consumption of regular strength beer in NSW⁵, acute alcohol-related morbidity and cask wine as well as full strength beer sales⁶.

At the state/territory level these data have been used to evaluate the impacts of major initiatives such as the Living With Alcohol program in the Northern Territory⁷. At the national level the use of these data are identified in the recently released National Alcohol Action Plan as a means of estimating per capita consumption of alcohol for states/territories and the nation as a whole⁸.

What happened? The famous decision of the Australian High Court in August 1997 to disallow states and territories collecting liquor, tobacco and petrol 'taxes' by means of franchising and

licensing fees. While Western Australia, the Northern Territory and Queensland have continued to collect annual returns from the wholesalers and distributors for harm minimisation purposes, all other jurisdictions dropped this activity as it was no longer required for taxation purposes. It is important to note that there are many fewer wholesalers and distributors of alcohol than there are retailers and that the compliance costs for providing these basic data are small.

I know some people reading this will be thinking: but why do we need all this macro level data when all we need to know is about individual drinking patterns for the relatively small number of people at risk from their drinking – and that is available from surveys. In relation to surveys, the 2001 National Drug Strategy Household Survey will for the first time enable an estimate to be made of the number of people in each jurisdiction who exceed the NHMRC National Alcohol Guidelines⁹. The sample size of 20,000 will mean that estimates can be made at that level – but no lower ie not at the regional let alone the local levels. Furthermore the expense involved means that even these estimates can only be made every three years. In any case, we also know that the 1998 National Drug Strategy Household Survey yielded estimates of average consumption per person that was less than 50% of the alcohol sold per person that year¹⁰.

Furthermore, changes in the ways in which alcohol questions have been asked down the years render direct comparisons between different surveys problematic. By comparison, the alcohol wholesale sales data were collected in the same way year after year – plus they provided complete records by both beverage type and licence type. No wonder that the US-based Prevention Research Center sought access to these data for a collaborative analysis of the relationship between sales of low strength beer and rates of drink-driving offences involving customers from particular licensed premises¹¹.

Local, regional and national monitoring is a critical part of our prevention research agenda. In *Issuing Forth* Brooke Sputore and Dennis Gray outline an innovative new system to support Aboriginal communities in monitoring, evaluating and helping direct the important work of their Night Patrols. I am delighted that the Commonwealth Department of Health and Aged Care has taken the National Drug Research Institute to investigate how the national collection of alcohol wholesale sales data can be recommenced. It is hoped that at least some other jurisdictions will follow the example of Queensland where the Department of Health funds the state liquor commission to collect these valuable data. Ideally, a national solution will be found to fully restore and even modernise this tarnished treasure. Without the timely collection of alcohol consumption and harm indicators no country can have a fully informed alcohol policy¹².

Tim Stockwell

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issuing forth

Patrol Monitoring and Evaluation Database: Making evaluation more accessible to community organisations

The first Aboriginal night patrol was established by Julalikari Council in Tennant Creek in the Northern Territory in May 1985. Now there are over 50 such patrols conducted by Aboriginal community-controlled organisations in various parts of the country¹. Many of these patrols were set up in direct response to the recommendations of the Royal Commission into Aboriginal Deaths in Custody with the broad aim of keeping Aboriginal people out of police custody². The specific objectives of most patrols include minimisation of conflicts of various types and injuries associated with such conflicts or accidents.

Although their role has been widely praised, there have been few formal evaluations of night patrol projects. The evaluations that have been undertaken indicate that generally they have been effective^{3,4}. However, it is clear from these, and discussion with people involved in patrols in various capacities, that some of the broad objectives of patrols - such as reducing the number of Aboriginal people in custody - are affected by a wide range of variables and that patrols cannot reasonably be held accountable for these outcomes. Together these reviews and discussions suggest that there is a need for realistic measures of patrol performance.

In 1999, the National Drug Research Institute was approached by Mr Elliot McAdam of Julalikari Council to develop an easy to use data collection system that would enable staff to monitor and evaluate the activities of the Julalikari Night Patrol. Soon afterwards, in the context of general discussions about the reduction of alcohol-related harm, Mr William Tilmouth and Mr Mike Bowden identified a need to enhance the data collection and monitoring capabilities of Tangentyere Council's Night Patrol and Warden Scheme, which operates in Alice Springs.

As a consequence, it was agreed that these organisations would work together, and with Kununurra-Waringarri Aboriginal Corporation, which is located in the northwest town of Kununurra, to develop a computerised data collection system that:

- enables Aboriginal community patrols and warden projects to meet their primary objectives;
- assists community organisations to improve the quality of the services they provide;
- provides a tool for the identification of service needs;

- meets the accountability requirements of the communities serviced by the patrol and wardens;
- meets the accountability requirements of funding agencies; and,
- facilitates comparison of outcomes between organisations.

Initially, staff from NDRI donated privately earned consulting funds to cover the cost of employing a computer programmer, and the four participating organisations each donated the time of staff to enable the design and testing of the database. The funds donated by NDRI staff were later supplemented from research development funds granted to the NDRI by the National Drug Strategy.

To design the data collection materials and database, the data and evaluation requirements of patrols first needed to be identified. To do this a review of the objectives and existing data collections of 19 patrols, warden schemes and mobile assistance programs was conducted. In addition, interviews were held with community-controlled organisations that operate patrols to determine their data collection and reporting needs. Interviews were also held with representatives from the state and Commonwealth government agencies that fund patrols to establish their funding report requirements.

The basic design of the database system was outlined by NDRI staff, and a computer programmer was employed to create the database. Its ongoing development was carried out in close consultation with the patrollers and wardens at Tangentyere Council, Julalikari Council and Kununurra-Waringarri Aboriginal Corporation. The data collection sheets and database were tested in each of the three sites and the patrollers and wardens provided feedback on how the system could be improved to make it easier to use and so that it met their needs.

Consequently, from the feedback offered by the patrollers and wardens, it soon became clear that a more sophisticated database system was needed that, while simple to use, had complex data entry and reporting functions and was flexible enough to meet the wide ranging needs of patrols and warden programs. Accordingly, the database provides three monitoring system levels: Minimal, Intermediate and Detailed. As the name suggests, the Minimal Monitoring System has been designed to meet the data



Mr William Tilmouth, Executive Director of Tangentyere Council Inc, The Hon Peter Toyne MLA, NT Attorney General and Member for Stuart, and Dennis Gray at the launch of the Database in Alice Springs on 3 December 2001.

needs of organisations that wish to collect the basic data required by most funding agencies. At the other end of the scale, the Detailed Monitoring System has been designed to also meet the data needs of more sophisticated patrol and warden projects.

The Database is now available free of charge to patrols, warden schemes and mobile assistance programs as a Microsoft Access™ application or, for those who do not have Access 97 or greater, as a stand-alone package. It includes data collection sheets, data entry facilities and reporting functions that allow for the collection storage and management of administrative, activity, client, and additional services data. It lets users record large amounts of data in an electronic format, monitor the use and servicing needs of vehicles, keep track of patrol and warden program activities, and develop up to 60 customised reports.

Although the database has been designed to meet the accountability requirements of funding agencies and local communities, it has also proven to be useful in:

- planning the delivery of patrol services;
- identifying clients who require additional welfare and treatment services;
- improving the quality of service patrols provide; and
- in identifying other local service needs.

The database is a valuable information tool that can be of use not only to patrols but also to local businesses and other service provider agencies such as the police, hospitals, youth services and welfare agencies. For example, if the database reveals that a patrol is coming into contact with increasing numbers of intoxicated young people, the patrol, service provider agencies and private businesses can work together as a community to identify ways of dealing with this problem early. In this case, the solution could be working towards providing alternative activities for young people to participate in during the evening.

There are plans to commence stage two of the project, which involves the development of an interactive CD-ROM training package that will be distributed as part of the Patrol Monitoring and Evaluation Database System. The design and development of the training package will rely heavily on the support of community

organisations and will take into consideration their various levels of experience in using data collection materials and computer databases. The training package will be designed to meet the varied training needs of patrollers and wardens who wish to use the Monitoring System. The benefits of the interface training package are that it will be:

- inexpensive;
- able to be scheduled at a time that suits the individual;
- able to be modelled to individual training needs;
- interactive and will provide opportunities for participants to test their new skills;
- an enjoyable medium for training; and,
- improve the data collection and evaluation skills of patrollers and wardens.

Brooke Sputore and Dennis Gray

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project notes

A review of the literature on alcohol use and older Australians

Alison Salmon and Tim Stockwell

Older people have been identified in the 2001 National Alcohol Strategy as a group at increased risk of alcohol related harm. This increased risk is reflected in the recent NHMRC Australian Alcohol Guidelines that recommend lower levels of alcohol consumption by older people. A number of factors contribute to this increased level of risk. Total body water volume decreases with age so consumption of alcohol by an older person will result in a higher blood alcohol concentration than consumption of the same amount by a younger person. Older people also consume more medications than other population groups, however concurrent use of alcohol and other medication can result in adverse reactions and side effects, and reduced efficacy of medication. Older people also run an increased risk of injury related to falls - a risk that may be increased by intoxication.

As the proportion of older people in the Australian population increases, a number of specific initiatives have been developed to address the health issues of an ageing population. These include the National Strategy for an Ageing Australia, the Quality Use of Medicines Initiative and the National Injury Prevention Strategy. The use of alcohol by older Australians has been identified as an important issue in all of these initiatives.

Reflecting these concerns, the Commonwealth Department of Health and Aged Care has requested the National Drug Research Institute conduct a review of the literature to examine issues related to alcohol and older people. This review will involve an analysis of international and Australian evidence regarding the prevalence, distribution, determinants and consequences of alcohol use by older people. The review will also consider the identification, management and prevention of alcohol related problems in people aged 65 years and over. It is anticipated that the review will inform the development of initiatives and strategies to address health issues for older people as well as assisting in the formulation of a research agenda.

Whilst the review will be carried out by the National Drug Research Institute, there will be close collaboration with the Freemasons Centre for Research into Aged Care Services at Curtin University of Technology. The review will commence in January 2002.

Repeat drink drivers study

Simon Lenton and James Fetherston with Rina Cercarelli, Injury Research Centre, UWA

The objective of this seven-month joint project between NDRI and the Injury Research Centre at the University of Western Australia (UWA) is to determine the characteristics of drivers with repeat drink driving offences so that appropriate countermeasures can be developed. About 10,000 drivers are arrested each year in Western Australia on drink driving charges; around 30 percent of these have one or more further drink driving offences. Previous research has identified that repeat drink driving is associated with being male and under 25 years. No further information is readily available on the characteristics of these drivers from the databases used.

Questions that need to be resolved include: the proportion of these drivers who have problems related to alcohol dependence; the proportion with underlying personality disorders; and the proportion with extensive social and economic disadvantage. In addition, the situational, decision-making, and attitudinal factors which are associated with repeated drink driving episodes need to be identified. The project will entail a literature review and analysis of existing databases, each conducted by Roadwatch, a focus group study of repeat drink drivers conducted by a market research company, and an in-depth qualitative and quantitative interview study conducted by NDRI. Thus far, preliminary focus groups have been conducted, and over 20 of the 60 in-depth interviews with repeat drink drivers have been conducted.

NDRI has experienced some difficulty in recruiting subjects for the study. Originally, a central component of recruitment was to have been letters sent by the WA Police Service to repeat drink drivers who were prospective subjects to inform them about the study and invite their participation. However, administrative and procedural changes within the police service meant that this strategy had to be abandoned. Despite considerable media coverage and paid advertising in the news and free entertainment press, recruitment remains slow. As such the project has been extended by two months. Data collected to date does, however, indicate that the study will provide useful new insights into preventing drink driving among this high risk group of repeat offenders.

Illicit Drug Reporting System 2001

Kim Hargreaves and Simon Lenton

WA data for the 2001 Illicit Drug Reporting System (IDRS) was presented by Kim Hargreaves at the National IDRS Conference in Sydney on 29 November. As in previous years, the IDRS has been co-ordinated nationally by NDARC and funded by the Commonwealth Department of Health and Aged Care (CDHAC), with subsidiary funding for the IDU survey provided by the National Drug Law Enforcement Research Fund (NDLERF). The IDRS monitors the price, purity, availability and use of the four main illicit drug types – heroin, methamphetamine, cocaine and cannabis – with the aim of providing early warning of emerging drug problems of state and national concern. In WA interviews were conducted with 100 injecting drug users, 30 key informants (drug service providers, law enforcement personnel, and representatives from drug user groups) and analysis of health and law enforcement data.

The study found that WA has been affected by the heroin 'drought' seen throughout Australia since late last year. Availability and purity of heroin dropped during the year, while price increased substantially from \$450 per gram in 2000 to \$750 per gram in 2001. Interestingly, the study found that among those drug users who described heroin as their 'drug of choice' the proportion also using methamphetamine did not change between years (79% in both 2000 and 2001), although those who did use methamphetamine tended to use it more often. Higher proportions of this subset of IDUs reported the use of methadone (68% in 2001 vs 18% in 2000) suggesting a shift towards treatment, and/or the use of homebake – a home-made heroin alternative made from codeine-based pharmaceuticals (65% in 2001 vs 9% in 2000). Homebake was popular in WA during the late 1980s and early 1990s but almost disappeared as heroin availability and purity increased. Indicator data showed that the decreased availability of heroin had also been associated with a substantial decrease in the number of fatal heroin overdoses. While 26 fatal overdoses suspected to be due to heroin were observed in WA in the first half of this year, there were 45 such deaths for the same period in 2000.

Conversely, methamphetamine, particularly the potent crystal form of the drug known as crystal meth, has become increasingly available and more widely used in WA over the last six months. Among injecting drug users interviewed for this year's study, methamphetamine was the most frequently used of all drugs, including alcohol, tobacco and cannabis whereas it was the third most commonly used drug in 2000. Some 92% of IDUs interviewed in 2001 reported using methamphetamine in the last six months, compared to 85% in 2000, and most found methamphetamine very easy to obtain.

The study found that cocaine use continues to be rare among the injecting drug users surveyed. However, a significant increase in the proportion of IDUs who had used cocaine in the previous six months was noted, 32% in 2001 compared to 22% last year. This finding supports the need to continue to monitor trends in the use of cocaine in WA in the future.

The profile of cannabis use among IDUs interviewed remained similar in both years. However, law enforcement data showed a significant reduction in the number of charges laid in relation to the possession/use of cannabis in WA between 1999 and 2000. This reduction is consistent with the number of cautions issued under the state-wide cannabis cautioning scheme introduced in March 2000, where those who receive a caution do not receive a charge.

The IDRS was designed to be an early warning system for new drug trends, and this year's results suggest that attention should be paid to the re-emergence of homebake and the possible emergence of cocaine in WA.

Making the most of testing: Modified guidelines for pre- and post-test counselling

Wendy Loxley, Amanda Bolleter and Susan Carruthers

Blood Borne Virus (BBV) testing is an excellent opportunity for brief interventions with a large number of people who inject drugs and may be at risk of contracting hepatitis and other blood borne viruses. NDRI has conducted two studies related to this issue, both of which have been funded by the National Health and Medical Research Council (NHMRC). The first study¹ investigated testing injectors for BBVs and found that the process of testing was, in many cases, far from satisfactory. The only purpose served by much of the testing appeared to be the diagnosis of infection and the implementation of appropriate medical interventions. This fell well short of the intention of NHMRC Guidelines for pre- and post-test counselling, which suggest that the outcomes should be the provision of psychosocial support, prevention of the transmission of disease and the optimisation of treatment outcomes.

The second study² has recently been completed. This study examined clinical and practical difficulties with the existing NHMRC Guidelines for pre- and post-test counselling for hepatitis C, from the perspective of test service providers (TSPs) and injectors. It was found that flexibility in the content and extent of pre- and post-test discussions was essential, and that the best testing experiences were those that emerged from a relationship of rapport and mutual respect

between the injector and his/her TSP. The outcome of this study was proposed guidelines for pre- and post-test counselling which allow the injector and his/her TSP to negotiate the extent to which some parts of the guidelines are covered on any particular testing occasion.

NDRI is currently holding discussions with the NHMRC to establish whether the proposed guidelines can be 'badged' by them. The proposed guidelines can be seen in Loxley *et al* (2000).

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Randomised controlled trial of a video-based educational intervention to prevent hepatitis C amongst novice injectors

Susan Carruthers and Kristy Arden

The HIT study (Hepatitis C, Injecting and Transmission study) recently completed at the NDRI revealed a number of injecting actions identified as risky in terms of the transmission of hepatitis C among injecting drug users (IDUs). These actions, identified after the filming of IDUs injecting in their usual settings were categorised as hidden or 'accidental' since they did not involve the direct sharing of injecting equipment but rather were the result of accidental contamination of equipment and the immediate environment where injecting took place. The hidden or accidental nature of the risky actions observed suggested that conventional or generic harm reduction education messages such as 'don't share' are not sufficient to alert IDUs to possible risks associated with injecting and exposure to contaminated blood. As a result of these findings an educational resource was produced by NDRI staff. The resource includes a demonstration video and instruction manual, both of which were reviewed by peer educators and current injectors. Modifications were made to both items as a result of the review. This next stage of the project aims to assess the ability of the intervention to promote and sustain behaviour change over a period of four weeks by means of a randomised controlled trial.

A study group of 120 novice injectors will be recruited and randomly allocated to control or intervention by geographical location. Each participant will undergo an injecting behaviour assessment by recorded observation and will take part in an interviewer-administered question designed to collect demographic, drug use, and hepatitis C testing information. The intervention group will take part in a two-hour intervention session designed to reduce exposure to hepatitis C through injecting practices. The control group will be given written hepatitis C information such as is readily available at medical centres (GPs) or pharmacies. All participants will be followed up after four weeks, at which time their injecting practices will be reassessed using a recorded observation technique. At follow-up, information will also be collected on drug use for the preceding four weeks and access to hepatitis C or other education or information regarding safe injecting. Recruitment has commenced and a preliminary analysis and review of the methodology will be conducted following the first 40 interventions.

Prevention is a two-way bet

Susan Carruthers

The majority of hepatitis C prevention education focuses on the prevention of initial infection with the virus and little information is available regarding prevention from the perspective of those already infected. Given that a substantial proportion of injectors are already infected and that prevalence is closely associated with duration of use, it would seem prudent to investigate how hepatitis C infected injectors prevent transmitting the virus to other injectors. The aim of this study therefore was to investigate and report on the steps taken by hepatitis C positive injectors to minimise the risk of transmitting the virus to those with whom they inject. The objectives of the investigation were to conduct a cross-sectional study of injectors who have been diagnosed as hepatitis C positive and record retrospectively any changes in lifestyle or injecting practices which occurred following diagnosis, to investigate specific strategies instigated to protect injecting partners or friends, and to determine the attitudes of positive injectors to their role in preventing the transmission of hepatitis C. One hundred and twenty hepatitis C antibody-positive injectors living in the Perth metropolitan area were recruited with the aid of the Western Australian Substance Users Association. Each took part in an interviewer administered questionnaire which included demographic, drug use and hepatitis C testing questions and a series of open-ended questions relating to changes in behaviour since diagnosis and personal transmission prevention strategies. A preliminary analysis of the quantitative and qualitative data has been completed and final results are expected in February 2002.

abstracts

Assaults on licensed premises in inner-urban areas

Alcohol Studies Bulletin No 2.
New South Wales Bureau of Crime Statistics and Research and the National Drug Research Institute, Curtin University of Technology, Perth, WA.

Suzanne Briscoe and Neil Donnelly

The present bulletin examines police-recorded assault incidents on licensed premises in the inner-urban areas of Sydney, Newcastle and Wollongong. Findings from this analysis suggest that a small number of problematic licensed premises are associated with a disproportionate amount of violence. In inner Sydney 12 percent of hotels accounted for almost 60 percent of all assaults on hotel premises, in Newcastle 8 percent of licensed premises accounted for nearly 80 percent of all assaults on licensed premises and in Wollongong 6 percent of licensed premises accounted for 67 percent of all on-premises assaults. The analysis also found that assault incidents on licensed premises were concentrated late at night or early in the morning and on weekends. Licence types identified as being the most problematic for violence on licensed premises were hotels and nightclubs. In particular, hotels with extended or 24-hour trading recorded a greater number of assaults compared with those trading standard hours. Other characteristics of licensed premises previously identified as being associated with harm are discussed.

Carnarvon Partysafe: Designing a community mobilisation project in Western Australia's remote Northwest

Australian Journal of Primary Health Interchange, 2001, 7, (3)

Martin Cooper, Richard Midford and Julie-Anne Jaeger

Recent studies are increasingly shifting away from viewing drug and alcohol problems as individual medical disorders and recognising the significant role of environmental and community factors. In keeping with this, the Partysafe project, being implemented in the remote Northwest town of Carnarvon in Western Australia, is utilising a community mobilisation approach to reducing harm associated with alcohol consumption in private residences. Carnarvon, like most rural communities in WA,

has a higher rate of alcohol consumption than in the metropolitan region, hence its selection as the target site. An additional reason for selecting a remote town was the belief that national and state level prevention strategies cannot always be successfully implemented due to a region's unique social and environmental influences.

This paper discusses the community mobilisation methodology, giving a practical insight into the specific interventions and evaluation techniques employed in the Partysafe project. The process of identifying community-based alcohol issues and the problems associated with implementation and evaluation are illustrated. A combination of archival quantitative data and community based qualitative data will be used to assess the project's success. The collection and use of this data is also practically depicted.

Responsible beverage service: Lessons from server training and policy initiatives around the world

Drug and Alcohol Review, 2001, 20, (3), 257-265

Tim Stockwell

Responsible alcohol service programs have evolved in many countries alongside a general increase in the availability of alcohol and a greater focus on the prevention of alcohol-related road crashes. They also recognise the reality that a great deal of high risk drinking and preventable harm occurs in and around licensed premises or as drinkers make their way home. Early US efficacy studies of programs which trained managers and barstaff to limit customers' levels of intoxication and prevent drink driving showed promise. Studies of effectiveness of these programs in the wider community and in the absence of the enforcement of liquor laws, found little benefit. The data will be interpreted as suggesting that, in reality, skills deficits in the serving of alcohol are not a significant problem compared with the motivational issue for a commercial operation of abiding by laws that are rarely enforced and which are perceived as risking the goodwill of their best customers. Australian, UK and US experiences with liquor law enforcement by police will be discussed along with outcomes from the Australian invention of Alcohol Accords, informal agreements between police, licensees and local councils to trade responsibly. It will be concluded that the major task involved in lifting standards of service and preventing harm is to institutionalise legal and regulatory procedures which impact most on licensed premises. A number of strategies are suggested also for creating a political and social climate which supports the responsible service of alcohol and thereby supports the enactment and enforcement of appropriate liquor laws.

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INTERNATIONAL HANDBOOK OF ALCOHOL DEPENDENCE AND PROBLEMS

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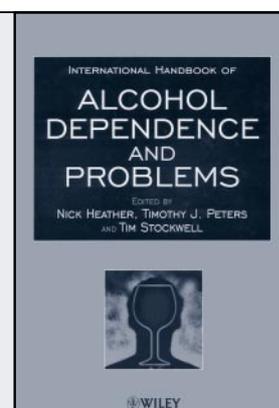
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