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Under the influence: What local governments can do to reduce drug and alcohol related harms in their communities

Dr Peter Streker, Director, Community Stars, Victoria

Alcohol and illicit drugs not only create headaches for those who over-indulge in these substances. They also create many political headaches for the three tiers of Australian government who attempt to manage the social, economic, health, legal and moral dilemmas that these substances present. Indeed, the ugly task of cleaning up vomit, used syringes and broken glass that many Australian local governments must undertake each week seems relatively straightforward compared to the complex work required to reduce serious alcohol and other drug related harms.

Local governments generally have played a limited role with illicit drug-related issues, as they are typically addressed by the federal and state governments' law enforcement or health service providers. Local governments' role in alcohol management is more pronounced, however, as alcohol is consumed by thousands of their residents each week in their municipalities' businesses, sports clubs and other facilities.

Local governments recognise that, on the one hand, alcohol can offer a number of benefits to a local community and, on the other hand, it increases a number of serious risks to the health, wellbeing and safety of residents and visitors. Alcohol plays a central role in vibrant social gatherings each week and is one of the nation's most popular drugs, with 72.6 per cent of Australian adults consuming alcohol at moderate levels.¹ The entertainment and hospitality industries that serve

alcohol provide local jobs and stimulate a vibrant night time economy that extends beyond petrol stations and fast food outlets.² Indeed, most local governments are themselves sponsors or hosts of functions, events and festivals where alcohol is served.³

While the overall consumption of alcohol has remained relatively stable over the last decade, some Australians—particularly young people—continue to consume at levels that put them at risk of long and short term harm.⁸ One out of every 10 Victorians drink at risky levels at least once per week⁴ and approximately 700 Victorians die from the effects of alcohol each year.⁵ The National Preventative Health Taskforce (NPHT)¹ has calculated that more than 42 million incidents of binge drinking occur in Australian communities each year—most of which would have occurred within the nation's 565 local government areas.*⁶

In addition to the long-term health risks of alcohol-related diseases to residents, local governments are also confronted by the repercussions of alcohol-related assaults, injuries, property damage and other forms of anti-social or illegal behaviour. The NPHT¹ has reported that 84 per cent of Australians were concerned about alcohol-related impacts in their community and other research found that nearly three-quarters of adults had been negatively affected by another person's drinking in the previous 12 months.⁷

Australian local governments have an important role in preventing acute and long-term harms from illicit drugs and alcohol in their neighbourhoods. This paper discusses some practical steps being trialled to reduce harms in communities, and provides an overview of local governments' most promising future directions. It may be used by local governments to coordinate effective action across departments, with local

* Some remote areas of Australia are not governed by a local government.

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How can local governments reduce harms from illicit drugs?

Even though the most recent National Drug Strategy household survey found that almost 15 per cent of Australians aged over 14 had used illicit drugs in the previous 12 months,⁸ Australian local governments have traditionally not played a large role in reducing harms from illicit drugs. This may in part be because the drugs' illegality has kept much of their use confined to private spaces. When the public are exposed to illicit drug use, they generally either call on the state governments' police to enforce the law or seek a treatment response through a health and welfare agency, medical practitioner, drug withdrawal program, needle/syringe program or counsellor.

This situation changed for many local governments in the 1990s as heroin-related dealing and overdoses became more visible in public spaces. Heroin-related deaths in Victoria tripled from 49 to 169 between 1991 to 1996; and then doubled again by 1999 to 359.⁹ These deaths heralded a new wave of action among local governments. Mayors banded together to advocate for action on drug issues through groups such as the Metropolitan Mayors Group on Drugs, in metropolitan Melbourne, and the Council of Capital City Lord Mayors, nationally.⁹

In 1996, the Victorian Premier's Drug Advisory Council recommended that local governments mobilise community action to reduce drug-related harms, and the Victorian Government

launched a local drug strategy in 2000 involving the five municipalities with the highest overdose death rates—the Cities of Melbourne, Port Phillip, Yarra, Maribyrnong and Greater Dandenong.^{10,11} At the federal level, a special local government sub-committee of the Intergovernmental Committee on Drugs (IGCD) was formed in 2001, which was transformed into the National Local Government Drug and Alcohol Advisory Committee (NLGDAAC) in 2004 to continue collective national action across Australia's states and territories.¹²

Local governments' roles in reducing harms from illicit drugs

Local governments have worked to reduce drug-related harms through a combination of the following roles:

Syringe collection and disposal

Local governments provide syringe disposal bins in public areas where injecting takes place, to reduce the prospect that members of the community will be exposed to a needle-stick injury or contract a blood-borne virus. They collaborate with other infectious waste disposal contractors and needle and syringe programs to ensure that the needles and syringes are disposed of safely.

Queensland Health has reported that there are no documented accounts of anybody in the world contracting hepatitis B, hepatitis C or HIV from a needle stick injury in a public space, which would make this one of the most successful harm reduction strategies ever initiated.¹³ The broader needle and syringe program was estimated to have prevented the Australian health system from having to deal with tens of thousands of cases of HIV and hepatitis C, as well as saving thousands of lives between 1991 and 2000, which would have cost the Australian public between \$2.4 billion and \$7.7 billion.¹⁴

Local coordination and community mobilisation

Some local governments have established public committees and forums to provide a place where their community's concerns can be raised and addressed through coordinated effort. Local governments are well placed to provide local leadership on these efforts as they are independent from state authorities, such as welfare agencies and police, and generally maintain deeper local networks than other tiers of government, ones that involve local businesses, not-for-profit organisations and residents. Examples include the City of Greater Dandenong's Springvale Drug Action Committee, the City of Port Phillip's Drugs Roundtable and Yarra Drug Health Forum (now run independently of local government—see Case Study 1).

Community education

The range of community education that local governments provide includes methods as diverse as drink coasters on the dangers of drink spiking (e.g. City of Sydney), theatrical walking tours (e.g. City of Port Phillip—see Case Study 2), educational messages on public syringe bins or toilet doors, brochures, flyers and public forums. Some local government officers also conduct impromptu education sessions as they handle complaints and explain issues such as the economic and health benefits of needle/syringe programs and the complexities of rehabilitation. More evaluation is required to determine the impact of these interventions.

Providing opportunities that prevent pathways in and contribute to pathways out of illicit drug use

Many local governments aim to engage young people in activities and programs that alleviate the potential for boredom, alienation or

CASE STUDY 1

Yarra Drug and Health Forum

The Yarra Drug and Health Forum (YDHF) was initiated by the City of Yarra to encourage the community to openly address and coordinate action on drug-related issues. It is now managed by North Yarra Community Health and runs a series of advocacy, education and awareness-raising programs for people in Yarra and the broader community. The YDHF has led discussions on topics such as the use of “Kronic” (synthetic cannabinoids), supervised injecting facilities, alcohol related violence and drug law reform. The Forum enables residents, police, service providers and marginalised users of drugs to respectfully and collectively work on contentious issues from their unique perspectives.

See www.ydhf.org.au for more information.

CASE STUDY 2

The City of Port Phillip’s Sex and Drugs Historical Walking Tour and Overdose Awareness Day

A series of three theatrical walking tours were developed by the City of Port Phillip as a novel way of educating members of the public about the complexities of street prostitution, homelessness and illicit drugs in St Kilda.

The “Sex and Drugs Historical Walking Tour”, “Hit The Road”, a bird’s eye view of a drug user’s journey through St Kilda’s drug agencies, and “Habits of the Heart”, a story about the daily struggles of a local street sex worker and her boyfriend, were often booked out before they were advertised. The tours have been filmed for use by schools and the model has been used for community education about other topics. The tours also created employment and skill development opportunities for people who currently use or formerly used drugs.

The City of Port Phillip also worked with the Salvation Army in 2000 to establish Overdose Awareness Day—an event that helped families and friends commemorate loved ones who had died from a drug or alcohol overdose. The original small ceremony helped people talk and grieve openly and simultaneously raised awareness of the risks of overdose. It expanded to become National Overdose Awareness Day the following year and is now recognised internationally in the United States of America, England, India, New Zealand and Russia.

www.salvationarmy.org.au/overdose-awareness-day.html

www.portphillip.vic.gov.au/drugs_alcohol.htm

isolation and attempt to short-circuit or delay their experimentation with illicit drugs.² Others actively work to remove barriers to recovery from drug dependencies and complement drug treatment services by providing people in this situation with opportunities to develop the skills, connections and support to change their lives.¹⁵ These opportunities can also play an important role in humanising drug dependency, shifting punitive community attitudes

and reducing the barrier of social stigma, which often demoralises individuals’ efforts to reconnect with broader society and hampers political efforts to trial new policies and practices.¹⁶ Some local governments have sponsored or accommodated support groups for families and friends and promoted National Overdose Awareness Day—an event that started with local government and has now become internationally recognised (see Case Study 2).

As the volume of harm from heroin began to subside in the early years of the 21st century, many local government officers anticipated that “ice” would dominate the next wave of drug-related harm in their communities. However, ice’s impact was small compared to the wave created by alcohol.



How can local governments reduce harms from alcohol?

The volume of new liquor licences issued during the 1990s and 2000s had a dramatic impact on some Australian communities. In Victoria, the number of active liquor licences and BYO permits doubled between 1995 and 2009 to more than 19 000.*^{1, 17, 18} This expansion was soon followed by a sharp increase in reported alcohol-related harms. Between 2000 and 2010, ambulance attendances in metropolitan Melbourne involving intoxicated patients increased by 219 per cent. At the end of that decade, there were 93 per cent more intoxicated people presenting at Victorian emergency departments, 87 per cent more intoxicated people being admitted into Victorian hospitals¹⁷ and over 50 per cent more people charged with driving with a blood alcohol concentration of more than 0.05 per cent.¹⁸ In 2009,

* Some venues may hold more than one licence.

approximately 7 out of every 1000 Victorian drivers tested exceeded the blood alcohol content (BAC) limit.¹⁸

Victorian family violence and non-family violence assault offences during the hours of highest alcohol use also increased from 4697 offences in 2000–01 to an alarming 7850 offences in 2009–10.¹⁷

The statistics also showed a trend towards more assaults at night between 2001–02 and 2009–10, with 23 per cent of assaults occurring between 8 pm and 6 am on Sundays to Thursdays and approximately 25 per cent of assaults occurring between 8 pm and 6 am on Friday and Saturday nights.¹⁸ A national population survey of Australian adults found that 39 per cent reported being either verbally abused or “put in fear” by someone affected by alcohol in the preceding 12 months.⁸

Between 2002 and 2009, the proportion of 16–24 year old Victorians who drank more than 20 standard drinks on at least one occasion during the previous

year increased by 60 per cent. For young women consuming more than 20 standard drinks the increase was 110 per cent.¹⁷ A study by Sweeney and Payne found that people arrested for assault consumed an average of 14 standard drinks leading up to the incident, although young males aged 18–25 years consumed an average of 22 standard drinks.¹⁹ The 18–25 years age group, accounting for almost half of those arrested, were most likely to have consumed their last drink before the arrest in a licensed premise, whereas older people were more likely to have consumed their final drink at home.

The National Alcohol Strategy (2006–2009) posited that alcohol-related harms largely emerge from drinking patterns that result in either intoxication or high consumption levels over long periods of time, or both. It is the rates of intoxication that lead to the most visible impact on local governments.²⁰ Table 1 lists the

Table 1: The relationship between the negative outcomes of intoxication and local government

Negative outcomes of intoxication	Is local government affected?	Comments
Violence	Yes	State government police and emergency services respond to the incident, but the violence increases the risk of injury to residents and has a negative impact on the perceptions of safety and reputation of the local area.
Property damage	Yes	Local governments are expected to repair damage to the public property that is not owned by the state government. Owners of damaged private property are required to repair, replace or lose that item.
Anti-social behaviour	Yes	State government police and emergency services, local government's local laws or security staff or a venue's security staff will respond to the incident or threat of incident. The behaviour increases the risk of injury to residents and has a negative impact on the perceptions of safety and reputation of the local area.
Alcohol-related litter (e.g. bottles, cans)	Yes	Local governments are expected to remove this litter.
Spills of bodily fluids	Yes	Local governments are expected to clean these fluids from public property.
Alcohol-related road crashes	Yes	State government police and emergency services respond to the incident, but the behaviour increases the risk of injury to residents and may damage council-owned infrastructure.
Short term (acute) health impacts (e.g. death or injuries from alcohol-related falls, drowning)	Yes	State government police and emergency services respond to the incident, but the behaviour increases the risk of injury to residents.

negative outcomes of intoxication that featured in the National Alcohol Strategy and adds littering and cleaning as additional impacts. The table shows how these outcomes exert a direct impact on local governments; in many cases, local governments bear a high proportion of the reputational and economic costs of the remedy. The outcomes of high levels of intoxication also jeopardise local governments' capacity to provide safe, health-promoting public environments for their residents and visitors.

Alcohol-related harms also exert a significant financial impact on local governments and their communities. It has recently been estimated that alcohol-related harms—such as violence, road trauma, property damage, workplace absenteeism and alcohol-attributable diseases—cost the Australian public more than \$20 billion per annum.⁷ A substantial portion of this is borne by local governments, as many spend hundreds of thousands of dollars each year on programs and services that aim to prevent or manage alcohol-related risks and harms.²¹ These costs generally rise in areas with a higher volume of late-night activity, as local governments in capital cities typically spent multiple millions of dollars on implementing alcohol management strategies each year.²¹ A trial program conducted with 29 Australian local governments by the International Council for Local Environmental Initiatives (ICLEI)³ found that local governments directly accrued alcohol-related costs in the following areas:

- waste management (e.g. additional bins and services in entertainment precincts)
- cleaning bodily fluid stains off public spaces in entertainment precincts
- local laws (e.g. public drinking, alcohol-related noise complaints)
- infrastructure (e.g. supervised taxi ranks, pedestrian barriers close to hotels on main roads, additional public toilets)
- community health and wellbeing (e.g. community education and forums, liquor licensing accords)

- community safety (e.g. closed circuit TV, security guards—including one local government that chaperones their early morning garbage collectors with security guards to protect them from the abuse of intoxicated nightclub patrons)
- repairs to property damaged in entertainment precincts during the night
- costs to assess applications for liquor licences
- costs associated with appealing liquor licensing decisions through legal processes
- assessment costs of planning applications for licensed premises
- strategic planning staffing and alcohol-related activities
- community safety staffing and alcohol-related activities
- health promotion staffing and alcohol-related activities
- collection and analysis of alcohol-related data, research and policy development
- productivity losses from staff absences due to alcohol-related illnesses.

Given the impact alcohol has across a broad spread of local government departments, it is not surprising that Australian local governments have a vested interest in not only preventing these costs, but, more importantly, also protecting their communities from harm.

Local governments' capacity to influence the most powerful strategies for reducing alcohol-related harm

In spite of the enormous impact that alcohol-related harms impose on local governments, local governments have very little influence over the strategies that have been shown to be the most powerful in reducing alcohol-related harms. Many studies on reducing the public health impacts of alcohol intoxication have consistently concluded that regulations on the affordability and availability of alcohol are most effective at reducing alcohol consumption,

intoxication and the risks of alcohol-related harms.^{22,23} The federal and state governments have primary responsibility for these factors (see Table 2).

Increasing the price of alcohol has the strongest evidence of all of the strategies.^{1,22,24,25} Volumetric tax reform that charges higher taxes for products containing higher amounts of alcohol was the most cost-effective intervention tested in Doran and his colleagues' study on large scale alcohol interventions.²⁶ Minimum floor prices have also been successfully used to reduce consumption, and create the largest financial impact on people who consume the largest volumes of alcohol.²³

Another successful, cost-effective but potentially unpopular method of reducing problematic consumption levels is to provide people with fewer opportunities to acquire alcohol. Strategies that have successfully decreased the availability of alcohol include the reduction of licensed venues' opening hours, raising the minimum drinking age to 21 years and restricting or reducing the number of on- and off-premises venues that sell alcohol.^{25,26} In Victoria, the Commission for Gambling and Liquor Regulation (VCGLR) considers the harm minimisation aspects of applications for late night trading on a case-by-case basis, and has frozen the number of late night liquor licences in inner-Melbourne municipalities and does not award new late night packaged liquor licences unless exceptional circumstances can be demonstrated.

Many Australian cities now allow longer trading hours than many other international cities, such as New York (where licensed venues close at 4 am), Vancouver (3 am), London (5 am), Edinburgh (4 am), Paris (breaks between 2 am and 7 am) and Amsterdam (5 am).²⁷ Critics may argue that people will continue drinking alcohol at home after they leave these venues. However, even if this is true, they will not be exposed to the

Table 2: Local governments' influence over the modifiable determinants of alcohol-related harm

Modifiable determinants	Local governments' influence	Who is responsible?
Price (affordability)	None	Commonwealth Government
Outlet locations (availability)	Limited	Local governments in some states have the power to restrict licensed outlets through the zoning of land and the approval of licensed venues' new, relocated or varied planning permits. Local planning policies can guide decisions on the number of licensed premises suitable for a particular area. In Victoria, the state government will not grant a new liquor licence until a planning permit has been approved by the local government. Local governments cannot reduce the number or density of existing licensed venues to address high rates of alcohol-related harm without the agreement of the premises' owners. State governments are the ultimate authority on outlet locations as they control the relevant legislation.
Opening hours (availability)	Limited	Local government can influence the opening hours of venues it owns and venues that are seeking new planning permits (in some states). State government is the ultimate authority on the opening hours of licensed venues, as it controls the licensing legislation.
Minimum purchase age (availability)	None	State government
Service practices (availability, e.g. not serving underage or intoxicated people)	None	State government sets and monitors the regulations. The staff at the licensed venues serve the alcohol.
Law enforcement	Limited	State government police and specialist liquor licensing compliance inspectors carry out most of the law enforcement. Local government has a limited role with by-laws such as the regulation of alcohol-free public spaces.
Regulation of alcohol marketing, advertising and promotion	Limited	Commonwealth and state governments. Local government may influence alcohol promotion in its own events, publications and premises.
Social norms and values	Limited	While all levels of government attempt to promote responsible drinking cultures, they are essentially established by group norms and may also be influenced by the standards set by particular venues. ²⁸

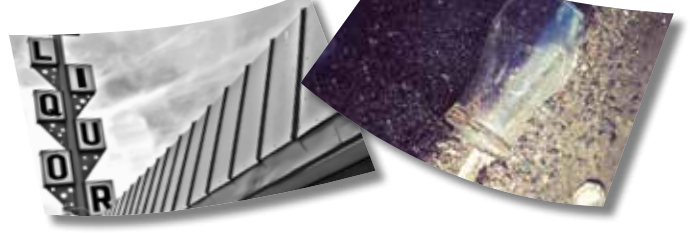
dangers inherent in mingling among large crowds of intoxicated strangers (e.g. fights involving multiple attackers) and are likely to have better access to shelter, warmth and toilets.

All of the cities mentioned above also have outlet density measures that limit the number of licensed venues in an area. Saturation zones are implemented in Vancouver via local by-laws; England and Wales via the Licensing Act and local licensing policies; Edinburgh via planning controls and local licensing policies; and Amsterdam via land use zoning. Cluster controls are enforced to prevent too many licensed venues trading too close to each other in Vancouver via local by-laws; New York via the Alcohol Beverage Control Act and Paris via the

Code de la Santé Publique.²⁷ The NPHT has recommended that Australian local governments and their communities should have more legislative power to manage existing and proposed alcohol outlets through land use planning controls.¹

The regulation of alcohol marketing and promotions, managed by the Commonwealth Government, is another powerful mechanism for reducing high consumption levels. Anderson²⁴ argues that regulations need to be reviewed to keep pace with modern strategies, such as internet or smartphone marketing, advertising on concert tickets, product placement in films, sports or arts festival sponsorship, and high volume exposure during television programs

watched by young adults, teenagers and children (e.g. sports matches). Recent research has found that the volume of alcohol advertising a young person is exposed to influences the age at which they commence drinking alcohol and the amount they drink.^{1,23,24} While alcohol advertising control was deemed to be cost effective by Doran and his colleagues,¹⁴ it does not have the same weight of evidence as strategies such as price increases or availability restrictions.²⁵ However, Bailey et al. argue that this is still a valuable component of a holistic strategy to counter the material designed by the alcohol industry to promote consumption.²⁵ Price, availability and regulating alcohol marketing and promotion



were identified in the National Alcohol Strategy²⁰ as major modifiable determinants that influence rates of intoxication and heavy long-term consumption patterns. Table 2 highlights that local governments do not have much influence over these or many other modifiable determinants of alcohol-related harm in the National Alcohol Strategy's model.

When the information in Tables 1 and 2 are compared, local governments' fundamental dilemma is vividly exposed: local governments are heavily impacted by alcohol-related harms, yet have limited ability to influence the most powerful modifiable determinants of alcohol-related harm.

This is not to say that local governments are powerless. Indeed, many invest large amounts of resources to protect their communities from alcohol-related harms.^{21,29,30} Nor is it to say that the interventions required to reduce alcohol-related harm will be politically easy to apply. Political leaders across all tiers of government are faced with the prospect that the most effective harm-reduction strategies are not popular and are highly likely to trigger fierce opposition from the alcohol, entertainment, hospitality and tourism industries and many members of the public who consume alcohol in moderation.²³ Strategies that aim to reduce alcohol sponsorship or advertising may also attract opposition from organisations such as sporting bodies and media companies.

What can local governments do to reduce alcohol-related harm?

Australian local governments are primarily working to make a difference in the following areas:

- licensing and regulation
- land use and planning
- workplace health
- event management
- community coordination, leadership and advocacy
- community development, engagement and service delivery.

Licensing and regulation

Even though state governments approve or reject liquor licences, local governments have the power to restrict alcohol consumption in public spaces, such as parks, main streets and beaches. Some local governments ban alcohol consumption in all public areas, whereas others ban public alcohol consumption during specific times and in specific locations. Some have arranged Memorandums of Understanding with police to ensure that members of some marginalised groups, such as homeless people who either have no private spaces to consume alcohol or cannot afford to drink in private bars, are dealt with sensitively and not unfairly targeted, if they are not disrupting others.

Local governments can also regulate alcohol consumption in outdoor dining areas on public land such as footpaths, and can place restrictions inside a venue, such as ensuring that all patrons are seated after a specified time, and using shatterproof glasses. Local governments also exercise control over the facilities that they lease to others, such as function centres, sports and recreation clubs, and can insist that alcohol is served responsibly as a condition of the lease.

Some local governments, such as the City of Greater Geelong, apply surcharges to businesses operating at night (i.e. late night rating differential) to recover direct and indirect costs from night-time activities, such as the provision of additional waste management services, local laws officers or security guards, property repairs, lighting and infrastructure. This also occurs overseas (e.g. the "Alcohol Disorder Zones" in Great Britain).³¹

Land use and planning

Local governments have explored how the design of their built environments might reduce alcohol-related harms. Some, such as the Cities of Adelaide and Hobart, have used Crime Prevention Through Environmental

Design (CPTED) principles and conducted safety audits to modify the infrastructure in their entertainment precincts so that they better accommodate the needs of patrons from licensed venues and other people who share the areas. Modifications may include extra lighting, rubbish bins, closed circuit television, taxi ranks, public toilets, removal of bushes that block sight lines and installing fences near hotels on busy streets to prevent intoxicated patrons from stumbling directly from the venue onto the street.³ The City of Brisbane prepares for the masses who visit their busiest entertainment precincts on weekends as if they were holding a weekly festival.

Their counterparts at the City of Sydney have tracked the rapid growth of licensed premises and housing in their neighbourhoods over decades to anticipate potential flashpoints and balance the needs of residents, local businesses, licensed venues and their patrons. Research has found that the residents who live closest to licensed premises generally report the highest levels of drunkenness and property damage in their neighbourhood,³² and Australian police have estimated that alcohol is involved in the majority of public disturbances and noise complaints.³³

Some local governments have examined methods of diversifying their business mix at night by promoting entertainment and economic activity at night that does not rely on alcohol sales. If successful, these strategies promise to attract a more diverse range of their population into their business districts at night, making the centres feel safer, generating new streams of local economic activity and supporting the viability of late night public transport.³⁴ The difficulty for local governments is that the high number of assaults and public disturbances in areas close to licensed venues makes many alternative forms of night-time trading unattractive for other types of businesses and large segments of the

population, such as families and elderly people. It is unlikely that the local economy and tourism will improve much if the trading environment is unsafe.³⁰

Indeed, the link between the level of harms experienced in local neighbourhoods and availability of alcohol (i.e. the trading hours and density of licensed venues) has been well established. Australian researchers have found that alcohol consumption, violence and injuries increase in areas where licensed premises trade until late,^{31,32} and that a suburb's rate of alcohol-related assaults and injuries increases as its outlet density grows.^{31,32,35,36} The close proximity of venues generally increases the chances that larger numbers of intoxicated people, who may also be tired and cold in the early hours of the morning, will gather on the street as they move between venues or compete over taxis, places in fast food queues and potential partners.³⁴

Higher rates of alcohol-related harms are also seen where there are higher concentrations of packaged liquor outlets.^{35,36} Alcohol purchased from these venues is often consumed in an unsupervised environment and increases the risk of underage drinking and pre-loading (i.e. drinking cheaper alcohol prior to entering a licensed venue). There has also been a strong correlation established between high concentrations of packaged liquor outlets and high rates of family violence.^{37,38} A recent study that used geocoded spatial data to investigate liquor outlet density across Victoria found that low socioeconomic communities in regional and remote areas had six times as many packaged liquor outlets per capita as high socioeconomic areas, and that the rates of alcohol-related harm were highest among lower socioeconomic communities.³⁹

Outlet density controls, such as clustering limits or saturation zones, have been legislated in many Western

cities overseas to reduce the risks of alcohol-related harms that accumulate as the numbers of licensed premises in an area rise,²⁷ although they have been difficult to establish in Australian municipalities. Australian local governments have worked for many years to determine a consistent saturation point for licensed venues in their neighbourhoods. Initial work proposed a benchmark based on the NSW Crime Bureau's finding that suburbs with an outlet density above 22 licensed premises per 10 000 residents faced the highest crime related problems.³ However, this figure did not account for important factors, such as the different licence types (e.g. nightclub vs. restaurant), hours of operation or the large number of visitors that descend upon popular entertainment precincts. The City of Melbourne, for example, estimates that the number of visitors that it hosts during many nights is three times as high as its resident population. It is also important that cumulative impact thresholds are set at levels that 'prevent' significant harms, and not at the point where significant harms are likely.

A group of Victorian local governments formed the Inner City Entertainment Precinct Taskforce (ICEPT) and recommended that benchmarks be set to measure the contribution that a new licensed venue is expected to make on the cumulative impact of a precinct. These included:

- existing and past trends in type and mix of licensed premises
- transport availability
- proximity of residential uses (actual and planned)
- public safety initiatives and
- enforcement resources.

The City of Sydney recommended that other sensitive or high impact land uses, such as late night take-away food venues, also be used to assess the area's capacity to cater for large numbers of alcohol-affected people.³

Over the years, Victorian local governments have received more powers from their state government to influence the location of licensed premises in their municipalities. For example, the Victorian *Liquor Control Reform Act 1998* provided Victorian local governments with the opportunity to object to new, relocated or varied liquor licences in their municipality on the grounds that it would "detract from or be detrimental to the amenity of the area"; or, if it were a packaged liquor outlet, "encourage the misuse or abuse of alcohol".⁴⁰ More recently, Clause 52.27 of the Victorian Planning Provisions was amended to allow local governments the opportunity to consider the impact of trading hours, patron numbers and the "cumulative impact of existing licensed premises and the proposed licensed premises on the amenity of the surrounding area", when assessing a licensed venue's planning permit.⁴¹ Clause 52.27 also enabled local governments to assess land use applications for packaged liquor licences for the first time.⁴¹

The Victorian Government issued Practice Note 61 in 2011 to help local governments and permit applicants assess cumulative impact, emphasising that a cumulative impact can also elicit positive outcomes such as economic benefits, enhanced vitality, a prominent status as a tourist destination and attraction of concentrated resources, such as public transport.⁴¹ The practice note provides a general guide of a "cluster of licenced premises" as "three or more licensed premises (including the proposed premises) within a radius of 100 metres from the subject land; or fifteen or more licensed premises (including the proposed premises) within a radius of 500 metres from the subject land".⁴¹

While it has been encouraging that Victorian local governments have been awarded the power to use cumulative impact as a means of assessment, only one of the many cases that local governments have objected to on

these grounds has been successfully upheld by the Victorian Civil and Administrative Tribunal (VCAT) (see section 96 of *Swancom Pty Ltd v Yarra CC* [2009] VCAT 923).⁴² One of the fundamental difficulties that local government faces is that the planning legislation focuses its judgements on public amenity, not on public health and safety needs.⁴³ Similar concerns have been raised about how the narrow definitions of 'public interest' in the Commonwealth's National Competition Policy and Trade Practices Act may interfere with state governments' and traders' ability to reduce harmful alcohol consumption. For example, it is possible that agreements by a group of licensees to set a lower fixed price for low alcohol products after midnight may be seen as anticompetitive.²

The Victorian Auditor-General recently commented (pp. x–xi)¹⁷ that:

"Councils' ability to influence the liquor and hospitality industry on behalf of the communities they represent is restricted by shortcomings in the planning

permit and liquor licence application processes. The grounds for objecting to a liquor licence are narrow, and the evidentiary requirements and decision-making process for contested licence applications are not clear."

While the VCGLR should provide clearer guidance on the liquor licensing process, in the case of Victoria councils should do more to work within the existing planning and liquor licensing arrangements to reduce their current sense of disempowerment and dissatisfaction. For example, councils could develop a local policy for licensed premises to guide decision-making on planning permits, or insert and enforce specific conditions on licensed premises' planning permits.

Many local governments have worked to create licensed premises policies to define acceptable levels of amenity that are specific to their local conditions. These parameters help them assess whether land use applications from licensed premises are likely to negatively affect the surrounding

amenity. It is recommended that licensed premises policies align with other local government policies and strategies, such as the Municipal Public Health and Wellbeing Plan, Municipal Strategic Statement, Community Safety Plan and local laws to bolster the case they present.⁴³

The City of Stonnington's years of developmental work and research have resulted in a Victorian Government gazetted licensed premises policy that limits the number of licensed premises in its Chapel Street precinct (see Case Study 3). It is unclear whether other local governments with multiple or more broadly dispersed entertainment precincts or more seasonal patterns of alcohol-related harm will be able to practically apply the same limitations. A large component of Stonnington's evidence rested upon high existing levels of alcohol-related harm, which may be problematic for local governments wanting to proactively implement conditions that prevent harm from reaching such thresholds.

CASE STUDY 3

The City of Stonnington's licensed premises policy

In 2009, the City of Stonnington investigated the character and culture of the late night entertainment precinct in Chapel Street to help statutory planners prevent and reduce alcohol-related harm. The study reviewed international literature, planning permit applications and amendments and analysed compliance data, late night observations of the precinct, the perspectives of different stakeholders and audits of late night venues. Surveys found that Stonnington residents carried double the risk of long-term harm due to drinking compared to the state average, and many residents felt unsafe near bars and licensed clubs.

Stonnington's research also found that aggression and violence escalated in its late night venues and precincts after midnight, and venues with large numbers of patrons were a particularly high risk. More than 60 venues operated in the Chapel Street precinct until 1 am or later, and 37 had a capacity for 200 or more patrons. Observation of the precinct during early morning hours found more than 100 intoxicated and distressed people on the street, incidents of conflict and aggression and a shortage of public transport.

Stonnington decided that venues operating after midnight would be regarded as high risk venues or sources of potential harm (SPH) and that the Chapel Street precinct was already at a "saturation point". Stonnington developed a licensed premises policy to declare that it would not issue new planning permits in the precinct for licensed venues trading after 1 am, catering for more than 200 patrons, or locating in identified congregation spots after 1 am. The policy also required that all future planning permit applications must address relevant aspects of the Design Guidelines for Licensed Venues.

The Planning Minister gazetted Stonnington's Licensed Premises Policy in 2012, in order to reduce the area's alcohol-related harm.

For more information see: www.stonnington.vic.gov.au/residents-and-services/planning/planning-scheme-amendments/c159---licensed-premises-saturation-provisions

CASE STUDY 4

The City of Greater Geelong's Events Multi Agency Working Group

The City of Greater Geelong formed the Events Multi Agency Working Group (EMAWG) to coordinate Council's preparation for events and debrief events with other community stakeholders such as police, emergency services and local agencies. The EMAWG provides an efficient means of inter-department and inter-agency planning and communication and a powerful forum for informing event organisers about methods of managing public safety risks and minimising alcohol related harm.

For more information see: www.geelongaustralia.com.au/em/documents/article/item/8cdf3e00c544a64.aspx

In early 2012, Brown⁴³ reviewed several planning decisions of VCAT that involved licensed premises and local governments, and noted that local governments cannot object to a licensed venue purely on health and safety grounds, as the tribunal planning decisions are predominantly influenced by public amenity concerns such as “venue size, overcrowding, seating, opening hours, movement of patrons outside the venues, footpath trading, parking and access to transport and disruption to nearby residencies” (p. 1). Local governments' assessments and submissions to formal tribunals need to be framed in this manner.

Brown⁴³ concluded that, in spite of local governments' attempts to use this frame, “the consideration of amenity impacts is often arbitrary and inconsistent, and delivers unpredictable outcomes”. Moreover, it is extremely difficult for local governments to present a convincing case with the data they have available. Much of the alcohol-related harm data is unreported or split among different owners, such as the police, ambulance service and hospitals. Sometimes the same information, such as a resident complaint, can be issued with different agencies such as police and local government. The data that is available is often difficult to interpret, as it is often more than six months old, it is not clear whether incidents such as assaults or noise complaints were alcohol-related or not, and the location of the incidents may be coded according to postcode, which, at best, encapsulates the whole suburb rather than the zone in question,

and at worst, can be shared with other suburbs or other municipalities. The conditions of establishing the case for a negative cumulative impact seem to be much more demanding than the standards required for achieving positive cumulative impacts.

Workplace health

Local governments employ thousands of people across the country and are the largest single employers in many towns or suburbs.^{3,30} As well as being employers of large numbers of people, local governments employ people across a wide spectrum of professions. The effects of alcohol and other drugs in the workplace can be extremely serious, as it has been estimated that they are implicated in up to one-quarter of Australia's workplace accidents and one out of every 10 workplace deaths.⁴⁴ In addition, approximately 4 per cent of Australians have admitted to going to work while they are affected by alcohol,⁴⁵ and almost 5 per cent of absenteeism is due to alcohol-related causes.⁴⁶

Local governments can reduce alcohol-related harm at functions, such as end of year parties and staff farewells, by ensuring that the bar staff adhere to responsible serving of alcohol practices and that non-alcoholic beverages and food are supplied. It is also important that staff—particularly senior staff—consume their alcohol in moderation, as some researchers have concluded that new entrants and younger workers' drinking behaviour is heavily influenced by the behaviours of their supervisors and co-workers.⁴⁶

Many local governments aim to reduce workplace stressors and provide employee assistance programs to support staff who are struggling with issues that may contribute to problematic alcohol consumption.^{22,47} There are also a range of disciplinary actions that local governments can take if their employees participate in irresponsible alcohol consumption while at work.

Event management

Local governments are also able to exert control over the events and festivals they host or support for the public.² Some hold alcohol-free events to provide models of community entertainment or celebration that are not dependent upon alcohol, as some researchers have found that alcohol-free events and activities that provide alternatives to alcohol consumption and the establishment of “dry” areas or family areas at large-scale events and festivals reduce risks associated with intoxication.² Some organisers of large public festivals, such as the City of Port Phillip's St Kilda Festival, work with local police and licensees for months prior to the event to implement strategies that reduce the risk of alcohol-related harm and showcase the responsible service of alcohol. Others, such as the City of Greater Geelong, coordinate multiple local agencies to efficiently manage public events (see Case Study 4).

Local governments can also exercise control over the serving of alcohol in their role as landlord of facilities such as community halls and sports clubs. Some local governments have insisted

that sports clubs who use their facilities join the Australian Drug Foundation's *Good Sports* program as a condition of their tenancy agreement; while others have offered venue rental discounts to *Good Sports* members.

Leadership, coordination and advocacy

One of local governments' greatest assets is their capacity to bring local people together to address issues of concern in their neighbourhoods.³ Community partnerships that share the responsibility for reducing alcohol-related harm have been shown to be effective if they are supported by other measures, such as an adequate level of resources for enforcement and detailed documentation and evaluation.^{22,24}

The most prominent alcohol-related examples include safe community partnerships and liquor licensing accords. Local governments often play a central role in coordinating liquor licensing accords that invite police, state licensing authorities, council representatives and owners or managers of local licensed venues to meet regularly and collectively work to reduce alcohol-related harms in and around licensed venues.

Evaluations of the voluntary codes of practice formed in liquor licensing accords have shown mixed results.²³ They appear to depend on factors such as the amount of pressure the licensees receive from the police and the broader community and the degree of enforcement.²³ The inherent difficulties that accords face include the fact that many of the participants are competitors and may not want to work together, and the venues who do not volunteer to participate may be those who contribute to a large portion of the local area's alcohol-related harms, thus spoiling any effect the other participants may contribute. It is also unclear how rigorously the agreements are adhered to or how thoroughly the information is passed from the accord representative to other staff. Miller and colleagues found that interventions that targeted licensed venues in the City of Greater Geelong did not reduce

the rate of alcohol-related emergency department presentations.⁴⁸

While they may not be able to exert a direct impact on alcohol-related injuries, many local governments persist with their support of accords, as they serve an important function as a central communication point for local initiatives that build consistencies around issues such as under-age drinking, staff training, and serving and pricing policies.²³ Research has also suggested that communities that have strong partnerships among stakeholders, including the police, are better positioned to manage place-based impacts from alcohol than those that do not.^{1,2,22,28}

Local governments have provided leadership on local alcohol issues through public statements in the media, conference presentations, journal articles, the modelling of responsible alcohol management at their public events and representations they make in multiple other committees, reference groups and forums. Local governments' extensive networks also provide them with the capacity to quickly mobilise community members to support state and federal harm-minimisation strategies. The most effective community-based strategies to reduce alcohol-related harms have a high level of involvement and support from community members partnering with other stakeholders.^{22,28}

They have also formed networks and coalitions, such as the Municipal Association of Victoria's Local Government Alcohol and Other Drugs Issues Forum and the National Local Government Drug and Alcohol Advisory Committee, and advocated local governments' perspective in positions they have held on organisations such as the Australian National Council on Drugs and the National Alliance for Action on Alcohol, which have lobbied for a consistent, national approach to harm-reduction strategies, such as liquor licensing legislation, alcohol taxation and the regulation of alcohol marketing.⁴⁹

Community development, engagement and service delivery

It is important to note that it is not only the community development and planning departments of local government that regularly confront alcohol-related issues. Staff in other departments, such as youth services, maternal and child health services, aged and disability services, sports and recreation services, waste management, parking officers, parks and gardens, local laws and even animal management departments encounter alcohol-related issues through the course of their duties.

Many local governments actively encourage the participation of residents and other community members to identify local alcohol-related issues and contribute to the design, implementation and evaluation of a suite of programs and activities that aim to contribute to the prevention or reduction of acute and longer-term alcohol-related harms.¹⁵ Many activities, such as play groups, family support and community strengthening programs, form the building blocks of safer and healthier communities. They also contribute to the reduction of long-term, problematic drinking patterns and protect the community from alcohol-related harms, even though they were not primarily designed for that purpose. Thus, it is quite possible that the prevention efforts of local government are understated. However, it is very hard for local governments to establish this position conclusively, due to the difficulties of evaluating the specific long-term impacts of early intervention programs (e.g. the expense of tracking participants in longitudinal studies and the multiple confounding variables that the participants are exposed to beyond the activities).

Most local governments provide—or fund other organisations to provide—youth activities, programs or facilities, such as skate parks, as a lack of entertainment and boredom has been associated with increased alcohol consumption among young people.² Those that are located in

popular tourist destinations, such as Gold Coast City Council, work with state government authorities to minimise alcohol-related harm for the thousands of secondary school leavers that visit their municipality each November. These investments seem vital, given that an average of 260 Australians aged under 24 die each year due to risky alcohol consumption,⁵⁰ and that nearly twice as many Australian teenagers aged between 12 and 15 years drank at risky levels in 2005 as in 1990. The percentage of 16 and 17 year olds drinking at risky levels rose by 15 to 20 per cent during the same period.⁵⁰ Local governments have also invested resources in the development and provision of community education that raises awareness of alcohol-related harms and provides practical strategies to mitigate or manage the associated risks (e.g. City of Greater Dandenong's

PartySafe Kit). Local governments also facilitate programs that help street drinkers, who may be homeless or live with a mental illness.¹⁵ While many of the activities focus on alcohol-related harms in the public domain, some local governments, such as the City of Maribyrnong, have worked to prevent family violence. It would be wrong to suggest that alcohol causes violence against women in the home, as it is often driven by a particular set of attitudes, such as male entitlement. However, alcohol features in almost half of family violence incidents,^{7,43} with the numbers of incidents that police assessed as "definitely involving alcohol" rising from 6637 in 2001–02 to 10 879 in 2009–10, and those "possibly involving alcohol" rising from 3030 to 5757.¹⁸ Other Victorian research has found higher rates of family violence in suburbs with larger volumes of packaged liquor outlets.^{37,38}

Collecting and analysing alcohol-related data

It is important that local governments collect and analyse good quality data to accurately evaluate their investments, fine-tune their interventions and improve their success rate at planning tribunals. Many local governments have recently mapped the location and type of licensed venue on their GIS (Geographical Information System) to monitor licensed venues' clustering, growth rate and spread towards more densely populated areas (see Figure 1 for an example from the City of Perth). These maps begin to address many of the conditions that influenced VCAT⁴³ and can also help local governments determine patron movement patterns at different times of the night, such as between venues that close at different times, and their journeys to other significant places, such as car parks,

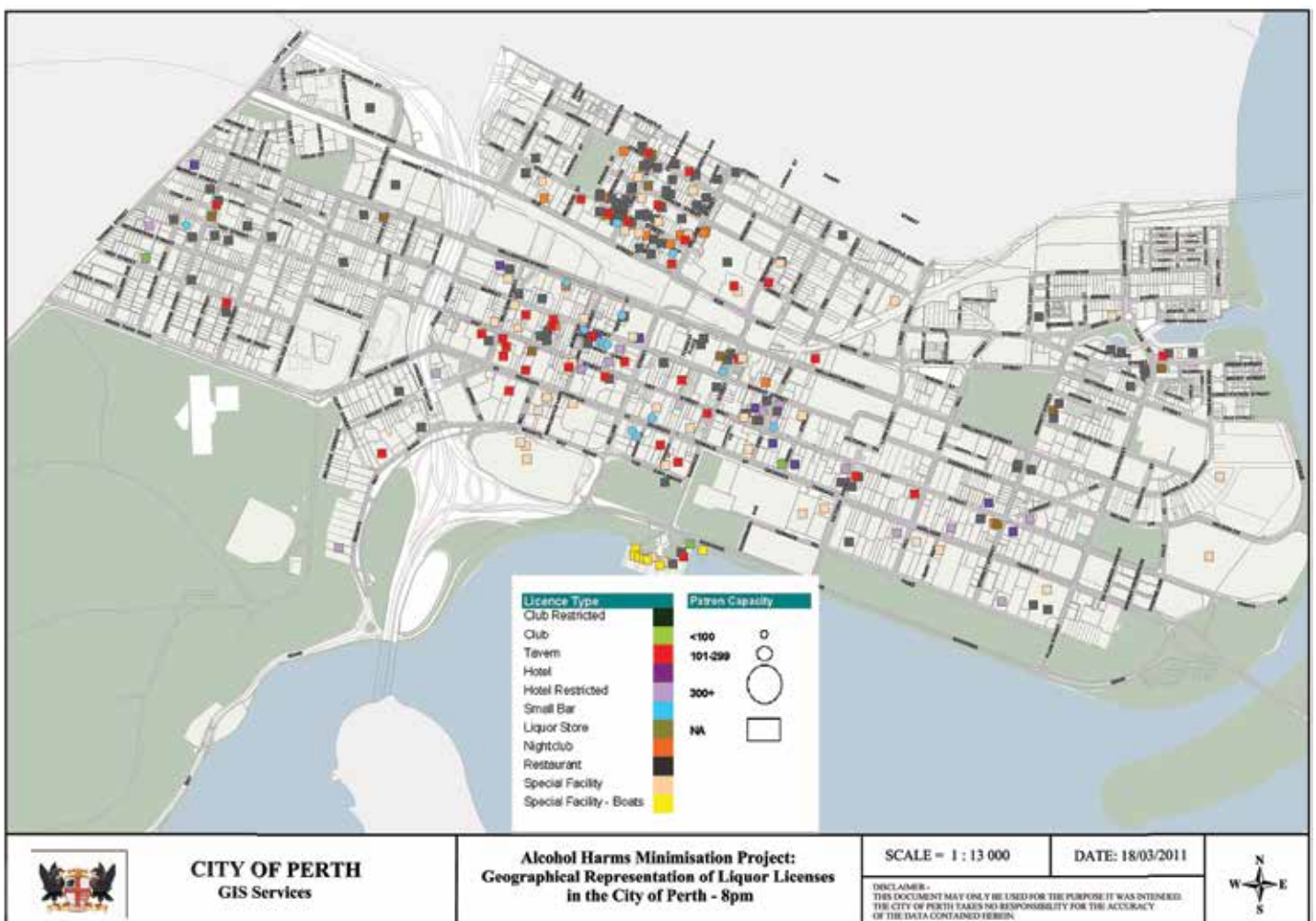


Figure 1: The City of Perth's liquor licence map

Source: City of Perth Geographic Information System (GIS) Services, 2011

taxi ranks, public transport stops and take-away food venues. This can help officers predict potential hot spots of alcohol-related harm and assess whether additional infrastructure, such as bins, public toilets and lighting, is required.

As the available data becomes more sophisticated, other layers of information can be added, such as incidents of alcohol-related crime, ambulance attendances, alcohol sales data, resident complaints and noise maps. For example, the crime-related heat maps produced by NSW's Bureau of Crime Statistics and Research (BOCSAR) could be overlaid on liquor licence maps and alcohol sales data to provide a graphic sense of the association between alcohol-related crimes, times, days, consumption and venue locations.⁵¹

Figure 2 provides an example of how various alcohol-related harms could be tracked across time to alert local governments of their entertainment precincts' most dangerous hours. These charts could include other alcohol-related crimes, such as drink-driving offences, or be refined for different days and months to account for weekends and seasonal changes.

Local governments also conduct Community Safety Audits to highlight areas that could be re-designed through Crime Prevention Through Environmental Design (CPTED) principles or improved through small

changes such as the trimming of bushes or replacement of light globes. Some conduct observational reports in entertainment precincts at different times of the night or year to assess crowd numbers, movement patterns, resident complaints, the late night business diversity mix and availability of night time transport.³

Community consultations and surveys are important to canvass the views of stakeholders such as residents, tourists and patrons and it is important that local governments collect information on the performance of licensed venues, such as complaints, demerit points, or police records if available. It is likely that local governments underestimate the local alcohol-related complaints, as many have not established their complaints collection systems to differentiate issues that are alcohol-related from others (e.g. repairs to property and noise complaints) and residents are likely to complain to the police about amenity issues on Friday and Saturday nights as local governments' offices are often closed at these times. Some local governments have started to calculate the alcohol-related costs that they bear, which can be reported to residents, licensed venue operators and other interested parties, and used to create a case for late night surcharges. Some may consider developing a rates surcharge system that provides incentives to the most responsible licensed traders (e.g. refunds or discounts).

Project evaluation data is also a valuable source of information that can be integrated into local government datasets. It is important that local governments coordinate their internal data across departments and gain assistance from state and federal government authorities to obtain important data such as alcohol sales, police, hospital and ambulance data. Ideally, this would also be centrally coordinated and standardised.²²

How to develop and implement effective alcohol management strategies

The data that local governments collect is also vital to the compilation and monitoring of an effective alcohol management plan. Ideally, the strategy would have broad support from all relevant departments and senior managers and be coordinated by one department with the authority to ensure that the strategies are implemented successfully. The alcohol management strategy needs to be linked to other strategic documents, such as the Council Plan, Municipal Strategic Statement and Municipal Public Health and Wellbeing Plan, and be supplied with an adequate level of resources to implement the work, coordinate action with external stakeholders (e.g. police, licensees, drug and alcohol services), collect accurate data and evaluate the interventions.

The Western Australian Local Government Association and the state government developed the Local Government

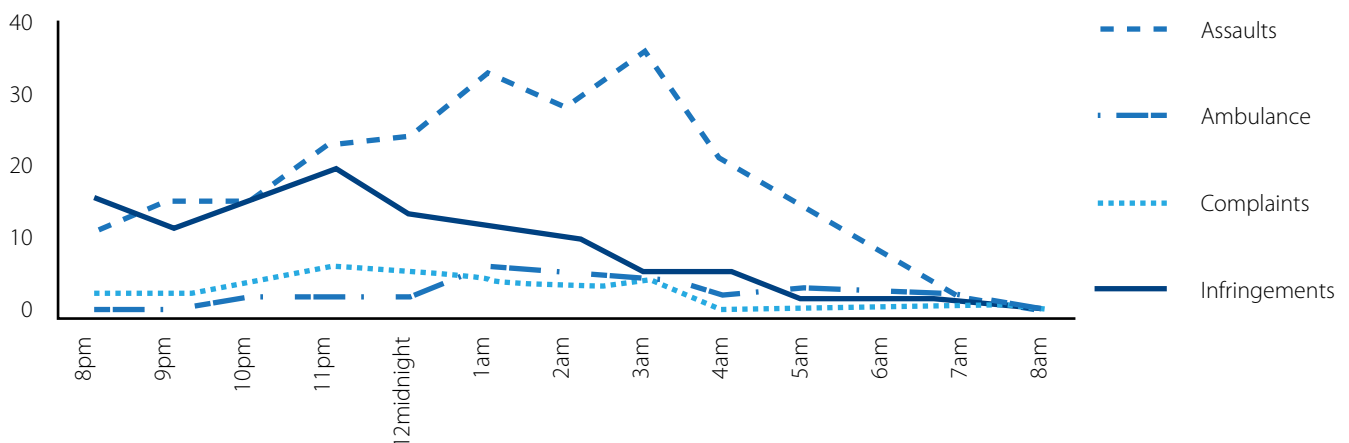


Figure 2: Peak times of alcohol related harm: model of data comparison

Key Messages:

1. Australian local governments have become more directly involved in managing local drug and alcohol issues over the past few decades.
2. The aftermath of alcohol intoxication impacts on the amenity and public safety of local government areas through higher rates of local violence, property damage, litter, bodily fluid spills, injuries and road crashes.
3. Australian local governments spend many millions of dollars per year on alcohol management; though have limited influence over the public health interventions with the strongest evidence, such as increasing alcohol's price, reducing its availability and regulating its marketing and promotion.
4. Local governments have a smaller role managing illicit drug issues as they are typically consumed in private spaces and primarily dealt with by police and welfare agencies.
5. The huge rise in heroin-related deaths during the 1990s demonstrated that local governments can play an important harm reduction role through public activities such as syringe collection and disposal, community coordination, education and mobilisation and providing opportunities to intercept pathways in (e.g. youth programs) and facilitate pathways out of illicit drug use (e.g. reducing stigma).
6. Local governments have the capacity to decrease alcohol-related harm via strategies such as licensing and regulation; land use and planning; workplace health; event management; community coordination, leadership and advocacy; community development, engagement and service delivery.
7. It is important that all tiers of government coordinate their efforts to reduce the risk of illicit drug and alcohol-related harms. Local governments' deep community networks and high local profile are valuable mechanisms that can help the successful implementation of state and national initiatives. The Victorian state government has recently provided local governments with additional powers to manage the volume of licensed venues in their neighbourhoods.
8. Local governments will need to manage the community impacts of these substances for the foreseeable future. The next phases of development include activities that promise to:
 - a. build new partnerships that support local governments' national platform for change,
 - b. develop more sophisticated methods of data collection, coordination and analysis (e.g. geocoding, time analysis),
 - c. encourage night time economies and attractions that are not alcohol dependent,
 - d. support for new methods of cost recovery, and
 - e. initiate research that leads to practical community outcomes (e.g. reducing pre-loading and violence in entertainment precincts).

Alcohol Management Package in 2007, which provides a series of tools to help officers develop community alcohol profiles, assess liquor licences, design safer environments and manage alcohol-related risks. They recommended the alcohol management plan be a whole-of-organisation umbrella policy that coordinates the policies of specific functions of local governments, such as those pertaining to licensed premises assessments, event management, lease or hire of premises, alcohol-related local laws and street parties.³⁰ An excellent example of an alcohol management strategy is provided by Wagga Wagga City Council.⁵²

Conclusion

While Australian local governments' influence over some of the most effective harm-reduction strategies is limited, they are still able to exert a powerful local impact across a number of fronts and make an important contribution to early intervention and community mobilisation efforts. The past decade has seen local governments build a national platform for change, as networks such as the NLGDAAC have formed to exchange ideas and coordinate efforts. It is essential that this movement continues to build constructive partnerships with federal and state government authorities and taps into the work of other organisations and coalitions who share their ideals. It is also essential that a broad range of local governments participate in this movement, particularly those in the middle and outer metropolitan suburbs, regional, rural and remote areas. There is tremendous scope for local governments to join forces and develop resources on topics within their realm of control, such as designing a safe entertainment precinct; managing alcohol at festivals; working with the media on drugs and alcohol-related issues; and successfully appealing a licensing decision.

Local governments are now well positioned to develop more sophisticated methods of coordinating and using data (e.g. heat maps that are automatically updated with new data), consulting with their communities, promoting night-time economies that are less alcohol-dependent, refining outlet density controls, and trialling new methods of recouping some of the extra costs they expend on managing entertainment precincts. There is also the potential for a new current of research that addresses more refined aspects of some of the most important drug and alcohol-related issues facing local governments, such as assessing new community based interventions in local government settings, preventing pre-loading, underage drinking and drug and alcohol-related violence in entertainment precincts and in residents' homes.

People have used drugs and alcohol in Australian local government areas for centuries and there is no sign that this trend will abate soon. The overwhelming challenge for all tiers of government is to coordinate their harm-prevention efforts so that more Australians can return home safely after a good time out.

References

- National Preventative Health Taskforce 2009 *Australia: The healthiest country by 2020. National preventative health strategy—the roadmap for action*, Canberra: National Preventative Health Taskforce.
- Drugs and Crime Prevention Committee 2006 *Inquiry into strategies to reduce harmful alcohol consumption: Final report*, Melbourne: DCPC Parliament of Victoria.
- ICLEI 2009 *Cities for safe and healthy communities: Alcohol-related harms management data inventory*, Melbourne: ICLEI Oceania.
- Victorian Department of Health website 2012 "Whole of government Victorian alcohol and drug strategy"; at www.health.vic.gov.au/aod/strategy/index.htm (accessed 1/8/12).
- Victorian Department of Human Services 2006 *Victorian Drug Strategy 2006–2009*, Melbourne: Victorian Department of Human Services.
- Crown Content 2010 *The Australian local government guide*, Melbourne: Crown Content.
- Laslett A-M, Catalano P, Chikritzhs Y, Dale C, Doran C, Ferris J, Jainullabudeen T, Livingston M, Matthews S, Mugavin J, Room R, Schlotterlein M & Wilkinson C 2010 *The range and magnitude of alcohol's harm to others*, Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- Australian Institute of Health and Welfare 2011 *2010 National Drug Strategy household survey report*, Drug statistics series no. 25, Cat. no. PHE 145, Canberra: AIHW.
- City of Melbourne 2001 *Drugs action plan 2001–2003*, Melbourne: City of Melbourne.
- Penington D 1996 *Drugs and our community: Report of the Premier's Drug Advisory Council, March 1996 Victoria*, Melbourne: The Premier's Drug Advisory Council.
- Monash University Centre for Applied Drug & Alcohol Research 2003 *Evaluation of the five "hot spot" local drug strategies*, Melbourne: Monash University.
- National Local Government Drug and Alcohol Advisory Committee 2008 *Submission to Ministerial Council on Drug Strategy*, Brisbane: NLGDAAC.
- Queensland Health 2011 "Needles and syringes—safe disposal" at www.health.qld.gov.au/goodhealthintnq/topics/needles.asp (accessed 1/8/12).
- Dolan K, MacDonald M, Silins E & Topp L 2005 *Needle and syringe programs: A review of the evidence*, Canberra: Australian Government Department of Health and Ageing.
- Szechtman R 2008 "Sex, drugs and an evening stroll: Community development through the arts" in D Moore & P Dietze *Drugs & public health*, Melbourne: Oxford University Press, pp. 153–64.
- Hanson G, Leshne, AI & Tai B 2002 "Putting drug abuse research into real-life settings", *Journal of Substance Abuse Treatment*, 23: 2, pp. 69–70.
- Victorian Auditor-General 2012 *Effectiveness of justice strategies in preventing and reducing alcohol-related harm*, Melbourne: Victorian Government.
- Turning Point Drug and Alcohol Centre 2012 *The Victorian drug statistics handbook: Patterns of use and related harm in Victoria for the period between July 2009 and June 2010*, Melbourne: Victorian Government Publishing Service.
- Sweeney J & Payne J 2011 "Alcohol and assault on Friday and Saturday nights: Findings from the DUMA program", *Research in Practice (DUMA quarterly report)*, 14 (May 2011).
- Ministerial Council on Drugs Strategy 2006 *Towards safer drinking cultures: National alcohol strategy 2006–09*, Canberra: Ministerial Council on Drugs Strategy.
- Streker P 2011 *Cities for safe and healthy communities final report*, Melbourne: Author.
- World Health Organization Europe 2009 *Handbook of action to reduce alcohol-related harm*, Copenhagen, Denmark: WHO.
- Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, Grube J, Gruenewald P, Hill L, Holder H, Homel R, Osterberg E, Rehm J, Room R & Rossnow I 2010 *Alcohol: No ordinary commodity*, New York: Oxford University Press.
- Anderson P 2008 *Binge drinking and Europe*, Hamm: German Centre for Addiction Studies.
- Bailey J, Poole R, Zinovieff F, Robinson CA, Parry O, Tocque K & Kennedy L 2011 *Achieving positive change in the drinking culture of Wales*, Wrexham: Glyndwr University & Bangor University.
- Doran C, Vos T, Cobiac L, Hall W, Asamoah I, Wallace A, Naidoo S, Byrnes J, Fowler G & Arnett K 2010 *Identifying cost-effective interventions to reduce the burden of harm associated with alcohol misuse in Australia*, Sydney: National Drug and Alcohol Research Centre, University of New South Wales & School of Population Health, University of Queensland.
- Matthews S 2009 *A comparison of the regulatory and planning models which reduce crime in the night time economy*, Sydney: Churchill Fellowship Report.
- Graham K & Homel R *Raising the bar: Preventing aggression in and around bars, pubs and clubs*, Devon, UK: Willan Publishing.
- King T & Richards J 2003 *Australian local government: Alcohol harm minimisation projects*, Melbourne: Turning Point Drug and Alcohol Centre.
- WALGA and WA State Government Drug and Alcohol Office 2007 *Local government alcohol management package: A toolkit to assist*, Perth: DAO (Western Australian State Government & Western Australian Local Government Association).
- Livingston M, Chikritzhs T & Room R 2007 "Changing the density of alcohol outlets to reduce alcohol-related problems", *Drug and Alcohol Review*, 26, pp. 557–66.
- Chikritzhs T, Catalano P, Pascal R & Hendrikson N 2007 *Predicting alcohol-related harms from licensed outlet density: A feasibility study*, Hobart: National Drug Law Enforcement Fund.
- Palk GR, Davey JD & Freeman JE 2007 "Policing alcohol-related incidents: A study of time and prevalence", *Policing: An International Journal of Police Strategies and Management*, 30: 1, pp. 82–92.
- Rowe D, Stevenson D, Tomsen S, Bavinton N & Brass K 2008 *The city after dark: Cultural planning and governance of the night-time economy in Parramatta*, Parramatta: Centre for Cultural Research, University of Western Sydney.
- Livingston M 2008a "A longitudinal analysis of alcohol outlet density and assault", *Alcoholism: Critical and Experimental Research*, 32: 6, pp. 1074–9.

36. Livingston M 2008b "Alcohol outlet density and assault: A spatial analysis", *Addiction*, 103: 4, pp. 619–28.
37. Livingston M 2010 "The ecology of domestic violence: the role of outlet density", *Geospatial Health*, 5: 1, pp. 139–49.
38. Livingston M 2011a "A longitudinal analysis of alcohol outlet density and domestic violence", *Addiction*, 106, pp. 919–25.
39. Livingston M 2011b *Using geocoded liquor licensing data in Victoria – the socioeconomic distribution of alcohol availability in Victoria*, Melbourne: Victorian Health Promotion Foundation (VicHealth).
40. *The Victorian Liquor Control Reform Act 1998*.
41. Victorian Government Department of Planning and Community Development 2011 *Practice Note 61. Licensed premises: Assessing cumulative impact*, Melbourne: Victorian Government.
42. *Swancom Pty Ltd v Yarra CC* [2009] VCAT 923 (10 June 2009) Section 96.
43. Brown H 2012 *Decisions about licensed premises by the Victorian Civil and Administrative Tribunal: A review of selected findings*, Dandenong: City of Greater Dandenong.
44. Harris C 2007 "Drugs and alcohol in the workplace", *Australian Chamber of Commerce and Industry Review*, 144, pp. 1–5.
45. Australian Institute of Health and Welfare 2008 *2007 National Drug Strategy household survey: First results*, Canberra: AIHW.
46. Pidd K 2005 "Workplace culture and alcohol use", *Of Substance*, 3: 1, pp. 18–21.
47. LaMontagne A, Ostry A & Shaw A 2006 *Workplace stress in Victoria: Developing a systems approach*, Melbourne: Victorian Health Promotion Foundation.
48. Miller P, Sonderlund A, Coomber K, Palmer D, Gilham K, Tindall J & Wiggers J 2011 "Do community interventions targeting licensed venues reduce alcohol-related emergency department presentations?", *Drug and Alcohol Review*, 30, pp. 546–53.
49. National Alliance for Action on Alcohol 2010 *Reducing harm from alcohol*, Canberra: NAAA.
50. Roche A, Bywood P, Borlagdan J, Lunnay B, Freeman T, Lawton L, Tovell A & Nicholas R 2008 *Young people and alcohol: The role of cultural influences*, Adelaide: National Centre for Education and Training of Addiction.
51. NSW Bureau of Crime Statistics and Research (BOCSAR) website 2012 "Crime statistics by local government", at www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/pages/bocsar_crime_stats (accessed 1/8/12).
52. Wagga Wagga City Council website 2011 "Wagga Wagga alcohol management strategy", at <http://www.wagga.nsw.gov.au/city-of-wagga-wagga/council/forms-and-documents/alcohol-management-strategy> (accessed 1/8/12).

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