

Reducing harm from alcohol

Local government action guide no. 9

Promoting health and preventing illness in the community



Local governments play a major role in supporting the objectives of the *Public Health and Wellbeing Act 2008* by protecting, improving and promoting public health within their municipality. By integrating action across the social, cultural, built, economic and natural environments, council policies and practices can make major contributions to economic prosperity, community cohesion and population health outcomes.^{1,2}

Supply, demand and consumption of alcohol are driven by a range of social, economic, geographical and historical factors. Councils can contribute to the reduction of alcohol-related harm by controlling alcohol availability through planning decisions and associated activities, promoting safer drinking cultures, and building local partnerships that will bring about change.

This guide is one of ten outlining a range of evidence-informed actions that councils may consider when preparing their Municipal Public Health and Wellbeing Plans and other strategies. The proposed strategies are consistent with national and state health promotion priorities and prevention frameworks, including *The Victorian public health and wellbeing plan 2011–2015*.

Why is reducing harm from alcohol a public health and wellbeing priority?

- The social use of alcohol is widely accepted and most drinkers consume alcohol responsibly. Alcohol is a widely used and available drug in Victoria, with 44.5 per cent of Victorians over the age of 14 years being daily or weekly drinkers.³
- In 2010, 26.7 per cent of Victorians aged 14 or over had consumed a level of alcohol during a single session that put them at risk of an injury on a monthly or more frequent basis. Almost one in five (18.4 per cent) drank at levels that put them at risk of long-term alcohol-related disease or injury.³
- Heavy drinking among Victorians aged 16–25 years has increased from 26 per cent in 2002 to 42 per cent in 2009.⁴
- More than 200 types of short- and long-term preventable harms can result from alcohol misuse. These include accident and injury, cancer, heart attack, stroke and liver cirrhosis. The harmful community impacts of alcohol include drink driving, alcohol-related injury, assault and chronic disease.^{5,6,7,8}
- One in five Victorians aged 18–24 years drink at a risky level (i.e. four or more drinks in one sitting) at least once a week.⁹

Alcohol-related harm is generally more extensive in geographical areas with higher concentrations of alcohol sales outlets.^{10,11}

A sample council strategy to reduce harm from alcohol

Strategic goal

Council is committed to reducing the harms from alcohol misuse.

Objectives and actions

Develop policy and planning schemes to restrict the concentration of licensed premises

- Map alcohol-related harm in the municipality by using local government area data collected by the Victorian Government, and explore opportunities for collecting alcohol-related assault data from police.
- Assess the cumulative impact associated with licensed trade, including the number and type of liquor licences operating.¹²
- Review the economic benefits and costs of licensed trading, including assessing the costs associated with cleaning up near licensed premises.
- Develop a local liquor licensing policy to reduce alcohol-related harm.
- Review the design of public areas near late night licensed premises (e.g. sufficient lighting, bins, public toilets and public transport).
- Enforce local laws that prohibit the consumption of alcohol in high-risk areas, such as in parks and main streets, or at high-risk times or events.

Promote safer drinking cultures

- Develop an alcohol management plan, outlining the appropriate use of alcohol at council events such as work celebrations and functions.
- Provide alternatives to alcohol at council events, and set limits on the supply of alcohol in council-owned facilities.
- Establish alcohol-free events, or consider hosting 'dry' areas at existing events, particularly when there is a focus on young people's participation.
- Work with community sports clubs to ensure compliance with Responsible Service of Alcohol requirements, and encourage clubs to diversify fundraising so they are less reliant on alcohol sales.
- Promote the use of the 'Say When' tool to the local community.¹³

Build partnerships with local stakeholders

- Set up a liquor licensing accord with local police, state government and liquor licensees to share information about alcohol-related issues and develop local solutions.
- Coordinate a process for assessing liquor licence applications that involves input from the police and council's planning, health promotion and community development departments.
- Develop a network of stakeholders in the community, including businesses, local health and community services, police and residents' groups to monitor local alcohol-related issues.

References

- 1 Blane, D, Brunner, E & Wilkinson, R, 1996, *Health and social organisation: Towards a health policy for the 21st century*, Routledge, London, p. 12.
- 2 Wilkinson, R & Marmot, M, 2003, *Social determinants of health: The solid facts* (2nd edn), www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health.-the-solid-facts
- 3 Australian Institute of Health and Welfare, 2011, *2010 National Drug Strategy household survey report*, drug statistics series no. 25, cat. no. PHE 145, AIHW, Canberra.
- 4 Victorian Drug and Alcohol Prevention Council, 2010, *2009 Victorian youth alcohol and drug survey*, Department of Health, Melbourne.
- 5 Livingstone, M, 2011, 'Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms', *Drug and Alcohol Review*, vol. 30, no. 5, pp. 515-523.
- 6 Australian Drug Foundation, 2007, 'Issues paper no. 2', *Local government reducing harm from alcohol consumption, Prevention Research Quarterly: Current evidence evaluated*, September, Australian Drug Foundation, Melbourne.
- 7 Matthews, S & Barratt, MJ, 2011, *Victorian alcohol statistics: Wholly alcohol attributable hospitalisations across Victorian local government areas*, vol. 2, Turning Point Alcohol and Drug Centre, Fitzroy.
- 8 Rehm, J, Mathers, C, Popova, S, Thavorncharoensap, M, Teerawattananon, Y & Patra, J, 2009, 'Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders', *The Lancet*, vol. 373, no. 9682, pp. 2223-2227.
- 9 Turning Point Alcohol and Drug Centre 2007, *Victorian drug statistics handbook: Patterns of drug use and related harms in Victoria for the period July 2006 to June 2007*, Victorian Government Publishing Service.
- 10 Livingstone, M 2011, 'Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms', *Drug and Alcohol Review*, vol. 30, no. 5, pp. 515-523.
- 11 Chikritzhs, T & Stockwell, T 2006, 'The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels', *Addiction*, vol. 101, no. 9, pp. 1254-1264.
- 12 See www.dpcd.vic.gov.au/planning/news-and-events/news/planning-approval-now-required-for-packaged-liquor-outlets
- 13 'Say When' is a free online alcohol information screening and intervention tool available at www.betterhealth.vic.gov.au/saywhen