THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

CHURCHILL FELLOWSHIP REPORT

The Sir William Kilpatrick Fellowship to investigate methods for initiating a cultural change around alcohol.

Clancy William Wright – 2010 Churchill Fellow

Signed ***Clancy William Wright*** **Dated** **17/2/2011**

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Introduction

My interest in achieving a cultural change around alcohol arose from the assault that wrecked the life of one of my best friends. The assault left him a shadow of his former self, cocooned in a permanent vegetative state. Both my friend and the assailant had been drinking, and I believe that had they not, or had they reduced their consumption, then this assault would most likely have not occurred. The pain this one assault caused is difficult for me to comprehend. The assault has forever transformed his life as well as leaving a horrible impact on those around him.

During the time I spent overseas undertaking my fellowship, on previous statistics, about 6,750 Australians would have been hospitalised due to an alcohol related incident, and 280 died[1]. The trauma this translates to is immeasurable. The pain and suffering for untold families will endure for many more years to come.

Alcohol's role in Australian life is now disproportionately negative. The 15.3 billion dollar annual cost to the Australian economy is indisputably extreme[2]. Australia needs to achieve, through a multi-sectoral approach, a reduced level of harm by means of a cultural change around alcohol.

My Churchill Fellowship was a testing experience for me, but ultimately a very rewarding one. As a twenty four year old I was honoured to receive the Fellowship and flattered by the generosity and belief in me shown by the Churchill Trust.

I focussed my Fellowship primarily on England and Scotland. I engaged with the most important and active alcohol and other drug (AOD) organisations in those countries. I took in meetings with knights and famous historians, attended conferences and lectures, sat in parliaments, marble halls and police headquarters and even took a day off to see some sights. I had planned to spend time in both Sweden and Ireland but due to illness and unforeseen circumstances these plans were altered.

The accumulation of my lessons, my report, is an achievement I am very satisfied with. Whilst many of these lessons I will take with me onwards throughout the rest of my life I am excited to share these, and what I believe to be important recommendations, with my peers, family and the Churchill Trust. I hope that the lessons outlined in this report may assist the continued work of many in the Australian community to reduce the harms of alcohol.

[1] (Laslett, A-M, et al, 2010, 'The range and magnitude of alcohol's harm to others', AER Foundation).
[2] (Collins, T and Lapsley, H, 2008, 'The cost of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05' quoted in the Alcohol Policy Coalition Federal Election Manifesto, 2010).

I believe the three topics of my report – greater sectoral cooperation, reinvigorating the alcohol debate with greater community engagement, and the role of leadership - to be of value to the Australian AOD sector.

I hope that this report can in some way reduce the level of alcohol related harm and the likelihood of more families losing a loved one - and more friends losing a true friendship - to an alcohol related incident.

Acknowledgements

I would like to thank the Churchill Trust for presenting me with this wonderful opportunity so early in my career. I hope that this report may repay some of your faith and generosity.

I would also like to thank my colleagues at the Australian Drug Foundation who not only supported me throughout my Fellowship, but who are a joy to work with and for. I would also like to thank VicHealth, especially Brian Vandenberg, Kerryn O'Rourke and Todd Harper, who have provided support and guidance since my time with Step Back Think.

To my loving family and beautiful girlfriend. Your support and guidance throughout what was at times a tough journey helped me keep going and gave me strength when I could find none myself. I thank you.

Finally I would like to thank all the organisations and individuals who took the time to meet with me on this Fellowship. Without your time, effort and patience, whilst I failed to navigate the tube, this report would be empty.

Thank you all.

Executive summary

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Australia has an intolerable level of alcohol related harm and death, resulting from the high levels of alcohol consumption. Australia requires a cultural change around alcohol, a reduction in harms and national legislation to support it.
To achieve this, a revitalised approach led by the Australian alcohol and other drug sector is required.
This approach should focus on three key points;

1. Cooperation – Effectively engaging with sectors who are impacted by, and whose work impacts on, alcohol consumption. Sectors such as health, domestic violence and childhood development. Expanding influence, knowledge and effectiveness, these sectors share a vested interest to reduce the level of consumption of alcohol and subsequent harms.
2. The alcohol debate – Continuing to engage with the public the way we have for the last decades is not going to work. We need a new approach to engaging the general public in the alcohol debate. We need to address the lack of a sense of personal responsibility within the general public. We need to engage people by raising issues which are not as divisively entrenched as alcohol consumption, but which are heavily impacted by alcohol, such as the sectors mentioned above. Through these mediums we can engage the public and tackle alcohol through social issues.
3. Leadership – To achieve these first two steps leaders from the respective sectors, including the alcohol and other drug sector need to stand up and show the way. Without this there will be no change.

A cultural change around alcohol can be realised. Harms can be reduced. Australia can restore the balance. But a new approach is required.
I hope this report can assist the development, and eventual realisation, of national alcohol legislation to support a cultural change around alcohol.

Highlights

- Attending the Alcohol Concern conference and having my understanding of alcohol harms deepened.
- Contributing to my twice weekly blog and sharing my Fellowship with my colleagues, family and friends – www.clancywright.wordpress.com
- Attending the debate and vote of Scotland's Alcohol Etc. (Scotland) Bill at the Scottish Parliament
- Meeting with Professor Shane Butler in the impressive halls of Dublin's Trinity College
- Attending the Best Bar None awards in the incredible marble Glasgow city hall.
- A packed Scottish rugby stadium standing in the rain signing "Scotland the Brave" accompanied by bagpipes and a whole lot of kilts
- Developing a report that I hope will assist Australia achieve a cultural change around alcohol and reduce the incidents of alcohol related harm.
- All the intelligent, creative and generous individuals I had the pleasure of meeting, and the lessons they taught me.

Programme

Dates	Location	Organisation	Key contacts/Event
25th October	London	**The Department of Health**	Senior project officer, Matthew Andrews Project officer, Aaron Mills Project officer, Ralph Smith
		London School of Tropical Medicine Lecture; Historical analysis of alcohol policy	Professor, Wayne Hall
		London School of Tropical Medicine	Professor, Virgina Berridge
26th October	London	**Drug Scope**	Policy officer, Esther Sample CEO, Marcus Roberts
27th October	London	**Social Finance UK**	Associate, Peter Sebastian
		Alcohol Concern	Youth policy officer, Tom Smith Youth policy officer, Anna Curran Membership development officer, Liz Ainworth CEO, Don Shenker
28th October	London	**Alcohol Health Alliance and Royal Institute of Surgeons**	Chair & President, Sir Ian Gilmore
29th October	London	**London City Council**	David MacKintosh
		National Organisation of Residents Association	Founder & President, Alan Shrank
1st November	London	**Our Life**	Head of Campaigns & Advocacy, Callum Irving
2nd November	London	**Alcohol Concern**	AGM and Annual Conference
		Institute of Alcohol Studies	CEO, Adrian Bonner
		Camden City Council	Alcohol advisor, Sarah Ward
		Alcohol Action Ireland	CEO, Fiona Ryan
3rd November	London	**Drug Scope**	AGM & Annual Conference
4th November	London	**Westminster City Council**	Alcohol advisor, Alison Monaghan
8th November	Glasgow	**Alcohol Focus Scotland**	Director of Services, Barbara O'Donnell Head of training, Mary Ellmers
9th November	Glasgow	**Alcohol Focus Scotland**	CEO, Dr Evelyn Gillian Licensing and ServeWise Manager, Linda Bowie
		Strathclyde Police	Licensing Inspector, David McDonald
		Best Bar None	Best Bar None awards ceremony
10th November	Edinburgh	**Glasgow Caledonian University**	Criminology researcher, Dr Alasdair Forsyth
		The Scottish Parliament	Alcohol Etc. (Scotland) Bill, voting and debate
11th November	Glasgow	**Alcohol Focus Scotland**	Policy Officer, Diane Thompson Project Officer, Gillian Bell
12th November	Glasgow	**Alcohol Focus Scotland**	Programme Development, Laura McFadzen
16th November	Blackburn	**Community Action Blackburn**	Project manager, Charlie Bryceland Youth Worker, Steve Bryan *Attended by First Minister & Minister for Health (also responsible for proposing Alcohol Etc. Bill) Nicola Sturgeon
18th November	Edinburgh	**Lothian and Borders Police**	Inspector, Paul Matthews Inspector, Jim Royan Sergeant, Jacqui Marwick
		Scottish Government, Alcohol policy team	Policy officer, Grant Campbell
19th November	Edinburgh	**Edinburgh Violence Reduction Programme**	Coordinator, Steve Adams
		Lothian and Borders Police	Licensing, Lynn Symington
22nd November	Dublin	**Trinity College**	Professor, Shane Butler

Theme 1: Cooperation, Collaboration and Participation

Background

I began my Fellowship focussing on projects that brought about cultural change through the political process - lobbying and legislative reform. I had thus arranged my schedule around this. My first day for example included:

- A meeting with the alcohol policy team at the Department of Health in London,
- A lecture on international alcohol policy by NHMRC fellow and internationally acclaimed neuroscientist Professor Wayne Hall,
- Meeting a famous alcohol historian, Professor Virginia Berridge.

Professor Berridge commented to me that maybe legislation was not the most crucial determinant of cultural change. At the time I admit, that even though I have great respect for the Professor's knowledge, I certainly thought she was wrong. But over my Fellowship I began to see she had a point.

A re-focus

It was by my second week that I began to realise that perhaps there was a hole in my schedule and that perhaps my approach to alcohol and cultural change was misdirected.

The first thought that I may need to review my approach arose from meetings I had held in my first week with two membership based organisations, DrugScope and Alcohol Concern.

Both organisations have a national role within the United Kingdom (UK), and are registered charities. DrugScope describes itself as "the national membership organisation for the drug sector and the UK's leading independent centre of expertise on drugs and drug use". Alcohol Concern likewise describes itself as "the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems".

Both organisations have a collection of subscribed members. These paid up members, 600 and 400 respectively, are a collection of both organisations and individuals with an interest in reducing the harm associated with alcohol. Members of Alcohol Concern are predominantly 'frontline' organisations but also include academics, medical practitioners, police and community members. The role of the members is to inform the organisation of issues at the 'ground' level, to support the development of policy, to support lobbying and to share resources and contacts. The members in return receive a platform for their issues, monthly briefings, opportunities to engage with lobbying, access to network groups and a range of other benefits. Another less measurable benefit of the relationship is the comprehensive

understanding of alcohol related harms, generated by combining the different perspectives which member organisations offer, from operating on the 'frontline'.

Membership also provides for connection between peak organisations directly to the general public. Membership based organisations don't need to focus as much on engagement, as their nature entails them possessing an array of hundreds or even thousands of frontline services and practitioners. As such, the member based organisation can communicate via its membership with local communities and through those to the general public, to link programs and initiatives with the needs of diverse communities.

By providing access to practitioners dealing with a wide range of alcohol effects and organisations, operating in related fields such as domestic violence, these umbrella organisations offer office based AOD workers such as myself a heightened connection with alcohol harm statistics: reintroducing real meaning and far more important outcomes to the membership organisation.

The symbiotic relationship between the member and membership organisations really resonated with me and I believe would greatly benefit AOD work in Australia.

The second experience which led to me questioning my initial approach occurred in my second week when on 2nd of November, I attended the annual Alcohol Concern Conference. The Conference was entitled "Generation alcohol-is drinking damaging childhood?" A highly informative and educational conference, it included presentations by Ministers and high profile AOD workers. However, it was an organisation called Against Violence and Abuse that really got me thinking. In her presentation to the Conference, entitled "the Impacts of Living with Parental Substance Abuse", Ms Joanne Sharpen, the Children and Young People's Project Coordinator for Against Violence and Abuse, highlighted the prevalence and ongoing impact of domestic violence and importantly its association with alcohol.

As I sat listening to the presentation, I wondered why in my work around street violence or alcohol I had never met with any organisation to discuss domestic violence, a manifestation of violence far more damaging and frequent than street assaults. Using UK data, Ms Sharpen argued that in "the next 7 days in the United Kingdom:

- some 30,000 women would experience domestic violence
- 15,000 would be sexually assaulted
- And a further 2,000 would be raped."

Quoting UK data, Jo Sharpen identified that in the UK Crime Survey 2005 it was identified that alcohol played a role in 1.2 million violent incidents, with research by Finney suggesting that alcohol played a role in 2/3rd of all incidents of domestic violence. While the links between domestic violence and alcohol were recognised as under researched, it was argued that "domestic

violence is more likely when the partner has a problem with substances" and that "a perpetrator's use of alcohol was likely to result in more serious injury than had the perpetrator been sober". Jo Sharpen's speech led me to reconsider what it is that we must address to achieve cultural change around alcohol.

I recognised that we must acknowledge that there is a broad group of sectors where alcohol impacts, and with practitioners whose work deals directly with the impacts of alcohol consumption – notably, domestic violence, mental and physical health and childhood development. The inclusion of these fields as central to the alcohol debate is essential to ensuring not only that it is adequately guided and informed but that it is representative and inclusive. There is, within these sectors, a community of shared knowledge and responsibility, which is crucial to the debates around alcohol use, and which could more effectively drive community engagement with the issues around alcohol use.

Another session at the Conference that challenged my thinking was a presentation by Joyce Moseley, CEO of Catch 22 (a youth focused organisation). Joyce used a number of quotes from the research of Catch 22 which were felt to be symptomatic of young peoples' attitudes to alcohol. One quote in particular, from a frontline organisation, offered a very important perspective:

> "People turn to drink when things are going shit and no one's helping them. Drinking's only a problem when you have a problem".

Whilst I do not entirely agree with this statement, it forced me to consider that in addressing alcohol consumption we must also address causal factors. For me, the realisations from this conference were to set the tone for the rest of my UK visit: the need for the AOD sector to work more closely with organisations that deal directly with alcohol harms 'down stream', whilst also working 'up-stream' to reduce the likelihood of them occurring.

I left the Alcohol Concern conference that day with a new perspective. Even though my personal journey had started by witnessing the destructiveness of I left the Alcohol Concern conference that day with a new perspective. Even though my personal journey had started by witnessing the destruction of an alcohol related assault, I realised that I did not truly comprehend or understand the real effects of alcohol. For me, the speakers who offered stories, or who brought their broader social insights had shown me the importance of their expertise and understanding. Even though I work in the policy team of a nationally recognised AOD organisation, I had not in my work been exposed to the knowledge of workers from other sectors who had direct experience of what other 'alcohol related harms' really mean, and what is really at stake here. The opportunity to work with other such organisations and be informed by their knowledge and understandings would enhance our

understanding of the breadth of the issues at stake, and potentially our effectiveness.

Case Study: Edinburgh Violence Reduction Programme

The Lothian and Borders Police Force (which includes the city of Edinburgh, Scotland) developed, in conjunction with other organisations listed below, the Edinburgh Violence Reduction Programme (EVRP), a multi-agency long term programme for dealing with violence. The program involves a collection of organisations with front line experience in dealing with violence. The purpose of the EVRP is to reduce incidents of violence occurring. The logic of such broad selection of organisations is its recognition that alcohol based violence is multifaceted – so, by approaching violence from a variety of perspectives the causal, or risk factors, associated with violent behaviour can be separately reduced and the program can have a sustainable influence over the long term.

I met with Steve Adams, the police officer responsible for maintaining communication between partners and ensuring appropriate coordination is maintained. The current list of organisations involved in the project are;

- Victim Support
- City of Edinburgh Council
- Crimestoppers Scotland
- NHS Lothian
- Edinburgh COMPACT
- Lothian and Borders Community Justice Authority (CJA)
- Children and Young People Strategic Partnership (CYPSP)
- British Transport Police
- Lothian and Borders Fire and Rescue Service
- Scottish Ambulance Service
- Action on Alcohol and Drugs in Edinburgh (AADE)
- Licensed Trade
- Lothian and Borders Police
- Violence Against Women Partnership
- Edinburgh Women's Aid

The consultation process conducted with organisational partners prior to the construction of the EVRP resulted in three distinctive components of the strategy emerging. It also included both a whole of population approach and targeted approaches. The three distinctive component strategies are;

1. Violence Against Women
2. Alcohol and Night-time Economy
3. Other Street Violence.

> The EVRP is a perfect example of cross sectoral partnerships working together to achieve a common goal. Whilst the evaluation of the EVRP is not yet available, I believe within the context of cooperation, the EVRP has already succeeded. It is a model that could well be adopted within the Australian context to address a range of alcohol based problems.

The third confirming discussion that supported my growing realisation that cultural change was going to require great strength in numbers came in the last meeting of my first week. Prior to departing for the UK, I had made contact with Alan Shrank, founder and president of the National Organisation of Residents Association. (NORA) Because of a clash, Alan was unable to meet me during office hours, but he invited me to dinner with himself and his wife.

Founded after a failed liquor licensing objection, NORA had gone from strength to strength in its nine year history. Originally supported by Alcohol Concern it was now an independent organisation primarily funded by membership fees. Alan, a former doctor, was moved by his failed licensing objection to empower likeminded people across England and Wales to engage not just in objections to alcohol outlets but a range of community well being issues – waste, car parking , community safety, etc. The group now has some lobbying weight and delegations travel annually to Westminster to meet with politicians, lobbyists and policy makers.

What was intriguing about NORA was that whilst it was small its strong and growing membership base empowered it to continue to grow in size and political importance by drawing on the energy and the expertise of its members. The success of NORA has been mixed but its membership continues to grow as does its importance. NORA like the other membership organisations demonstrates the importance of strength in numbers.

So now what?

It was with these thoughts in mind that I began to understand that it was not just a change in government policy that was needed to achieve cultural change – as I had thought prior to commencing the Churchill - but a change in the nature of the AOD sector.

However I had chosen my destinations for this trip because my primary interest in my project was to look at community engagement in the process of cultural change around alcohol use, and I was aware of a number of interesting initiatives underway in Scotland and England which involved communities. Cultural change is a long term aim and results are not necessarily rapidly seen. It is also important to look at 'failures' in terms of what we can learn from them, as the example in my next section clearly illustrates.

Case Study: Scottish Minimum Pricing

On Wednesday the 10th of November I sat in the Scottish Parliament and watched as for the first time a nation attempted to pass new minimum pricing legislation.

The Alcohol Etc. (Scotland) Bill (SP Bill 34) was identified as '*A Bill to make provision regulating the sale of alcohol and licensing of premises on which alcohol is sold and to make provision for the imposition of charges on holders of licences granted under the Licensing (Scotland) Act 2005 and the Civic Government (Scotland) Act 1982".*

In the Alcohol Etc. (Scotland) Bill, provision was made for a major alcohol policy innovation, namely, a minimum price for a standard unit of alcohol. The Bill based on overwhelming international evidence, with extensive support from the AOD sector and police support was passed. However, there was one major amendment, the clause referring to the provision for a minimum price for a standard unit of alcohol was defeated..

The amendment to remove minimum pricing received significant, adverse comment: as the Institute of Alcohol Studies reported

Dr Brian Keighley, Chairman of the British Medical Association (BMA) in Scotland said:

"This is a missed opportunity for our parliamentarians who had a real opportunity to drive forward public health policy, not just in Scotland but in the rest of the world. I am frustrated and disappointed that the debate on such a serious health issue has been polarised and that many opposition MSPs had made their minds up before even considering the evidence presented to the Committee. The inclusion of a 'sunset clause' offered an opportunity to test the effectiveness of minimum pricing and provide doubters with the reassurances they had initially sought. Sadly, now we will never know."

"I hope that this is not the end of the debate on how we tackle the increasing affordability of alcohol, but signals the beginning of a mature, non-partisan approach to address Scotland's relationship with alcohol."

For myself, the process was fascinating. I was lucky enough to accompany the CEO of Alcohol Focus Scotland, Dr Evelyn Gillian, to the Scottish Parliament to watch the debate. Nicola Sturgeon, the Deputy First Minister for Scotland – in Australia, Deputy Prime Minister– Cabinet Secretary for Health and Wellbeing and Deputy Leader of the Scottish National Party (SNP) in the minority SNP government proposed the Bill to parliament. Dr. Gillian informed me that Nicola Sturgeon has been the champion of the minimum pricing

legislation and the alcohol debate in general. She is a strong leader and fierce debater. Her caucus leadership has been singled out as a very positive sign for alcohol reform in Scotland and there seemed to be little debate that minimum pricing would, one day, be law is Scotland.

Due to the supportive work of AOD organisations in Scotland, especially Alcohol Focus Scotland and the Alcohol Health Alliance (AHA), an acceptance was achieved on all political sides of the need to address the escalating alcohol related harms in Scottish society. AHA identifies itself as "a coalition of 24 organisations whose mission is to reduce the damage caused to health by alcohol misuse and who will work together to: highlight the rising levels of alcohol-related health harm; propose evidence-based solutions to reduce this harm; influence decision makers to take positive action to address the damage caused by alcohol misuse.

Notwithstanding broad support for a need to act to reduce alcohol harm, the minimum pricing clause – the most innovative component of the legislation, and the initiative most likely to reduce alcohol consumption - failed to get support in Parliament, with the Conservative Party amendment to remove minimum pricing being supported by the SNP's minority partner, the Scottish Labour Party.

The public commentary surrounding the Bill saw several participants from within the AOD sector arguing that the alcohol industry had penetrated the Labour consciousness and was the most important reason for their lack of support. Although industry involvement surely was a factor, it was not the main reason for the minimum pricing clause being rejected. It was because without community support for the Bill it was in Labour's political interest to oppose it.

Lessons from "failure"

Over my next week in Scotland I began to develop a more comprehensive understanding of the work undertaken to enable minimum pricing to be proposed as legislation.

- Alcohol Focus Scotland and the AHA had played key roles. They had, worked hard to achieve comprehensive support from key decisions makers and politicians.
- Seminars were run to educate those identified as potential leaders and key individuals. International advocates were deployed to convince the politicians.
- The seminars, AFS and AHA and the debate became a victim of its own success. Once the support of leaders of the likes of Nicola Sturgeon was won, the debate was quickly owned by senior political leaders.

- However, because of this quick success insufficient attention was given to community engagement and community education (there was no need for a ground swell of support as the politicians had been convinced).
- So, for a policy that would impact on the community – in the price of their alcohol, through minimum pricing - support was insufficient. There was inadequate multi-sectoral support within the community and little community understanding of minimum pricing.

Consistent with the model of broad collaboration and cooperation, including community or membership support that was emerging for me as a model for alcohol reform and community change, this innovative and important legislation seemed to have failed for two key reasons:

- In order for legislation to be successful in the short and long term, Governments require a level of community understanding and support. This was not sufficiently developed.
- Secondly, in the nature of democratic populous politics where opposition parties sense that Government does not have popular support for legislation, they are likely to support the majority – and often so, regardless of their view on the merit of a policy. In the case of the Alcohol Etc. (Scotland) Bill, because insufficient community and broader sectoral consultation and education had been conducted, the Scottish Labour Party and Conservatives were able to seize on the communicative shortcomings of both the AOD sector and SNP. Because of a lack of community and broad sectoral support it was in Labour's self interest to oppose the Bill.

For my mind – and consistent with the UK model – the likelihood of success would have been greater had the Bill and its objectives been assisted by a community campaign to broaden and deepen public and cross sectoral support. Perhaps, had Alcohol Focus Scotland been a membership organisation or if a community campaign had been developed to support the Bill, opposition could have been reduced. The failure of the Alcohol Etc. (Scotland) Bill demonstrates that without cooperation to achieve a common goal we risk isolating ourselves and failing to succeed in the long term.

Building Cooperation and Community engagement

If the Scottish minimum pricing 'experiment' was a failure, what opportunities are there for the AOD and other sectors to build support for strategies designed to build community understanding of alcohol harm and support initiatives to reduce those harms?

One important opportunity in both England and Scotland to communicate in a concentrated manner the broad range of alcohol related effects, are the Alcohol Awareness Weeks. These weeks operate in both Scotland and

England, each with a slightly different focus. In the following I have outlined some details about both.

Case Study: Alcohol Awareness Week

Annually both Scotland and England AOD organisational cooperation culminates in a weeklong awareness raising week entitled Alcohol Awareness Week. The two respective weeks, in Scotland and England, have varying strategic goals, community education and policy change respectively, but display similar methods.

<u>English Alcohol Awareness Week</u>

- Coordinated and managed by Alcohol Concern.
- In 2010 the theme of the week was 'Alcohol and Childhood' in which the question 'is alcohol damaging childhood?' was asked. Encompassing the issues of alcohol use by young people, the impact on young people of parental drinking, and the influence of alcohol marketing on young people.
- The week seeks to raise awareness of alcohol misuse issues, promote the work of treatment agencies in England and Wales and to highlight the gaps in alcohol policy.
- In 2010 Alcohol Awareness Week focused lobbying initiatives on three specific issues, new reports relating to each of these issues were also released. The Alcohol Concern website outlines the three main issues as;
    - To **minimise harms** - whenever a young person attends accident and emergency (A&E) due to drinking - or has contact with other emergency services - there should always be access to support, advice and referral to specialist alcohol services.
    - To **reduce the risk to children** - all social workers and teachers should be fully trained to understand issues of alcohol, substance misuse and domestic violence and how to support children and families affected by it.
    - To **protect children from alcohol marketing** - greater restrictions should be introduced for all alcohol marketing on TV, radio, in cinemas, on billboards and on the internet.

- Alcohol Concern members are encouraged to engage and contribute to the development of the issues and reports.
- The general public is presented with opportunities to fundraise, donate to the week as well as show support by forwarding a generic email and letter or by signing their support to the week.
- All information presented during the week as well as information and toolkits are available to all via the Alcohol Concern website.
- Alcohol Concern works closely with the Alcohol Health Alliance***,*** its membership base and key partners to lobby effectively.

The Scottish Alcohol Awareness Week

- The Scottish Alcohol Awareness Week is an initiative of the Scottish Government Alcohol Industry Partnership, managed by the AAW Steering Group, which includes representation from health, industry, Government and voluntary sectors.
- The Steering Group annually develops the theme, messages and delivery for the week.
- A key aim of the Steering Group is multi-organisation involvement during the development and delivery of the week.
- Scottish Alcohol Awareness Week's aim is community education and awareness raising.
- The theme for 2010 was "How do you measure up" and encouraged a greater awareness of units of alcohol (standard drinks).

The Scottish Alcohol Awareness Week receives a great level of funding and extensive support from the Scottish Government and a range of organisations.

Lessons for Australia

Whilst international evidence demonstrates that social marketing campaigns have little to no impact on alcohol consumption in both the short and long term, there is still much the Australian sector could learn from the positive gains the Scottish Alcohol Awareness Week has made in only its fourth year.

Both the Scottish and English Alcohol Awareness Weeks are important examples of cooperation and shared intent. They are examples of extensive communication and cooperation with a variety of sectors and organisations. Conceivably if in Australia a range of alcohol impacted sectors, communities and expert individuals united for the same purpose, its own Alcohol Awareness Week, there could be benefits in terms of community education and awareness and, in time, support for changes necessary to lessen alcohol related harms.

Theme 2: The Alcohol debate and the role of "the other"

Background

Many alcohol programs in the past have failed to build a broad understanding of responsibility and acceptance within the general public. This has in part occurred because responsibility for alcohol related problems and harms are deflected away from the general public onto an 'other' - blaming specific populations for problems that are whole of population. I was interested to find where community engagement had been successful in avoiding this dead end.

This concept has a long philosophical tradition where a distinction between "them and us" has been used to separate social behaviour in a society from anti social behaviour. And, although this is not a philosophical study, I found the phrase useful to identify how individuals in a society often choose to deflect responsibility towards particular minority communities – young people, "binge drinkers", Indigenous communities, "bogans" etc.

The "other"

My Churchill fellowship reinforced in my mind that the greatest challenge to overcome in achieving cultural change around alcohol is that society must first develop a desire for change. Consequently, the greatest hurdle to overcome in achieving a desire for change, is to first achieve a broad social acceptance of responsibility.

Case Study

I sat in a taxi travelling eastbound from Notting Hill back into central London to meet a representative of the Manchester based Our Life. My cab driver after first discussing the upcoming Ashes series asked me what I do, I replied along the lines of 'cultural change around alcohol'. Without provocation my taxi driver told me that the proposed minimum price for alcohol would be unfair, "Why should I pay because others can't handle their alcohol" he argued. My cab driver was not an expert, but he was a voter, and he was clearly not alone in his beliefs.

As I discussed in Theme 1, by failing to build a broad base of community support around its legislation, the Scottish Government proved unable to win support for the "minimum pricing" provisions of their Bill. If my short but insightful discussion with my cab driver was indicative of the challenge faced in winning such support, it also shows the imperative of doing so.

Pivotal for me in the comment was that the taxi driver was able to deflect the community need for a change in pricing – or pricing to

recover the costs of the harm inflicted by alcohol – by blaming "others" for the problem. For my driver, the problem lay with "…others (who) can't handle their alcohol". The driver felt vindicated in his position believing that there was nothing about his relationship with alcohol that was "out of the ordinary".

However the evidence presented in paper after paper on the anti social effects of alcohol is that it was not some "other' minority that was acting anti socially under the effects of alcohol, but the majority of the population. This is the reality.

The debate

The challenge as I see it for the AOD sector and members like me is "how do we convince society there is a need to reduce overall alcohol consumption?" Surely, this is not simply a matter of the sector being unable to provide a sufficient case, or about the community being unable to understand the argument. During my Churchill Fellowship I began to realise that the answer lay fundamentally, not with a public "who won't listen", but with an argument that is misdirected. Whether society is right or wrong doesn't matter, the issue is whether or not society believes it is right or wrong. It is time to try a new approach to the alcohol debate.

During my Fellowship I found myself looking for examples of where an argument had worked - where the community engaged and understood their responsibility for the effect alcohol behaviour was having upon their community.

Case Study: Blackburn, Scotland

Blackburn is situated in West Lothian, on the road between Glasgow to the west and Edinburgh to the east. Having been a manufacturing hub in the past, Blackburn is a mixture of local industry and urban commuters. Irrelevantly it is also the home of Susan Boyle. Blackburn exhibits varying levels of socio economic advantage and has a mix of demographics.

Blackburn is the site for Alcohol Focus Scotland's most interesting project: entitled Blackburn Community Action.

Blackburn Community Action is coming to the end of a three-year trial – a trial which has been community driven, community designed and will soon be completely community owned. I was lucky to visit a Blackburn primary school - which has been an important local leader in the project - to attend a ceremony also attended by the Deputy First Minister of Scotland and the biggest supporter of the Alcohol Etc. (Scotland) Bill, Nicola Sturgeon. As I discussed in Theme 1, Nicola Sturgeon as Health Minister had championed the Bill with its focus on reducing the levels of

harm in Scotland from alcohol abuse and its support for minimum pricing of alcohol. By the time I was visiting Blackburn, the Minister had seen her Bill passed, but the minimum pricing clause defeated.

Minister Sturgeon was visiting Blackburn to congratulate the community and the school in particular on its work to challenge the place of alcohol within Blackburn. A noticeable recognition of both a very positive project, but also the political will exhibited in 'overcoming' alcohol harm.

The project, whilst congratulated by prominent politicians for its community education and alcohol harm prevention, had had to recreate itself by deliberately removing its emphasis on alcohol - even if just initially - or face failure before it could even begin.

When the project was initially created it was called 'Alcohol Action Blackburn' a name which far more succinctly summed up the original goals of the project. However, when the original project managers began a community consultation process around the project, they found overwhelming reluctance from the community to engage. The consultations were primarily street interviews but it was increasingly clear that community members were unwilling to engage with an alcohol project. After some time of this, and with the project failing to develop, the steering group (comprised of local community members) suggested that a name change was necessary. The name change resulted in Alcohol Action Blackburn being replaced by the title Blackburn Community Action. Once this was made official, consultations were reinitiated and the impact was immediate. Blackburn Community Action suddenly registered a greatly improved response rate and community engagement.

The Project Manger, Charlie Bryceland, of Blackburn Community Action attributes the change in response to the project, from the removal of Alcohol from the project title. In my discussions with the Manager, it became clear that notwithstanding that the focus of Blackburn Community Action remained on alcohol usage, the community had initially been unwilling to accept a focus on both their own and the communities alcohol use.

The increased community feedback to the project's street interviews identified a strong community desire to engage with and reduce the impacts of alcohol in Blackburn. For instance, street interviews found that 95% of identified community problems were impacted by alcohol, with varying levels of severity. The community issues and problems identified where alcohol was identified as a major factor included domestic violence, property damage, childhood safety and public nuisance.

The Blackburn project has made great inroads in alcohol awareness and social action at a local level. The Blackburn Community Action web page on the Alcohol Focus – Scotland site is testament to the range of projects being actively run in the community. A web link can be found at http://www.alcohol-focus-scotland.org.uk/about_us/our_projects/.

My lessons

For me a lesson from the Blackburn case study was that continuing to confront the public head on about alcohol is unlikely to be successful and is probably counterproductive. Yet when the issues are repackaged, a community can 'join the dots' and welcome alcohol interventions as part as a broader approach to address community issues.

From Blackburn, I came to the view that to most effectively engage the public in the alcohol debate, the debate – and the AOD sector - needs to start by:

a) Taking 'alcohol' out of the debate,
b) Encouraging the community to broaden the issues of concern, and
c) Allowing them to bring alcohol into the debate.

Community Engagement

During my Fellowship the projects that assisted communities to develop their own understanding of alcohol problems and potential initiatives to address these, proved consistently to be the most exciting and effective. Engaging the community in the debate and encouraging them to take part, including leading the project, is crucial to the goal of achieving a cultural change around alcohol.

As I discussed in Theme 1, Our Life is a membership organisation that seeks to identify and tackle barriers to better wellbeing and health across the North West UK. On their web site, Our Life identify that *"we believe that the current health environment is acting as an impediment to making healthier choices easier and is leading to more ill health across our region. We were set up to challenge and address the unhealthy environment facing the citizens of the North West."* Alcohol use and minimum pricing are key advocacy programs.

Case Study: Community Interfacing

The attempts by Our Life to change the alcohol debate that have been most successful are in fact very similar in approach to those developed in Blackburn: they encourage the community to take control. The term Our Life has given the system is Community Interfacing. Community Interfacing has been a technique used in programs associated with obesity and healthy eating projects, as well as alcohol.

The way Community Interfacing works, is that community members are recruited and assisted to lead an outcome focused community based discussion.

In selecting participants, Community Interfacing deliberately pursues populations that don't historically engage with discussions – those from lower socio economic groups, rural populations et cetera. Community Interfacing was developed so that discussions can empower the community to decide for itself what the problems are and what steps should be taken to alleviate them.

To assist the discussion and provide evidence when required, experts are invited to attend, but are only there to respond to and assist the discussion, not to lead the discussions.

After the Community Interfacing process has occurred and ideas have been generated, Our Life assist the community in pursuing the community's decided course of action.

Community Interfacing assists the community develop its' own organic understanding of the problems and key issues and then identify relevant and effective ideas for how they can be best resolved.

Application to "minimum pricing"

Our Life together with the Nottingham University is currently developing the analysis of the Community Interfacing focus group testing conducted on 'minimum pricing'. Whilst the results are still preliminary they point towards a reiteration of the other experiences I had on my Fellowship.

The testing found that individuals baulked at the idea of minimum pricing at first and expressed a level of confusion and poor understanding of how the policy would work and how it would affect them. However, through education and inclusive discussion - which included the different determinants for alcohol consumption- a change was registered within the groups.

As a result of the process, many participants changed their minds and whilst their reasons varied, many decided they were now in support of minimum pricing. Additionally, and potentially more promisingly, the group collectively expressed a desire for change to occur, for a reduction in mass alcohol consumption and harms.

As with Blackburn, Community interfacing is an example of effective work done to mobilize and then harness community support. What Our Life has also successfully achieved has been to step back from the alcohol debate and let the community take control. Both projects achieved this by discussing alcohol harms and problems through issues such as domestic violence or child safety. Alcohol issues could hypothetically be discussed through the

mediums of diet, mental health, general wellbeing, community safety and a host of other issues.

Our Life's focus group testing of minimum pricing in Greater Manchester unearthed important public opinions. Our Life's assisted research and focus groups consistently find an almost equal percentage of the community who is either in favour of minimum pricing or that believes it would be effective, to those that don't.
For example the North East Big Drink Debate found that 42% of drinkers felt that increased alcohol prices would reduce the amount they themselves consumed, whereas 50% said it would have no impact (Our Life campaign briefing; public opinion on minimum unit pricing 2010).

Case Study: The Big Drink Debate

The Our Life data is consistent with the research of the Big Drink Debate. The debates started in 2008 in North West of the UK and have now also covered the North East. The 2008 NW Big Drink Debate showed the following results:

- 80% of NW respondents said they thought low price and discounts increased people's drinking;
- 68% of NW respondents say allowing street drinking increases alcohol use;
- Over half of NW respondents believe advertising (56%) and extended drinking hours (54%) are factors that increase drinking;
- Nearly half the NW respondents avoid town centres because of the drunken behaviour of others

The importance of the personal?

I delayed my fellowship departure two times, once because I broke my ribs and collapsed a lung, and the second time due to my girlfriend being unwell. Had these delays not occurred I would have been two weeks into my trip and sitting somewhere in Glasgow on October the 13th.

October the 13th is the date from which I attribute all the hard work I have undertaken to tackle alcohol related violence and now cultural change around alcohol use. October the 13th is the day I lost a best mate to an alcohol enhanced assault. It took me a long time to make the connection between alcohol and this assault but instantly the assault taught me the pain of losing a friend. I sat with his family whilst he lay in the intensive care unit and I for the first time in my life realised what real pain felt like, not my own but from theirs. Australia has 1500 hospitalisations a week attributable to alcohol, my friend was only one. So it was during this trip that my experiences and imagination were reignited and left me wondering how can I reclaim an empathy with alcohol harm statistics and how can we enable the general public to understand what they really mean.

I sat watching whilst Barbara took a sip of her coffee and a break from our discussion. We had been discussing the levels of alcohol related harm in Scotland and the impact it has on families. She had finished drinking, but sat there with the cup held halfway between the table and her mouth and said "You know, this (alcohol related harm) is real!" Barbara, the Director of Services for Alcohol Focus Scotland, has a passion undeniable and an empathy with what are, for most people, numbers on a page. As a member of the voting public, what made Barbara so passionate about the harms of alcohol?

Barbara's journey had been different to mine, but the personal awareness was a significant part of her commitment to the issues of alcohol harm. I don't think Barbara had experienced a particular set of incredible circumstances to reach this realisation.

However, I thought about this for sometime and I realised, as her quote suggests, it was because she could see it and chose to understand it. By some means, like many in the AOD field, she just "got it". I liked the simplicity of Barbara's statement and its importance was not lost on me. Most of us simply hear statistics, figures, numbers of deaths and don't even stop to think what they mean. But when we do, then we begin to realise the importance of a reduction in the harms attributable to alcohol. So how can we take Barbara's empathy and passion and instil it within the rest of the voting public?

When Alcohol Focus Scotland began to lobby for a minimum price on alcohol they realised they needed to educate the politicians, strategists and individuals they identified as central to the debate. To educate them they invited internationally renowned alcohol experts such as Dr Thomas Babor **(**Department of Community Medicine and Health Care at the University of Connecticut School of Medicine) and Dr Robin Room (University of Melbourne School of Population Health Turning Point Alcohol and Drug Centre, Australia) to talk about the connection between cost and availability and alcohol related harms. Over several seminars an overall higher level of understanding and knowledge was able to be established. As I indicated in Theme 1, this was evident in the level and depth of the political debate.

As with Our Life's Community Interfacing, the focus groups, the senior politicians and the community leaders were taken on a journey to allow them to appreciate and understand the intricacies of minimum pricing and the levels of harm that dictated change was required. While this process delivered political leaders – such as Nicola Sturgeon - who would take the policy approach all the way to the Scottish Parliament, it also allowed each to understand the social cost of alcohol harms if inaction was to continue.

A community that is not adequately engaged or informed is as a result hostile to change that is imposed on them. However, when that community is empowered, included and educated it creates the possibility for real change to occur.

Blackburn, Our Life's community interfacing and Alcohol Focus Scotland's seminars demonstrate that the community cares about the levels of alcohol harm in our community and when supported to come to their own educated conclusions micro communities have shown they can support and champion alcohol reform.

An alcohol debate that continues to charge head on into the public will continue to have a reduced effectiveness. The lessons I found in the United Kingdom I believe demonstrate that to be effective the alcohol debate needs to take the alcohol out of the debate, and start discussing alcohol within context of community wellbeing, allowing the community to then make their own conclusions on alcohol.

Theme 3 - Leaders and leadership

Background

In Themes 1 and 2, I identified my emerging learnings from my UK and Scotland meetings and discussions. The two themes focussed on my growing appreciation of the need to broaden the alcohol debate in order to release and then imbed a changed culture and response to the role of alcohol in our society:

- Theme 1 - widening the engagement of those outside the AOD sector around the impacts of alcohol and
- Theme 2 - revisiting how we engage the community around alcohol, so as to maximise the opportunities for engagement around different approaches – such as minimum pricing.

In this third theme, I wanted to examine the role of innovative leaders and leadership in bringing these issues to fruition. For, to my mind, it is not sufficient to know these approaches, but it is critical to have a way to implement them.

In many ways this third theme is not particularly insightful. The role of leadership in any change debate is obvious. However, during my Fellowship, I was lucky enough to meet a number of innovative leaders, whose insights and capacity were influential in changing the focus or the nature of the alcohol debate in the UK and Scotland. Hence I felt that to fail to highlight their roles in this Report would be to neglect the “glue” that allowed the model I was watching develop to stay together.

For others to follow there must first be someone to show them the way.

Issues

There are three key individuals that I met during my fellowship that I believe represented, more than any other, the importance of leadership.

As my own theories and beliefs developed and emerged during my Fellowship there were moments of insight when I was particularly inspired by individuals who stood out defined by their passion and determination to act.

During my discussions, I was lucky to meet with or experience the impact of leaders who were changing the UK and Scottish alcohol debate, changing communities and almost changing nations. These people not only inspired me, but also empowered me with the resolve to do the best I could with the time I had. They demonstrated to me what would be required to achieve cultural change around alcohol in the Australian context. As such, I recognised that to achieve cooperation, to achieve a heightened understanding of alcohol effects within the community and a reinvigorated

alcohol debate, what will be needed in Australia are organisations and individuals who share these beliefs to lead.

Three different Leaders

Each of the three examples of leadership that I have highlighted inspired me through their passion, commitment and determination to help others beyond themselves. Each was working in a different component of the alcohol debate, and each brought an important different perspective.

- One works with communities, supporting the creation of local, community based activities to address the impacts alcohol has on community wellbeing.
- One works within the professional communities, helping to align the United Kingdoms health community with the AOD sector to achieve a long term reduction in alcohol consumption.
- One works at the political level, supporting legislation to require action on alcohol policy, based on the best policy advice available.

Alan Shrank: Community activist

Alan is an unassuming man. He is softly spoken and hard of hearing. He is a retiree who lives in what I could only imagine as a quintessentially English house with his equally charming and kind wife. Both these two generous individuals found time to meet with me prior to an opera performance in central London at the end of my first week.

Alan, as I have already discussed, is the founder of the National Organisation of Residents Association (NORA). A retired medical doctor, Alan was moved to found NORA after he failed in his objection to a liquor licensing permit.. Alan was frustrated to find that the objection process was difficult to navigate – even for a professionally trained doctor - and geared towards business and productivity rather than community needs or harm reduction.

Alan is a leader in the true definition of the word because he came up against a problem within his community and decided to do something about it. He was not required to, but he did, and from his actions he has created an organisation that now works with communities in both England and Wales.

NORA now assists communities with a range of problems from liquor licensing to engaging with local governments. The collective continues to mature and grow in importance. NORA now meets with a collection of politicians and policy makers annually to discuss community concerns and issues to be resolved. As a result of the work of NORA, there are now over 50 resident organisations across 50 different shires focussed on providing a mechanism for residents to engage with the development of their community.

Alan had had some political experience in younger years and is clearly a very intelligent and capable man but it is determination to assist others that made him stand out.

Alan has no experience in the alcohol and other drug sector, but his leadership by example and his commitment to giving communities a voice in matters where the effects of alcohol use reveal themselves – community safety, community cleanliness, anti social behaviour, etc – were a great source of inspiration.

Alan entered into the alcohol debate almost accidentally, but his persistence to assist communities to address issues of alcohol misuse and availability – community safety, anti social behaviour, licensing etc- is an example of what can be achieved within the alcohol debate.

Sir Ian Gilmore: Powerful lobbyist

Sir Ian is the former President of the Royal Institute of Physicians, a Professor of hepatology (study of the liver) and Chair of the Alcohol Health Alliance (AHA). Sir Ian is a busy man. He is also a very important man and carries considerable political weight. His leadership is in many ways different to Alan's but ultimately they both responded to what they saw as a cause requiring change.

As a liver specialist Sir Ian witnessed a transformation of demographics of liver cirrhosis patients and recognised an urge to act. When I met with Sir Ian he told me a story, which he has undoubtedly quoted many times prior, but which he relayed with no less alarm or frightful concern than I believe he would in his first telling of the story. It was the story of the death of a 21 year old man from cirrhosis of the liver and the treatment of an 18 year old boy, who fortunately survived a similar diagnosis. In our brief discussion this was the illustration that stayed with my mind the longest.

As a result of his clinical practice, Sir Ian was witnessing the health ramifications of the increasing levels of alcohol consumption in his community. This involved the death of a man at the beginning of his adult life from a disease that only a few decades ago was restricted almost exclusively to men several decades his senior. Sir Ian had two choices – he could continue his professional role of simply trying to cure patients with liver disease, or, he could act to try and reduce the causes of this trend in liver failure. Sir Ian chose to concern himself with preventative actions. He recognised that had the young man not consumed alcohol to the extent that he had he would still be alive. Sir Ian took the medical, but also political decision that the alcohol that had given rise to his young patient's cirrhosis needed to be restricted.

Sir Ian chose to use his role as President of the Royal Institute of Physicians, to advocate for a broadly based alcohol strategy among other health groups. This strategy led to the formation of the Alcohol Health Alliance (AHA) -

initially within the Royal Institute, but eventually as a separate and independent entity. AHA is now the peak alcohol health body in the United Kingdom. It includes organisations such as;

- Alcohol Concern
- Our Life
- Alcohol Focus Scotland
- Royal Colleague of Physicians
- Royal College of General Practitioners
- Royal College of Psychiatrists

AHA is the only body that unites the health community with the AOD sector and calls for legislative alcohol reform. Sir Ian put into practice one of the most important, if not the most important, example of sectoral cooperation to tackle alcohol harms in the United Kingdom.

Sir Ian, like Alan, has pronounced skills and a highly capable intellect, but it was his vision and passion that propelled him to use these person qualities to work towards an achievable goal of alcohol reform.

Minister Nicola Sturgeon: Political leader

A professional leader, Nicola Sturgeon left a sizeable imprint on my political imagination and stirred in me a belief in Australia's potential for alcohol reform.

Nicola Sturgeon is the Deputy First Minister for Scotland, Cabinet Secretary for Health and Wellbeing and Deputy Leader of the Scottish National Party(SNP).

Unlike the other leaders I have identified, I did not meet with Minister Sturgeon. I did however witness her in Parliament arguing for the Alcohol Etc. (Scotland) Bill**,** and again at the Blackburn Primary School where she spoke to the children of the valuable role they had played in their community.

Minister Sturgeon's advocacy of the Alcohol Etc. (Scotland) Bill was more than the normal political rhetoric and of a Government seeking House approval. Minister Sturgeon clearly believed that significant legislation was required to address the incredibly deleterious effect that alcohol was having on the Scottish population.

Even though the minimum pricing clause of the Alcohol Etc. (Scotland) Bill was rejected by the Scottish Parliament there was universal belief from a variety of sectors that I met with that its eventual implementation was inevitable.

Minister Sturgeon's leadership in proposing the original legislation will mark the courage of a leader who chose to do the right thing, not the politically

convenient thing. Despite confronting verbal attacks from both the media and political parties the Minister withstood the 'risks' to force the public to debate and confront the dysfunction between the harm of alcohol and its price.

Lessons for Australia

The importance of individuals, of leaders, cannot be underestimated. Faced with an insurmountable problem it takes individual leadership to make it possible.

These three examples demonstrate the importance of cross sectoral cooperation, as none of them are from the AOD sector. The have brought their own understandings, solutions and perspectives to the process, and the process has benefited from it.

They have all successfully engaged with the debate, and more importantly taken the debate to their respective sectors. As leaders within their respective fields, they are already able to communicate with their micro communities, which places them in a unique position of being able to discuss directly the reduction of alcohol related harms.

To achieve cooperation, to achieve a heightened understanding of alcohol effects within the community and a reinvigorated alcohol debate, is going to take organisations and individuals who share these beliefs to lead. Causal leadership is the first step, and the catalyst for future change.

Conclusion

A national legislative whole of population approach to alcohol, such as minimum pricing, is the ultimate goal, but the realisation of this goal will only result from a change in our approach.

The setting of common goals, reinvigorating our approach to the alcohol debate, and leadership will construct a platform by which legislation relating to a whole of population outcome may be achievable.

The Australian alcohol and other drug sector is filled with passionate, potential leaders. It has the skills and knowledge to assist the ultimate goal of legislative reform, but it can no longer do it alone.

The establishment of a common goal is a crucial step in expanding cooperation. I believe cross sectoral support is a necessity to achieving long term cultural change and a reduction in alcohol related harms. The work the Australian alcohol and other drug sector has achieved sets the base for future initiatives to work collaboratively with an expanded array of sectors eg. mental health, domestic violence and health.

Our alcohol debate has been ineffective because it has not addressed underlying problems of the general public's refusal to accept education or attempted new methods of engagement, consistent with a common belief that it is 'others' who have a problem with alcohol, not ourselves. Stepping away from alcohol as the focal point to a focus on community harms with respect to a variety of sectors heavily impacted by alcohol, as shown in this report, offers a way of engaging community members around the broader impacts of alcohol.

Leaders such as Alan Shrank, Sir Ian Gilmore and Minister Sturgeon provide the rest of us with an example of what can be achieved. They demonstrate that intelligence, passion and some hard work can achieve ongoing tangible outcomes. This report demonstrates the role leaders play as catalysts for change. Their individual skills represent their unique backgrounds and sectoral approaches. Each leader has a different part to play.

Australian cultural change around alcohol is an achievable goal. Australia can reduce the inexcusable level of alcohol related deaths, harms and broken families. Inaction or ineffective action will lead only to a continuation of these harms. An outcome I believe we can not allow.

Dissemination

This report will be distributed to my employer, The Australian Drug Foundation and through them to other appropriate organisations.

I will also be available on the Churchill Trust website
http://www.churchilltrust.com.au/

Recommendations

General

- A greater level of AOD cooperation with sectors impacted on by alcohol, and whose work impacts alcohol consumption.
- A central Australian alcohol based membership organisation.
- A change of tactics and approach by the AOD sector to the Australian alcohol debate.
- Greater emphasis placed on understanding alcohol related harms and a translation from statistics to people and families, within sectors and the broader community.
- The development and identification of leaders from across relevant sectors to lead change.
- A greater level of community engagement and involvement.

Specific

- The development of an Australian Alcohol Awareness Week.
- The creation of a national, or state based, residents organisation.
- The acknowledgment by the Australian Government of a need to address the whole of population and implement minimum pricing.

Appendix

Best Bar None

First piloted in Manchester in 2003 it has subsequently been adopted by over 100 cities and towns across UK.

Police conduct reviews of all registered Best Bar None licensed premises. Each is graded on a set of predetermined indicators of safety and behaviour. Each venue that reaches a determined level of quality receives an award, either bronze, silver or gold, depending on their level of practice.

There, certainly in Glasgow, is a high level of licensed venue compliance and membership to the program. Each venue is given feedback after the review of their venue has taken.

The program is not perfect and the failure for reviews to be ongoing instead of once per year tarnishes the program. However, a system which has shown some success and with minor adjustments could be a very effective method for industry self interested compliance in Australia.

To view the Best Bar None website http://www.bbnuk.com/

Pubwatch

Pubwatch schemes operate throughout the UK. Such schemes are collections of licensed venues that form a collective group to pre-empt or respond to alcohol related or anti-social behaviour.

Meeting on a regular basis Pubwatch schemes aim to prevent and resolve safety and behavioural problems through effective communication and support.

Effective communication is achieved through ongoing consultations and meetings. To resolve issues during working hours Pubwatch schemes communicate via two-way radios, which can also contact police. If a patron is ejected from one venue photographs can be circulated manually or electronically to all others in the scheme.

Banning notices from one Pubwatch member can also be adopted by all other venues in the scheme, sometimes for life.

Pubwatch website: www.nationalpubwatch.org.uk

Cardiff Model

A model for recording alcohol related hospital admissions.

Upon the presentation at an A&E department patients are required to complete a simple form which includes information about their alcoholic consumption and their last place of consumption. The information is then shared with local authorities and police.

The acquisition of this data has assisted the enforcement of licence requirements, closed down poorly run licensed venues and busted drug rings.

Highly regarded all throughout the UK, the Cardiff model is not universally adopted amongst hospitals but where it has been used most universally the most positive results have been returned.

Upon implementation in Cardiff a 40% reduction in A&E violence related attendances was been recorded between 2002 and 2007.

To view the 2007 Cardiff University report:
http://www.vrg.cf.ac.uk/Files/vrg_violence_prevention.pdf

Social Finance

Social Finance's social impact bonds are targeted initiatives developed by Social Finance and appropriate charities to resolve a specific issue which carries a financial burden on tax payers and a broader social burden on the community.

These target initiatives are funded by investors who, if the project reaches its pre-determined indicators of success, are reimbursed the cost the Government and tax payer would have spent had the issue not been resolved.

The charities who develop the initiative for Social Finance carry no financial liability, and whole funding is secured before the project takes place.

The one pilot program currently in operation is at the Peterborough Prison. The cost of short term prisoners re-offending carries a great burden financially and socially. Social Finance have developed a program with three charities to help prisoners prior to release and post release to reduce the incidents of re-offending. 3,000 prisoners are involved in the project and if a 10% reduction, compared to the control group, in re-offending can be achieved then a profit will be achieved for investors.

Social Finance is currently examining alcohol and other drug issues that comply with the required circumstances to be deemed appropriate for project development.

I believe Social Finance provides an exciting example of potential future project based funding.

The Social Finance website is; http://www.socialfinance.org.uk/

Websites

Alcohol Concern
http://www.alcoholconcern.org.uk/

Alcohol Focus Scotland
http://www.alcohol-focus-scotland.org.uk/

Alcohol Health Alliance

Blackburn Community Action
http://www.alcohol-focus-scotland.org.uk/blackburn/

Department of Health (UK)
http://www.dh.gov.uk/en/index.htm

Drug Scope
http://www.drugscope.org.uk/

Edinburgh Violence Reduction Programme report
http://www.lbp.police.uk/press_release/articles/2008/May/06/VIOLENCE_REDUCTION_AW.pdf

Institute of Alcohol Studies
http://www.ias.org.uk/

Lothian and Borders Police
http://www.lbp.police.uk/index.asp

National Organisation of Residents Association
http://www.nora-uk.co.uk/

Our Life
http://www.ourlife.org.uk/

Blog

My Churchill Fellowship blog can be viewed at
www.clancywright.wordpress.com