“Don’t Wake Up Angry No More” The Evaluation of the Norseman Voluntary Liquor Agreement

A National Drug Research Institute report funded by the Alcohol Education and Rehabilitation (AER) Foundation

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“Don’t Wake Up Angry No More”

The Evaluation of the Norseman

Voluntary Liquor Agreement

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July 2010

Report funded by the Alcohol Education and Rehabilitation Foundation

ISBN 978-0-9807054-1-6

Suggested referencing:

Schineanu, A., Velander, F. and Saggers, S. (2010) *"Don't wake up angry no more" The Evaluation of the Norseman Voluntary Liquor Agreement.* National Drug Research Institute, Curtin University of Technology, Perth, Western Australia.

Acknowledgements

The authors would like to thank all participants who shared their time and experiences, views and opinions. We would also like to acknowledge the following people for their valuable contribution:

- Norseman Aboriginal Community
- Claye Polletti, Licensee, Norseman Hotel
- Carl Hansen, Community Health Worker, Shire of Dundas
- Sgt Dean Snashall, OIC Norseman Police
- Susan Gatti, Dawn Gilchrist, Vatessa Colbung and Evans Obaga, Western Australia Country Health Service (WACHS)
- Michelle Gray and Naomi Henrickson, Drug and Alcohol Office (WA)
- Vic Rechichi and Rachael Lobo, National Drug Research Institute
- HLW, Lion Nathan and Fosters Australia for providing the alcohol sales data

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Executive Summary

On 1st of March 2008, at the request of the Norseman Aboriginal Community and following extensive consultation and negotiations with stakeholders and community members facilitated by the Drug and Alcohol Office (Department of Health, WA) and Population Health (Goldfields), the following voluntary restrictions were imposed on the sale of take away alcohol:

> *Between 12 midday and 6pm, Monday to Sunday, red and white Lambrusco wine was limited to one 5 litre cask per person per day, port wine was limited to one 2 litre cask per person per day and non fortified wine was limited to one 4 litre cask per person per day. No sales of the above mentioned products were permitted at any other time.*

This report collates quantitative and qualitative data gathered from a number of sources to evaluate the effect of the restrictions including: alcohol-related emergency department and hospital admission data; alcohol related offences; alcohol sales data; and the views of community members and other key stakeholders about the restrictions.

Key quantitative findings include:

1. An overall 10.3% reduction in total police tasks attended in the 12 months after the restrictions from 165 tasks to 148.
2. A 17.5% reduction in assaults from 40 cases to 33 and a 15.3% decrease in domestic violence incidences, from 46 cases to 39.
3. A 19.5% increase in charges to random breath tests (RBTs) from 33 to 41 cases, attributed by the police to a change to more targeted testing of hotel patrons.
4. A 60.5% decrease in the number of alcohol related hospital admissions from 38 to 15 admissions in the 12 months after the restrictions.

5. A decrease in per capita consumption of alcohol of 9.84% from 21.39L to 19.29 L, with the majority of the decrease observed in cask red wine, fortified wine and RTDs.

Key qualitative findings include the following self-reported behaviours:

1. An increase in voluntary and early health care seeking behaviour (flu vaccine, regular blood glucose testing)
2. Improvements in nutrition (eating breakfast and healthy home cooked food regularly, making financial arrangements for children's school lunches)
3. An increase in participation in family, community and sporting activities
4. Attempts to become self reliant (seek employment, start up businesses, growing own food)
5. A decreased in violence and arguments
6. A decrease in public drunkenness

1.0 History of Norseman

Norseman is located 724 km east of Perth, 190km south of Kalgoorlie-Boulder and 200km north of Esperance in the Goldfields region of Western Australia, and has been a gold-mining town since 1894 when legend has it that Lawrence Sinclair's horse pawed up a gold nugget. Modern Norseman is a sprawling town driven by mining and tourism and dominated by an extensive tailings dump. According to the Australian Bureau of Statistics 2006 Census (ABS, 2006), it has a population of 857 (with approximately 12% Aboriginal population) although the population can increase to over 1200 at times due to fluctuations of the mining industry. It is serviced by various government and non government organisations including police, a district school (opened 1894), a bank, shopping facilities, accommodation (hotel, motel, caravan park), district hospital, council offices, various sporting facilities and a telecentre.

The history of Norseman and the Ngadjunmaia or Ngadju people as described in this report has been collated from discussions with Aboriginal community members during the evaluation process. Aboriginal people in Western Australia identify themselves on the basis of culture, shared history and sense of belonging to one of five large groupings which are closely associated with "country" (Tindale, 1974). The Ngadjunmaia Aboriginal people belong to the Wankai or Wongai group which occupies the Southern Goldfields and Nullarbor regions of Western Australia and were affected by European settlement from 1845 onwards (Tindale, 1974, Bates 1938).

According to community elders, the Ngadju people lived a nomadic hunter/gatherer lifestyle, had their own language which is still used today, and the Aboriginal name for the area is "Warnburna".

According to the Norseman Aboriginal Community members, in the mid 1920's two female missionaries from the Church of Christ from New Zealand opened a mission in Norseman. The mission was called "Tjirntu Para Para" or Sunrise Mission. Some

Aboriginal people moved to the Mission voluntarily while others were brought there as children. The mission was self sufficient with its own vegetable gardens, goats, cattle and horses, and people from the Norseman Aboriginal community report that alcohol was not a problem in those days. The arrival of the missionaries is viewed as a positive event in the memories of many Norseman Aboriginal people.

Local informants talked about the segregation of men's and women's work until the late 1960's when Aboriginal women used to work as housewives taking care of the children and the men used to work the land, travelling around with their families wherever the work was from Esperance, to Gibson, Salmon Gums and even Balladonia. The men were mostly employed in manual labour such as clearing land for farming, and laying railway sleepers. In the 1970, the introduction of machinery to carry out the physically demanding work resulted in most of the Aboriginal men being left unemployed, idle and "*without a sense of purpose*". Around the same time, Aboriginal people across Australia were given the right to purchase alcohol. Coupled with the change in employment status, alcohol use became more common among the Norseman Aboriginal community, ultimately leading to a host of health and social problems seen today.

2.0 Introduction

Excessive alcohol consumption is one of the most common causes of preventable injury, disability and premature death (WHO, 2004). When consumed in excess alcohol has been directly linked to a number of acute negative consequences (vehicle crashes, workplace accidents, self-harm, violence) as well as chronic harms (cirrhosis, breast cancer and cardiovascular disease). These problems do not only affect the individual but also the wider community with increased costs to the health care system, justice system and ultimately increased costs for all citizens. For example between 2004-2005 the annual cost of alcohol related harm for Australia was estimated to be approximately A$15.3 billion (Collins & Lapsley, 2008). In the European Union the cost attributed to alcohol related harms in 2003 was estimated at approximately €125 billion (Anderson & Baumberg, 2006; WHO, 2009a). Therefore alcohol is a significant contributor to poor health and increased costs for communities and countries around the world.

There are certain groups within any population that may be more vulnerable to the risks associated with excessive alcohol use. For example drinking large amounts of alcohol within a short time frame to intoxication, more popularly defined as binge drinking, is linked to acute problems such as violence and antisocial behaviour, while those who consume alcohol at elevated levels for a long period of time put themselves at risk of more chronic problems, such as liver cirrhosis and cardiovascular disease. The former is more common among younger drinkers while the latter is more frequent among older consumers of alcohol (Allsop, 2008). In more recent times there has been a shift in drinking with previously predominantly male drinking patterns and levels being mirrored in females; for example in the Goldfields region in Western Australia male and female levels of binge drinking are virtually identical (Velander, Schineanu & Midford, 2010).

A general view is that alcohol related problems are restricted to a small proportion of the population who are heavy drinkers and this perception is reflected in attitudes,

policies and strategies to curb excessive drinking and related harms (Allsop, 2008). This is also the reason why people often express a belief that interventions should focus on small groups of "problem drinkers". In reality a majority of alcohol related problems can be directly linked to the acute effects of excessive alcohol use (for example, intoxication and antisocial behaviour) that occasionally can be seen within a relatively large proportion of the general population. Due to the fact that this latter group is significantly bigger than all the groups of problem drinkers put together the accumulated problems caused by the general population are significantly higher (Stockwell et al, 1996; Gmel et al 2001). To minimise the impact of alcohol related harms, therefore, the focus should be on the whole population.

There is a significant amount of research based evidence to assist communities interested in choosing effective ways of preventing or reducing harms associated with excessive alcohol use (Babor et al., 2003; Stockwell et al., 2005; National Preventative Taskforce, 2008, WHO, 2009a). Babor and colleagues have put together seven categories of interventions to prevent and reduce alcohol related problems and reviewed the evidence base of their relative effectiveness (Babor et al., 2003). The categories are as follows:

1. Pricing and taxation
2. Regulating physical availability
3. Modifying the drinking context
4. Drink-driving countermeasures
5. Regulating alcohol promotion
6. Education and persuasion strategies
7. Early intervention and treatment

Of particular interest in relation to the Norseman Liquor Agreement is the regulation of the physical availability of alcohol where both the content and context of physical availability controls are important, and can be defined as:

> Physical availability refers to the likelihood that individuals will come into contact with opportunities to obtain alcohol in the local environment (Loxley et al. 2004, p.189).

Alcoholic beverages have become more physically accessible in developed countries during the past 20 years (Stockwell & Gruenewald, 2001). Therefore it has become an imperative to control some of the main aspects of alcohol availability (for example, sales to minors, outlet trading hours, responsible service and restricting the supply of alcohol in Indigenous communities) as these control measures have a well established correlation to changes in patterns of alcohol use and harms caused by excessive drinking (Allsop, 2008, Loxley et al, 2004). What separates control of the physical availability of alcohol from most other supply control issues is that it is primarily localised within the immediate community, rather than at State or Territory level (Stockwell & Gruenewald, 2001).

Two subcomponents of regulating physical availability of alcohol that are of particular interest in the Norseman study are restrictions of outlet trading hours and restrictions of supply of alcohol in Indigenous communities.

2.1 Outlet Trading Hours

Outlet trading hours have been associated with significant changes in overall levels of alcohol related harm, but not necessarily overall levels of consumption (Babor et al., 2003; Stockwell & Gruenewald, 2004; Loxley et al., 2004; Briscoe & Donnelly, 2001; Chikritzhs & Stockwell, 2006, 2002, Stockwell, 2006). Restrictions of trading hours can be for a whole day or during certain hours of the day and some liquor licensing authorities may treat extended trading hours as a privilege that can be granted or withdrawn depending on the licensee's ability to operate their venue in a professional and responsible manner (Loxley et al, 2004, WHO,2009b). There is a significant body of evidence pointing to the effectiveness of reducing trading hours as a means to reduce harm but at the same time it is a measure that may lack support among licensees, councils and the general population because it is perceived as an infringement on business activities and an inconvenience. Allsop (2008) points out that support for action on alcohol, depends very much on whether a problem is subjectively relevant for a community, whether people perceive that responses will be effective, and that interventions are personally valued by those affected by the proposed restrictions. A community's response to alcohol-related problems and the

effectiveness of the response are determined by whether the community considers that:

1. Alcohol use poses a risk to the community and its individuals
2. It is possible to implement attractive and cost-effective responses
3. Interventions will help the community to improve the current situation and that the community can implement and sustain such action (Allsop, 2008).

To paraphrase, if it makes sense to the target population, it is of importance to them and they feel that they can achieve change they are more likely to succeed and change is more likely to be sustained.

2.2 Restricting Supply to Aboriginal Communities

In countries around the world that have been colonised during the last few centuries, for instance, Australia, the United States of America, Canada and New Zealand, Indigenous groups are seriously disadvantaged, and usually experience significantly higher rates of mortality and morbidity rates than other groups in the respective countries (Allsop, 2008; Saggers & Gray, 1998). Research has established that in general alcohol use rates are lower in Indigenous populations compared to non-Indigenous populations. However among those that drink, alcohol misuse is significantly higher among the Indigenous populations and this presents in disproportionately higher rates of alcohol related harms, including poorer health outcomes as well as exaggerated social problems for the Indigenous people (e.g., Gray, 2005; Gray & Saggers, 2002, 2005; Allsop, 2008; Strempel, Saggers et al., 2003; Saggers & Gray 1998).

Restricting the supply of alcohol in Indigenous communities to reduce alcohol related harm has usually been carried out through two main approaches, either by declaring ‘dry’ (alcohol-free) areas or by using liquor licensing legislation to control the availability of alcohol (Loxley et al, 2004). There are ample studies supporting the effectiveness of this type of intervention (Douglas, 1998; d’Abbs et al., 1996; Gray et al., 2000; and d’Abbs & Togni, 1997, summarised in NDRI, 2007).

The two main components of these restrictions are to limit the opening hours for licensed premises and to ban the sale of certain items such as 4 litre wine casks, flagons of port or 750ml bottles of beer. Both these pathways use legal procedures to enforce the restrictions and most often require external assistance in order to be implemented. As such these restrictions cannot be considered 'voluntary' even though they may be heavily endorsed by the local Indigenous community.

2.3 The Norseman Voluntary Liquor Agreement

The Norseman community have worked through a different approach for their voluntary liquor restrictions that does not involve the development of 'dry' areas, liquor licensing authorities or the implicit threat of imposed restrictions on the licensee.

The development of the Norseman Voluntary Liquor Agreement has been a result of a community planning process by Population Health (Goldfields) and the Norseman Aboriginal community to address chronic disease.

Through this process, which began in 2005, the members of the Norseman Aboriginal community identified alcohol as the primary factor causing chronic disease. The group identified several packaged liquor products that they preferred to consume and that caused the most harm. Between 2005-2007, the Population Health, Goldfields held ongoing discussions with individual families and the whole community around harm minimisations strategies for alcohol consumption. The community developed local strategies such as male and female drying out houses, a resolution to eat before drinking and supporting members to seek early medical assistance; however they were unable to maintain relapse prevention for extended periods and hence decided stronger measures were needed to support their decision to change their drinking behaviour. In an effort to reduce the amount of liquor consumed and, in particular, the type of packaged liquor purchased, a proposal to restrict the hours of sale of these products was put forward at a meeting between the Norseman Aboriginal Community, the West Australian Drug and Alcohol Officer, and Population Health on 15th October 2007.

The restrictions were seen as one way to support these changes and prevent opportunistic purchasing of the identified items.

On the 13th November 2007, representatives from the Norseman Aboriginal community with assistance from Population Health, Goldfields, facilitated by the Western Australian Drug and Alcohol Office, and in collaboration with local police negotiated with the local licensee to ***voluntarily*** restrict the sale of the packaged liquor products identified and provide a supportive environment for a community that wished to reduce drinking and change. Only one outlet in Norseman has a licence to sell packaged liquor to the general public, the Norseman Hotel, and the licensee was agreeable to support the community in their request. The proposed restrictions were then advertised to the wider Norseman community until 17th December 2007 to allow written, phone and face to face submissions. (Copy of advertisement in Appendix 1) No objections were received. One letter of support was received from a community member.

The entire process has taken more than 3 years, however it has not required any external funding or the involvement of liquor licensing authorities, has resulted in a strong local ownership of the prevailing issues, a willingness to find solutions to move the process forward, and in addition it has also resulted in strong support from the wider community. All these factors have been identified by research as vital for the effectiveness of this type of interventions (d'Abbs & Togni, 2000 and Gray, 2000).

The Norseman Voluntary Agreement came into effect on 1st March 2008.
Between 12 midday and 6pm, Monday to Sunday, red and white Lambrusco wine was limited to one 5 litre cask per person per day, port wine was limited to one 2 litre cask per person per day and non fortified wine was limited to one 4 litre cask per person per day. No sales of the above mentioned products were permitted at any other time.

3.0 Methodology

This chapter describes the process used in gathering the qualitative and quantitative data to evaluate the impact of the restrictions on the sale of certain types of alcoholic beverages over a 12 month period. The individuals, communities and government departments approached for participation in this evaluation cooperated with the researchers and actively contributed and provided information as required.

3.1 Quantitative Data

Quantitative data was provided for collation and analysis to the National Drug Research Institute by the WA Country Health Services (WACHS), Department of Health WA, the WA Police, and the Norseman Hotel licensee.

The health and law and order effects were assessed using a pre- test post-test design which compared data for 12 months prior (1/03/2007 to 28/02/2008) and 12 months post (1/03/2008 to 28/02/2009) the voluntary restrictions. These data were analysed to determine the magnitude and direction of changes before and after the restrictions. Results are reported as percentage increase or decrease in number of cases, individuals or call outs. The following data was used:

- all presentations to the emergency department at the Norseman Hospital;
- alcohol-related hospital admissions; and
- police data on assaults, burglaries, domestic violence and drink driving.

Permission was given by the licensee for access to his records of purchases of alcohol for 16 months prior (1/12/2006 to 28/2/2008) and 16 months post (1/3/2008 to 31/5/2009) the restrictions. Evaluations of alcohol restrictions in other parts of Australia have established the reliability and validity of these types of data for this purpose (NDRI, 2007). The data provided includes all alcohol sold as take away as well as alcohol sold through the bar which is part of the Norseman Hotel.

Changes in alcohol sales data refer to volumes of pure alcohol. In order to calculate per capita sales of pure alcohol, the total volumes of beverages sold and their pure alcohol content were calculated using estimated average national levels of pure alcohol contained in each major beverage type as calculated by Catalano et al, (2001).

Time series analysis was carried out on the data using SPSS 13.1 to identify changes in the level of alcohol use. The data was also analysed to identify any changes in the types of beverages purchased and, in particular, if product switching occurred.

3.2 Qualitative Data

All qualitative data was collected in face to face interviews or focus groups. Due to time constraints this data was collected by researchers from the National Drug Research Institute visiting Norseman on three separate occasions.

1. The first occasion on 2nd November 2008 was held at Iragul Hall, Norseman, and focused on recording the views and perceived changes that have occurred related to alcohol use as reported by the Norseman Aboriginal community. These responses were collected via a focus group which was attended by 12 people aged between 18 and 50 and representing both sexes.

2. The second occasion on 6th May 2009 was held outdoors in Phoenix Park, Norseman, and focused on collecting the perceptions and opinions in regard to the restrictions of the Norseman Aboriginal community. There were approximately 25 Aboriginal members with 8 men and 3 women actively participating in the focus group discussions while the rest watched the proceedings but did not participate. Focus group participants were aged 15 to 60 years and represented both sexes. On this occasion, the Officer in Charge of the Norseman police, the principal of the local high school and the Norseman Hotel licensee were also interviewed in separate, individual interviews.

3. The third occasion on 3rd June 2009 focused on collecting information on the effects of the restrictions from the wider community, the Director of Nursing from

the Norseman District Hospital and the Chief Executive Officer of the Shire of Dundas. The wider community was informed of the evaluation process and the opportunity for individual feedback through a letter distributed to every post box in Norseman.

The qualitative data in this evaluation is retrospective in nature, relying on the ability of participants to recall events and memories from before the introduction of the restrictions and the period after. Notes and individual comments recorded during the planning process for the restrictions were used to assist participants to recall events and memories.

The two focus groups with the Aboriginal Community were conducted by the same researcher and used the same questions. The topics discussed included:

- the rationale for restricting certain alcoholic beverages;
- changes if any, in individual and communal alcohol use patterns;
- individual and community climate before and after the restrictions, focusing on health;
- the impact of restrictions on relationships, children, employment and relations with the wider Norseman community; and
- future plans with respect to the restrictions.

Interviews with the Officer in Charge of the local police, the Director of Nursing of the local hospital, the school principal and the CEO of the Shire of Dundas investigated their perceptions of the community climate before and after the restrictions and whether there were any noticeable differences in alcohol-related activities in their particular areas of expertise. In addition to the above parameters, the licensee was also asked to provide information on if and how alcohol purchase patterns have changed in the community after the restrictions and whether there were any complaints or negative feedback regarding the restrictions.

The researcher took hand written notes throughout the focus group discussions and the interviews after obtaining written permission from the participants. These notes were then typed up and returned to community leaders for approval to ensure the researcher

had recorded accurately the views and opinions of the participants, and that all issues that were discussed were included in the recorded data material. Data was collated under categories predetermined by the evaluation questions, such as health status before and after the restrictions. Due to the small numbers no test of significance were conducted on the data in this report.

3.3 Ethical Considerations

Ethical approval for this study was obtained from Curtin University Human Research Ethics Committee as part of the Kalgoorlie Alcohol Action Project. The evaluation was conducted according to the National Statement on Ethical Conduct in Human Research after the researchers have consulted the Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research (NHMRC 2003).

Prior to the evaluation process the stakeholders working with the Norseman Aboriginal Community discussed the value and the potential benefits of carrying out an independent evaluation of the restrictions. The Norseman Aboriginal Community invited the National Drug Research Institute to carry out the evaluation. During the first meeting between the researchers and the community, the evaluation process, and roles, responsibilities and expectations on both parties were discussed and agreed upon. The community was kept informed on a regular basis about the progress of the evaluation, and were able to access notes and data freely if they wished. Draft copies of the evaluation report were presented to the Norseman Aboriginal community for approval prior to public release.

3.4 Strengths and Limitations

Strengths of this evaluation study include:

- the use of both quantitative and qualitative data sources;
- the use of multiple sources of information (research evidence, Department of Health and Police data, liquor sales data, and interviews with key stakeholders and the community) to strengthen triangulation;

- the qualitative data was collected longitudinally, with meetings held over several months; and
- alcohol sales were analysed not only by major groups (beer, wine, spirits) but also by subgroups (Light, mid strength and regular beer, cask red and white wine, bottled red and white wine, sparkling wine, fortified wine, spirits and RTDs) to obtain a more accurate picture of the alcohol consumption patterns in the community before and after the restrictions.

Limitations of this evaluation include:

- the non-random, small sample size which restricts the generalisability of the findings to other communities; and
- the time frame of 12 months post evaluation is relatively short in order to determine the long term effectiveness of the restrictions.

4.0 Results

To ensure a contextually accurate and realistic picture is presented, the quantitative and qualitative data from each group of respondents (e.g. Police, hospital, Aboriginal community) are presented together.

4.1 Police

Overall there was a 10.3% reduction in total police incidences during the 12 months after the restrictions (Figure 1). The police reported an increase in call outs in December 2008 and January 2009 which coincided with the first cash stimulus package and this had a great impact on the data. From March 2008 when the restrictions were first introduced, until the end of November 2008 the total number of police incidences had dropped by 33.6% compared to the same period prior to the restrictions. By the end of February 2009, police call outs had once again dropped to almost half of February 2008 rates.

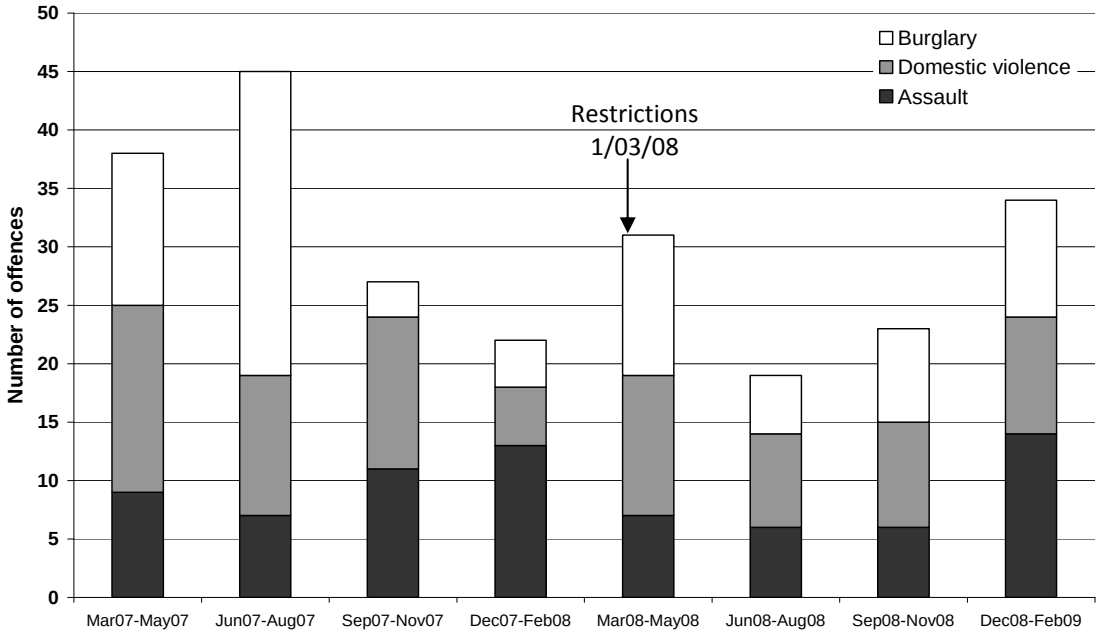

Figure 1: Alcohol related offences 12 months prior and 12 months post the introduction of restrictions.

When asked to comment on the figures, the police indicated that public order issues arose depending on fluctuations in movements into town and particular events, such as funerals or big community meetings, however they reported that there has been less public drunkenness since the introduction of the restrictions. The data did not allow us to separate resident offenders from non-resident offenders, however anecdotal police information indicates that the decrease in alcohol related criminal activity was more noticeable for Aboriginal offenders whereas there was no noticeable decrease in alcohol related criminal activity by non-Aboriginal offenders.

There was a 17.5% reduction in assaults in the year after the restrictions compared to the same time frame prior, from 40 cases to 33. The decrease in assaults was even more significant if data is analysed only until the end of November 2008, with a 29.6% reduction compared to the same period before the restrictions (see Figure 1). The increase in assaults during December and January coincided with the first stimulus package, and according to local police was "*illicit drug related and involved non-Aboriginal offenders*".

The total number of domestic violence incidences reported to police has decreased from 46 cases in the year prior to the restrictions to 39 cases for the year after, an overall reduction of 15.3%. Prior to the restrictions 4 out of the 46 domestic violence incidences involved Aboriginal people, this decreased to 1 case out of 39 for the period post restrictions (see Figure 1).

Burglary cases decreased 23.9% in the 12 months after the restrictions from 46 cases to 35. Similar to the other incidences, there was a spike in burglaries in January, and the local police attributed it to "*bored juveniles on holiday*".

4.1.1 Random Breath Tests

There were 33 cases of drink-driving in Norseman in the 12 months prior to the restrictions, 14 Aboriginal and 19 non Aboriginal (Figure 2). There was an overall increase of 19.5% to 41 cases of drink-driving, 9 Aboriginal (with one offender caught 3 times) and the rest non-Aboriginal.

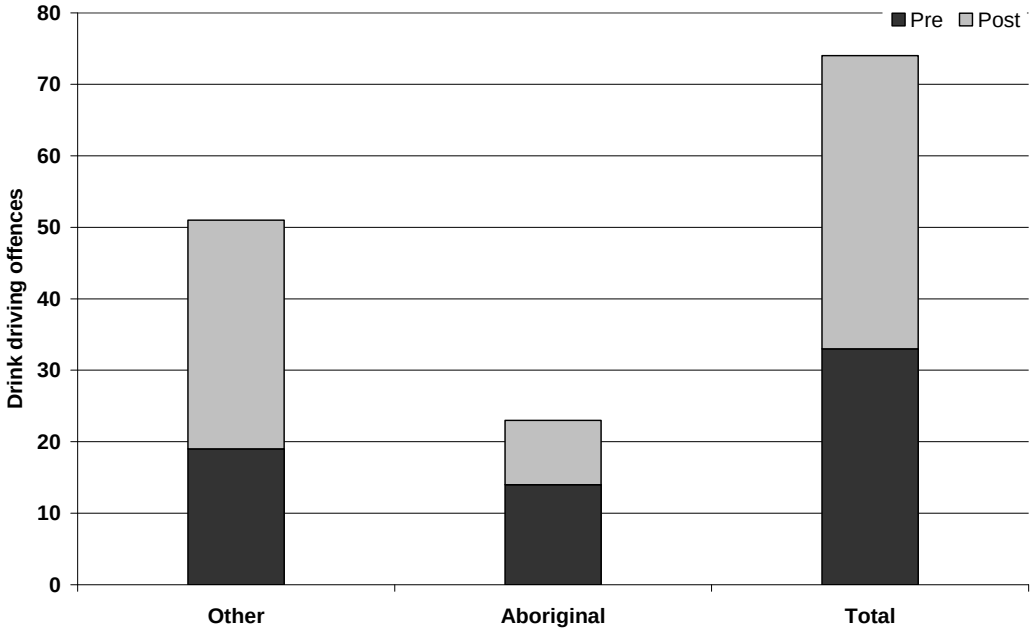

Figure 2: Drink driving offenses by ethnicity 12 months pre and post the introduction of the restrictions.

The police attributed the increase in drink-drive cases after the restrictions to an increase in the quality of RBT since September 2007; for example, targeting cars leaving the hotels, which coincides with a sharp increase in drink-driving cases.

Discussions with Norseman police also revealed that "*the majority of drink-driving cases are contract workers with mining contractors who are in town for a few days*". Twenty out of the total of 74 drivers caught drink-driving in the past 24 months were Aboriginal, or 19% of the Indigenous population, which according to the Officer in Charge of Norseman is "*a lot lower ratio than one would see in most Goldfields towns*".

4.2 Department of Health

Data from the Health department included admissions to Norseman hospital for alcohol related issues, as well as an interview with the Norseman District Hospital's Director of Nursing.

4.2.1 Hospital Presentations and Admissions

Presentation to the Emergency Department for all ailments declined by 36.5% for Aboriginal patients in the year after the introduction of the restrictions, while it remained constant for non Aboriginal patients (Figure 3).

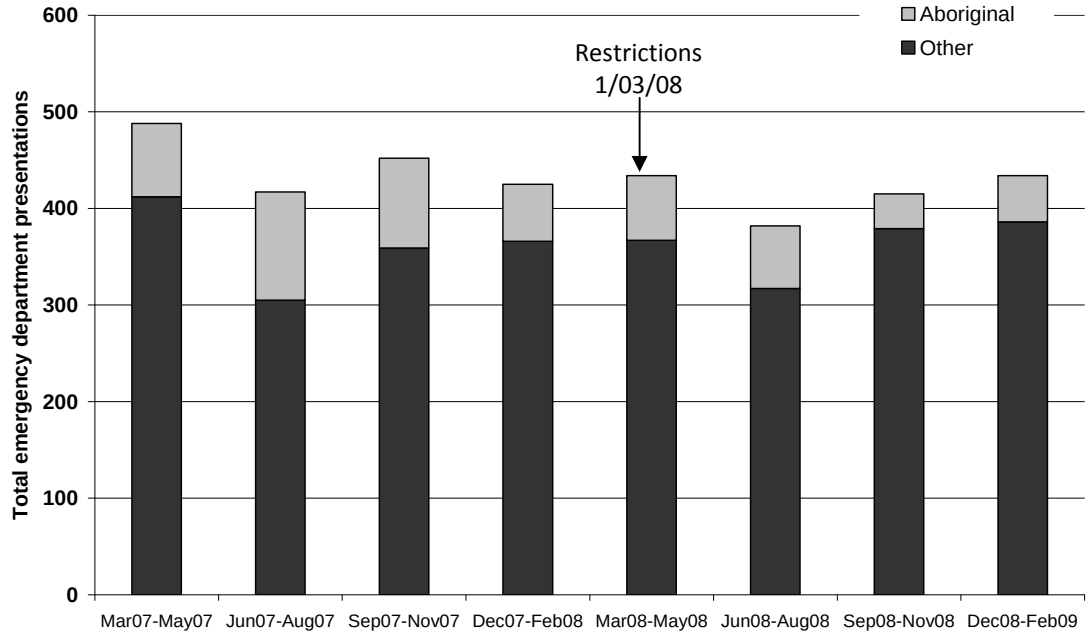

Figure 3: Total emergency department presentations by ethnicity for 12 months prior and 12 months post the restrictions.

Time series analysis of these data indicates that post restrictions there is a downward trend in ED presentations for Aboriginal patients but an upward trend in presentations for non Aboriginal patients. Furthermore, analysis of the admission data showed that in the 12 months prior to the restrictions there were 38 alcohol related admissions to Norseman District Hospital, with 29 patients being Aboriginal (76%) and 9 non Aboriginal (Figure 4). Of these admissions, four Aboriginal and one non Aboriginal patient were admitted multiple times.

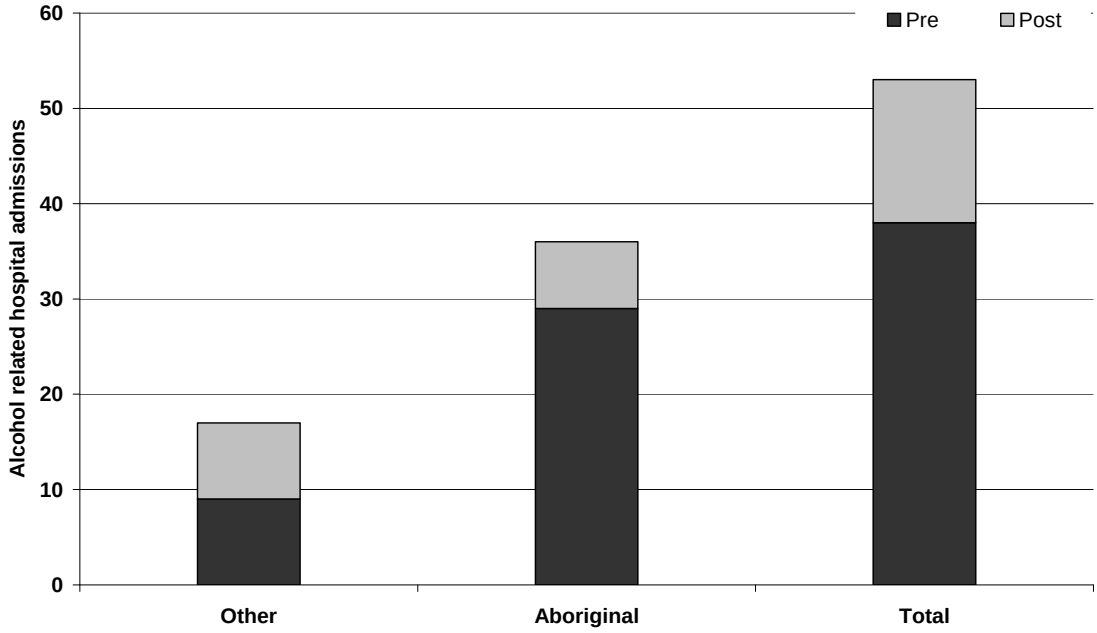

Figure 4: Alcohol related admission by ethnicity 12 months pre and 12 months post the restrictions.

In the 12 month post the restrictions, total alcohol related admissions dropped to 15 cases, a 60.5% decrease, with 7 patients being Aboriginal and 8 non Aboriginal. Out of these admissions, two Aboriginal and one non Aboriginal patient were admitted multiple times.

4.2.2 Director of Nursing

The Director of Nursing of Norseman District Hospital has been working in Norseman since 2005. She reported significant changes since the start of the restrictions, in particular within the Aboriginal population. According to her, emergency presentations due to alcohol related violence in the local Aboriginal population have stopped completely, however there have been some incidences of domestic violence where the partners are not local Aboriginal persons. At the same time, she reported that there has been no change in the rates of domestic violence presentations in the non Aboriginal population.

The Director stated that before the restrictions the District Hospital used to get 3-4 acute alcohol induced psychosis presentations per week, usually at night, and patients

would stay only long enough to get their immediate problems addressed. After the restrictions, there are significantly less acute drunk presentations, patients attempt voluntary detoxification every 2-3 months, and are seeking medical care within working hours.

For the hospital staff this change translates into less work, less antagonism, fewer 'put downs' and less aggression. Although the local doctor has "Next Step" program training (Next Step is a government health service that provides the community with access to clinical treatment, information and referral for people with alcohol and other drug problems) and is an AOD specialist, the Director of Nursing identified a number of gaps in alcohol and other drug services. She claimed that visiting counselling/support services are in town on a fortnightly basis, and currently only provided AOD counselling, and that they did not appear to be accessible to the Aboriginal community in a culturally appropriate way. The Goldfields Esperance General Practice Network visits the town once a month and provides mental health counselling and mental health support.

The Director of Nursing stated that there is need for further AOD services in the community, particularly for post detoxification, mental health and capacity building for the Aboriginal community.

4.3 Norseman Hotel

Data from the Licensee included two separate interviews and access to his sales data for the period to be evaluated as well as one year prior to the agreement.

4.3.1 Alcohol Sales Data

The take away alcohol sales data showed that in the year after the introduction of the restrictions, the per capita sale of pure alcohol dropped from 21.39L to 19.29L, an overall decrease of 9.84% (Table 1).

Table 1: Alcohol sales data (litres pure alcohol) for Norseman Hotel pre- and post-restrictions by beverage type, December 2006 to May 2009.

Type	Dec06-Feb07	Mar07-May07	Jun07-Aug07	Sep07-Nov07	Dec07-Feb08	Mar08-May08	Jun08-Aug08	Sep08-Nov08	Dec08-Feb09	Mar09-May09
Beer full	653	641	659	842	847	727	830	750	684	815
Beer mid	312	325	280	363	358	332	237	288	294	256
Beer low	8	12	7	5	7	7	7	7	5	5
Wine bottle red	12	28	37	36	26	22	33	35	25	20
Wine bottle white	24	18	18	35	22	27	24	23	34	18
Wine sparkling	7	6	7	9	11	7	10	19	21	12
Wine cask red	242	303	264	149	45	58	97	70	52	41
Wine cask white	98	130	74	120	98	71	101	123	75	101
Wine fortified	71	89	136	98	30	27	71	54	35	38
RTDs	253	294	384	442	395	327	229	230	258	129
Spirits	196	221	301	266	239	242	296	311	283	205
Total	1876	2067	2167	2365	2078	1847	1935	1910	1766	1640

Note: Only half the total beer volume sold during the period of interest was provided by the licensee in a form that allowed time series analysis and it is only this amount that is included in this table and in Figure 5. For all other pre and post calculations the total volume of beer sold was used.

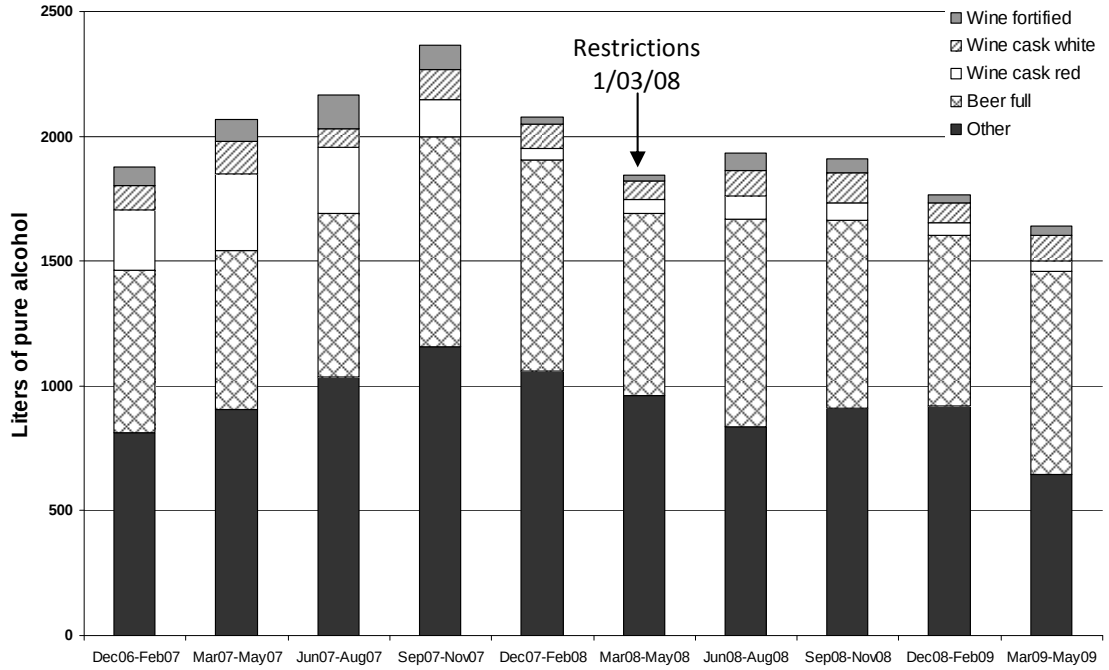

Figure 5: Alcohol sales (pure alcohol) by Norseman Hotel by beverage type, December 2006 to May 2009.

The biggest decrease was observed for red cask wine, with a 75.8% decrease (p=0.002) and for fortified wines with a 50.6% decrease, both products used almost exclusively by the Aboriginal community, according to the licensee (Figure 5). Ready to Drink (RTD) spirits sales also decreased by 33.4% however regular spirits sales increased marginally by 11%. Beer volume sales did not change in the post restriction period. Decreases in red cask wine and fortified wines and an increase in beer and spirit sales in the post restriction period were expected outcomes as both the Licensee and members of the Aboriginal community reported a switch in consumption from wines to beer by the majority of the Aboriginal community, with a small number of Aboriginal customers substituting spirits for wine.

4.3.2 Licensee

Two separate meetings were held with the local licensee who reported that overall the restrictions were well accepted by the Norseman community. A couple of tourists complained about the restrictions, however once the reason behind them was explained, they were happy to return within the restricted sales time.

According to him, the Aboriginal population have changed their drinking patterns considerably, switching from fortified and cask wine to full strength beer, although there were still a *"few hard drinkers among them"*. He also identified that the Aboriginal community members were purchasing 1L fortified wines often and he suggested these items, together with the 750mL beer (King Browns) be added to the list of restricted items.

When asked for clarification on whether his business had been negatively affected by the restrictions, the licensee responded that there has been a slight downturn but he attributed it to the global economic downturn and subsequent downsizing in the mining industry as his *"business is not wholly dependent on Aboriginal customers"*.

He was happy for these restrictions to continue indefinitely and has given written permission for the National Drug Research Institute to access his sales data for the purposes of the evaluation.

4.4 Norseman District School

A meeting was held with the principal of the Norseman District High school to discuss what changes have occurred within the schooling system since the introduction of the restrictions. His impressions were that *"the tone of the town has changed"* and that there is less visible public drunkenness. The 12 month time frame for evaluating changes in school attendance rates and performance was too short, according to the principal, however he reported that overall school attendance has increased slightly, particularly for the Aboriginal children. He reported that the non Aboriginal community does not seem to be changing their alcohol use, and that school problems were associated with *"children from non Aboriginal, dysfunctional families"*. With respect to the Aboriginal community he reported that *"the parents seem to be more receptive to involvement"*, and that the school was part of the Clontarf football program for Aboriginal children, which was very popular. He concluded that the school now deals with *"less problematic behaviour in kids and this is happening less often"*.

4.5 Shire Of Dundas

The Shire of Dundas was represented at this evaluation by the Chief Executive Officer, however he had been in that position for only 12 months and moved to Norseman after the restrictions were in place. Thus he was not able to compare changes to the time before the restrictions; however he was willing to comment on the current situation with respect to alcohol related issues.

He reported that shop owners have reported less public drunkenness than has occurred in the past and that the tourist bureau had not received any complaints from tourists regarding the liquor restrictions. He claimed that the police had been significantly more proactive and worked together with the community to prevent issues from arising. He also reported that the area around the "Peppercorn Tree" (a communal area around a large peppercorn tree where the Norseman Aboriginal community meet and drink) was "*fairly clean with no litter problem*". Furthermore, the Aboriginal community has requested that they be provided with clean up bags, into which they place their rubbish, and the council collects it. The Aboriginal community has also started recycling their empty beer cans and are using them to raise money for the local school.

The CEO identified lack of community infrastructure for sports and other community activities as well as low levels of social responsibility and cohesion as obstacles to further improvements in the well being of the Norseman community.

4.6 Norseman Aboriginal Community Court

Two community elders who sit on the Norseman Aboriginal Community Court provided feedback regarding the court cases prior to and after the restrictions. The Aboriginal Community Court is a specialised court dealing with Indigenous offenders in Western Australia and allows the involvement of the Aboriginal and Torres Strait Islander communities in the sentencing process. Overall, they reported that *"not many cases are coming before the court now"* and they believe the decrease is because of the process of the court as well as the change in the drinking pattern, which has

contributed to a reduction in offending behaviour. Furthermore, it was noted by the community elders that many of the offenders appearing in this court were not core members of the Norseman Aboriginal community, but part of a visiting Aboriginal population that come and go on an intermittent basis, a view substantiated by the Officer in Charge of Norseman police station. They also reported decreases in the rates of drink driving and crime involving young people with the Shire run youth drop in centre having a positive impact on the community. Alcohol and drug counselling for mandated clients is carried out by Centrecare Esperance who visit on a fortnightly basis.

4.7 Norseman Aboriginal Community

The findings from both focus group meetings have been collated and are reported below according to themes.

4.7.1 General findings

The community responded that they were still obeying the restrictions and were not drinking cask wine or other restricted items as commonly as before. They admitted that sometimes they might share one cask among 5 or 6 people. They did not see the restrictions as an issue.

> *Before it was all day everyday, sometimes 2 casks every morning, and share 3-4 casks between 5 people in the evening - Male, 30s*

> *Now people are not drunk before midday as before - Male, 20s*

Participants reported that they substituted the restricted products with full strength beer and, sometimes, that some of them even drink mid strength beer. The most popular beers are the cans, stubbies and long necks or king browns as they are also known (750ml bottle of full strength beer). Clarification on the amount of alcohol consumed revealed that post restrictions the participants reported drinking approximately "*five blocks of full strength beer per week shared between 15 people*"

which works out to approximately four cans each per day. Some Sundays and Mondays they reported that do not drink alcohol at all.

4.7.2 Health

The impetus for the implementation of these restrictions came from a community planning process to address chronic health problems within the Aboriginal population. One of the outcomes of this process was the identification of alcohol misuse as the major contributor to chronic ill health, and a decision by the community to change their situation.

> *People were dropping off like flies, didn't even see their 40's - Male, 40s*

> *Burying six black fellas under 40 in five months – that's gotta be wrong! - Male, 40s*

> *Everyone agreed grog killing people - Female, 40s*

> *We are doing this for the kids; don't want them to have the same life as us - Female, 50s*

Prior to the restrictions, the participants informed us that it was common for them to miss breakfast or drink cask wine for breakfast, and their nutrition in general was poor. They reported often waking up "*feeling crook*", and only accessed health care in crisis situations, usually related to acute intoxication. During the first focus group, 8 months after the restrictions started, participants reported feeling better *"don't wake up angry anymore"*, eating more food including breakfast on a regular basis. Men, in particular, sought medical help earlier and during normal working hours.

> *We're not in and out of hospital anymore - Male, 40s*

At the second focus group, in May 2009, the reported changes in health seeking behaviour had increased even more. The community members reported getting themselves and their children immunised voluntarily with the flu vaccine, individuals

with chronic illnesses such as diabetes were getting regular treatment and were encouraging others to carry out preventative tests.

> *I'm testing my own blood sugar, got a glucose meter, and the others are getting tested too - Male, 40s*

The elderly and those with disabilities said they are now accessing meals on wheels, and those with injuries are getting treatment.

> *Got the hip fixed - Male, 40s*

4.7.3 Social relationships

The community reported improvements in their social relationships, with less fighting between members, fewer arguments with their partners and that they have started to see themselves as social drinkers. At the first focus group meeting in November 2008, they reported increased contact with their children and more distant family members and that their children *"are not in trouble"* as often anymore. Their physical appearance has also improved, with participants reporting that they *"see change in each other"*, with people getting hair cuts and wearing nicer clothes.

They were using alternatives to driving when drunk; either asking a non drinker to drive them or walking.

> *This is my car now - Male, 20s* (points to his feet)

Participants reported that they were spending more time on housework, were working more at the Sunrise Mission Aboriginal Community, and were also trying to obtain paid employment. Their relationship with the wider Norseman community has also improved.

> *Norseman people say hello now - Female, 40s*

There has been a shift in how imprisonment for alcohol related offences is being viewed, with most seeing it as an opportunity for the person involved to get help with their alcohol issues, and the community is willing and keen to support them when they are released. They are also reporting attempts to apply peer pressure on a few heavy drinking members of their community while also offering support to enable changes in individual drinking patterns. They report that the licensee has also been very supportive of their attempt to change.

> *He tells us off when we try to buy cask wine - Male, 30s*

> *I thought you fellas didn't drink that stuff anymore - Male, 20s* (quoting the licensee)

People spoke about how their relationships with other Aboriginal people from the Goldfields region has also changed, and how they have noticed that the others are still getting sick and are suffering from alcohol related illnesses.

> *The Kalgoorlie mob and Leonora mob and the others have dropped away as they still drink that shit - Male, 50s*

> *They are still getting sick and dyin' - Male, 40s*

At the second focus group meeting, the community reported further changes in their social relationships. They socialise more often, are spending time with their families, are renovating their houses and taking holidays with the children.

> *Everybody is looking after everybody - Male, 40s*

People talked about their children participating more in organised sporting activities, with the boys playing football and even travelling to Esperance (200km away) for games, while the girls are playing netball. The parents are involved in the breakfast club at the local school, and reported that they have made financial arrangements for their children to receive school lunches. Sundays, in particular, are sometimes alcohol free and community members play basketball or have a BBQ.

They reported that fighting is almost non existent, and although they still have arguments, there is no violence involved. Their relationship with the police has also improved and members are obeying local laws, in particular about public drinking.

We don't bother them and they don't bother us - Male, 50s

The community reported that the Chief Executive Officer of the Shire of Dundas is very supportive and has provided them with clean up bags which the council then collects. These clean up bags are being used when the community members are using the area around the "Peppercorn Tree", a communal area around a large peppercorn tree where this group meet and drink. The community has also started recycling their aluminium cans and the money they raise is donated to the local school.

The Shire is supporting us more than before - Female, 50s

Many community members have reported obtaining employment such as lawn mowing and in road works, under the Community Development Employment Program (CDEP). Some sell eggs from chickens they are rearing at the Sunrise Mission and have just received a business contract for supplying cut wood.

Community members at the focus groups reported using the Federal Government's first stimulus package, which was distributed in December 2008, to carry out improvements to their homes, take holidays with the children, purchase clothes for the women and children and for Christmas presents such as new bikes and other toys. They also held a big Christmas function with a band and a BBQ. Participants admitted that they did purchase more alcohol than usual during the Christmas period; however the money left over from the stimulus was pooled to purchase a second hand mini bus. The bus is for use by the community to go on outings, camping trips or visits to Esperance and ongoing costs associated with running the minibus are being met by *"everyone pitching in"*. The community is also contributing financially to other items such as purchasing equipment for the Police Citizens and Youth Club (PCYC) for the use of the children.

4.7.4 Future plans

The Norseman Aboriginal Community is currently working on a number of ongoing projects however they are very keen on these restrictions to continue indefinitely.

I think it's the best thing to happen to this place - Male, 20s

Leave the restrictions permanently in place - The whole group

The community is also in the process of arranging for the installation of a dental chair at the community health centre as many community members need extensive dental work and this will enable all the work to be carried out locally. They are planning on holding a series of camps which will be alcohol and drug free. Some of the camps will be used to *"get people off the drink"* and the others will be used to teach the younger generation about traditional Aboriginal culture and history. In keeping with their improved nutrition the community is thinking of starting to hunt kangaroos as well, to be shared out between all members of the community.

The community is currently seeking funding for a locally based, full time alcohol and other drugs support worker to provide information and support for the Aboriginal community in their attempts to deal with their alcohol issues. They are planning to form a Norseman Local Drug Action Group (LDAG). LDAGs are community groups made up of volunteers who work to prevent and reduce alcohol and other drug related harm with local solutions.

They are also looking at improving the sporting facilities in the community so the young people can participate in even more sporting activities.

4.7.5 Challenges

The community reported facing some challenges after the restrictions were implemented. Issues arise whenever non local Aboriginal people visit the community or start relationships with a local person. According to some locals, these people

continue to consume cask wine and fortified wine which sometimes leads to incidences of domestic violence, or other disagreements within the group.

Another challenge the local Aboriginal group faced, particularly in the early stages of the restrictions, was the lack of opportunity *"to prove themselves"* to the wider community, and the perception that they did not receive *"respect"*. By the second focus group meeting however, the community reported that they were getting along better with the police and the community.

The biggest challenge currently facing the Norseman Aboriginal community in their attempts to address their alcohol problems is lack of local support services such as a halfway house for rehabilitation and in particular a locally based alcohol and other drugs support worker. The community feels they would greatly benefit by having a support person who could do outreach work with them in their own homes and to assist and support them in solving related issues.

4.8 Wider Norseman Community

Towards the end of May 2009 fliers were distributed to every post box in Norseman and posters were placed in strategic places throughout the community calling for public feedback regarding the restrictions. Despite this blanket coverage, only four community members took up the opportunity to meet with the researchers and to provide feedback on 4th June 2009. One person (female) was against the restrictions, and three people (one man and two women) were in favour of the restrictions.

4.8.1 Opposition to restrictions

The person speaking against the restrictions did so because in her opinion there was no notable difference in the community. She emphasised that alcohol misuse was an individual problem and these restrictions should not be enforced on the wider community.

I am not the one with problems why should I be inconvenienced? - Female, 30s

The respondent also said that the restrictions should apply only to Aboriginal people as "*they are the only ones that buy those drinks*". Clarification was sought on why she was against the restrictions if she believed that only Aboriginal people purchased the restricted drinks. She admitted that sometimes she wished to buy the restricted products as well and it was an inconvenience to her to have to come back within the hours permitted for sale.

4.8.2 Support for restrictions

The people supporting the restrictions did so because they observed a "*huge change*" particularly within the Aboriginal community. People who had been drinking cask wine all their lives were now drinking beer, and although there were times when cask wine was still purchased, there was a shift in preference towards beer. The community members also believed that people were accessing services at the hospital more, in particular the detoxification program.

> *They are doing their hardest to reduce the impact from alcohol by using less harmful alternatives - Female, 40s*

> *It is a generational issue but at least the community is taking steps to address it - Female, 40s*

The respondents felt that the Norseman community had an expectation that these restrictions would have an instant effect with most people not realising that such changes won't "*happen overnight*". All three respondents mentioned that there seemed to be a gap in local support services, particularly for people coming out of detoxification, counselling and mentoring.

> *People are missing out on services they are entitled to; they are set up to fail - Male, 30s*

The reasons given for this were the perceived lack of local service providers, infrequent visits to Norseman by service providers, and culturally inappropriate services.

5.0 Discussion

The Norseman Aboriginal Community in Norseman identified that alcohol was one of the main reasons for their poor health, disintegration of social values and loss of traditional values and customs. They also recognized that restricting access to alcohol, an intervention that has a strong evidence base for effectiveness (Allsop, 2008; Loxley et al., 2008; Stockwell & Gruenewald, 2001), would assist them in reducing harms caused by their excessive alcohol use as well as strengthen their resolve to tackle other issues affecting them and their community. Although there is significant evidence available supporting "dry" Aboriginal communities (Douglas, 1998; d'Abbs et al., 1996; Gray et al., 2000; and d'Abbs & Togni, 1997) that particular approach may not be viable in all situations, particularly when Aboriginal people are living within the wider community, as is the case with Norseman.

What separates the Norseman Voluntary Liquor Agreement from other liquor restrictions in Australia is that the Norseman Aboriginal Community sought voluntary collaboration with the local licensee as a way to instigate change rather than trying to declare a dry area or using liquor licensing legislation to enforce restrictions, as have been used elsewhere (Loxley et al., 2004; Douglas, 1998; D'abbs et al., 1996; Gray et al., 2000; d'Abbs & Togni, 1997; summarised in NDRI, 2007). In addition to working with the local licensee, there has been ongoing consultation with the wider community in Norseman to gain support for restrictions. This may have added to the feeling of ownership and minimised resistance within the community. In other words, no particular group in the community has been singled out for the restrictions, which is considered best practice when attempting to implement liquor restrictions (Stockwell et al, 1996; Gmel et al 2001).

The voluntary liquor restrictions in the Norseman community have produced positive results, however there are indications that the majority of changes have occurred mainly in the Aboriginal community and to a much lesser extent in the non-Aboriginal community. Department of Health and Police attendance data show that alcohol

related incidences have reduced considerably and specifically in the Aboriginal community and feedback from stakeholders supports the findings that alcohol related harm has decreased.

The alcohol sales data also provides conclusive evidence that there has been a reduction in the consumption of the restricted items. Despite seasonal variations in alcohol sales, the volume of alcohol sales across the entire 16 months after the restrictions has decreased compared to the pre restriction period. This data also supports feedback from the licensee, who has reported that there has been a change in drinking patterns to less harmful drinking, with a switch from 4L cask wine and 2L fortified wine to beer and, to a much lesser extent, to spirits.

The Norseman Aboriginal Community reported increased health status, better nutrition, improved social interaction within and outside the Aboriginal community and decreased contact with police and the legal system. The focus has shifted from drinking to other family oriented activities such as sports and home improvements and a re-emergence of interest in Aboriginal culture and traditions.

The Norseman Liquor Agreement clearly demonstrates that it possible to achieve change and reduce harm from alcohol misuse in a community. What makes this case unique is that various government agencies had the flexibility to work together collaboratively over a reasonably long period of time (3 years +) with the Norseman Aboriginal Community and the hotel licensee to enable these changes to occur in a very cost effective manner and without the involvement of Liquor Licensing Authorities.

Specifically, the only costs associated with the development and implementation of the Norseman Voluntary Liquor Agreement has been the work hours put in by the main stakeholders in the Department of Health and the Police as part of their health promotion efforts. Thus the cost in monetary terms is relatively small. As there have been no monetary incentives for anyone to participate in this process it is a fair assumption that this has added to the ownership of the agreement within the community.

An important factor to remember is that the quality of any intervention depends upon its sustainability and whether it will create long term change for those affected by the intervention. Allsop (2008) concluded that whether or not a community responds to alcohol-related problems is dependent upon three factors:

a) **Whether a community identifies alcohol as a risk to the community and its individuals**. In Norseman this was clearly the case, in fact alcohol was considered to be the primary risk to the community and a causal factor to a host of other chronic illnesses and social issues.

b) **That the community recognised that the interventions were attractive and cost-effective**. This is where the main objective for the facilitating organisations lay, to inform the community of low cost, evidence based interventions that were meaningful to them.

c) **That the intervention would assist the community to change the current situation and that it would be possible for the community to implement and sustain change**. The community identified that to address their issues related to excessive alcohol use would be a first step in dealing with the other problems impacting on their community. With assistance from the West Australian Drug and Alcohol Office, Population Health, the Shire of Dundas and the collaboration of the Norseman Hotel licensee it became possible to implement the desired changes and this also increased the likelihood of these changes being sustainable.

In conclusion, the aim of the Norseman Liquor Restrictions was to address one aspect of the chronic health problems in the Norseman Aboriginal Community and was never intended as the answer to all their problems. Research elsewhere indicates the importance of wide ranging complementary strategies which tackle both the supply of and demand for alcohol (Gray & Saggers, 2005; NDRI, 2007). There is strong awareness in the Aboriginal community that their harmful drinking is a generational issue that will take a long time and a lot of effort to address, however there is a strong desire for a better future for their children.

Although the Norseman Aboriginal Community have initiated and been active participants throughout this process of changing their drinking culture, they are reaching the limit of their capacity. They need the support of service providers to continue addressing their alcohol related issues, in particular locally based services and support workers who can work with the community.

6.0 Recommendations

Recommendation 1:

The provision of a permanent, locally based alcohol and other drugs support position to enable the community to expand their capacity to solve alcohol and other drug related problems, as well as strengthening their resolve and minimising relapse in individual drinking.

Recommendation 2:

The Norseman Liquor Restrictions should be expanded to include 1x 750ml bottles of fortified wine and the 1x 750mL bottles of full strength beer (King Brown) per person per day during 12-6pm.

Recommendation 3:

The Norseman Liquor Restrictions should remain in force indefinitely.

Recommendation 4:

Service providers, in particular visiting services, should include the Norseman Aboriginal Community in their consultation processes when planning, developing or expanding services for the Norseman community.

Recommendation 5:

Service providers, in particular visiting services, should change the way they conduct business to be more inclusive and culturally appropriate; that is, they should be more approachable and flexible when interacting with the Aboriginal community and use a more collaborative and consultative process rather than rigid, and formal approaches.

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Appendix 1

PUBLIC COMMENT INVITED

The Norseman Indigenous community has been meeting to discuss a proactive approach to address the level of alcohol-related harm currently being experienced. As a result the group along with key service agencies has identified a number of strategies to support a cultural change in the level of alcohol being consumed. As part of this process they have indicated that the availability of certain packaged liquor products appear to contribute to the level of harm they are experiencing and would like to limit the availability of those products through a proposed voluntary restriction on take-away sales of selected items.

The voluntary restrictions have been proposed for a 12-month trial and would be effective on the 1st March 2008 providing the wider community is supportive. The proposed restriction would see a limit placed on the sale of some packaged liquor items.

The following items will only be sold between the hours of 12 Midday and 6pm and will be limited to a single item from the list per day, per person.

1. The sale of 5 litre Red and White Lambrusco wine
2. The sale of 2 litre casks/flagons of Port
3. The sale of 4 litre casks/flagons of Wine

All other packaged liquor products for example beer and spirits will not be affected.

It is hoped that the wider community of Norseman will support these voluntary restrictions. The parties involved invite public comment on the proposal in writing.

All enquiries or questions should be directed to Susan Gatti on 9080 8200.

Alternatively Susan Gatti will be available in Norseman to take your written submissions on 11th December between 9am & 10am at the Shire Offices.

Please provide any written comments by 17th December 2007 to

Susan Gatti, Regional Alcohol & Other Drugs Coordinator,

Population Health, Locked Bag 3 Kalgoorlie WA 6433.

Addendum

Based on the evaluation of the Norseman Liquor Agreement, and at the suggestion of the Licensee, the Aboriginal Community decided to expand the restrictions to include 1x 750ml bottles of fortified wine and the 1x 750mL bottles of full strength beer (King Brown) per person per day during 12-6pm. The Norseman Aboriginal Community also requested that these restrictions continue indefinitely. The Licensee was supportive of these changes. The whole community was once again consulted and informed of the proposed changes. The expanded and indefinite restrictions commenced in Norseman on 1st August 2009.

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