NIDAC Online Consultation 1: Alcohol

Summary of Findings
BACKGROUND

Between 28 March and 30 April 2011, NIDAC undertook an online consultation on alcohol using Survey Monkey, a specialised online survey program. The three main issues for which NIDAC undertook this Online Consultation were to identify:

- Support for a range of interventions aimed at reducing the harms caused by alcohol among Indigenous Australians and their communities;
- Resources that participants have found particularly useful to help address the harms caused by alcohol among Indigenous Australians and their communities; and
- Familiarity with specific policy documents and guidelines.

Participants

363 participants commenced undertaking the consultation survey. Of these, 344 (94%) participants responded to questions about the three main issues about which NIDAC was undertaking the Online Consultation. This report presents the findings from those 344 participants.

Findings are presented for three groups:

- **All participants** (344 participants who responded to at least some consultation questions related to the three main issues);
- **Indigenous participants** (147 participants who indicated that they were Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander and who responded to at least some consultation questions related to the three main themes); and
- **ACCO participants** (49 participants who indicated that they work for an Aboriginal Community Controlled Organisation and who responded to at least some consultation questions related to the three main themes).

Presentation of findings

**Summary of participant characteristics** – Participants were asked a range of questions about themselves, the organisations they work for, and issues for future NIDAC Online Consultations. A summary of key characteristics is presented for all participant groups. When characteristics are reported for Indigenous and ACCO participants, a comparison is made with the characteristics of all participants. The representativeness of the all participants and Indigenous participants are assessed by comparing participant characteristics with data from other sources including data from the 2006 Census and a 2005 national profile of the AOD specialist workforce to determine how representative the participants were.
Support for alcohol interventions – Respondents were asked to indicate their level of support for eight alcohol interventions on a five-point response format (1= no definitely not; 2 = no, I don’t think so; 3 = not sure; 4 = yes, I think so; 5 = yes, definitely). The eight alcohol interventions and the manner in which they were worded in the online consultation are:

- **More accountable**: Make pubs and clubs more accountable for serving alcohol to already intoxicated patrons;
- **Reduce outlet hours**: Reduce the hours that “other” alcohol outlets can sell alcohol (e.g. grocery stores, roadhouses, etc);
- **Restrict advertising**: Introduce further restrictions on alcohol advertising;
- **Reduce pubs’ hours**: Reduce the opening hours of pubs and clubs;
- **Fewer outlets**: Reduce the number of outlets from where alcohol can be purchased;
- **Levy**: Introduce a small levy (e.g. five cents) per standard drink of alcohol to be spent on reducing the harms caused by alcohol in your community;
- **More police**: Provide more police to reduce the violence associated with alcohol;
- **Increase purchase age**: Increase the minimum age for purchasing alcohol to 21.

Support for each alcohol intervention was determined by the proportion of participants who responded with either yes, I think so or yes, definitely. Support for alcohol interventions is reported for all participant groups. When support for alcohol interventions is reported for Indigenous and ACCO participants, a comparison is made with support among all participants.

Alcohol resources - Respondents were asked to provide the name and author of any resources that they had found particularly useful in addressing the harm caused by alcohol among Indigenous Australians or in Indigenous communities. Resources which appeared more than five times are reported in this report. Alcohol resources are only reported for all participants.

Familiarity with policy documents – Respondents were asked to indicate their familiarity with the 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol, the National Drug Strategy, and the Aboriginal and Torres Strait Islander Peoples’ Complementary Action Plan on a five-point response format (1= no definitely not; 2 = no, I don’t think so; 3 = not sure; 4 = yes, I think so; 5 = yes, definitely). Familiarity with these policy documents was determined by the proportion of participants that responded with yes, definitely. Familiarity with policy documents is reported for all participant groups. When familiarity with policy documents are reported for Indigenous and ACCO participants, a comparison is made with familiarity among all participants.

Issues for future NIDAC Online Consultations - Participants were asked to indicate their level of support for five possible issues to be covered by future NIDAC online consultations on a five-point response format (1= no definitely not; 2 = no, I don’t think so; 3 = not sure; 4 = yes, I think so; 5 = yes,
Support for issues was determined by the proportion of respondents responding yes (yes, I think so or yes, definitely). Participants were also offered an opportunity to provide, in text format, other issues that they think are important for NIDAC to investigate in future Online Consultations. Responses were analysed using a free online text analysis tool from Online-Utility.org. This program provided the number of times specific phrases and words appeared in the participant responses. Issues for future NIDAC Online Consultations are only reported for all participants.

**Appendices** – Additional information is provided in five appendices:

- **Appendix 1 (detailed participant characteristics)** – Responses for all questions in the consultation relating to participant characteristics and future NIDAC Online Consultations are presented for all participants in the appendix.

- **Appendix 2 (representativeness of participants)** – Participant characteristics were compared with data from the 2006 Census and a 2005 national profile of the AOD specialist workforce to determine how representative the participants were.

- **Appendix 3 (support for alcohol interventions)** – Descriptive statistics and correlations.

- **Appendix 4 (familiarity with policy documents and guidelines)** – Descriptive statistics and correlations.

- **Appendix 5 (correlations tables)** – Additional correlations tables.

**FINDINGS: ALL PARTICIPANTS**

**All participant characteristics**

- 40% of all participants are Indigenous;
  - 37% are Aboriginal;
  - 1% are Torres Strait Islander;
  - 2% are both Aboriginal and Torres Strait Islander;

- 54% work in Queensland or NSW, although all states and territories were represented;

- 29% work in a rural or remote area and 50% work in a capital or other major city;

- 45% work for government; 33% for NGOs; and 14% for ACCOs;

- 14% work for an Aboriginal Medical Service;
- 35% work for an AOD organisation;
- 11% work in an area covered by the NT Emergency Response.

A detailed description of participants’ characteristics is provided in Appendix 1.

Although more than half of participants work in either Queensland or NSW, the proportions of participants from each state and territory generally resembled the proportion of Indigenous Australian’s living in each state and territory at the time of the 2006 Census. Participants were marginally over-represented in Victoria and the ACT and were under-represented in WA (see Appendix 2, Table 1).

Additionally, participants were similar to the national AOD workforce in 2005 in terms of the proportion who are female, age, years in the AOD sector, and the proportion who have tertiary qualifications. NIDAC participants were less likely to work for NGOs, to be nurses, and to work part-time (see Appendix 2, Table 2). This is expected given that many NIDAC participants are not AOD specialist workers.

**Support for alcohol interventions**

There was general support (>50%) for all alcohol interventions except increasing the minimum age for purchasing alcohol to 21. Greatest support (94%) was for making pubs and clubs more accountable for selling alcohol to already intoxicated patrons. Figure 1 presents the proportion of all responding participants that support each of the eight alcohol interventions included in the online consultation ranked according to level of support. Detailed descriptive statistics for support for each of the eight alcohol interventions is provided in Appendix 3, Table 1.

Support for each alcohol intervention tended to be associated with support for each other alcohol intervention (see Appendix 3, Table 2). This indicates that the more participants supported one alcohol intervention, the more likely they were to support all other alcohol interventions. Factors correlated with each of the eight alcohol interventions are presented in Appendix 3, Table 3.
Alcohol resources

A total of 145 participants provided a response to this question. Of these, 67% provided two responses and 38% provided three responses. 4 specific resources stand out. Table 1 presents the four main resources identified by participants, the number of times respondents provided these resources, the author and/or publisher, year of publication, and the availability of each resource.

Table 1: Key resources that are useful to address the harms caused by alcohol to Indigenous Australians and communities

<table>
<thead>
<tr>
<th>Name</th>
<th>n</th>
<th>Author</th>
<th>Publisher</th>
<th>Year</th>
<th>Free?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Grog Book: Strengthening Community Action on Alcohol</td>
<td>30</td>
<td>Maggie Brady</td>
<td>DOHA</td>
<td>2005</td>
<td>Email: <a href="mailto:health@nationalmailing.com.au">health@nationalmailing.com.au</a></td>
</tr>
<tr>
<td>Strong spirit strong mind: Aboriginal ways to reduce harm from alcohol and other drugs resources (multiple resources)</td>
<td>14</td>
<td>Drug and Alcohol Office WA</td>
<td>2008</td>
<td>WA only/ PDFs available</td>
<td></td>
</tr>
<tr>
<td>Alcohol Treatment Guidelines for Indigenous Australians</td>
<td>10</td>
<td>DOHA</td>
<td>2007</td>
<td></td>
<td>PDFs available</td>
</tr>
<tr>
<td>Guidelines for the Treatment of Alcohol problems</td>
<td>6</td>
<td>Haber et al</td>
<td>DOHA</td>
<td>2009</td>
<td>PDFs available</td>
</tr>
</tbody>
</table>

Familiarity with policy documents and guidelines

Participants tended not to be definitely familiar with any policy document or guideline (see Figure 2). A similar proportion of participants were familiar with the National Drug Strategy (40%) and the NHMRC National Alcohol Guidelines (38%). Almost half as many (23%) were familiar with the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan. Descriptive statistics for familiarity with policy documents and guidelines are presented in Appendix 4, Table 1.
Familiarity with each policy document and guideline was associated with familiarity with each other policy document or guidelines (see Appendix 4; Table 2). Correlations were greatest between the National Drug Strategy and the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan and the Alcohol Guidelines and the National Drug Strategy indicating that the more participants were familiar with either the National Drug Strategy or the Complementary Action plan, the more likely they were to be familiar with the other. Factors correlated with each of the policy documents and guidelines are presented in Appendix 4, Table 3.

**Future NIDAC online consultations**

304 participants (88%) responded to at least one of the questions about issues for future NIDAC Online Consultations: workforce development; over-representation in the criminal justice system; foetal-alcohol spectrum disorder; and injecting drug use.

There was strong support for all issues (>80%). Two issues, *workforce development* and *over-representation in the criminal justice system*, had clearly stronger support than the other two issues (93%). Figure 3 presents the proportion of participants who support each of the proposed four issues for consideration in future NIDAC Online Consultations.

![Figure 3: Do you support NIDAC investigating the following issues in future Online Consultations?](image-url)
Open-ended question

154 participants (45%) provided an issue for investigation in NIDAC Online Consultations. Table 2 presents the most commonly provided issues and the number of times each issue was provided grouped according to four categories: mental health; socio-economic participation; demographic groups; and other.

Table 2: Commonly provided issues for investigation in future NIDAC Online Consultations grouped into four main categories

<table>
<thead>
<tr>
<th>Mental health</th>
<th>Socio-economic participation</th>
<th>Demographic groups</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (11)</td>
<td>Education (9)</td>
<td>Families (19)</td>
<td>Violence (7)</td>
</tr>
<tr>
<td>Mental illness (3)</td>
<td>Training (8)</td>
<td>Youth (7)</td>
<td>NT Intervention (7)</td>
</tr>
<tr>
<td>Suicide (3)</td>
<td>Work (8)</td>
<td>Young people (6)</td>
<td></td>
</tr>
<tr>
<td>Comorbidity (3)</td>
<td>Employment (3)</td>
<td></td>
<td>Remote (6)</td>
</tr>
</tbody>
</table>

FINDINGS: INDIGENOUS PARTICIPANTS

Indigenous participant characteristics

- 92% of Indigenous participants are Aboriginal;
  - 3% are Torres Strait Islander;
  - 5% are both Aboriginal and Torres Strait Islander;
- 66% work in either Queensland or NSW;
- 46% work in a capital city and 30% work in rural or remote areas;
- 54% work for Government, 20% work for NGOs, and 19% work for ACCOs;
- 19% work for Aboriginal Medical Services;
- 32% work for an AOD organisation;
- 8% work in an area covered by the NT Emergency Response.

Indigenous participants differed from all participants in terms of the location and type of organisation for which they work (see Figure 4). When compared with all participants, Indigenous participants were more likely to work in Queensland or NSW; to work for Government, ACCOs, and AMSs. Indigenous participants were less likely to work in a capital or other large city or to work for NGOs than all participants.
Alcohol interventions

There was general support (>50%) for all alcohol interventions. Greatest support (92%) was for making pubs and clubs more accountable for selling alcohol to already intoxicated patrons and the least support was for increasing the minimum age for purchasing alcohol to 21 (55%).

When compared to all participants, Indigenous participants were similar (see Figure 5). The main difference was that there was general support for increasing the minimum age for purchasing alcohol to 21 among Indigenous participants (55%), but not among all participants (47%).
Familiarity with policy documents and guidelines

23% of Indigenous participants were definitely familiar with the NHMRC National Alcohol Guidelines; 26% with the National Drug Strategy; and 21% with the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan.

Indigenous participants tended to be less familiar than all participants with policy documents and resources (see Figure 6). When compared with all participants, Indigenous participants were far less likely to be definitely familiar with the NHMRC National Alcohol Guidelines and the National Drug Strategy. A similar proportion of Indigenous and all participants were familiar with the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan.

![Figure 6: Familiarity with policy documents and guidelines (Indigenous and all participants)](image)

FINDINGS: ACCO PARTICIPANTS

ACCO participant characteristics

- 53% of ACCO participants are Indigenous;
  - 49% are aboriginal;
  - 2% are Torres Strait Islander;
  - 2% are both Aboriginal and Torres Strait Islander;
- 55% work in either Queensland or NSW;
- 29% work in a capital or other major city and 50% work in rural or remote areas;
- 62% work for an Aboriginal Medical Service;
- 27% work for an AOD organisation;
- 18% work in an area covered by the NT Emergency Response.

ACCO participants differed from all participants in terms of Indigenous status and the type and location of organisation for which they work (see Figure 7). ACCO participants were more likely than all participants to be Indigenous; to work in a rural or remote area or an area covered by the NT Emergency Response and to work for an AMS. ACCO participants were less likely than all participants to work in a capital or other major city or for an AOD organisation.

**Alcohol interventions**

There was general support (>50%) for all alcohol interventions with the exception of increasing the minimum age for purchasing alcohol to 21 (42%). Greatest support was for making pubs and clubs more accountable for serving alcohol to already intoxicated patrons (94%).

When compared to all participants, ACCO participants were similar (see figure 8). The only difference between ACCO participants and all participants was that a smaller proportion of ACCO participants supported reducing the opening hours of pubs and clubs.
Familiarity with policy documents and guidelines

38% of ACCO participants were definitely familiar with the NHMRC National Alcohol Guidelines; 36% with the National Drug Strategy; and 23% with the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan.

The only difference between ACCO participants and all participants was that a slightly smaller proportion of ACCO participants were definitely familiar with the National Drug Strategy. The same proportion of ACCO and all participants are definitely familiar with the NHMRC National Alcohol Guidelines and the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan (see Figure 9).

![Figure 9: Familiarity with policy documents and guidelines (ACCO and all participants)]
APPENDIX 1: DETAILED PARTICIPANT CHARACTERISTICS

This appendix presents participant responses to all questions included in the NIDAC Online Consultation 1: Alcohol relating to participant characteristics. Percentages refer to the percentage of responding participants.

Aboriginal and Torres Strait Islander status

Participants were asked if they are Aboriginal or Torres Strait Islander. 342 participants (99%) responded to this question.

Of these, 40% (137) are Aboriginal and/or Torres Strait Islander. 60% (205) are neither Aboriginal nor Torres Strait Islander; 37% (126) are Aboriginal; 1% (4) is Torres Strait Islander; and 2% (7) are both Aboriginal and Torres Strait Islander.

State or Territory in which you work

Participants were asked to indicate in which State or Territory they work. 342 participants (99%) responded to this question.

More than half (54%) of participants work in Queensland or NSW. 28% (96) work in Queensland; 26% (88) work in NSW; 12% (40) work in Victoria; 12% (41) work in the NT; 8% (28) work in WA; 8% (27) work in SA; 5% (17) work in the ACT; and 2% (5) work in Tasmania.
Remoteness

Participants were asked to indicate in what geographic location they work. 340 participants (99%) responded to this question.

Half of participants (50%) work in a capital or other major city and 29% work in a rural or remote area. 33% (114) work in a capital city; 17% (58) work in another major city (including Canberra & Darwin); 20% (69) work in a regional centre; 12% (41) work in a rural area; 9% (30) work in a remote area; and 8% (28) work in rural and remote outreach. “Rural and remote” in the figure below presents the sum of participants working in a rural area, a remote area, or in rural and remote outreach.

* includes Canberra and Darwin
**Type of organisation**

Participants were asked to indicate the type of organisation they work for. 340 participants (99%) responded to this question.

45% (156) of participants work for Government; 33% (114) work for NGOs; 14% (49) work for Aboriginal Community Controlled Organisations; 2% (7) work for private organisations; and 4% (14) work for “other” organisations.

![Bar chart showing the distribution of organisations](chart.png)

**Aboriginal Medical Service**

Participants were asked whether they work for an Aboriginal Medical Services. 334 participants (97%) responded to this question.

14% (47) of participants work for an Aboriginal Medical Service.

**Mainly or entirely AOD services**

Participants were asked if the organisation they work provides mainly, or entirely, AOD services. 341 participants (99%) responded to this question.

35% (120) of participants work for an organisation that provides mainly, or entirely, AOD services.
NT Emergency Response

Participants were asked if they work in an area covered by the NT Emergency Response (the Intervention). 342 participants (99%) responded to this question.

11% (36) of participants work in an area covered by the NT Emergency Response.

Gender

Participants were asked to indicate their gender. 315 (92%) participants responded to this question. 64% (201) of respondents were female and 36% (114) were male.

Age group

Participants were asked to indicate their age group. 316 participants (92%) responded to this question.

In total, 70% of respondents who answered this question were 40+ year old. 34% (106) were aged 40-49 years; 29% (93) were 50-59 years; 20% (63) were 30-39 years; 10% (33) were 20-29 years; 7% (21) were 60 year or above, and no respondents (0%) were 19 years or under.

Highest level of education

Participants were asked to indicate the highest formal qualification they have completed. 317 participants (92%) responded to this question.

Overall, 63% (200) of respondents have a university or higher degree. One third (38%; 120) have a university degree and one fifth (22%; 70) have a post-graduate/ masters degree. 16% (49) have a diploma; 15% (48) have a Cert I-V including training as a registered nurse; 3% (10) have a PhD; and 6% (20) have year 12 or less.
Current employment arrangements

Participants were asked to indicate which of four options best describes their current employment arrangements. 315 participants (92%) responded to this question.

77% (241) are employed on a permanent basis; 20% (62) were on contract; 2% (7) were casual; and 2% (5) were unpaid volunteers.

Full-time/part-time hours

Participants were asked whether they currently work full-time or part-time hours. 313 participants (91%) responded to this question.

82% (257) of respondents worked full-time (35+ hrs per week) and 18% (56) worked part-time (35 hours per week or less).
**Length of time with current organisation**

Participants were asked to indicate how long they had worked for their current organisation. 316 participants (92%) responded to this question.

18% (56) of respondents had been working at their current organisation for less than 1 year; 41% (129) for 2 years or less; and 85% (270) for 10 or fewer years.

![Bar chart showing the distribution of time spent with current organisation](chart1.png)

**Length of time in AOD sector**

Participants were asked how long they have worked in the AOD sector. 295 participants (86%) responded to this question.

15% (43) respondents had worked in the AOD sector for less than 1 year; 29% (86) for two or fewer years; and 68% (200) for 10 or fewer years.

![Bar chart showing the distribution of time spent in AOD sector](chart2.png)
Professional background

Participants were asked to indicate which of a list of options best describes their professional background. 314 participants (91%) responded to this question. Of these, 39% (122) indicate that their professional background was other than the provided response categories.

14% (43) participants were AOD workers; 14% (43) were nurses; 14% (43) were social workers; 8% (25) were aboriginal health workers; 6% (19) were youth workers; and 2% (6) were doctors. Common “other” professions include law enforcement, teaching, research, policy, and community development.

AOD-specific services

Participants were asked to indicate which AOD-specific services their organisation provides from a list of specified services. 258 participants (75%) endorsed at least one AOD-specific service.

Of the 258 participants that endorsed at least one AOD specific service: 70% (181) provided AOD assessments and referrals; 61% AOD case management and support; 74% (191) AOD community information and education; 61% (158) AOD counselling; 26% (67) detoxification; 49% (127) family support services; 30% (77) needle and syringe programs; 35% (89) medical services; 11% (28) AOD outreach support; 24% (63) pharmacotherapy; and 16% (42) residential rehabilitation.
APPENDIX 2: REPRESENTATIVENESS OF PARTICIPANTS

This section presents participant characteristics and comments on the representativeness of these participants. Characteristics are compared characteristics of the AOD workforce sourced from a national survey of AOD workers undertaken by the National Centre for Education and Training on Addiction (NCETA) in 2005 (Durasingham, Pidd, Roche, & O’Connor, 2006) and demographic data from the 2006 National Census (Australian Bureau of Statistics, 2006).

Table 1: NIDAC participant characteristics and AOD workforce characteristics

<table>
<thead>
<tr>
<th></th>
<th>NIDAC Online Consultation</th>
<th>AOD Workforce (2005)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>64%</td>
<td>66%</td>
</tr>
<tr>
<td>Age (years)</td>
<td>40-49 (median)</td>
<td>43 (mean)</td>
</tr>
<tr>
<td>NGO workers</td>
<td>34%</td>
<td>42%</td>
</tr>
<tr>
<td>Nurses</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Part-time</td>
<td>18%</td>
<td>30%</td>
</tr>
<tr>
<td>Years in AOD sector (median)</td>
<td>3-5 years</td>
<td>5</td>
</tr>
<tr>
<td>Tertiary qualification</td>
<td>63%</td>
<td>65%</td>
</tr>
<tr>
<td>Provide mainly AOD services</td>
<td>35%</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Percentages for NIDAC participants are rounded to the nearest percent.

* Durasingham et al. (2006).

Table 2: State and territories in which NIDAC participants work and where Indigenous Australians live

<table>
<thead>
<tr>
<th>State and territory</th>
<th>Percentage of NIDAC participants working in each state and territory</th>
<th>Percentage of the total Indigenous population living in a State or Territory (2006)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW</td>
<td>26</td>
<td>28.7</td>
</tr>
<tr>
<td>Qld</td>
<td>28</td>
<td>28.3</td>
</tr>
<tr>
<td>Vic</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>WA</td>
<td>8</td>
<td>15.1</td>
</tr>
<tr>
<td>SA</td>
<td>8</td>
<td>5.0</td>
</tr>
<tr>
<td>NT</td>
<td>12</td>
<td>12.9</td>
</tr>
<tr>
<td>Tas</td>
<td>2</td>
<td>3.3</td>
</tr>
<tr>
<td>ACT</td>
<td>5</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Note. Percentages for NIDAC participants are rounded to the nearest percent.

* 2006 National Census (ABS, 2006)
### Table 1. Support for alcohol interventions, descriptive statistics

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce outlets</td>
<td>341</td>
<td>343</td>
<td>341</td>
<td>340</td>
<td>340</td>
<td>343</td>
<td>341</td>
<td>341</td>
</tr>
<tr>
<td>Reduce pubs’ hours</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Reduce outlet hours</td>
<td>0.46</td>
<td>0.45</td>
<td>0.40</td>
<td>0.50</td>
<td>0.42</td>
<td>0.47</td>
<td>0.24</td>
<td>0.50</td>
</tr>
<tr>
<td>Increase purchase age</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Restrict advertising</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Levy</td>
<td>70.4</td>
<td>71.1</td>
<td>80.1</td>
<td>46.6</td>
<td>77.6</td>
<td>67.4</td>
<td>93.9</td>
<td>56.9</td>
</tr>
<tr>
<td>More accountable</td>
<td>39.3</td>
<td>45.8</td>
<td>49.3</td>
<td>27.0</td>
<td>51.8</td>
<td>39.4</td>
<td>70.6</td>
<td>26.4</td>
</tr>
<tr>
<td>More police</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Scores between 3.00 and 3.99 = yes, I think so
# 3 = not sure; 4 = yes, I think so; 5 = yes, definitely
@ participants responding with either yes, I think so or yes, definitely
## APPENDIX 4: FAMILIARITY WITH POLICY DOCUMENTS AND GUIDELINES

### Table 1. Familiarity with policy documents and guidelines: descriptive statistics

<table>
<thead>
<tr>
<th></th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Guidelines</td>
<td>330</td>
<td>330</td>
<td>329</td>
</tr>
<tr>
<td>Missing</td>
<td>14</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Mean†</td>
<td>3.75</td>
<td>3.95</td>
<td>3.25</td>
</tr>
<tr>
<td>Standard Deviation</td>
<td>1.32</td>
<td>1.15</td>
<td>1.32</td>
</tr>
<tr>
<td>Median#</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Mode#</td>
<td>5</td>
<td>5</td>
<td>2</td>
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<tr>
<td>% yes definitely#</td>
<td>38.2</td>
<td>40.0</td>
<td>23.1</td>
</tr>
</tbody>
</table>

* Scores between 3.00 and 3.99 = yes, I think so
# 2 = no, I don’t think so; 3 = not sure; 4 = yes, I think so; 5 = yes, definitely

### Table 2. Familiarity with policy documents and guidelines: correlations

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<th>11</th>
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<td>National Drug Strategy</td>
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<tr>
<td>Complementary Action Plan</td>
<td>.546**</td>
<td>.624**</td>
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** p < .01 two-tailed