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# The dialectic of drinking in Australian life: from the Rum Corps to the wine column

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**Abstract:** *The place of alcohol in Australian life in the years since the Second World War is considered. Patterns of and trends in use are described, along with the magnitude and distribution of alcohol-related problems, the history of alcohol controls, the growth of treatment and other responses to alcohol problems and the nature of societal concerns about drinking.*

**Keywords:** *alcohol drinking; alcoholism; alcoholism - prevention and control; alcoholism - therapy; Australia.*

## Introduction

This paper seeks an understanding of the place of alcohol in Australian life in the years since the end of the Second World War. It aims to map the patterns of and trends in use, the magnitude and distribution of alcohol-related problems, the history of alcohol controls, the growth of treatment and other responses to alcohol problems, and the nature of societal concerns about drinking. The patterns of the last 40 years, however, grow out of, reflect and react to earlier Australian experiences with alcohol, which must also thus find a place in our analysis.

## Some background on Australian society

With an estimated 1985 population of 15,345,000, Australia is still a relatively sparsely populated continent, with about two people per square kilometre. Reflecting patterns of settlement and the lack of rainfall in much of the heart of the continent, the population is concentrated in coastal cities and their suburbs; over 40 per cent of the population lives in the Sydney and Melbourne metropolitan areas and over two-thirds in the capital cities of the six States. Australia is not so much an urban society as a suburban one, and has been so for over a century; indeed, "Australia may have been the first *suburban* nation ... Australians have been getting used to the conformities of living in suburban streets longer than most people; mass secular education arrived in Australia before most other countries; Australia was one of the first countries to find part of the meaning of life in the purchase of consumer goods".

The first permanent European settlers, in 1788, found a land inhabited by an Aboriginal population estimated to have been 300,000, divided into many tribal groups and subsisting by hunting and gathering. Ravaged primarily by the effects of dispossession and disease, the Aboriginal population declined substantially until recent decades. In the 1986 Census 206,104 persons classified themselves as Aboriginal. Most Aborigines today live in or on the fringes of general Australian society, in contact with the customs of and subject to the laws of European-ancestry Australians.

The original British settlement was a military colony to which convicts of the British penal system were "transported" (exiled); though "free" settlers followed within a few years, and fully "free" settlements by around 1830, transportation of British convicts was not totally halted until the late 19th century. Australia's population grew markedly with the gold rushes of the 1850s, but for a century more the cultural background remained predominantly British and Irish. The dominant religious affiliations still reflect this history of settlement, with dissenters and the "Celtic fringes" of Britain somewhat over-represented: 36 per cent of Australians define themselves as Anglican, 25 per cent as other Protestant (particularly Methodist and Presbyterian) and 33 per cent as Roman Catholic. It should be added that Australia is not a nation of churchgoers.

In the three decades following the Second World War, subsidized immigration from Europe in general (besides Britain, particularly Italy, Greece, Germany and the Netherlands) added almost three million "new Australians" to the

population, helping to give a much more cosmopolitan tone to Australian cities. Since 1973, when the "White Australia Policy" was enforced since the turn of the century was abandoned, a smaller flow of immigrants has brought a substantial Asian presence.

Since the 1940s, Australia has been an industrialized society, although most factory production is for the home market. The small portion of the population living "on the land or in the "outback" produces most of Australia's export earnings, from minerals and from a variety of agricultural exports - notably beef, lamb, wool and wheat. Reflecting Australia's populist political culture and as an extension of British working-class traditions, Australia's labour unions have a long history of strength; the political history of Australia in the 20th century has been described as a dialectic between the Labor Party and a succession of more conservative parties. A period of prosperity and low unemployment of unprecedented length began after the end of the Second World War; since the mid 1970s and particularly in the early 1980s Australians have faced more difficult economic conditions.

Politically, the Commonwealth of Australia is a federation of six States and two Territories. The British colonies which now form the six States grew up independently of each other, and most were internally self-governing for the second half of the 19th century. Federation in 1901 was accomplished only after long and difficult negotiations. In principle, constitutionally enumerated powers, including foreign affairs, defence and the postal system, are assigned to the federal government and other powers are reserved to the States. Health and hospital systems, education, criminal laws and policing, and transportation systems are in all principle State responsibilities. But the federal role has inexorably increased in the last forty years, in part reflecting its role as the collector of the most significant revenue sources, including income and excise taxes. Both State and federal governments are deeply involved in policies on health, education, science, development, transport and many other matters. The complicated gavotte between levels of government is exemplified by the history of the ongoing Australian "National Campaign Against Drug Abuse": announced by the federal Prime Minister in the heat of a 1984 election campaign, the Campaign's first big step was a federally-convened "Special Premiers' Conference on Drugs", resulting in a joint "communiqué" signed by the federal Prime Minister and all the State Premiers

pledging "to do everything possible to combat the growing problems of drug abuse and addiction in Australian."

## The cultural position of drinking

### *Being men together*

A reputation for heavy drinking may be said to be part of the Australian national myth. The reputation has deep historical roots. In the militarized and mostly male society of the initial British colonization, the reliability of demand for rum made it at times the principal currency in the colony. In 1801, the Government of New South Wales complained that "so great was the fame of the propensity of the inhabitants of this colony to the immoderate use of spirits ... that I believe all the nations of the earth agreed to inundate the colony with spirits". A later governor, Bligh of "Bounty" fame, suffered his second mutiny when he tried to break the enormously profitable rum monopoly of the officers of the garrison regiment.

The great waves of migration of the gold rushes, starting in 1851, again threw together masses of men without women - this time, predominantly young men of more middle-class origin. Drunkenness, both on the diggings and in the cities which served as the staging-areas for the gold-fields, figures heavily in the narratives of the gold-rush period.

A third predominantly male locus for heavy drinking in Australian history was in the tradition of itinerant bushworkers - the sheep shearers, drovers, stockmen and other farm workers, and the miners, of the Australian outback. As noted above, this work has had an objective importance in the Australian economy; every Australian child grew up knowing that Australia "rode on the sheep's back". But the tradition of the bushman also cast a broader shadow, because of the mythic importance of "the bush" in Australians' view of themselves. For well over a century, ballads, novels, plays, films and the popular imagination have set, against the grainy realities of urban and suburban domesticity, the vision of the hard, simple, satisfying life of the bush as the essence of being Australian. Associated with the myth has been the ideology of male "mateship", the strong commitment to mutual support and cohesion and egalitarian relations in groups drawn or thrown together in work parties, in sports or other play, or in the wars of the 20th century. The tradition of male mateship carried with it implications for Australian drinking customs. One was the establishment by the late 19th century of the practice of

"shouting" ("standing rounds" in American parlance): the obligation to share in drinking as a group activity, with each man taking his turn buying a round of drinks for all. Contemporary observers considered that this custom had a stronger hold in Australia than in Britain.<sup>5</sup> A second was the tradition of "work and burst": of the drunken blowout, often in town, at the end and on the proceeds of a hard spell of work in the bush.<sup>4</sup>

### *The hotel versus the home*

The traditional focus of Australian drinking was the hotel (or tavern in American parlance). Most drinking occurred in hotels or out-of-doors: "a man might get as full as a boot at the pub but he wouldn't touch a drop of it in his own home", as Donald Horne put it, in his controversial discussion of Australian society.<sup>1</sup> Until recent decades, the Australian hotel was quintessentially a man's domain; women did not enter the public bar, which was part of a "rollicking man's world of booze and two-up" (an Australian gambling game).<sup>1</sup> Hotel drinking also often carried connotations of class identification. Horne notes that working-class life in the big cities was traditionally "pictured as happy-go-lucky, hard-drinking, hard gambling, matey, thumbing its nose at the cissies and snobs in the lower middle class suburbs". Part of this life was the "brutal pleasure" of hotel drinking, "jostled in austere equipped bars, dazed by the bedlam, gulping beer down and perhaps later spewing it up".<sup>1</sup>

Against this working class male world of mateship and hotel drinking was set the ideal of the suburban family home. Within its walls, both genders lived by women's rules of behaviour. Until the mid-20th century, Nancy Keesing notes, "Australian families seldom swore or used coarse or blasphemous expletives at home, and women seldom swore anywhere. These conventions obtained in households of every class in city and country ... Men who used aggressive expletives among themselves were affronted by a man who did not 'remember himself' or 'guard his tongue' in mixed company".<sup>6</sup> The suburbanization of Australia may be seen as the incremental result of a long contest for cultural dominance — and for the souls of Australian men — between these worlds of male mateship, on the one hand, and the more settled, family-centred, feminized world of suburban living, on the other. For Australian women, the choice posed by this cultural contest was between the roles of "damned

whores and God's police", as a study of Australian women's history puts it.<sup>7</sup> The latter decades of the 19th century and the first half of the 20th witnessed the growing hegemony of the suburban style, "devoted to the ideal of material security" and relying "heavily on order, authority, and conformism for its working pattern".<sup>8,9</sup> But this triumph was not attained without struggle, and was not complete. Margaret Sargent's discussion of the social controls of drinking in Australia is suggestive of the extent to which heavy drinking still marked a cultural divide in the 1960s between restless male mateship and settled family life: her list of controls includes "the presence of women, family obligations, the requirements of one's job, and religious beliefs (especially religious beliefs which include the ideal of temperance). Most heavy drinking groups are located in environments which exclude these controls".<sup>8</sup>

Drinking and temperance were deeply involved in the struggle over the dominant cultural style — both because of the negative symbolism of the drunkard as wastrel and because of the real costs of drinking to the drinker's family's fortunes. The temperance movement was one of the instruments of change, along with the women's movement and — on a different front — the labour movement. The nonconformist churches — Methodists, Presbyterians, Congregationalists and Baptists — formed the backbone of the temperance movement, and were stronger in Australia (particularly in South Australia and Victoria) than in Britain — though religious revivals in Australia never matched the fervour attained in the United States. And, given the early establishment of universal adult suffrage, women's perspectives on social issues were already part of the political calculus in the late 19th century.

From the gold rushes on, perhaps the most visible battlegrounds in this struggle over dominant cultural styles were the streets of the cities and towns. The consistently high Australian rates of arrest for public drunkenness can be seen as the records of the nightly skirmishes in the long struggle to establish the peace and decorum on the streets felt to be appropriate to a progressive suburban society. At least until the 1960s public drunkenness thus tended to be the defining issue in discussions of alcohol problems, and the issue of hotel closing hours tended to be the most contentious aspect of alcohol availability. Still, today, licensing authorities report that the most common complaint they have to deal with is of "alleged excessive noise emanating from licensed premises".<sup>10</sup>

Not everyone, of course, welcomed the forces of moral and social uplift of which the temperance movement was so prominent a part. But much of the resistance was unspoken or expressed in symbolic outbursts, forming a subterranean countertradition to the dominant official morality. From the 1880s on, however, the resistance found explicit and articulate expression in the work of the small Australian bohemia of writers and artists. Their particular instrument with which to scourge the "wowsers", as they christened the forces of uplift, was the *Sydney Bulletin*, a weekly magazine of politics and literature of unequalled cultural influence. The caricature of the "wowsers" as a thin, hawk-nosed puritan, dressed in black and bearing a rolled umbrella, as perfected by the *Bulletin's* gifted cartoonists, has left an indelible image on the Australian consciousness.

In the long run, the campaign against the "wowsers" was triumphant. In general, Australians of the post-war generations are not only anti-puritanical, they are also very concerned that no-one should think of them, indeed should have any occasion to think of them, as "wowsers". Given the old association of temperance with "wowsers", this has been an effective deterrent until very recently to saying anything negative about alcohol or its availability. Discussions of alcohol policy often begin with the ritual disclaimer of being a "wowsers", usually accomplished by mentioning that the speaker is not a teetotaler. "Political actions on alcohol policy are often influenced by the fear of the taunt of "wowsers"<sup>12 13</sup>. . . or of the more recent epithet, the "nanny state".

#### *Beer and wine become part of family life*

In the postwar era, Australia shared, perhaps more strikingly than elsewhere, in the general trends of cosmopolitanization, and of the commodification and the privatization of leisure, which have been described as generally characteristic of industrialized societies in the period of rising affluence which extended to the mid-1970s." In the 1950s in New South Wales and on into the 1960s in Victoria and South Australia the availability of alcohol - concretely, the issue of six o'clock closing - was an explicit political agenda item. But many of the changes involving drinking were less self-conscious, and were accomplished by the interaction of entrepreneurs with shifting demand. The transformation of the Australian restaurant is usually thought of in terms of the culinary contributions of Southern European immigrants, rather than in terms of the

contemporaneous shift towards alcohol as a regular accompaniment of restaurant meals. Women's re-entry into Australian drinking places occurred by evolution rather than political protest. The growth of sports and other clubs helped to transform the drinking place and bring social centres to the suburbs. Horne' begins his characterization of "the Australian dream", in fact, with a description of one such suburban "working men's club", in which "members stand or sit, their glasses of beer beside them", pulling levers on the poker machines. As Horne notes, the changes have been "a matter of unorganized and undeological social pressure, probably coming from causes such as a continuing decline in puritanism, the demands of migrants for a life more like the one they are used to, the increasing number of Australians who travel overseas, and the changes in generations".

The net result has been an enormous increase in the availability of alcohol and in the penetration of drinking into the routines of the daily life of adults. Where a respectable woman once would never have had a drink in a public place - and would have had little opportunity to - no one would now think of this as an issue. Where alcohol never used to be drunk with meals, it now frequently is. Where wine was once mostly a matter of cheap fortified "plonk" for a limited market, the wine "cask" (a cardboard box with a plastic liner containing several litres of wine), an Australian innovation, sits conveniently on the kitchen counter or in the refrigerator, and newspaper wine columns learnedly discuss the new vintages of upmarket varietal wines. Where draught beer to be drunk on premises was once the brewer's main concern, the trade now caters to all tastes and all occasions in a panoply of packages and strengths. Where alcohol for home consumption once came mostly from taverns, it now comes from the supermarket shelves or from a drive-in bottle shop where an order is loaded into the back of your car while you wait.

#### *The cultural politics of the alcohol beverage industries*

In recent years, the alcoholic beverage industries have moved to ally themselves with opinion leaders and the media, and to identify themselves with and tie their fortunes to positive features of Australian life and culture. Ownership of Australian media is highly concentrated, and alcohol and allied advertisers are important sources of revenue. Complaining in 1974 that "until recently the mass media ignored alcohol as any sort of

factor which mattered" in automobile casualties "and indeed actively attacked measures to cope with alcohol", the Police Surgeon for Victoria commented that even in the "near monopolistic world of the Victorian newspaper scene, fear of or consideration for large advertisers plays an important part".<sup>15</sup> As a new element in the connection, the Packer media empire was purchased in 1987 by Alan Bond, the proprietor of one of the two major brewing conglomerates.

Along with the tobacco industry, which is presently more directly threatened with a pariah status, the alcoholic beverage industries, and particularly the breweries, have moved to identify themselves with highly-valued features of Australian culture — particularly with sports events and groups and with cultural activities and groups. As Peter Baume notes, the activities sponsored "tend to be elitist, to be spectator as opposed to participant, to be glamorous, to be popular and to be presitigious".<sup>11</sup> On the sports side, the list includes not only the major televised sports, such as football, cricket, tennis and golf, but also such exercises in national prestige as the successful challenge for the America's Cup in sailing. On the cultural side, the list includes the Australian Ballet, the Australian Museum, and Australia's leading arts festival, the Adelaide Festival. Baume points out that the aim is not only sales promotion and corporate image-making, but to "enlist new constituencies who will support the sponsors politically". Particularly "from elitist cultural sponsorship they gain the thanks and support of ... many opinion formers and policy makers. These sponsorships are directed towards leaving the companies as free as possible from regulation or control".<sup>11</sup>

Large-scale support of sports and cultural activities has been most typical of the beer industry, which is highly concentrated and dominated by two large transnational conglomerates, Carlton and United Breweries and Bond Brewing (incorporating Swan, Castlemaine and Tooheys), which presently rank fourth and sixth in the international brewing world.<sup>16</sup> By and large, the wine industry has taken a different path towards enhancing its political position. As an important agricultural product, particularly in South Australia (which until recently produced 80 per cent of Australian wine), wine has long been able to command special governmental support and has always tried to present itself as a beverage of moderation. Although the wine industry is now quite large and healthy, it still cherishes an image of a struggling infant which needs subsidy

and support. On the other hand, there is also considerable pride in the improved quality of Australian wines and in their ability to stand international comparisons. A recent boom in wine exports has resulted in a sudden price increase on the domestic market.<sup>17</sup> Wine has lost its old association with the destitute drinker: on a volume basis, fortified wines dropped from 83 per cent to 13 per cent of wine sales between 1956 and 1986.<sup>18</sup> An urban middle-class-oriented wine cult is flourishing, with books and regular newspaper columns on vineyards, releases and tastings.

The most remarkable political achievement of the wine industry, viewed at least in an international perspective, was its success until the 1984/85 budget in fighting off any federal taxes on wine. Spirits and beer are taxed quite heavily by the federal government — the beer industry estimates that taxes account for about half of the retail price of beer<sup>19</sup> — and the taxes are now indexed to the cost of living. In contrast, a small excise tax of 50 cents per gallon was imposed on wine in 1970, and halved and then abolished in 1972.<sup>20</sup> For federal and State taxes taken together, it was estimated that in 1982 the relative weights of taxes per litre of alcohol for spirits, beer and wine were in the ratios 1.8:1.0:0.03<sup>21</sup>; the result has been that "bottled beer provides alcohol at about twice the price of wine in casks".<sup>22</sup> Eventually, in 1984 the federal government imposed a 10 per cent sales tax on wine, and raised it to 20 per cent in 1986.<sup>18</sup> In the 1988/89 budget, the excise taxes on beer were reduced, with a sharper reduction for low-alcohol beer.

### Trends in alcohol consumption

Early colonial Australians drank most of their alcohol in the form of spirits — particularly rum. Their consumption was indeed impressive by any standards, but it was in fact in the same range as consumption in other English-speaking populations at the time. Keith Powell's careful comparison finds that inhabitants of New South Wales were consuming 13.6 litres of pure alcohol per head in the 1830s, the peak period of consumption, while the equivalent figure for Britain in the 1830s was 7.7 and for the USA in the period 1800-1830 was 14.3 litres. Allowing for the fact that men outnumbered women 3:1 in New South Wales in the 1830s, and that children were a smaller proportion of the population, Powell estimates that comparable figures would be 20.3 litres per drinker for New South Wales, 27.5 litres for the USA, and 14.8 litres for Britain.<sup>4</sup>

The gold rushes of the 1850s brought a new peak in Australian spirits consumption, particularly in Victoria. But Dingle shows that spirits consumption in the Australian colonies fell off steadily in succeeding decades of the 19th century, so that by the 1890s the level in New South Wales and Victoria had fallen below the level in Britain - to around one gallon (2 litres of absolute alcohol) per head per annum. In the meantime, annual wine consumption had also fallen to around a gallon (0.8 litre absolute alcohol) per capita - a little over twice the British level. Beer consumption, on the other hand, had risen by the 1880s and 1890s to an average of around 13 gallons (3 litres absolute alcohol) in New South Wales and Victoria. Overcoming the technological difficulties of warm weather brewing which had stymied earlier brewers, a series of innovations in brewing and refrigeration in the second half of the 19th century had made large-scale commercial brewing in Australia feasible." Demand was meanwhile stimulated by the mass urban markets which came into existence after the gold rushes. Since British beer consumption had by then grown to 30 gallons per capita in the 1890s in absolute-alcohol terms, the British were drinking roughly 3/4 again as much alcohol as Australians, while Americans, whose consumption has never again come near the levels of the 1830s, were drinking only about 5/6 as much.

In the last half of the 19th century, then, Australia shifted decisively away from spirits and became a beer-drinking country, and on a per capita basis halved its absolute alcohol consumption. These trends were accentuated in the first decades of the 20th century. From 0.8 proof gallons in the period before 1916, spirits consumption in Australia as a whole fell to about 0.4 gallons by 1919, and fell by half again with the coming of the Depression in 1930. Per capita spirits consumption has never since reached the levels prevailing prior to the first World War. Beer consumption remained more or less level at 11-13 gallons until 1945, except for a dip by almost half in the worst years of the Depression, while wine consumption (based on rough estimates) remained in the range of half a gallon. In terms of absolute alcohol consumption per capita, by the 1920s Australian consumption had settled at a level not much more than two-thirds of the level in the 1890s - and less than one-third of the level in New South Wales in the 1830s.

At its lowest point in 1932, Australian per capita consumption was under two and a half litres of pure alcohol per annum. By 1975, it had

risen to nine and a half litres, attaining levels at least as high as those in the gold rush era of the 1850s. In overall terms, historical statistics on alcohol consumption in Australia form a V-shape, with the nadir in the early 1930s. In the course of the post-Depression rise in consumption, however, there have been some plateaus along the way - consumption was fairly steady between 1940 and 1945, and between 1950 and 1962. From 1975 to the latest available figures (1986), consumption has again levelled out, and indeed fallen slightly." Looking at the pattern another way, the postwar rise in alcohol consumption was concentrated in the immediate postwar years and in the 1960s through the early 1970s. In recent years, Australia has had the highest consumption level among English-speaking countries (now second to New Zealand), although its relative position in the Dutch Distillers' rankings of industrial societies fell from 10th to 17th place between 1975 and 1986."

The rise in consumption has not been evenly spread among alcoholic beverages. Though spirits consumption rose somewhat in the decade after 1963 (from 0.8 to 1.2 litres alcohol per head), and consumption in the 1980s is more than double the 1932 consumption, it has shown few dramatic changes over time and continues to account for less than 15 per cent of total alcohol consumption. While Australia remains a beer-drinking nation overall, beer's market share in terms of absolute alcohol has declined from 79 per cent in 1955 to around 65 per cent in the early 1980s." After rising from 103 litres per head in 1963 to 139 litres in 1975, beer consumption fell off to 115 litres by 1985. The biggest growth thus has come in wine - and this growth is still continuing in recent statistics. Within the wine market, however, the growth has been highly specific. Fortified wines have actually lost ground; per capita consumption fell from 4.1 litres in 1956 to 3.2 in 1962, then rose to a plateau at around 4.4 litres by 1970. Since a high point of 4.5 litres in 1976, consumption has fallen to 2.5 litres in 1986. In contrast, table and sparkling wine consumption rose steadily from 0.9 litres in 1956 to 18.7 litres in 1986, with never more than a year's setback to the rising trend." A breakdown by wine type shows that the growth is quite specifically concentrated within this general class: between 1970 and 1981, sales of dry red increased by 40 per cent and then fell back again, sales of sweet white grew by 40 per cent, of sparkling wines by one and a half times and of rose by three times - but sales of dry white wine increased almost tenfold." By 1983, dry white

wine sales were over 12 times the sales for 1970, and dry white wine constituted 59 per cent of the total volume of sales of wine.<sup>25</sup> Growth in dry white wine sales in the late 1970s was at better than 10 per cent per year; the Wine Board report for 1981 noted that "the main contributor to growth" was "soft pack (bag-in-box or cask) sales, which rose by 30%".<sup>26</sup> In 1985-6, "wine coolers", mixing cheap wine and fruit juice, appeared on the market in fruit juice style small packages. This was seen as a flagrant effort to appeal to teenagers, and the ensuing uproar forced the producers to repackage the coolers in special 1-litre packs.

The dominance of dry whites and the advent of coolers in the wine market is part of a general trend towards "light" alcoholic beverages in recent years — lighter in terms of colour, in terms of caloric content, and in terms of alcohol content. For beer, this has been a quite recent phenomenon: as late as 1977, Australian brewers were insistent that Australians had shown little interest in low-alcohol beers; the two such beers on the market at the time were both accounting for less than 3 per cent of their State's market.<sup>26</sup> However, by 1986 low-alcohol beer (averaging 2.4 per cent alcohol) accounted for over 10 per cent of the volume of beer sold,<sup>18</sup> with an increasing consumer demand often reinforced by favourable State tax treatment.<sup>27</sup> An interesting new development has been the successful 1984 introduction in Western Australia of Swan Special Light Lager, a dealcoholized beer with 0.9 per cent alcohol by volume. Demand quickly outran supply, so that getting hold of supplies was for a while something of a status symbol. Although distribution is officially limited to alcohol beverage channels, corner groceries have sometimes bought supplies at retail prices for resale. Initially, Swan Special Light escaped both soft drink taxes and federal beer taxes (levied on beverages of 1.15 per cent alcohol by volume and over); the 1984/85 federal budget closed this loophole, but introduced heavier taxes on stronger beers. In its first year, Special Light captured 15 per cent of the Western Australian beer market. It was introduced to markets throughout Australia with advertising specifically pitched at drinking and driving concerns, noting that one could drink five Swan Special Lights for every ordinary beer.<sup>28</sup>

In the postwar period, the percentage of total private consumption expenditure on alcohol has shown a long-term downward trend. From 6.89 per cent in 1950, it initially rose to a high of 7.34 per cent in 1957, but three years later had fallen

back below the 1950 proportion, and had declined to 4.85 per cent by 1985-86.<sup>18,20,25</sup>

#### *Survey data on recent consumption patterns*

Making sense of the survey data on the distribution of consumption among Australian adults is not an easy task, and discerning trends is even more difficult. As Robyn Norton notes:

surveys of usage have only been undertaken in Australia since the late 1960s. Their study populations have been drawn from small towns, suburbs, cities and nationally, compounding possible changes in alcohol consumption over time, with different populations. Measurements of alcohol usage also vary considerably from study to study, making it difficult to compare one study with another. Overall, there have been few repeat studies involving similar populations.<sup>29</sup>

Even the proportion of abstainers is difficult to determine.<sup>30-31</sup> Perhaps the best trend data on this is from a series of four surveys carried out for ANSVAR, the Sweden-based international abstainer's insurance company. The ANSVAR surveys of adults aged 16-65 found 16.2 per cent "total abstainers" in 1969, 11.9 per cent in 1976, 18.8 per cent in early 1981 and 21.0 per cent in late 1981. The authors note that from their data "it appears that the number of total abstainers dropped fairly sharply between 1969 and 1976, particularly among young people and women. On the other hand, a substantial upturn was noted between 1976 and 1981".<sup>32</sup> The studies also suggested that "abstention" might be a rather variable term for Australians; two-fifths of the abstainers in late 1981 defined themselves as "total abstainers, except for occasionally toasting in wine". Comparing the Sydney portion of a 1980 survey with Sydney surveys in 1971<sup>33</sup> and 1968-69,<sup>34</sup> it appears that the proportion of abstainers dropped slightly in both genders during the 1970s. A 1980 study of the populations of the State capital cities found twice as many women as men reporting "I don't drink alcohol"; in a 1983 repeat of this study, the rate of abstention had risen by a few percentage points among younger and older adults in both genders.<sup>35</sup> A 1985 national survey found 12 per cent abstainers among males and 19 per cent among females aged 14 and over.<sup>18</sup> All studies suggest that abstention rises with age in both sexes (among those over 21), and seems to be particularly high among women in blue-collar families. Despite popular Australian preconceptions to the contrary, abstainers are not a negligible fraction of the population, and appear at least to be holding their own in recent years.

Research on general population drinking patterns and problems in Australia has been somewhat hamstrung by the policy preference that government-funded surveys should be run by the Australian Bureau of Statistics (ABS) or by marketing research contractors. The ABS carried out a national survey in 1977, but was for some years resistant to any further work in the area because of what it considered unacceptably poor coverage of consumption. Further ABS surveys have recently been carried out in individual States; the report of a 1983 survey of South Australia includes some comparisons with the data for that State from 1977.<sup>16</sup> In 1977 22.5 per cent of men and 48.4 per cent of women reported no drinking in the last week; the corresponding figures for 1983 were 26.0 per cent and 47.7 per cent. In 1977, 16.5 per cent of the men and 0.9 per cent of the women reported drinking 350 + ml of alcohol in the preceding week; in 1983 the figures were 16.7 per cent and 2.2 per cent. Among men, the proportion drinking 350 + ml increased for ages 18-44, but decreased for ages 45-64; among women, the proportion increased for all ages up to 64, but particularly among 18-24 year olds. For both genders, there were increases at all ages in the proportion drinking wine in the previous week; spirits consumption prevalence rose among the 18-24 age group for both genders, while beer consumption prevalence fell among women aged 25 and over and among men aged 18-64, and particularly among 45-64 year old men.

These results can be compared with the data reported by Norton for surveys of adults attending a Sydney health screening centre between 1975 and 1981. The proportion of women in these surveys who reported *not* being "current" drinkers fell from 50 per cent to 30 per cent in this period. Drinking at least weekly rose less dramatically, from 46 per cent to 55 per cent, but there were large increases - to 10 per cent for those drinking once or twice a week - in the proportion of less-than-daily drinkers who reported drinking 25+ ml on an occasion. However, the increase in 25+ ml drinkers was proportionately matched among men.<sup>2</sup>

A third temporal comparison, of samples from the State capital cities in 1980 and 1983, showed declines in frequent drinking in both genders. The proportion drinking five or more drinks on a drinking day fell among men, but remained stable among women.<sup>35</sup>

The mixed results make it hard to draw general conclusions. There may have been some increase in heavier drinking among women, but the

differences between the genders in drinking patterns remain marked. In the 1985 national survey, 29 per cent of the males and 18 per cent of the females aged 20 and over reported drinking at least five days a week, and 10 per cent of the males and 5 per cent of the females aged 20 and over reported usually drinking five or more drinks on days when they drank at all. Altogether, 9 per cent of those aged 14 and over both drank at least five days a week and usually had five or more drinks (recalculated from Reark Research, Tables 58 & 60). The prevalence of abstention and of drinking at least five days a week did not vary greatly between the capital cities and the rest of the country, or among the capital cities; the proportion usually drinking five or more drinks was higher in Sydney and outside the capital cities than elsewhere in the country."

### Trends in alcohol-related problems

There appear to be few published survey data on reported alcohol-related problems in the general Australian population, so any attempt to chart trends must rely on official health and social statistics. Mortality from liver cirrhosis per 100,000 population rose somewhat from 7.25 in 1905 to 9.15 in 1912, and then started a long fall to a low of 3.83 in 1933. A low peak of 4.58 in 1938 and 1939 was succeeded by a second nadir at 3.15 in 1945; then from 1947 to 1965 the rate fluctuated between 4.21 and 5.12. Between 1966 and 1977 the rate rose steadily to 8.25, a level at which it stabilized through 1982; by 1985 it had fallen again to 7.4." The cirrhosis mortality rate is thus now more than twice the rate of 40 years ago. On the other hand, it should be recognized that this rate is somewhat below what might have been expected from Australia's international ranking on consumption level. Comparisons of cirrhosis mortality for 1974, show that while Australia had a rate of 8.3, France peaked at 32.8, Switzerland 14.8, USA 15.8, New Zealand 5.4, England and Wales 3.6.<sup>115</sup> Although cirrhosis mortality trends are probably affected by other factors such as nutrition, availability of health care, and incidence of hepatitis, it can be seen that the Australian trends roughly reflect contemporaneous trends in alcohol consumption (the dip during the Second World War may reflect rationing of supplies, which would most heavily impact on those most liable to cirrhosis)."

Mortality from alcoholism and alcoholic psychosis reached a peak of 6.19 per 100,000 in 1916 and then declined to 0.61 in 1935, with a second low of 0.88 in 1945. In the postwar period, this



series reached a peak of 3.01 in 1951, fell to 1.54 in 1958, and then rose eventually to 3.48 in 1977. In the last few years, the rate has dropped again, to 1.3 in 1985. While the recent fall in mortality may mostly reflect changes in recording practices, in the longer run the series seems to be sensitive not so much to the absolute level of consumption as to the rate of change in alcohol consumption.

In the 1970s data began to become available on a State-by-State basis on alcohol-related morbidity in the general hospital system as well as in mental hospitals. In most States, there was a decline in the early 1980s in treatment rates for alcohol dependence.<sup>18</sup>

Public drunkenness was highly visible and frequent in 19th century Australia, and was the subject of frequent arrests — and of much public attention.<sup>19</sup> In 1841, when the Melbourne population was only 6000, 1603 males and 59 females were fined for drunkenness at the Melbourne Police Court.<sup>20</sup> In 1854, when Sydney's population was 75,000, a legislative Select Committee on Intemperance was informed that 500 drunkards a month were being dealt with by the Sydney Police Office.<sup>21</sup>

Figures on arrests for drunkenness from 1900 to 1976 have recently been published by State and for a five-State aggregate (excluding Victoria).<sup>22</sup> Rates of public drunkenness arrests in Australia appear relatively high by international standards. The rate of arrest for drunkenness in 1975, 1588 per 100,000 aged 10 or over, appears to exceed the rates in the same year for six of the seven societies included in the International Study of Alcohol Control Experiences (ISACE).<sup>23</sup> According to the aggregated data, rates of public drunkenness arrests declined from 1910 to 1932, with a sharp dip around 1920 and a steep fall in the early 1930s; the arrest rate in 1935 was barely over half the rate for 1910. Arrest rates shot up after 1945 to reach a level in 1950 almost two and a half times the 1935 rate; in the succeeding 20 years the rate slowly declined again to settle at a level in the 1970s about one and a half times the 1935 rate. Data by State show that these trends apply with some variations in each State, although the very steep rise after 1945 is mostly attributable to trends in New South Wales and Queensland. As of the mid-1970s, the State rates appeared headed in different directions, with falling rates in South Australia, Western Australia and Queensland, and rising rates in New South Wales and Tasmania.

Until the 1970s, over 80 per cent of Australian arrests resulted in convictions; the ratio of convictions to arrests fell somewhat in the 1970s because

of the wide use in Queensland of a system of bail forfeiture in lieu of conviction. In 1971, when the rate of public drunkenness convictions for Australia as a whole was 1170 per 100,000 population, the rate varied very widely from State to State, with the lowest rate being recorded for Tasmania (180) and the highest for Queensland (1630). The Northern Territory's rate was higher still (9510). By 1982/83, the Northern Territory's rate of persons taken into protective custody for public drunkenness (replacing arrest after 1974) had risen to about 12,000 per hundred thousand. In the meantime, the New South Wales rate had risen from 1270 in 1971 to about 1900 in 1982/83.<sup>24</sup> The variation by State may be seen as reflecting the location of frontier-like areas in contemporary Australia, with public drunkenness statistics recording the continuing skirmish-line between the rough and the respectable. It also partly reflects the distribution of the Aboriginal population, which is a higher proportion of the population in the Northern Territory, Queensland and Western Australia. Although constituting only 1.2 per cent of the Australian population (and legally forbidden access to alcohol before the 1960s), Aborigines are greatly overrepresented in convictions or detentions for drunkenness. In New South Wales in 1981, for instance, the rate of detentions of Aborigines for intoxication was 34,620 per hundred thousand, with the number of detentions of Aborigines in the year in some country towns exceeding the local Aboriginal population.<sup>25</sup>

Efforts to decriminalize public drunkenness in Australia have had a mixed history. A 1974 law which empowered the police in the Northern Territory to detain without criminal charges people found drunk in public was repealed and replaced by new criminal legislation in 1981. A 1976 South Australian act providing for diversion to sobering-up stations remained unimplemented because of the lack of such stations; a 1984 law eventually removed public drunkenness as a police offence. The result, particularly in country areas, was an increase in the number of intoxicated persons in police custody, raising a "suspicion that decriminalisation has been more of a legal and verbal nicety than a real change to criminal justice or welfare procedure".<sup>26</sup> The main result of a 1979 New South Wales act, providing for the diversion of those found drunk in public to a "proclaimed place", was the creation of "drunk tanks" in social agencies for the homeless as well as in police stations. But a majority of drunks were initially still handled by the police, only now without

court processing - and court procedural protections. By 1986, three-quarters of all "detentions and receptions" in the State were in "proclaimed places" other than police stations."

There are no readily available time series on trends in alcohol-related traffic casualties. In an exchange in 1978-79, Drew argued that the percentage of road deaths which were alcohol-related had stayed at around 50 per cent in the 25 preceding years, while the per capita rate of road deaths first climbed from 25 per hundred thousand in 1952 to 30.3 in 1970, and then fell to 25.4 in 1977 (per 10,000 vehicles registered the fall had been from 8.0 in 1970 to 5.3 in 1977). By 1985, there had been a further fall in road deaths to about 19.1 per 10,000 population (in 1987 2.9 fatalities per 10,000 vehicles). Between 1981 and 1985, the alcohol-related proportion of traffic deaths had fallen from 44 per cent to 39 per cent.<sup>25</sup>

In the meantime, on an Australia-wide basis drink-driving convictions clearly rose in the last 1970s to early 1980s. Aggregating the differently defined State statistics into a rough index, convictions amounted to about 430 per hundred thousand population in 1976, 500 in 1979 and 560 in 1981 - an increase in rate of about 28, per cent between 1976 and 1981. Convictions continued to rise between 1981 and 1985 in Victoria, Western Australia and Tasmania.<sup>26</sup> There was considerable differentiation in rates between the States: in 1976, New South Wales, Victoria and South Australia had conviction rates of between 350 and 450 per 100,000, while the other States ranged between 780 and 850. Again, the Northern Territory had a higher rate - almost 1200 - than elsewhere. Making a very rough comparison, the ISACE study sites had the following rates of drink-driving convictions per 100,000 population in the 1970s: California 1070, Ontario 470; Finland 440, Poland 360, Switzerland 170, Ireland 80.<sup>27</sup>

### *Alcohol problems in subpopulations*

#### *Women*

As noted above, contemporary survey data reveal that women are less likely to drink at all and much less likely to drink heavily, than men, although the proportion of women who drink relatively heavily seems to have risen in recent years. As elsewhere, the mix of alcohol problems varies for the two genders. Thus the sex ratio for arrests for public drunkenness in New South Wales in 1971 was 22:1,<sup>28</sup> and for drinking-driving offences in 1981 was 23:1.<sup>25</sup> Men predominated

among drivers and motorcycle riders who were fatal traffic casualties in New South Wales in 1981, and the dead men were almost two and a half times as likely as the dead women to have a blood-alcohol level of .08g/100ml and over.<sup>25</sup> The rate of admission to all Northern Territory hospitals for alcohol dependence in 1980 for men was 3.6 times that for women, while the sex ratio for alcohol-related admissions to mental hospitals was much higher - 7.2:1, in Victoria in 1979/80, for instance. For Australian mortality from cirrhosis in 1981, men predominated in a ratio of 2.7:1. We might draw the general conclusion that men are especially predominant in the statistics for alcohol problems which include an element of social disruption.

Though it is true that drinking was highly differentiated by gender for much of Australian history, women were a more visible element of public inebriety in the late 19th century than today. In 1904, according to papers in the Creed collection of the Mitchell Library, Sydney, there were 4397 women among the 20,440 charged with drunkenness in New South Wales. A count in the same era for those convicted for drunkenness three or more times in the year in the Sydney area found 577 males and 497 females. As in Britain at the time,<sup>29</sup> women seem to have been heavily represented among repeat offenders. Drunkenness charges may have been being used by police to control prostitutes. Undoubtedly, a drunken woman was in any case a particular affront to the forces of moralization, and the pressures against drinking in the first years of the century may have been especially effective in reducing women's drinking. Drew reports (personal communication) that there were a number of institutions for 'female inebriates' established in Melbourne about the turn of the century, but that by the late 1920s there was just no custom for them. Norton's computation of the ratio of female to male cirrhosis mortality suggests that heavy drinking was declining faster among women than among men in the years immediately before 1914.<sup>29</sup> Judging by trends in this ratio, males have been particularly predominant among the heaviest drinkers in the periods between the wars and since the late 1960s.

#### *Youth*

Mainstream Australian culture places a very high value on the health and well being of children and youth. Surveys of drinking among youth have, accordingly, been far more common than surveys among adults. Although methodological

and population differences make any charting of trends hazardous,<sup>53</sup> the proportion of regular drinkers among 15-16-year-olds in New South Wales school surveys seems to have risen from 25 per cent in 1971 to range between 31 per cent and 37 per cent in surveys in 1973, 1977, 1980 and 1986, with an outlier result of 50 per cent in 1983.<sup>54</sup> In the 1986 study, 36 per cent of the 16-year-old boys, and 29 per cent of the girls reported having had five or more drinks in a row within the last two weeks. A recent synthesis of Australian surveys of teenage drinking concluded that, in general, "by the mid-teen years between 80% and 90% of students still at school can be classified as current drinkers". Surveys suggest the following:

[Australian parents] are generally aware that children drink, at least occasionally, though they are probably not aware how much they drink ... The most common attitude is one of acceptance (perhaps of the inevitable) with accompanying advice to drink in moderation. Teenagers who drink at home are more likely to report this response from parents, while those who drink at drive-ins, discos and hotels say their parents disapprove but have given up trying to stop them.<sup>55</sup>

### *Ethnic Groups*

There have been relatively few studies comparing drinking patterns or problem rates of white ethnicities. A 1983 national dietary survey found that men born in Australia and the United Kingdom reported much higher volumes of beer consumption than those born elsewhere, while women born in Australia and the United Kingdom reported higher volumes for white wine and somewhat higher volumes for beer. Men and women born elsewhere in Europe reported somewhat higher volumes for red wine.<sup>56</sup> The general picture for drinking problems is of lower rates among those of southern European ancestry.<sup>56</sup>

Alcoholic beverages were not regularly produced by Aborigines before European contact, and almost all drinking has always been of commercially produced European beverages. As in many other former British colonies, Aboriginal drinking had long been viewed as problematic, and selling of alcohol to Aborigines was forbidden by 19th century laws which remained in force until the early 1960s,<sup>57</sup> and continue in force by local option for tribal reservations. These restrictions were opposed as paternalistic both by Aborigines and by white civil libertarians, but predictions that removing them would diminish

the rate of drunkenness among Aborigines have not been borne out. Instead, as one anthropologist remarked about the community he had studied, "news" from the community consists of a dismal chronicle of alcohol-related deaths, often of men in their twenties and early thirties.<sup>57</sup> A recent careful study of an Aboriginal community of 165 adults in outback South Australia found a total of 111 alcohol-related injuries and illnesses requiring hospitalization in a seven-year period, and 29 alcohol-related deaths (of a total of 99 deaths) in a ten year period.<sup>58</sup> Ethnographic studies have emphasised the continuities with drinking patterns of white bush workers, the positive value on intoxication in many Aboriginal groups, and the difficulty that Aboriginal cultures have had in enforcing restraints on drunkenness from within the community.<sup>59,60</sup> Recent developments which hold some promise of improvement include community-based mutual-help treatment programs, the advent of community-level alcohol control powers and Aboriginal-inspired fundamentalist Christian revivals (which had dramatic short-term effects in the South Australian community mentioned above).<sup>60</sup> The 1982 introduction of kava-drinking from Fiji as a substitute for alcohol<sup>61</sup> has had a controversial aftermath. While violence and social disruption apparently decreased, heavy use of kava seems to have adverse physical results,<sup>62</sup> and kava has been banned in Western Australia.<sup>63</sup>

### **Alcohol controls**

The Australian colonies inherited the British system of "licensing magistrates" for control of retail sales. Apart from an attempt in 1852-1854 to enforce a prohibition on the Victorian goldfields,<sup>64</sup> substantial efforts to restrict the availability of alcohol legislatively appear to have begun only in the 1880s. While temperance societies had been founded in Sydney in 1835 and in Port Phillip (Melbourne) in 1837, and total abstinence societies in Sydney in 1838, in Adelaide in 1839 and in Melbourne in 1842,<sup>65</sup> "the real heyday of temperance was in the eighties and nineties. There were organizations no end ... Each colony formed an Alliance to tie together all the various anti-drink forces for political action. New South Wales had an alliance in 1878, Victoria formed its alliance in 1882 and South Australia in 1883".<sup>66</sup> Beresford<sup>3</sup> notes that while the anti-drink movement was "inspired by evangelical Protestants, ... especially after the turn of the century, the anti-drink crusade became a popular cause. It received enthusiastic support from sections of the middle class, living in the wealthier suburbs; from

women's groups, particularly suffragettes; and also from 'respectable' working men."

The 1880s saw a boom in temperance Coffee Palaces in the capital cities, intended as grandiose and profitable competitors to the taverns; but by the end of the decade it was clear that they were neither effective competition nor profitable - and some of their boosters were in trouble with the law. There was more success, in 1897 in Renmark, South Australia, with the adoption of the Gothenburg System of community ownership of liquor outlets<sup>10</sup> - a system that has endured there and in two other South Australian towns... But the efforts with the greatest long-term effects went into seeking legal limitations on availability. As Dunstan disapprovingly summarizes, "the Temperance forces ... sought a higher drinking age, less hotels, shorter hours, weaker liquor, local option and a dry Sunday, but the big dream, the ultimate aim was always prohibition". Sunday closing came to Victoria in 1854, to New South Wales in 1882, to Queensland in 1886 and to South Australia in 1891.<sup>10</sup> Minimum ages for drinking or for purchasing liquor were progressively raised; for instance, in South Australia, to 12 years in 1863, to 15 in 1880, to 16 in 1908 and to 21 in 1915.<sup>10</sup> Further restrictions were less easily won; closing hours were moved back only from midnight to 11 p.m. in New South Wales in 1882 and to 11:30 in Victoria in 1885; and although local option provisions, giving power to local voters to oppose or extinguish licenses, were gradually strengthened through the 1880s and 1890s, becoming a regular feature of State elections at the turn of the century, temperance interests by no means always won the polls.

The most far-reaching and visible restriction on drinking, the requirement of six o'clock closing for all alcohol sales, was adopted during the First World War, after more than 30 years of temperance agitation over liquor laws. Phillips<sup>11</sup> has shown that part of the background of these laws had been the adoption of Early Closing Acts, setting a general 6 o'clock closing hour for shops, under the impetus of the Labor movement. Such laws were passed in Western Australia in 1897, in New South Wales, South Australia and Queensland in 1900, in Victoria in 1905 and in Tasmania in 1911. Temperance organizers immediately seized on these laws as an argument for early closing of bars: "the hours of closing of public houses should be brought into harmony with that for ordinary shops, especially in view of the manifold evils concerned with the sale of intoxicants".<sup>12</sup> But sporadic agitation on the issue does

not seem to have been taken seriously by politicians or publicans until about 1911. In 1913 the South Australian government decided to deflect political manoeuvrings by both temperance and liquor interests by accepting a motion for a referendum on hotel trading hours to be held at the next general election. By the time the election was held, in 1915, the First World War had broken out. Although electors were offered a choice of each hour between 6 and 11 p. m., in a combined wave of temperance sentiment and patriotic fervor an absolute majority (57 per cent) of the voters chose 6 p.m. Galvanized by the South Australian success, the temperance forces in Victoria and New South Wales successfully overrode governmental attempts in the following months to defuse the issue by adopting 9 or 10 o'clock closing. In the New South Wales referendum, 6 o'clock received 62 per cent of the votes and 11 o'clock less than 1 per cent. By the end of 1916, six o'clock closing was in force in four of the six Australian States - South Australia, New South Wales, Victoria and Tasmania - and in New Zealand.

An immediate consequence of six o'clock closing appears to have been a transformation of the drinking place, as what became known as the "six o'clock swill" - the frantic hour between quitting work at 5 and closing hour at 6 - became established:

Old hotels with tiny bars, which had been adequate for as much as a century, "now had to be disembowelled to make room for the herds pressing for a place at the bar". Anything which interfered with the fast and efficient dispensing of drink was thrown out - billiard tables, dart boards and so on... Now designed for crowds and easy cleaning after the six o'clock swill, its atmosphere was no longer homely but sterile."<sup>13</sup>

The changes reinforced the almost total exclusion of respectable women from public drinking places until recent years.

The "six o'clock swill" was already well established by 1924, as described by a Sydney barmaid:

The first arrivals crowded against the counter, the less fortunate ones called over their heads, late comers jostled and shouted and swore in an attempt to be served before closing time.

It was a revolting sight and one it took a long time for me to take for granted... The shouting for service, the crash of falling glasses, the grunting and shoving crowd, and that loud, indistinguishable clamour of conversation

found nowhere but in a crowded bar beat upon my brain until all my actions became mechanical.<sup>65,66</sup>

Once established, six o'clock closing proved surprisingly durable. As the greatest political victory of the Australian temperance movement, it became a symbolic standard around which to rally. Tasmania switched to 10 o'clock in 1937, but six o'clock closing persisted in South Australia, Victoria and New South Wales well into the postwar era, with substantial majorities voting to retain it in New South Wales in 1947 and Victoria in 1956.<sup>67</sup> Ten o'clock closing finally came to New South Wales — after a narrow referendum victory — in 1954, to Victoria in 1966 and to South Australia in 1967.

The elimination of six o'clock closing was part of a general and little-noticed loosening of controls on alcohol availability in the postwar era. Minimum drinking ages were reduced to 18 in the early 1970s in the four States which had higher limits. Opening hours have been progressively extended to allow hotels to open on Sundays, earlier in the morning, and later in the evening. More often than not, the changes were preceded and legitimated by a formal enquiry and report; the 1984 South Australian report notes a total of ten such enquiries in the preceding 30 years, two in most States other than Queensland.<sup>68</sup> The earlier enquiries, through 1966, legitimated ten o'clock closing, while the crucial issues for more recent enquiries have been Sunday and late evening trading, and a loosening of accommodation, meal and other license requirements. "The existing Licensing Act", concluded the 1984 South Australia report, "is inadequate to meet modern needs in the liquor industry and in the community and must be liberalised." Such liberalisations, in the report's view, "should lead to the establishment of more open and civilised attitudes towards public drinking of liquor".<sup>69</sup> Since this report, alcohol controls have been further liberalized in South Australia, Western Australia and Victoria.

An endpoint to those trends has presumably been reached in the Australian Capital Territory (ACT), where a licensee has "no trading hours restrictions" at all, and "can trade all day everyday of the year" as far as the licensing authority is concerned. The licensing laws and authorities in each state have evolved, as an ACT licensing official recently put it, from a philosophy "of a tightly controlled industry ... to essentially a market place controlled industry built around consumer interest" (P.M. Luff, personal communication, April 1988). In its recent annual

reports, illustrated with color photographs of licensed premises, the Queensland Licensing Commission is "pleased to be seen as a body responding to the needs of promoting growth of social opportunities and the well-being of Queenslanders, as well as tourists and travellers", and comments approvingly that "public bars are undergoing a gradual transformation from the 'bar swilling' austere bare room atmosphere of the past to carpeted and tastefully furnished rooms where males and females gather together to enjoy the convivialities". It notes with concern that "economic restraints, the R.I.D. (anti-drink-driving) Campaign, and increasing competition", along with discount sales, "have combined to drastically reduce operating profits of almost all liquor outlets."<sup>68,69,70</sup> Its statistics reveal that, although hotel and tavern licenses have been frozen for 50 years at no more than 1342 while the State's population has more than tripled, other licenses have proliferated — club licenses have grown from 374 in 1956 to 784 in 1987, and restaurant licenses from 6 in 1962 to 665 in 1987, while there are by now a total of 20 other types of license.

In recent years, the issue of alcohol controls has become a little more visible as new objections from a public health perspective have been raised to any further increases in availability.<sup>71,72</sup> But the momentum of change is still mostly in the direction of increased availability, despite police complaints that "longer exposure to consumption of liquor creates a recipe for disaster. It's putting people on the road in the early hours of the morning after consuming liquor and is stretching our resources to the limit".<sup>73</sup> An ideology of individual responsibility or self-control serves to resolve any contradictions with drink-driving concerns (see below).

### The handling of alcohol problems

#### *Institutional solutions 1870-1950: retreats, hospitals, prison farms and missions*

In the latter half of the 19th century, medical men, joined on occasion by others such as clergy, women's groups and criminal justice professionals, began to press for a more effective means of handling intemperance than the revolving door of the police court.<sup>12,117</sup> The solution proposed was twofold: the provision with State financing of inebriates' asylums, and the passage of an Inebriates' Act providing a legal basis for commitment and constraint of drunkards. In 1872 "the first Inebriate Act in the world, giving legal compulsory power was passed by the Parliament

of Victoria", and the following year the Northcote Inebriate Retreat was set up with the proud claim to be "the first Inebriate Retreat in the British Empire". Although money was raised by private subscription, little government support was forthcoming, so only those able to pay for treatment could be accommodated. Eventually, a dispute over the co-mingling of public resources with the superintendent's private resources resulted in a bitter court battle and his removal around 1885. By that time, another Retreat for Inebriates had been opened by a minister in Ballarat (Society for the Promotion of Morality)."

In 1874 South Australia passed an Inebriates Act," and by 1900 all the Australian colonies had such Acts.<sup>76</sup> The New South Wales Act of 1900, which apparently inspired similar laws in Victoria a few years later and in South Australia in 1912," departed from previous laws in providing that family members, business partners, a doctor or a justice of the peace, as well as the inebriate him/herself, could initiate an order for compulsory treatment, and that the treatment need not be institutional, but could take the form of being placed in the charge of an attendant. But, as earlier in Victoria, the New South Wales government proved far more willing to pass enabling legislation than actually to finance public treatment facilities. The outcome in 1907 was not a separate inebriates institution, but rather a special program for inebriates in a state gaol. Medical treatment of inebriates in New South Wales remained the province of private physicians and of small private institutions, one of which, Echo Farm Home for Male Inebriates, had opened in 1892 as "the private charity of a few persons earnestly interested in Temperance reform". The Women's Christian Temperance Union in Sydney opened an inebriates home for women in 1895 but it closed after a short time for lack of voluntary clients.'

In general, then, inebriates' doctors and their allies failed in their attempt to redefine the societal response to alcohol problems in Australia in the late 19th and early 20th centuries in medical terms. As an issue, inebriety fell uneasily between the jurisdictional boundaries of three major social-handling professions and institutions - the clergy and churches, physicians and hospitals, and law enforcement personnel and prisons. The advocacy for inebriates asylums involved some members of all three professions in making a claim on the State to transfer at least some of the handling of inebriety out of the criminal justice system and into a new system operating under a medical rubric. The medical advocates, at least, were clear

that they wanted a relatively class-blind system, mixing paying and non-paying clients. But the result in the political process was quite different. The social handling of alcohol problems was kept at a relatively minimal level and highly fractionated by class, in an apportionment of the handling of alcohol problems between the professions and institutional systems that persisted in a rough equilibrium into the 1960s.

The medical profession kept custody over private, relatively affluent clients, with enhanced powers of compulsion under the Inebriates Acts. Private alcoholism hospitals for fee-paying clients have long remained a low profile feature of the handling of alcohol problems in Austr\_alia, \_particularly in the Sydney area. Poor mebnates received some health care, of a rather different quality, in general and mental hospitals. In 1970, a hospital superintendent recalled that during his medical student training, the practice in general hospitals was that "diagnosed alcoholics (usually in delirium) were admitted to a ward at the back of the hospital and locked in or tied to the bed until well enough to be discharged". Around the same time, Luby noted that alcoholics tended to be treated in general hospitals "for their medical complications only, sometimes kept under observation in a casualty ward until sober enough to leave, or quickly referred to a psychiatric ospital in a state of delirium tremens". Alcoholism was more prominent in the mental hospital system. In New South Wales in the 1880s, two-thirds of the cases admitted to the Reception House for the mental hospital system were diagnosed as suffering from the "temporary" insanity or "delirium tremens ", in circumstances often reflecting the "work and burst" traditions of male itinerant labourers." In the 20th century, despite 1929 provisions that no criminal offence was required for an inebriety commitment, the inebriety dimension in mental hospital caseloads seems to have receded, although in the 1960s it was still regarded as the "fundamental problem" for about 20 per cent of the admissions.<sup>80</sup> At least by the 1960s, there was some specialization in the system; thus a ward of Claremont Mental Hospital in Western Australia was set aside for commitments under the Inebriates Act of 1912-1919,<sup>82</sup> and small special alcoholism wards existed by the 1960s in at least one mental hospital in each state.<sup>80</sup> But Luby commented that "the alcoholic has usually been the first to be discarded when overcrowding of wards occurs ... Where special facilities for alcoholics have been provided, these appear to have been influenced more by the

interest and enthusiasm of individual therapists than by official policy.

Provision for the "convicted inebriate" tended to revert to the prison system, sometimes with special procedures and programs. The 1896 Inebriates Institution Bill in Queensland distinguished a state in which "drunkenness becomes a disease" from drunkenness as "a vice and a crime", but by 1906 the result was that inebriates were consigned to a work farm which served as "a special penitentiary for recalcitrant drunkards where they served sentences of a year unless paroled earlier on a good behaviour bond".<sup>81</sup> Queensland inebriates were taken back into the general asylum in 1920, but when it was closed in 1946 a portion of a prison farm became the new Inebriates Institution. "Although alcoholics were still being imprisoned and committed to mental hospitals, an institution exclusively for the care and rehabilitation of alcoholics had now been established. That is not to say that it was administered more as a treatment centre than a benevolent prison." This institution was finally phased out in 1962. In South Australia, a separate "Convicted Inebriates Act" was passed in 1913, under which "a person repeatedly convicted of drunkenness could, by order of the court, be sent to a gaol specially proclaimed under the Act. Such a person could be so detained indefinitely." By 1961 the South Australian Act had fallen into disuse,<sup>82</sup> but in the 1960s an Inebriates' Home functioned as part of a prison farm in Tasmania, and Rehabilitation Centres for inebriates were being planned in Western Australia and Victoria as parts of prison farms.<sup>80,82</sup> Even so, the public inebriate continued to provide much of the turnover in the prison system: drunkenness and vagrancy accounted for 4556 of the 8211 commitments to prison in Victoria in 1967.<sup>80</sup>

While destitution and homelessness were handled from the early days of settlement by a gradually differentiating system of commingled private and public benevolence, the inebriate was by definition excluded from the category of the "worthy poor", who were eligible for assistance. From the 1880s onwards, a residual responsibility for the inebriate's welfare was assumed by the churches, and particularly by the more evangelical churches.<sup>84</sup> Besides "the usually good work performed by the Salvation Army through hostels, food, and shelter services",<sup>85</sup> the Sydney City Mission, Methodists, St. Vincent de Paul and other Catholic orders, and Anglicans were also involved. Often the church programs took on quasi-State

functions, and eventually received State subventions. Thus the Central Methodist Mission was originally given the use of a 900-acre tract outside Adelaide in 1930 for "the rehabilitation of unemployed men" during the Depression; after the passage of an Inebriates Bill in 1945 it became a colony for the treatment of inebriates referred by the courts. By the 1960s the Mission was receiving a substantial grant from the State "for the provision of voluntary treatment of male alcoholics referred from courts".<sup>86</sup>

Certainly by the 1960s, and perhaps long before, those who staffed the services provided under this division of responsibilities were dissatisfied with the results. Drawing on informal group discussions with 75 staffers covering the whole spectrum of those involved in "control, management and treatment" in Sydney, Dewdney reported:

major criticisms were levelled at the poor access to treatment facilities. Psychiatric hospitals were reluctant to admit alcoholics and specialized addiction units discouraged week-end admissions. Delays were experienced in obtaining appointments with psychiatrists. Treatment facilities were thought to be too scanty and fragmented and there was no overall planning in the organization of services provided. Other criticisms focused on the lack of custodial care in treatment institutions and the lack of treatment services in penal institutions. Knowledge about the few available services was deficient. General hospitals were ill-equipped to deal with alcohol or drug addiction problems; and institutions classified under the Inebriates Act for the treatment of alcoholics did not provide treatment.<sup>87</sup>

Drew has observed (personal communication, October 1984) that the scarcity of treatment resources reflected that "from 1920 to 1940 alcohol consumption was low, alcohol problems were at a very reduced level and, in fact, treatment facilities closed due to lack of business". In the interwar period, "the Temperance Movements waned because there was nothing to fight against and expertise was lost because there was no requirement for a specialty. I believe that this is why we have had to start again and re-invent the wheel".

#### *The development of alcoholism treatment systems*

Perhaps the first signal of a new era in the response to alcohol problems was the formation and growth of Alcoholics Anonymous (AA) in Australia. Contact with the movement in the

United States was established in 1942 and an Australian branch was formalized in 1945." Analyzing AA statistics for 1940-1970, Leach and Norris show that the period of explosive growth of AA in Australia was the 1950s; for a while around 1960, in fact, Australia had more AA groups per head of population than the U.S. Australian membership tapered off a little in the 1960s, but Australia remained a much more congenial environment for AA than, for instance, the British Isles." By 1970 it was estimated that AA active group membership numbered 1225 per million population in Canada, 820 in the United States, 427 in Australia and 126 in the British Isles.

The first public institutions established in the alcoholism field, as it was becoming known, were "voluntary alcoholism foundations, concerned primarily with the promotion of research, education and treatment programmes and the acceptance of alcoholism as a treatable disease".<sup>80</sup> The Foundation for Research and Treatment of Alcoholism (later FRATADD, including Drug Dependence) of New South Wales was established in 1956, with "a small dedicated group of recovered alcoholics" as "the chief motivating force" in its birth." In 1959, FRATADD took over an existing hospital and converted it into an alcoholism hospital, the Langton Clinic. From the first, the State Health Department provided a subsidy for the costs of the hospital," and this mixture of private charitable fundraising and contractual public support became characteristic also of other Foundation projects."" The Alcoholism Foundation of Victoria, founded in 1959, emphasized counselling and referral, professional training (through the Summer School of Alcohol Studies at St. Vincent's Hospital), public education and advice to governmental committees in its early years.<sup>80</sup> The South Australian Foundation on Alcoholism followed in 1963, and in 1967 the three state foundations joined to set up a national body in Canberra, now known as the Alcohol and Drug Foundation, Australia (ADFA). By 1975, there were affiliates of the national body too in other States and Territories." Particularly in the 1960s and through the mid-1970s, the foundations served as a nexus between professionals, government agencies, and interested laypeople. In recent years, ADFA has been reorganized to reflect also the interests of State agencies and of the diversified nongovernmental agency sector.

In the meantime, specific State agencies concerned with providing treatment for alcoholism had appeared on the scene. In some States, these agencies evolved from the inebriates programs in

the penal systems; in the new therapeutic era, the institutional location began to seem inappropriate and eventually embarrassing. Enkelmann notes that during the almost 20 years from 1947 that the Marburg Inebriates Institution functioned as part of a Queensland prison farm,

it reflected changes in attitude toward the treatment of alcoholics in spite of the fact that inmates could be admitted only through the courts. It began as a long-term custodial institution for chronic alcoholics; ... it became the elemental precursor of a therapeutic community for the treatment of alcoholics in Brisbane which formally commenced in 1965."

The State's commitment to change from a correctional to a medical rubric was made in 1962. In 1963 the Queensland Coordinating Committee on Alcoholism was set up as a special State agency, financed from liquor licensing fees, and responsible for coordinating activities in the Health and Education, and later also the Transport Departments.<sup>80</sup>

The present Alcohol and Drug Authority of Western Australia also evolved from an Inebriates Centre set up within the correctional system, dating from 1963." Parliamentary questions in 1972 about the appropriateness of this arrangement led to a Royal Commission. Concluding that the psychiatric services were unable to cope with alcohol problems and that the general medical and welfare services seemed unwilling to accommodate them, the Commission's report resulted in the establishment in 1974 of a new Alcohol and Drug Authority with broad terms of reference." The Authority's first move was to set up an urban outpatient and counselling service and therapeutic community hospital. Its second was to take over and redecorate the old Convicted Inebriates centre. The Medical Director of the Authority expressed himself as "anxious" also to collaborate with "Church bodies ... particularly in the establishment of half-way houses, hostels, day centres, and long-term care for the brain-damaged alcoholic." Reflecting a mandate that now extended beyond the operation of treatment clinics, he also mentioned the Authority's responsibility to advise on such issues as decriminalizing public drunkenness, and its commitment to prevention.

In South Australia, the effort to establish a governmental responsibility for treating alcoholism began with the recommendation of a 1961 advisory committee "that a Centre be established for the treatment of Alcoholics, ... separate and distinct from Mental Hospitals and Prisons".



Passage of a 1961 Act which embodied many of the committee's recommendations touched off a "warm argument" between the medical profession and the prison authorities over whether the Director of Alcoholic Centres should be a medical practitioner or a "lay public servant"; the resolution was a 1964 Act which provided for a three-person board, one member of which was to be a medical practitioner.

The extent and nature of differentiation of an alcohol and drug agency from other governmental functions has varied considerably from State to State. In Victoria, the responsibility long remained with the Mental Health Division of the Victorian Health Commission. New South Wales is at the other extreme in terms of institutional stability. In 1977, a parallel structure was set up, with the establishment of both a Division of Drug and Alcohol Services in the Health Commission and a statutorily separate Drug and Alcohol Authority. The Division, abolished in 1982, had responsibility for services within the general health care system, assuming responsibility for a network which had started with the community mental health centres in the 1950s and which has recently come to include a number of alcohol and drug problems services in the big teaching hospitals of the Sydney area. Meanwhile, the Authority placed more emphasis on policy issues and on the need for "more resources going into training and education" and for "political action aimed at relieving the social problems that give rise to drug and alcohol abuse",<sup>9</sup> and provided some support for research. Nevertheless, most of its resources went into subventions, often quite small, to a large assortment of church and community treatment and referral agencies — in 1984 \$ 3.3 million to 67 agencies. In 1987, the Authority was abolished and its responsibilities transferred to a "Directorate of the Drug Offensive" within the Health Department. This shift reflected a general trend in Australian administrative thinking towards reintegrating alcohol and drug services into the general medical and welfare services.

In broad terms, the main mushrooming of the treatment and service network for alcohol and drug problems occurred in the mid-1970s. By 1978, the number of treatment facilities for drug and alcohol problems were counted at 90 in New South Wales, 43 in Victoria, 40 in Queensland, 29 in Western Australia, 19 in South Australia, 12 in Tasmania and 16 each in the Australian Capital Territory and the Northern Territory.<sup>10</sup> By a very rough comparison, this is about two-thirds as

many alcohol and drug treatment facilities per head of population as there were in the United States in 1980. As in so many areas of Australian life, a large impetus came from the Whitlam government of 1972-75, the first — and until recently the only — Labor government at the federal level since 1949. Sargent comments that with the election of the Labor government "the concept of community oriented health care services became important. Under the Community Mental Health Alcoholism and Drug Dependence Programme, some 200 projects were funded including general community health centres, day hospitals, 'shop front' and 'drop in' centres, and health related hostels". While the federal impetus was much lessened in the following years, a large and diversified treatment constituency — now increasingly professionalized — had come into being, supported by a patchwork of federal, State, local and private resources. A 1985 report on the nongovernmental drug and alcohol services system in New South Wales (population 5,405,100) counted 163 such agencies. The 130 agencies responding to the study reported 175,310 clients and 1,230,579 service contacts during 1984; 29 per cent of the agencies' resources came from the State government, 9 per cent directly from the federal government, 7 per cent from clients' federal social security entitlements, 6 per cent from other fees for services, 11 per cent from charitable contributions and income, and 25 per cent from volunteer input." As in New South Wales, the nongovernmental sector in a number of States is now organized into a network of alcohol and drug agencies. While nongovernmental agencies primarily provide information, assessment, referral, counselling, accommodation and other social and welfare services, the very substantial health services for alcohol-related cases are financed directly through the governmental health insurance system.

Since 1985, a modest new infusion of government resources has come through the National Campaign Against Drug Abuse (NCADA), discussed below. In 1985/86, federal and State funding through NCADA supported 46 residential treatment projects, 55 nonresidential treatment projects, 29 training projects, and 19 additional community development projects.<sup>11</sup>

### **Emergent trends: the shape of societal response**

As we have seen, rates of alcohol consumption, cirrhosis mortality and most alcohol problems indicators have all shown some decline in the 1980s, after a period of almost half a century in

which the main tendency had been upwards. Like a number of other countries, Australia seems to have passed a point of inflection in the "long waves of alcohol consumption". Explaining such sea-changes in a society would be an ambitious task, well beyond the scope of this account. But we can at least describe some of the factors which are, at a minimum, leading indicators of the change.

#### *Drink driving as the leading issue*

Drink-driving has been a politically potent issue for some years, and concerns and policy actions on drink-driving are now showing signs of affecting drinking generally. Australia is a highly automobile-oriented society. It is also a society that sets a very high value on life-saving in general, and particularly on preventing youthful deaths. Traffic casualties in general have therefore long been seen as an important problem, and Australia - Victoria in particular - has often pioneered in the introduction of new counter-measures. Thus compulsory seat-belt legislation was put into force in Victoria in 1971, and soon afterwards in the other States...

Compulsory use of the breathalyser was introduced in Victoria in 1962. The 1965 Victorian Royal Commission report that recommended the extension of closing hours to 10 o'clock also recommended that driving with a blood alcohol level greater than 0.05% be made a *per se* offence. "The effect of the legislation was apparent soon after it became law in February, 1966. There was a striking shift in the time of occurrence of serious traffic accidents associated with the change in drinking hours but no change in the total number of crashes or deaths. There was, however, a fall in the blood alcohol concentration in breathalysed drivers after 1966", and a rise in convictions. The legislation had also "led to a steady output of clinical and epidemiological data which has been of the greatest importance in defining the alcohol and road safety problem, thus enabling additional steps to be taken"... In the early 1980s, New South Wales, Queensland and Tasmania also adopted a 0.05 standard, while other Australian jurisdictions set the level at .08." Victoria also introduced compulsory blood alcohol testing for all injured traffic casualties coming into hospital casualty departments in 1974 - one year after South Australia - and random breathalyser testing of motorists in 1976. Random breath testing (RBT) has also been adopted in the Northern Territory in 1980, in South Australia in 1981, in New South Wales in 1982, in Tasmania in

1983 and in Western Australia in 1988, and was administratively implemented in Queensland in 1986. Energetic RBT effort have been made in all States, ranging in 1984-85 from one test for every two driver's licenses in Tasmania and one for every three in New South Wales to one for every ten in Victoria.<sup>11</sup> In the three years following the introduction of RBT, alcohol-involved fatal crashes showed a sustained drop of 36 per cent in New South Wales and 42 per cent in Tasmania. In the period 1982-1985, all States adopted provisions setting blood-alcohol limits of .02 or of zero per cent for new or for young drivers. In 1987, proposals were made in Victoria to institute a zero blood-alcohol limit for all drivers.

Despite the stringency of these laws, public support for them has remained strong, and indeed increased after their adoption. A survey after the adoption of random breath tests in Victoria showed three out of four persons supported them. In New South Wales in 1973, 50 per cent had opposed and 42 per cent supported the idea of RBT;... by the time of its adoption in 1982, 64 per cent supported it, while in 1987 97 per cent supported its continuance." A 1987 national TV opinion poll found that just under 50 per cent of respondents would support a universal zero blood-alcohol limit.

Drink-driving remains the alcohol issue uppermost in politicians' minds. Thus in the present climate of opinion it is worthwhile to a politician to claim that changes in availability will not affect drink-driving, or that allowing Swan Special Light to be labelled as beer is motivated by concern about drink-driving, to cite two examples from 1984.<sup>11 13</sup> Yet in the long run it is difficult to keep drink-driving as an issue separate from general alcohol-policy issues. The connection is already commonplace in the research literature." There is anecdotal evidence that the connection is also being made by ordinary people in their everyday lives. The introduction of random breath testing has accentuated the drift away from on-premises consumption, to an extent which greatly concerns the trade. And the promotion and success of Swan Special Lager, and more generally of low-alcohol beers, is of course keyed to the drink-driving issue.

#### *"Healthy lifestyles" concerns and campaigns*

Along with other industrialized societies, Australians are showing a rising concern about healthy lifestyles. The switch to lighter beers and wines and the levelling off of alcohol consumption can be seen as evidence of this concern. Another

reflection of these concerns is the growing willingness of Australian governments to adopt anti-tobacco policies and to mount anti-smoking campaigns. As discussed below, comparisons and analogies with other drugs — tobacco, as well as illicit drugs — tend to raise the profile of alcohol issues.

Self-starting lay interest groups in the alcohol policy field have not been prominent in Australia, although People Against Drunk Drivers (PADD) and other small groups have emerged in the drink-driving field.<sup>50</sup> Reform in Australia tends generally to be more professionalized and indeed government-based. Homel et al.<sup>50</sup> note that, in comparison with U.S. drink-driving policies, in Australia "citizen's groups have been much less prominent, and decision making tends to be influenced more by road safety professionals and public servants". An exception to this is the underground health action-group, BUGA-UP (Billboard Utilising Graffitiists Against Unhealthy Promotions), which has delighted urban Australians for some years with creative defacements of tobacco and alcohol billboard advertisements — for instance, BUGA-UP's "catalogue" includes a photo of additions to an advertisement showing a KB beer being passed between two hands: one hand is marked "pusher" and the other "sucker", and below is written, "Kash for them, Beergut for you!"<sup>58</sup>

Along with the slackening off in consumption levels, the present increasing ferment over alcohol policy in the Australian research and professional community may be the initial stages, in a culturally typical style, of a delayed general societal reaction against increases in alcohol-related problems. Against this movement, of course, must be set the very substantial cultural identification with and vested interests in drinking. An effort that is too official, and too much based on professional expertise, runs the risk of provoking the kind of cultural counterreaction which has engraved in the Australian consciousness the "wowser" as a figure of scorn.

### *The growth of a professional constituency*

A by-product of the growth in treatment capacity has been the emergence of a substantial constituency of professional expertise. While there has long been a fair amount of alcohol research in Australia, the research scene was until recently relatively fractionated and not very cumulative. The emergence in the last decade of what has now been named the Australian Medical and Professional Society on Alcohol and Drugs

(AMSAD) and its journal, now named the Australian Drug and Alcohol Review, is fostering more communication between researchers and an interchange between researchers and professional and policy staff in the State and federal agencies. Research centres on alcohol and drugs have recently been established, one in Perth concerned with prevention research and one in Sydney for treatment research. While the meetings and membership of AMSAD have broadened to include social science and other disciplines, doctors have taken a leading role in the process of putting alcohol issues onto the political agenda. In the context of Australian culture, a medical platform has seemed the most persuasive from which to raise alcohol, tobacco and other drug issues.

The State and territorial alcohol agencies have also begun to move away from a view of their role as limited to managing a treatment system. In several States, the agency is now taking an active role in submitting memoranda about legal changes, including changes in the licensing system, and agency staff are regularly seeking to stimulate public debate about alcohol policy issues. A federal advisory body with representation from each state and territorial drug and alcohol agency has formulated a draft National Health Policy on Alcohol. Initial media coverage of the effort focused on wine industry attacks dubbing the document a "wowser policy",<sup>59</sup> and in March 1988 the draft was referred to a special committee of Health Ministers for resolution following consultation with the alcohol beverage industry. As in North America, it was perhaps inevitable that those with the charge of monitoring the treatment system as a whole would be moved by their experiences and vantage-points towards a broader policy perspective.

Public discussion of the idea of an integrated alcohol policy is not a common occurrence in Australia. Proposals for such a policy have so far emanated mostly from researchers and doctors. In the general political arena, the response has often been slow or negative. It took the government of the day a record length of time — over two years — to respond to the 1977 Baume report, discussed below; in Baume's words,<sup>100</sup> the report "gave the government a terrible headache". The response rejected most of the controversial recommendations; but it did include, in a statement of "health-oriented policy on alcohol", an important if somewhat grudging expression of principle:

the Government favours an overall reduction in alcohol consumption, although not necessarily by each Australian, as many citizens drink

responsibly. It is aware that implementation of any national policy which involves reducing overall alcohol consumption will also involve some curtailment of the rights of responsible consumers of alcohol. The present frequency and seriousness of alcohol problems in Australia make it necessary for the Government to adopt this approach at least in the short-term, until some more satisfactory way is found of discouraging alcohol abuse.<sup>101</sup>

### *The drugs issue*

In November 1984, in the heat of an election campaign, the present Australian Prime Minister, Bob Hawke, announced that if re-elected the government would mount a National Campaign Against Drug Abuse (NCADA). In pursuit of this promise, the federal government convened a Special Premiers' Conference on Drugs on April 2, 1985. The process of agreeing on and designing the national campaign drew together not only the premiers of the six Australian States, but also representatives of most relevant professional and political interests.<sup>102</sup> This approach reflected Hawke's general "consensus" approach to contentious issues.<sup>103</sup>

In the short run, the result of the drug summit was an official "communique" pledging "to do everything possible to combat the growing problems of drug abuse and addiction in Australia".<sup>104</sup> In the longer run, the federal government made a three-year, \$A100 million commitment to a campaign focusing on "the reduction of demand for drugs rather than on drug supply containment strategies". The most visible part of the campaign has been a media and information campaign in 1986 which included mailing a booklet entitled "The Drug Offensive" to every household in Australia.

One of the most contentious issues for consideration at the "drug summit" was the relative priority to be given to licit drugs, and particularly to alcohol and tobacco. A preparatory workshop, called by the federal health minister and attended by 48 representative professionals, had recommended that "the policy should acknowledge that alcohol and tobacco are the major drugs of use and abuse in Australia and they should be a major focus of attention in the forthcoming national action".<sup>105</sup> In contrast, the summit's communique reported that "it was agreed that the Campaign will focus particularly on illegal drugs. At the same time it was recognised that there are also widespread health and social problems arising from the abuse of licit drugs and that the

Campaign will need to encompass these as well". It was only in the closing sentences of the communique that alcohol was specifically mentioned:

The Conference agreed to refer to the Health Minister's Conference, for consideration without specific endorsement, strategies on alcohol and tobacco as recommended by the World Health Organisation.

The Conference agreed that States should give consideration to the introduction of zero or equivalent blood alcohol levels for novice drivers, stringent application of penalties, and more severe penalties for persistent drink driving offenders.

The 1985 "drug summit" followed a decade of rising concern about illicit drugs in Australia. Little attention had been paid to the issue before the 1970s, out of a conviction that "drug abuse was so alien to the social culture of Australians", as a later police report put it.<sup>106</sup> As it played out in the headlines of the 1970s, the drugs issue was focused on the most sensational aspects of the growth of an illicit market: homicides and disappearances, the rise of organized crime, and the corruption of police and politicians. At the official level, as Sackville remarked in 1980, "in Australia the level of concern about the drug problem is clearly indicated by the number of official inquiries into ... non-medical drug use".<sup>107</sup> Recalling the situation at the inception of the National Campaign, the federal Minister of Health recently noted that "there had been no fewer than seven major inquiries and Royal Commissions into various aspects of the drug problem during the preceding sixteen years, as well as numerous smaller reviews".<sup>108</sup>

Against this public emphasis on illicit drugs, professionals in the field had long been pushing for a broadening of the discussion to include alcohol, tobacco and pharmaceuticals. At the political level, a breakthrough in this effort had been the 1977 report of a federal Senate committee, *Drug Problems in Australia: An Intoxicated Society?*.<sup>109</sup> In the first page of the report's main text, the Senate Committee declared its intention to ignore the conventional boundaries of public discussion of the "drug problem": the "opiate problem ... receives attention in this report only so far as is necessary to put in perspective our discussion of the use of other drugs. Abuse of opiates and other narcotics is serious, but alcohol and tobacco are abused by a greater number of people and at greater total social and economic

cost ... The Committee strongly believes that not enough emphasis is placed on alcohol and tobacco because of dominant — but incorrect — community attitudes that they are not drugs”.<sup>26</sup> Under the heading “The Dimensions of a National Disaster”, the Committee went on to conclude that “alcohol is the major drug of abuse in Australia. It now constitutes a problem of epidemic proportions”. As Senator Baume, the chair of the Committee, later put it to an audience of alcohol and drug clinicians and researchers, “when we started our work in the mid-1970s you and your colleagues, the experts in the field, were even then trying to redefine and redirect the debate ... We six senators ... listened to what you had to say ... We were the political agents for those of you who were experts in the health areas”.<sup>100</sup>

The 1979 South Australian Royal Commission, composed of academics, had also struck a more glancing blow in the same direction, despite the government’s specific exclusion of “nicotine and alcohol” from its terms of reference. The Commission noted that “we have taken the view that although the terms of reference preclude us from making specific recommendations for the regulation of the use of alcohol and tobacco, they do not prevent us from urging that the community considers these substances as mood-altering drugs and adopts a rational attitude to them as part of its response to drug use. Nor do they prevent us from making comparisons between the nature and effects of alcohol and tobacco and those of the other drugs specifically within our terms of reference”.<sup>107</sup> Discussing the difficulties of classifying drugs for purposes of control, the Commission further remarked:

the manufacture and sale of drugs are large-scale industries. Manufacturers and sellers have an obvious, and proper, interest in the processes of control. The policy maker must place these conflicting perspectives in context, but also must recognize that in the political arena compromises may be required. In one sense, the most striking compromise has been the failure of “drug control” measures to control effectively the availability and use of alcohol and tobacco so as to minimise the harmful consequences associated with their use. The exclusion of these substances from drug control legislation, and indeed from our terms of reference, reflects both the popular misconception that they are not to be regarded as drugs, and their entrenched position in the market place.

While the views of professionals in the field thus found some public expression, the Australian political dialogue — as reflected in the *communique* from the 1985 drug summit — long remained relatively impervious to calls for a re-examination of general alcohol policies.<sup>108</sup> As we have noted, despite the vigorous lawmaking about drink-driving, the legislative tendency is still towards relaxation of controls on hours and conditions of sale of alcoholic beverages. Impatient with the failure of the political process to address general issues of alcohol policy, Australian professionals have often spoken of a “conspiracy of silence” about alcohol issues,<sup>109,110,15</sup> and have indeed held a conference titled “Drugs and Alcohol — A Conspiracy of Silence”.<sup>111</sup>

In a longer perspective, however, the place of alcohol in Australian life has gradually come more into question in the last decade. And there are now signs, despite its beginning, that NCADA is having the effect of amplifying popular concerns about alcohol and tobacco, and gradually shifting the balance of the political agenda. Writing in March 1987, the federal Minister for Health noted that “one major change that has occurred in the last two years is the acceptance of alcohol and tobacco as drugs ... The recent furore about wine coolers highlights the raised level of community concern about alcohol as a potential cause of drug problems and represents the demand for a more responsible approach to the marketing of alcoholic beverages”.<sup>106</sup> Seeking answers to the question, “Are we winning the drug war?”, a newspaper reporter found that “officials and workers say there are signs of success. The greatest development in the view of most is not that we have curbed the heroin trade — we haven’t — but that society is now confronting the truth that the most insidious drugs, the biggest killers, are the two on sale wherever we turn, alcohol and tobacco”.<sup>112</sup> At the June 1987 Vienna United Nations conference on drug control, the Australian delegation moved a successful resolution that future meetings should include on the agenda the trade in legal drugs. In November 1987, the National Drug Offensive was extended for a further three years (1988–1991). And on March 31, 1988 the federal government, recognizing that three times as many Australians aged 15–34 die from causes related to drinking as from illicit drugs, launched a National Alcohol Abuse Project targetted at reducing alcohol consumption among young Australians. “It is inconceivable”, Wodak remarks, “that such a campaign would have taken place before the National Drug Offensive (personal communication, March 1988).

Noting that "the temperance movement was certainly one of the factors involved in the collapse of the Victorian wine industry about the turn of the century", a wine writer hazarded the prediction in 1986 that "one of the changes that we will ... certainly see in the future is an increase in health-related criticism of all the alcohol industries ... Labelling of the alcohol content of beverages will become mandatory, ... and certain types of advertising will be restricted or banned". At that time, he felt "it is unlikely that such changes will affect the increasing consumption of wine unless the community as a whole changes its view of alcohol. There is little sign of this happening as yet." From the perspective of 1988, the signs seem a little more ambiguous.

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