

doi: 10.1111/j.1753-6405.2012.00837.x

Response from author

Fran Baum

Southgate Institute for Health, Society & Equity and SACHRU, Flinders University, South Australia

Thank you for the chance to reply to the two letters related to my editorial 'From Norm to Eric: avoiding lifestyle drift in Australian health policy'.¹ I thank Louise Sylvan for pointing out that the National Partnership Agreement on Preventive Health (NPAPH) has a budget of \$872.1 million rather than that being the sum for the Australian National Preventive Health Agency (ANPHA).

I also recognise that the social marketing I was critiquing is not the only measure being used as part of the whole 'Taking Preventative Action'. I welcome the engagement of disadvantaged communities and particularly focus on low socio-economic areas but this does not resolve the fact that the use of individual level change strategies is not supported by evidence, especially in terms of their use with people who have the gamut of social determinants working against them. Without tackling the structural determinants of chronic illness little progress will be made in reducing health inequities.

The use of fiscal and regulation measures in relation to tobacco is very important and I feel proud that the Australian Government is taking on Big Tobacco through its plain paper packaging legislation. However, the Eric campaign is targeted at issues of weight and exercise and little is being done through Taking Preventive Action to regulate the food industry. Instead much less effective voluntary self-regulation is being recommended. This is despite the strong recommendations from the National Preventive Health Taskforce concerning the use of fiscal mechanisms to reduce the consumption of junk foods. Access to healthy and affordable food for low income people is essential and strategies to ensure this are likely to be the most effective means of improving people's diets. Our current levels of obesity didn't happen because people suddenly started making unhealthy choices. They have come about because of fundamental changes to the design of our cities, the opportunities for active lifestyles, the use of cars rather than walking and the vastly increased supply of cheap high fat and sugar foods.

The letter from Jeanette Ward makes a number of vital points for the future direction of health promotion. She points to the importance of macro-economic policy to health and the fact that the environments in which people live have a profound influence on their health. She also makes important points about the institutional reasons for the attractiveness of behavioural solutions and the importance of reforming curricula to ensure that all students receive a good grounding in the power and importance of the social determinants of health and health equity. While I agree that the Closing the Gap strategy is far from perfect it does at least pay serious attention to some social determinants of health. Jeanette Ward is correct that Aboriginal self-determination and community control should be at the centre of any strategy and measures to improve Aboriginal life expectancy. The Commission on the Social Determinants of Health² stressed the key role of material, psycho-social and political empowerment to improving health. Let's hope that the Australian National Preventive Health Agency takes these lessons to heart and becomes a key mechanism for implementing the CSDH's recommendations in Australia.

References

1. Baum F. From Norm to Eric: avoiding lifestyle drift in Australian health policy. *Aust N Z J Public Health*. 2011;35(5):404-6.
2. Commission on the Social Determinants of Health. *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health*. Geneva: World Health Organization; 2008.

doi: 10.1111/j.1753-6405.2012.00833.x

Addressing alcohol use in community sports clubs: attitudes of club representatives

Luke Wolfenden

The University of Newcastle, New South Wales; NSW Cancer Institute

Melanie Kingsland

The University of Newcastle, New South Wales; Hunter New England Population Health, New South Wales

Bosco Rowland

Deakin University, Victoria

Vanessa Kennedy

Australian Drug Foundation, Victoria

Karen Gillham

Hunter New England Population Health, New South Wales

John Wiggers

The University of Newcastle, New South Wales; Hunter New England Population Health, New South Wales

Alcohol has been characterised as among the most harmful drugs on the planet.¹ Excessive alcohol consumption has been found to be particularly prevalent among sports participants.^{2,3} The promotion of alcohol at sporting events and venues, sponsorship by the alcohol industry of individual athletes and sports clubs, and the engagement of clubs and players in practices such as drinking games and alcohol awards have been associated with increased levels of alcohol consumption.^{4,5} Sporting club based interventions which attempt to address these and other practices associated with excessive consumption therefore may represent an effective strategy in reducing harm among sporting club members.

Despite the merits of intervention, a recent systematic review failed to identify interventions (evaluated using experimental or quasi-experimental designs) targeting excessive alcohol use in this setting.⁶ In order to assess how amenable sports club representatives may be to interventions targeting alcohol use we conducted a telephone survey of club representatives (presidents or nominated representatives) of community Australian Rules Football (or AFL), Rugby League, Rugby Union and Soccer (European football) clubs in New South Wales, Australia. Clubs in the Hunter, New England and selected Sydney metropolitan regions were sampled from a database compiled from sports associations, council listings and web searches. To be eligible for the study clubs were required to have senior teams (players >18 years of age), more than 40 members, to have legally sold or supplied alcohol and not be involved in an existing program to reduce alcohol-related harm. Club representatives were mailed a study information statement and consent form and the representatives of consenting clubs completed a structured computer assisted telephone interview conducted by a trained research assistant between May and September

2009. As part of the survey, club representatives were asked to respond using a four point Likert scale (strongly agree, agree, disagree, strongly disagree) to a series of statements about alcohol use and alcohol related practices at their club.

In total 101 (44% of eligible clubs approached) provided consent and completed the telephone interview. There were no significant differences between participating clubs and clubs which did not participate in the study in terms of geographic locality or football code. A third of clubs were from Rugby League, 29% from Rugby Union, 25% from Soccer and 14% from AFL codes; 55% were clubs with greater than 150 members; and 80% were clubs from Major City regions.⁷ Club representative responses to the survey items are reported in Table 1.

Most clubs representatives agreed (95-99%) that clubs are an important setting to promote healthy lifestyles, that it is important that clubs ensure alcohol is served responsibly, and that doing so is a responsibility of the club. Nonetheless, most clubs believed that players often consume too much alcohol (55%), and that their club could benefit from assistance to encourage responsible alcohol consumption (75%). Such findings suggest that clubs may be positively predisposed to supportive interventions to address alcohol use among club members through improving club practices regarding alcohol provision.

Supporting clubs to modify alcohol related practices, however, is likely to represent a considerable challenge given the perceived dependence of clubs on the sale of alcohol and alcohol related sponsorship (Table 1). Importantly, however, early evidence from interventions with community sports clubs suggest that reducing

excessive alcohol consumption at sporting club fixtures can be achieved without compromising club revenue, and may improve the viability of community sports clubs through increased membership.^{8,9} If these findings are substantiated as part of more rigorous trials, such interventions may address concerns of club management and represent attractive public health interventions to reduce alcohol misuse, and encourage greater community participation in sport.

References

1. World Health Organization. *WHO Expert Committee on Problems Related to Alcohol Consumption*. Geneva (CHE): WHO; 2007.
2. Martens MP, Dams-O'Connor K, Beck NC. A systematic review of college student-athlete drinking: Prevalence rates, sport-related factors, and interventions. *J Subst Abuse Treat*. 2006;31(3):305-16.
3. O'Brien KS, Blackie JM, Hunter JA. Hazardous drinking in elite New Zealand Sportspeople. *Alcohol Alcohol*. 2005;40(3):239-41.
4. Dietze PM, Fitzgerland JL, Jenkinson RA. Drinking by professional Australian Football League (AFL) players: prevalence and correlates of risk. *Med J Aust*. 2008;189(9):479-83.
5. O'Brien KS, Kypri K. Alcohol industry sponsorship and hazardous drinking among sportspeople. *Addiction*. 2008;103(12):1961-6.
6. Priest N, Armstrong R, Doyle J, Waters E. Policy interventions implemented through sporting organisations for promoting healthy behaviour change (Cochrane Review). In: *The Cochrane Database of Systematic Reviews*; Issue 3, 2008. Chichester (UK): John Wiley; 2008.
7. Australian Bureau of Statistics. 1216.0 – Statistical Geography Volume 1 – *Australian Standard Geographical Classification (ASGC)*, Jul 2006. [cited 2011 Jun]. Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1216.0Main+Features1Jul%202006?OpenDocument>
8. Duff C, Munro G. Preventing alcohol-related problems in community sports clubs: the Good Sports program. *Subst Use Misuse*. 2007;42:12-13.
9. Munro G. Challenging the culture of sport and alcohol. *Int J Drug Policy*. 2001;11:199-202.

Correspondence to: Dr Luke Wolfenden, Hunter New England Population Health, Locked Bag No. 10, Wallsend, NSW 2287; e-mail: luke.wolfenden@hnehealth.nsw.gov.au

doi: 10.1111/j.1753-6405.2012.00834.x

Chest trauma in Far North Queensland: alcohol management can make a difference

Scott Jennings

Department of Surgery, The Canberra Hospital, ACT

Richard Whitaker

Emergency Department, Cairns Base Hospital and James Cook University School of Medicine, Queensland

Richard Turner

University of Tasmania School of Medicine

My colleagues and I wish to convey the findings of a research project recently conducted in Far North Queensland (FNQ), Australia. Alcohol-related violence in FNQ Indigenous communities has been an issue for some time. This has prompted the Queensland Government in consultation with affected Indigenous communities to introduce the Making Choices, Meeting Challenges (MCMC) initiative.¹⁻⁴ Specifically, the MCMC initiative introduced alcohol-management policies (AMPs) within these communities imposing certain restrictions on the sale, quantity and type of alcohol permitted

Table 1: Club representative attitudes to alcohol use and alcohol related sports club practices. Information gathered in June 2009 in the Hunter New England and Sydney regions of NSW.

	n	Strongly agree / agree (%)
Sporting clubs play an important role in promoting healthy lifestyles to their club members	96	95%
Providing a healthy and safe environment will encourage members to join our club	96	95%
Club players and members often consume too much alcohol	56	55%
It is important for sporting clubs to ensure that alcohol is served responsibly	100	99%
Our club could benefit from assistance to encourage responsible alcohol consumption at club venues	76	75%
Our club is responsible for ensuring players and spectators do not consume too much alcohol at club venues and events	100	99%
Players would not want to be part of a club that had strict rules around alcohol consumption at club venues and club event (e.g. banning drinking games)	15	15%
It would be difficult for our club to survive without revenue from the sale of alcohol	51	51%
It would be difficult for our club to survive without revenue from sponsorship	96	95%