Australian Defence Force
Alcohol Management Strategy and Plan
2014 – 2017
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Acknowledgement

The ADF Alcohol Management Strategy (ADFAMS) and Plan was developed in collaboration with the Australian Drug Foundation.

It is endorsed by the Service Chiefs, Vice Chief of the Defence Force and issued on behalf of the Chief of the Defence Force.
COMMITMENT

The Australian Defence Force (ADF) is committed to minimising alcohol related harm; our Alcohol Management Strategy will drive the creation of a positive alcohol culture that reduces the negative impact upon the health, safety, capability and reputation of the ADF. Our commitment is expressed in the following endorsed Alcohol Behaviour Expectations Statement.

ALCOHOL BEHAVIOUR EXPECTATIONS STATEMENT

Alcohol is widely used and enjoyed by many Australians, including those who serve in the Australian Defence Force (ADF). When used responsibly, it can help contribute to making special occasions, building esprit de corps, and celebrating events and traditions.

This enjoyment is threatened when any Defence member drinks at levels likely to cause short or long term harm. Drinking in this way will be detrimental to a member’s health and safety, and also impact negatively on behaviour, patroulinary performance, work and personal relationships; unit morale; and the reputation of the ADF.

As an organisation, the ADF is committed to minimising alcohol-related harm in order to enhance operational capability, reduce personal harm and minimise operational costs. We do this by providing education and information to our members about responsible alcohol use; managing the availability and supply of alcohol; providing support and treatment to those who require it; and monitoring and responding to alcohol-related incidents.

The ADF expects its leaders, at all levels, to contribute to shifting the negative alcohol-related cultural patterns which currently exist. This includes being a responsible role model, particularly with regard to standards of appropriate behaviour regarding alcohol. It involves ensuring your decisions about alcohol are made in the context of controlling the demand, supply and availability of alcohol and alcohol-related harms. It requires you to affirm and reinforce the expectations of this Behaviour Statement regularly with your soldiers, airmen and airmen, and manage unacceptable situations in a swift, consistent and appropriate manner.

When drinking anywhere or at any time – the ADF expects all members to:

Be responsible: Drinking more than four standard drinks on any single occasion more than doubles the risk of injury and accidents in the following six hours, and this risk increases rapidly with each additional drink. It is possible to drink at a level that is less risky, while still having fun.

Be safe: Consuming alcohol will affect your concentration, physical co-ordination, alertness and judgement, which may leave you in situations where you feel unsafe or risk in you taking risks you usually wouldn’t take. If your drinking regularly puts your personal or workplace safety or the safety of others in jeopardy, you need to take steps to cut back.

Be respectful: Being affected by alcohol can impact your decision-making and contribute to anti-social behaviour, violence and abuse. Respectful relationships are based on trust, honesty, fairness, and equality. Don’t let alcohol have an effect on your respect for others or yourself.

BE RESPONSIBLE, BE SAFE, BE RESPECTFUL

[Signature]

D.J. Foxley, AC, DSC
General
Chief of the Defence Force

11 June 2013
CHIEF OF THE DEFENCE FORCE
FOREWORD

The Australian Defence Force is one of Australia’s pre-eminent institutions. Our Defence Forces play a pivotal role in national security and in supporting peace keeping efforts around the globe. Given this vital role, it is essential that our organisation has in place the systems, policies, practices and resources to protect the health and well-being of our members and to respond quickly and effectively to our serving men and women who experience health issues. Managing alcohol is a key part of this.

The irresponsible use of alcohol is a common problem in the Australian community and regrettably, the ADF is not immune. Evidence shows that large numbers of ADF members drink at unsafe levels periodically, or on a regular basis. Their alcohol use is impacting on their health, performance and, in many cases it is affecting their relationships with those around them. Maintaining a focus on responsible alcohol management must continue to be a core part of our business.

The ADF aspires to be a leader in the prevention and management of alcohol related issues. Over the years we have introduced numerous initiatives in this area, including education and information to members about responsible alcohol use, strategies to manage the availability and supply of alcohol, monitoring and responding to alcohol related incidents, and the provision of treatment and support to those who require it.

However, we recognise that more is needed to shift the remaining negative elements of the alcohol culture that exists across Defence and the community’s perception of this. Commitment from the whole organisation – its leaders and individual members – is vital for the ADF to successfully achieve this vision.

The senior leadership and I are pleased to now have in place the ADF Alcohol Management Strategy and Plan 2014-2017. The Strategy provides a new framework for improving alcohol management within the ADF, reducing alcohol misuse and its harms, enhancing organisational capability and minimising organisational costs. The Strategy builds on and extends our existing work on alcohol related issues. It maintains our focus on supporting individuals and managing critical incidents, while strengthening our focus on systematic culture change.

The Strategy is based on contemporary evidence from the fields of public health and from the field of organisational change management. It focuses on leadership, building capability and shared responsibility. It highlights the need for an integrated suite of prevention-focused supply, demand and harm reduction interventions and strong monitoring and reporting systems.

The ADF takes pride in looking after the health and safety of its serving men and women and ensuring that they in turn look out for their mates. Our aim is to ensure that members at all levels drink alcohol responsibly and that we, the ADF, provide an environment that prevents or reduces alcohol related harm as much as possible. I believe that implementation of the Strategy across all our services will help us achieve this important goal.

General David Hurley AC, DSC
Chief of the Defence Force

7th March 2014

THE STRATEGY

This Strategy provides a four-year framework within which the ADF will take decisive action to minimise alcohol related harm. It draws on sound evidence from the National Drug Strategy 2010-2015 and the World Health Organization regarding the most effective approaches to minimising harm from the use of alcohol.

Five strategic objectives are articulated in the Strategy, each underpinned by a set of guiding principles that lead to well-defined executable priority actions. The Strategy has been developed to provide clear direction to all ADF members in terms of their responsibilities and expectations for changing behaviour.

Companion documents have been developed to aid the implementation and communication of the Strategy throughout the ADF. The Strategy, supporting materials and companion documents were initiated in response to a series of reviews into aspects of Defence and ADF culture that provided the impetus for Pathway to Change: Evolving Defence Culture. As a result, all Strategy materials link closely to, and are compatible with ADF organisational values and the strategy for cultural change and reinforcement expressed through Pathway to Change.

Supporting materials include:
- the Alcohol Behaviour Expectations Statement (ABES),
- the ADF Leaders Guide to Alcohol Management, and
- the ADF Event Management Guide.

Background

The history of alcohol reform in the ADF over the last 30 years can be seen in Figure 1; this history informs the future direction as described in this Strategy.

A period of high scrutiny of alcohol related harm in the ADF led to the commissioning of a number of internal and external reviews. As such, the design and direction of the Strategy has been influenced by those reviews, an internal desire for change and contemporary prevention evidence.
## Hamilton Review

In particular, the Strategy has been informed by the Report of the Independent Advisory Panel on The Use of Alcohol in the Australian Defence Force (2011), led by Professor Margaret Hamilton, which made the following eight recommendations in relation to addressing alcohol related harm in the ADF:

1. **Policy.** Develop an overarching ADF wide alcohol policy to reflect evidence about effective practice in conjunction with the current development of the ADF Alcohol Management Strategy.

2. **Supply.** Reduce the supply and sale of highest strength alcohol products permitted to be sold or made available on ADF locations and at ADF functions.

3. **Harm reduction.** Adopt a vision and a plan for implementation of alcohol harm reduction in the working environments of Defence by requiring Commanders to assess situations in which alcohol is proposed to be used formally and informally and where specific approval would then be required for the use and access to alcohol within the ADF work location.

4. **Data.** Develop an approach to collecting and responding to alcohol related data to enhance their value in terms of managing individuals and strategic planning.

5. **Monitoring and reporting.** The Panel recommends that an audit of the available data regarding the determinants of the supply and availability of alcohol be conducted and a valid and reliable reporting system for alcohol sales be established by the ADF.

6. **Incident reporting.** Develop a whole of Defence Alcohol Incident Reporting System.

7. **Laws.** Examine the consistency and interface between Defence and State/Territory laws regarding alcohol and related law enforcement practices.

8. **Alliances and partnerships.** Assess expert input to policy and program development and implementation by forming alliances and partnerships with other organisations and individual experts on alcohol external to Defence.

Previous reviews have recognised that alcohol has long been associated with ADF culture, as a part of relaxation, socialising, celebrations, team-bonding activities and many ADF rituals and traditions. The ADF Annual Mental Health Surveillance Report and the ADF Mental Health and Wellbeing Survey provide clear evidence that a significant proportion of members consume alcohol above low-risk levels, at least on some occasions. The Hamilton Review determined that the high prevalence of risky drinking in the ADF is an important contributor to alcohol related harm which impacts negatively on our capability and reputation.

The Strategy strongly aligns the ADF’s preventative approach to alcohol related harm with existing disciplinary and treatment-based responses in order to better reflect the National Drug Strategy. A fundamental feature of this alignment is the articulation of the World Health Organization’s ‘Three Pillars’ Framework which informs all future alcohol management initiatives. The Three Pillars (see Figure 2) provide an overarching framework under which an integrated suite of supply reduction, demand reduction and harm reduction initiatives, each of equal importance and based on evidence, are to be implemented simultaneously in order to effectively minimise alcohol related harm.
STRATEGIC OBJECTIVES

Introduction

The Strategic Objectives are the catalyst for action to achieve the end state of a positive alcohol culture in the ADF where the negative impacts of alcohol use upon the health, safety, capability and reputation are significantly reduced.

Aims

The Strategy has three specific aims for the ADF to:

- enhance operational capability
- reduce personal harm
- minimise organisational costs

Strategic Objectives

These aims will be achieved through the following Strategic Objectives:

1. **Leadership:** reinforce accountability of leadership to create a positive and consistent alcohol culture;
2. **Systems, Programs, Policies and Protocols:** enable ADF members to modify their use and management of alcohol through evidence-based systems, programs, policies and protocols;
3. **Knowledge, Skills and Resourcing:** build capacity through knowledge, skills and resourcing to enable everyone to share the responsibility for maintaining a positive alcohol culture;
4. **Evaluation and Continuous Improvement:** continuously improve the ADF alcohol culture through monitoring, feedback and data management; and
5. **Partnerships:** build partnerships with internal and external communities through effective communication.

Priority Actions

The Strategic Objectives are underpinned by our guiding principles for cultural change and lead to defined executable tasks across the spectrum of harm minimisation, as articulated in the Three Pillars Framework. The Priority Actions provide clear direction to all ADF members in terms of their responsibilities and expectations for changing behaviour.

Guiding Principles

The Strategy is underpinned by the following guiding principles which reflect the ADF’s organisational values and vision for cultural change:

- the Strategy will be consistently applied and supported throughout the ADF;
- the ADF will demonstrate leadership regarding the responsible use, management and response to alcohol use across all levels of our organisation;
- the Strategy will operationalise alcohol culture change with the use of the Three Pillars Framework – an integrated supply, demand and harm reduction approach to responsible alcohol management;
- the Strategy will drive the ADF’s stepped care approach to alcohol management by reinforcing our focus on directed prevention, early intervention and best practice treatment and support;
- the ADF will form strategic partnerships and work with industry and community experts in order to align the direction of the Strategy with established frameworks and best practice guidelines; and
- the ADF will instigate regular monitoring, evaluation and research activities in order to achieve continuous improvement.

Figure 2: Three Pillars Framework

- **Supply Reduction:** Strategies and actions which control, manage and/or regulate the availability of alcohol in a community, e.g.:
  - Managing the affordability of alcohol
  - Managing the availability of alcohol
  - Standardising alcohol pricing through the ADF Bar Operating Model
- **Demand Reduction:** Strategies and actions which prevent the uptake and/or delay the onset of use of alcohol and/or reduce the hazardous and harmful use of alcohol in a community, e.g.:
  - Managing the promotion of alcohol
  - Health promotion, awareness, literacy and education
- **Harm Reduction:** Strategies and actions that primarily reduce the adverse health, social and economic consequences of the use of alcohol and support people to recover from dependence and reintegrate with the community, e.g.:
  - Promotion and use of drink-driving countermeasures
  - Strengthening and standardising stepped care intervention in line with evidence-based best practice guidelines
  - Modifying the drinking context
Strategic Objective 1: Leadership

Reinforce accountability of leadership to create a positive and consistent alcohol culture.

Leadership throughout the ADF will be held accountable for providing visible, consistent and authentic direction and support for this Strategy and accompanying change in practice.

Priority Actions

Priority Action One
Assign accountability to Services, Groups and individuals for implementation of this Strategy.

Accountability for the Strategy is vested primarily with the CDF and the Service Chiefs.

Defence senior leadership will champion change and deliver consistent and appropriate messages aimed at reinforcing a positive alcohol culture.

The accountability of the single Services and Groups is articulated in their respective Action and Implementation Plans.

The appropriate technical authorities for Groups and Services will develop a program of routine review and auditing to assess performance and measure alignment, based on the Action and Implementation Plans.

Priority Action Two
Provide a supportive framework for leaders to role model appropriate behaviours, and reinforce expectations regarding alcohol availability, consumption, related behaviours, identification of and response to alcohol related harms.

The revision of the ADF Alcohol Policy DI(G) PERS 15-1 will provide the broad supportive framework.

The ADF Alcohol Behaviour Expectations Statement and the ADF Leaders Guide to Alcohol Management will be used to provide direction for leaders to role model appropriate behaviours and reinforce expectations.

The ADF will provide and regularly reinforce explicit support for behaviours consistent with the ADF Leaders Guide through routine communications and through emerging policies and programs. The achievement of a supportive framework for leaders will be determined as part of the evaluation process for the Leaders Guide.

Priority Action Three
Incorporate supply, demand and harm reduction considerations into all alcohol management decisions.

The revision of the ADF Alcohol Policy DI(G) PERS 15-1 will incorporate the Three Pillars Framework. Decision-making regarding management of alcohol including availability and access, risk reduction initiatives, response to incidents, prevention and treatment, must consider an integrated approach incorporating the Three Pillars Framework.

Incorporation of supply, demand and harm reduction considerations in all alcohol management decisions is to be included when measuring performance against the Strategy and auditing accountability.

Outcomes

- Defence is recognised by the broader community as a leader in alcohol harm prevention.
- Accountability for all aspects of this Strategy is clearly defined.
- A program of routine reviews and auditing is developed to assess performance and measure alignment with this Strategy.
- Review and auditing is conducted on an annual basis.
- Demonstrated leadership in creating a positive alcohol culture.
- Action has been taken to address recommendations one and three of the Hamilton Review.
Strategic Objective 2: Systems, Programs, Policies and Protocols

Enable ADF members to modify use and management of alcohol through evidence based systems, programs, policies and protocols.

ADF systems, programs, policies and protocols will be informed by the Three Pillars Framework to ensure a suite of integrated supply, demand and harm reduction activities are in place to influence culture change and facilitate positive action by ADF members.

Priority Actions

Priority Action Four
The ADF will take a proactive approach to the prevention of alcohol related harm.

The ADF will increase investment in a preventative approach by a range of initiatives aimed at:

- Regulating the physical availability of alcohol through reducing bar operating hours
- Shaping the drinking environment to encourage responsible consumption of alcohol
- Aligning pricing structures to community standards
- Creating pricing differentials between high strength, low strength and non-alcoholic drinks aimed at encouraging low risk alcohol consumption
- Promotion and use of drink driving countermeasures
- Increasing alcohol awareness and literacy

Priority Action Five
Align supply and service of alcohol with State and Territory liquor licensing laws.

Responsible Service of Alcohol (RSA) will be guided by State and Territory liquor licensing legislation which provides a consistent, best practice and robust regulatory regime for the provision of, and access to, alcohol in the ADF.

Priority Action Six
Create and communicate expectations through relevant and unambiguous policies and procedures.

The ADF commitment to preventing and minimising alcohol related harm will be clearly and unambiguously communicated through all alcohol related policies and procedures to continuously reinforce messages about behavioural and cultural change expectations. Messages regarding expectations will commence at first contact with the ADF (i.e. recruitment, ab initio training) and continue throughout the duration of a member’s service.

Priority Action Seven
Develop, strengthen and standardise best practice service delivery models for prevention, early intervention and treatment.

A stepped care approach to interventions will be introduced to provide greater efficiency in the management of available ADF treatment resources, and allow flexibility to incorporate new evidence directly into practice as it becomes available.

The approach will be aimed at more effective screening and brief intervention and the identification and appropriate response to incidents, as well as self help initiatives.

All service delivery models in the ADF will be evaluated on a regular basis and must demonstrate effective outcomes.

Priority Action Eight
Review everyday drinking contexts with a focus on modifying alcohol related rituals and traditions to reduce risky drinking.

Through the ADF Event Management Guide, action will be taken to modify the context for risky alcohol consumption and to monitor service, consumption and intoxication in environments where alcohol is available.

Commanders, managers and other ADF leaders are held accountable for enforcement of standards of behaviour relating to alcohol service, consumption and intoxication.

Priority Action Nine
Place restrictions on advertising and promotion of alcohol.

All alcohol marketing or promotional material will be removed from ADF premises, including those premises involved in the sale or distribution of alcohol.
Outcomes

- Provision of, and access to alcohol throughout the ADF is consistent with the regulatory regime of State and Territory liquor licensing laws.
- There is a system of routine and regular communication to all ADF members regarding alcohol behaviour and cultural change expectations, reinforced through policies and procedures.
- Existing policy, programs and practices have been reviewed for consistency with best practice models and contemporary evidence supporting effectiveness and an independent evaluation program is established.
- Command and health interventions occur within a stepped care model and administrative actions are also reviewed to align with the Strategy.
- All service of alcohol is in accordance with RSA and the Event Management Guide.
- There is no alcohol marketing or promotional material in the ADF workplace.
- There is no material promoting risky use of alcohol in any ADF premises.
- The ADF Bar Operating Model has been implemented in accordance with the Hamilton Review recommendations.
- Action has been taken to address recommendations one, two and seven of the Hamilton Review.

Strategic Objective 3: Knowledge, Skills and Resourcing

**Build capacity through knowledge, skills and resourcing to enable everyone to share the responsibility for maintaining a positive alcohol culture.**

Creating and maintaining a positive alcohol culture requires an understanding of the rationale for change, development of skills and confidence to apply the changes, and allocation of adequate resources to allow the changes to occur.

**Priority Actions**

**Priority Action Ten**

Provide consistent, comprehensive, coordinated and customised evidence based education and training.

Alcohol education and training materials and activities throughout the ADF will be reviewed and amended to ensure consistency with the Strategy.

Alcohol education and training materials and activities throughout the ADF will be comprehensive, well-coordinated, appropriately customised and evidence-based. Education and training will include attention to alcohol availability, alcohol consumption, and identification of and response to alcohol related harm.

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**Priority Action Eleven**

Determine and realign resources to enable an efficient and effective approach for cultural change.

Determination, allocation, or reallocation of adequate resources (financial, human, physical) will occur to enable implementation of this Strategy. Resources will be appropriately targeted to the majority of ADF members drinking at risky to high risk levels. Resourcing issues will be regularly reviewed to ensure ongoing adequacy.

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**Priority Action Twelve**

Strengthen role expectations and support for leaders to enact this Strategy.

The responsibility of all ADF members to actively contribute to preventing and minimising alcohol related harm will be clearly defined through policy, program and practice.

Regular communications will reinforce the role legitimacy of all leaders and members in achieving the objectives of this Strategy.

The confidence of ADF members, leaders and health professionals to implement this Strategy will be developed through provision of training activities, supporting materials, companion documents and programs that recognise good practice.
Outcomes

- Alcohol education and training materials and activities throughout the ADF have been reviewed and, where necessary, amended to ensure consistency with this Strategy.
- Alcohol education and training materials and activities provide comprehensive coverage and content, a coordinated approach, suitable level of customisation, and adherence to the evidence base.
- Implementation of this Strategy is sufficiently resourced and Priority Actions are progressing.
- Regular communications are circulated to reinforce the role of every ADF member in enacting this Strategy.
- ADF members, leaders and health professionals are adequately supported to build and maintain confidence in enacting this Strategy.
- Action has been taken to address recommendation three of the Hamilton Review.

Strategic Objective 4: Evaluation and Continuous Improvement

Continuously improve the Defence alcohol culture through monitoring, feedback and data management.

Measurement of performance against agreed benchmarks aids identification of areas requiring additional attention or resourcing and also areas of exceptional achievement that may serve as models of practice. Continuous improvement is achieved through regular and systematic examination of the culture and prompt action to address areas of inadequate performance.

Priority Actions

Priority Action Thirteen
Gather data to scrutinise current performance and inform future direction on supply, demand and harm.

A mandatory system of ADF-wide data collection, analysis and reporting will be developed to allow performance against this Strategy to be accurately measured and to identify risk situations and responses. The accountability and governance will be regulated through the adoption of evidence based Action and Implementation Plans.
Performance indicators will be developed regarding alcohol availability, education and training, and response to alcohol related harms and incidents.
Performance at individual and organisational level will be monitored. Data will be used to inform ongoing policy and program delivery contributing to a positive alcohol culture in the ADF.

Priority Action Fourteen
Evaluate the implementation and impact of the Strategy.

Develop an overall evaluation plan for the Strategy under the Three Pillars of supply, demand and harm reduction, utilising the Implementation Framework.
Evaluate all prevention, early intervention and treatment initiatives in the ADF against agreed benchmarks on an annual basis. Evaluation findings will be used to enhance the performance of initiatives.
Evaluate the reach and impact of all ADFAMS products.

Priority Action Fifteen
Maintain currency of alcohol management initiatives by ensuring emerging evidence is incorporated into practice on a routine basis.

A system of regular review of relevant emerging evidence on alcohol harm minimisation initiatives will be introduced. A program of communicating important emerging evidence to appropriate individuals and Groups within the ADF will be developed and implemented.
Individuals and Groups with responsibility for the content and delivery of alcohol management will routinely review initiatives to ensure relevant emerging evidence is incorporated.
Outcomes

- A mandatory system of data collection, analysis and reporting that allows accurate performance measurement is in place throughout the ADF, monitoring individual and organisational issues and informing future actions.
- An aligned governance structure is reflected in the ADF, single Service and Group Action and Implementation Plans.
- Prevention, early intervention and treatment initiatives have been evaluated annually for process and impact, and the results of the evaluations reported.
- Process and impact evaluation results have been used to improve performance of initiatives.
- Relevant emerging evidence on alcohol harm minimisation initiatives is regularly reviewed and communicated.
- Initiatives are routinely reviewed to ensure relevant emerging evidence is incorporated.
- Action has been taken to address recommendations four, five and six of the Hamilton Review.

Strategic Objective 5: Partnerships

Build partnerships with internal and external communities through effective communication.

Capacity to achieve cultural change is strengthened through the establishment of strategic partnerships with internal and external communities, and alliances that draw on expertise relating to innovation, monitoring and evaluation of alcohol policy and practice.

Priority Actions

Priority Action Sixteen

Build and strengthen partnerships across the ADF, and with external professional bodies and local communities to support the integration of all alcohol related initiatives.

The ADF will engage with key strategic partners to enhance understanding of alcohol issues and aid the development and implementation of initiatives. Current strategic partnerships will be enhanced and new alliances will be established to contribute to the ADF’s efforts in alcohol harm minimisation.

The ADF will engage with local communities in aligning practices and developing a strong evidence based response to minimising alcohol related harm.

Priority Action Seventeen

Use a range of communications opportunities to demonstrate a shared understanding across the ADF to develop a positive alcohol culture.

The ADF will develop and implement a communications plan to reinforce the partnership approach to positive culture change and enhance understanding amongst all partners regarding shared contribution to successful Strategy implementation.

Priority Action Eighteen

Use new technologies to design and implement communication campaigns directed at all ADF members as well as high risk groups and situations.

As new evidence emerges supporting the effectiveness of new technologies as vehicles for alcohol harm minimisation, the ADF will design and implement communication messages that make best use of those technologies.

The ADF will collaborate with the Department of Veterans’ Affairs in the development of new technologies and approaches.
Outcomes

- Members are encouraged and supported to engage in community initiatives relating to alcohol harm minimisation, and a program of ADF organisational participation has been developed and promoted.
- Opportunities for strategic partnerships have been pursued and partnerships established.
- Broad communications activity is occurring that reinforces the partnership approach to culture change.
- ADF alcohol harm reduction campaigns are routinely reassessed to take advantage of new technologies as vehicles for communications.
- Action has been taken to address recommendation eight of the Hamilton Review.

IMPLEMENTATION, GOVERNANCE AND PARTNERSHIPS

Effecting change in the ADF through this Strategy will require commitment and resources to support the implementation of the initiatives. Comprehensive Action and Implementation Plans will be supported by clear leadership accountability, alignment of systems, practices and skills, relevant strategic partnerships, service delivery models and a governance structure which provides advice and facilitates the development of these Plans.

Implementation Framework

Behavioural and organisational evidence suggests that the effective adoption of change requires a multi-strategic implementation approach that addresses a number of elements. Such elements are broadly summarised in Figure 3 and form the basis for the Implementation Framework. Each of these elements is equally important and all need to be addressed to achieve the desired change of alcohol culture in the ADF.

- **Leadership (Direction):**
  Visible and consistent direction and support by the ADF’s Leadership for this Strategy. Direction and support is of benefit if provided by leaders, and supported by governance/accountability structures (e.g. individual communication, both verbal and written; establishment of or inclusion in committees and position descriptions).

- **Systems, Programs, Policies and Protocols (Enablers):**
  Systems, programs and operating procedures that facilitate the adoption of a required change in practice (e.g. standard operating procedures or protocols, data collection systems, forms or templates, business planning and reporting including performance indicators, specific programs).

- **Knowledge and Skills (Individual capability):**
  Understanding of the rationale for change, of the required changes in practice, and the skills and confidence to adopt them (e.g. entry training, ongoing professional development, mandatory training, coaching).

- **Monitoring and Feedback (Reinforcement):**
  Regular visible reporting of performance against agreed performance benchmarks (e.g. organisational and individual performance review, annual reports).

- **Communications:**
  Action and Implementation Plans are supported by a communications strategy.

- **Resources:**
  Allocation of defined resources, both financial and human, over a period of time to deliver the above implementation strategies.

Figure 3: Implementation Framework
Strategy Implementation

While the Strategy is a whole of ADF responsibility, it is acknowledged that each of the single Services will have unique environments to consider in implementation. Given this, the single Services are responsible for ensuring alignment between the Strategy and implementation planning.

Governance

The governance model in Figure 4 demonstrates the holistic approach required to successfully implement the Strategy. It identifies systems, practices and cultural principles that will exert influence over the successful implementation of the Strategy.

At its core, the governance model relies upon the evidence base developed during ADFAMS Stage 1 and the Hamilton Review as the foundation upon which the initiatives and partnerships for implementation gain their direction and fidelity.

From this core, the six elements for successful implementation of the Strategy are derived: leadership; systems, programs, policies and protocols; knowledge and skills; resources; communication; and monitoring and feedback. These act as the mechanisms through which the key Strategy stakeholders will achieve alcohol cultural change.

The next layer of the model identifies the key stakeholders as the Chief of the Defence Force (CDF) and the Secretary of Defence (SEC), the single Services, Joint Health Command (JHC), Defence People Group (DPG) and Defence Support and Reform Group (DSRG). Engagement with the local community is also critical in aligning practices and developing a strong evidence based response to minimising alcohol related harm.

Strategic Partnerships

To achieve the ongoing commitments of leadership and accountability, all elements of governance will be represented at the ADF Alcohol Management Strategy (ADFAMS) Steering Group. As identified by the governance model, there are a range of stakeholders in Defence that have accountability and a key role to play in the implementation of the Strategy. The ADFAMS Steering Group provides the mechanism to track, inform and determine the progress and end state of the Strategy implementation. Strategic alliances that support this process include participation in and reporting to the Mental Health Advisory Group, the Cultural Reform Steering Committee and Defence Links Steering Committee (DLSC).

Figure 4: Governing Cultural Change
ADF ACTION PLAN FOR ADFAMS 2014-2017

The Australian Defence Force Alcohol Management Strategy Action Plan 2014-2017 provides the planning framework, actions, governance and accountability required to meet the strategic objectives and implement the priority actions set out in the Strategy.

The Action Plan aims to operationalise the strategic intent of reducing alcohol related harm in the ADF, through the three broad goals of enhancing operational capability, reducing personal harm and minimising organisational costs.

The Action Plan outlines how the ADFAMS products will be adapted to Defence to ensure effective implementation and appropriate alcohol management.

The project status of the Action Plan will be monitored, reviewed and reported to the ADFAMS Working Group, led by the Director, Defence Mental Health Clinical Standards & Practice (DMHCSP).

The project status of the Action Plan will be monitored, reviewed and reported to the ADFAMS Working Group, led by the Director DMHCSP, with subsequent reporting up to the ADFAMS Steering Group, led by the Director General MHPR and the Office of the Commander of Joint Health Command (OCJHLTH). Higher level oversight of the ADFAMS Strategy and Action Plan will be through the Cultural Reform Steering Committee, as part of reporting against the Hamilton Review recommendations.

The Strategy and the ADF Action Plan are supported by four subsequent action plans developed by Joint Health Command, Navy, Army and Air Force. The ADF Action Plan has shared responsibilities across Defence, while the Joint Health Command and single Service Action Plans contain actions and responsibilities specific to those Groups and Services.

The ADF Action Plan is underpinned by the following guiding principles which reflect our organisational values and broader vision for cultural reform:

- ADFAMS will be consistently applied and supported throughout the ADF;
- the ADF will demonstrate leadership regarding the responsible use, management and response to alcohol use across all levels of our organisation;
- ADFAMS will operationalise alcohol culture change with the use of the Three Pillars Framework – an integrated supply, demand and harm reduction approach to responsible alcohol management;
- ADFAMS will support the ADF’s stepped care approach to alcohol management by reinforcing our focus on directed prevention, early intervention and best practice treatment and support;
- the ADF will form strategic partnerships and work with industry and community experts in order to align the direction of ADFAMS with established frameworks and best practice guidelines; and
- the ADF will instigate regular monitoring, evaluation and research activities in order to achieve continuous improvement.

Desired outcomes

- Defence is recognised by the broader community as a leader in alcohol harm prevention.
- Accountability for all aspects of the Strategy is clearly defined.
- A program of routine reviews and auditing is developed to assess performance and measure alignment with this Strategy.
- Review and auditing is conducted on an annual basis.
- Demonstrated leadership in creating a positive alcohol culture.
- Action has been taken to address recommendations one and three of the Hamilton Review.

### Priorities Action Plans and ADFAMS

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Assign accountability to Services, Groups and individuals for implementation of this Strategy</td>
<td>Secretary and Chief of the Defence Force (CDF), Chief of Army, Chief of Navy and Chief of Air Force</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2.</td>
<td>The revision of the ADF Alcohol Policy will provide the broad supportive framework.</td>
<td>Defence People Group (DPG) through the revision of DISG 15-1</td>
<td>By end of Q3 2014</td>
</tr>
<tr>
<td>3.</td>
<td>The ADF Alcohol Behaviour Expectations Statement and the ADF Leaders’ Guide to Alcohol Management will be used to provide direction for leaders to role model appropriate behaviours and reinforce expectations.</td>
<td>CDF and Service Chiefs</td>
<td>Ongoing</td>
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</table>

ADFAMS ACTION PLAN

Strategic Objective 1 – Leadership

Reinforce accountability of leadership to create a positive and consistent alcohol culture

<table>
<thead>
<tr>
<th>Priorities</th>
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<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>CDF and the Service Chiefs are to have primary accountability for the Strategy.</td>
<td>The Defence Senior Leadership Group incorporating CDF, VCDF, Service Chiefs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.2</td>
<td>The single Services and Groups will articulate their accountability for the Strategy in their respective Action and Implementation Plans.</td>
<td>Service Chiefs &amp; Commander Joint Health Command (JHC) through the ADFAMS Action Plans and implementation</td>
<td>End of Q3 2014</td>
</tr>
<tr>
<td>1.3</td>
<td>Defence senior leadership will champion change and deliver consistent and appropriate messages aimed at reinforcing a positive alcohol culture.</td>
<td>The Defence Senior Leadership Group incorporating CDF, VCDF, Service Chiefs</td>
<td>Ongoing</td>
</tr>
<tr>
<td>1.4</td>
<td>The appropriate technical authorities for Groups and Services will develop a program of routine review and auditing to assess performance and measure alignment in the implementation of the Strategy.</td>
<td>JHC - Mental Health, Psychology &amp; Rehabilitation (MHPR) Branch</td>
<td>End of Q4 2014</td>
</tr>
</tbody>
</table>

Success factors

- Demonstrated leadership in creating a positive alcohol culture.
- Actions taken to address recommendations one and three of the Hamilton Review.

The project status of the Action Plan will be monitored, reviewed and reported to the ADFAMS Working Group, led by the Director DMHCSP, with subsequent reporting up to the ADFAMS Steering Group, led by the Director General MHPR and the Office of the Commander of Joint Health Command (OCJHLTH). Higher level oversight of the ADFAMS Strategy and Action Plan will be through the Cultural Reform Steering Committee, as part of reporting against the Hamilton Review recommendations.

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The ADF Action Plan is underpinned by the following guiding principles which reflect our organisational values and broader vision for cultural reform:

- ADFAMS will be consistently applied and supported throughout the ADF;
- the ADF will demonstrate leadership regarding the responsible use, management and response to alcohol use across all levels of our organisation;
- ADFAMS will operationalise alcohol culture change with the use of the Three Pillars Framework – an integrated supply, demand and harm reduction approach to responsible alcohol management;
- ADFAMS will support the ADF’s stepped care approach to alcohol management by reinforcing our focus on directed prevention, early intervention and best practice treatment and support;
- the ADF will form strategic partnerships and work with industry and community experts in order to align the direction of ADFAMS with established frameworks and best practice guidelines; and
- the ADF will instigate regular monitoring, evaluation and research activities in order to achieve continuous improvement.

Desired outcomes

- Defence is recognised by the broader community as a leader in alcohol harm prevention.
- Accountability for all aspects of the Strategy is clearly defined.
- A program of routine reviews and auditing is developed to assess performance and measure alignment with this Strategy.
- Review and auditing is conducted on an annual basis.
- Demonstrated leadership in creating a positive alcohol culture.
- Action has been taken to address recommendations one and three of the Hamilton Review.
3. Incorporate supply, demand and harm reduction considerations into all alcohol management decisions

3.1 The revision of the ADF Alcohol Policy will incorporate the Three Pillars Framework.

<table>
<thead>
<tr>
<th>Priorities</th>
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</thead>
<tbody>
<tr>
<td>Strategic Objective 2 – Systems, Programs, Policies and Protocols</td>
<td>Enable ADF members to modify use and management of alcohol through evidence based systems, programs, policies and protocols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desired outcomes</td>
<td>Provision of, and access to alcohol throughout the ADF is consistent with State and Territory liquor licensing laws.</td>
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<tr>
<td></td>
<td>Communication to ADF members regarding alcohol behaviour and cultural change expectations.</td>
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<td></td>
<td>Existing policy, programs and practices have been reviewed for consistency with best practice models.</td>
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<tr>
<td></td>
<td>Independent evaluation program is established.</td>
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<td></td>
<td>Command and health interventions occur within a stepped care model.</td>
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<td></td>
<td>All service of alcohol is in accordance with RSA and the Event Management Guide.</td>
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<td></td>
<td>No alcohol marketing or promotional material in the ADF workplace.</td>
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<td></td>
<td>The ADF-wide Bar Operating Model has been implemented.</td>
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<td></td>
<td>Action has been taken to address recommendations one, two and seven of the Hamilton Review</td>
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</table>

4. The ADF will take a proactive approach to the prevention of alcohol related harm

4.1 Regulate the supply of alcohol by reducing bar operating hours, standardising pricing and promoting low strength alcohol.

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<thead>
<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td>DIPG: Implementing ADF Bar Operating Model</td>
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<td></td>
<td>By end of Q4 2014</td>
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</table>

4.2 Encouraging safe and responsible use of alcohol and assessing all situations involving alcohol using the Leaders Guide and the Event Management Guide.

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<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td>All leaders in single Services</td>
<td></td>
<td>Ongoing</td>
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</table>

4.3 Increase alcohol awareness and literacy by developing a primary and secondary prevention approach adapting and promoting The Right Mix – Your Health and Alcohol and self-help initiatives in the ADF.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td>JHC – MHPR: Alcohol, Tobacco and Other Drugs (ATODS) Program</td>
<td></td>
<td>By end of Q2 2014</td>
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</table>

4.4 Promote drink driving countermeasures by promoting awareness and responding to incidents through targeted intervention.

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<tr>
<th>Priorities</th>
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<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td></td>
<td>JHC - MHPR, develop resources, education and treatment programs</td>
<td></td>
<td>By end Q4 2014</td>
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<tr>
<td></td>
<td>JHC - Garrison Health Operations (GHO) conduct group and individual drink driving programs</td>
<td></td>
<td>2014 – 2017</td>
</tr>
</tbody>
</table>

5. Align supply and service of alcohol with State and Territory liquor licensing laws

5.1 Align Responsible Service of Alcohol (RSA) with State and Territory liquor licensing legislation, ensuring consistent and best practice provision of, and access to, alcohol in the ADF.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>DIPG: Implementing Bar Operating Model and Event Management Guide</td>
<td></td>
<td>By end Q4 2014</td>
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<tr>
<td></td>
<td>Single Service: Utilising Event Management Guide</td>
<td></td>
<td>By end Q2 2014</td>
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</tbody>
</table>
### Strategic Objective 3 - Knowledge, Skills and Resourcing

Build capacity through knowledge, skills and resourcing to enable everyone to share the responsibility for maintaining a positive alcohol culture

**Desired outcomes**
- Alcohol education and training materials and activities throughout the ADF have been reviewed to ensure consistency with the Strategy.
- Alcohol education and training materials and activities are comprehensive, coordinated and adhere to the evidence base.
- Implementation of this Strategy is sufficiently resourced and Priority Actions are progressing.
- Regular communications reinforce the role of every ADF member in enacting this Strategy.
- ADF members, leaders and health professionals are adequately supported to build and maintain confidence in enacting this Strategy.
- Action has been taken to address recommendation three of the Hamilton Review.

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Action Items</th>
<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>10. Provide consistent, comprehensive, coordinated and customised evidence based education and training</td>
<td>10.1 Alcohol education and training materials and activities throughout the ADF will be reviewed and amended to ensure consistency with the Strategy. By end of Q2 2014</td>
<td>JHC – M-HPR &amp; GHO Single Services</td>
<td>By end of Q2 2014</td>
</tr>
<tr>
<td></td>
<td>10.2 Alcohol education and training materials and activities throughout the ADF will be comprehensive, well-coordinated, appropriately customised and evidence-based. Ongoing – review by end of 2017</td>
<td>JHC – M-HPR &amp; GHO Single Services</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td>11. Determine and realign resources to enable an efficient and effective approach for cultural change</td>
<td>11.1 Determination, allocation, or reallocation of adequate resources (financial, human, physical) will occur to enable implementation of the Strategy. Ongoing – review by end of 2017</td>
<td>SEC/CDF Service Chiefs, All Groups – VCCF, DPG, DSRG</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td></td>
<td>11.2 Resourcing issues will be regularly reviewed to ensure ongoing adequacy. Ongoing – review by end of 2017</td>
<td>SEC/CDF Service Chiefs, VCCF - Commander JHC</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td></td>
<td>11.3 Develop a capability to facilitate internal and external partnerships to enhance the content and implementation of initiatives. Ongoing – review by end of 2017</td>
<td>SEC/CDF Service Chiefs JHC – M-HPR Branch</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td>12. Strengthen role expectations and support for leaders to enact this Strategy</td>
<td>12.1 Policies, programs and practices will clearly define the responsibility of all ADF members to contribute to preventing and minimising alcohol related harm. Ongoing – review by end of 2017</td>
<td>Single Services through Action Plans &amp; implementation of ABES &amp; Leaders guide DPG: revision of all alcohol related policies DSRG: revision of all alcohol related policies JHC: revision of all alcohol related policies</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td></td>
<td>12.2 Regular communications will reinforce the role of all leaders and members in achieving the objectives of the Strategy. Ongoing – review by end of 2017</td>
<td>SEC/CDF Service Chiefs JHC</td>
<td>Ongoing – review by end of 2017</td>
</tr>
<tr>
<td></td>
<td>12.3 Training activities, supporting materials, companion documents and programs will ensure ADF members, leaders and health professionals will be confident to implement the Strategy. Ongoing – review by end of 2017</td>
<td>Service Chiefs JHC</td>
<td>Ongoing – review by end of 2017</td>
</tr>
</tbody>
</table>
Strategic Objective 4 - Evaluation and Continuous Improvement

Continuously improve the Defence alcohol culture through monitoring, feedback and data management

Desired outcomes
- A system of data collection, analysis and reporting that allows performance measurement is in place, monitoring individual and organisational issues and informing future actions.
- An aligned governance structure is reflected in the ADF, single Service and Group Action and Implementation Plans.
- Prevention, early intervention and treatment initiatives have been evaluated and reported annually.
- Process and impact evaluation results have been used to improve performance of initiatives.
- Relevant evidence on alcohol harm minimisation initiatives is regularly reviewed and communicated.
- Initiatives are routinely reviewed to ensure relevant emerging evidence is incorporated.
- Action has been taken to address recommendations four, five and six of the Hamilton Review.

<table>
<thead>
<tr>
<th>Priorities</th>
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<th>Timeframe</th>
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<tbody>
<tr>
<td>13. Gather data to scrutinise current performance and inform future direction on supply, demand and harm reduction</td>
<td>13.1 A system of ADF-wide data collection, analysis and reporting will be developed to allow measurement of performance and identify risk situations and responses. Single Services: standardised approach to recording and responding to alcohol related incidents DSRG: collection of all alcohol sales data DPIG: include alcohol related data in routine ADF surveys JHC: revise all health related data collection and development centralised data warehouse</td>
<td>Implement by end of Q4 2014 By end of Q2 2014 By 2015 By 2015</td>
<td></td>
</tr>
<tr>
<td>13.2 Accountability and governance will be regulated through evidence based Action and Implementation Plans.</td>
<td>JHC: maintain ADFAMS governance structure Single Services: through Action Plans</td>
<td>Ongoing – review by end of 2017</td>
<td></td>
</tr>
<tr>
<td>13.3 Performance Indicators will be developed regarding alcohol availability, education and training, and response to alcohol related harms and incidents.</td>
<td>DSRG JHC Single Services</td>
<td>Implement by end of Q4 2014</td>
<td></td>
</tr>
<tr>
<td>13.4 Performance at individual and organisational level will be monitored. Data will be used to inform policy and program delivery contributing to a positive alcohol culture in the ADF.</td>
<td>Single Services JHC</td>
<td>Ongoing – review by end of 2017</td>
<td></td>
</tr>
<tr>
<td>14. Evaluate the implementation and impact of the Strategy</td>
<td>14.1 Develop an overall Evaluation Plan for the Strategy with regular reviews to enhance the performance of initiatives. JHC - MHPR</td>
<td>By end of Q2 2014</td>
<td></td>
</tr>
<tr>
<td>14.2 Evaluation of prevention, early intervention and treatment initiatives in the ADF will be conducted and reported against agreed benchmarks annually.</td>
<td>DSRG Service Chiefs DPIG</td>
<td>Ongoing – review by end of 2017</td>
<td></td>
</tr>
<tr>
<td>14.3 Utilising the Communication Plan and the Evaluation and Continuous Improvement Plan to evaluate the reach and impact of ADFAMS products such as ABES, Leaders Guide and Event Management Guide.</td>
<td>JHC and single Services through Action Plans</td>
<td>Annually 2014 - 2017</td>
<td></td>
</tr>
<tr>
<td>15. Maintain currency of alcohol management initiatives by ensuring emerging evidence is incorporated into practice on a routine basis</td>
<td>15.1 Regular review of emerging evidence on alcohol harm minimisation initiatives will be introduced and communication of this evidence will be developed and implemented. JHC - MHPR</td>
<td>Ongoing – review by end of 2017</td>
<td></td>
</tr>
<tr>
<td>15.2 Individuals and Groups with responsibility for the content and delivery of alcohol management initiatives will review initiatives to ensure relevant emerging evidence is incorporated. Service Chiefs JHC – MHPR ATODS</td>
<td>Ongoing – review by end of 2017</td>
<td></td>
<td></td>
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</table>
Strategic Objective 5 - Partnerships

Build partnerships with internal and external communities through effective communication

Desired outcomes

- ADF members are encouraged to engage in community initiatives relating to alcohol harm minimisation, and a program of ADF organisational participation has been developed and promoted.
- Opportunities for strategic partnerships have been pursued and partnerships established.
- Communications activity is occurring that reinforces the partnership approach to culture change.
- ADF alcohol harm reduction campaigns are routinely reassessed to take advantage of new technologies as vehicles for communications.
- Action has been taken to address recommendation eight of the Hamilton Review.

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<tbody>
<tr>
<td>16. Build and strengthen partnerships across the ADF, and with external professional bodies and local communities to support the integration of all alcohol related initiatives</td>
<td>16.1 The ADF will develop a communication strategy that includes both internal and external stakeholders.</td>
<td>VCDF – JHC: development and implementation of ADFAMS communications strategy</td>
<td>Finalise strategy by end of Q4 2014 Implementation: ongoing and review by end of 2017</td>
</tr>
<tr>
<td></td>
<td>16.2 The ADF will engage with key strategic partners to enhance understanding of alcohol issues and aid the development and implementation of initiatives. This may include: Veterans and Veterans Families Counselling Service Department of Veterans’ Affairs Research organisations Local agencies including police, councils, liquor accords</td>
<td>JHC – MHP &amp; GHO</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>16.3 The ADF will engage with local communities to align practices and develop a strong evidence based response to minimising alcohol related harm.</td>
<td>JHC – MHP &amp; GHO</td>
<td>Ongoing</td>
</tr>
<tr>
<td>17. Use a range of communications opportunities to demonstrate a shared understanding across the ADF to develop a positive alcohol culture</td>
<td>17.1 The ADF will develop and implement a communications plan to enhance understanding amongst all partners regarding shared contribution to successful Strategy implementation.</td>
<td>VCDF – JHC: development and implementation of ADFAMS communications strategy</td>
<td>By end of Q2 2014</td>
</tr>
<tr>
<td>18. Use new technologies to design and implement communication campaigns directed at all ADF members as well as high risk groups and situations</td>
<td>18.1 The ADF will design and implement communication messages about new technologies that are proven to be effective vehicles for alcohol harm minimisation campaigns.</td>
<td>VCDF – JHC – MHP &amp; GHO</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>18.2 The ADF will collaborate with the Department of Veterans’ Affairs in the development of new technologies and approaches.</td>
<td>JHC – MHP - ATODS</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

The ADF Alcohol Management Strategy and Plan 2014-2017 will drive the creation of a positive alcohol culture that reduces the negative impact upon the health, safety, capability and reputation of the Australian Defence Force.

ADFAMS adopts a whole of organisation approach that provides innovative and contemporary methods to educate our members about responsible alcohol use; models and pathways to manage the availability and supply of alcohol with accountability; a strengthened leadership role in monitoring and responding to alcohol related incidents and a stepped care approach to the clinical service provision of treatment and support for those members who require it.

ADFAMS maintains our focus on supporting members and managing alcohol related incidents while strengthening our drive towards systemic cultural change. The ADF has a duty of care to ensure the health and well being of its serving men and women; it takes great pride in the fact that they, in turn, look out for their mates.

The ADF Alcohol Management Strategy is an important step in honouring the commitment to achieve our goal of minimising alcohol related harm.