

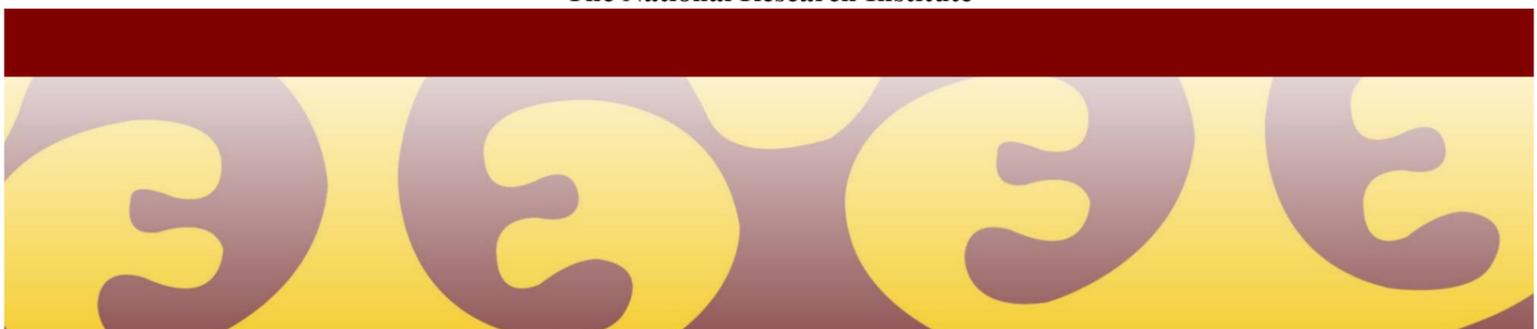
**THE NATIONAL RESEARCH INSTITUTE
PAPUA NEW GUINEA
DISCUSSION PAPER NO. 121**



ADDRESSING ALCOHOL ABUSE IN PAPUA NEW GUINEA



**NRI
The National Research Institute**



The National Research Institute

Discussion Paper No. 121



Addressing Alcohol Abuse in Papua New Guinea

by

Michael Unage

NRI
The National Research Institute

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ABSTRACT

Alcohol and substance abuse is a growing challenge for the development of Papua New Guinea. Despite having an elaborate *Liquor Licensing Act (1963)*, the compliance and enforcement of the law seems to be sagging. In cities and towns throughout the country, alcohol consumption in public places, in moving vehicles, in residential areas, is becoming uncontrollable and unbearable. While people are fearful; government authorities are grasping for answers to mitigate alcohol consumption and its harmful effects. The current public private partnership (PPP) effort in addressing alcohol abuse must be supported by all who want to see positive changes taking place in the society.

SECTION 1: CURRENT SITUATION

An education authority at the Lae Alcohol Abuse Symposium gave a summary of the apparently uncontrollable situation of alcohol abuse in the country. He stated that:

The streets are left to the thugs who are intoxicated under influence of liquor and freely roaming the public places fearlessly harassing and abusing innocent and decent general public. Streets are no longer safe, for all decent general public because all citizens are being abused at will and freely by the drunkards. As far as I am concerned the alcohol abuse is uncontrollable and beyond the ability and capacity of the government or the authorities to deal with.

The *Post-Courier*, in one of its editorials also expressed the same sentiment:

Consuming alcohol in public is now becoming so common, this illegal and antisocial behavior is found all over PNG. It is found in the city of Port Moresby, Lae and Mt. Hagen and in villages all around the country, involving educated people as well as young men. With half filled bottles and cans in their hand, drunken youths go around terrorizing school children, market vendors and motorists on our roads that the situation is becoming unbearable in many places (Post Courier, 21 June 2011, p.2).

Literature on alcohol and the recent fact finding exercise conducted by the Law and Justice Sector Secretariat on alcohol abuse revealed that there is an overwhelming concern and acknowledgement that alcohol and substance abuse was a concern of huge magnitude. This issue is complex (difficult to deal with), prevalent (the phenomenon is found everywhere), infectious (continually increasing), alluring (the behavior is appealing to many), emulative (the behavior can be easily copied), irresistible (hard to say no), destructive (results are often harmful) and costly (someone will have to pay dearly in monetary terms).

Alcohol abuse leads to public disorder, domestic violence, rape, fist fights, road accidents, deaths, medical complications, psychological problems, loss of income, creating dependency burden, and many other problems, some even unimaginable. Thus, there was a need to address this encompassing and emerging issue from a whole-of-society approach to resolve this issue.

Most of the information collected from this discussion paper is from: the literature on alcohol (Marshall, 1982 & 1999, Wari & Ketan, 1992; WHO Report, 2004), and information collected during presentations and discussions held during the national and the three regional symposiums conducted by the Law and Justice Sector Secretariat.

SECTION 2: BACKGROUND STUDIES INTO ALCOHOL AND ALCOHOL ABUSE

This section describes some of the background studies done in the area of alcohol consumption and its effects of alcohol abuse. It provides the scope for understanding what those studies say about the use and abuse of alcohol. Firstly, is the discussion of the World Health Organization (WHO) report on the global situation, followed by the particular context in PNG, concluding with the three important research reports so far on alcohol in Papua New Guinea.

WHO and the Global Situation

A World Health Organisation report (2004) estimated that two billion people worldwide were consuming alcoholic beverages and 76.3 million people were diagnosed with alcohol use disorders. The global burden related to alcohol consumption, both in terms of morbidity and mortality, is substantial in many parts of the world. WHO statistics show that globally alcohol consumption contribute to 3.2 percent of deaths (1.8 million) and 4.0 percent of the disability-adjusted life years lost (58.3 million). Overall, there are causal relationships between alcohol consumption and more than 60 different types of diseases and injuries. In addition to this, alcohol consumption is the leading risk factor for disease burden in developing countries, and the third largest risk factor in developed countries.

To lessen the burden of alcohol drinking, many countries have employed a great diversity of strategies. Alcohol policy became the measure for governments to control supply and demand, minimize alcohol-related harm and to promote public health. Concurrently there are other factors influencing consumption and harm, such as levels of production, political liberalization, marketing, and demographics, which are mostly beyond government control (*ibid.*). In short, the WHO report concluded that alcohol control measures affected alcohol consumption levels and drinking habits, which in turn fosters the negative effects on alcohol related social and health problems.

With the wealth of evidence available, WHO maintained that decisionmakers were better placed to make informed public policy choices in regard to alcohol and its harmful effects. The following basic conclusions can be drawn from a review of the WHO report:

- alcohol problems are highly correlated with per capita consumption therefore, reductions in per capita consumption leads to decreases in alcohol problems;
- the greatest amount of evidence with regard to public policy has been accumulated on the price-sensitivity of alcoholic beverage sales, suggesting that alcoholic beverage demand is responsive to price movements, so that as price increases, demand declines and vice versa;
- heavy drinkers have been shown to be affected by policy measures, including price, availability and alcohol regulation;
- alcohol policies that affect drinking patterns by limiting access and discouraging drinking under the legal purchasing age are likely to reduce the harm linked to specific drinking patterns;
- individual approaches to prevention (e.g. school-based prevention programs) suggest much smaller effect on drinking patterns and problems compared to population-based approaches that affect the drinking environment and the availability of alcoholic beverages;

- legislative interventions such as: reducing permitted blood alcohol levels for drivers, to raise the legal drinking age, and to control outlet density have been effective in lowering alcohol-related problems.

A Brief History of Alcohol in Papua New Guinea

Available historical records indicate that the people of Papua New Guinea had no knowledge of alcohol beverage before contact with Europeans in the nineteenth century. In 1901, according to Marshall (1999), stores in the mining settlements in British Papua were licensed to sell liquor to foreigners, but it appeared that little if any alcohol made its way into the hands of Papuans. The first ordinance enacted following annexation in 1888 was the *Arms, Liquor and Opium Ordinance* which was designed to keep Papuans from obtaining these commodities.

Similar conditions were obtained in German New Guinea to the north with trade in alcohol beverages banned by decree of the imperial chancellor after Germany took possession of the area in October 1884. Via a series of regulations issued in 1887 this included a prohibition on the sale of liquor to 'natives'. In both British Papua and in German New Guinea alcohol was available to whites, while access to it was controlled for 'coloured persons', for example, Chinese and Malays, and prohibited to the indigenous people (*ibid.*:116).

The 1960s was a time of change in the liquor laws for several Pacific Island colonies, and pressures grew on the Australian administration to relax the drinking law. In July 1962, a Liquor Commission was appointed to look at the matter and make suggestions to the government for amendments in the law. The recommendation was to revoke the ordinance that had maintained prohibition since the 1880s and to pass a new, comprehensive liquor law for the Territory, with transitional legislation to be enacted immediately that essentially allowed any male or female over the age of 18 years, access to alcohol (*ibid.*:118).

A new permanent ordinance legalizing alcohol consumption came into effect on 26 September 1963, and less than a decade later, in 1971, the government convened a Commission of Inquiry into Alcoholic Drink to assess alcohol impact. Following independence, the *Organic Law* of 1977 decentralized many government functions, one of which was liquor licensing, and by 1981 twelve of the nineteen provinces had passed their own liquor licensing Acts. Thus, since then there has been an increase both in the production and consumption of alcohol.

A Papua New Guinea Status Report, 1963-1990

The report to WHO and the PNG Government by Marshall (1999:123-127) stated that the country had gone over the brink in terms of the development of major alcohol-related problems. Six of these problems are sketched below; an apparent association between alcohol use and resurgent tribal fighting and related violence, the role of alcohol in domestic violence, the economic opportunity costs of expenditures on alcohol, the negative health consequences of heavy alcohol intake, alcohol related motor vehicle accidents, and the continued consumption of non-beverage alcohol.

A major means for attempting to intervene in what are perceived to be alcoholic-related problems has been the imposition of temporary liquor bans by both the national and provincial governments. While these bans do not completely prevent drinking because black

markets exist through bootlegging (illegal trafficking and smuggling), they do appear to have at least some positive preventative impact (*ibid.*:127-128).

The 1982 National Research Institute (NRI) Report

Several important studies were conducted in Papua New Guinea. One that comprehensively addresses the issue of alcohol and alcohol related problems is the monograph published by the National Research Institute (Marshall, 1982). The preparation for the monograph began with a conference on alcohol use and abuse in Papua New Guinea, which was held in March 1981 at the Administrative College Assembly Hall in Waigani.

A summary of the monograph and the observation of the drinking pattern twenty years after the deprohibition of alcohol concluded that alcohol is mainly consumed by males, seldom by females and almost never by children. Drinking was associated with times of leisure and relaxation and most drinking episodes were happy, lively occasions that do not result in physical violence. Alcohol use was concentrated in the cities and towns until quite recently, but there has been a striking 'ruralization' of drinking outlets since independence in 1975. Alcoholic beverages were now thoroughly interwoven into systems of traditional exchange in most areas of the country and giving and drinking alcohol became associated with individual and group display and competition. Being drunk provides a socially accepted excuse for much out-of-ordinary or anti-social behaviour. Purchasing and consuming alcohol — especially beer — have become widespread symbols of sophistication and modernity in contemporary PNG and this symbolism contributed towards part of the alcohol's appeal as an item of exchange (*ibid.*:12).

The research report drew the conclusion that:

In the twenty years since drinking of alcohol beverages by everyone of legal majority was allowed in PNG, a rather clear-cut national style of alcohol use has developed. This style, if continued, point in a disturbing direction. It will lead to a number of serious problems that can be predicted with assurance because they have occurred in many other parts of the world where similar drinking styles exist... Truly, PNG has embarked on a 'new road' and alcohol beverages form part of the baggage being carried on this journey; whether they will become an unacceptable weighty burden depends now on prompt government action (*ibid.*:460-461).

One of the core recommendations presented in the report was the proposal for the:

...establishment of an independent statutory body of the government, tentatively to be called the PNG Alcohol and Drug Abuse Research Centre. We recommend that this research centre be a national body for reasons of funding and efficiency. The government should set aside a fixed percentage of the excise tax derived from beer production and the duties collected on imported alcohol beverages to fund this organization.

The other recommendation, while intended to restrict the number of licensed premises suggested that provincial governments enhance their control measures by imposing stricter minimum standards of construction and facilities before granting a license. Such standards should include:

- construction of permanent materials;
- premise fenced with chain-link;
- adequate toilet facilities for men and women;
- refrigeration and electric lights;
- the selling of food as well as alcoholic beverages; and
- recreational facilities.

Another recommendation was that any programs that endeavour to deal head-on with alcohol use and abuse in Papua New Guinea should focus on the persons who are most 'at risk': young males between the ages of fifteen and thirty-five and women of all ages.

The research and publication which was published almost 30 years ago may still contain some relevant points for consideration; however, fewer similar drinking patterns and conclusions can be made for today. This discussion paper now assesses research conducted 20 years ago, which concentrated in only one region of the country.

The 1992 National Research Institute (NRI) Report

The study by Wari and Ketan (1992) in the preface states:

Violence and disorder were occurring in menacing proportions throughout PNG. The mass-media in PNG was often full of grotesque instances of brutal gang rapes, messy armed robberies, bizarre religious killings and bloody tribal fights throughout the country and in the highlands. Obviously this is having a negative impact on the country. Potential investors were scared because of PNG's tarnished overseas image. Scarce resources were being continuously diverted into sectors that enforced law and order. Social services would potentially have suffered if that trend was allowed to continue. Against this social setting, there was a general consensus that the Highlands Region experienced a higher rate of occurrences of these problems. While the national trend of violence and disorder cannot be easily explained in abstract terms, at least for the Highlands Region, it is said that high alcohol consumption is a major contributing factor.

The NRI study published under the auspicious of South Pacific Brewery and the Highlands Regional Secretariat stated in the conclusion:

As we have found, alcohol abuse is already widespread in certain parts of the Highlands Region. The situation, if unchecked, could have easily developed into a monumental problem both for the region and the nation. Thus, it is imperative that the problems identified in this study be addressed immediately — tomorrow may be too late (*ibid.*:134).

Some recommendations of that study were to:

- consider establishing a national alcohol and drug center with regional and provincial sub-centers necessary for providing research information, teaching material and policy advice to the government;
- establish an information database for each province;
- coordinate law enforcement agencies to work together for random checks at entry points;

- introduce breathalyzer legislation and purchase modern equipment to detect and measure levels of intoxication;
- strictly screen applications for liquor licenses; and
- convert liquor licensing officers to public service positions.

The 2007 Burnet Institute for Medical Research (BIMR) Study

Another study by Burnet Institute (Baldwin *et al.*, 2007) stated the following findings about the culture of intoxication:

Perhaps one of the most significant findings to emerge from the study was the strong culture of intoxication in PNG. This notion captures the cultural practice of striving for extremely altered states of consciousness when consuming intoxicants. The culture of intoxication was especially associated with the use of alcohol, homebrew and when cannabis was used in conjunction with alcohol.

The study mentioned that despite drug and alcohol issues being widely cited as a central element in the social problems currently facing PNG, little research has been done in this field. Presently, there are no formal surveillance systems in place for alcohol and drug use and their associated harms in PNG. The most recent situation assessments reported alcohol and cannabis to be the main drugs consumed in PNG (*ibid.*:6).

Anecdotal evidence and published literature suggested a strong association between drug and alcohol use and a number of harms including: violence, accidents and injuries, unwanted, unplanned or unprotected sexual activity, sexual violence and coercion, mental illness and suicide, and long term health consequences.

However, responses to alcohol and drug use in PNG remain very limited, with little PNG based research available as evidence based for intervention. Counseling for people using alcohol and drugs had been undertaken in few locations by a number of organizations. However, no systematic data collection was undertaken to determine the number of clients that received services (*ibid.*:7).

Perhaps, one of the most significant findings to have emerged from the current study is people's desire for intoxication. It was also revealed that some people combined cannabis with alcohol to increase intoxication. However, the quantitative data indicated that up to a third of drug using respondents reported using cannabis and alcohol together (*ibid.*:40).

Three significant findings of the BIMR report that need attention are that:

1. It is clear from the current research that there is a lack of appropriate policy and support at the national level to address drug and alcohol harm.
2. Alcohol use (including both legal alcohol and homebrew) tended to be less frequent, but associated with greater levels of intoxication than the use of cannabis.
3. While alcohol is related to violence it is not the only cause. Both men and women in this study reported significant exposure to violence.

The study recommended a policy reform that needed to take into account the social context of alcohol and drug use and the need to integrate health, law enforcement, and education

policies. The government needed to urgently consider either reviving the Narcotics Board and the Bureau or establish a new organization similar to the existing defunct organizations.

The second recommendation was for community and workplace harm reduction interventions to be developed and tailored to individual settings. These can include a wide range of peer education and behavioral interventions that are developed in a participatory and inclusive manner.

The final recommendation was for a scoping exercise to be undertaken to identify potential local agencies to deliver relevant information and interventions. Where possible, there should be agencies (such as faith-based organizations) that are already well established in the community and are currently used, trusted and respected by the population.

A closer examination of the three reports suggested that alcohol consumption after its prohibition has increased. The drinking pattern in the seventies and the eighties were ceremonial and joyous events, especially used in exchange. Despite these observations, warnings and recommendations were made to have control over the sale and consumption of alcohol, and the enforcement of law (to be in place) to minimize harmful effects. In the nineties, many problems have emerged as a result of alcohol abuse. But in the new millennium, the consumption of drug has also increased and this worsening situation calls for equal attention to be given. Also it is common that drug and alcohol are taken together to increase the effects of intoxication on the user.

SECTION 3: KEY ISSUES ON ALCOHOL ABUSE

Liquor Laws: Review and Enforcements

The discussion here is centered on the aspect of law, the existing liquor laws, the need for a review to these laws, if deemed necessary, and the lack of enforcement that is considered as the fundamental cause concerning the proliferation of abuse of alcohol. One would naturally ask if there is ever a law in place to regulate the production, sale and consumption of alcohol due to the increase in its abuse.

Existing Laws

So far four separate laws have been stipulated on alcohol and they are the *Liquor Licensing Act 1963*, *Liquor (Licensing) Regulation Act 1963*, *Liquor (Miscellaneous Provisions) Act 1973* and *Liquor Licensing (Trading Hours) Rules 1975*. Liquor licensing was a function that was decentralized and as a result provincial governments now have to legislate for provincial liquor laws. Also other laws, of which certain sections do relate to penalties, are the *Summary Offences Act*, *Criminal Code Act*, *Motor Traffic Act*, *Matrimonial Cause Act*, and *Firearms Act*.

Despite the fact that the *Liquor Licensing Act* and other related laws are clear on the offences and the penalties, people question why such laws have not been enforced and perpetrators were not convicted thus perpetuating the escalation of alcohol abuse.

Review and Enforcement

In the national and the regional workshops on alcohol abuse, concerns were raised as to the lack of enforcement of the laws that are currently in place. There were uncertainties as to whether any review of the current legislation and any policy development will be ineffective. Few people even commented that the liquor law as it was, looked okay. It only needed strict enforcement. A law is not a law if it was not enforced. It was unthinkable for an alcohol intoxicated driver, driving around 87 times before being caught only once, according to the statement by the Acting Prime Minister at the national symposium. Lack of enforcement was identified as a major setback in curbing alcohol abuse.

In the presentations and during the panel discussions, it became obvious that laws and regulations on alcohol needed reviewing, especially in regards to increasing the penalties for offenders. Penalties for offenders need to be increased and the suggestion to do away with the legal technicalities, such as “done under the influence of liquor” or “the impairment to proper reason or judgment” so that the perpetrators face the full might of the law. A drunkard must be held 100 percent culpable for his or her drunken behavior and actions, as some harm inflicted may be premeditated.

Policy Direction and Issues

Since the production, distribution and consumption of alcohol, an alcohol policy was non-existent. A policy design was quite imperative to deal with strategies to combat alcohol abuse with the focus areas being taxing, pricing, competition, identifying areas needing amendments in liquor laws, awareness and education, introduction of new technologies such

as breathalyzers and radar guns, structures, roles and responsibilities of the Liquor Licensing Commission, and so on. During the discussion in the symposium, it was found that the need for developing a policy was imperative.

The WHO (2004:13-62) identified 10 target areas for national action, and the policies of countries should incorporate these policy target areas, which are:

- leadership, awareness and commitments;
- health services' response;
- community action;
- drink-driving policies and counter measures;
- availability of alcohol beverages;
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol;
and
- monitoring and surveillance.

Currently, the task of formulating a national alcohol policy is understood to have been undertaken by the Department of Health. The policy is now in a draft stage and some more work needs to be done for it to be approved. The draft contains a broad policy focus area that includes:

- governance and management;
- educational awareness (promotion, marketing, advocacy, partnership, information system, research, training); and
- drink driving (law enforcement, health and safety, home brew).

The draft policy titled, 'The National Policy on Reduced Alcohol Related Harm', was spearheaded by the Department of Health, with the involvement of key stakeholders. The policy also requested the establishment of a National Reduced Alcohol Related Harm (NRARH) taskforce to oversee the NRARH policy.

High Costs to State and Society

From the sharing of information, it was evident that alcohol abuse inflicted a substantial cost to the state and society alike, of which some costs are hidden and are unquantifiable. According to Collins and Lapsley (2008), both the tangible and intangible costs of alcohol abuse in Australia between 2004-2005, was estimated at some A\$15.3 billion. In the United States in 1985, alcohol-related disorders cost the nation US\$70.3 billion, and the cost rose to US\$148 billion in 1992, and by the beginning of the millennium it rose to US\$184.6 billion. The cost to PNG is anybody's guess. However, at the symposium in Port Moresby in early 2011, the Acting Prime Minister then, Hon. Sam Abal, stated that the total cost of alcohol related damage to infrastructure, loss of lives, injuries, and compensation for accidents cost the state some K78.5 million annually.

Medical Costs

Alcohol abuse and its related problems cost societies many millions of dollars each year from the damages that result from the misuse of alcohol and health related costs. In the United States, some 20-40 percent of all general hospital beds are occupied by people who are treated for complications associated with alcohol related problems. In PNG, just 20 years ago in 1990 despite difficulties from lack of proper statistics, it was estimated that the total cost of damage from alcohol abuse was about K7.2 million with alcohol related road traffic crashes accounting for about K5.5 million. There were no estimates of medical costs. Port Moresby General Hospital estimated a K4-20 million. Furthermore, alcohol consumption is linked to more than 60 disease conditions. Prominent examples of these conditions include liver disease, different types of cancer, stroke, and trauma.

Infrastructure Costs

Infrastructure costs as a result of alcohol consumption and careless driving was very difficult to ascertain, and information provided during the symposium were not sufficient or lacked accurate data. Despite vehicles running off the road, knocking down side arm rails and power poles, there were no damage costs attached. Even the Department of Works seemed to lack dated information regarding costs to damages on infrastructure or any government utilities through vandalism by drunkards. It was recommended that more surveys be conducted and data gathered to inform the nation of infrastructural damage costs resulting from alcohol abuse.

The same applies to the lack of proper records kept by the National Capital District Commission in regards to damage costs. However, they managed to provide an annual budget for maintenance for such things as road signs, damaged posts and so on. Perhaps, one can take maintenance costs as damage costs however one cannot establish whether all these damages were being done under the influence of alcohol. The NCDC provided this budget allocation for maintenance costs.

Drink Driving

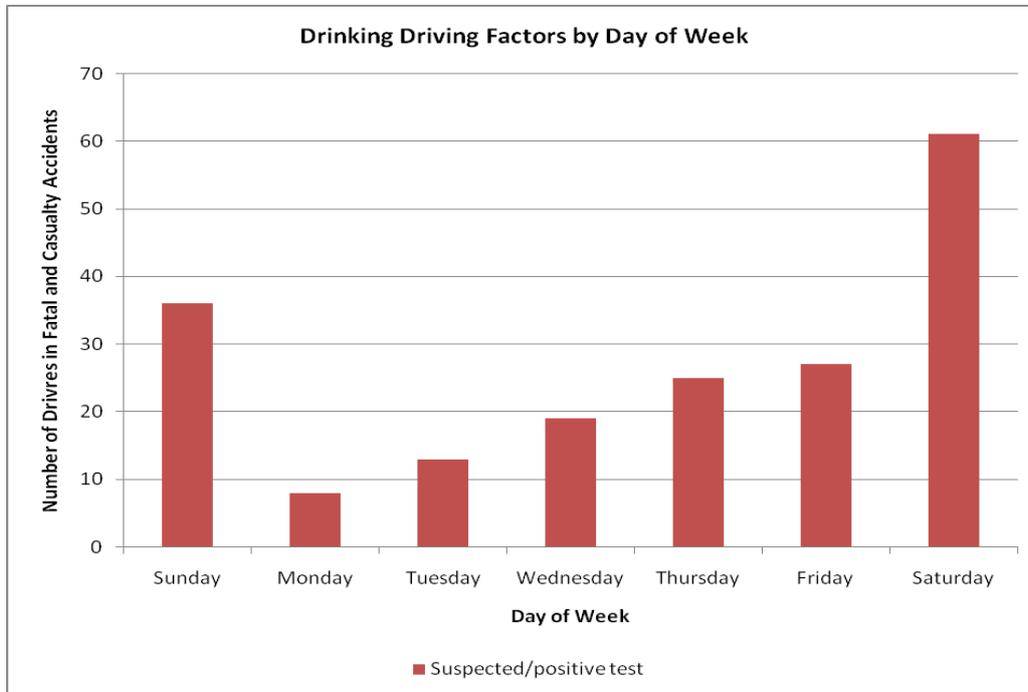
Drink driving is another issue to be immediately addressed by the authorities, as drink driving can put the lives of those in a vehicle and pedestrians at risk and can incur costs to road infrastructure. The presentation by the National Road Safety Council (NRSC) at the National Alcohol Abuse symposium clearly stated that:

- drinking and driving increases the likelihood of a crash occurring;
- the risk of a crash increases with higher levels of blood alcohol concentration (BAC);
- alcohol impaired driving may also increase the severity and consequence of the crash; and
- young male teenage drivers are at least five times more likely to cause a crash than drivers aged 30 years and older, at all alcohol levels above zero.

Even only a small amount of alcohol has an adverse impact on road user judgement, reaction time and eyesight.

Thus, 184 alcohol-related fatal and casualty accidents resulted in 413 deaths and injuries. Overall, 14 percent of all drivers in fatal and casualty crashes were suspected/tested positive for being drunk. Moreover, the number of crashes which occurred over the weekend increased to 23 percent.

Figure 1: Drink Driving Factors by Day of Week



Source: NRSC

Twenty-three percent of drivers were suspected of being drunk and almost a quarter of all drivers involved in fatal accidents were under the influence of alcohol. This increased to over 40 percent on Saturdays. Typical factors in drink drive crashes included; hitting pedestrians, overturning, hitting objects off the road/side swipes, driver errors as a result of drink driving, which include speeding and carelessness. Young drivers appear to be over-represented in drink-drive crashes.

Alcohol Abuse by Young People

Youth on the Streets

According to the Port Moresby City Mission, the growing number of youths roaming aimlessly and lost around the streets of the city is many. Some of these young men come from broken homes or their parents had died, leaving them with relatives that neither wanted, nor could afford to raise them. These kids were interviewed and they said that one of the main problems to get them started on the path to addiction is peer pressure and the need to impress their friends by getting drunk or getting high on too much marijuana. The sole purpose of getting drunk and as long as the money is still available, they can continue their drinking binge for two to three days at a time. They would look for sex in their drunken state and give little thought to condoms. To celebrate a successful robbery, drugs and alcohol are purchased.

Students in Upper and Secondary Schools

The Acting Secretary of the Department of Education, Dr. Joseph Pagelio, making reference to an internal research carried out by the department in 2002 showed that:

- 10 percent of Grade 7 students and 20 percent of Grades 9 and 11 students smoked marijuana;
- 17 percent of Grade 7 boys and 37 percent of boys in Grades 9 and 11 admitted to drinking alcohol on a regular basis;
- 10 percent of students have ingested or inhaled other substances; and
- 7 percent of females and 24 percent of males have admitted to having sex within their own age group after taking alcohol or drugs.

In the years 2005-2010, anti-social behavior problems were frequent in secondary and upper primary schools as pointed out by the acting secretary of the Department of Education. The anti-social behaviours include; drug and alcohol abuse, student violence, unplanned pregnancies, pornography, bullying and cult activities. These are the young people put in school to be better educated and to advance the country's development.

Also during the regional workshop, few headmasters and principals of schools admitted the problem of alcohol abuse by students, whom they claimed were often engaged in the time between school and home. Provincial Education Boards often find disciplining drunken students as ineffective because rules are only applied while the student is within the school campus, and anything which happened outside the school is considered as a law and order problem.

Young Adults (universities and colleges)

There is also a serious problem of alcohol consumption and abuse in higher educational institutions. The Director General of the Office of Higher Education mentioned that issues of alcohol abuse in universities have not benefited from a statewide and thorough investigation by the OHE and the universities. Some universities such as the University of Goroka and colleges have conducted studies on alcohol abuse, but this has not been circulated for public debate. He said that alcohol abuse is multidimensional – involving faculty, administration staff, students and their relatives.

In the Lae regional workshop, the principal from Balob Teachers College gave some elaborate treatment to the issue of alcohol abuse in higher education, which plausibly can be representative of other higher education institutions. The experience there is that students consume alcohol mostly during weekends, towards the middle of the year, the week before graduation and during graduation week, during school social activities (night sports, talent nights, school cultural shows and after exams). College students drink beer inside the campus or outside and come into the campus.

Often problems associated with students consuming alcohol was that when drunk, they disturb college programs and activities, damage college properties and personal belongings, and fight with other students or some members of the surrounding community.

Women and Children: Victims of Alcohol Abuse

A sadly unfortunate experience which was reported in one of the presentations calls for mention here:

A mother of four has a husband who comes home drunk and always wants his wife to strip for him or otherwise he rapes her whenever she refuses. He only gives her money when she offers him sex or listens to his sex demands when under the influence of alcohol. He often forces her to take alcohol with him and says this is to arouse sexual feelings so they can perform malicious sex acts where often he uses foreign objects on her genitals. The woman and children are affected because the father does not show love to them.

Alcohol abuse is a societal parasite eating into the very core of society, contaminating the workforce and fast destroying the integrity and dignity of the family unit. A nation cannot prosper if it overlooks and turns a deaf ear to the plight of women and children who suffer from alcohol abuse, because the family unit is the basic foundation for nation building.

The cost that women and children bore as a result of alcohol abuse is often unquantifiable, with pain and emotion attachment that would easily escape attention by government authorities who see everything in monetary terms. The experience below explains this:

A mother of five children was a victim of a drunkard husband. Her husband drinks nearly every day and frequently hangs out with his friends, drinking up 80 percent of his pay every fortnight and comes home with four packets of rice and four cans of fish for her and the children. He gives K50 to his wife every fortnight for food and then continues to *dinau* market money the next day; he accumulates debt everywhere from different people, economically abusing his family and more so brings shame to his family when different people show up at their house asking for their market money. Incidentally this man had failed to pay for his children's school fees during the 20 years of his working life and none of his children are really educated. The children are agitated about their father's irresponsible behavior and because of that they are rebelling, causing fights with their father. One incident happened when the father came home one night drunk and attempted to sexually abuse his own daughter. His actions gradually caused the marriage to deteriorate.

Many stories including cross country research confirmed that alcohol abuse by men is strongly associated with violence against women. Women whose male partners come home drunk frequently are four to seven times more likely to suffer violence. A survey study conducted by the Law Reform Commission (1986) in an urban area revealed that 71 percent of women thought that alcohol was a major cause of problems in marriages, while 26 percent of those who had been hit said that the violence was due to alcohol.

Disseminating Alcohol Abuse Information

The symposiums also see education and public awareness as a very important intervention to tackling alcohol abuse, and for a change of attitude and behavior. The discussions mentioned that family and parental responsibility is needed in mitigating the abuse of alcohol.

Education

Education in alcohol is regarded by all who participated in the symposiums as crucial to mitigating the harmful effects of alcohol. What is the definition of alcohol? What are the types of alcohol available? What are their chemical components? What effects does alcohol have on the human body? What are the mental or psychiatric problems associated with excessive and consistent use of alcohol? What harm does alcohol abuse have on social and human relations? Does alcohol abuse have any bearing on one's moral and spiritual value? What causes drinking problems? What does the law say? Strong agreement was expressed during the workshop regarding the dangers of alcohol use, and suggested that schools develop lessons on alcohol, its related harm, and these must be taught to students.

Public Awareness

Most people in the country have no access to formal education, or have the privilege to sit down in the classroom. Thus, it is imperative to find other ways and means to have the message of alcohol and its related-harm conveyed to the general public. There have been means through which messages have been sent for public awareness. Radios, newspapers, posters and foot patrols have been used to disseminate information.

Messages presented through the mass media have been limited to setting agendas, raising awareness and conveying background information. Although significant behavioural changes are not expected to result from such efforts, the message may play an important role in reinforcing more intense and powerful interpersonal strategies, such as school based and community action programs. However, this is of little relevance to PNG because 80 percent of the population is rural-based and is characterised by high level of illiteracy, a low level of accessibility, and with little interest in the media.

Another suggestion made during the symposiums was to get communities involved in the fight against alcohol abuse. It was mentioned that empowering community leaders and village courts to play an active role was important. This will be similar to encouraging community-based programs. Community concerns with the problem of alcohol and other drugs have led to the increase in community-based actions to solve them. These programs are promising because they acknowledge the influences of family, friends, the community, and society in the initiation and prevention of alcohol abuse. During the symposiums, it became obvious that civil society and communities themselves can be involved in doing such public campaigns and conducting awareness, similar to the campaigns against the spread of HIV/AIDS in the communities.

Rehabilitation

Many of the presenters represented organisations that were responsible in one way or another in the work of rehabilitating victims of alcohol abuse. The churches, NGOs and civil society organisations gave reports of their involvement. The City Mission, Eastern Highlands Family Voice, Nazarene Centre, Doctors without Borders, the Louis Vangeke Centre gave reports of what they have been doing in terms of assisting people to come out of alcohol related problems.

The City Mission runs programs for young men on a journey from brokenness to victory in Jesus Christ. Christian principles and teachings were part of the daily learning and instilled a

sense of self worth, love and acceptance. They are encouraged to believe what the Bible teaches. The Mission has strict rules that prohibit the use of alcohol, drug, smoking and betel nut chewing. The young men are counselled and instructed. The Mission understands that these habits are hard to break and it is important that they are closely supervised.

Likewise, Family Voice, the Nazarene Centre in Buka, Louise Vangeke Alcohol Rehabilitation Centre, and House Ruth also made presentations of their work in rehabilitating people drowned with alcohol related problems; how they provide trauma healing through counselling and innovative therapy. Doctors without Borders is an independent, international, medical humanitarian organisation. Currently the organisation delivers care at two Family Support Centres (FSC) in PNG. To date, they have seen over 6 890 clients in their Lae centre. The Family Support Centre provides free, high quality, comprehensive medical and psychosocial care to survivors of sexual violence and intimate partner violence.

Partnerships and Network

Indeed, the motto of the symposium reads: Public Private Partnership Effort in Addressing Alcohol Abuse. It is crucial that a multi-sectoral and cross-sectoral collaboration will be the key to addressing alcohol and its consequences and impacts on individuals, families, communities and the nation. It has been noted earlier that one of the pivotal, positive outcomes of the symposiums were the involvement and participation of people and organizations from all sectors of society. The three main sectors represented were the government agencies, business houses, and civil society organizations (churches and NGOs).

The Government

The involvement of government agencies was notable. The departments most concerned with the abuse of alcohol and the related harms were the departments of Health, Education, the Police, Provincial and Local Level Government, Works, Justice and Attorney General, and Prime Minister and NEC. The departments that should have taken the lead but played a low key were Community Development, National Planning and Monitoring, and Finance. Other statutory bodies that got involved were the Motor Vehicle Insurance Limited, the National Road Safety Council, the National Research Institute, Institute of National Affairs, and the University of Papua New Guinea.

The role of government as expressed in the symposiums has been that of control and regulatory responsibilities. The two immediate tasks would be the need to look into a possible review and proposal of amendments to the current liquor laws, and the development of a national alcohol policy. Streamlining and empowering law enforcing agencies is what the participants and community at large want the government to do. They felt the need to have government presence and power in communities and the society at large.

The Private Sector

The private sector involvement was notable with presentations from the Chairperson of Chamber of Commerce and also alcohol industries. They reported that alcohol abuse was a problem that contributed to loss of company properties and down time for workers. Most companies have zero tolerance of alcohol in work places.

At the symposium SP Brewery mentioned some public awareness strategy that it wanted to roll out as part of the company's corporate social responsibility so as to focus on building a positive and sustainable alcohol-consumption environment and community. These included: building a better community through education and action; connecting with the community and providing clean drinking water; providing tradesman scholarships, and sponsoring sports awards. However, the involvement of alcohol industries in education and public awareness has proven to be a contentious issue. This contention needs to be resolved, for example, by the industry indirectly funding third-party organisations to conduct such public awareness campaigns on alcohol abuse.

SECTION 4: KEY RECOMMENDATIONS

Recommendation 1: Review of Liquor Laws

The *Liquor Licensing Act 1963* was passed so that indigenous men and women were allowed to have access to alcohol. The law comprehensively provided for the regulation of liquor production, sales and consumption. However, it became obvious that the law was either ineffective or there was lack of enforcement. As a result the country is now experiencing an unprecedented level of abuse and harm related to alcohol consumption. Therefore, it is recommended that the liquor laws be reviewed to control both its abuse and related harm.

Recommendation 2: Enforcement of Liquor Laws

The *Liquor Licensing Act 1963* has been detailed by laying out the conditions and parameters in which alcohol can be produced, sold, and consumed. Nonetheless, the biggest setback is the enforcement of the liquor laws. Thus, it is recommended that a renewed call and determination by all stakeholders is needed to enforce the liquor laws, especially law enforcement bodies.

Recommendation 3: Develop a National Alcohol Policy

Ever since the indigenous men and women of this country were admitted into pubs and bars, there was never a comprehensive policy available to deal with the issue of alcohol and its related harm. Therefore, it is recommended that a national alcohol policy be developed.

Recommendation 4: Educate Students on Alcohol Abuse

Making information available to people about alcohol and alcohol related harm is of vital importance, and can assist in the reduction of harm and abuse associated with alcohol. Thus, it is recommended that proper and rightful information concerning responsible drinking, the types of alcohol and its contents, the psychological, emotional, social, economic, moral impacts of alcohol, and other dangers should be made available to people.

Recommendation 5: Conduct Public Awareness

The majority of PNG citizens lives in the rural areas, and most are often isolated. They do not attend conferences and symposiums. Thus, we recommend that public awareness, either through the media or foot patrols to villages and public gathering spots should be conducted, or other venues and occasions where awareness exercises can be conducted.

Recommendation 6: Introduce Behaviour Change Programs

Change behaviour intervention programs can be antecedent or consequent in approach. Antecedent programs deal more with education on personality and character development so that citizens do not fall into the trap of alcohol abuse. Consequent programs deal with people who are victims of abuse and wanting to get out of it. Personal development training, religious and moral instructions could assist in the formation of good personalities and behaviour transformation. Furthermore, rehabilitation, counselling and recovery programs are necessary to assist victims and abusers of alcohol. Thus, the recommendation is to introduce

general, personal, religious and moral instructions to assist people who want to part with the abuse. The other program would be for the government and interested partners to conduct counselling, establish rehabilitation centres, and have recovery centres, like the Alcohol Anonymous programs once established in Sogeri.

Recommendation 7: Maintain Information Database and Research

Maintaining systematic and consistent information on alcohol and alcohol related incidents have been lacking. Data and information provided were either localized or fragmented. Totally missing was the national data to inform people of the real status and patterns of alcohol abuse in the country. Thus, it is recommended that a proper database on alcohol issues is created, centralized and managed.

Recommendation 8: Network with Key Stakeholders

The alcohol abuse symposiums and the determination to tackle the problem was a partnership effort between the government and the private sector. Also civil society groups were involved in the workshop and have demonstrated their efforts and their willingness to be part of this initiative in addressing a major problem in the country. Thus, it is recommended that the whole of government and the public-private partnership with the involvement of churches and civil society to network and collaborate in finding solutions in order to mitigate the harmful effects of alcohol abuse.

Recommendation 9: Focus on Youths

From the fact finding mission, it became clear that young people were the group most vulnerable to alcohol abuse. Therefore it is recommended that special intervention programs must address the concerns of this target group.

Recommendation 10: Protect Women and Girls

During the symposiums, presentations showed that women were the ones who mostly experience the burden of alcohol abuse. Being the more physically weak gender they become the target of abuse such as wife bashing, rape, and other emotional and physical traumas. It was recommended that special intervention programs be developed to assist women.

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