Preventing alcohol related violence

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VAADA has concerns that the current solutions to alcohol related violence emphasise a law and order focus without consideration of the social, political, health related considerations and customary context of alcohol consumption in Australia. There is a need to reform liquor licencing, taxation and advertising, as well as resource the AOD treatment sector, and engage in a discourse which counters the harmful customs which encourage dangerous alcohol consumption.

Introduction

Drinking alcohol is an Australian pastime and is part of the social landscape which characterises contemporary Australian social practices and norms. Melbourne has enjoyed a reputation for providing a vibrant nightlife, in part due to the significant increase of pubs, bars, cafes, restaurants and other entertainment venues which is a result of a trend towards the liberalisation of liquor licensing (Morgan and McAtamney 2009:5). However, commensurate to this expansion of evening entertainment is the perception of alcohol related harm characterised by violence and public disorder.

The harms associated with alcohol are global in nature, with alcohol being responsible for four per cent of all disability adjusted life years of health lost through premature death or disability (World Health Organisation 2009:41). In Australia, alcohol related crime is a significant cause of harm costing approximately $1.7 billion per year (Collins and Lapsley 2008:8). While the link between alcohol and violence is complex (as the majority of people who drink do not engage in violent behaviour and this significant cohort are generally not measured and analysed in determining alcohol related violence (Greenfield and Henneberg 2001:20), studies reveal that in Australia, approximately 47 per cent of all perpetrators and 43 per cent of all victims were intoxicated prior to an assault (Preventative Health Taskforce 2009:14). Key contemporary research from the Australian Institute of Criminology indicates that on Friday and Saturday nights, 'nearly three in four assault offenders had been drinking alcohol in the 48 hours prior to their arrest' (Sweeney and Payne 2011:3). Further, almost half of the individuals charged with assault were between the age of 18 and 25 years of age (2011:3). Moreover, in 2008-09, alcohol was the most common drug of concern regarding treatment needs in Victoria (Australian Institute of Health and Welfare 2011:6), which highlights the breadth of health concerns regarding alcohol consumption beyond alcohol related violence.

There is a growing body of evidence which outlines solutions to reducing alcohol related harm including violence which is canvassed throughout this policy paper. This research indicates that policies should be founded on the principles of dealing with the systemic causes of alcohol abuse, being alcohol availability, price and culture.

Key Issues

Solutions to alcohol related violence can be summarised as follows:

1. Reducing availability;
2. Targeting higher risk licenced venues;
3. Alcohol tax reform;
4. Local solutions and responses;
5. Access and provision of evidence-informed treatment;
6. Advertising reform;
7. Responding to alcohol related family violence; and
8. Changing attitudes towards alcohol.

Reducing availability

Research has indicated that localities with a high density of liquor outlets experience higher rates of violence (Livingston 2008:1074). Further, areas which are closer to liquor outlets are more likely to experience alcohol related crime (Donnelly, Poynton, Weatherburn, Bamford and Nottage 2006:2, 12). Packaged liquor outlets have been found to be associated with violence in Melbourne's suburbs while pubs and other licensed venues are associated with violence in the inner-city and inner-suburbs (Livingston 2008:1077). Suburbs in close proximity to areas with a high density of liquor outlets also experience higher levels of violence (Livingston, Chikritzhs and Room 2007:560).

Density of liquor outlets should be a primary consideration in the administration of liquor licences, as should other social determinants which are conducive to alcohol related violence and harm (some which are canvassed below). VAADA would caution against highly restrictive policies as this may engender unintended consequences and harm. For instance, denying people entry to local venues may induce dangerous driving practices, as people who have been drinking alcohol may be willing to drive longer distances to reach venues, therefore increasing harm to themselves and others. Also, fairly recent police 'move on' powers may direct an individual to leave a certain area but offers no assistance or direction to that person once they have left the area.

VAADA recommends that density of liquor outlets (packaged and licensed) be considered as a primary factor in the approval of further licenses.

Targeting high risk licensed venues

The prevalence of alcohol related violence within close proximity of liquor outlets varies depending on a number of risk factors evident in the design of the venue, staff behaviour and training, hours of operation, proximity of other liquor outlets and prevalence of other cluster points such as taxi ranks and queues. Venues which exhibit a high number of risk factors are more likely to experience alcohol related violence. Venues which provide 24 hour trading are particularly prone to alcohol related violence, as it corresponds with those times which it is most likely to occur (between 9pm and 3am on Friday and Saturday nights). Broadly speaking, key research indicates that higher levels of alcohol related assault occur between 6PM and 6AM on Friday and Saturday nights (Sweeney and Payne

2011:1). A large proportion of alcohol related violence occurs either when patrons are ejected from the venue or when the venue closes. Therefore, the external environment (which includes taxi ranks, access to public transport, lighting and security staff) is an important factor in determining the likelihood of violence (Morgan and McAtamney 2009:4-5).

VAADA believes that the licencing conditions of these venues must be regularly reviewed and modified if appropriate to reduce the likelihood of harm, with particular consideration to environmental conditions which may exacerbate alcohol related violence.

VAADA recommends that venues that exhibit high levels of violence within or in the immediate surrounds of the venue be compelled to reduce risk factors which may contribute to violence, such as staff training, lighting and hours of operation. A more stringent approach to the service of alcohol (including banning the service of certain high alcohol volume beverages after a certain time) should be considered. Further, demarcations of responsibility for public areas within the immediate vicinity of the venue should be set with a view to mitigating factors which contribute to violence.

Alcohol tax reform

There is a strong body of evidence which indicates that price changes impact upon alcohol consumption. Increasing the price of alcohol through taxation is an effective measure in reducing alcohol related harm. Australia does not have a consistent taxation model which covers all alcoholic beverages. VAADA believes that there is a need for consistency in taxation practice and recommends that the current alcohol taxation system be reformed and a volumetric taxation regime with a minimum floor price be implemented. This approach levies a consistent tax dependent on the alcohol content of the beverage. This would encourage consumption of beverages with a lower alcohol volume or less alcoholic beverages overall, which would have a mitigating effect on alcohol related violence. Further, the revenue sourced from this tax could be allocated to alcohol related treatment programs, education and other harm minimisation endeavours. For further information, see VAADA's Position Paper on Alcohol Taxation at <http://www.vaada.org.au/resources/items/314239-upload-00001.pdf>.

VAADA reasserts the recommendations contained within the Position Paper on Alcohol Taxation.

Local solutions and responses

There is a growing body of evidence which supports the implementation of local solutions to alcohol related violence and disorder. This involves community members working collaboratively with local businesses and government to reduce alcohol related harm through influencing drinking environments. Liquor accords are a good example of a local strategy to combat alcohol related violence. This involves local community groups, local government and business agreeing to a voluntary set of harm minimisation practices as well as a code of conduct. This may result in practices such as more regular identification checks and the adoption of responsible service of alcohol practices (National Drug Research Institute 2007:47-48). Local initiatives may also rely on using local statistics to inform practice, as occurred with the Alcohol Linking Program in New South Wales (Wiggers 2007). These types of laudable initiatives must be embedded in evidenced-based research and should involve local AOD agencies.

VAADA recommends that evidence-informed local initiatives are encouraged through provision of resources and support by all levels of government.

Access and provision of evidence-informed treatment

There is strong evidence that indicates that short term interventions and treatment approaches have a high level of efficacy in reducing alcohol related harm. Brief interventions in primary healthcare settings are seen as being highly effective, especially with early high risk drinkers. This approach is also cost and time effective (Preventative Health Taskforce 2009:28). General practitioners (GP) play a pivotal role in delivering brief interventions and should be provided with strong incentives to identify alcohol related health risks in patients presenting for separate health related matters and have capacity to conduct brief interventions where appropriate. Further, in diagnosing alcohol related harm, GPs should also provide their patients with sound nutritional and health advice on how to reduce the severity of alcohol related harm.

Brief interventions should also be conducted with individuals who have been detained by the police for drunk and disorderly related offences. This approach is commensurate with the view that public drunkenness is a social or health problem, and in many cases does not result in any criminal damage. Consideration should be given to viable alternatives in detaining individuals who have been found to be drunk and disorderly in a public place, such as developing healthcare facilities where they can be readily monitored, receive brief interventions and referrals if appropriate.

VAADA recommends that GPs be incentivised to perform short term interventions or provide referral. Further, GP's should be provided with capacity to discuss harm reduction strategies with patients who are likely to continue to drink at harmful levels.

VAADA recommends that specialist healthcare facilities be used in place of police cells for detaining individuals who have been found to be drunk and disorderly.

Advertising reform

Marketing of products often plays on fears and insecurities of individuals and deliver a panacea to 'not fitting in' through sense of inclusion and popularity associated with procuring the product (Hamilton and Deniss 2005:37). Young people are particularly prone to these types of techniques. Given the entrenchment of drinking in Australian culture, these marketing and promotional techniques many which evolve through sponsoring popular sporting or social events, can be quite compelling to young people and reinforce harmful aspects of Australia's drinking culture (National Alliance for Action on Alcohol 2010:4). Recent studies have indicated that increased alcohol advertising leads to higher levels of alcohol consumption (Collins and Lapsley 2008:18).

A number of studies have criticised the self-regulated alcohol advertising monitoring body, the Alcoholic Beverages Advertising Code (ABAC), arguing that its decisions are contrary to that of independent experts. Furthermore, the ABAC has been criticised for making decisions which are inconsistent and contrary to the directions articulated in their code (Jones, Gregory and Munro 2009:349; Jones, Hall and Munro 2009:37). Other studies indicate that alcohol advertising targets

young people (see Winter, Donovan and Fielder 2008 and Jackson, Hastings, Wheeler, Eadie and MacKintosh 2000) which is contrary to the stipulations outlined in the ABAC.

As is evident, recent research has indicated that advertising increases alcohol consumption which results in higher levels of harm and subsequent alcohol related violence. VAADA recommends that an independent body, with health and AOD experts regulates alcohol related advertising (all forms, including print, televised, radio and internet), product placement, sponsorship and other forms of promotion.

Further, in an effort to align rhetoric and practice, state and federal governments should show leadership in their efforts to reduce the harmful effects of alcohol by seeking the removal of all direct and indirect alcohol advertising from venues which are owned, leased, managed or run by state assisted entities.

Further discussion and recommendations regarding alcohol advertising and marketing can be found in VAADA's position paper on Alcohol Advertising, Marketing and Promotion accessible from: http://www.vaada.org.au/resources/items/314236-upload-00001.pdf

Responding to alcohol related family violence

Alcohol is a significant risk factor for domestic violence and child abuse with 44 per cent of intimate partner homicides in Australia involving alcohol (Morgan and McAtamney 2009:2). The then Victorian Police Commissioner Overland cited in February 2011 that police attend more than 35,000 incidents of family violence per year, with just under half involving alcohol. Studies have cited that children who have experienced family violence are more likely to engage in criminal behaviour later in life (Morgan and McAtamney 2009:4) as well as substance misuse (Lipsky, Caetano, Field and Larkin 2005:407). Many victims of domestic violence use alcohol to cope with the distress associated with the violence and are more likely to use alcohol preceding sexual encounters which results in higher levels of risk due to impaired judgement and the likelihood that the encounter is taking place in an unsafe environment (Ullman and Najdowski 2010:29-30). Further, research indicates that women who use alcohol heavily are less likely to seek assistance and support for the violence. This may be due to a sense of self blame and guilt exacerbated by alcohol use (Ullman and Najdowski 2010:40-41).

Given the prevalence of alcohol in domestic violence episodes, and the associated challenges evident with domestic violence such as under-reporting of incidents, there is a need to respond with a view to affecting systemic change through evidence informed methods. The adoption of the reforms outlined in this paper would have a positive impact, in particular, the density of packaged liquor outlets. Livingston (2011:923) notes that general (or pub) licences and on premises licences have a fairly light impact on domestic violence. However, packaged liquor outlets have a more severe impact, with each packaged liquor outlet increasing the rate of family violence by 1.36 per 1000 residents (with the mean domestic violence rate being 4.76:1000 residents) (Livingston 2011:922). A careful analysis of the density of packaged liquor outlets should be undertaken in the administration of liquor licencing, with a view to determining a sage level of outlets with due consideration to other variables which impact upon domestic violence.

Further, a reduction in harm could be achieved by ensuring that staff in trauma and emergency departments as well as general practitioners and AOD addiction medicine specialists have the capacity and skill base to assess individuals for family violence victimisation. These health care workers must be able to provide access to integrated healthcare and treatment services as well as domestic and family violence support services, responsive counselling and support. A cross sectoral integrated service system with multiple entry points is crucial to ensuring that appropriate support is provided to the maximum number of people.

VAADA recommends that emergency workers, GPs and the AOD treatment workforce be provided with the resources and capacity to identify and assess individuals for family violence victimisation.

Changing public attitudes towards alcohol

Consuming alcohol is part of contemporary Australian cultural practice. Drinking is viewed as an acceptable social activity in most social circles, and is often seen as a necessary accompaniment to most celebratory occasions. With this in mind, it important to nuance any harm minimisation strategies with due consideration to the role alcohol plays in people's lives. There is no single strategy to achieve cultural change in Australian society with regard to alcohol; rather, a complex matrix of strategies is required with a view to long term change. This includes the approaches included in this policy paper: achieving advertising, regulation and taxation reform as well as health related education, treatment, accessibility to services, policing and a range of evidenced based localised strategies. Developing healthy approaches to alcohol consumption in educational settings, whereby strategies are developed to utilise the persuasive nature of peer group pressure in a positive way whereby peers are encouraged to intervene when harmful alcohol related behaviour (including violence) is apparent. Indeed, facilitating the development of informed peer group support structures may be more effective than parental influence (Buckley, Sheehan and Chapman 2009:294). There is a need to implement evidence-informed research which reflective of harm reduction and identify new sources of legitimate knowledge as well as means of relaying this knowledge to at risk groups. Further, evidence-informed research which identifies systemic social determinants that contribute to alcohol related violence should be translated into effective policy.

VAADA's Recommendations

VAADA recommends that:

1. Density of liquor outlets (packaged and licensed) be considered as a primary factor in the approval of further licenses.
2. The licencing conditions be regularly reviewed and modified if appropriate to reduce the likelihood of harm, with particular consideration to environmental conditions which may exacerbate alcohol related violence.
3. Venues that exhibit high levels of violence within or in the immediate surrounds of the venue be compelled to reduce risk factors which may contribute to violence, such as staff training, lighting and hours of operation. A more stringent approach to the service of alcohol (including banning the service of certain high alcohol volume beverages after a certain time) should be considered. Further, demarcations of responsibility for public areas within the immediate vicinity of the venue should be set with a view to mitigating factors which contribute to violence.
4. Evidence-informed local initiatives are encouraged through provision of resources and support by all levels of government.
5. GPs be incentivised to perform short term interventions or provide referral. Further, GP's should be provided with capacity to discuss harm reduction strategies with patients who are likely to continue to drink at harmful levels.
6. Alternative healthcare facilities be used in place of police cells for detaining individuals who have been found to be drunk and disorderly.
7. State and federal governments should remove all direct and indirect alcohol advertising from venues which are owned, leased, managed or run by state assisted entities.
8. Emergency workers, GPs and the AOD treatment workforce be provided with the resources and capacity to identify and assess individuals for family violence victimisation.
9. The Victorian Government resource evidence-informed research which identifies systemic social determinants that contribute to alcohol related violence and that the findings be translated into effective policy.

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Disclaimer

While efforts have been made to incorporate and represent the views of our member agencies, the position and recommendations presented in this Paper are those of VAADA.