

Submission No. 29

(Youth Violence)

A.O.C. Date: 27/10/2009



• preventing drug problems •

**Inquiry by the House Standing Committee on
Family, Community, Housing and Youth into the
impact of violence on young Australians**

Submission by the Australian Drug Foundation

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Introduction

The Australian Drug Foundation (ADF) appreciates the opportunity to make a submission to this inquiry. This submission will focus on the contribution of alcohol to violence and the options for reducing and preventing this violence.

Summary

The consumption of alcohol is a major influence on violence between persons.

There is growing evidence that increased availability of alcohol due to relaxations in liquor licensing policies mediate a range of alcohol related harms, including violence.

Liquor licence density, type of venue, trading hours, training of staff, enforcement of liquor licensing regulations and other factors all contribute to the impact that alcohol has.

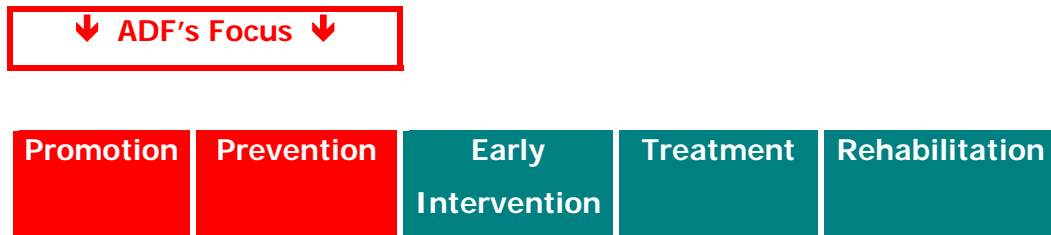
The ADF recommends

1. The recommendations of the Preventative Health Taskforce regarding alcohol be supported and implemented
2. Development of national guidelines on alcohol outlet density
3. Development of nationally consistent and comprehensive data collection on liquor licences and associated alcohol-related harms
4. Reinstatement of the collection of alcohol sales data
5. Adoption of the Alcohol Linking Project nationally
6. Increased involvement of Local Councils in liquor licensing and planning
7. The reassessment of alcohol regulation within the National Competition Policy
8. Introduction of nationally consistent secondary supply legislation prohibiting irresponsible supply of alcohol to minors in private settings
9. Research into the impact of and strategies to reduce the practice of preloading

1.0 The Australian Drug Foundation (ADF)

The Australian Drug Foundation (ADF) is a charitable, not-for-profit, independent organisation, founded in 1959. It is a non-government organisation in Australia working primarily in the area of prevention of drug problems. The ADF's mission is to work with communities for a safer and healthier society. Our key strategies include: informing and educating the community; advocating for policies founded on evidence and developing innovative community based programs.

See www.adf.org.au for further details.



Current ADF programs and services include:

- The Community Alcohol Action Network (CAAN) raises awareness of alcohol as an issue of public health and safety and encourages community members and policy makers to act to reduce alcohol risks and harms.
- The Good Sports Program works with community sporting clubs to enable them to manage alcohol in a responsible manner.
- The DrugInfo Clearinghouse (incorporating the Resource Centre, the Somazone, Koori and Multicultural websites and the Druginfo Shop), develops and disseminates reliable information on alcohol and drugs to professionals and the wider community.
- Policy development: the ADF contributes to the development and review of drug and alcohol policy, regulation and legislation.

2.0 Alcohol and Violence

The ADF recognises that alcohol is consumed for pleasure, occasionally at least, by most Australians throughout the year; that adults require reasonable access to alcohol, and the alcohol industry and licensed premises offer economic, social and cultural benefits.¹ However, alcohol remains one of the major causes of preventable death and illness in Australia, and there is growing evidence that increased availability of alcohol due to relaxations in liquor licensing policies mediate a range of alcohol related harms. In particular Australian studies point to the relationship between the availability of alcohol (temporally and spatially) and alcohol-related problems, including risky drinking, public disturbances, various forms of violence and assault, motor vehicle accidents and other harms.

Collateral damage, or harm caused to others by people under the influence of alcohol, is both common and serious. In a recent Australian study of 2649 adults², 43% reported experiencing serious harm (abuse, threat, damage) from strangers who had been drinking. Young adults aged 20-29 yrs, who are the heaviest drinking cohort within the population, also bear the greatest burden. This study concluded that reducing the second-hand effects of drinking on others is an important consideration for alcohol policy.

The recent Thinking Drinking 3 Conference held in Brisbane in August 2009 highlighted the fact that alcohol and violence is not just a local or national problem but a global one, common to most developed countries. A number of presentations focused on the management of night time economies and other liquor licensing issues. The keynote presentations by Dr Phil Hadfield and Sir Geoffrey Palmer gave insight into how these issues are being considered and addressed in the UK and New Zealand. Other presentations provided evidence on the need for and the efficacy of: clearer, stronger liquor licensing legislation; increased enforcement; community involvement in licensing decisions; better controls on all forms of marketing; and pricing controls. Copies of the presentations from TD3 can be accessed via the ADF website³.

2.1 The relationship between alcohol availability and alcohol-related harm

Australia, like most other developed countries, has followed the path of deregulation and liberalisation of liquor licensing laws. This has led to a rapid increase in the

number and diversity of licensed premises and increased trading hours. The ADF has long been concerned about the effect which increasing availability of alcohol in our community has had on drinking levels and patterns, and resulting increases in alcohol related harm, as evidenced by rates of alcohol related injury, accidents and disease.

A substantial research literature has examined the impact of changes in alcohol availability on alcohol consumption and related harm⁴. Studies examining significant changes in the number of outlets selling alcohol (usually through the introduction or removal of alcohol from supermarket shelves) have generally found substantial impacts on alcohol consumption, with similar effects on rates of alcohol-related harm^{5 6}. Studies of more gradual changes in the number of alcohol outlets have produced less definitive findings in terms of alcohol consumption^{7 8}, but there is a growing body of literature, both internationally and from Australia that demonstrate strong links between alcohol outlet density and rates of alcohol-related problems – particularly violence⁹. Using data for Melbourne from 1996 to 2005, Livingston¹⁰ found significant positive relationships between the three major licence types (general, on-premise and packaged liquor) and rates of police-recorded assault. Broadly speaking, this study demonstrated that areas in which alcohol outlets increase generally see increases in assaults, while areas in which outlet numbers decrease generally see fewer assaults. This is a consistent finding across a significant number of studies^{11 12}.

Similarly, there is good evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems. In Western Australia, Chikritzhs and Stockwell^{13 14} examined the impact of granting hotels Extended Trading Permits, and found significant increases in rates of violence and motor vehicle crashes. These studies also demonstrated that increasing the trading hours of licensed premises substantially increased the amount of alcohol consumed on these premises. These findings have been supported internationally, with studies in Brazil, Canada, Iceland and the United Kingdom finding changes in alcohol-related harm following changes to trading hours. A study in New South Wales found that people living close to licensed establishments and people living in areas with a high density of licensed premises had the most problems with anti-social drunkenness and property damage.¹⁵

We understand that the ingestion of alcohol does not compel a drinker to become aggressive or act in a violent way toward other people; however, it is indisputable that the drinking of alcohol facilitates aggressive behaviour in some people. At the recent Thinking Drinking 3 Conference in Brisbane Professor Ross Homel¹⁶ of Griffith University explained that alcohol related aggression is a result of a combination of:

- ❖ The pharmacological effects of alcohol
- ❖ A person who is willing to be aggressive when drinking
- ❖ An immediate drinking context conducive to aggression
- ❖ A broader cultural context that is tolerant of alcohol-related aggression

Within licensed premises there are a number of structural factors that increase or decrease the likelihood of aggression and inter-personal conflict. They are

- ❖ Physical environment of licensed premises
- ❖ Social environment of licensed premises
- ❖ The number and density of licensed premises
- ❖ Staff numbers, training and behaviour
- ❖ Enforcement by police and regulators

3.0 Evidence based policy development

It is essential that any policy developed and implemented to address alcohol related violence is based on and measured against good, current evidence. Policymakers need an accurate understanding of current levels of drinking for policy development and review. The most reliable data is sales data –information from wholesalers about the volume and type of alcohol purchased from them by all hotels, bars, nightclubs, etc. and the volume of alcohol sold to the public by licensed retailers. This data is the most accurate indicator of alcohol consumption in a state and can be analysed at the level of region, town and suburb to allow an accurate comparison between communities. Such accurate and comparative data will assist the work of liquor licensing and law enforcement services, as well as planning and implementation of prevention, treatment and other health services.

Wholesale data was collected in each jurisdiction as it was used to calculate licensing fees until 1996, when such fees were ruled as an illegal excise by the High Court. From that time only West Australia and the Northern Territory continue to do so.¹⁷

A National Alcohol Sales Data Project, commissioned by the Ministerial Council for Drug Strategy and conducted by Professor Tanya Chikritzhs of the National Drug Research Institute, is seeking to establish protocols for the future collection of wholesale data by all jurisdictions, in order to enable a more robust understanding of alcohol consumption and associated issues in Australia. This project requires the support of all jurisdictions and the ADF trusts that the all governments will support the work as it offers great benefit to policymakers, legislators and practitioners alike.

4.0 Impact of the National Competition Policy

One of the assumptions behind the National Competition Policy is that the open market should determine the number, type and density of licensed premises. The ADF considers that treating alcohol as if it was “an ordinary commodity” and giving priority to the development of a competitive market in the alcohol industry rather than the public health consequences, is likely to increase alcohol consumption and alcohol-related problems. Liberalisation of alcohol cannot be ascribed merely to the advent of the NCP because some states began to deregulate before the NCP was established; however the NCP has been used by states as a rationale for liberalising further and countering the case for greater regulation. While competition policy has been understood by many stakeholders to form a barrier against greater regulation of the alcohol industry, the National Competition Policy allows for competition in alcohol to be restricted if it can be shown to be in the public interest.¹⁸ The ADF supports the call by the National Health Preventative Taskforce for an investigation into how the impact of competition policy on alcohol availability might be ameliorated.¹⁹

5.0 Enforcement of Liquor licensing

The ADF is concerned at the apparent disregard of the liquor licensing laws by many licensed premises. Wiggers²⁰ has put forward a 'successful enforcement model', using the Alcohol Linking Program which utilises last drinks data to identify and focus enforcement on problematic venues. A randomised trial in NSW showed a 15% reduction in alcohol related incidents over 3 months. This model has been rolled out in New Zealand and South Australia. The ADF recommends the adoption of the Alcohol Linking project nationally.

6.0 National Preventative Health Taskforce

The recent report by the Preventative Health Taskforce²¹ makes a number of recommendations which are relevant, especially with regard to Key Action Area 1: *Improve the safety of people who drink and those around them*, namely

1. States and territories to harmonise liquor control regulations, by developing and implementing best practice nationally consistent approaches to the policing and enforcement of liquor control laws.
2. Increase available resources to develop and implement best practice for policing and enforcement of liquor control laws and regulations.
3. Develop a business case for a new COAG national partnership agreement on policing and enforcement of liquor control laws and regulations
4. Provide police, other law enforcement agencies and private security staff with information and training about approaches to complying with and enforcing liquor licensing laws and managing public safety.
5. Change current system to ensure local communities and their local governments can manage existing and proposed alcohol outlets through land use planning controls.
6. Establish the public interest case to exempt liquor control legislation from the requirements of National Competition Policy.
7. Support the above through partnerships with the alcohol beverage and related industries and data collection and monitoring of alcohol sales, policing, and health and social impacts.

However, the Strategy's other key action areas are also relevant to reducing alcohol related violence. These address the promotion of a safer drinking culture; the marketing and pricing of alcohol; and the role of family and parents. The ADF

supports the recommendations made by the Taskforce and urges all Australian governments (federal and state) to support them and to work together to implement them.

7.0 Involving the community in liquor industry licensing issues

The ADF believes the community needs to be involved more closely with liquor licensing decisions. The ADF operates the Community Alcohol Action Network (CAAN) which provides a forum for community members concerned about irresponsible supply and promotion of alcohol. See www.caan.adf.org.au.

A new ADF initiative is the Community Alcohol Support Service (CASS) that seeks to reduce alcohol related harm by increasing the capacity of the community to influence the conduct of licensed venues and the liquor licensing process. First it encourages community members to work with managers of licensed venues in their locality to improve the amenity of the venues generally and the responsible supply of alcohol. Second, it improves the community's understanding of liquor licensing and of the processes by which they can participate in decision making over licensing. Through the 'Healthy Music Pilot' it is auditing a major live music venue to identify potential issues needing attention, including surveys and interviews with licensee, managers, staff, and performers. Based on the findings, changes will be made to venue and management practices, trialed and evaluated. A celebratory concert will be held on completion of the project. CASS also assists community members who wish to make an objection to a application for a new, or varied liquor licence, when they believe its approval would be detrimental to amenity or contribute to the unsafe usage of alcohol.

8.0 Other related issues

8.1 Preloading

An issue of growing relevance and concern is the practice of pre-loading, where drinkers consume large amounts of alcohol before attending licensed premises. The motivation is both social and economic. It can form part of the 'going out' experience, where the drinkers congregate, drink and socialise before journeying into the city centre or to the venue. It also reduces the cost of the night, an important factor for young drinkers, as off-premises purchased alcohol is significantly cheaper than at venues. There is little local research on this issue but one UK study²² found that on average males and females who pre-loaded consumed more than the recommended weekly maximum for an individual's alcohol consumption in a single night out. Those who pre-loaded were two and half times more likely to have been in a fight when going out and pre-loading was more strongly associated with being involved in nightlife violence than the total amount of alcohol an individual consumed.

Preloading can result in people being drunk in residential areas before going out, alcohol-related problems on transport into town and city centres, and individuals arriving in town and city centres already inebriated and consequently more likely to suffer from alcohol-related accidents or involvement in alcohol-related violence.

More research is needed into this practice in the Australian context.

8.2 Secondary Supply

Not all alcohol related violence is due to drinkers in licensed premises. We know that many young people under the age of 18 years drink heavily.

Studies on how and where young drinkers acquire alcohol reveal young people find it easy to obtain. Parents are the most common source of alcohol for secondary school students, with 37% of 12- to 17-year-olds indicating their parents gave them their last drink²³. The proportion of students whose parents supplied them with alcohol was significantly greater among younger students (39%) than older students (35%). The three main locations in which current student drinkers consumed alcohol were the family home, a friend's home or at a party.

An issue of particular concern to the ADF is that it is still legal in some jurisdictions for adults to supply alcohol to children and teenagers in private settings. Three

states have now introduced (NSW and Queensland) or are in the process of introducing (Tasmania) legislation prohibiting the supply of alcohol to children under 18 years. The Queensland model deems it illegal unless the young person's parent or responsible adult has given prior approval; the amount of alcohol supplied is not excessive; and the server provides adequate supervision of the young person. Otherwise provision of alcohol to young people is regarded as "irresponsible supply" and is unlawful. It is interesting to note that the motivation for the introduction of the Queensland legislation arose out of an inquiry into Youth Violence in Queensland²⁴.

The ADF calls for the introduction of nationally consistent secondary supply legislation based on the Queensland model, with enforcement based primarily on an educative approach, backed up by sanctions and accompanied by a comprehensive communication and education campaign targeting parents and teenagers.

9.0 Alcohol Policy Coalition

The ADF is a founding member of the Alcohol Policy Coalition, a coalition of health agencies – ADF, Cancer Council Victoria, Turning Point Alcohol and Drug Centre, and VicHealth - who share a concern about the level of alcohol misuse and the health and social consequences in the community. The Coalition's long-term goal is to promote a safer drinking culture in the community. The Coalition has developed detailed policy statements on the physical availability of alcohol and the supply of alcohol to under 18-year olds in private settings and we attach these for the Committee's information.

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