



Public Health Association
AUSTRALIA

**NSW Parliamentary Inquiry into measures to reduce alcohol
and drug-related violence**

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Context and focus of this submission

On 2 July 2014 an Inquiry into the measures to reduce alcohol and drug-related violence was referred to the Committee on Law and Safety (Committee). The Terms of Reference for the Inquiry are as follows:

“The committee will inquire into, and report on the effectiveness of recent measures to reduce alcohol and drug related violence in the Sydney Central Business District, with particular reference to:

- Trends in alcohol and drug related violence in licensed venues and general street areas
- The impact of recent measures to reduce violence on Police, the Courts, hospitals, and the liquor industry
- Possible further measures to reduce alcohol and drug-related violence
- The effectiveness of measures taken to reduce alcohol and drug related violence in other jurisdictions, and
- Any other related matters.”⁴

This submission addresses issues in relation to injury related to alcohol and other drugs, the extent of alcohol use in NSW and evidence based strategies to reduce these harms.

Summary

The Public Health Association of Australia, NSW Branch (PHAA) welcomes the opportunity to provide a submission to the Inquiry into measures to reduce alcohol and drug-related violence.

There is strong evidence of an association between high level consumption of alcohol and violence, particularly in relation to binge drinking. In addition to the unacceptable level of injury caused, alcohol is a key factor in the three leading causes of death in Australia among adolescents; unintentional injury, homicide and suicideⁱ. Additionally, one in four Australians report being the victim of verbal abuse by intoxicated personsⁱⁱ. Research from NSW and Victoria indicate a dramatic increase in rates of alcohol-related harm among young people in recent years, harms which include acute intoxication, alcohol related assaults and hospitalisations^{iii iv}. This is consistent with results from a national study on alcohol related harm which found an increase in alcohol related hospitalisations in all states from 1995 - 2006^v. Responding to these harms requires a coordinated response involving reducing the overall availability of alcohol (to reduce levels of intoxication), improving the safety of licensed venues and providing safe and efficient public transport options^{vi}. Efforts to impact an entrenched culture in NSW of binge drinking and high level intoxication, could be attained by reducing marketing and alcohol promotions targeting young people.

The PHAA supports NAPA’s submission to this enquiry which outlines health statistics into alcohol related harms and recommendations to reduce harm. This submission highlights additional evidence from a population health perspective to inform effective policy options to reduce alcohol related harms.

The PHAA strongly supports evidence based measures which have shown to be effective to reduce the harms from alcohol intoxication. These measures, implemented on 24 February 2014 by the New South Wales (NSW) Government to prevent alcohol-related violence introduced include a 10pm closing time for all off-licence premises across NSW and 3am last drinks and 1:30am lockout for licenses within the Sydney Central Business District (CBD) precinct. The PHAA welcomed these measures as a significant step in preventing alcohol harms and supports the NSW Government's ongoing commitment to implementing these measures.

The PHAA commends the Committee on Law and Safety (Committee) for holding an Inquiry that examines measures to reduce alcohol-related violence. However, it is important that the Committee acknowledges that the measures being examined as part of this Inquiry have been in effect for less than six months, which is not adequate time to assess their effectiveness. For a robust evaluation to take place, data is needed from independent and trusted sources for a timeframe of at least one year. This allows for an adequate sample size to measure the effect of the measures and seasonal variances in trends to be considered.

This Inquiry provides an opportunity to:

- develop a robust evaluation framework to assess the effectiveness of these measures;
- determine the extent to which these measures have been implemented;
- examine other evidence-based policies that can be introduced to reduce alcohol harms;
- Develop a coordinated plan to ensure that a whole of Government strategy is developed that focuses on the prevention and management of alcohol harms across the state.; and
- Ensure policies are in the best interests of the community of NSW, are transparent and are not influenced by donations, gifts or favours from people who profit from the sale of alcohol.

With the strong leadership taken by the NSW Government in January, there is now an opportunity for strategic action to ensure that a whole of Government strategy is developed to reduce the mostly preventable harm caused by alcohol intoxication. There is now adequate evidence to support effective prevention and management strategies to genuinely impact alcohol related harm and violence.

Introduction

Society's tolerance of alcohol abuse and the association of alcohol with celebration detracts from the seriousness of alcohol related harm. Adults in NSW drink an average of 10 litres of pure alcohol per capita per year. While the recorded level of alcohol consumption for Australian adults has been consistently around 10 litres per year for the past decade there is variation among groups with men drinking more than double the amount than women (Men 13.5L per annum, women 6L). A higher proportion of young people and people with alcohol addiction also consume more than the state average. Importantly, nearly one in five (17.5%) of people in NSW over the age of 15 reporting drinking no alcohol in the past year^{vii}. While most people who drink alcohol do so at safe levels (two thirds). An unacceptable proportion of the NSW population drink at harmful levels placing a significant burden on their families, costs to a stressed health system and increase the risk of harm to themselves and others through injury. According to the National Health & Medical Research

Council guidelines 18% of men and 5.5% of women in NSW reported drinking more than 4 drinks in one day at least once or twice a week. Hospital and Police data show that males are consistently more likely to be injured due to their higher rates of drinking or someone else's by a ratio of 2 to 1 compared to females and killed by a ratio of 3.5 to 2 compared to females^{viii}. Women are more likely to be victims of domestic violence and more likely to attend NSW emergency department attendances for acute alcohol problems. Young women aged 15-17 years outnumber young men (224 per 100,000 women compared to 201 per 100,000 young men) for acute alcohol problems in NSW emergency departments^{ix}. While this is a slight decrease in recent years it dwarfs the increase in young women being the victims of alcohol related harm over the past decade.

On a positive note, the proportion of women engaged in risky drinking during child-bearing years (25 to 34 years) declines. Many women are aware of the teratogenic effects of alcohol during pregnancy although more awareness is required to reduce the 100% preventable incidence of foetal alcohol syndrome.

Alcohol consumption trends

While there is evidence that some young people drink more per session (binge drink), younger people are also continuing to delay their first alcoholic drink. Research by the Australian Institute of Health and Welfare found the age at which 14 to 24-year-olds first tried alcohol rose from 14.4 to 15.7 years of age between 1998 and 2013^x.

Overall, fewer younger people aged 12 to 17 are drinking alcohol, with the proportion abstaining from alcohol rising from 64% to 72% between 2010 and 2013. Overall, fewer young people drank alcohol in quantities that exceeded the lifetime risk and binge risk guidelines in 2013^{xi}.

However, almost 5 million people in Australia aged 14 or older (26%) reported being a victim of an alcohol-related incident in 2013—a decline from 29% in 2010.

Drug use trends

The 2013 National Drug Strategy Household Survey indicates declines in the use of ecstasy (from 3.0% to 2.5%), heroin (from 0.2% to 0.1%) and GHB (from 0.1% to less than 0.1%) in 2013, but the misuse of pharmaceuticals is on the rise (from 4.2% in 2010 to 4.7% in 2013)^{xii}. Methamphetamine use has also decreased after a peak in use between 1998 and 2004. In 2010 approximately 3.3% of men aged 18-19 and 6.8% aged 20-29 had used methamphetamine in the past year and approximately 5% of women aged 18-29 had used methamphetamine. Prolonged or acute use of Methamphetamine has been associated with irrational and violent behaviour.

NSW Police and Hospitals do not routinely collect data on drug related violence or injury therefore it is difficult to assess the extent of the problem and strategies to address this. For this reason drug related violence will not be discussed further in this submission. The PHAA are however happy to explore and advise on evidence based drug policy and interventions to improve public health on request.

Alcohol and drug related violence

There is strong evidence of an association between the consumption of alcohol and violence (Graham & Homel 2008). Conservative estimates suggest that in 2004–05, the total costs attributable to alcohol-related crime in Australia was \$1.7b; the social cost relating to alcohol-related violence (which excludes costs to the criminal justice system) was \$187m; and the costs associated with the loss of life due to alcohol-related violent crime amounted to \$124m (Collins & Lapsley 2007).

National surveys of alcohol use and victimisation provide further evidence of the impact of alcohol-related violence. According to the National Drug Strategy household Survey approximately:

- 1 in 4 Australians were a victim of alcohol-related verbal abuse
- 13 percent were made to feel fearful by someone under the influence of alcohol
- 4.5 percent of Australians aged 14 years or older had been physically abused by someone under the influence of alcohol ^{xiii}

A study of patients presenting at a NSW emergency department for injuries from interpersonal (including domestic) violence found two-thirds reported consuming alcohol prior to the incident. This figure is considered an under estimate. Three-quarters of these patients stated that they had been drinking at license premises (Poynton et al 2005).

The rates of physical and verbal abuse by a person affected by alcohol were more than twice the rate for other drug types. In addition, more than one-third of victims (38%) had consumed alcohol themselves at the time of the incident. This is consistent with evidence that shows that a significant proportion of violent offences are committed by and committed against people who have been drinking or are intoxicated (Plant, Plant & Thornton 2002).

Findings from the Australian Institute of Crime's Drug Use Monitoring Australia (DUMA) program indicate that in 2007, half of all offenders detained by Police across Australia for disorder and violent offences had consumed alcohol in the 48 hours prior to their arrest (Adams et al 2008). Further analysis of DUMA data conducted specifically for this paper reveals that 52 percent of offenders charged by police for an assault had consumed alcohol in the previous 24 hours and 26 percent reported that the consumption of alcohol had contributed to their offending. An additional four percent of offenders detained for an assault were too intoxicated to be interviewed, which means that in total, approximately one-third (30%) of assault charges are likely to be attributable to alcohol. Around one-third of offenders detained for breaching an Apprehended Violence Order (AVO) also reported that consuming alcohol had contributed to their offending.

Characteristics of alcohol-related violence

Preventing alcohol-related violence requires an understanding of the characteristics of violent incidents to effectively target interventions. A growing body of evidence from both Australian and overseas studies has explored the association between alcohol and violence and identified a range of areas that can be targeted. Factors that have been identified as important predictors of alcohol-related violence include a mixture of individual and situational factors.

Key findings relating to the characteristics of alcohol-related violence include:

- being young, single and male are the most significant predictors of self-reported alcohol-related victimisation (Teece & Williams 2000). In 2007, males (6%) were twice as likely as females (3%) to report being physically abused by someone under the influence of alcohol (AIHW 2008)
- rates of self-reported victimisation are particularly high among young people living in rural areas, with one-third of people aged 14–19 years and two-thirds of those aged 20–24 living in rural areas having reported being victims of alcohol-related physical abuse (Williams 1999)
- a significant proportion of perpetrators of alcohol-related social disorders are also victims (Williams 2000)
- males are more likely to be involved in incidents of physical abuse in pubs and clubs or in the street, whereas for females, these incidents are more likely to be in their own home (AIHW 2008)
- alcohol consumption among young people is typified by frequent episodes of binge drinking and heavy drinking has been shown to be associated with aggression and violence (Wells & Graham 2003)
- female victims of physical abuse by someone under the influence of alcohol or illicit drugs are more likely than males to know their abuser (AIHW 2008)
- alcohol-related violence in which both the victim and offender have consumed alcohol are more likely to be spontaneous or opportunistic and more likely to involve strangers (Finney 2004; Plant, Plant & Thornton 2002)
- alcohol-related assaults most commonly occur between 9 pm and 3 am on Friday and Saturday nights (Briscoe & Donnelly 2001a)
- a significant proportion of offenders and victims of sexual assault have consumed alcohol and alcohol consumption increases the risk of sexual assault, as victims become less able to detect dangerous situations (Corbin et al 2001; Testa, Vanzile-Tamsen & Livingston 2001)
- there is a relationship between seasonal changes, calendar events and major sporting events and the rate of reported incidents of violence, which can in part be explained by the increased level of alcohol consumed on these days (Marcus & Braaf 2007).

Reducing alcohol related harm

Successive governments have made decisions in the interest of public health that were unpopular at the time but are today accepted and viewed favourably by the general community. Examples include policies to encourage wearing seat belts and reducing harms caused by smoking. While we cannot assume all people are going to support population level policies to reduce alcohol related harm, leaders do need to consider the unacceptable and preventable harm caused by alcohol intoxication and make decisions in the best interest of the community, without undue influence by those who profit from alcohol.

The evidence clearly shows that alcohol related harm is reduced by:

1. Increasing price (including taxes);
2. Reducing access to alcohol (limiting outlet density and trading hours resulting in reduced intoxication); and
3. Restricting promotions and advertising (including bans on sponsorship).

Proposed Social Media Campaign

While the PHAA supports a targeted social media campaign in principal it believes it would be more effective if the campaign was targeted toward the alcohol industry and people who profit from selling alcohol to young people in particular.

It is assumed that a social media campaign would be aimed towards young people who are the higher proportion of binge drinkers and perpetrators and victims of alcohol related violence. While such campaigns are to be seen to be 'doing something' such campaigns have shown limited, if any effect and are dwarfed by the resources, reach and impact of alcohol industry advertising and influence^{xiv}.

There is abundant evidence demonstrating young people are receptive to alcohol advertising and promotions, with significant influence on attitudes towards drinking, drinking behaviour and the amount of alcohol consumed by young people in NSW. While cultural change is difficult - where the consumption of alcohol, frequently at excessive and harmful levels, and high resource, targeted marketing at youth events such as music festivals and other social events, measures such as limiting the availability of alcohol has been shown to be effective in reducing harm.

Other strategies which are favoured to support cultural change are reducing late night trading hours. Local and international evidence has shown that reducing trading between 1am and 6am can reduce alcohol related assaults by 20-30%^{xv}.

Effective strategies are those that result in reducing levels of intoxication. Initiatives that have shown to achieve this include reduced liquor outlet density and responsible service of alcohol^{xvi}.

Alcohol advertising

The PHAA is strongly in support of measures to reduce and restrict the exposure of young people to alcohol related marketing, measures of which should include strict non-industry led advertising regulations, a ban on alcohol related advertising and sponsorship in sport, a ban on alcohol related merchandise (acknowledging that such measures are mostly outside NSW jurisdiction). The PHAA also supports the proposal from the Foundation for Alcohol Research and Education (FARE), to strengthen the *Liquor Act 2007* (NSW) to prohibit harmful discounting and promotion of alcohol products.

A recent Australian study highlighted the alcohol advertising industries targeting young people; of 2,810 alcohol advertisements aired over a two month period, half were aired during popular children's viewing times. Key themes of humour, friendship/mateship and value for money were found to be appealing to young people^{xvii xviii}. Another study of the impact of alcohol advertising on young audiences during sporting broadcasts had similar findings, demonstrating young people have a high level of awareness of alcohol sponsors and brands promoting during sporting telecasts. The association of alcohol products with social and sporting success is an effective promotional strategy^{xix}. Such advertising is strongly correlated with attitudes towards drinking and risky drinking practices which are linked to high rates of preventable injury, illness and death.



Exposure to alcohol advertising beings early

Conclusion

The PHAA is concerned over the harmful level of alcohol consumed by a significant proportion of the population in NSW, including the nature and frequency of alcohol related presentations to Hospital Emergency Departments, particularly on Friday nights and weekends. The high rates of preventable injury caused by alcohol related harms puts un necessary stress on families and the community, increases Hospital Emergency waiting times for other urgent (non alcohol related) patients. Additionally, intoxicated patients put unnecessary stress on hospital staff and other patients, including aggressive behaviour. Injury, including high rates of head injury from assaults and motor vehicle injury are costly to an already over burdened health system. Strategies to support the safety and wellbeing of the people of NSW through evidence based policies to reduce alcohol intoxication are strongly supported.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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