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**Response to the
QLD LISC Inquiry into Alcohol Related Violence**

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APS Contacts:

Mr David Stokes, Senior Manager, Professional Practice
d.stokes@psychology.org.au
Dr Thomas Fuller, Policy Advisor
t.fuller@psychology.org.au

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ABN 23 000 543 788

The Australian Psychological Society Ltd, Level 11, 257 Collins Street, Melbourne VIC 3000
Phone +61 3 8662 3300; Fax +61 3 9663 6177; Email: contactus@psychology.org.au; Web www.psychology.org.au

About the APS

The Australian Psychological Society (APS) welcomes the opportunity to provide input into the Queensland Government Department of Law, Justice and Safety Committee inquiry into alcohol-related violence. The APS is the peak national body for the profession of psychology, with over 17,500 members, representing more than 60% of registered psychologists. In Queensland there are currently 4,857 registered psychologists who are members of the APS. Members are supported within the APS by 9 professional Colleges, 37 Interest Groups and 40 Branches throughout Australia.

Psychology is a very diverse profession¹. Areas of psychological practice relevant to this consultation include:

- Clinical psychology – e.g. for mental health assessment and treatment
- Community psychology – e.g. for consulting with community groups and/or organisations to solve problems, promote social connectedness and prevent and reduce threats to collective wellbeing
- Counselling psychology – e.g. for the counselling of perpetrators and victims of alcohol-related violence
- Forensic psychology – e.g. for provision of psychological evidence in the form of written reports and/or oral evidence in courts regarding offenders and victims
- Health psychology – e.g. for health behaviour changes such as the reducing alcohol consumption
- Neuropsychology – e.g. for brain injury assessment and rehabilitation following trauma

The APS supports the Inquiry into alcohol-related violence and its implicit aims to improve community health, safety and wellbeing.

Key Points

Alcohol consumption and alcohol-related violence is a complex and multifaceted issue. There are at least five significant factors that complicate the issue and need to be considered when developing a response to alcohol consumption and violence:

- Consumption of alcohol is embedded in mainstream Australian culture
- Consumption of alcohol is legal and even consuming large quantities of alcohol is legal as long as you do not drive or act in a manner that contravenes another law
- Different amounts of alcohol affect people in different ways at different times
- The vast majority of individuals who consume alcohol do not commit violent or criminal acts
- Not all violence committed relates to alcohol consumption

Given these factors, it would take a set of major, multifaceted Government initiatives to effect cultural, attitudinal, and behavioural change toward the consumption of alcohol in Australia.

When developing the interventions to address alcohol related violence consider the following five points:

1. It is likely that any one intervention would only have a small effect, if any, on alcohol consumption and violence. Thus it is critical that a broad range of interventions, that the

¹ For additional information regarding the specialist domains within psychology go to:
<http://www.psychology.org.au/community/specialist/>

community is largely in agreement with, be implemented in a consistent and timely approach.

2. Government must be prepared to commit to changes for the long-term and be prepared to make decisions that might be "unpopular" with alcohol related industries (e.g. alcoholic drink manufacturers, nightclub owners/licenseses). The Government must be committed to sustaining and implementing longer term change for two main reasons.
 - 2.1. Superficial interventions, such as changing drinking vessels from glass to plastic, though relatively quick and easy to implement, are unlikely to contribute to any individual, cultural or societal changes in attitudes towards or the culture of consuming large quantities of alcohol. A measure such as this is only likely to reduce the severity of a violent incident (or lead a violent person to use a different weapon), not prevent it from occurring in the first instance.
 - 2.2. Significant interventions (e.g. legislative and tax reform) that are likely to contribute to more fundamental changes in the cultural attitudes and behaviours related to alcohol consumption require leadership from Government as well as endorsement from a majority community stakeholders – something that is likely to be difficult to obtain quickly or easily. Furthermore, shifts in attitudes toward consuming large quantities of alcohol that might occur as a result of legislative reform are likely to be gradual, and have a relatively slow or delayed impact on behavioural change. The Government must therefore be prepared to withstand criticism from the media, opposition political parties and alcohol related industry pressure groups if changes do not occur "instantly".
3. Federal and State Governments have failed to recognise and subsequently not adequately addressed the social and health costs associated with high levels of alcohol consumption. The response to alcohol-related violence should also be considered within the context of the National Preventative Health Strategy.
4. Do not distinguish between alcohol-related violence and any other violence committed against the public, emergency service workers, police or health professionals. Do not lose sight of the fact that any violence is assault (i.e. criminal) and against the law and wherever possible offenders pursued through the relevant legal avenues. Intoxication should not be available as a defence or considered a mitigating factor in the decision to prosecute or sentence offenders respectively.
5. Psychologists are ideally placed to support victims of assault, offenders, communities and organisations with the consequences of violence and to adjust and manage the cultural and organisational changes required to improve safety, health and wellbeing in the community.

Best practice harm minimisation measures

1. Why do some individuals become violent offenders after consuming alcohol? What medical or psychological factors are involved?

Whilst the relationship between alcohol and aggression appears robust, it is actually well-established that alcohol does not facilitate aggression in everyone (Ito, Miller, & Pollock, 1996). In fact it is more realistic to keep in mind that a minority of people are more likely to become violent some of the time – rather than everyone who consumes a large amount of alcohol becoming violent all the time.

Different psychological mechanisms have been proposed to explain why alcohol can augment aggression in individuals. Individuals, who have a low control of their anger, or a low level of empathy, have been shown to increase the risk of aggressive acts when consuming alcohol (Barnwell, Borders, & Earleywine, 2006). Alcohol consumption has also been shown to lead to what is referred to as 'alcohol myopia' (Giancola & Corman, 2007). Alcohol myopia refers to a scenario where individuals pay more attention to triggering events which they might otherwise have ignored if not consuming alcohol. Furthermore, alcohol intoxication can increase physiological arousal in individuals, which in turn might affect their appraisal of an otherwise harmless situation and their decision making (Anderson & Bushman, 2002). For example, getting bumped by accident could be perceived as a threat and might trigger a relatively violent overreaction in response from an intoxicated individual.

In addition, the higher the dose of alcohol consumed, the more impulsive an individual becomes (Dougherty, Marsh-Richard, Hatzis, Nouvion, & Mathias, 2008). Alcohol consumption can result in an inability to control aggressive thoughts and actions, leading to violent displays of behaviour. Other risk factors include the use of alcohol in association with illicit drugs. Evidence shows that users of illicit drugs regularly consume alcohol in conjunction with them. Drugs that are stimulants (e.g. speed, cocaine) lead to increase of physiological arousal. The addition of alcohol can thus further distort decision making in these individuals.

2. What measures are there to reduce harm?

The APS believes that changes to ALL the following are required to reduce alcohol consumption and alcohol related violence.

- a. Judicial/legalistic – place limits on the number of licences; ensure that inspection regimes are active (e.g. have either unannounced inspections or a brief gap between notification of inspection and actual inspection); pricing & taxation by alcohol content/volume rather than class of drink; ensure a clear offence & penalty framework is articulated and consistently applied.
- b. Collaborative involvements – ensure that the community groups, venue managers/owners, police, security staff, clientele are involved in consultation and the development of solutions
- c. Media approaches – limit and enforce restrictions on alcohol related promotions, advertising, and sponsorship
- d. Urban engineering – provide adequate late-night public transport options (e.g. taxis and buses); limit the number of late night, and high risk category venues in entertainment districts;
- e. Technical changes – plastic receptacles, alcohol content of beverages

The APS would also like to emphasise that changes in individual's behaviour and attitudes towards alcohol consumption and violence are also required to reduce harm. This crucial factor was omitted from the original discussion paper. The role that individual agency plays in changing alcohol consumption patterns must not be overlooked or underestimated!

Psychologists are professionals who have advanced training in evidence based strategies and techniques to facilitate behaviour change (e.g. motivational interviewing, cognitive and behavioural therapy).

The impact of late opening hours

5. How have late opening hours impacted on the incidence of alcohol-related violence?

There are some conflicting conclusions in the research literature related to the impact of late opening hours. For example, Stockwell and Chikritzhs (2009) concluded from a literature review of research from the UK, Australia, New Zealand and North America that there is some evidence to indicate that late-night trading hours lead to increased consumption of alcohol and recording of alcohol related harms. However, Hough et al. (2008) reported that when the UK relaxed their licensing acts in 2003, it was found that one year later, longer trading hours, and later pub closing times did not lead to an increase in alcohol related violence.

6. What has been the impact of the 3am lockout on the incidence of alcohol-related violence?

Evaluations of lockouts in Victoria suggest that although they have the potential to reduce alcohol related violence, they need to be delivered on a coherent fashion and have the support of, and engagement with all major parties (i.e. venue owners, legislators, transport operators, license holders).

Evaluations of the outcome data associated with the interventions are often compromised due to the scope of measures (e.g. types or locations of offenses included), the short time frame in which the projects and subsequent evaluations were completed, and in the case of the lockout in Melbourne, there were many venues exempted from participating in the lockout.

For additional details and information on the evaluation of the lockout in Ballarat and Melbourne, the reader is referred to:

- Centre for Health Research and Practice (2004) Operation Link: Be Safe Late Program. University of Ballarat. Available from:
http://www.ballarat.edu.au/centres/chrp/projects/Operation_Link.pdf
- KPMG (2008) Evaluation of the Temporary Late Night Entry Declaration (final report). Department of Justice, Victoria. Available from:
<http://www.justice.vic.gov.au/wps/wcm/connect/DOJ+Internet/resources/file/eb7a414fa94b4b0/Full%20Final%20KPMG%20Evaluation%20Report%20no%20CIC.pdf>

8. What changes, if any, should be made to opening hours, and alcohol service strategies within those hours, to reduce alcohol-related violence?

Given that law and responsible service of alcohol policy already exists, it is clear that people who are intoxicated are still able to obtain alcohol within pubs and nightclubs (e.g. get others to buy drinks on their behalf, or buy multiple drinks). Management of venues need to support staff with responsible serving of alcohol. This might done through the provision of security, but also in training for staff to manage difficult situations (e.g. how declining to serve people alcohol), defusing arguments.

Flow-on issues for emergency service workers, police, and frontline health workers

9. What is the impact of alcohol-related violence on police and other emergency service workers and health workers?

The consequences for people exposed to violence in the course of their work include:

- Psychological consequences:
 - o Increased risk of PTSD
 - o Mood disorders
 - o Anxiety disorders
 - o Threats to self-esteem
 - o Sense of powerlessness
 - o Relationship stress
- Social withdrawal

- Decreased ability to work
- Physical harm or death

10. How can negative impacts on these workers be reduced?

Most (80-90%) people recover after a traumatic event without serious problems developing. Shock, distress and disbelief are normal reactions in the immediate aftermath, days, and up to weeks, following a traumatic event.

In the event that support is required, the APS proposes that a stepped level model of care be provided.

Stepped level model of care:

1. Psychological first aid – in the immediate hours-to-weeks after traumatic event includes: promoting physical safety (e.g. acute care); promoting calming through listening to people's stories and offering appropriate levels of information about what can be done; promoting self-efficacy – encouraging people to utilise existing coping skills and supports.
2. Skills for psychological recovery – in the weeks and months following the traumatic event for people who are not feeling any better after two weeks, still feeling anxious or distressed, finding that their reactions are interfering with work or familial relationships etc or need help developing coping skills – identify and prioritise concerns; build problem solving skills; plan and participate in enjoyable, meaningful activities; develop relaxation skills; promote helpful thinking styles (i.e. how thoughts influence feelings)
3. Specialist mental health interventions might be required if an individual feels upset most of the time, has worsening relationships, increases substance use, keeps dwelling on the event, disturbed sleep, appears numb or withdrawn

Education campaigns and their role in cultivating effective social change in terms of community attitudes to alcohol consumption

11. How do we change the drinking culture and create a culture of individual responsibility?

As mentioned already, a change in drinking culture must include a wide range of measures supported by the community and government, and implemented and enforced in a consistent manner. That is, there is a need to provide a broad social, political framework and environment to support a reduction and increase in the levels of responsible consumption of alcohol. Additionally, access to services to support individual behaviour and organisational change are required as well. Specific individual behaviour change might focus on strategies to reducing alcohol consumption, and develop strategies to manage anger and cope with stress.

The APS also refers the Inquiry to work that the Australian Drug Foundation (ADF) is supporting in this domain. The ADF has to date, conducted a series of conferences addressing the issue of what is required to change cultural attitudes toward alcohol consumption. Detailed information of research, researchers and strategies being developed can be found at:

<http://adf.org.au/browse.asp?ContainerID=thinkingdrinking>

12. What education campaigns are currently in place?

The APS emphasises that education alone does not lead to attitude and behaviour change. Although education is an important component of programs that have helped improve communities' wellbeing, it is clear that additional components are required. Interventions to

change attitudes and behaviours related to alcohol consumption need to include aspects that increase the individual's motivation to adopt healthier behaviours and strategies to address psychological barriers and enablers.

Examples of campaigns designed to change attitudes towards the consumption of alcohol include:

Drinkwise (www.drinkwise.com.au) and the Transport Accident Commission campaign against drink driving (<http://www.tacsafety.com.au/jsp/homepage/home.jsp>).

The role of parents in influencing attitudes towards alcohol consumption

15. How are parents influencing the attitudes of young Queenslanders?

16. How can parents be assisted in instilling responsible attitudes to drinking?

Parents play a significant role in influencing their children's attitudes towards alcohol. Parents act as role models from whom their children learn behaviours and attitudes toward alcohol consumption, and emotional regulation (e.g. expression and management of anger). For example, children with parents who model the consumption of small amounts of alcohol and the effective emotional regulation and expression (e.g. of anger) are themselves more likely to behave in a similar way. Thus all parents - but particularly those who are themselves vulnerable and disadvantaged - require the support of legislation, taxation, community and educational services to provide a consistent and coherent message about the many social and health risks associated with excessive alcohol consumption.

A recent study by Martino, Ellickson, & McCaffrey (2009) showed that adolescents whose parents sustained a strong disapproval of substance use were more likely to abstain from heavy drinking, compared to adolescents who reported that their parents approved. This pattern was maintained even when the adolescents had peers who were heavy drinkers. Thus, parents can influence the development of alcohol consumption.

Langhinrichsen et al. (1990) found that parents periodically underestimated alcohol consumption of their children, especially at young adolescence. Higher levels of parental supervision have been shown to be associated with lower levels of consumption of alcohol during adolescence. However some research suggests that adolescents who display strong resistance to authority and have higher levels of alcohol use may resist parental supervision (Clark, Kirisci, Mezzich, & Chung, 2009).

The economic cost of alcohol-related violence

17. What is the economic cost of alcohol-related violence to the Queensland community?

18. How could this cost be reduced?

If preventative health measures, taxation, environmental, social and structural changes are implemented for reduction in alcohol consumptions are adopted then the direct and indirect health, social and environmental costs associated with alcohol consumption and alcohol related violence will reduce.

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