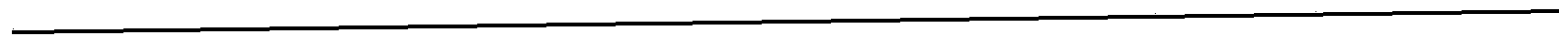




DRUG ARM submission on the
Queensland Parliamentary Enquiry
into Alcohol Related Violence



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Introduction

DRUG ARM Australasia is a not-for-profit, non-government organisation based upon Christian principles. We offer a range of activities and programs which include prevention, education and information dissemination through the Centre for Addiction Research and Education (CARE) as well as provide programs and outreach services that support both clients and their families. The organisation can trace its history back to 1849 and has proudly served the Queensland community for over 150 years. We currently operate in Queensland, New South Wales and South Australia. Over our long history we have shown commitment to implementing and reviewing systems to ensure the clients and the community are provided with effective services. We are committed to reaching out to communities and helping to reduce the harm of alcohol and other drugs, as underpinned by the organisational value – *reaching out, reducing harm*.

Outlined below are DRUG ARM Australasia's responses to the terms of reference outlined for the Parliamentary Enquiry into Alcohol-related Violence. DRUG ARM Australasia thanks the members of this Parliamentary enquiry for the opportunity to provide input on such a significant community matter. All enquiries regarding this submission should be directed to:

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1. BEST PRACTICE HARM MINIMISATION MEASURES

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

Medical factors: DRUG ARM Australasia does not aim to comment on the specific biological processes involved in alcohol consumption, other than to endorse and recommend the new National Health and Medical Research 'Alcohol Guidelines'. This document contains a series of 4 guidelines outlining the safest alcohol consumption levels for the lowest short and long term harm. Research and evidence that provides the basis of the guidelines are included in the following linked document.

- Making Sense of Australia's Alcohol Guidelines

http://www.nceta.flinders.edu.au/documents/WFDfactsheet-5_001.pdf

Psychological factors: DRUG ARM Australasia does not aim to comment on the specific psychological processes involved in alcohol consumption. DRUG ARM Australasia does recognise the complex and interacting role that the social determinants of health play in both the active consumption and physical and psychological impact that this decision incurs on some individuals. In considering this question, DRUG ARM Australasia recommends the reader view the following information:

- World Health Organisation: Social Determinants of Health

http://www.who.int/social_determinants/en/

DRUG ARM Australasia also recognises the high levels of propensity for co-morbidity issues (co-existing mental health and substance use spectrum disorder), particularly in certain populations of substance users (illicit and licit) and young people. In considering this question, DRUG ARM Australasia recommends the reader view the following information:

- Medical Health First Aid Guidelines:

<http://www.mhfa.com.au/Guidelines.shtml>

- Understanding Dual Diagnosis: Mental Illness and Substance Use

<http://esvc001404.wic015u.server-web.com/publications/MIF-PDF-downloads/U-dual-diagnosis.pdf>

- 1.2 *What measures are there to reduce harm?* - Refer Table One
1.3 *How effective have those measures been?* - Refer Table One
1.4 *What works? What doesn't work?* - Refer Table One

There are many measures currently in place to reduce alcohol-related harm in the community. DRUG ARM Australasia has identified and provided comments about the effectiveness of these measures below. DRUG ARM Australia strongly supports the evidence which suggests that no single measure as outlined below is effective on its own. An integrated approach, using a number of carefully selected measures, is most appropriate and effective to promote positive change:

MEASURE	EFFECTIVENESS
Taxation and pricing	<p>DRUG ARM Australasia recognises research that indicates increased taxation and pricing measures can be effective harm reduction strategies. However, it is the view of this organisation that a review into the benefits of taxation and pricing based on single alcohol units is required. Initial indicators suggest that this strategy could have positive impacts in reducing marketing and advertising forces that currently target and encourage binge drinking behaviour and, therefore, have a positive effect on alcohol-related harm reduction.</p>
Advertising restrictions	<p>DRUG ARM Australasia supports efforts aimed at tighter alcohol advertising restrictions, particularly in mediums that target youth and binge drinking culture. High impact advertising opportunities such as sporting and entertainment events and product sponsorship by high profile personalities is unnecessary and often detrimental in promoting a positive Australian drinking culture.</p> <p>In regard to alcohol advertising, DRUG ARM Australasia supports recommendations for an independent alcohol advertising review panel to be established to review alcohol advertisements prior to public release. There is general consensus that alcohol marketing has strong influence in the formation of social identity (including alcohol consumption patterns) in young people. The recent trend of promoting 'designer drinks' are specifically promoted and packaged to appeal to the youth market. These products often have increased alcohol content and are often consumed in greater quantity by females. This is a dangerous mix and DRUG ARM Australasia strongly recommends tighter advertising regulation to reduce the impact of this practice. We also support tight advertising control methods that restrict advertising to locations, publications and times unlikely to be viewed by under 18 year olds.</p>
Product Labelling	<p>DRUG ARM Australasia also endorses the call for increased packaging standards in the alcohol industry. Clearer labelling (including standard drinks information) and health promotion messages on all packaging should be embraced and seen as an effective tool in future harm reduction strategies.</p>

Liquor Industry Action Groups	<p>DRUG ARM Australasia supports the establishment of sustainable Liquor Industry Action Groups (LIAG's). These groups provide an opportunity for government, industry and community collaboration to address alcohol related harm in the community. It is the view of this organisation that ongoing financial and resource support is vital for the long term sustainability of these groups. Effective strategies such as social marketing campaigns, alcohol management plans (refer below), harm minimisation strategies such as the Safer Venues program (a Qld Health initiative designed to use a series of audits to provide safety improvement recommendations to venues), training (such as Conflict Resolution training; Drug awareness, affectedness, and responsiveness training) and policy improvement forums have already been delivered through many LIAG's. DRUG ARM Australasia supports LIAG's in their ongoing effort to identify, develop and implement strategies to reduce harm in their communities. A full listing of LIAG's as well as legislative and compliance information can be found at: http://www.olgr.qld.gov.au/</p>
Alcohol promotion limitations	<p>DRUG ARM Australasia does not support alcohol promotions. Despite being discouraged by legislative, government and community organisations, the practice continues. Alcohol promotion often promotes binge drinking, ignores legislation and does not reflect the aim of alcohol policies. Stronger compliance and enforcement is required in this area.</p>
Alcohol Plans	<p>Venues, clubs, many councils and entertainment precincts, workplaces have adopted the implementation of alcohol plans. These plans are effective in identifying and implementing ways to manage the consumption of alcohol. In 2008 – 2009 a private consultant assisted many Liquor accords operating in the Brisbane CBD, North Brisbane and Sunshine Coast to design an alcohol plan relevant to the region covered by the liquor accord. It is a collaborative approach with large scope for harm reduction strategies to be implemented. DRUG ARM supports this process and recommends support for the establishment of alcohol plans in other Liquor Industry Accord Groups across Queensland. Furthermore, we strongly recommend that these groups be encouraged to develop in a way that reflects and represents the community of their concern through targeted stakeholder contribution and collaboration.</p>
Increased Security Measures	<p>DRUG ARM Australasia supports the increased licensed venue security measures that have been legislated in recent years. Increased security numbers in high volume venues is seen as a positive harm reduction strategy. However, under-skilled or inappropriately deployed security personnel can contribute to violence in some</p>

situations. DRUG ARM Australasia recommends an ongoing commitment to support the security industry in achieving high industry standards and providing training opportunities (eg. conflict resolution; drug affectedness; policy implementation etc) to ensure security personnel are appropriately skilled and equipped to be a positive and effective measure in reducing alcohol related violence.

Glass Bans

DRUG ARM Australasia supports the introduction of toughened glass as a harm reduction strategy but recognises that venues have an ongoing responsibility to remain vigilant in removing and reducing trajectory and weapon risks in their establishments. Floor staff, particularly 'glassies', play an integral role in this strategy. It also recognises that any introduction of toughened glass should be subject to close evaluation to measure effectiveness.

Social Marketing Campaigns

DRUG ARM Australasia recently developed the 'No Kidding' Social marketing campaign. This campaign was designed in response to data from the Pine Rivers area in Brisbane. The data revealed low levels of awareness of current secondary supply legislation and, in response, an awareness campaign consisting of simple messages displayed on posters, coasters, badges, bar runners was developed. Licensed venues and bottle shops throughout the Pine Rivers area agreed to participate and display campaign materials. This was a collaborative response led by DRUG ARM Australasia in partnership with the local LIAG, Qld Police Service (QPS), council and local Liquor industry representatives. While evaluation of this campaign is still in progress, DRUG ARM Australasia believes that it will prove to be an effective campaign, strengthened by its targeted response to a community need and a collaborative approach to addressing the identified issues.

This campaign is an example of why DRUG ARM Australasia supports the use of targeted and collaborative social marketing campaigns as an effective harm reduction strategy. Social marketing campaigns have long been used as a way to disseminate information and/or to promote cultural shift. DRUG ARM Australasia supports this modern interpretation of social marketing campaigns but remains sceptical of the effectiveness of more traditional 'fear based' campaigns.

2. THE IMPACT OF LATE OPENING HOURS

2.1 *How have late opening hours impacted on the incidence of alcohol-related violence?*

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

2.3 *What other impacts has the 3am lockout had on patrons, venues, and other stakeholders?*

It is now recognised that an established night economy exists in entertainment precincts throughout regional, suburban and inner-city Queensland. In all of these precincts, licensed venues serve as the hub. Several studies have aimed to examine any link between later opening hours and the incidence of alcohol related violence and the reader is encouraged to view the following reports for further information:

- Butten, D. 2008. Analysis of KPMG's Evaluation of Melbourne's 2am Lockout Trial.
<http://www.nightclubownersforum.com/sitebuildercontent/sitebuilderfiles/kpmg2.doc>
- McIlwain, G., & Homel, R. 2009. Sustaining a Reduction of Alcohol-Related Harms in the Licensed Environment.
<http://74.125.153.132/search?q=cache:CqnYwTugadQJ:www.drinkwise.com.au/CMSPages/GetFile.aspx%3Fguid%3D3a29b5f5-2b64-4b48-ace6-455417c18e38+sustaining+a+reduction+of+alcohol-related+harms+in+the+licensed+environment&cd=1&hl=en&ct=clnk&gl=au>

The aim of the 3am lockout is to reduce late night 'venue crawling' and thus promote incident free, late-trade patron exit strategies within entertainment precincts. Several reports have attempted to examine the impact and effectiveness of current patron lockout policies in Australia and no significant results have been found, although restrictions in the availability of comparative data sets should be considered when interpreting these findings. In saying this, the Royal Brisbane & Women's Hospital confirmed there had been no change in 2006 levels of assault based admissions since the introduction of inner city patron lockout initiatives (Butten, 2008). Furthermore, Queensland Police Service statistics indicate that most assaults continue to occur between 1am and 3am. And while it is unclear if the 3am lockout has or has not resulted in an increase in violent incidents, there is some agreement that it has provided a longer time for drinkers to engage in risky behaviour (Butten 2008, McIlwain & Homel 2009). Thus, we may find that the lockout has not caused more incidents, but that a proportionate number has occurred over a longer period of time.

DRUG ARM Australasia does not wish to propose lockout recommendations; however, the organisation does support improved evaluation of the effectiveness of current lockout policies and a collaborative approach (including combined venue, law enforcement, council, transport and community stakeholders) to future lockout policies.

DRUG ARM Australasia also wishes to highlight the negative impacts created by the increased volume and density of available licensed outlets (venues and take-away bottle shops). It is our strong belief that this has contributed to increased opportunity for alcohol consumption and an increase in alcohol-related incidents and consequent community harm. DRUG ARM Australasia strongly recommends a review of licence issuing practices.

Alcohol consumption has high costs to the community. It contributes towards damage to public spaces and increasing public and private assaults. This, coupled with the increased demand for emergency services, law enforcement, and hospital and community organisation services makes the cost of alcohol to the community – and individuals – very high. Lost productivity, increased safety concerns, family breakdown etc, are all further considerations in the cost of alcohol consumption.

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

Recommendations:

- All applications for extended opening hours should be considered in close consultation with community stakeholders (eg/ relevant council planning departments, venue operators, other retailers), and should be subject to ongoing review. Future planned developments in an area should be considered, as well as current circumstances.
- For those venues operating under extended trading licenses, consideration should be given to the impact of restricting full strength liquor sales during any part of &/or the duration of the extended trading license period (including serving of bulk drinks and shots of liquor).
- As drinking water while consuming alcohol is one of the most effective harm reduction strategies, free water should be offered to patrons throughout a licensed venues open trade. This measure would reflect best practice around alcohol management policy and has not been seen to affect trade in venues currently offering free water. It is the general view of this organisation that extended trading venues should be required to provide free water to patrons.
- All strategies should be underpinned by the before mentioned Alcohol Guidelines and should include adequate evaluation methods.
- All assessments of trading hours should consider the availability of transport options to enable patrons to safely, effectively and swiftly disperse upon leaving the venues. This would reduce the “milling around waiting” time which often capitulates violence.

3. FLOW ON ISSUES FOR EMERGENCY SERVICE WORKERS, POLICE, FRONTLINE HEALTH WORKERS.

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

In delivering outreach services across Brisbane and the CBD, DRUG ARM Australasia has a policy of zero tolerance to alcohol-related incidents/violence, with outreach volunteers and staff directed to leave an outreach location immediately upon eruption of violence. While this policy is effective in maintaining safety of personnel, it clearly results in a restriction of services to others at this location. Furthermore, frontline workers at large-scale events where intoxication is present (eg Schoolies) are effected. Risks of harm from intoxicated and disoriented persons are present – there have been incidents where an intoxicated client has posed risk of injury to self and workers in the Recharge Zones, necessitating the involvement of police. Again this results in limitations on service provisions. Staff also require training to be able to deal with such circumstances, and procedures must be in place to debrief and support workers post incidents. DRUG ARM Australasia provides such training and debrief/support mechanisms for workers, and endorses their value. Without such measures, frontline staff become “battle weary” and experience fear of service or burnout, leaving the profession and contributing to staff, and subsequently service, shortfalls.

As mentioned previously, alcohol-related violence occurs publicly and privately and causes demand on emergency, hospital and law enforcement services; it contributes to increased strain on the legal and correctional services; it damages individuals, families and relationships and contributes to the growing need for social services (where in many areas the demand outweighs availability). A final comment is to remember that, at every stage of coming into contact with these services, someone is having to be affected by an incident of alcohol-related violence caused by another individual.

3.2 How can negative impacts on these workers be reduced?

Please see comments above regarding the provision of training to deal safely with intoxicated persons, policies to maximise staff safety and minimise opportunities for harm, and services to debrief and support staff post incidents.

In the case of Outreach services, violence is often the result of gross consumption of take-away liquor. By restricting the availability of cheap, larger-volume alcohol take-aways through retail outlets in city hub or entertainment precinct areas, this practice may be curtailed.

4. EDUCATION CAMPAIGNS AND THEIR ROLE IN CULTIVATING EFFECTIVE SOCIAL CHANGE IN TERMS OF COMMUNITY ATTITUDES TO ALCOHOL CONSUMPTION

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

In relation to this question, DRUG ARM Australasia wishes to affirm the following views:

- That the consumption of alcohol alone does not create a drinking culture or cause violence. Individuals and communities must accept a level of responsibility and commit to implementing cultural change in attitudes towards drinking.
- That it is necessary for relevant stakeholders to establish clear terms of reference on what the current Australian drinking culture is and the cultural shift required. If this is established then the AOD sector can begin to develop and implement appropriate and consistent responses to promote a clearly defined new drinking culture.
- That the current Australian drinking guidelines should provide the body of evidence that underpins all strategies aimed at creating cultural change.
- That local and national press should be engaged in publicising and promoting these guidelines to ensure clarity of messages. Instances of recent press where inaccurate information is provided (eg articles citing superseded guidelines) illustrate the potential for community confusion.
- That in accepting the above point, it should be accepted that in some instances, an abstinence approach may be more effective (eg/ promoting abstinence from alcohol in pregnant mothers)
- That a multi-strategic approach involving prevention and early intervention initiatives, education (including opportunities for students, parents, workplaces and professional development), social marketing campaigns, policy development and a range of ongoing treatment options are all necessary to achieve a cultural change
- That health promotion approaches and education settings could be the most effective in delivering the key messages required to bring cultural change, particularly at community level.
- That effective use of public role models requires both careful selection of role models and cooperation from their club/business/community of origin to ensure consistency of messages – for example NOT promoting the image of persons involved in alcohol-related violence.
- That time is required to bring cultural change. As a result, all levels of government must show support for prevention, early intervention, education and social marketing campaigns for a sustained amount of time if cultural change is to be achieved. This need is further highlighted by 2007 study conducted by 'Of Substance' magazine. This study revealed that one-third of people did not believe, or were unsure, if alcohol was a drug. It also highlighted that the majority of respondents were not aware of what constituted 'binge drinking' or what the recommended safe levels of drinking were (as outlined by the National Alcohol Guidelines) (Tinworth, 2008)
- There is a need for all approaches to be evidence based and include strong evaluation methods.

In final comment, it is recognised that the 20 – 29 year age group most frequents late night venues (McIlwain & Homel 2009) and is most likely to consume alcohol at risky levels (NHMRC 2009, AIHW 2007). While alcohol-related public violence appears to be on the increase in Queensland, these combined factors suggest that strategies that aim to reduce harm and/or bring cultural change to this age group should be welcomed. DRUG ARM Australasia, Queensland Health and private organisations facilitated a 2008 survey that looked at drinking patterns and attitudes of Brisbane Fortitude valley night patrons. This survey interviewed over 220 young people and found that the majority of respondents rated being involved 'in a fight' followed by high alcohol consumption as the main indicators of having had a 'good night out'. These results demonstrate the need for a cultural shift in drinking attitudes in this age group.

DRUG ARM Australasia supports a strategic approach involving government, law enforcement and liquor industry partners working collaboratively on compliance and enforcement issues. Local LIAG's may have already shown some success in initiating region wide zero tolerance campaigns, and the benefits of this approach should be monitored in view of the possibility of further rollout. Social marketing campaigns educating patrons about acceptable standards of behaviour and prevention programs aimed at other key areas such as secondary supply, drink spiking, legislative changes etc should continue to be supported at local, state and federal levels.

- 4.2 *What education campaigns are currently in place?* – refer Column one (1) below
- 4.3 *How effective have they been?* – refer Column two (2) below
- 4.4 *How could they be improved?* – refer Column three (3) below

4.2 What education campaigns are currently in place?	4.3 How effective have they been?	4.4 How could they be improved?
Social Marketing campaigns	Ineffective evaluation and comparative data set limitations have meant that the effectiveness of past social marketing campaigns has not been adequately measured. This trend has changed and evaluation techniques used to measure the effectiveness of	DRUG ARM Australasia believes that social marketing campaigns are most effective when the project design reflects a collaborative approach and response to identified local community issues. DRUG ARM Australasia also advocates for

alcohol related social marketing campaigns have now improved. This will mean an increasing volume of future data that will facilitate more accurate measures of campaign effectiveness. DRUG ARM Australasia supports these measures and places a strong emphasis on the development of social marketing campaigns being in line with current recommendations. It also places a strong emphasis on the process and benefit of strong evaluation as the core feature of this type of project design. The National Preventative Health Taskforce highlighted the above limitations to evaluation of social marketing campaigns and made recommendations on evaluation efforts in the following the 2009 National Preventative Health Taskforce report:

[http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview/\\$File/nphs-overview.pdf](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/nphs-overview/$File/nphs-overview.pdf)

an evaluation benchmark to be set for social marketing campaigns, as well as public access to the findings. This would assist in a model of continuous improvement existing for this harm reduction strategy. If lessons learnt and recommendations made from campaign evaluation are not accessible, it is difficult for the AOD sector to facilitate ongoing development of effect campaigns. Furthermore, access to this information would promote social marketing campaigns to be developed on a model of continuous improvement. As social marketing campaigns are often expensive to design, develop and implement, the benefit of continuous improvement and evaluation should not be understated.

School Education sessions

DRUG ARM Australasia firmly believes in the benefit of flexible, tailored, curriculum-integrated and well designed school based AOD education initiatives. These sessions must be responsive, sensitive and appropriate. DRUG ARM Australasia has a dedicated education and training team consisting of professionals who have delivered AOD education to students for over 15 years. All

DRUG ARM Australasia advocates for increased funding for schools to access teacher training and/or professional development, to pay for external AOD education services to provide strategic education interventions to students and parents, and to provide policy development and implementation awareness.

sessions are in accordance with Education Queensland policy and DRUG ARM Australia is an approved external educator in all EQ schools and facilities.

Research evidence shows that information-based education alone is less effective than that integrating skills development (eg refusal skills) and evaluation/adjustment of perceived social norms.

Other types of education sessions

- Parent AOD Information sessions to improve awareness of risks and the importance of parental modelling of desired behaviour
- Safe Partying program – funded train-the trainer initiative designed to increase community capacity to raise awareness and improve party planning for individual and community safety
- Specialised drug awareness and responsiveness training
- Conflict resolution training
- AOD Policy development forums and workshops for workplaces, licensed venues, schools etc
- Training and up-skilling for teachers, allied health staff, youth workers, business managers etc

DRUG ARM Australasia has a firm commitment to providing training opportunities at every level of the community. This organisation recognises the need for some legislative review in the areas of AOD education in the current Queensland Curriculum Education. Furthermore, DRUG ARM Australasia recognises the need for greater support for teachers who now face an increasing expectation to deliver adequate AOD education to students. AOD education is complex and requires a broad and specialised knowledge base. Teachers will require ongoing training, regularly updated resources and AOD professional development opportunities if they are to meet this current expectation. DRUG ARM Australasia also questions the ability to engage in adequate evaluation processes under the current teacher delivery model and encourages departmental review of evaluation processes to measure the effectiveness of classroom AOD education. As private education organizations such as DRUG ARM Australasia do internal

evaluation of education effectiveness, the classroom/teacher education setting will serve as a gap in evaluation if this remains unaddressed.

DRUG ARM Australasia supports policy development. Currently Australia is considered to have high alcohol policy standards when considered globally. This should be a proud achievement and continued support should be given to organizations such as DRUG ARM Australasia to continue to provide programs that engage in policy development at many levels of the community.

5. THE ROLE OF PARENTS IN INFLUENCING ATTITUDES TOWARDS ALCOHOL CONSUMPTION

5.1 How are parents influencing the attitudes of young Queenslanders? – refer Q5.2 below

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

DRUG ARM Australasia supports the research showing that parents influence the attitudes of their children, and young people in general. This provides a unique opportunity for this population to demonstrate positive role modelling. As such, DRUG ARM Australasia believes that social marketing campaigns delivering clear and consistent messages about how and why parents should serve as positive AOD role models in children's lives will be a necessary tool in instilling responsible parental attitude. Furthermore, there should be increased opportunity for parents to access drug education and information sessions, alongside greater access to professional support and advice. DRUG ARM Australasia has presented many parent information sessions on how to talk to their kids about drugs and alcohol; internal evaluation highlights that parents have generally found great benefit from skills gained, information provided, and the opportunity for a forum to freely discuss issues about a topic in which they often lack confidence and to develop ongoing support networks. DRUG ARM Australasia considers such types of community education and support a vital

component in promoting positive change in parental and community attitudes, thus facilitating cultural change.

6. THE ECONOMIC COST OF ALCOHOL RELATED VIOLENCE

6.1 *What is the economic cost of alcohol-related violence to the Queensland community?*

Recently, the National Drug Research Institute released a bulletin presenting the 'Trends in estimated alcohol-attributable deaths and hospitalisations in Australia, 1996 – 2005'. The bulletin overviews the number of mortality and hospitalisation incidents, state-by-state in Australia, from 1996 – 2005.

- Trends in Estimated Alcohol-Attributable Deaths and Hospitalisations in Australia, 1996 - 2005
<http://ndri.curtin.edu.au/local/docs/pdf/naip/naip012.pdf>

The following 'Australian Commonwealth Department of Health and Aging report builds on these figures by providing further considerations and financial and social costs.

- The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004 - 2005
[http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)

Combined, the reports give a clear indication that the cost of alcohol-related violence to Australian society is high. Alcohol consumption has high costs to the community. It contributes towards damage to public spaces and increasing public and private assaults. This, coupled with the increased demand for emergency services, law enforcement, and hospital and community organisation services makes the cost of alcohol to the community – and individuals – very high. Lost productivity, increased safety concerns, family breakdown etc, are all further considerations in the cost of alcohol consumption.

Another issue to be highlighted is the cyclical nature by which alcohol-related violence contributes to economic damage to business. A pattern of alcohol related violence in an area will often lead to the avoidance of that area by patrons concerned about violence. This can reduce the business opportunities in the area. As violence-avoiding patrons disappear, so does their "diluting" effect on the behaviour in the area. A perceived norm of violence develops and is reinforced, which escalates the prevalence and persistence of this behaviour in an area. Again, this has detrimental effects on business in the area, contributing to economic problems.

At this point, DRUG ARM Australasia wishes to re-iterate the staggering social costs associated with alcohol related violence. Alcohol-related violence occurs publicly and privately. Often incidents of domestic violence and physical or sexual assault are alcohol-related. As this group of crimes is also some of the most under-reported to Police and other agencies (eg. not disclosing source of injury or root cause of incident to health staff upon seeking medical attention for injuries) (Roach Anleu, 2006), the true cost of 'private' alcohol-related violence is difficult to measure. A recent and ongoing study by QADREC (Queensland Alcohol and Drug Research and Education Centre) shows the high incidence of alcohol and other drug involvement in presentations at hospital emergency departments. The contribution of alcohol/other drugs to such presentations is not routinely noted, leading to more under-reporting. DRUG ARM Australasia suggests that both the number of incidents, as well as the financial and social costs of this type of violence is very high.

- The Prevalence of Alcohol & Drugs in Emergency

<http://www.uq.edu.au/qadrec/index.html?page=48049&pid=0>

Put simply, alcohol related violence occurs public and private spaces. It is under-reported and has high financial and social costs to our communities.

6.2 How could this cost be reduced?

DRUG ARM Australasia advocates for the ongoing need for prevention, early intervention, policy development and education programs (including social marketing campaigns) to both reduce harm and institute cultural change. Law enforcement and compliance efforts will also be required. Effectiveness of strategies such as anti-drink driving show that a combination of awareness of harm, expectation of enforcement and impact of penalty is required to shift behaviour. Collaborative community approaches that target identified need in that community and engage a broad range of community stakeholders are viewed by this organisation as an effective model. Community stakeholders need to believe in the need for change (by being made aware of and understanding the evidence), see opportunities for effecting change (by ensuring that strategies are locally-applicable, practical, achievable and effective), and perceive personal benefit from the desired change (by understanding and valuing the expected outcomes) to remain actively engaged in behaviour-change projects. If a long term approach to delivering these programs is successful, the chance of sustained cultural change towards drinking may be achieved and costs to the community may be reduced.

APPENDIX ONE: Additional Reference Information

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