



Friday, October 23, 2009

Attn Ms Barbara Stone MP
Chair
Law, Justice and Safety Committee
Parliament House
George Street
Brisbane, QLD 4000
By Email: ljsc@parliament.qld.gov.au

92

Dear Barbara,

Response: Inquiry Into Alcohol Related Violence – Call for Submissions

Further to your correspondence dated 4th September 2009 calling for submissions into alcohol-related violence, please find attached response from the SouthEast Primary HealthCare Network (formerly General Practice Logan Area Network) for your consideration.

Should you have any questions please do not hesitate to contact me.

Yours sincerely

Chief Executive Officer

Why do some individuals become violent offenders after consuming alcohol? What medical or psychological factors are involved? What measures are there to reduce harm? How effective have those measures been? What works? What doesn't work?

Alcohol can affect memory, coordination, perception, mood and concentration. It decreases cognitive performance. There can be loss of self control and inhibition, and impairment in judgement. This can lead to aggressive behaviour and affect the ability to resolve conflict increasing the likelihood of alcohol related violence.

Alcohol related harm, including violence, in individuals arises not only from the rate and quantity consumed but a complex interplay of factors. There is significant individual variability in the responses to alcohol. These factors include gender, age, body size, experience of drinking, genetics and metabolism. The response to alcohol is also affected by mental health conditions (eg depression, anxiety) and whether alcohol is consumed with illicit drugs or certain medications.

There are a number of measures used to reduce the harmful effects of alcohol consumption, including violence as outlined in the inquiry paper. Many of these measures are aimed at limiting the availability of alcohol (eg limiting promotions to encourage irresponsible consumption, pricing and taxation measures, enhanced liquor licensing, enforcement, regulation and inspection regimes etc) and harm minimisation (eg ensuring availability of safe and adequate transport options, servicing alcohol in plastic receptacles) which have helped to some extent. These measures should continue to be enhanced on in a coordinated and collaborative approach.

There needs to be greater awareness and education of the harmful effects of alcohol in the community and a greater emphasis on individual responsibility. Health promotion through media (eg radio, television, internet, printed) and relevant professional services including general practice and drugs and alcohol service would complement measures. General practice is ideally placed for health promotion, prevention and early intervention and would serve to identify, treat and manage alcohol issues.

How have late opening hours impacted on the incidence of alcohol-related violence? What has been the impact of the 3am lockout on the incidence of alcohol-related violence? What other impacts has the 3am lockout had on patrons, venues and other stakeholders? What changes, if any, should be made to opening hours, and alcohol service strategies within those hours to reduce alcohol-related violence?

The 3am lockout would assist in crowd management but must be used in a coordinated and collaborative approach with licencees, government, relevant stakeholders and the general community to be an effective strategy for alcohol harm minimisation. There needs to be strategies to reduce the risk of harmful alcohol consumption at the individual level but also in awareness and education of the community and stakeholders.

What is the impact of alcohol-related violence on police and other emergency service workers and health workers? How can negative impacts on these workers be reduced?

Safety is the main concern of alcohol-related violence not only of the individual, but other patrons, and frontline emergency service workers, police and health workers. The negative impacts on these workers can be reduced by increasing police presence, improved law enforcement, and improving the security in hospitals and for emergency service workers.

How do we change the drinking culture and create a culture of individual responsibility? What education campaigns are currently in place? How effective have they been? How could they be improved?

There needs to be greater health promotion not only at a consumer level but also at other stakeholders including licencees. The media plays an importance role in health promotion. The recent media campaigns of 'Drink Driving' and 'Alcohol and Violence' have had some effect. Health promotion and education of the effects of alcohol and risks of consumption (especially binge drinking) could be supported by the awareness of services available for people to seek help or advice (eg General Practice, Drugs and Alcohol services). There could be greater focus on high risk groups (eg teenagers and young adults) and of high risk periods (eg 'schoolies,' holidays).

How are parents influencing the attitudes of young Queenslanders? How can parents be assisted in instilling responsible attitudes to drinking?

Parents play a significant role in influencing the attitudes of young Queenslanders. Health promotion and prevention can be focused at encouraging them to help delay the initiation of drinking by their children and educating of the harmful effects of alcohol. They can be assisted by education programs of their children through schools or seeking individual advice through general practice.

What is the economic cost of alcohol-related violence to the Queensland community? How could this cost be reduced?

There is a significant economic cost of alcohol-related violence to the Queensland community through treatment of injury and health issues, increased law enforcement, loss of productivity in the work place and crime. There could be greater emphasis on health promotion and prevention to reduce cost in the longer term.