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To promote a drug-free lifestyle and Christian values in the home and community

26 March 2016

Ms Sophie Dunstone
Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600
alcohol.violence.sen@aph.gov.au

Dear Ms Dunstone

SUBMISSION TO INQUIRY INTO THE NEED FOR A NATIONALLY CONSISTENT APPROACH TO ALCOHOL-FUELLED VIOLENCE ON BEHALF OF WCTU AUSTRALIA LTD.

Thank you for the opportunity to provide a submission to the Senate Inquiry on the need for nationally consistent approach to alcohol-fuelled violence. WCTU (Woman's Christian Temperance Union) has been making a contribution to social welfare in Australia for over 125 years and is the oldest women's organization in Australia. In its early years it was at the forefront of issues such as gaining votes for women, setting up infant welfare centres and kindergartens and later was one of the first to press for chemical testing for drunk drivers. It is still concerned about social issues including the problems like family violence and other alcohol-fuelled violence caused by alcohol and other drugs.

We welcome this Inquiry, and strongly support a comprehensive and nationally coordinated response to alcohol-related violence. However, to achieve meaningful and sustained change, we believe that interventions to reduce alcohol-related violence must be part of a comprehensive and coordinated approach to tackling alcohol-related harms more broadly, with a focus on addressing the underlying and systemic factors that drive such harms.

The need for national leadership and a comprehensive approach is clear. There is strong evidence of an association between the consumption of alcohol and the impact of alcohol-fuelled violence on individuals, families, communities and front-line services across Australia.

- Studies have shown that approximately 47 per cent of all perpetrators and 43 per cent of all victims are intoxicated prior to an assault.
- Alcohol is involved in one in three non-domestic homicides and is implicated in an overwhelming majority of "king-hit" or single-punch assault fatalities.
- Alcohol is estimated to be involved in up to half of partner violence incidents in Australia, and 73 per cent of partner physical assaults. Evidence further indicates an association between abusers' drinking and the frequency and severity of their violence. Victoria Police told the Royal Commission into Family Violence that in the past financial year:
 - 12,000 domestic violence offenders were affected by alcohol and
 - A further 10,000 were "possibly" affected

- Other police figures state that alcohol was involved in 14,052 cases of family violence 2012 – 2013 - 23% of the total

- A recent Australasian study found that 8.3% of emergency room presentations in any 24 hour period are alcohol related and this increased to 12% (1 in 8) from 6 pm to 6 am on Friday, Saturday and Sunday.
- In addition to fuelling violence and abuse, alcohol exacts a devastating toll on the health, productivity and safety of communities, and imposes a substantial burden on emergency services, health systems and law enforcement. Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisations across Australia, and is associated with over 200 health conditions, including different types of cancer, cardiovascular disease, liver cirrhosis and mental health conditions, in addition to pregnancy complications such as miscarriages, birth defects and Fetal Alcohol Spectrum Disorder (FASD).
- It also contributes to a range of social harms including vandalism, road traffic accidents, child maltreatment and neglect, lost productivity and costs to service systems including the criminal justice, welfare, child protection and health systems.
- In the 2013 National Drug Strategy Household Survey, respondents were asked if anyone under the influence of or affected by alcohol had perpetrated verbal abuse, physical abuse or put them in fear in the preceding 12 months. 22.3% reported verbal abuse, 12.6% reported being put in fear and 8.7% reported being physically abused.
- The ABS Crime Victimization Survey 2013-2014 identified that over 258,000 Australians aged 15 years and above report being the victim of an alcohol-related assault with only 51.5% reporting any assault to police. Research suggests that there were 90 'one-punch' deaths in Australia between the years 2000 to 2012. Alcohol was involved in 73% of those deaths.¹
- Alcohol consumption has resulted in significant fiscal and health costs in Australia. In 2010, the cost of alcohol-related harm (including harm to others) was reported to be \$36 billion. Alcohol is also associated with 3,000 deaths and 65,000 hospitalisations every year.²
- Conservative estimates of the short-term and direct external costs suggest that the total costs of alcohol harms in Australia exceed \$15 billion per year.

Given the significant costs of alcohol, developing and implementing a comprehensive and coordinated policy response is imperative. Several key considerations must guide the development of a nationally consistent and coordinated response to reducing such harms. First, it is imperative that policies are adopted that are grounded in evidence and that address the underlying, systemic drivers of alcohol-related harms. Strategies that address the effects of alcohol-related crimes and other harms, without addressing the underlying causes of such harm, are unlikely to result in sustainable and meaningful change.

In addition, targeted interventions that focus on 'problem drinkers' are insufficient and less effective than population-wide measures in reducing the immense health, social and economic toll of alcohol. Policy efforts must therefore focus on preventing harms and tackling the underlying drivers of alcohol-related harm, with an emphasis on addressing systemic and population-level factors.

An effective national approach to alcohol harms must be comprehensive and multi-faceted. There are major variations in policy approaches at the state and territory level, with significant inconsistencies in liquor licensing, secondary supply laws, data collection, and education strategies. Some states and territories lack an overarching alcohol policy plan with any detailed action, and others focus exclusively on the justice or licensing aspects and do not address health.

There are very few instances where a comprehensive suite of policies and programs has been implemented in a coordinated fashion, and none at a national level in spite of the claims of **The National Drug Strategy 2016-2025** to be continuing to build on the successful collaboration of health and law enforcement agencies in leading the implementation of the three pillars of harm minimisation:

¹ Pilgrim et al. "King hit" fatalities in Australia, 2000-2012: The role of alcohol and other drugs. *Drug and Alcohol Dependence* 135 (2014) p119-132.

² Miller, P., Curtis, A., Chikritzhs, T. & Toumbourou, J. (2015) Interventions for reducing alcohol supply, alcohol demand and alcohol-related harm. National Drug Law Enforcement Research Fund, Monograph Series No. 57.

- **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol
- **supply reduction** to regulate the availability of legal drugs like alcohol
- **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol.

The two most effective policies to reduce demand are:

- ***Increasing the price of alcohol through taxation and minimum pricing***

The NDS 2016 -2025 acknowledges that, “compared to other commodities, alcohol in Australia has become increasingly affordable over the last decade. The relative price of wine, in particular, has substantially reduced in recent years. The evidence shows that the price of alcohol highly influences the rate of consumption and rates of alcohol-related harm, particularly amongst young people and heavy or problem drinkers.”

There are many studies that show that alcohol taxation is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems. For example, research, led by Professor Tim Stockwell, an international expert in minimum unit pricing, who is the Director of the Centre for Addictions Research of British Columbia, which was published in the [Journal of Studies on Alcohol and Drugs](#), shows that crimes perpetrated against people, including violent assaults, fell by 9.17% when the floor price of alcohol was increased by 10% over nine years between 2002 and 2010 in the Canadian province of British Columbia.

Alcohol taxation is the responsibility of the Commonwealth, although state and territory governments can play a role in regulating price discounts and promotions. Over the past decade, numerous government reviews and reports have consistently highlighted flaws and inconsistencies in the current alcohol tax system, and have shown that significant health gains and cost savings could be achieved with a volumetric taxation system, whereby all alcohol products are taxed according to their alcohol content. The Federal Government has failed to act on these recommendations, despite widespread support for volumetric taxation from health experts, community groups and economists. WCTU Australia is currently part of a campaign to change the favoured status of wine and have it taxed according to its alcohol content.

Alcohol taxation is effective because it not only reduces consumption and related harms, but also provides revenue to offset the direct financial burdens of alcohol harms on government services.

- ***Restricting alcohol marketing, promotions and sponsorship***

Banning cigarette advertising is one of the effective measures that has resulted in a huge reduction in smoking in Australia. It is a measure that the Commonwealth Government should consider in relation to alcohol if it is serious about the National Drug Strategy’s aim “to reduce demand for alcohol and so reduce the violence and other harms that its consumption causes.” The Alcohol Advertising Review Board wants state and territory governments to remove all alcohol advertising from public transport according to a report published in March 2016. However, it is not just alcohol advertising on public transport, but advertising on television, radio, print and billboards that would reduce consumption.

While the Commonwealth is responsible for regulating most aspects of alcohol marketing, state and territory governments can regulate aspects of advertising, pricing promotions and point-of-sale promotions through liquor licensing legislation and restrictions on advertising in public spaces and on stated-owned assets such as public transport. We do need a nationally consistent approach to alcohol advertising and the Commonwealth Government needs to take responsibility for this.

The second pillar of the National Drug Strategy, **supply reduction**, to regulate the availability of alcohol, is key to reducing alcohol-fuelled violence and other harms:

- ***Reducing the availability of alcohol***

Restricting the physical availability of alcohol is central to preventing alcohol-fuelled violence and other harms, and is affected by policies on trading hours, the density of liquor outlets, and the type and size of places in which alcohol is sold. There is a substantial body of evidence demonstrating that the physical availability of alcohol impacts on overall consumption levels, patterns of drinking, and the incidence of violence and other social and health harms. Although state and territory governments have primary

responsibility for regulating the physical availability of alcohol through liquor licensing laws, the Commonwealth shapes the overarching context for such laws under the National Competition Policy (NCP). The NCP has contributed to the liberalisation of liquor licensing in Australia, resulting in a dramatic increase in the number and type of alcohol outlets and their trading hours.

Research reports into alcohol and violence by The National Drug Law Enforcement Research Fund (NDLERF) released in March 2015 included reducing alcohol outlet opening hours and reducing alcohol outlet density in the top 4 harm reducing methods along with raising alcohol price through excise and taxation.

It has long been established that increased availability of alcohol leads to increased consumption, while reducing availability reduces consumption.

- Between 2003 and 2012 Victorian licenced premises increased by 21%. During the same time alcohol-related family violence episodes increased by 85%. (FARE research 2014)
- A study in 2011 by Michael Livingstone concluded that a 10% increase in packaged alcohol outlets resulted in a 3.3% increase in domestic assaults.
- The link between trading hours and violence can be seen in the success of lock-out laws in Newcastle and Sydney. In 2008 Newcastle instituted a successful 1 am 'lock-out' where patrons could not return to venues once they left, and 3 am closing. Since 2014 Sydney has had a similar system to Newcastle's within the entertainment districts. A 'lockout', or one-way door, operates at 1.30am, no shots are served after midnight, last drinks are served at 3am, and take-away sales end at 10pm. The Bureau of Crime Statistics and Research has reported assaults have fallen by 45% in Kings Cross and by 20% in the Sydney CBD.

The National Drug Strategy 2016 – 2025 recognises that “alcohol has become more affordable and available in Australia with the number of liquor licences increasing around the country over the last 15 years. Increases in the density of liquor outlets have been shown to elevate rates of violence and other alcohol-related harms.” The Government knows this information but as yet seems to lack the will to take any steps to implement policies that would limit the number of liquor licences or increase the price of alcohol.

Although responsibility for these various aspects of alcohol policy is shared across different levels of government, it is vital there is national leadership and commitment to drive a more coordinated and effective response. The Commonwealth Government can and must make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, supporting consistent data collection and tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Since the Federal Government closed the Australian National Preventative Health Agency (ANPHA), there has been no central agency responsible for delivering key national alcohol prevention initiatives. Documents such as the National Drug Strategy say the right things and sound impressive but I suspect that the will and mechanisms to implement its recommendations are completely lacking.

Clear governance arrangements are required to support a national alcohol strategy and oversee its implementation as well as a more consistent approach to areas that fall under the responsibility of state and territory governments. For instance, there is a lack of cohesive policy guidance on regulating alcohol outlet density and opening hours and liquor licensing.

Similarly, there are inconsistencies and a lack of compliance and accountability mechanisms to ensure Responsible Service of Alcohol (RSA) requirements are effectively applied across jurisdictions. A recent observational study of licensed premises across five Australian cities found that 85 per cent of patrons who were intoxicated were still being served alcohol. This underscores the need to strengthen the operation of RSA and ensure that is backed up with compliance and accountability mechanisms across jurisdictions.

There must also be an end to the power of the liquor industry in decisions making which has allowed it to self-regulate advertising, and FASD warning labels on alcohol containers which are so small that they may as well not be there. Research funded by the alcohol industry should have little credence. In January 2016 there was an Australasian report of research by British anthropologist Anne Fox who examined Australia's night-time economy, and was funded by alcohol giant, Lion. She claimed that alcohol fuelled violence has nothing to do with alcohol. This cartoon which appeared in a daily newspaper in New Zealand in January is telling:



Accordingly, Australian Governments should adopt the World Health Organization's position that "the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests".

Finally, it is clear from the new NDS 2016 – 25 and its predecessors that the Government knows what is required to bring about meaningful, consistent and sustained reductions in alcohol-related harm – including alcohol-fuelled violence. However, what is lacking is genuine political leadership, will, and commitment, to implement this national drug strategy with clear timelines and targets, to bring about the changes that will reduce alcohol-fuelled violence and the other costly and harms that result from alcohol consumption.

Yours sincerely

Anne Bergen (Mrs)

President, WCTU Australia Ltd.