



**ST VINCENT'S
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

**Submission to Senate Legal and Constitutional Affairs
References Committee inquiry:
*Need for a nationally-consistent approach to alcohol-
fuelled violence***

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1. A call to action

It's clear from St Vincent Health Australia's experience that overwhelmingly Australia has a problem with alcohol – far greater than it does with any illegal drugs.

It's our responsibility – knowing what we know as one of Australia's largest healthcare groups – to stand up and say 'enough is enough'. Somewhere we've lost the balance in our society's consumption of alcohol and we need to bring it back. It's time for Australia to have a serious national conversation about alcohol and how we can better manage its negative aspects for the benefit of individuals, families and the community.

We recognise the majority of Australians can enjoy alcohol responsibly. But such is the scale and depth of the problem we need more than self-regulation and well-meaning awareness campaigns to restore balance.

While alcohol's impact can't be addressed through a single policy initiative we believe the measures introduced in Newcastle in 2008 and in Sydney in 2014 to modestly reduce both trading hours when alcohol can be sold, and its availability, should be supported by all state and territory governments.

We also call on the Commonwealth Government to provide national leadership on reducing alcohol-related harm - including by tackling their areas of primary responsibility namely alcohol taxation and advertising.

We recognise alcohol's deep cultural significance in Australia. We equally recognise its economic importance and that alcohol policy is also often the product of competing interests, values and ideologies. However, we believe our recommendations are sensible, and over time will improve health, reduce harm and violence and boost family relationships and community cohesion.

2. Why take a position on alcohol?

Australia's alcohol problem

Alcohol harm in Australia is significant and growing. Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisation.¹

Every year in Australia more than 5,500 lives are lost and more than 157,000 people are hospitalised for chronic disease and injury caused by alcohol – that's 15 deaths and 430 hospitalisations *each day*. The burden of disease from alcohol grew by 62% over the decade to 2010.²

Heavy drinking puts the drinker at significant risk of harm including injury and death, and long-term health issues. But the impact is wider than just those drinkers. Around three-quarters of Australian adults report being negatively affected by *someone else's* drinking in any year.

For example, in one year (2005):

- 367 people died due to another person's drinking (77 due to violence);
- 13,700 people were hospitalised because of another person's drinking (9,200 due to violence);
- 70,000 people were the victims of a reported alcohol related assault (note only around a third of alcohol-related assaults are reported to police); and
- around 20,000 cases of child abuse and neglect were substantiated involving alcohol³.

And all Australians share the costs of alcohol-related harm – as family members, friends, colleagues and taxpayers.

Our experience with alcohol-related harm

St Vincent's Health Australia operates two major tertiary public hospitals in New South Wales and Victoria. Every day, we treat the health impacts of harmful consumption of alcohol across the lifespan.

This includes:

- Disability and brain injury from early exposure to alcohol including harmful drinking in adolescence and maternal alcohol use in pregnancy.
- Injuries and trauma from alcohol-related accidents and violence (public and domestic) treated in our emergency departments, trauma wards, operating theatres and intensive care units.
- Chronic illness from long term alcohol consumption including cancers, heart and liver disease, cognitive impairment and dementia, and mental illness.

We have also delivered specialist alcohol dependence treatment services (residential and outpatient) for more than 50 years, making us one of Australia's oldest public services of this kind.

Due to the location of our public hospitals near the entertainment and central business districts in both cities, St Vincent's Health Australia unfortunately has extensive experience with the impacts of alcohol-fuelled violence.

¹ National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. {cited 2011 February 2} Available from: www.nhmrc.gov.au

² Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

³ Foundation for Alcohol Research and Education and Centre for Alcohol Policy Research, *The range and magnitude of alcohol's harm to others* Summary February 2015

We know first-hand that the flood of trauma and injuries presenting to our emergency departments as a result of alcohol is not only devastating for the victims of violence and their families, but comes at a huge cost to our hospital services and the community as a whole.

We also know that alcohol-related harm and violence *can* be prevented and its impact on all of us reduced. The evidence supporting policy change is compelling – the costs of doing nothing are very high; and the benefits of reducing harm substantial.

The voices of our senior clinicians are strong and in unison: as an organisation we have a responsibility to influence public policy at a system-wide level by sharing our experiences and offering informed, evidence-based guidance.

Our submission

We have limited our comments to terms of reference relevant to our experience or where there is an established evidence-base, namely:

- a. ii) liquor licensing;
- b. ii) education and information campaigns;
- c. the viability of a national strategy to reduce harm; and
- e. related matters:
 - other national reforms – alcohol taxation, advertising and access to treatment and care; and
 - alcohol-related family violence.

The alcohol-related violence that we witness includes public violence (including ‘one-punch’ attacks) and domestic and family violence. We have addressed both types of violence in this submission – where the evidence and our experience shows that alcohol is a major contributor.

3. Regulating the availability of alcohol through liquor licensing

The relationship between alcohol-related violence and licensed premises

Licensed premises are a high risk setting for alcohol-related violence. International and Australian research indicates:

- A significant proportion of assaults occur in or close to licensed premises. A key Australian study found that over 40% of all assaults occur in or around licensed premises.
- Licensed premises are the highest risk setting for alcohol-related violence, with hotels and clubs the highest risk venues.⁴

St Vincent's Health Australia notes that alcohol-fuelled violence in a residential setting is also significant. While outside the terms of reference for this review, we also advocate for governments to take action to reduce and address the impacts of alcohol-related domestic and family violence.

The relationship between alcohol-related violence and extended trading hours

There is also strong national and international evidence that extended trading hours at alcohol outlets results in increases in alcohol-related harm. Conversely restricting the trading hours of on and off-license premises through liquor licensing has been found to be effective at reducing alcohol-related violence.

For example:

- In the Netherlands, a 1-hour extension of alcohol outlet closing times in some of Amsterdam's nightlife areas was associated with 34% more alcohol-related injuries.⁵
- In Norway, a study across 18 cities found a 16% increase in violent crime associated with every additional hour of trading.⁶
- In Germany, a late-night off-premise alcohol sales ban has been found to be effective at reducing alcohol-related hospitalizations among adolescents and young adults in the short term.⁷
- In New York, every additional hour of trading was associated with a greater reported incidence of violent crimes.⁸

Liquor law reform in Australia: case studies

The **New South Wales Government** introduced liquor law reforms in February 2014 which:

- reduced trading hours for licensed venues in the Sydney central business district and Kings Cross entertainment precinct with a 1.30am lock-out and 3am last drinks;
- exempt small bars licensed for less than 60 patrons and the casino; and
- required all bottle shops throughout the state to close at 10pm.

The change followed similar successful reforms that were introduced in Newcastle in 2008. Prior to March 2008, Newcastle had a high rate of alcohol-fuelled violence and its CBD attracted an estimated 20,000 drinkers each weekend – many of them young people who had 'pre-loaded' on alcohol prior to coming into the city.

⁴ Morgan A & McAtamney A (2009), *Key issues in alcohol-related violence*, Australian Institute of Criminology.

⁵ Goeij, Moniek, et al. (2015) "The impact of extended closing times of alcohol outlets on alcohol-related injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation." *Addiction* 110.6: 955-964.

⁶ Rossow, Ingeborg, and Thor Norström. (2012) "The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities." *Addiction* 107.3: 530-537.

⁷ Marcus, Jan, and Thomas Siedler (2015). "Reducing binge drinking? The effect of a ban on late-night off-premise alcohol sales on alcohol-related hospital stays in Germany." *Journal of Public Economics* 123: 55-77.

⁸ Schofield, Timothy P., and Thomas F. Denson. (2013) "Alcohol outlet business hours and violent crime in New York State." *Alcohol and alcoholism* 48.3: 363-369.

To tackle the problem, a series of restrictions was placed on 14 licensed premises in central Newcastle (most of whom were trading to 5am), including a 1.30am lockout and a mandatory, precinct-wide 3.30am venue closure.

Research into the impact of the Newcastle reforms found:

- a substantial (37%) reduction in non-domestic assaults requiring police attention⁹;
- five years after the reforms, this reduction in assaults had been sustained while in a comparator city (Hamilton) the assault rate had not declined over the same period¹⁰;
- a significant decrease in injury-related ED presentations – an estimated 344 ED attendances were prevented each year (from a population of 308,000)¹¹.

In January this year, the **Queensland Government** also passed legislation to restrict extended trading:

- 1am lockout and last drinks at 2am;
- no high-alcohol drinks after midnight; and
- all bottle shops throughout the state to close at 10pm.

Alcohol reform success story: the perspective of St Vincent's Hospital Sydney

St Vincent's Hospital Sydney serves the Kings Cross entertainment district and the Sydney CBD and has within its catchment the greatest number of licensed premises in Australia. As such, we have close experience of before and after the NSW Government's liquor law changes.

St Vincent's Hospital Sydney's experience is compelling:

- In the year following the introduction of the liquor laws, St Vincent's Hospital Sydney experienced a reduction in the number of serious or critical alcohol-related presentations to the emergency department.
- This change was seen throughout the week, but was especially marked over the weekend 'party period' (between 6pm Friday and 6am Sunday) when alcohol consumption is highest. There was a 25% drop in alcohol-related serious and critical injuries in this high alcohol consumption period¹².
- Our neurosurgeons also report a decrease in the number of patients presenting between 8pm and 8am with serious head injuries (which often require immediate surgery) – from 26 patients in the year prior to the lock-outs to 11 patients in the year following.
- We understand the Royal Prince Alfred hospital, the major public hospital serving the Newtown area, is reporting no increase in alcohol-related presentations and admissions in the two years since the measures were introduced.

⁹ Kypri, Kypros, et al. (2011) "Effects of restricting pub closing times on night-time assaults in an Australian city." *Addiction* 106.2: 303-310.

¹⁰ Kypri, Kypros, Patrick McElduff, and Peter Miller. (2014) "Restrictions in pub closing times and lockouts in Newcastle, Australia five years on." *Drug and alcohol review* 33.3: 323-326.

¹¹ Miller, Peter, et al. (2014) "Changes in injury-related hospital emergency department presentations associated with the imposition of regulatory versus voluntary licensing conditions on licensed venues in two cities." *Drug and alcohol review* 33.3: 314-322.

¹² Fulde G., Smith M. & Forster S. (2015), "Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws", *Medical Journal of Australia* 203(9), 2 November 2015.

St Vincent Hospital Sydney's experience has been supported by independent evidence gathered by the NSW Bureau of Crime Statistics and Research's (BOCSAR):

- The reforms have delivered an “immediate and substantial” reduction in assaults in Kings Cross (down by 32%) and a “substantial and perhaps ongoing” reduction in assaults in the CBD (down 26%)¹³.
- Most areas adjacent to Kings Cross or Sydney CBD entertainments precincts or within easy reach of these precincts showed no increase in assaults. Contrary to media reports, the research shows there has not been any displacement of violence to places such as Newtown, Petersham, Coogee or Bondi.

St Vincent's Health Australia's recommendations:

1. Support the continuation of 2014 NSW Liquor Laws in the Kings Cross and Sydney CBD areas, and expand to all of NSW.
2. All states and territories should limit extended trading for all pubs and clubs similar to the NSW Liquor Laws; and introduce 10pm as the latest time for packaged liquor sales (including from supermarket outlets).
3. National guidelines should be developed on alcohol outlet density and opening hours that are based on harm minimisation principles, evidence-based research and with the input of local communities in order to provide policy guidance to liquor licensing agencies, planning departments and local government in relation to liquor licensing.

¹³ Menendez, P., Weatherburn D., Kypri K, Fitzgerald J. (April 2015). *Lockouts and Last Drinks. The Impact of January 2014 Liquor Licence Reforms on Assaults in NSW, Australia*. NSW Bureau of Crime Statistics and Research, School of Medicine and Public Health, University of Newcastle, Australia.

4. Information and education

Targeted strategies work best

St Vincent's Health Australia supports focused information and education strategies to improve awareness of policies and guidelines such as on drink driving and drinking in pregnancy guidelines, and to promote treatment options and reduce stigma for those who seek treatment.

St Vincent's Health Australia cautions against mass media and generalist classroom education campaigns which have been demonstrated to be ineffective or less effective than other measures.¹⁴

Alcohol product labelling

St Vincent's Health Australia believes alcohol product labelling (developed independently of the alcohol industry) can be a useful component of a comprehensive public health strategy to reduce alcohol-related harms¹⁵. Australian alcohol producers are already applying health warning labels to products sold in countries which require the mandatory application of warning labels, including France and the United States of America. Evidence from the United States where health warning labels have been required since 1989 is that the warnings have improved consumer awareness on targeted issues such as drink drinking.¹⁶

St Vincent's Health Australia's recommendations:

1. Pictorial health warning labels should be mandated on all alcohol products and product packaging in Australia. The warnings should be developed independent of the alcohol industry, tested and frequently varied, and contain information on alcohol treatment and advice services. One label should specifically relate to the risks of drinking alcohol during pregnancy. Health warning messages should be preceded by the text 'HEALTH WARNING'.
2. Alcohol producers should be prohibited from including any positive health claims on their products, including representations of products as "low" in alcohol or low in calories.
3. Independent examination of benefit of introducing restrictions on packaging and product design of alcohol products, including alcohol-plain packaging laws similar to those introduced for tobacco in Australia.

¹⁴ Casswell and Thamarasingi 2009.

¹⁵ Jones, S & Gordon R 2013, Alcohol Warning Labels – are they effective?.

¹⁶ AER Foundation, Alcohol Product Labelling: health warning information and consumer information.

5. Other national reforms required

Alcohol taxation

International evidence consistently shows that alcohol consumption and harm are influenced by price.¹⁷

Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems. A 10% increase in price is likely to lead to a 5% decrease in consumption at a population level.¹⁸ The Review of Australia's Tax System (Henry Review) also identified alcohol taxation as an appropriate measure for improving social outcomes because of the high costs imposed by excessive alcohol consumption.¹⁹ The taxes received can further assist the reduction of alcohol-related harms by funding and/or recovering the costs of prevention and treatment programs.

St Vincent's Health Australia's recommendations:

1. Australia's alcohol taxation system should be coherent, consistent and based on public health principles.
2. Alcohol products should be taxed on the basis of alcohol content (volumetric taxation) as recommended in the Australia's Future Tax System review.
3. A proportion of revenue from alcohol taxation should be directed towards initiatives that prevent alcohol-related harm, provide treatment for people with alcohol-related problems, and conduct research into the prevention and treatment of alcohol-related harm.
4. The Commonwealth should regulate the minimum price (or floor price) of alcohol products.
5. Ongoing alcohol sales data and alcohol related harm data collection and analysis is necessary to ensure the capacity to monitor the impact of changes in taxation on alcohol consumption patterns and related costs and harm.

¹⁷ Osterberg, E. 1995 "Do alcohol prices affect consumption and related problems" in H. Holder & G. Edwards (eds.) *Alcohol and Public Policy: Evidence and Issues*, Oxford University Press, Babor, T., R. Caetano, S. Casswell, G. Edwards, N. Giesbrecht, K. Graham, J. Grube, P.J. Gruenevald, L. Hill, H. Holder, R. Homel, E. Osterberg, J. Rehm, R. Room and I. Rossow (2003) *Alcohol: No Ordinary Commodity – Research and Public Policy*, Oxford University Press, Oxford.

Chisholm, D., J. Rehm, M. Ommeren & M. Monteiro (2004) "Reducing the global burden of alcohol use: A comparative cost-effectiveness analysis" *Journal of Studies on Alcohol*, 65:782-793

Loxley, W., J. Toumbourou and T. Stockwell (2004) *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*, Australian Government DOHA Canberra

Coate, D. and M. Grossman (1988) "Effects of alcoholic beverage prices and legal drinking ages on youth alcohol use" *Journal of Law and Economics*, 31:145-171

Chaloupka, F., M. Grossman and H. Saffer (2002) "The effect of price on alcohol consumption and alcohol-related problems" *Alcohol Research & Health*, 26:22-34.

¹⁸ Wagenaar, A. et al (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* (2009);104(2):179-190 105

Gallet, C.A. (2007). The demand for alcohol: a meta-analysis of elasticities. *The Australian Journal of Agricultural and Resource Economics*. 51: 121 – 135.

¹⁹ Henry K. Australia's future tax system: Report to the Treasurer. Commonwealth of Australia 2010; 2009 Dec. Webb R. Alcohol taxation reform: considerations and options. Parliamentary Library, Parliament of Australia; 2009 Nov 20.

Alcohol marketing and promotion

International and national research has shown that exposure to repeat high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking.²⁰ Research shows a strong association between exposure to alcohol advertising and young people's beliefs, attitudes about alcohol and their drinking behaviour. In addition, it has a significant impact on the age they start drinking.²¹ This is why the National Preventative Health Taskforce recommended that in a staged approach, alcohol promotions should be phased out from times and placements which have high exposure to young people aged up to 25 years.²²

There is also moderate but consistent evidence to suggest that point of sale promotions are likely to affect the overall consumption of underage drinkers, binge drinkers and regular drinkers.²³ In addition, ownership of alcohol branded merchandise among non-drinking children and adolescents predicts both early initiation to alcohol use and binge drinking.²⁴ Regulation and restriction of all marketing should be a core national response, rather than leaving the liquor industry to make voluntary agreements.²⁵

St Vincent's Health Australia's recommendations:

1. Support the establishment of a comprehensive national regulatory framework for the marketing, promotion, sponsorship, and advertising of alcohol as a core national response that would:

²⁰Anderson P, Baumberg B. Alcohol in Europe: a public health perspective. A report for the European Commission. Institute of Alcohol Studies, UK; 2006.

WHO Expert Committee on Problems Related to Alcohol Consumption. WHO Expert Committee on Problems Related to Alcohol Consumption. Second report. WHO; 2007.

Babor TF, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol: No Ordinary Commodity - Research and Public Policy. Oxford and London: Oxford University Press; 2003.

Saffer H. Alcohol advertising bans and alcohol abuse: an international perspective. *J Health Econ* 1991 May;10(1):65-79.

Saffer, H. and D. Dave (2002) "Alcohol consumption and alcohol advertising bans" *Applied Economics*, 30:1325-1334

Meier P, Booth A, Stockwell A, Sutton A, Wilkinson A, Wong R, et al. Independent Review of the Effects of Alcohol Pricing and promotion. Part A: Systematic Reviews. The University of Sheffield; 2008.

Collins DJ, Lapsley HM. The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol. Commonwealth of Australia 2008; 2008.

Fleming K, Thorson E, Atkin CK. Alcohol advertising exposure and perceptions: links with alcohol expectancies and intentions to drink or drinking in underaged youth and young adults. *J Health Commun* 2004 Jan;9(1):3-29.

Shenker D, Sen S, Soodeen F, Diment E. Not in front of the children- Child protection and advertising. London: Alcohol Concern; 2007 Jul.

²¹ Babor, T., R. et al. (2003) Alcohol: No Ordinary Commodity – Research and Public Policy, Oxford University Press, Oxford Roche AM, Bywood PT, Borlagdan J, Lunnay B, Freeman T, Lawton L, et al. Young people and alcohol: the role of cultural influences. Adelaide: National Centre for Education and Training on Addiction; 2007.

Hastings G, Anderson S, Cooke E, Gordon R. Alcohol marketing and young people's drinking: a review of the research. *J Public Health Policy* 2005 Sep;26(3):296-311.

Snyder LB, Milici FF, Slater M, Sun H, Strizhakova Y. Effects of alcohol advertising exposure on drinking among youth. *Arch Pediatr Adolesc Med* 2006 Jan; 160(1):18-24.

Smith LA, Foxcroft DR. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health* 2009;9:51.

²² National Preventative Health Taskforce. National Preventative Health Strategy – the roadmap for action. Canberra: National Preventative Health Taskforce. 2009.

²³ Meier P, Booth A, Stockwell A, Sutton A, Wilkinson A, Wong R, et al. Independent Review of the Effects of Alcohol Pricing and promotion. Part A: Systematic Reviews. The University of Sheffield; 2008.

Kuo M, Wechsler H, Greenberg P, Lee H. The marketing of alcohol to college students: the role of low prices and special promotions. *Am J Prev Med* 2003 Oct;25(3):204-11

²⁴ Clure AC, Stoolmiller M, Tanski SE, Worth KA, Sargent JD. Alcohol-branded merchandise and its association with drinking attitudes and outcomes in US adolescents. *Arch Pediatr Adolesc Med* 2009 Mar;163(3):211-7

²⁵ Casswell 2009.

- End all alcohol advertising, marketing and promotion in free-to-air TV sporting broadcasts.
- End alcohol advertising on government owned infrastructure (buses, shelters, sporting grounds).
- Phase out alcohol sponsorship and branding of music events to which children and young people may be exposed, and the prohibition of alcohol sponsorship and branding of sport, junior sports teams, clubs or programs.
- Ensure that standards in relation to advertising and promotion are clear and consistent and stringently applied with penalties for significant breaches. The standards should apply to all forms advertising and promotions including point-of-sale promotions, branded merchandise, and new media and digital marketing, including marketing through social media, viral campaigns, mobile phones, and the use of data collection and behavioural profiling.
- Ensure that the standards are monitored by an independent panel with membership including expertise in public health and health marketing.
- Require alcohol companies to disclose their annual advertising and sponsorship expenditure to inform future policy directions.

Access to treatment and care

Access to treatment for people with alcohol dependence in Australia is very poor. On average, people access treatment after 18 years of dependence, and only 10% of people with an alcohol problem access treatment (only 1% are receiving a pharmacological treatment). Our community simply would not accept these treatment delays and rates for any other form of illness.

St Vincent's Health Australia's recommendations:

1. Strengthen the health system capacity for detection and response – particularly in primary care – through training and referral systems. Primary care nurses and general practitioners should be trained and incentivised to screen, conduct brief intervention, and refer into specialist care as indicated.
2. Expand the number of evidence-based treatment places, including culturally appropriate services and specialist services for young people. All funded services should be evidence-based and linked to primary care and hospital services.
3. Promote earlier treatment seeking and reduce stigma through a national toll free number for advice and referral and targeted education messages.

6. Alcohol-related family violence – a hidden problem

Over the past two years there has been significant and welcome attention on the role alcohol plays in fuelling public violence including ‘one-punch’ attacks. The tragic loss of life and long term injuries sustained by (primarily) young men trying to enjoy a night out has led to the community accepting that enough is enough.

Alcohol-related family and domestic violence remains a far more hidden problem, despite its magnitude:

- Alcohol-related violence accounts for between 23% and 65% of all family violence incidents reported to police – varying by state.
- In 2011, there were almost 30,000 incidents of alcohol-related domestic violence reported to police in just the four jurisdictions where such data is available (NSW, Vic, WA & NT).
 - This does not include alcohol-related assaults in Queensland, South Australia, Tasmania and the Australian Capital Territory.²⁶
 - Further, given incidents reported to police are often the most severe cases and only one-third of domestic violence is reported this figure is likely to significantly under-represent the full extent of alcohol-related domestic violence.
- Alcohol is a factor in between 15 to 47% of child protection cases – many thousands of Australian children are experiencing serious abuse and neglect as a result of parental drinking.
- Both domestic violence and problems with alcohol disproportionately affect Aboriginal and Torres Strait Islander communities.²⁷ At the more severe end of the spectrum, the majority (87 per cent) of intimate partner homicides among Aboriginal and Torres Strait Islander peoples between 2000 and 2006 were alcohol related, compared to 44 per cent in the general population.²⁸

Furthermore, family violence is recognised as a product and reinforcer of gender inequalities²⁹, often an expression of masculinity³⁰. There is some evidence to suggest that alcohol-related problems decrease with increased gender equality: male partners’ violence against women decreases along with other negative consequences of alcohol use, such as deaths due to cirrhosis and motor vehicle accidents³¹.

²⁶ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol’s impact on children and families. Canberra: Foundation for Alcohol Research and Education.

²⁷ ANROWS. Fast facts. Indigenous family violence. <http://www.anrows.org.au/sites/default/files/Fast-Facts---Indigenous-family-violence.pdf>; Australian Institute for Health and Welfare and Australian Bureau of Statistics. (2008).

The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples 2008. Canberra: Australian Institute for Health and Welfare and Australian Bureau of Statistics; Steering Committee for the Review of Government Service Provision (2011).

Overcoming Indigenous Disadvantage: Key Indicators 2011. Canberra: Productivity Commission.

²⁸ Deardon, J & Payne.J. (2009). Alcohol and homicide in Australia, Trends and issues in crime and criminal justice, no. 372, AIC, Canberra.

<http://www.aic.gov.au/publications/current%20series/tandi/361-380/tandi372.aspx>

²⁹ Hattery A. *Intimate Partner Violence*. Lanham and Boulder and New York and Toronto and Plymouth: Rowman & Littlefield; 2008.

³⁰ Messerschmidt J. *Masculinities and crime: critique and reconceptualization of theory*. Lanham. Maryland: Rowman and Littlefield Publishers; 1993.

³¹ Rahav G, Wilsnack R, Bloomfield K, Gmel G, Kuntsche S. The influence of societal level factors on men's and women's alcohol consumption and alcohol problems. *Alcohol and Alcoholism*. 2006;41(S1):i47-i55.

Despite a consensus among experts that alcohol is major contributor to domestic violence and child abuse and neglect, specific strategies to address harmful alcohol consumption are not generally promoted as child protection or family violence policy solutions.

St Vincent's Health Australia encourages the Committee to take account of, and make recommendations pertaining to, the contribution of alcohol to domestic and family violence in their deliberations.

The Foundation for Alcohol Research has developed a comprehensive and evidence-based national framework for action to prevent alcohol-related family violence, which is fully supported by St Vincent's Health Australia.

7. A national strategy to reduce alcohol-related harm

St Vincent's Health Australia considers that there is a pressing need for the Commonwealth to take national leadership on reducing the harm from alcohol – including alcohol-related violence.

A first step would be to develop a national strategy to reduce alcohol-related harm, with actions to be funded from an increase in alcohol taxation. We believe a national strategy – supported by a national performance measurement framework – would assist to:

- Build the evidence-base through national data collection and coordination of research efforts.
- Improve the cost-effectiveness of national efforts to tackle alcohol by prioritizing evidence-based initiatives for funding – for example, many mass media campaigns are not evidence based while treatment services are woefully underfunded.
- Improve the health system response by better coordination between primary care, hospitals and specialist drug and alcohol services.
- Improve accountability of all governments to reduce the harm from alcohol – including developing and measuring progress against national targets.

About St Vincent's Health Australia

St Vincent's Health Australia is the nation's largest Catholic not-for-profit health and aged care provider. Our services comprise 34 facilities along the east coast of Australia including six public hospitals, eight private hospitals, a growing number of aged care facilities and major research institutes including Victor Chang Institute, Garvan Institute of Medical Research and St Vincent's Institute of Medical Research.

From the health services established by the Sisters of Charity in 1857 at Woolloomooloo in Sydney, St Vincent's Health Australia has grown to encompass a diverse range of tertiary services including: acute medical and surgical services, emergency and critical care; aged and sub-acute care; diagnostics; mental health; correctional health; palliative care; residential care; research and education.

St Vincent's Health Australia operates more than 3,300 hospital beds, 1,100 aged care places, employs over 17,000 staff, works with over 2,500 medical practitioners and draws on the talents over 1,300 generous volunteers. Each year we provide care to more than 260,000 inpatients and over a million episodes of ambulatory care throughout our outpatient services.

We are a clinical and education leader with a national and international reputation in various fields of medical research. Our areas of expertise cross a large domain including heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; HIV medicine; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health care and Aboriginal health.

We have significant University affiliations with the University of New South Wales, University of Melbourne, University of Sydney, Australian Catholic University, University of Southern Queensland, University of Wollongong, University of Tasmania, University of Notre Dame and others.

It is the intention of St Vincent's Health Australia to remain at the service of the Australian community well into the future, reaching out particularly to those most vulnerable among us, and to continue our strong held belief that a society is only as healthy as the least healthy among us.

St Vincent's Health Australia has a long history in responding to alcohol-related harm. This was first demonstrated by the pioneering efforts of the Sisters of Charity in introducing the first medically-based combined clinical and academic program for the treatment and study of alcohol dependence at St Vincent's Hospital, Fitzroy, Melbourne in 1964; and, at St Vincent's Hospital, Darlinghurst, Sydney in 1971.

St Vincent's Hospital Sydney's Alcohol & Drug Service is a recognised leader in the management of alcohol and drug-related health problems including hospital inpatient, outpatient *Wellness Clinic*, multidisciplinary care hospital liaison services and a 20-bed non-medical residential withdrawal unit, Gorman House.

St Vincent's Hospital Melbourne's Department of Addiction Medicine is a major health service provider in the management of alcohol and drug-related health problems. The hospital offers a combination of in and outpatient services including the 12 bedroom Depaul House, a medical residential withdrawal unit, consultation liaison services, drink driving education, counselling and research.