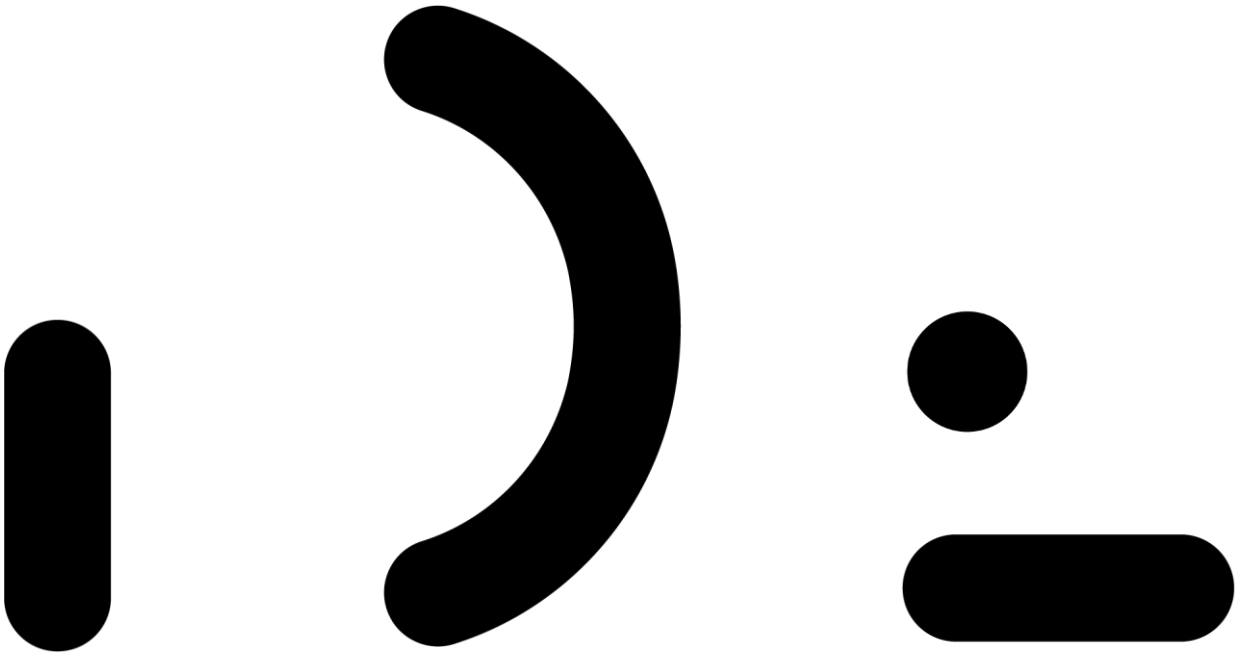
Alcohol and Drug Foundation



South Australian Royal Commission into Domestic, Family and Sexual Violence

Alcohol and Drug Foundation Submission

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Alcohol and Drug Foundation

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About the Alcohol and Drug Foundation

The Alcohol and Drug Foundation (ADF) delivers evidence-based approaches to minimise alcohol and other drug harm. We recognise the power of strong and empowered communities and the important role they play in preventing problems occurring in the first place. A community-centric approach is at the heart of everything we do.

Executive Summary

The ADF welcomes the opportunity to contribute to the South Australian Royal Commission into Domestic, Family and Sexual Violence. Family, domestic and sexual violence (FDSV) is a significant problem across the world. The World Health Organisation reports that 30% of women who have been in a relationship have experienced physical or sexual violence from their partner in their lifetime.[1] In Australia, the 2021-22 Personal Safety Survey found that approximately one in four women and one in 14 men had experienced violence by an intimate partner.[2]

While the ADF acknowledges that there are a wide range of factors that contribute to FDSV, this submission will focus on the role of alcohol as a contributing factor. Alcohol has to date been neglected in conversations on contributors to FDSV. While we acknowledge that consumption of alcohol is never an excuse for perpetration of violence, evidence demonstrates there is a relationship. The relationship between alcohol and FDSV can no longer be ignored and should be addressed as a key issue considered by the Royal Commission. There is clear association between alcohol and the frequency and severity of family violence, where alcohol plays an exacerbating role.[3-5]

Alcohol causes significant harms in our communities. In 2022, there were 1,742 alcohol-induced deaths in Australia, an increase of 9.1% from 2021.[6] Alcohol use is also linked to over 200 disease and injury conditions and causes at least seven types of cancer.[7] A comprehensive approach to responding to FDSV in South Australia must include methods to address and reduce alcohol-related harm in the community. This includes investment and expansion of primary prevention programs which address the underlying risk factors for alcohol-related harm as well as FDSV perpetration and victimisation, many of which overlap and intersect in complex ways. Targeted alcohol behaviour change programs which segment cohorts at greater risk of harm, including young adults, are also an essential part of a comprehensive response.

The influence of the alcohol industry in alcohol policy has been a barrier to addressing the commercial drivers of alcohol-related harm, including availability, pricing and promotion. Additionally, the online sale and delivery of alcohol has emerged as a significant cause of alcohol-related harm by increasing rapid access to alcohol and encouraging extending drinking sessions. There is an urgent need for stronger regulation of alcohol pricing, availability and promotion to reduce the impact of alcohol consumption in the community. This includes reducing the availability of cheap alcohol products through measures like minimum unit pricing, restricting trading hours, outlet density and advertising, as well as stronger regulation of online sales and delivery of alcohol.

An effective systems-level response to addressing the relationship between alcohol and FDSV must also consider the role of stigma. Fear of judgement and other consequences is a significant barrier for people experiencing violence to seeking support, and this is compounded for people who are also experiencing alcohol-related harm. Comprehensive training for health sector staff is required to facilitate destigmatised referrals to appropriate supports for people perpetrating or experiencing violence and alcohol and other drug (AOD) harm.

While alcohol is the focus of this submission, we note that there is also a relationship between drug use and FDSV. Evidence suggests that the threat of police or child protection system involvement can be used against victim-survivors who use drugs as a means of control and can be a significant barrier to seeking support, alongside stigma associated with drug use.[8, 9] The decriminalisation of personal use and possession of drugs also works to address harm caused by criminalisation, including stigma.

Prevention

01 Alcohol exacerbates the risk of violence

Effective prevention of FDSV requires a strong systems-level approach which addresses the underlying evidence-based drivers of harm. Research has established a clear association between alcohol and the frequency and severity of family violence, in which alcohol plays an exacerbating role.[3-5] While this relationship is not considered to be causal, alcohol is often involved in cases of violence, including FDSV.

In South Australia, the National Drug Strategy Household Survey (NDSHS) 2022-23 found that among people aged 14 and above, 6.1% reported experiencing physical abuse from someone under the influence of alcohol, a significant increase from 4.4% reported in 2019. Experiences of verbal abuse from someone under the influence of alcohol was reported by 19.5% of people, and 12.8% reported being put in fear by someone under the influence of alcohol.[10] Across Australia, alcohol is involved in between 23% and 65% of all police-reported family violence incidents.[5] Intimate partner violence incidents involving alcohol are also more likely to result in physical injury. The Alcohol/Drug Involved Family Violence in Australia (ADIVA) project, conducted in 2014-15, found that one in three (34%) alcohol-related intimate partner violence incidents resulted in physical injury, compared to 20% where the incident was not related to alcohol.[11]

AOD use has been associated with both perpetration of violence against women and victimisation of women.[5, 12] Self-report data also reflects this, with almost half (47%) of women who have experienced male-perpetrated sexual assault in the past 10 years reporting that they perceived alcohol or another substance to have contributed to the most recent incident.[13] Interviews conducted with men detained by police for sexual assault as part of the Drug Use Monitoring in Australia (DUMA) study in 2017-18 showed that 28% believed alcohol contributed to the offence.[14]

While alcohol is not the sole driver of FDSV, it is a significant contributor which has yet to be addressed in conversations regarding policy approaches to reducing FDSV in South Australia. The ADF is concerned that the role of alcohol is not addressed in the Issues Paper, and strongly suggest that the Royal Commission explore approaches to reducing alcohol harm, discussed throughout this submission, as part of their work.

02 Prevention programs

Primary prevention programs work by addressing the underlying risk factors of AOD harm before harm occurs. Evidence-based alcohol behaviour change programs that target underlying risk factors for alcohol harms are a vital component of a systemic approach to reducing harm.[15] In addition to continuing funding for existing evidence-based primary prevention programs that demonstrate reduced alcohol harm in the community, investment in targeted behaviour change programs that segment cohorts more at risk is also essential.

Targeted alcohol behaviour change programs can be more effective at preventing and reducing harm.[16] Segmenting cohorts at greater risk allows for tailored support that is meaningful and relevant to each cohort. Evidence from social marketing research demonstrates that segmenting target audiences and designing behaviour change programs that reflect each audiences' unique needs and preferences are likely to result in enhanced behaviour change outcomes.[17] Young adults, particularly those aged between 18 and 24 years, are a particular cohort at risk of alcohol-related harm, as research shows that risky alcohol use escalates in this age group, and shapes alcohol use behaviours later in life.[18] Alcohol behaviour change programs for young adults should focus on addressing alcohol expectancies and building awareness of alcohol-related harms to others. These programs should also provide self-management tools or resources, or direct individuals to help and support if they need it. Recognising the signs of early problematic use in oneself and in others, as well as supporting individuals to talk to friends or family who may be experiencing harm, is another important component of these programs. The ADF therefore recommends greater investment in evidence-based behaviour change programs to target cohorts and sub-cohorts of the population at higher risk of alcohol harm, particularly within the young-adult cohort.

Additionally, exploration of shared risk factors for AOD harm and FDSV is essential to developing effective prevention programs. Alcohol and drug harm and FDSV share a number of risk factors. For example, the presence of mental health issues, experiences of trauma (particularly in childhood) and homelessness are associated with AOD harm and perpetrating or experiencing violence, including FDSV.[19-22] Research with people who use violence has found that perpetration of violence is often associated with experiencing depression, PTSD, suicidal ideation and personality disorders.[23-26] Additionally, Australian data shows that approximately 84,400 clients of specialist homelessness services age 10 and above experienced family and domestic violence in 2022-23. Of these, 42% also had a co-occurring mental health issue, and 12% reported risky alcohol or drug use.[27]

These risk factors interact in complex ways, and can be both drivers and consequences of AOD harm and FDSV.[28] The ADF recommends that the Royal Commission explores overlapping risk factors for AOD use and FSDV, as this is essential to developing evidence-based prevention programs to reduce harm. By working to address the factors which increase individuals' risk of poor mental health, experiences of trauma, homelessness and alcohol and drug harm, prevention programs can have additional positive effects on reducing the risk of associated gender-based violence.[29]

03 Evidence-based regulation of alcohol

In addition to primary prevention and alcohol behaviour change programs, addressing the environmental drivers of alcohol harm is essential in responding to family violence in Australia. The influence of the alcohol industry on policy responses to alcohol harm has prevented governments from addressing the commercial determinants of alcohol-related harm, including FDSV.

Commercial determinants of health are the impacts that commercial activity has on the health of individuals and the community.[30] This is particularly relevant to the alcohol industry, which has a financial incentive to make alcohol more widely available, at lower prices, utilising expanding methods of promotion. This incentive conflicts with the evidence demonstrating that reducing alcohol availability, increasing prices, and reducing promotion, all reduce harm caused by alcohol in the community.

Regulating alcohol pricing

The World Health Organisation has found regulating alcohol pricing to be the most effective method to reduce alcohol-related harm.[31] Reducing the availability of the cheapest alcohol products can influence a reduction in alcohol consumption and related harms. This can be done through taxation, which is introduced at the Commonwealth level, or through the introduction of a minimum unit price (MUP) for alcoholic beverages below which alcohol cannot be sold, which is a key policy lever for States and Territories.

Evidence for the effectiveness of MUP has been seen across several jurisdictions, including the Northern Territory, where a minimum price of $1.30 per standard drink was introduced in 2018. This was done as part of a package of responses to reduce alcohol harms. Since then, there have been large declines in alcohol consumption, the rate of deaths attributable to alcohol and alcohol-related emergency department presentations.[32, 33] Across the NT, there was a 11% reduction in all domestic family violence assaults, and alcohol-related domestic violence assaults reduced by 21%.[34]

The ADF strongly recommends that the Royal Commission explore the implementation of methods to control alcohol pricing, such as MUP, in South Australia to reduce the availability of cheap alcohol products which cause the most harm.

Regulating trading hours and outlet density

Overwhelming evidence establishes a link between the greater availability of alcohol and increased harms.[35, 36] In addition to pricing, trading hours and outlet density are important factors shaping alcohol availability.

Limitations on trading hours is an effective method for reducing alcohol-related harms.[31] The amount of alcohol-related harm experienced can increase by 16% for each additional hour that a venue is open, with violence most likely to occur at venues selling alcohol after midnight.[37,38] Evidence shows that the reduction of trading hours is effective at reducing alcohol-related harms, including violence.[39, 40] In Australia, a systematic review published in 2016 demonstrated clear evidence that restrictions on trading hours, particularly late-night trading hours, have the effect of reducing alcohol-related harms.[41] Data from the NSW Bureau of Crime Statistics and Research (BOCSAR) found that increasing trading hours of bottle shops and alcohol home delivery services from 10pm to 11pm in 2016 resulted in an estimated 1,120 additional domestic violence assaults

over the 38 months that the policy was in place.[42]

Outlet density refers to the number of licensed liquor vendors in an area, such as bars, pubs, and packaged liquor outlets. Different types of outlets are associated with different types of harm, with assault rates linked to the density of pubs and nightclubs while family violence and alcohol-related disease are linked to take-away liquor.[43] Longitudinal research in Victoria found that over ten years, a 10% increase in density of packaged liquor outlets was associated with an approximately 3.3% increase in domestic assaults. Each new packaged liquor outlet per 1000 residents within a given postcode increased family violence reports by 29%.[44]

Strong regulation of trading hours and outlet density of both on and off-premises liquor licences in South Australia is essential to addressing alcohol-related harm and the impact of alcohol on FDSV. This includes implementing 2am closing time laws, particularly in areas of high alcohol-related harm, mandating Responsible Service of Alcohol (RSA) training and enforcement, ensuring strong Community Impact Assessment regimes are in place, as well as encouraging data sharing between health departments and local councils. The ADF acknowledges that the South Australian government has implemented some of these policy responses, such as mandating appropriate RSA training and improving community impact assessment processes, but more must be done to minimise alcohol-related harm in the South Australian community.

Online sale and delivery of alcohol

Importantly, the online sale and delivery of alcohol has drastically changed the way alcohol is made available in the community. Online sale and delivery facilitates easy access to alcohol late at night, when evidence shows assaults in the home are more likely to occur. Alcohol-related assaults increase substantially between 6pm and 3am, with 37 per cent of alcohol fuelled assaults occurring in the home and more than half (57%) of those being family violence.[45] Research is also demonstrating that the online sale and delivery of alcohol can increase the risk of harm by bypassing Responsible Service of Alcohol (RSA) processes, age-verification, increasing rapid access (as quickly as 30 minutes after ordering), and encouraging extending drinking sessions.[46-48]

Some policy responses have already been implemented in South Australia through the *Liquor Licencing Act 1997*, such as limiting late night deliveries after 10pm, ensuring effective ID checks for deliveries, creating offences for the sale and delivery of alcohol to people under 18 years old and who are intoxicated.

However, a formal review of the Act is required to introduce new approaches to regulating the online sale and delivery of alcohol. These approaches should include:

- Introducing a two-hour safety pause to prevent rapid alcohol delivery and associated harm.
- Effective digital age-verification at the point of sale.
- Legislated powers to conduct test purchasing with individuals either appearing under the age of 18 or who are underage.
- Strengthening of liability for companies and protections for delivery employees.
- Publishing data regarding deliveries and refused deliveries based on postcode to capture volume and harm.
- Introduction of an online remote seller licence categories to adequately capture the unique risk of harms, including geographic risk.

Alcohol advertising

Alcohol advertising is a key evidence-based factor in driving alcohol harms. Exposure to alcohol marketing has a causal effect on the trajectory of harm, particularly for young people.[49-52] There is clear evidence that alcohol advertising and marketing promotes positive thoughts and expectancies towards alcohol, earlier initiation into drinking and higher levels of consumption.[53-55]

This Royal Commission presents an opportunity for the South Australian government to explore comprehensive measures to control alcohol marketing to inform future policy approaches. At the state level, this can include regulation of liquor promotions to restrict the availability of cheap alcohol products that can cause greater harm as well as restricting alcohol advertising on government property. The ADF notes and supports the South Australian government's action on this to date, including the restriction of alcohol and unhealthy food advertising on public transport. However, more could be done to strengthen these approaches, such as expanding alcohol advertising restrictions to all public property, including billboards and sports grounds.

The ADF is also concerned about digital alcohol marketing, where algorithmic advertising prevents adequate regulation and targets people at risk of harm, including young people, and those already experiencing harm from alcohol.[51, 56, 57] While digital alcohol marketing poses regulatory challenges that may be difficult to address, it is a significant source of concern, with Australian research suggesting that young people are encountering alcohol advertisements on social media as often as every three minutes.[58]

Response and Recovery and healing

01 Addressing AOD stigma

Addressing stigma related to AOD use and harm is an important component of a best-practice response to meet the needs of people who experience or use violence. Research with people who have experienced FDSV has identified several barriers to seeking support for domestic violence. For example, victim-survivors may be afraid of the consequences of seeking support, including fear of further abuse from the perpetrator or fear of being judged.[59] For people who are also experiencing AOD harm, the stigma related to AOD use, particularly illicit drugs, is an additional barrier to seeking support.[60]

Research has identified a relationship between victimisation and AOD use and harm, whereby victim-survivors can engage in risky AOD use as a method of coping with the distress associated with experiencing violence.[5, 61] This can lead to poorer outcomes as victim-survivors experiencing AOD harms can have greater difficulty accessing both family violence and AOD support services.[5, 62] There is also evidence that domestic and family violence incidents where the victim-survivor was recorded as using alcohol are less likely to lead to an offence.[63] As discussed, intoxication related to AOD use can be a driver of perpetration, as can symptoms of withdrawal.[64] While there is a need to hold people who perpetrate violence to account, an appropriate, non-stigmatising response to AOD use in this cohort, which acknowledges and addresses reasons for use, forms part of a best-practice health response to FDSV.

As a result, the ADF strongly recommends that the Royal Commission explore the role of stigma related to AOD use and how this impacts the way that people who perpetrate or experience family violence access support services. This could include appropriate training for people who work in the AOD sector regarding identifying and responding to family violence, as well as AOD training for family violence sector staff to identify and provide referrals for support for AOD harm in a non-stigmatising way. The Royal Commission could also consider the role of increasing access for women experiencing violence and AOD harm to women-only supports and treatment services.

02 Decriminalisation of personal use

While this submission focuses on the role of alcohol given its strong correlation with FDSV, we note that there is also a correlation between drug use and FDSV. The ADIVA project found that drugs were consumed by an individual involved in a family violence incident in 12% of family violence incidents, and 43% of drug-related intimate partner violence incidents resulted in physical injury, compared to 22% of incidents that were not drug related.[11]

The criminalisation of personal drug use contributes to significant harm in the community, including the perpetuation of stigma which can prevent individuals from seeking support for AOD use and other health and social issues. The enforcement of prohibition also disproportionately affects marginalised communities, leading to further social inequalities. There is also evidence to demonstrate that criminalisation of drug use plays a role in the coercive control of victim-survivors, whereby perpetrators use the threat of police involvement regarding victim-survivors' illicit drug use to prevent them from seeking support.[8] Victim-survivors using illicit drugs who have children may also be reluctant to seek support for fear of interactions with the child protection system.[9]

The decriminalisation of personal drug use is an important component of a health-based response to addressing the relationship between AOD use and FDSV. The removal of criminal sanctions for individuals in possession or using illicit substances would work to address the harms of criminalisation, particularly the stigma associated with AOD use which prevents individuals perpetrating or experiencing violence from seeking support. The ADF acknowledges South Australia's drug diversion program that diverts people away from the justice system for personal drug use offences, which is an important first step in addressing the harms of criminalisation. However, the diversion program is currently limited to 2 diversions over 4 years, which limits its effectiveness.

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