

# Alcohol in contemporary society



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Policy options and interventions to combat alcohol related harm, as asserted by the WHO are many and varied; emphasising leadership, community action, drink-driving policy, availability of alcohol, marketing of beverages, pricing and illicit alcohol policy and reducing the negative consequences of alcohol intoxication (WHO 2010). The latter target area focuses directly on reducing the harm from misuse without necessarily affecting alcohol consumption itself. One relevant initiative, in the domestic context of Australia, is the ‘lockout’ system in nightclubs.

This paper reports on the implementation of the ‘State Wide Action Plan’ (SWAP), a 3am curfew that was enforced upon on all Queensland Hotel Liquor licensed premises on the 1st of July 2006. It aims to address alcohol related harm with broad reference to the economic and social implications of abuse as well as critically assess any developments since the 3am lockout was introduced. Arguably, the 3am lockout can be constructed as ‘a band-aid’ and an intervention that essentially silences a real public health problem (Mazerolle et al. 2012) describes the 3am lockout as a civil remedy that alleviates pressure on other government resources or agencies, and supposedly reduces public misconduct and unlawful behaviour. Moreover, various governing bodies have pointed the finger at desegregated licensing venues (Mazerolle et al. 2012).

The core issue, alcohol-related crime appears to be curbed. However, behind the doors, serious and harmful binge drinking continues. It is a multifaceted consequence of poor policy, social norms that need redefining and a lack of political will (Jones et al. 2011; Mazerolle et al. 2012; Palk et al. 2012; Palk et al. 2007; Poyton, 2005; Tobin et al. 2011). The Australian context: The 3am

lockout Australia, despite being ‘the lucky country’, has not escaped the pervasive influence of alcohol throughout society. Alcohol misuse is an escalating concern and nationwide 3000 deaths can be attributed to alcohol-related harm (AIHW 2004).

Alarming, close to 70,000 hospital admissions are also a consequence of either long-term alcohol dependence or heavy drinking (AIHW 2004) and a longitudinal study, the National Alcohol Projects, suggests young adults account for 10 to 18% of all accident and emergency hospital admissions. Other studies have concluded that admission rates are as high as 30%, highlighting the gravity of teenage drinking (Kisley 2012). As it stands, alcohol consumption costs the Australian economy a staggering \$10.8 billion, primarily due to lost productivity, health-care services and expenditure on related road accidents and crime (Cobiac et al 2009). With respect to the 2006 SWAP policy, some thought it was unnecessary and its implementation sparked a debate in local government and parliament.

It also drew the attention of the media and the community with comments about drug-fuelled violence, social-order and local economic drawbacks (Brand 2007; Jones 2011; Miller 2011; Miller 2012; Pennay et al. 2011; Poyton 2005; Parry 2011). Night time revellers in metropolitan regions, predominantly influenced by alcohol, brought about great “moral panic”, especially from the 23rd of September 2006 to the 28th February 2007 (Burke 2010 p. 87).

The “one punch can kill” reality became a household conversation as fatal assaults drew a significant degree of public attention to nightly news programs and the story behind family tragedies (Graham 2009; Burke 2010

p. 87). Lawyers defended the perpetrators for initiating the assaults, arguing that they had unwittingly lost total inhibition during the split second of the assault and were not rationally driven to kill (Mazerolle et al. 2012). It is difficult to determine who is actually responsible (Mazerolle et al. 2012) is.

Liquor licensed premises, bottle shops and bars and clubs have a duty of care to customers and patrons inside clubs. Studies have tried tirelessly to point the finger towards the owners of licenced establishments, with 40% of injury and assaults occurring inside or on the pavement outside these drinking establishments. Global epidemiological research over the years indicates a correlation between heavy drinking and increased risk of morbidity and death from injury and assault, domestic or otherwise (Chikritzhs et al. 003; Miller 2011; Miller 2012; Poyton 2005; Rehm et al. 2003).

However, there is sparse evidence from the streets in Australia to support this relationship because there is a lack of targeted research examining 'problem' venues where alcohol-related crime and disorder arises (Legislative Assembly of Queensland 2010; Mazerolle 2012). In any case, Mazerolle et al. (2012) characterises this approach as a "civil remedy or third party policing approach" (p. 6), shifting the onus from governing bodies and Australians themselves, who are ultimately responsible for shaping drinking patterns. After the 3am nightclub policy was introduced, the Labour party and the then Queensland Premier, Anna Bligh, were set to unlock Queensland's nightlife. Miss Bligh argued that research into the effectiveness of lockouts reducing alcohol related violence, which was undertaken in Queensland and other jurisdictions, was inconclusive (Nancarrow 2012).

The strategy could well be inappropriate, however low-cost an approach (Butten & Iwaniuk, 2008; Laurie 2011; Smith 2011). From a public health point of view, there is little significant empirical and anecdotal evidence supporting the value of lockout initiatives. Palk et al (2010) confer in a recent analysis. A total of 3014 alcohol and 9785 non-alcohol related incidents were studied on the Gold Coast in 2004. Specifically, the impact of the lockout policy which prevented patrons from entering or re-entering late night trading licensed premises between 3am - 5am was assessed.

Importantly, offences related to property, stealing and assaults showed a reduced trend, but still failed to reach statistical levels of significance (Palk et al 2010). Similarly, traffic offences remained unchanged (Freeman et al 2008). Palk et al (2010) claim the overall number of alcohol-related incidents requiring police attention, in particular those of a public disturbance and sexual nature, as significantly lower post-lockout. Yet whether these incidents constitute injury or rape or verbal abuse or throwing litter or stalking is unknown.

There appears a blurry line between the lock-out system as a silencing initiative for rowdy drunks or an effective policy to reduce serious alcohol related harm such as road fatalities, physical and sexual assault and other dangerous incidents like alcohol poisoning. Other policy options and preventative measures conclusion The 3am lockout policy, as discussed, doesn't necessarily curb violent behavior on the streets, minimise harm from other alcohol related incidents nor address the personal health consequences of binge drinking.

The 3am lockout policy does not appear to be based on rational scientific evidence. A more successful policy has been in the form of regulation and the availability of 'lolly' flavoured alcohol. This product has been a favourite among young adults across the nation and is now heavily taxed with positive results, indicating taxation is a better method to control alcohol related-harm, especially to the individual (Chaloupka 2002, Elder 2010, Pennay 2011).

Forerunning journal articles, media items in this paper conclude that there is a relationship between alcohol and violence; however, a direct link to where violence takes place for instance drinking venues are inconclusive (Anderson, 2009; Butten & Iwaniuk, 2008; Laurie, 2011; Kisley, 2012; Livingston, 2007; Plant, 2009; Rowe, 2010; Room, 2005; Stockwell, 2009; Smith, 2011; Tobin, 2011) . Government regulations set the prices at which alcohol is sold to the consumer.

Teenagers may have worked around the policy by drinking heavily before heading out to try and save money, but overall the policy works in shaping drinking behaviour of a 'problem' population with a long-term effect (Cobiac et al 2009). It is also the most cost-effective option, as asserted by Cobiac et al (2009). Structural changes affecting distribution, supply and pricing of alcohol, such as taxation are powerful in many ways.

In terms of disability-adjusted life years (DALYs) averted, various alcohol-related initiatives have been ranked as more effective in the Australian context. The dominant or most powerful intervention is taxation (11 000 DALYs) , followed by advertising bans (7 800), licensing controls (2 700) , mass media drink driving campaigns (1500), residential treatment with

naltrexone (460) and changing the minimum legal drinking age to 21 (150) (Cobiac et al. 2009). The 3am lockout intervention has not been quantified in this way, and is thus difficult to deem effective.

Gruenewald (2011) has argued in a recent study that a change in the minimum legal drinking age might bring about substantial effects with reference to social order and the drinking setting itself (p. 253). Wagenaar & Toomey (2002) have also found an inverse relationship between the minimum level drinking age and alcohol consumption and traffic accidents. In this way, there are other alternatives for governing bodies to reduce alcohol-related harm. Priority on these 'proven' programs or policies or a combination of these, rather than a simple 'lock-out' would be a much better emphasis.

However, they may not garner votes. As Australia suffers more and more from a burgeoning health budget, and lives are being torn apart by alcohol fuelled violence and alcohol triggered diagnoses, the need for new policy becomes apparent. Measures like the 3am lockout should not be sold to the public as health reform and tackling alcohol issues in society (Stockwell & Chikritzhs 2009). Research has not indicated this to be the case. It is more likely that such regulation has led to easier policing and fewer social disturbances, but this cannot be construed of as 'alcohol related harm'.

Alcohol related harm covers mental health issues from abuse, physical injury from assault, mortality on the roads, chronic illness and disability, and an inevitably poorer quality of life. Implementation of other options, such as increasing the minimum drinking age and taxation, is likely to yield better outcomes when it comes to decreasing alcohol-related morbidity and

mortality. A lockout, is akin to a block out. The partygoers are contained but the core issue remains.