

Opening Address

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I am very pleased to have the opportunity to open this important Conference on Alcohol and Crime. We are fortunate that you are meeting here in Perth. I notice from the program that papers are to be presented by leading experts from all over Australia. To all of you who are visitors, I extend to you a very warm welcome to Western Australia.

The subject of alcohol and crime is one which is perennially topical. One is reminded constantly that substantial percentages of criminal offences, particularly offences against the person and specifically sexual and other assaults, are committed by persons who have consumed substantial quantities of alcohol.

Alcohol is relevant to crime, in two basic ways. The first is in relation to criminal responsibility. The second is in relation to the sentence to be imposed for an offence following conviction.

Drunkenness and Criminal Responsibility

As to criminal responsibility, under the Western Australian Criminal Code, a person is not criminally responsible for an act or omission if, at the time of doing the act or making the omission, he was in such a state of mental disease or natural mental infirmity as:

- to deprive him of the capacity to understand what he was doing;
- to deprive him of the capacity to control his actions; or
- to deprive him of the capacity to know that he ought not to do the act or make the omission.

This is the basis of the defence of insanity. It is closely linked to intoxication or drunkenness. The same provisions apply to a person whose mind is distorted by intoxication caused without intention on his part by alcohol. The provisions do not apply to the case of a person who has intentionally caused himself to become intoxicated, whether in order to afford excuse for the commission of an offence or not. When an intention to cause a specific result is an element of an offence (for example, intention to cause death), intoxication, whether complete or partial, and whether intentional or unintentional, is relevant to the question of whether that intention existed.

In short, drunkenness is never a defence unless it produces a state of unsoundness of mind equivalent to insanity and not then if the drunkenness is voluntarily

induced (*R v Lipman* [1970] 1 QB 152). There is a presumption that a person who drinks to excess intends to get drunk (*Parker v R* [1915] 17 WALR 96). Drunkenness may explain conduct, but provides no excuse unless it causes unsoundness of mind. When it does, the verdict required is the insanity verdict, namely, not guilty on the ground of unsoundness of mind. One of the issues which may be considered at this Conference is whether the defence of drunkenness is satisfactory or whether it has been too narrowly confined. Should it be confined to unintentional drunkenness producing a state of mind equivalent to insanity?

Alcohol affects people in different ways and in different degrees. The effects of alcohol may be stimulating and enlivening for a time. They may produce tipsiness or a high state of good humour. They may act as a disinhibitor, breaking down usual restraints and inhibitions. They may produce confusion and aggression and reduce the level of tolerance to criticism or jest. They may cause exaggerated responses totally alien in character to the responses exhibited by a person when sober. They may cause insensibility or unconsciousness, as when a person can be described as dead drunk. Drunkenness is a matter of degree.

Intention

Although he is drunk, a person may be capable of forming an intention to kill or cause grievous bodily harm or to do any other thing. Evidence of drunkenness will be taken into account with the other relevant facts proved in order to determine whether an accused had the necessary intent. It is for the Crown to prove that the accused had the relevant intent, it is not for the accused to disprove it. The test is not whether the accused was so drunk that he was not capable of forming the intent, but simply whether or not the accused had the relevant intent when he did the act or made the omission the subject of the charge.

This has to be explained to juries. The following example is how I do that:

When a person unlawfully kills another with the intention to kill, the crime is wilful murder. The accused is not charged with wilful murder but with murder. The crime of murder is committed when a person unlawfully kills another not intending to kill but intending to cause grievous bodily harm. Grievous bodily harm is any bodily injury of such a nature as to be likely to endanger life or to cause permanent injury to health.

In the present case the accused admitted hitting the dead girl in various ways on various parts of her body. The evidence suggests that he hit her in the head, in the abdomen, the stomach area and in the legs. She died of multiple injuries, particularly from potential fatal injuries which she had suffered to the brain and the liver.

Counsel for the defence concedes that the accused caused the death of the dead girl. The question is whether he did so intending to cause her

grievous bodily harm, as the Crown says, or whether, as the defence says, he was so drunk that he was not capable of forming that intention. That is the question you must decide. At the time he was hitting the girl, did he intend to cause her grievous bodily harm? Did he intend to cause her such an injury that would endanger her life? Or did he intend to cause her some permanent injury to her health? Or, as the defence has contended, was he so drunk that he was incapable of forming that intention.

Intention is something which is in the mind of the person who does the act. It is not always an easy matter to find or assess. If somebody points a loaded gun at the head of another person, fires three shots into their head and walks away, you may think that is a case in which it would be easy to find an intention to kill. The matter of intention is to be resolved by you looking at the events and asking yourself the question, 'Did the accused intend to cause the dead girl grievous bodily harm?' You have to look for signs about that. You have to look at what he said or did at the material time. The question is 'what was his intention at the time he did the act or acts which caused death?'

Intention, of course, encompasses a desire to achieve a particular result. Did he do what he meant to do? It also covers foresight of the possibility that a particular end result will follow what you do. In this context it may be that you would think that a person has acted with such a reckless disregard of the impact upon another person so as to make the end result, namely grievous bodily harm, a certainty. But you have to look at it in the light of what you find that the accused actually did on that night, whether you can infer intention. It is the intent at the time the act is performed that is relevant. Of course, the fact that the accused was drunk, very drunk, is uncontested. That is a matter which is relevant when you are considering the intention with which the act was done.

It is often said that voluntarily drunkenness is no defence to crime. That is true - subject to a very important qualification; namely, when - as in the case of wilful murder or murder - the intention to cause a specific result is an element of the offence. That simply means the specific result in one case, wilful murder, is the intention to cause death. In the other case, murder, the intention is to cause grievous bodily harm. In each case intention to bring about a specific result is an element of the offence.

In those cases, intoxication, 'whether complete or partial', and whether intentional or unintentional, may be regarded for the purpose of ascertaining whether such intent existed. You should not lose sight of the fact, however, that in relation to the question of intent it does not of necessity follow that a person who has been drinking does not do an act with a particular intent. I say this because it is well known that a person who has ingested alcohol may still form an intention. The intention to drive a motor vehicle is the most common example. Alcohol, of course, can act

in a variety of ways. It can lead to a loss of inhibition, to a loss of socially acceptable restraints. It can lead to unexpected changes of mood. If alcohol has one or more of these effects it does not necessarily follow that a person who is drunk, or even very drunk, does not do an act with a particular intent or is incapable of forming a particular intention.

What he does may be something that he would not attempt to do when sober. It may not be something that he would ever contemplate when he was sober, but nonetheless, in a particular case it may be that he did form that intent. This is the issue which you really have to decide in this case. In some cases you might say, 'Look, I think this man was drunk and I think what he did was a drunken act and I do not think he would do it with the intention of producing a particular result, although I would have reached that conclusion on the facts had he not been drunk.' Or you might say, 'This man would never have done this had he been sober, but he was drunk; a drunken man who was not so drunk that he was incapable of forming the intention. He would never have formed the intention had he been sober, but even though he was drunk he did form the relevant intention.'

It is for you, as the ultimate judges of fact, to consider the relevance of the alcohol consumed by the accused in this case on the question of intent. It boils down to this: on the Crown case it is said that the accused intended to cause the dead girl grievous bodily harm when he was hitting her. The Crown case is that he chased her from X's house to another house where he punched her till she fell on the ground. Then he kicked her when she was on the ground, he dropped a rock on her head, her body and on her legs and then he beat her with a garden stake. She was then put on the back of Y's truck and driven down to the garden camp from the top camp. The Crown case is that he had to be restrained from getting at her when this loading operation was taking place. She was put down outside Z's house. This was where, on the Crown case, the dead girl was repeatedly beaten with the broken axe handle.

The Crown invites you to draw the inference from the acts which were done and the severity of the injuries which were received that there was an intention to cause grievous bodily harm. On the Crown case there was not sufficient alcohol consumed so that the accused was incapable of forming that intention.

Before you can convict the accused of murder you must be satisfied beyond a reasonable doubt that he was capable of forming that intention and that he did so. If, on the Crown case, you are left with a reasonable doubt, then it is your duty as jurors to acquit the accused of the charge of murder. The defence case is that the accused was so drunk that he was incapable of forming the intention to cause the dead girl grievous bodily harm. As his counsel put it, he might have been intending to give her a hiding, he might have been intending to hit her or bash her, but it went no

further than that. It was not his intention to endanger her life. He was blind drunk, so he did not really know what he was doing.

The issue then is, fairly and squarely, one of intention. You are entitled to take into account all the background circumstances in relation to determining what was in his mind at the time. You are entitled to take into account his reaction when he found the girl dead in the morning. You hear what his reaction was. You heard that he was crying. You heard that he said, 'Why did I drink and do all these things?' and he said that repeatedly. You heard his sister say that he was more drunk than she had ever seen him before. You have heard that he told the police the morning after, 'I didn't really want to hurt her, it was the grog that made me do it.' So at the end, Mr Foreman and ladies and gentlemen of the jury, it is for you to determine this issue of intent.

Unless you are satisfied that at the time these acts were done to the dead girl, they were done with the intention of causing her grievous bodily harm, then it is your duty to acquit the accused of a charge of murder. If you are satisfied beyond a reasonable doubt that at the time these things were done to the dead girl, they were done with the necessary intention, it is your duty to bring in a verdict of guilty of murder. If you come to the conclusion that at the time these acts were done, they were not done with the intention of causing grievous bodily harm because the accused was so drunk that he did not know what he was doing and was incapable of forming any intention to cause grievous bodily harm, then it would be open to you to find that the accused was guilty of manslaughter.

You may wish to consider the adequacy or otherwise of that direction as an attempt to explain the law to the 12 ordinary men and women sitting on a jury. Does it explain the issue to them in a way which we can accept they would understand? How can it be improved? Do the considerations reflected in the direction reflect our current state of knowledge of the influence of alcohol on human thought and action?

Sentencing and Drunkenness

The second basic way in which alcohol is relevant, is when it comes to sentencing. The fact that a person was drunk at the time an offence was committed may be a mitigating factor. While not an excuse it may provide a reason. It may show that the behaviour was atypical. It may be that the circumstances are such that the offender is unlikely to offend again. Where it is shown that an offender is dependent on, or addicted to, alcohol the question arises whether it is more in the interest of the community to arrange treatment rather than merely to impose imprisonment. Much depends on the seriousness of the offence and the circumstances under which it was committed. There is, unfortunately, a lack of appropriate facilities within the Corrections system for

assessment and treatment for alcohol or drug dependency. Where the nature of the offence, the circumstances under which it was committed and the antecedents of the offender, are such as to justify his release on probation, it may be made a condition of the probation order that he attend at an assessment and treatment centre and undertake whatever is required of him by way of assessment and treatment during the period of his probation. This is a limited option. It is only appropriate in a limited range of cases. It might be possible to release on a bond to come up for sentence if called upon, subject to a condition concerning assessment and treatment. Assessment can be dealt with by way of a pre-sentence report. The bond is a more limited option.

In some jurisdictions the options are made wider by the availability of the suspended sentence. This is the position in Victoria, for example. Under the Alcohol and Drug Dependent Persons Act, 1968 (Vic), which came into operation in 1974 a court may suspend a sentence of imprisonment on condition that the offender seek and undergo treatment. The Act also allows a court to commit a person to a detention centre for treatment in lieu of, or in addition to, any sentence. This provision has been described by Fox and Freiberg (1985) as 'a dead letter' since there are no such detention centres. As in Western Australia, while there are no detention centres where treatment can take place, there are voluntary assessment and treatment centres. The Victorian provision could well be a model. Section 13(1) allows for the suspension of prison sentences in the interest of treatment where a person:

- is convicted by a court and sentenced to a term of imprisonment for any offence in respect of which drunkenness or drug addiction is a necessary part or condition or addiction contributed to the commission of the offence; and
- the court is satisfied by evidence on oath that the person convicted habitually uses intoxicating liquor or drugs of addiction to excess - the court may order the person convicted to be released upon his entering upon a recognizance in a reasonable amount, whether with or without securities conditioned that the person convicted do seek and undergo treatment in a treatment centre whether as an inpatient or as an outpatient for such period not less than six months nor more than two years as the court thinks fit and fixed by the order and that he abstain from using alcoholic liquors or drugs of addiction unless with the authority of a legally qualified medical practitioner for such further period as the court thinks fit and fixes by the order.

In my view consideration should be given to the introduction of the suspended sentence option in Western Australia. Naturally it goes without saying that the discretion given by that provision should be exercised with great care and only in cases where the court is satisfied that there is a substantial prospect of rehabilitation as a result. As the Full Court in Victoria has held, where a serious crime has been committed and is of a prevalent nature calling for a general

deterrent penalty, the discretion conferred under s.13 should not be lightly exercised to relieve the offender from correctional custody which deservedly should be imposed upon him for his wrongdoing.

The question of availability, suitability and range of centres or facilities is of great relevance. I hope that these issues will be considered by the Conference. I have much pleasure in declaring the Conference on Alcohol and Crime open.

Reference

Fox, R.G. & Freiberg, A. 1985, *Sentencing, State and Federal Law in Victoria*, Oxford University Press, Melbourne.

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Sources of Confusion in the Alcohol and Crime Debate

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The question of whether alcohol causes violent crime is easily stated but the debate about its answer is endlessly confusing. Statistics on the percentage of people who commit serious offences while under the influence of alcohol are thrown like confetti into the public arena. They are seized on by a media ever hungry for quick-fix solutions to major social problems. But the sort of methodological rigour normally considered appropriate to the investigation of epidemiological problems is very hard to find among the published research studies on alcohol and violent crime.

Further, matters do not improve when one turns to the problem of explaining the putative link between alcohol and crime. Here the debate often turns polemical, with theoretical clashes owing more to the ideological commitments of the protagonists than they do to the dull thump of genuine contradiction between rival theories. It is hard to find an area of criminology marked by such comprehensive but unenlightening debate.

This confusion surrounding the link between alcohol and crime ramifies into policy debate over what should be done to limit the growth of violent crime. Some people, believing the relationship to be mediated by personality deficiencies, see treatment as the best way to deal with the problem. Others consider that the link between the two is really just a thinly disguised attempt by men to rationalise the violence they habitually inflict on women.

Some, believing alcohol to be a disinhibitor of aggressive behaviour, argue that control of individual alcohol consumption is the key to reducing violent crime. Still others, accepting the disinhibition thesis, argue, nonetheless, that violent crime can only be reduced by tackling the political economy of alcohol sale and distribution.

Each remedy offered is predicated on some assumption about the 'real' nature of the relationship between alcohol consumption and crime or the 'fundamental variables' which underpin it.

This paper is not intended to add any new research findings to the morass of results already available. Instead it will try to clear away some of the conceptual

debris surrounding those results by discussing some common sources of confusion in the debate.

This does not mean that all previous research on the subject is conceptually flawed. Rather, the relationship between alcohol consumption and crime is so often tinged by a kind of fevered irrationality that an attempt to clarify the terms of the debate on this occasion might help as much as the presentation of new evidence.

This paper is in three parts. First, it will look at a common methodological problem in research examining the issue; second, the confusion surrounding potential explanations of the alcohol and violent crime relationship will be discussed; and finally, some problems in policy debate on the subject will be raised.

Finding the Relationship between Alcohol and Crime

What is meant when it is said that there is a relationship between alcohol consumption and violent crime? A naive starting point is to suppose it means that alcohol consumption causes violent crime.

The trouble with this perception is that (apart from the philosophical complexities appending to the notion of 'cause') many people obviously drink alcohol in copious amounts and do not become violent. This fact conflicts with the commonsense assumption that, if some state of affairs, 'A', is said to be the cause of another state of affairs, 'B', then occurrences of 'A' ought always to be followed by 'B'.

Recognising that no such relationship holds between alcohol consumption and violent crime, the usual response is to beat a hasty retreat to the hypothesis that one is an indirect cause of the other. For many people this brief flirtation with epistemology is sufficient to justify a headlong plunge into research. Unfortunately the assertion that there is an indirect relationship between alcohol consumption and crime just sacrifices implausibility for vagueness. What is meant by this indirect causal link?

It cannot simply be some sort of statistical association between the two variables. A correlation of +1.0 between per capita alcohol consumption and violent crime rates would only be a matter of passing interest if it were known that both were actually direct effects of some third variable, such as unemployment rates. A strong statistical association in these circumstances offers no basis for controlling crime by limiting alcohol consumption.

To assert that there is an indirect causal relationship is to say one or both of two things: either that alcohol consumption increases the likelihood (or risk or

probability) of a person or a certain class of people committing violent crime, or that it increases the seriousness of violent crime when it occurs.

To say that the causal relationship is indirect is not to retreat to the view that the relationship is in some sense 'only statistical'. It is to say only that the consumption of alcohol exerts its effect on the risk of violence through a number of intervening factors.

One may not be willing or able to say what these factors are or why together with alcohol consumption, they increase the risk of violence; but that does not matter. Such considerations form the basis of theories about the alleged causal relationship between alcohol consumption and crime, not about whether there is one.

If one accepts this, how should one go about the task of gathering evidence on the question? Does one examine the alcohol consumption patterns of those who commit violent crimes or the criminal activities of those who drink? The overwhelming majority of researchers have chosen the former course. After all, if alcohol consumption increases the risk of violent crime then it is reasonable to expect a high proportion of violent offenders will show evidence of drinking in the period leading up to the commission of the offence.

Of course there are the usual complications. Not all offenders are caught and those who are may be an unrepresentative sample. Most of these difficulties, though, one might suppose, only affect the ease with which the existence of any association is established, not the appropriateness of the methodology for determining whether there is one.

The list of research studies which have sought to explore the issue by studying alcohol consumption patterns among violent offenders is too long to mention. The best known of these is Wolfgang's 1958 study of 588 criminal homicides in Philadelphia between 1948 and 1952. There have been many others. Nearly all of them have turned up evidence that a notable percentage of people who commit violent offences were drinking at the time of the offence. Most of them have proceeded from this evidence to the conclusion that alcohol consumption, at least in certain circumstances, increases the risk of violent crime. It is amazing how beguiling this kind of research can be.

The Bureau of Crime Statistics and Research, for example, in its 1986 (Wallace) study on homicide offenders, found that homicides which involved a male accused and female deceased were more likely to involve drinking by the offender than those involving other gender permutations. This difference is particularly marked when the altercation involving male and female is such that the female victim strikes the first blow. The same result is not found when the male strikes the first blow.

From such observations it is tempting to conclude, firstly, that drinking makes men more likely to kill women and, secondly that alcohol exerts its effect on men through some form of disinhibition. The drunk male offender, on the basis of this argument, once struck, loses all self-control and instead of merely striking back, overreacts, killing the victim. Such arguments, unfortunately, far from being supported by the data, actually beg the central question at issue.

The fact is that if one wishes to assess the alleged increase in risk of offending wrought by alcohol consumption, it is necessary to examine patterns of violent crime among alcohol consumers, not patterns of alcohol consumption among violent offenders. Even if all violent offenders were found to be drunk at the time of offending one would still be no closer to knowing whether alcohol consumption increases the likelihood of assault.

Studies are needed which either compare violent crime rates or patterns between people who drink and people who do not, or examine the relationship among alcohol consumers between rates or patterns of alcohol consumption and rates or patterns of violent crime. This is precisely what most research in the area does not do. Research on the relationship between alcohol and crime seems to have steadfastly ignored it. Indeed much research on the relationship between the two seems more preoccupied with the problem of testing various explanations of the causal relationship than with demonstrating that one exists.

One recent example is a 1987 study by Welte and Miller, which surveyed over 10,000 inmates of American prisons on their alcohol use at the time of offending. On the basis of this survey Welte and Miller claimed to have refuted the theory that alcohol increases the risk of violent crime because it disinhibits people disposed to violence. Their refutation relied on the fact that, controlling for other factors, they were unable to find any difference between property and violent offenders in their propensity to drunkenness at the time of the offence. Both groups were drunk when they offended.

There are many explanations which might be given for such a null result. Chief among them, is the possibility that alcohol consumption does not have any effect at all on the likelihood of offending. Welte and Miller did not even pause to consider this possibility.

Explaining the Link between Alcohol Consumption and Violence

Brewarrina is a small north-western town in New South Wales characterised by a large Aboriginal population, a relatively high incidence of violent crime and a very high per capita consumption of alcohol.

Every second Thursday in Brewarrina a large number of Aborigines go to the 'payless' store and hand over their social security pension cheques to the manager

who conveniently cashes them. They then spend the proceeds on port and sherry. Until recently, as soon as they had bought this alcohol they began to drink it, on the footpaths, in the street or in the public park overlooking the Darling River and the stone fishtraps their ancestors made some 30,000 years ago.

After a time some of them become violent, drunk and abusive, mostly toward each other, but also toward the police when they arrive. Often the internecine violence is directed against Aboriginal women by Aboriginal men. Much of the violence directed toward police, of course, arises out of attempts to protect each other from arrest and detention. This pattern of events continues, abating slowly, for the next two weeks, when it begins in earnest again.

How do we explain this cycle of violence? Because episodes of acute alcohol consumption punctuate each new cycle it is natural to suppose that excessive alcohol consumption is the immediate explanation. But this does not take us very far, even if we are prepared to accept that such consumption actually increases the risk of violence and is not just an irrelevant correlate of it. Why do so many Aborigines in Brewarrina (and many other Aboriginal settlements on the fringe of towns) chronically drink large amounts of alcohol? Why does its consumption apparently increase the likelihood of violence?

It is at this point that the debate about 'fundamental' or 'underlying' causes usually begins in earnest, probably because at this point it is only a short step into the debate about policy. But why is alcohol consumption in Brewarrina so high? There are three readily identifiable classes of answer to this question.

In the first class, are answers in terms of the physical or psychological characteristics of Aborigines in towns like Brewarrina. These include medical explanations such as the genetic susceptibility of all Aborigines to dependence on foods with a high sugar content or psychological answers such as those which appeal to depression, frustration or learned helplessness as predisposing factors toward alcoholism. Proponents of this sort of theory often consider that theirs is the only truly causal explanation for excessive alcohol consumption.

In the second class, are explanations which might be called anthropological. Such explanations typically appeal to the tendency among all minority or indigenous groups whose culture, way of life or value system is destroyed, to exhibit high rates of disease and alcoholism. Proponents of anthropological theories typically criticise adherents of physical or psychological theories as naively or deliberately taking the social context in which alcohol dependence among Aborigines has developed as unproblematic.

In the third class, there are theories which seek to explain Aboriginal alcoholism by reference to the political economy of alcohol production, sale and distribution. This sort of explanation typically appeals to the political and economic importance to the ruling class of promoting alcohol consumption among

indigenous people. Adherents of this point of view often accuse those in the anthropological school of failing to comprehend the economic imperative behind the racism they spend so much time documenting.

The three classes, of explanation, while perhaps a little overdrawn here, are almost always set in opposition to each other. But the entire dispute, though carried on with great fervour by its participants, is essentially sterile. It is possible to subscribe, without inconsistency, to theories within each of the three classes, simultaneously. There is nothing wrong, for example, with supposing that Aborigines have a genetic susceptibility to dependence on alcohol which is aggravated, on the one hand, by feelings of depression and worthlessness induced by the destruction of Aboriginal culture and, on the other, by a rural bourgeoisie which cynically markets alcohol to Aborigines. Such an explanation is not being advanced here. This example simply illustrates the point that the three classes of theory are not intrinsically inconsistent.

The same sort of spurious debate is played out between people who say that alcohol consumption increases the risk of domestic violence because it disinhibits male aggression towards women and those who contend that the domestic violence is essentially a product of patriarchal social norms which legitimate male violence toward women.

There is no need to choose between the two alternatives. One could easily construct a theory in which culturally induced male attitudes towards women create a propensity toward violence which is exacerbated by the disinhibiting effects of alcohol. One might even set about testing such a theory by examining the interplay between alcohol consumption, male attitudes toward women and the likelihood of violence. The point is that much of the argument about these things is wasted because of the false theoretical dichotomies into which the debate is drawn.

All this however does not deny the possibility of genuine conflict between different theories, nor does it suggest that theoretical conflict is undesirable. A theory which assigns all causal responsibility in domestic violence to male attitudes toward women and contends that alcohol is only called upon by men as an excuse to hide this fact is, by implication, denying that alcohol consumption increases the risk of domestic violence. This is a potentially testable hypothesis because it would regard all correlations between drinking and domestic violence as artifacts of a prior correlation between male attitudes toward women and alcohol consumption.

Presumably then, men whose attitudes toward women are comparable, but whose drinking patterns are not, will show no difference in their propensity to domestic violence. Such an implication plainly contradicts that of the disinhibition hypothesis.

Theories which genuinely contradict one another in this way are much to be sought after. Genuine theoretical clashes provide the most important, if not the only, vehicle by which our understanding of the issue is enhanced. By the same token though, argument about the merits of rival theories which actually address different issues or which simply say the same thing in different terms is a waste of time.

At a theoretical level, then, more time should be spent sharpening up the points at which theories about alcohol and violent crime genuinely contradict one another and less time arguing over which perspective concerning the relationship between alcohol and crime is the most fundamental.

Using the Relationship between Alcohol and Violent Crime

Because alcohol consumption seems to be only the penultimate occurrence in a long train of events leading to violent crime, there are many who think that crime control policies based on alcohol consumption are a mistake.

There are those, for example, who see the focus on alcohol consumption among Aborigines as less important than actions which remedy their cultural and economic position in Australian society.

In the context of domestic violence it might be argued that, even if alcohol is a disinhibitor of aggression in men, the place to start in remedying the problem is with male attitudes toward women. Extending this argument, if economic pressures lie behind the rise in alcohol consumption which precipitates public violence, then the remedy lies in alleviating those economic conditions, not, for example, in making alcohol more expensive or in further restricting hotel trading hours. These types of arguments often gain support because people are naturally anxious to bring the larger picture into focus. We are all vulnerable to the reproach that our proposed solution to some social problem glosses over its origins. (The papers of the last Alcohol and Crime conference held by the Institute in 1980, contain several complaints from participants alleging this sort of thing.)

Although there is merit in bringing to light all the underlying causes of violent crime, policy intervention should not always take place on the basis of changing those underlying causes. There are two main reasons for this. The first relates to the practical difficulties involved in attempting to manipulate some of the basic factors which might affect rates of violent crime. A rise in underage drinking, for example, might have its origins in chronic youth unemployment, but if the effect of a rise in juvenile alcohol consumption is an increase in pub brawls what do we do? Just ignore the problem of underage drinking and wait for Paul Keating to make structural changes to the economy? We might be waiting for a long time.

It is important not to be blinded by our ideological predilections here. The antecedents of a social problem may disclose great injustice and it is tempting to fashion social policies which draw attention to this. The bottom line in choosing between policies, though, should be a hard headed assessment of their effectiveness, not just their newsworthiness.

If the prospects for reducing juvenile alcohol consumption are better than those for a rapid improvement in the economy, then we must seek to control processes, like alcohol consumption, which precipitate violence even if they are not its driving force. Our guiding principle should simply be: where do we get the most leverage on the problem?

A useful analogy can be drawn here with the issue of gun control. As you all know, a favourite refrain of the gun lobby in the United States is the maxim that guns don't kill people, people kill people. The maxim is much derided by criminologists, who know only too well the increased risk of homicide caused by gun ownership.

But in a sense the red-necks are right. Murders began long before guns came into existence and in the scheme of underlying causes, gun ownership must rank a poor second to such things as cultural attitudes toward family violence. The difficulty is that it is not as easy to change cultural attitudes as it is to control levels of gun ownership. Even though gun control does nothing to address the underlying causes of violence, we are justified in seizing on it as a policy option because we know it will reduce the murder rate. The same philosophy should guide us when considering policies surrounding control over less tangible causes of violence than gun ownership.

Finally, some patterns of violence, though they may have their origins in certain important social and historical conditions, now have a life of their own. Cycles of violence among some Aboriginal groups, for example, obviously have their origins in the social alienation which has accompanied the destruction of their culture.

It can be hypothesised that, the despair which maintains this cycle of violence is now fuelled in the main by alcohol consumption and its daily effects on Aboriginal life.

In the end, however, we are still waiting for hard evidence to confirm everyone's intuition that drinking does indeed increase the likelihood of violent crime.

References

Wallace, A. 1986, *Homicide: The Social Reality*, NSW Bureau of Crime Statistics and Research, Sydney.

Wolfgang, M.E. 1958, *Patterns in Criminal Homicide*, University of

Pennsylvania, Philadelphia.

Originally published:

Alcohol and Crime / Julia Vernon (ed.)

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Prisoners' Experience with Alcohol

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The need for comprehensive information on the substance abuse patterns of people coming to prison has been discussed by a number of sources (for example, Krefft & Britain 1983 in the United States; Mott 1986, in the United Kingdom; Northcott et al. 1986 in Western Australia). In Western Australia a series of studies and surveys attempted to provide some indication of the extent of the problem (for example, Johnson & Egan 1985; Indermaur 1986). These short surveys contributed to the formation of a Substance Abuse Working Party set up by the (then) Western Australian Prisons Department to address the question of substance abuse problems amongst the prisoner population and to provide recommendations for future action. Although the Working Party undertook a small survey into the extent of substance abuse problems amongst prisoners it recommended that a comprehensive analysis be completed to provide a firm basis for the development of programs in the identified areas. The main objective of the present study was to measure the extent and nature of substance use and abuse amongst offenders entering Perth metropolitan prisons.

The present paper is an abridged version of a study of prisoners' alcohol and drug use patterns (Indermaur & Upton 1988). The present paper will be limited to a discussion of the results related to alcohol and variables associated with alcohol use. Some further comments concerning recent developments in Western Australia will also be made. Where the term 'drug' appears in the present paper it is used as a generic term for 'alcohol and other drugs'.

In recent times there has been considerable interest in the use of alcohol by offenders. Both McLean (1988) and White and Boyer (1985) have used a standard alcohol screening device (the Michigan Alcoholism Screening Test) to identify alcohol problems amongst prison inmates. White and Boyer (1985) classified 43 per cent of their Tasmanian sample as 'alcoholics' and McLean classified 50-60 per cent of his New Zealand sample as having substantial alcohol problems. A survey by the Western Australian Probation and Parole Service suggested that alcohol could be identified as a contributing factor to offences in 53 per cent of cases (Papandreou et al. 1985). Similar results are reported in studies from the United States. For example, Roffman and Froland (1976) estimate that between 20 per cent and 50 per cent of United States prisoners have major drug and alcohol problems, based on a review of survey data.

In Western Australia Aboriginal alcoholism is a major concern. Duckworth and colleagues (1982) surveyed Aborigines in prison in the north of Western Australia. Seventy-four per cent of the 96 prisoners studied classified themselves as being 'really drunk' at the time of the offence. A further 18 per cent said that they had been drinking but were not drunk, and only 8 per cent said that they were sober.

In a Massachusetts based study of 32 inmates, Cordilia (1985) found an association between heavy drinking immediately before a crime and type of crime committed, that is, spontaneous, low-profit crimes for financial gain. She states that while 'professional' criminals often drank heavily, it was not prior to committing a crime as this was seen by them as interfering with their ability to perform their crime.

Information on alcohol abuse patterns is important for both service delivery and planning purposes. Variables that are significant in certain locations need to be identified if strategic interventions are to be effective.

To achieve the objectives of the present study a number of measures were developed and applied to the target population (prisoners received into metropolitan institutions between June and September 1987). The key measure is a comprehensive interviewer administered questionnaire.

Methodology

The screening instrument

There is mounting evidence that, at least with self-referred substance abusers, self-report measures are not only as good as clinical measures but perhaps considerably more useful (Wallace & Haines 1985; Skinner

et al. 1984; Bernadt et al. 1982). Clinical indicators are limited in the types of drugs they can detect, and there are logistical problems related to reaching offenders within a sufficiently short time after the commission of an offence. Add to this the fact that clinical indicators could only ever provide an indication of substance use for one particular point in time and their utility in the development of a general data base becomes quite limited. However, urine testing of arrestees can be quite useful in providing an objective snapshot view of drugs recently consumed by arrestees as demonstrated recently by Wish (1987) in the United States.

The use of self-report measures in prisons has special problems, such as under-reporting, over-reporting and general concerns regarding reliability. However, a number of prison based studies have employed self-report measures (for example, Dobinson & Ward 1985; White & Boyer 1985).

The task of screening for alcohol problems in prison poses a particular challenge. The first task is to ensure that the instrument is appropriate to the target population. We found that most screening devices had been developed at outpatient clinics with self-referred, and usually middle class, clients. The prison population is markedly different; mainly male (95 per cent), lower class, unemployed, and forcibly detained.

The prison population is also distinct in terms of attitudes toward alcohol. This became apparent during the pilot testing. Many of the prisoners interviewed consumed significant amounts of alcohol but were often unconcerned with their use and did not respond to items which sought their degree of worry or reflection on their drug use. Many of the established questionnaires include items such as 'How often during the last year have you found it difficult to get the thought of alcohol out of your mind?' (World Health Organization Core Screening Instrument, Saunders & Aasland 1987). These items rely on the respondent having some internal conflict regarding their drug use, which is usually absent amongst the prisoner sample, for a number of reasons.

One complete and established screening test was to be incorporated into the screening instrument for comparative purposes. To overcome the problems referred to above, it was decided that the most useful items were those that focused on actual behaviours rather than thoughts or feelings about substance use. This guided our selection criteria. In searching the literature for tests which may be appropriate for use with a prison population the following screening tests were considered:

- The World Health Organization Epidemiological Data Gathering Device (Hughes et al. 1980);
- The Trauma Scale (Skinner & Horn 1984);
- The Short Michigan Alcoholism Screening Test (SMAST) (Pokorny et al. 1972);
- The CAGE (Ewing 1984);
- The World Health Organization Core Screening Instrument (Saunders & Aasland 1987); and
- The Canterbury Alcoholism Screening Test (CHST) (Elvy 1984).

Although the Trauma Scale (Skinner 1984) does focus on objective unambiguous information, it may not be valid with our population who are more likely to suffer fractured limbs and head injuries even before they start drinking. Mainly for comparative purposes, but also because of its apparent robustness (for example, see Bernadt et al. 1982) the brief MAST was chosen for the present study. McLean (1988) reports that his analysis of the MAST based on a survey of New Zealand prisoners indicates that the test is valid for that group and it has a sound internal structure.

It should be noted that probably the most recent similar studies to the present one, at least in regards to prisoner alcohol use, are those of White and Boyer (1985) and McLean (1988). White and Boyer administered the brief MAST to all sentenced prisoners received into Risdon prison in Tasmania in the 12 months between October 1982 and October 1983. Of the 462 prisoners tested, 43 per cent were classified by the brief MAST as having indications of alcohol dependence. From an earlier study in Western Australia (Northcott et al. 1986) we expected similar proportions amongst Western Australian prisoners. McLean found higher proportions of 'alcoholics' in his New Zealand sample of 129 male inmates and 102 female inmates. Fifty-nine per cent of the male sample and 53 per cent of the female sample were classified as 'alcoholics' according to the MAST criteria. **The Classification Schema**

A classification system is needed to guide the analysis of substance abuse patterns.

One of the main criticisms of many of the existing screening devices is that they only attempt to measure dependency. A more contemporary approach to alcohol problems (and this can be directly extended to

other drug problems) is to recognise the existence of dependence (or a dependence syndrome) in addition to other disabling aspects of substance use. Essentially this approach recognises that problems with substance abuse can occur in three dimensions:

1. Problems directly related to use or consumption. Edwards et al. (1981) and Pols and Hawks (1986) delineate hazardous use, harmful use, dysfunctional use and unsanctioned use. 'Use' can also be determined according to established standards such as light, medium and heavy (Australian Bureau of Statistics 1986);
2. Disabilities associated with use (usually injuries and crime); and
3. Problems associated with dependency (adaptation, tolerance, addiction etc.).

The recent Victorian study of a cohort of drink driving offenders indicates that the amount of alcohol consumed is one of the best predictors of future convictions and is the single most important preventable cause of future convictions (Christie et al. 1987).

The large percentage of prisoners with substance abuse related offences underlines the need for a systematic way of describing substance abuse problems and treatment interventions. It is significant that 25 per cent of all Western Australian prisoners' major offences were substance related in the year to June 1987 (Western Australian Department of Corrective Services Annual Report 1987). Of these 76 per cent were alcohol related.

The following conceptual model or classification system was formulated:

Figure 1

A Schematic Representation of Alcohol Related Disabilities

Dimensions ----->

USE	DEPENDENCY	ASSOCIATION WITH CRIME	SELF PERCEPTION OF ABUSE
Not heavy	Not dependent	No	No
Heavy	Dependent	Yes	Yes

For each of these dimensions certain items within the screening instrument can be coded and weighted to produce an overall score. Criteria were developed in accordance with established standards.

World Health Organisation standards guided the consumption measure. Dependency on alcohol is determined in accordance with scoring criteria on the SMAST. Problems in the area of 'alcohol and crime' are determined by means of direct questions about the history of problems with alcohol abuse and crime.

In addition to the six groups described above, the subjects' own perception of alcohol abuse was measured.

Procedure

The sample

The sample frame consisted of all persons 'received' as prisoners at the seven metropolitan prisons for the four months of June through September 1987.

Since the project aimed to interview all 'distant person' receivals in this period the procedure is more accurately described as a census. Table 1 lists the numbers of receivals at the nominated institutions during the target months and the proportion of these that were screened (78 per cent). Most of those not interviewed were serving such short sentences that they were released before they could be interviewed.

Table 1

Number of 'Distinct Persons' received in the Study Time Frame and Number Interviewed

INSTITUTION	TOTAL PERSONS RECEIVED	NUMBER AND PER CENT INTERVIEWED
Bandyup Women's Prison	142	86 (61%)

Barton's Mill Prison	21	16 (76%)
Canning Vale Prison	79	52 (66%)
Canning Vale Remand Centre	376	288 (77%)
Fremantle Prisons	320	236 (74%)
Karnet Prison Farm	15	6 (40%)
Wooroloo Prison Farm	249	233 (94%)
Unknown	-	9
TOTAL	1202	926 (77%)

Table 2 provides a profile of the sample population. The profile generally matches the overall population of 'distinct person receivals' as reflected by figures available from the most recent Annual Report of the WA Department of Corrective Services (1986-87).

Application of the measurement instruments

The collection of raw data may be described by way of the separate stages at which measurement instruments were applied:

Initial administration of the screening instrument

New receivals were identified and an attempt made to interview each of them. Five interviewers conducted the initial interviews on the prison sample. Four of the interviewers (two men, two women) were professional persons, trained in the social sciences, working for the Department of Corrective Services, and one was a trained interviewer from the Australian Bureau of Statistics. Each interviewer was individually trained to use the screening instrument in an interview setting, by the Project Co-ordinator and Research Officer.

The interviewer would begin by introducing himself, stating that the following series of questions were for a research project and assuring the subject that all answers were confidential and would not affect their charge or sentence. The interviewer then asked the subject questions from the screening instrument, recording the subject's answers directly on the questionnaire. Large 'prompt' cards were used for some of the questions presenting multiple choice answers. Each interview took between 5-15 minutes, an average being 9 minutes.

Tests of association (Chi-square) were conducted to test for the effect of interviewer, interviewer gender, and interviewer type on the main dimensions under study. No significant effects were found and therefore it is assumed that there were no attributes of the interviewer that had a large or significant impact on questionnaire results. This finding supports the assertion that the screening instrument is robust and can be used by a range of personnel.

Table 2

Demographic Characteristics of the Sample Compared to the Population of Distinct Persons Received into Metropolitan Prisons in the Year 1986-87

 	SAMPLE	RECEIVALS (1986-87)
NUMBER	926 (100%)	2735 (100%)
MEDIAN AGE	24	24
ETHNICITY (where recorded = 91% of cases)		
Aboriginal	191 (22.7%)	602 (22.8%)
Non-Aboriginal	649 (77.3%)	2133 (77.2%)
RECIDIVISM		
First imprisonment	368 (39.7%)	1699 (37.1%)*
OFFENCE TYPE		
Against the person	18.7%	(12.9%)*

Against property	36.9%	(22.6%)
Against justice	5.5%	(11.0%)
Against good order	4.6%	(4.5%)
Alcohol related	7.0%	(19.3%)
Cannabis related	5.9%	(5.0%)
Heroin related	1.7%	(0.6%)
Other drugs related	0.0%	(0.4%)
Driving/traffic	19.7%	(21.9%)
Miscellaneous	 	(2.4%)
PRISON		
Fremantle	26%	25%
Remand Centre	31%	24%
Canning Vale	6%	12%
Woorloo	25%	25%
Bandyup (women)	9%	10%
Karnet	7%	2%
Barton's Mill	2%	2%

*These figures are based on the percentage of total receivals rather than 'distinct person receivals' for which information was not available. For offence type, the calculation is made on the basis of the major offence of each person received.

Medical assessment

Staff from the medical branch in each prison provided information on prisoners' substance abuse. In two prisons, the medical officer completed forms for each prisoner following the routine examination conducted for each receival. In the remaining five prisons, nursing staff, with the consent of the medical officer in charge, completed the forms from information contained on the medical files based on the examination.

Prisoner file examination

Files held by the Department of Corrective Services for prisoners with previous offences were examined by a records clerk. Specific types of documents were examined for information which could indicate a potential substance abuse problem. Drug and alcohol related offences were noted for those prisoners with a previous record. This information was gauged from Warrant Histories (obtained from the Police Department) and court records.

Professional case assessment

Clinical psychologists and social workers employed by the Western Australia Department of Corrective Services assessed a randomly selected list of prisoners from the sample for signs of substance abuse. At the conclusion, a pro-forma was completed, designed to summarise whether the interviewer had found indications of a substance abuse problem and on which dimensions the problem was indicated.

At least three separate measures were collated for each prisoner in the sample: the initial interview, medical screen and prisoner file analysis. Table 3 lists the numbers of each record type gathered.

Table 3

Numbers for Each Record Type

RECORD TYPE	NUMBER	PROPORTION OF TOTAL SAMPLE
Initial Screen	926	100%
Medical Screen	926	100%
Prisoner File Screen	926	100%
Professional Case Assessment	79	8%

Results

Patterns of use

ALCOHOL USE. National Health and Medical Research Council (NHMRC) sources (Pols & Hawks 1986) recommend that consumption of 28 to 42 'units' or standard drinks per week be considered 'hazardous' (equivalent to approximately 40 grams of absolute alcohol per day). Consumption of more than 42 units (standard drinks) per week is classified as 'harmful'. This criteria generally agrees with the standards used by Wallace and Haines (1985) and Bungey and Winter (1986). These figures are determined for men. The criteria for females is different as a result of metabolic differences between the sexes. For females consumption of 14 - 28 units per week is considered hazardous and more than 28 units per week is considered harmful. These figures also agree with a study by Wallace et al. (1985) which showed that although there was considerable lack of consensus on the questions of safe limits of alcohol consumption among a sample of alcohol experts, the mean suggested level for men was approximately 24.0 units per week and 16 units per week for women. Wallace et al. (1985) also report that the British Health Education Council recommended weekly consumption below 21 units for men and below 14 units for women.

According to the NHMRC criteria, based on the 'consumption' questions of the interviewer administered questionnaire it is estimated that 30 per cent of the men and 36 per cent of women in the sample consume hazardous amounts of alcohol with 27 per cent of men and 16.3 per cent of women in the sample in the 'harmful' category.

How do these figures compare with the general community? The Australian Bureau of Statistics (ABS) conducted a survey of alcohol use patterns in Perth in October 1985. The way the ABS classified alcohol use was different to the criteria used above. Alcohol use was defined as 'heavy' if the average consumption exceeded 49 units per week. This is well above the criteria for harmful use referred to above (42 units). Drinking was classified as medium if it was between 24.5 and 49 units per week. By this classification most drinkers classified as 'medium' by the ABS are consuming hazardous levels according to the NHMRC recommendations. This disparity is not unusual. The NHMRC figures are considered more useful in terms of reflecting health problems. However, the ABS figures will be used for comparative purposes.

Figure 2 shows the proportion of the sample classified according to their reported consumption of alcohol. The breakdown in prison sample is compared with the Australian Bureau of Statistics figures (October 1985). The ABS survey figures relate to consumption by the respondent in the week immediately preceding the interview. Therefore, the figures in the two types of groups result from slightly different questions and should simply be considered as an indication of the likely differences between the two groups.

Figure 3 also shows that while the majority of both the general community and the prison population are categorised as light drinkers, there are significantly greater numbers of medium and heavy drinkers in the prison sample. Very few prisoners appear to be non-drinkers, based on self-report results.

Christie et al. (1987) has recently published work on the alcohol consumption patterns of offenders convicted of drink driving offences in Victoria. Alcohol consumption patterns reported by the 426 male drink drivers were somewhat similar to the patterns of prisoners in the present study (8 per cent reported no use, 72 per cent light use, 15 per cent medium use and 5 per cent heavy use).

Using a criteria for excessive alcohol consumption of 42 units per week for men and 21 units per week for women, Wallace and Haines (1985) found that 11 per cent of men and 5 per cent of women in the sample from the British general community indicated excessive alcohol consumption on the basis of a self-report questionnaire.

Closer to home, Bungey and Winter (1986) conducted a study of the drinking patterns of South Australian adults in 1983. Bungey and Winter used the ABS category of 'heavy drinker' (that is, greater than 75 mL per day on average for men) although they relabelled it as 'high risk group' for men (women classified as high risk were those classified as heavy or medium drinkers under the ABS system). Bungey and Winter's results are quite similar to those reported for the ABS survey in Perth in 1985. For females, 95 per cent of women were classified as non-drinkers or light drinkers, 2 per cent as heavy drinkers and 3 per cent as medium drinkers. For males, 84 per cent were classified as non-drinkers or light drinkers, 10 per cent as medium drinkers and 6 per cent as heavy drinkers.

One of the interesting trends that appear from comparing the ABS surveys is the increasing medium and

heavy alcohol use amongst women and a decreasing medium and heavy use amongst men. McLean (1988) cites his research as 'confirming recent concerns about the high and growing incidence of alcoholism among some New Zealand female groups'. Comprehensive and large national and state surveys of alcohol use are necessary to monitor important demographic changes in the use and abuse of this popular drug. The increasing number of females in the high risk groups is of particular concern and likely to have significant social consequences. Further, it should be remembered that the ABS categories underestimate the women in the high risk groups because they use the same scale for males and females, and as mentioned earlier, the criteria used are higher than those used by most medically based researchers.

Alcohol dependency. The instrument used to measure dependency to alcohol was the Short Michigan Alcoholism Screening Test. This is one of the most common measures used for this purpose and was mainly chosen to allow comparisons with other populations. Forty-eight point five per cent of the sample were classified as alcohol dependent by this measure. This figure compares with 43.5 per cent reported by White and Boyer (1985) for a sample of 440 sentenced prisoners in Tasmania's Risdon prison.

One of the main criticisms of the SMAST is that it detects both past and present dependence on alcohol. Many of the questions start with 'Have you ever....?' In other words, a reformed alcoholic would also be classified as 'dependent'. To overcome this problem we coupled the consumption measure with the SMAST to count prisoners reporting hazardous levels of consumption and also classified as dependent on the SMAST. Twenty point three per cent of males and 29.8 per cent of females were thus classified as current alcohol dependents.

Alcohol and crime. One of the main disabilities associated with alcohol is crime. This disability is usually, but not always, associated with heavy alcohol use and dependence on alcohol. If the prisoners reported consuming more than 10 drinks before committing their last offence or reported having one or more drink driving charges we classified them as having an alcohol-crime disability. Sixty-five point two per cent of the sample were indicated. Fifty-four point six per cent reported one or more drink driving charges. This compares with a figure of 58.2 per cent found by White and Boyer (1985) in Tasmania.

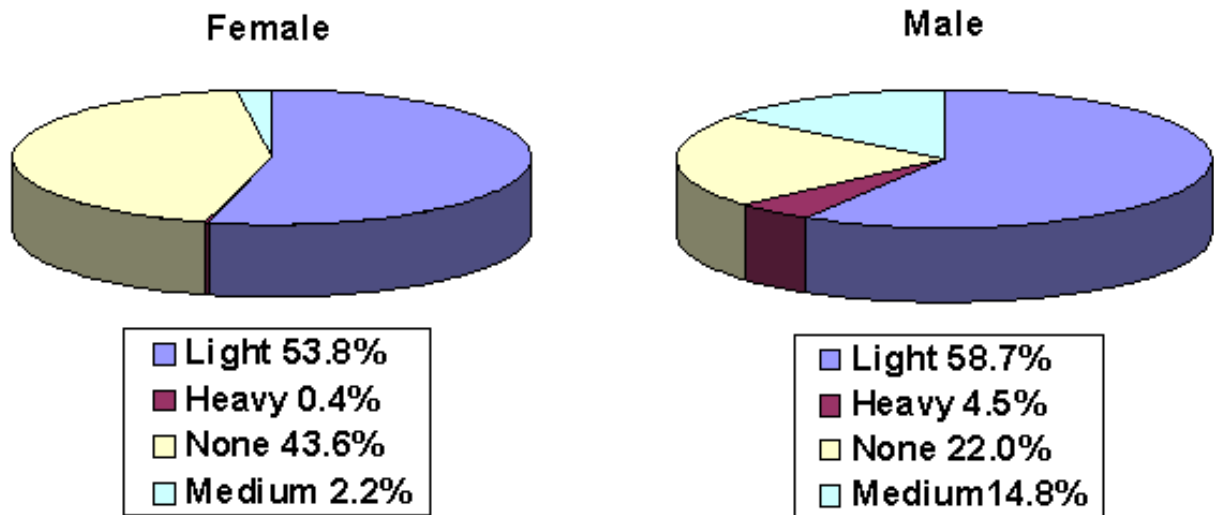
Twenty-three point two per cent reported 3 or more convictions (White and Boyer found 35.3 per cent of their sample had 3 or more drink driving convictions). It should be remembered that White and Boyer were specifically studying sentenced prisoners. The present study considered all prisoners coming into metropolitan prisons.

About half (52 per cent) of the sample reported that they had been drinking immediately prior to their last offence. Thirty-eight per cent of the sample reported drinking 10 or more drinks before committing the offence for which they were in prison. Such results are reminiscent of the Australian Senate Standing Committee Report of 1977 which estimated that 73 per cent of men who committed violent crime had been drinking prior to the commission of the crime (however, that Report does not provide detail on the extent that the men had been drinking).

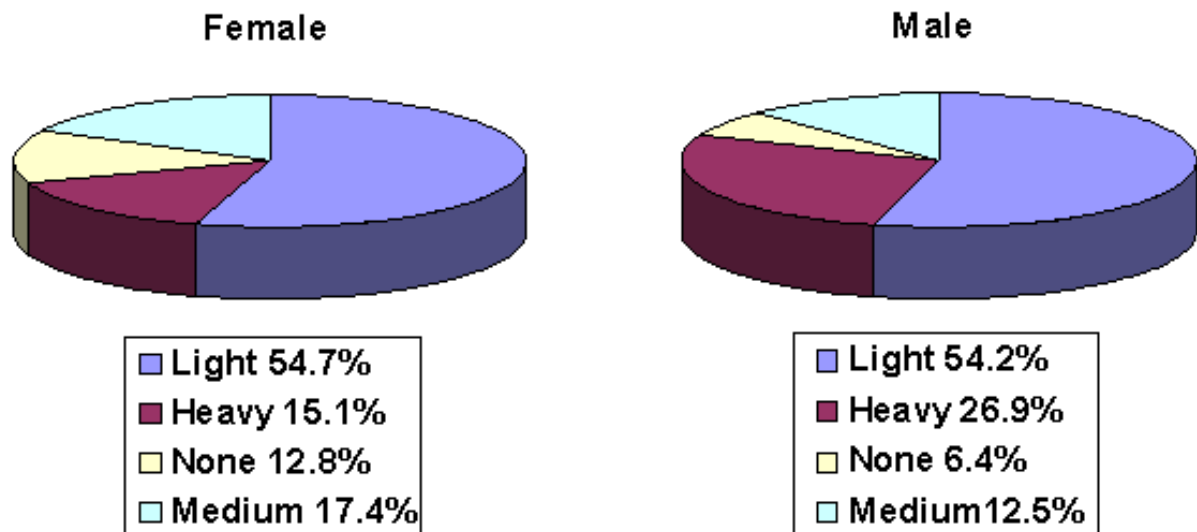
Figure 2

Consumption Level by Sex Compared with Australian Bureau of Statistics Survey of Perth Community in 1985

1. ABS Perth Survey, 1985



2. Prison Survey, 1987



Perception of alcohol problems. One aspect, not often studied, is the prisoner's own perception of their alcohol problem. We asked the following two questions: 'Do you think alcohol had anything to do with you being in prison this time?' Forty-seven point eight per cent of the sample answered 'yes'. Secondly, 'Do you have any concerns about your use of alcohol?' Only 26.8 per cent of prisoners answered in the affirmative - perhaps it is alright to blame alcohol for imprisonment, but not to be 'concerned' about it. It further emphasises the greater utility of questions that focus on concrete behaviours (for example, linking actions to prison) rather than more subjective questions.

Overall, 52.4 per cent were either 'concerned' or thought alcohol had something to do with their imprisonment. One of the crucial questions here is 'How many of those classified as having alcohol problems are concerned about their use of alcohol?'. Table 4 lists the proportion of prisoners in the alcohol problem categories who are classified as 'concerned' about their alcohol use. This table should be of considerable interest to those planning programs that rely on prisoners volunteering or seeking help on their own behalf.

Table 4

Prisoners with Various Alcohol Problems who are Concerned About their Use of Alcohol

ALCOHOL PROBLEM GROUP	PROPORTION OF GROUP CONCERNED ABOUT THEIR USE OF ALCOHOL
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Hazardous consumption	50%
Hazardous consumption and dependent	66%
One or two drink driving charges	28%
Three or more drink driving charges	43%
Alcohol/crime association	37%

Important variations in abuse patterns

Alcohol use. Age did not appear to be a significant factor relating to alcohol abuse. However, race accounted for the largest discrepancy between groups. Forty-two point four per cent of Aboriginal prisoners are in the 'hazardous' category, compared to only 25 per cent of the non-Aboriginals.

There were noticeable variations in the proportion of alcohol abusers between prisons. Wooroloo had the largest proportion of heavy drinkers (34.3 per cent). As a minimum security prison it contains a greater percentage of prisoners on relatively minor charges, such as those that are alcohol related, and also has a larger percentage of Aboriginals.

Hazardous use is also more common amongst those who have been to prison before. Thirty-three point eight per cent of recidivists were classified as hazardous users compared with 20.8 per cent of those imprisoned in Western Australia for the first time. This would seem to suggest a relationship between offending and the hazardous use of alcohol. In fact, most of the 'hazardous users' were also classified as having an alcohol-crime problem (86.7 per cent of all hazardous users). The reverse was not true, however, as only 38 per cent of those within the alcohol-crime group were rated hazardous alcohol users. This finding can be expected since the alcohol/crime group is large (65 per cent of the sample) and the hazardous user group is about half the size. In total, 24.8 per cent of the prisoner sample fell within both the hazardous user and alcohol-crime groups.

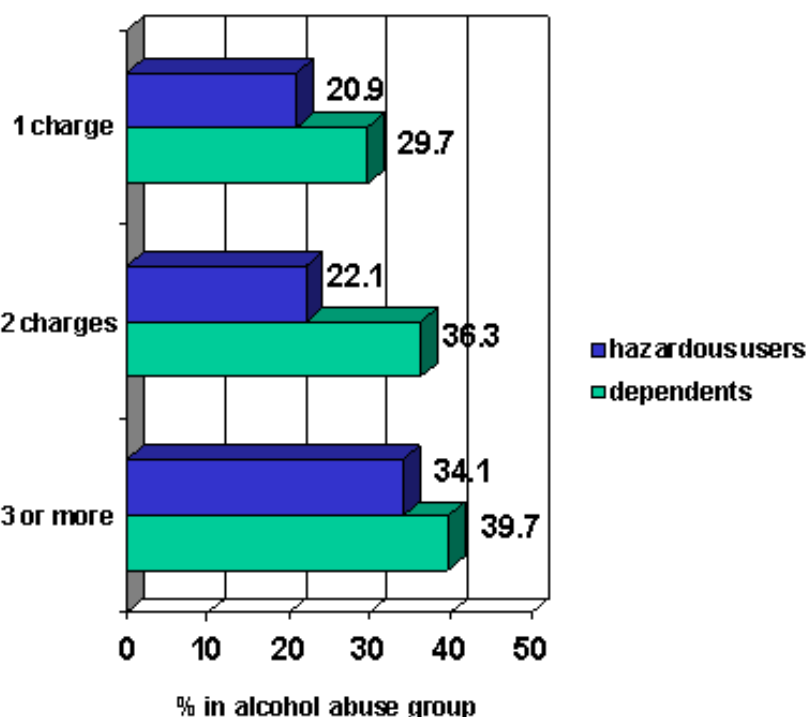
Alcohol dependency. The analysis of variation in alcohol dependency was restricted to alcohol dependents reporting current hazardous consumption levels. As with alcohol consumption the biggest variation occurred with race. Aboriginals were almost twice as likely to be classified as current dependents - 30 per cent compared to 17 per cent for non-Aboriginals.

The proportion of current dependents was 2.5 times higher for those that had been to prison before (25 per cent for recidivists compared to 11 per cent for first timers).

The type of offence the prisoner entered prison for was an important source of variation. The main offence was available for only 83 per cent of the sample. Of these, the proportion classified as current dependent was 21 per cent. Examining offence types, offences against the person recorded 28 per cent as current dependents, offences against justice 31 per cent and alcohol related offences 26 per cent. For those prisoners with one or more drink driving offences the proportion of hazardous users and dependents increased as shown in Figure 3.

Figure 3

Drink Driving Charges and Current Alcohol Dependents



Alcohol and crime. Prisoners were classified as demonstrating an alcohol/crime association if they reported having one or more drink driving charges or that they had consumed more than 10 drinks prior to their last offence. In our analysis we only considered those that reported hazardous levels of consumption. According to this criteria 25 per cent of the sample were classified in this category.

Fifty-two per cent of the sample reported drinking when they committed the offence they were imprisoned for, most of whom had 10 or more drinks. Such results are supportive of arguments proposing that alcohol is associated with 'spontaneous and unplanned' crimes.

Miller et al. (1986) using data from a U.S. Bureau of Justice Statistics survey of incarcerated offenders, state that usual alcohol consumption patterns are pertinent to alcohol consumption immediately before the offence. They found that heavy alcohol users tend to drink alcohol before an offence. We found that 86.7 per cent of the hazardous alcohol user group also demonstrated an association between alcohol and crime (24.8 per cent of the total sample were classified as both hazardous users and within the alcohol-crime groups). Table 5 shows a breakdown of the offence types (where available) committed by those who stated drinking 10 or more drinks prior to the offence (33.6 per cent of the total sample) for which they were imprisoned.

Table 5

Types of Offence Committed by Prisoners Drinking 10 or More Drinks

 	DRINKING AT TIME OF OFFENCE	
	10+ Drinks	At least 1 drink
Against the person	82	108
Against property	100	129
Against justice	17	22
Alcohol related	39	48
Drug related	(cannabis only) 10	(cannabis, 1 heroin) 15
Against good order	7	10
Driving related	56	82
TOTAL	311	414

Miller et al. (1986) find, as does the present study, that alcohol constitutes the most common drug regularly

consumed by prisoners. Property and person related offences were most frequently committed by heavy alcohol users.

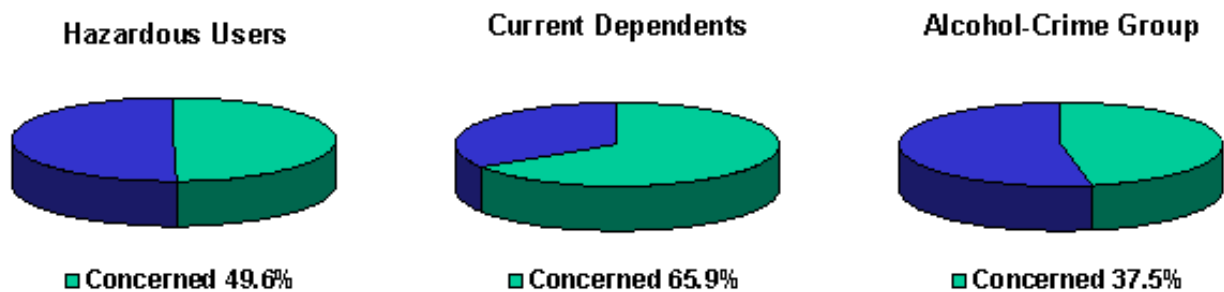
A high percentage of the hazardous user group (31.8 per cent) were rated by the prisoner file data as having an alcohol-crime problem. This means that about one-third of the hazardous alcohol consumers have a history of alcohol problems that is evident from their prisoner files.

Again the biggest variations related to race and previous imprisonment. Aboriginals and those who had been to prison before, were twice as likely to fall into the alcohol/crime group than non-Aboriginals and 'first timers' respectively.

Perception of alcohol problems. For this discussion we sought the proportion of prisoners expressing concern about their alcohol use from within the groups reporting hazardous levels of consumption and current dependents or those who were classified in the alcohol and crime group. Figure 4 lists the proportion of prisoners in these groups who also expressed concern about their alcohol use.

Figure 4

Percentage of Prisoners in Abuse Categories Expressing Concern about their Alcohol Use



The validity of the initial screening measure

One of the important questions for research in this area is 'How valid or meaningful are the measures used?' How well does the measure match other indications of substance abuse? In this area different sources often give vastly different indications of the extent of the problem. This is particularly the case for drugs, which because of their illegal nature, tend to result in much speculation and little reliable data.

The present study incorporated a number of measures which provided an estimation of convergent validity (the degree to which different measures give the same result). Four separate types of assessment were taken in addition to the initial screen (see Table 3). The same dimensions were applied to each data source in order to compare measurement scales. The categorisation made on the basis of the initial screen was then matched against the categorisation achieved on the basis of the other assessment measures. Table 6 summarises these results.

The first question to be addressed is 'How good are the validation measures?' It was found that the classification based on the medical screening generally tended to result in very few (3.1 per cent) prisoners being classified as alcohol dependent. This was partly because this classification procedure relied on the existence of symptoms of alcohol withdrawal, which are not often observed. Placed against the initial screening measure the results of the medical screening classification were used to assess the ability of the initial screen to, in fact, 'correctly' detect those few that were classified as alcohol dependent by the medical screen.

The prisoner file measure is really only useful for those prisoners who had been to prison before (because only for these prisoners are there likely to be documents that comment on substance abuse). This measure was considered for the sub-sample of prisoners who had been to prison before. As with the medical screening measure, the essential statistic is the number of prisoners classified as abusers on the prisoner file who were classified in the same way by the initial screening measure.

One of the key checks in the validation process is to subject the validation measures to the same tests as applied to the measure being tested. In the present case the expectation is that there should be considerable overlap between the prisoners classified as abusers on the medical screen and those classified as abusers on

the prisoner file. However, the degree of agreement between classifications based on these measures was generally quite small. In order to overcome some of the problems with the validation measures themselves we decided on a pragmatic option, the use of the professional case assessment.

The professional case assessment is probably the best measure to test the classification system for a number of reasons. Firstly, the raw data for this measure is already formatted by professional case workers according to the four point classification system. Secondly, this test is quite realistic. It essentially measures the efficiency with which the screening measure can classify in the same manner as professional case workers. These results are presented in Table 6.

The professional case assessment has the advantage of face validity. This assessment is the alternative to questionnaire based screening. It is the most thorough and complete indication available regarding the existence of forms of substance abuse in the subject.

Table 6

Specificity* Measures for Classification Groups

CLASSIFICATION	MEDICAL SCREEN (N=926)	PRISONER FILE (N=560)	PROF. CASE ASSESSMENT (N=80)
alcohol use	**	61.4	66.7
alcohol dependency	71.4	60.7	75.0
alcohol/crime	77.8	97.5	76.3
alcohol-perception	**	**	75.0

* 'Specificity' here is the proportion of prisoners classified as abusers on criteria measures classified likewise on the initial screening measure.

** No corresponding classification for this screen type.

A brief screening instrument

The results of the present study suggest the probable value in the application of a short screening instrument for the detection of individuals with alcohol problems. This brief screening instrument would be useful if applied soon after a prisoner is received into prison. On the basis of the results of this screening test, referrals could be made to appropriate professionals.

A good deal of research points to the importance of consumption as the major factor to be determined in screening individuals for alcohol problem. The important work recently published by Christie et al. (1987) on predictors of recidivism of Victorian drinking drivers found that only three factors were related to re-conviction (heavy drinking, low social class, and a family history of 'problems with drinking'). Notable by its absence was any predictive value of the MAST measure of alcohol dependency. As Christie et al. (1987) point out, consumption was the only predictor variable that is amendable to change at the individual level. It should be noted, however, that McLean (1988) suggests that the MAST has an important role to play in screening prisoners for alcoholism counselling. In his New Zealand study, McLean provides evidence to support the value of the MAST in detecting alcohol abuse amongst prison inmates.

The results of the present study were examined for dimensionality by means of correspondence analysis (Greenacre 1984). Questions associated with clustering, and therefore important as indicator variables for the presence of alcohol problems, are those associated with 'help' and 'success' (Have you ever gone for help? Was treatment successful?). These two questions were good indicators of those prisoners with a large number of problems. The Chi-square components of the total Chi-square of 18,116 due to the first two eigenvectors were 3977 and 2018, denoting a high percentage explained (33 per cent).

The results of the correspondence analysis suggest that any brief screening instrument for alcohol problems should include a question on past attempts to get treatment for alcohol problems as these are good indicators of the presence of actual problems as indicated by the more extensive self-report.

Discussion

Screening

The routine administration of a brief screening measure similar to that used in the present study on offenders entering prison would enable the detection of most individuals who have a substantial alcohol problems. The results of the study suggest that one or two simple questions on consumption levels of alcohol and past attempts to get treatment are useful in selecting those who should be followed up. Further, certain categories of offenders such as drunk drivers should be more intensively assessed or routinely exposed to a systematic program. In general terms, the proportion of problem drinkers is so great that mass programs could be justified.

Given the prevalence of alcohol related problems there is an argument for the section of the screening instrument on alcohol to be routinely applied to incoming prisoners. This would take approximately 5 minutes in most cases and could be seen as an adjunct to other treatment interventions.

A second distinct advantage is that it is expected (based on the experience of this study) that the simple administration of the measure will result in heightening the awareness of at least some individuals to their alcohol consumption. The administration of the measure, therefore, can act not only as a detection procedure but also as an actual intervention.

A third advantage is that the screening will allow the maintenance of the data base and a means to evaluate other interventions and events in the criminal justice system.

Targeting groups for intervention

As a result of the project certain distinct groups emerge as targets for intervention. The five main groups are:

Aboriginal alcohol abusers. The over-representation of Aboriginals in all the alcohol abuse categories stands out. Specific programs that are culturally appropriate need to be developed or supported and expanded to meet this need. The recent development of an alcohol education program specifically tailored for Aboriginals in the Western Australia Department of Corrective Services is a welcome and timely initiative in this area.

Alcohol abusers not concerned with their alcohol use. Perhaps one of the most important groups to consider is that including individuals who are classified as having an alcohol problem about which they do not express a concern. Without some basic awareness or concern there is little chance that these individuals will do something about their alcohol abuse. Therefore, these individuals perhaps present the greatest risk to the community and their families since they are unlikely to be open to suggestions to reduce their alcohol consumption. This group should be the target of a campaign aimed at alerting them to the possible dangers associated with heavy alcohol consumption.

In the present survey, heavy alcohol use was found to be over-represented amongst particular offences such as crimes against the person, against property and against justice. Although a large proportion of the sample were classified into the alcohol/crime group this group also expressed less concern about their alcohol use than those classified into the other alcohol abuse groups (37 per cent of the alcohol-crime group were concerned, compared with 50 per cent of the hazardous users, and 66 per cent of the current dependents).

Prisoners classified as having alcohol problems are less disposed to express concerns about their alcohol use compared to prisoners with illicit drug problems. Explanations for such findings are most likely related to the heavily entrenched role of alcohol amidst Australian culture. Programs for prisoners would need to place more emphasis on awareness issues concerning alcohol use than for drug use.

Drunk drivers. The large number of prisoners with one or more drink driving charges suggests this problem needs special attention. It is recommended that prisoners sentenced for drink driving charges attend a day long course modelled along the lines of the Western Australia Department of Corrective Services (Community Based Corrections) Alcohol Education Program.

The recent study by Christie et al. (1987) found that a third of a cohort of drink drivers committed further alcohol related offences within nine years. Christie et al. (1987) point out (citing Vingilis 1983) that a conviction for drink driving may be one of the most useful and objective indicators of alcohol related problems. However, this must be considered against the background of other Australian studies (cited by Christie et al. 1987) which suggest that up to 30 per cent of young adult men report driving occasionally with a blood alcohol concentration above the legal limit.

Women alcohol abusers. Although women did not appear to consume the same amount of alcohol as men in absolute terms, the physiological differences between the sexes is such that in real terms a greater proportion of women prisoners consume hazardous quantities of alcohol. It is of particular concern that figures available from other studies in Australia (for example, Bungey & Winter 1986) suggest that excessive alcohol consumption by women is on the increase. Further study on this trend should be conducted to monitor its development. More importantly social policy needs to be implemented to address this growing problem.

Intervention strategies

The results of the present study suggest that whereas sizeable proportions of people entering prison seem to have disabilities associated with alcohol use, only a relatively small proportion of these express concern about their alcohol use. The results of the present study support assertions by McLean (1988) that a substantial rehabilitative effort in the criminal justice system in relation to alcohol abuse is justified.

The first priority should be to service those seeking treatment or assistance with a substance abuse problem. Therefore, increasing the availability of accessibility to programs is supported. However, as mentioned previously, probably not enough is being done to raise the awareness of those who are unconcerned with their problem. The fact that these individuals have come to prison suggests that their behaviour is affecting others in the community. It is not suggested that coercive treatment be introduced, rather that prisoners be exposed to material that will encourage reflection on the risks of substance abuse.

It is recommended that treatment interventions in Corrective Services include both those who express concern and those who may have problems but do not express concern. Further, treatment interventions need to be approximately geared to the main target groups to effect the maximum efficiency.

One advantage of the full screening procedure is that the series of questions posed requires the offender to focus on their substance (ab)use and consider it from a number of perspectives. It was observed that many interviewees became increasingly aware through their interviews that they had a number of alcohol related problems. In this respect the actual administration of the screening instrument can be viewed as an active form of intervention which increases the offenders awareness of problems associated with substance (ab)use.

The administration of the screening instrument may be even more effective than lecturing to offenders, as it puts the offender in an active rather than a passive role. Obviously the relative effectiveness of forms of intervention needs to be determined by means of carefully controlled research. However, Christie et al. (1987) point out that as 'consumption' was the only predictor of recidivism that was amenable to change, programs related to the reduction of alcohol consumption that are targeted at drink drivers are likely to be more appropriate than are goals that are aimed specifically at modification of the drink driving nexus.

On a more general level given the prevalence of alcohol use amongst offenders, state-wide or national strategies need to be developed which address the section of the population to which offenders generally belong. For example, given that a large part of the offender population is from the lower socio-economic group, cost or price of alcohol is a significant factor. In this regard encouraging the consumption of low alcohol beer through differential pricing is meaningful. The age distribution of the present study supports other results that indicate that drinking is a popular youth activity. This has implications for the marketing of alcohol and attempts to prevent alcohol abuse. Cavanagh and Clairmonte (1985) point out that:

While women's importance as a consuming segment is unparalleled in size, the youth market assumes paramount importance for yet another reason. Because of legal proscriptions against alcohol sales to adolescents in most DME's (Developed Market Economies) alcohol advertising TNC's (Trans National Corporations) can hone in on the entry level age group to recruit consumers at a formative age. To make further deep forays into this segment, TNC's often strive to reshape certain existing brands so as to enhance their youth appeal. By recourse to commercials depicting the attractiveness of dangerous and exciting occupations . . . has moved in on this market.

Further research

A feasible hypothesis, particularly regarding alcohol abuse and crime, is that these two events are both attributes of particular communities or groups. For example, it is likely that both alcohol abuse and crime

are common attributes of the lifestyle of many young males in Australia. However, it is quite a different thing to assume that alcohol abuse leads to crime. The present study found that almost 50 per cent of offenders admitted having 10 or more drinks prior to the commission of the offence they were in prison for. It could be that this was a common and perhaps even normal level of intoxication for the individuals involved (in fact, earlier questions related to consumption would support this). Therefore, the assumption that the consumption of alcohol had a primary part to play in the commission of the offence is open to question given that any sample of the offender's behaviour would reveal heavy use of alcohol. An important question concerns what else was happening during this period of intoxication that may have encouraged the commission of the offence.

It seems to be clear that the level of alcohol abuse in the Australian community is problematic. More work needs to be done to ascertain what communities and governments can, or are willing to, do about alcohol abuse. It is important to understand why the courses of action that have been recommended by various expert bodies (such as the strict enforcement of the legal drinking age and a ban on the advertising of alcohol and pricing of alcohol according to alcohol content) are not adopted despite adequate and continuing evidence of the damage associated with alcohol abuse in various Australian communities.

It was particularly disturbing to note towards the end of last year (1988) that the Western Australian Government introduced legislation to extend the opening hours of hotels. This legislation caused considerable concern amongst the alcohol-research community in Perth, as the availability of alcohol is one of the few factors which has been consistently and clearly linked with alcohol related problems. The fact that the Western Australian Government's own Alcohol and Drug Authority has been the source of much of this research establishing the link between availability and abuse confirms the belief of many in the research community and elsewhere, of the cynical and capricious attitude of the Government towards preventing alcohol related problems.

Regarding the problems referred to above, it is likely that the more relevant analyses are sociological (for example, Sargent 1979) and political. Perhaps the most useful way to close this discussion is with the opening quote from Cavanagh and Clairmonte's (1985) important work *Alcoholic Beverages: Dimensions of Corporate Power*:

To speak and write of alcohol problems without reference to the burgeoning transnational corporations that produce and market alcoholic beverages is akin to a discourse on Hamlet without reference to the Prince. Yet, this is precisely what certain institutions and individuals have done for decades and continue to do to this day.

Select Bibliography

- Australian Bureau of Statistics 1986, *Alcohol Consumption Patterns*, Western Australia Catalogue 4301.5, Perth.
- Bernadt, M. W., Mumford, J., Taylor, C. & Smith, B. 1982, 'Comparison of questionnaire and laboratory tests in the detection of excessive drinking and alcoholism', *The Lancet*, 6 February, pp. 325-8.
- Bungey, J. & Winter, C. 1986, 'Alcohol consumption patterns in South Australia: 1983', *Medical Journal of Australia*, vol. 144, pp. 6-9.
- Cavanagh, J. & Clairmonte, F. 1985, *Alcoholic Beverages: Dimensions of Corporate Power*, Croom Helm, Sydney.
- Christie, D., Gordon, I., Robinson, K., Santamaria, J. & O'Brien, M. 1987, 'Recidivism in a cohort of young Australian drinking drivers', *Medical Journal of Australia*, vol. 147, pp. 427-32.
- Cordilia, A. 1985, 'Alcohol and property crime: Exploring the causal nexus', *Journal of Studies on Alcohol*, vol. 46, no. 2, pp. 161-71.
- Dobinson, I. & Ward, P. 1985, *Drugs and Crime - A Survey of N.S.W. Property Offenders*, N.S.W. Bureau of Crime Statistics and Research, Attorney Generals Department.

----- 1987, *Drugs and Crime - Phase II: A Study of Individuals Seeking Drug Treatment*, N.S.W Bureau of Crime Statistics and Research.

Duckworth, A., Foley-Jones, C., Low, P. & Maller, M. 1982, 'Imprisonment of Aborigines in North Western Australia', *Australian and New Zealand Journal of Criminology*, vol. 15, pp. 26-46.

Edwards, G., Arif, A. & Hodgson, R. 1981, 'Nomenclature and Classification of Drug and Alcohol Related Problems: a WHO Memorandum', *Bulletin of the World Health Organization*, vol 59, No. 2, pp. 225-42.

Elvy, G., & Wells, J. 1984, 'The Canterbury alcoholism screening test (CAST): A detection instrument for use with hospitalised patients', *New Zealand Medical Journal*, vol. 97, pp. 111-15.

Ewing, J. 1984, 'Detecting alcoholism: The CAGE questionnaire', *Journal of the American Medical Association*, vol. 252, no. 14, pp. 1905-07.

Greenacre, M. J. 1984, *Theory and Applications of Correspondence Analysis*, Academic Press.

Hughes, P. H., Venulet, J., Khant, V., Medina Mara, M. E., Navaratnam, V., Poshyachinda, V., Rootman, I., Salan, R. & Wadud, K. A. 1980, *Core Data for Epidemiological Studies of Non-Medical Drug Use*, World Health Organization, Geneva.

Indermaur, D. 1986, *Substance Abuse History of Fremantle Prisoners: A Survey Conducted of Prisoners*, Western Australian Department of Corrective Services, November.

Indermaur, D. & Upton, K. 1988, 'Drug and alcohol use patterns of prisoners in Perth', *Australian and New Zealand Journal of Criminology*, vol. 21, pp. 144-67.

Johnson, C. & Egan, G. 1985, *Current Treatment Programs for Drug and Alcohol Dependents in the West Australian Prison System*, Western Australian Department of Corrective Services.

Kendal, D. & Logan, S. 1984, 'Patterns of drug use from adolescence to young adulthood: periods of risk for initiation, continued use, and discontinuation', *American Journal of Public Health*, vol. 74.

Kreffft, K. M. & Britain, T. H. 1983, 'A prisoner assessment survey: Screenings of a municipal prison population', *International Journal of Law and Psychiatry*, vol. 6, pp. 113-24.

McLean, A. 1988, 'Screening for alcoholism in New Zealand prison inmates', *Australian and New Zealand Journal of Criminology*, vol. 21, pp. 45-57.

Miller, B. A. & Welte, J. W. 1986, 'Comparisons of incarcerated offenders according to use of alcohol and/or drugs prior to offence', *Criminal Justice and Behaviour*, vol. 13, no. 4, December, pp. 366-92.

Morey, L. C., Skinner, H. A. & Blashfield, R. K. 1984, 'A typology of alcohol abusers: Correlates and implications', *Journal of Abnormal Psychology*, vol. 93, no. 4, pp. 408-17.

Mott, J. 1986, 'Opioid Use and Burglary', *British Journal of Addictions*, vol. 81, pp. 671-7.

Northcott, D., Jennings, R. & Indermaur, D. 1986, *Program Needs of Substance Abusers in Western Australian Prisons: A Report of the Western Australian Prisons Department Program Support Working Party*, Western Australian Department of Corrective Services.

Papandreou, N., Brooksbank, J. V. & McLaughlin, K. M. 1985, 'Alcohol and offending: a Probation Services' education program', *Australian and New Zealand Journal of Criminology*, vol. 18, no. 2, pp. 67-72.

Pokorny, A., Miller, B. & Kaplan, H. 1972, 'The brief MAST: A shortened version of the Michigan Alcoholism Screening Test', *American Journal of Psychiatry*, vol. 129, pp. 342-5.

Pols, R., & Hawks, D. 1986, 'Is there a safe level of daily consumption of alcohol for men and women?', *Recommendations Regarding Drinking Behaviour*, National Health and Medical Research Council of Australia.

Roffman, R. A. & Froland, C. 1976, 'Drug and alcohol dependencies in prisons: A review of the response', *Crime and Delinquency*, July, pp. 359-66.

- Sargent, M. 1979, *Drinking and Alcoholism in Australia: a Power Relations Theory*, Longman Cheshire, Melbourne.
- Saunders, J. B. & Aasland, O. G. 1987, *World Health Organization Collaborative Project on the Identification and Treatment of Persons with Harmful Alcohol Consumption : Report on Phase I: The Development of a Screening Instrument*, World Health Organization, Geneva.
- Senate Standing Committee on Social Welfare, Australia 1977, *Drug Problems in Australia - an Intoxicated Society? Report*, Australian Government Publishing Service, Canberra.
- Skinner, H. A. & Goldberg, A. E. 1986, 'Evidence for a drug dependence syndrome among narcotic users', *British Journal of Addiction*, vol. 81, pp. 479-84.
- Skinner, H. A., Holt, S., Schuller, R., Roy, J. & Israel, Y. 1984, 'Identification of alcohol abuse using laboratory tests and a history of trauma', *Annals of Internal Medicine*, vol. 101, no. 6, pp. 847-51.
- Skinner, H., Holt, S., Shen, W. J. & Israel, Y. 1986, 'Clinical vs laboratory detection of alcohol abuse: the alcohol clinical index', *British Medical Journal*, no. 292, 28 June, pp. 1703-08.
- Skinner, H. & Horn, J. 1984, *Alcohol Dependence Scale: Users Guide*, Addiction Research Foundation, Toronto.
- Smith, D. I. 1986, *Alcohol and Crime: the Problem in Australia; Law, Treatment and Control*, Western Australia Alcohol and Drug Authority, December.
- Thomas, C. W. & Cage, R. J. 1977, 'Correlates of prison drug use: an evaluation of two conceptual models', *Criminology*, vol. 15, no. 2, August, pp. 193-213.
- Wallace, P. & Haines, A. 1985, 'Use of a questionnaire in general practice to increase the recognition of patients with excessive alcohol consumption,' *British Medical Journal*, vol. 290, pp. 1949-53.
- Wallace, P., Cremona, A. & Anderson, P. 1985, 'Safe limits of drinking: general practitioners views', *British Medical Journal*, vol. 290, pp. 1875-76.
- Wardlaw, G. & Deane, H. 1986, 'Uses and abuses of drug law enforcement statistics', *Trends and Issues in Crime and Criminal Justice*, no. 1, July, Australian Institute of Criminology, Canberra.
- Western Australian Department of Corrective Services 1987, *Annual Report*, Western Australian Department of Corrective Services.
- White, R. & Boyer, K. 1985, 'Alcoholism amongst the Tasmanian prison population: research note', *Australian New Zealand Journal of Criminology*, vol. 18, pp. 109-14.
- Wish, E. 1987, *Drug Use Forecasting, New York 1984 to 1986*, National Institute of Justice, United States Department of Justice.
- Wodak, A. 1986, 'Australian alcohol consumption,' *Medical Journal of Australia*, vol. 144, January, pp. 1-2.

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At Court: the Alcohol Factor

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While alcohol is regularly a major contributing factor to behaviour resulting in criminal charges being laid, it is similarly prominent in the family law area. Lawyers from the Fitzroy Legal Service (the Service) regularly appear in the Magistrates' Court for women seeking urgent intervention orders against violent household members. Often such violence is at least partially a result of alcohol use. This paper, however, will focus more on people facing police prosecutions as a result of alcohol use.

Survey of Files

Many clients explain to the Service that alcohol and other drugs or a combination of substances have played a major part in their behaviour. To quantify this contribution, for the purposes of making a submission to the Joint Parliamentary Committee on the National Crime Authority, several legal service workers, including myself, undertook a survey of Legal Service files for the year from 1 July 1987 to 30 June 1988. The survey encompassed 135 files involving criminal charges where the Legal Service provided court representation.

The resources of the Service did not allow us to complete a comprehensive, statistically rigorous survey, but the findings provide a useful picture of the impact which alcohol and other drugs have in relation to criminal behaviour.

The survey dealt with five issues in relation to each file. These issues were:

- The offence: offences were categorised by type as offences against the person, against property, against the Drugs, Poisons and Controlled Substances Act or other Acts governing use, production or trade in drugs, so-called street offences and other offences.
- Degree of substance involvement: categorisation on this question involved some subjectivity on the part of the person reviewing. In assessing whether or not alcohol and/or drugs were a 'cause or a substantial cause of the offence' or were evident in the client's background, reviewers were referred to material contained in instruction notes, records of interview, medical reports and other documentation. It can be assumed that some files may not have contained such information even though it may have been relevant, either because the client did not give such instructions or no note was placed on the file. That assumption points to the conclusion that the survey

understates levels of substance use involvement in all issues other than where drugs form the subject of the charge.

- Type of drug involved.
- Is there evidence that the client has received treatment for substance use before the court hearing? This question was directed to discerning attempts to deal with a drug problem through established agencies.
- Is there evidence that the client has prior convictions for alcohol or drug-related offences? The question is limited in its scope and therefore can only point to possible patterns. Again, qualifications relating to the existence of material on the file apply.

It was found that 76 of the 135 files reviewed showed a degree of alcohol or drug involvement. This constitutes 56 per cent of the total sample. Forty files showed some involvement with alcohol, making alcohol the substance most commonly connected with criminal behaviour. Cannabis and heroin came in equal second, each being involved in 19 cases.

Of the 40 cases where alcohol was involved, 14 involved street offences, offensive behaviour, resist police, indecent language, etc. The total number of cases involving street offences was 18, so it is quite clear that alcohol is a major factor in this area. Alcohol is also prominent in relation to offences against the person and 8 of the 40 cases involved such offences. The total number of cases involving offences against the person was 17, so almost half such cases involved alcohol.

There were 9 cases of crimes against property where alcohol was a contributing factor and these were mainly either minor thefts or wilful damage to property. In this category heroin was more prominent, being a factor in 13 cases. There were also 11 cases involving driving offences, with 8 of these being related to exceeding the prescribed count of alcohol when driving.

Figures in relation to the number of matters where there was evidence of the person charged having received some treatment in the past in relation to the substance they were using were also obtained. It was found that there were 19 cases where people had sought treatment for their alcohol use. The fact that people are coming before courts after having received treatment indicates that available treatment services are not always effective in steering people away from the criminal justice system.

In cases where alcohol use is involved, this use may not have contributed to the commission of the particular offences. It may be that alcohol use is more of a background factor, something that has led to difficulties in the past. If these previous difficulties have resulted in criminal convictions being recorded against a person then this will clearly impact on the result of any later court proceedings. Before imposing sentence, the court will be provided with details of all prior convictions and will certainly take these into account. As such, any information

that can be obtained in relation to such prior convictions is very important to the submissions to be made in any case.

Particular Types of Cases

The way in which the issue of alcohol use will be relevant to particular cases varies greatly with the type of offence involved.

Driving offences

With driving offences, alcohol use is almost always the direct cause of the person being charged. In such a situation, the submission made concentrates very much on why the person combined drinking and driving on this particular occasion in question. The penalties laid down in Victoria for such offences are quite substantial and allow little scope for an advocate to do more than ensure the fine imposed and the period of licence disqualification is kept to a minimum. Dispositions that would permit a person to continue driving are very limited.

One person assisted by the Service had gone to a party with a friend. Her friend had driven to the party and the client fully expected to be driven home. During the course of the evening, the client had quite a few drinks. It was one of only a few nights off for her during a lengthy period of intensive study for exams.

Her friend, however, developed a severe headache not long after their arrival at the party and retired to the relative quiet of their car to lie down and rest. Unfortunately, her condition worsened and the client was asked to drive home. As well as wanting to assist her friend, my client wanted to get home as she had much to study the following day. She foolishly decided to drive and was stopped at a testing station not far from the party. She recorded a blood alcohol reading of 0.14 per cent. At the court hearing of this matter, the defence submission was based primarily on these facts and, quite understandably, only the minimum period of licence disqualification was imposed.

In cases where a person's blood alcohol level has been checked after an accident and found to be over the limit, it is important to emphasise to the court that the person will have lost the benefit of coverage under any insurance policy they had taken out. There will be damage to that person's car and, in most cases, to at least one other car or other property. A person's financial position would obviously be worsened by having to pay for such repairs and this should be viewed by the court as a loss the person has already suffered due to their behaviour.

Crimes against the person

In cases of assault, the influence of alcohol is often crucial in the submissions made on behalf of a defendant. If the person has no prior convictions for similar offences, it is necessary to clearly explain any unusual circumstances or factors affecting the person at that time. Of course, there are cases where factors cannot

be ascertained that combined with the client's drinking to cause unusual violent behaviour. In these situations one may be unable to say much more than that the client would not have acted violently without consuming alcohol. Such a submission must be accompanied, if possible, by evidence as to the client's post-incident reduction in alcohol consumption. It is far preferable to have such information coming from a treatment agency rather than from the client, as magistrates naturally give more weight to an independent assessment.

Obtaining medical reports

In some cases, it can be difficult to obtain reports from treatment agencies or private doctors. If it is not difficult, then it may well be expensive, especially for the types of people the Service represents in court. There are quite a few treatment agencies in Victoria which will only provide a report for use at a court hearing if the court orders them to do so. This is particularly the case with government-run agencies. As far as the cost of medical reports is concerned, the Service now has a standard form letter to send to agencies or doctors explaining that neither the client nor the Legal Service, which is a non-profit community organisation, can afford to pay for the report. This approach usually succeeds, but one wonders what the situation is for the clients of lawyers in private practice.

Street offences

The submissions made in cases involving street offences are often quite similar to those made in assault cases. The author regularly appears for people who are charged with what is referred to as the 'Quadrella': assault police, hinder police, resist police and drunk in a public place. Clients who say that they had not had anything to drink still find themselves charged with being drunk in a public place. This charge would appear to be used in an effort to discredit the evidence of the accused. When the person charged gives evidence that they did not struggle in any way with police, the police prosecutor will always question the person's ability to recall what happened given that they had been drinking.

The Service has been involved in several cases for an intellectually disabled young man who becomes violent when he drinks. As his mother describes him 'when he's sober, he's as quiet as a lamb, but when he's been drinking, he thinks he's Mohammed Ali'.

He is a very lonely person who finds that going to the hotel is one of the few ways in which he feels happy to try to socialise. He worked in a factory store for several years but left due to constant antagonism from other workers who seemed to delight in telling him how stupid they thought he was.

Given that he is now unemployed, this person spends much of his time at home. Going to the pub is something to look forward to and so he would be there every Friday and Saturday night. He is quickly affected by alcohol and says that often he remembers little of a night after the first couple of drinks.

The efforts of his family and of others to persuade this man not to drink are met by him saying that he likes drinking too much to give it up. He also asks 'what else is there to do?'

In such a case, it is obviously important to provide the court with as much information as possible regarding the client's intellectual disability. Reports from specialists are always very expensive. A person whose sole income is a social security benefit cannot afford to pay \$400 for an assessment and report. Often, the Legal Aid Commission of Victoria, though paying for such a person to be represented, is quite naturally reluctant to cover the costs of such a report, especially in cases involving 'relatively minor' offences. Each report of this kind contributes to the Commission being unable to pay for some other person to be represented. The provision of such information is, however, crucial if such a person's alcohol use is to be fully explained to the court.

Dishonesty offences

In the case of dishonesty offences, the role of alcohol is usually to encourage a person to act in an impulsive 'spur of the moment' manner. Such cases might involve theft of some small item at a party or a hotel. The Service has also appeared for people charged with burglary who have come across a broken shop window and, having had more than a few drinks, reached in to grab something from the display shelf.

Experience shows that offences of this type generally result from one-off incidents such that the person charged will not have prior convictions for similar matters. In this situation, the Service's submission will emphasise the likelihood that the person will not re-offend, especially given the rather sobering process of going through the court system. Evidence of general good behaviour is also very important in such situations.

Another type of case in which alcohol plays a major factor is where a person says they were so drunk that they remember nothing of what is meant to have happened. Such circumstances may give rise to the availability of an O'Connor's case defence, with the person being unable to form the requisite intent to commit a criminal offence. Very few defences of this kind are run in the Magistrates' Court. They tend to be confined to the superior courts.

There are not many cases where a person's drinking was such that they remember nothing at all and this appears to be the gauge used when deciding whether or not to rely on an O'Connor's type defence. The use of this defence is then further limited by the need to call medical evidence in relation to whether or not the particular person in question would have been capable of forming the necessary intent given the amount of alcohol they had consumed. Who will pay for the assessment and report of the doctor? Further, if the doctor's opinion means that a defence may be available, who will then pay for the doctor's attendance at court

to give evidence? All in all, this is a rather expensive business, which seems destined to remain more of an issue in the major courts than it is at the Magistrates' Court level.

Two Specific Case Studies

Two cases will be outlined in some detail to show the type of information that needs to be provided to a court regarding the influence of alcohol on a person's actions. Both of these cases also provide good examples of the need for legal advisers to be aware of available treatment services.

The first case involves a woman called 'Mary'. She is in her early thirties. She had an unhappy childhood culminating in her being sent to a Youth Training Centre as an uncontrollable child at the age of 14. Alcohol was a problem from this time and she still receives treatment for her alcohol dependency.

During her teenage years Mary had further stays at the Youth Training Centre and various youth hostels and foster homes. Mary then returned to live with her parents and also had her first and only child. She encountered difficulties being a parent, which were further aggravated by the fact that the child's father died shortly after the birth.

She remained at her parent's home for another two years and then moved to a women's refuge for three months, and thereafter lived in various rented premises. After leaving the refuge, she commenced the first of several attendances at an alcohol treatment clinic as an inpatient.

Also, at this time Mary's daughter was placed in foster care against her wishes and Mary reacted very badly to this. Her alcohol problem worsened during this period. Mary has attempted to come to terms with her alcohol problem since this time and, except for some relapses when she has readmitted herself, her position has greatly improved. Clinical reports show that Mary has worked hard on many issues related to her alcohol dependency although the process has been a long and difficult one. She is a person without family support and this has made rehabilitation very difficult. Her lack of education has also made progress very difficult. She certainly would receive little help from a custodial sentence as this would simply interfere with her treatment.

The gains that Mary had been making after three court appearances in 1987 were very much on the line when she appeared in court in mid-1988 charged with theft of a motor car and exceeding .05. She could not explain why she had behaved in this fashion except to say that she would not have done this if she had not been drinking. Mary was in a residential treatment centre when the charges came to court. Virtually right at the beginning of the author's submission, he handed to the magistrate a detailed report from Mary's counsellor. It was important to place the incident in the context of it occurring while the client was on a 'bust', slipping

back into alcohol use for a short time after having made considerable gains and abstaining from drinking for several months. The final point that needed to be stressed was that treatment facilities and support would be virtually non-existent for Mary in prison. Fortunately, the court agreed that it was in the community interest that Mary continue her rehabilitation efforts outside prison. She received a 12-month Community Based Order.

The second case study involves a man named Bryan who recently turned 50. Bryan first came to see the Service in 1986 and within two months the Service was preparing for three separate sets of charges of exceeding .05 and driving while disqualified. At that stage, Bryan already had five prior convictions for both of these offences. Bryan's alcohol consumption had steadily increased over a long period of time and did not appear to have been checked at any stage by anyone, including his family or doctor. Bryan had commenced drinking when he left school at 13 and, after completing an apprenticeship, he worked as an owner-driver in the transport industry. During this time, he was consuming between 10 and 15 pots (280 mL) of beer each day.

Bryan was involved in a very serious motor accident in 1972 in which his truck caught fire and he sustained very serious burns to 35 per cent of his body. He was a virtual cripple for the following four years and during that time he underwent some 22 medical operations. He ultimately received an award for compensation of \$24,000, which did not last long, and around this time his drinking had increased to the point where he was consuming 25 to 30 pots of beer daily.

Bryan had married in 1962 and had two children. The car accident placed an enormous strain on the marriage. Bryan became very jealous, he also started to become violent towards his wife when intoxicated, which was much of the time, and the scarring from his burns was quite unpleasant to look at. Bryan's wife obtained a divorce in 1979 and Bryan soon began to drink even more. He drank whatever he could get his hands on.

When Bryan came to the Service, an appointment was made for him to see someone at a nearby community medical clinic. He was next seen four weeks later when he proudly stated he had spent the past three weeks in a detoxification and treatment centre and had not had a drink in that time.

With Bryan's prior convictions, he was obviously a prime candidate to receive a custodial sentence at each of the three forthcoming court hearings. The submission in the first of these cases relied very heavily on the fact that this was the first time in 30 years of drinking that Bryan had sought treatment and stopped drinking and that his motivation should not be frustrated by the imposition of a custodial sentence. The magistrate agreed and, while he did impose a custodial sentence, the sentence was suspended for two years after Bryan undertook to seek treatment and not to consume any alcohol during that time.

Having successfully handled this first, and largest, hurdle, the defence submission relied heavily at the next two hearings on the importance of not frustrating the intention of the order made in the first of the cases. Ultimately, Bryan received two further suspended prison sentences. The periods of suspension are now over and it is three years since Bryan had his last drink.

It was amazing that at no stage had it been seriously suggested to Bryan that he had a problem with alcohol that could be assisted by treatment. His situation might have been very different if he had sought assistance earlier on and if the need for rehabilitation had been seriously addressed at earlier court hearings.

The need for courts to have a rehabilitative emphasis when dealing with offenders affected by alcohol is clear. For such an emphasis to have the desired effect, increased information on treatment services needs to be available to the courts. Such information must also be available to lawyers, police, community corrections workers and, most importantly of all, the people who have been charged with offences.

Drug and Alcohol User's Guide

One contribution that Fitzroy Legal Service together with other community groups has made to this field, has been the production of the Victorian Drug and Alcohol User's Guide '88. The guide is designed specifically for the user rather than as a resource for professionals. The feedback that the Service has received has, however, indicated that it is also very useful for professionals. It appears that the Drug and Alcohol User's Guide '88 is the first resource of its kind to be produced in Australia.

The idea for the guide came from the constant requests that Legal Service staff were receiving from clients and other people, for example, relatives of drug or alcohol users, for information on treatment services. While many people knew of one or two of the larger agencies, they generally had little idea of what specific programs the agencies ran. Little information was available on the wide variety of agencies and services that exist so the Service decided to look at producing its own resource guide.

Rather than attempting to produce such a resource on its own, the Service sought input from other groups. A steering committee was established, which brought together workers from treatment agencies, a youth worker, community resource workers, self-help group workers, a private psychologist and a psychology tutor. The production of the guide was made easier by this range of people having a substantial input. A great deal of work went into formulating a questionnaire to go out to all agencies seeking details of each of their programs. The Service had to start from scratch in this regard, which was very difficult, but it was very fortunate that the agencies co-operated with it in providing the information

requested.

It was believed that there would be information other than agency details, that would also be helpful to users so, a glossary of terms, and sections on emergency relief, making a complaint, social security, money management, AIDS and intravenous drug use and alcohol, drugs and the law were also included. These information sections provide a helpful starting point for users who need detailed information on a particular issue. Too often, users appear to be seen as not interested in a range of issues affecting their lives whereas experience clearly shows that they are interested in these issues. Looking at treatment in isolation simply is not enough.

The Service was fortunate to obtain funding for the guide from the Drug Rehabilitation and Research Fund, which is administered by the Health Department of Victoria. The fund is generated from fines imposed and confiscations made in relation to cases involving drug trafficking and similar offences. Without this type of funding, it would have been impossible to ensure that the guide reached its target group, users.

The guide has been provided free to users and sold at \$10 a copy to professionals. Many copies have been collected by people from the Service and copies have also been distributed through community legal centres, community health centres, needle exchange programs, citizens' advice bureaux, treatment agencies, women's and youth refuges, community policing squads and the Legal Aid Commission of Victoria. Five thousand copies were initially produced and these were all distributed within one month of the guide being launched by Hazel Hawke in early July 1988. A further 3000 copies were then produced and virtually all of these have now been distributed.

The response to the guide has been very favourable. Users seem to have greatly appreciated that the guide was designed for them and they have found the information to be relevant and accessible. Workers and advisers in treatment agencies have also found the guide useful with many people asking why such a resource had not been produced much earlier. Solicitors and barristers have commented that they had no idea that so many treatment programs were potentially available to their clients. As a result, other treatment options are now being canvassed by legal advisers when they are dealing with clients affected by alcohol or drugs. Magistrates, too, have commented on the use they have made of the guide, especially where people appear in court unrepresented.

The Service has submitted again to the Drug Rehabilitation and Research Fund for them to support a further edition of the guide. Obviously, details of treatment programs will change, so it is important that the information is updated.

The guide has also shown the value of providing information to users as early as possible if, as a result of coming in contact with the criminal justice system or for

some other reason, they want to investigate treatment options. Time and again, people arrive at court for the hearing of their case and say that they would not have behaved as they did, if not for their use of alcohol or some other drug, but they have not sought any treatment since the incident giving rise to the charges against them. Magistrates ask such people why they have not sought treatment yet and it can be difficult to provide a convincing answer.

A useful distribution point for the guide would be police stations. In many cases police would be able to ascertain whether or not a person may have an alcohol or drug use problem and if information on treatment options was provided at this stage this could assist some people in thinking about treatment much earlier. This would provide courts with information that would be very useful to the sentencing process in such cases.

Conclusion

While alcohol and other drug use needs to be addressed as a behavioural issue, the criminal justice system does not presently do this. Rather than being directed to addressing patterns of behaviour, the criminal justice system deals only with specific incidents of anti-social behaviour. If the court system continues to operate in this limited manner it will be a rather ineffective tool for dealing with alcohol use.

It is important that the court system attempt to use a more multi-disciplined approach when dealing with such cases. If this is to be successful, people who are representing clients whose behaviour has been affected by alcohol or some other drug or some combination of drugs, will need to emphasise the rehabilitative needs of such people and the treatment options available to them when making submissions in court.

Footnotes

¹The author appears in court for Legal Service clients two or three times each week. Generally these cases are heard at the Melbourne Magistrates' Court, which is Victoria's largest Magistrates' Court with eleven courts sitting five days per week. Most of his appearances are for people who are pleading guilty to the charges laid against them, and it is in these situations that the 'alcohol factor' is often very significant in the plea in mitigation of sentence that he makes for his clients.

²The Fitzroy Legal Service provides free legal advice and assistance to residents from inner-Melbourne suburbs, such as Fitzroy, Collingwood, Brunswick and Richmond. These suburbs, while becoming more upmarket, still have large

populations of low- or fixed-income earners, large migrant communities and large Ministry of Housing estates. Fitzroy itself also has a large number of rooming houses.

A considerable slice of the Service's casework base is dealing with charges laid against the Service's clients by police. The Service's casework statistics for 1987 were as follows:

- Criminal Law - 18.1 per cent
- Motor Vehicle Property Damage - 16.4 per cent
- Family Law - 12.2 per cent
- Traffic Offences - 9.8 per cent
- Debt - 7.9 per cent
- Personal Injuries (including Crimes Compensation) - 5.1 per cent
- Other (Contracts, Wills, Social Security, Immigration, etc) - 26.4 per cent.

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Alcohol, Violent Crime and Social Power

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A causal link between the consumption of alcohol and acts of violence has long been depicted in western folklore, drama and literature. An old support for this notion can also be found in the common law plea of 'diminished responsibility' whereby defendants charged with murder, rape and various assaults, have been able to claim a lack of interest due to their drunkenness (Howard 1970). But a scientific interest in this alcohol-violence link emerged far more recently with the rise of medical, psychiatric and criminological discourse on the subject (Lombroso 1985).

The number of relevant empirical studies of violent crime and the effects of drinking upon human behaviour have increased considerably since the 1950s, but these have mostly been limited in three key ways.

Firstly, these studies have been fragmented across a wide range of disciplines, including physiology, pharmacology, epidemiology, psychiatry and psychology, as well as others held loosely together under the rubric of 'alcohol studies'. Only a minority of studies have overcome disciplinary narrowness and chauvinism and suggest a useful combination of different perspectives.

Secondly, much of the alcohol-violence literature reflects an empiricist outlook. Not 'empiricist' in the sense of the use of certain research methods and not others, but in its 'commonsense' view of social problems.¹ This takes only the most obvious features of a social phenomenon to be 'facts', and often overlooks or dismisses the more hidden effects of important social structures.

In this view, oppressive social structures built on social difference appear only at the level of social roles, norms and conventions. 'Empiricist' studies tend to focus upon the observed behaviour of the individual subject(s) of research. From this, dubious generalised claims about entire social groups, social systems, or even 'human nature' might be made. Criminals, violent 'types' of alcoholics, are often the individuals of immediate interest to professionals in the field. But they may also be misleading categories to start with in general research on the social meaning of drinking or aggression and violence. The third major flaw underlying this literature is a form of false objectivism which researchers confuse with 'objectivity'. A constant problem of social research which studies 'down' (particularly deviance studies), is the danger of an elitist response to those who

are studied. In wishing to condemn the violent acts which appear to be related to alcohol use, researchers may fail to attach any rationality or meaning to the beliefs or behaviour of the researched.

These acts can be dismissed too quickly as deviant, anti-social, pathological, and so on. Considering the possible importance of the subjective understanding of their own actions which these people hold is a legitimate course of scientific inquiry, which need not slip into the extremes of cultural relativism. The different symbolic meanings of drinking and much violence in different cultures are relevant to any wide-ranging objective analysis of these social phenomena.

The above imbalances in the alcohol-violence field are not the 'fault' of any individual researcher. They appear to have resulted from neglect of this area by some disciplines, especially until recently by sociologists. They also reflect the work conditions of social researchers - often separated by a wide social gulf from the researched.

There have been some studies of the relationship between alcohol use and property crime (Cordilia 1985). But most research has focused upon what is thought to be a stronger link with violent assaults, especially spontaneous violent crimes. Despite the researchers' confidence in the strength of this link, the issue of causation remains central.

Studies of alcohol, drinking, aggression and violence can be classified without too much distortion into four major categories. (For more categories see PERNANEN 1982).

These are as follows:

- Studies of individuals and groups who have been under some form of surveillance, treatment, incarceration or punishment from state agencies. These include convicted juveniles, adult criminals and prisoners, alcoholics and problem drinkers.
- Studies of violent incidents recorded by state agencies, including records of criminal assaults.
- Clinical studies of aggression and alcohol use conducted by psychologists, usually in an experimental university setting.
- Studies of drinking in natural settings.

Studies of Convicted Criminals and Alcoholics

These (mostly American) studies have found a positive correlation between high alcohol use or 'alcohol problems' and a personal history of involvement in arguments, fights and criminal assaults. For example, in Mayfield's study (Collins 1982) of violent assaults by prison inmates, 58 per cent of offenders claimed they were drinking just prior to, or at the time of, these attacks.

In a study of Californian inmates by Paterson and Braiker (Collins 1982), 24 per cent of subjects claimed they had attacked and injured someone while drinking in the three years before their imprisonment. Roslund and Larson's (1979) Swedish study of assaults over a four year period found alcohol use by 68 per cent of offenders just before or during attacks.

The general review of the literature by Greenberg (1982), suggests that in most studies between one-quarter and one-third of prisoners convicted of violent offences are found to have a history of chronic alcohol use. Other studies suggest this link with domestic violence. In these, excessive alcohol use by the assailant, victim, or both, has been found in as many as 67 per cent of 'troubled' families seeking counselling or divorce (Hamilton & Collins 1982).

Despite this evidence, it is difficult to claim a direct role for alcohol in these violent behaviour patterns or criminal careers. The problem of 'deviance disavowal' - the denial of responsibility for one's actions by citing alcohol as a determining cause - remains as a confounding factor. Furthermore, categories such as 'delinquent', 'problem drinkers' or 'problem families' are highly subjective. Some definitions of the 'alcoholic' or 'criminal' could be agreed upon. But the charge of 'biased samples' could be levelled if these groups, which are subject to high police and official scrutiny and over-represented in official statistics, are taken as being representative of some general social pattern.

The supposed relationship between excessive alcohol use and violence in these groups may also be misleading if both phenomena are just common features of the poor or deprived social conditions from which the researched groups mostly originate. Some other feature of this sort of social background - such as slum housing - could also be statistically linked with violent patterns of behaviours. The problem of causation would still remain unresolved.

Studies of Criminal Acts and Violent Incidents

These studies look at reported violent crimes and incidents and have found high levels of alcohol use by assailants, and frequently, the victim as well. Drinking appears to help precipitate such incidents and increase the risk of victimisation.

Alcohol was found present in either the offender, victim, or both, in 64 per cent of cases in Wolfgang's Philadelphia homicide study, 53 per cent of cases in Voss and Hepburn's Chicago homicide study, 34 per cent of Amir's Philadelphia rape study and 36 per cent of cases in Gerson's Canadian study of domestic assaults (Collins 1982; Gerson 1978).

A study of homicides in New York by Abel and Zeidenberg (1985) found alcohol in 45 per cent of victims. Two New South Wales reports (New South Wales Bureau of Crime Statistics and Research 1974 and 1977a/b) showed alcohol to be a factor in 48 per cent of gun and knife attacks, and in 60 per cent of recorded

domestic assaults.

More recent studies (New South Wales Bureau of Crime Statistics and Research 1986 and 1988) in that state have found alcohol present in 42 per cent of homicides committed between 1968 and 1981, and in 40 per cent of a sample of serious assaults from the years 1971 to 1986, many of which took place in or near licensed hotels or clubs. In an overview of the international literature, Pernanen notes that alcohol is usually found present in about 50 per cent of violent assaults and rapes and between 50 per cent and 60 per cent of homicides.

As impressive as these figures are in suggesting a link between alcohol use and acts of violence, these studies are also affected by confounding variables. Again, the social status of the parties involved may offset the likelihood of both the reporting of an incident and the presence of heavy drinking. The times at which these incidents commonly occur, holidays, weekends and evenings, are times at which many people are intoxicated. An increased number of arguments, brawls and violence at these times would be a partial consequence of the much higher levels of social interaction as people attempt to socialise and enjoy themselves. Furthermore, most of these 'acts' are in fact interactive disputes - a process involving both (or more) parties which may escalate into violence. Studies of official records usually cannot find many clues as to what aspects of social interaction, when combined with drinking, can lead to violence.

Studies of Aggression

Another major source of knowledge of the alcohol and violence connection is the increasing number of studies of aggression conducted by clinical and social psychologists since the 1960s. These researchers observe the behaviour of people who have consumed alcohol, and note a general link between alcohol intake and a rise in aggressive feelings and gestures, particularly among men.

However, these studies have been moving away from the simple notion that it is just the pharmacological effects of alcohol that are the sole or direct cause of aggressive behaviour in the form of a 'disinhibition' of some innate destructive instinct or drive (Pernanen 1982; Carpenter & Armenti 1972; Taylor 1983; and Brain 1986). This disinhibition model would suggest that a lack of regulation or repression in poorly socialised or pathological individuals leads to aggressive and violent actions, not the social encouragement and reinforcement of this behaviour. But situational factors are now considered to be of major importance.

Researchers argue that such factors as an all-male setting, group drinking, and threatening or stressful surroundings, will all result in observable increases in levels of aggression (Carpenter & Armenti 1972; Taylor 1983; Boyatzis 1974; Levinson 1983). As Carpenter and Armenti (Evans 1986) put it, 'the circumstances of drinking produce greater changes in behaviour than the alcohol

does'. Despite these insights, the critical question still remains as to how, when and why aggression actually becomes expressed as violent behaviour during drinking?

The growing interest in situational and environmental factors has led some researchers to theorise the form of drinking situations in natural conditions (Pernanen 1982; Zeichner & Pihl 1980; Hull & Van Treuben 1986). The resulting 'interactionist' perspective has stressed the importance of patterns of social relations in the context of drinking, and the drinking behaviour that is learnt from the example of others.

The aggression and violence that can be associated with drinking is here linked to the effects of intoxication upon social competence. Social interaction for the heavy drinker becomes a confused and fumbled process (Pernanen 1982; Zeichner & Pihl 1980; Hull & Van Treuben 1986). There is a frequent misunderstanding of social cues and the intentions of other people. This is worsened by the often crowded and uncomfortable settings in drinking establishments (Pernanen 1982).

Studies of Public Drinking

The relationship between alcohol use, tax revenue, and the cost of the public health system, have led to the increased interest of many governments in general drinking surveys. These outline the amounts and type of alcohol consumed by different socio-demographic groups, and sometimes detail locations (Single & Storm 1985). But it is the slower growing number of observational studies of drinking, bar rooms and pubs which can provide greater detail on the effects of situational variables on drinking.

These have particularly focused upon drinking rates and their relationship to such variables as sex, age, social status, solo and group drinking, time, length of stay, interaction with bar staff, and so on (see Single & Storm 1985). The most typical heavy drinkers in the public bar setting are characterised as young, unmarried males in groups (Clarke 1985). The group setting and other features of the environment have been related to length of stay and amounts consumed (Single & Storm 1985). Only a small number of observational studies have focused on the relationship of these to levels of aggression.

The most important of these is Graham's study (1980) of aggression in different types of bars in Vancouver. This concluded that some bar room environments can encourage and signal the appropriateness of aggressive behaviour through their general atmosphere, physical appearance and staff relations, independent of the particular rough and tumble clientele they attract (Graham 1980).

These findings suggest the interesting possibility of minimising the levels of aggression and violent incidents within public drinking contexts by encouraging

practical changes to the drinking environment. These would include improving the design and appearance of bar rooms, as well as staff training, behaviour and attitudes to customers.

These drinking studies have considerably extended the existing knowledge of the social context of drinking, but if read in isolation, they create a danger of falling to the limited 'empiricist' perspective criticised above. Their particular methodologies lead to a focus upon the short-term observable features of the drinking environment and a search for the meaning of behaviour and the level of everyday social interaction.

If we cannot see the forest for the trees, this may neglect the importance of the historically evolving meanings of drinking in different cultures, and the impact of various beliefs and ideologies on drinking behaviour. This behaviour, particularly violent drinking behaviour, is not simply due to the social roles that attach to certain socio-demographic variables. It does reflect the form and force of social structures which are not so obvious at the level of social interaction, but which still compel much human behaviour and shape its meaning.

Drinking, Culture and Social Power

History and comparative sociology can provide some further clues as to how the apparent link between drinking, aggression and violence arises, and the sort of social systems and social changes which encourage it. In most cultures, alcohol is drunk for its anxiety-reducing effects. But there is a great diversity in drinking behaviour, or what writers including Heath (1976), MacAndrew and Edgerton (1969) term 'drunken comportment' - behaviour tied to the different attitudes, and beliefs that attach to drunkenness in different cultures.

The level of violence expressed when drinking is an important feature of this varied comportment. Cinquemani's famous study of two central American Indian tribes, contrasted the violent behaviour of one people from the relative peacefulness of another nearby tribe, when either tribe engaged in heavy drinking (Blum 1982). Other contrasts could be drawn, for example, between the placid behaviour of the Bolivian Camba during drinking festivals (Heath 1982) and the frequently fatal violence of the Finns when drinking (Collins 1983).

Why then do some cultures so closely associate drinking with aggression and violence, while others do not? Several of the psychological and observational studies discussed above have noted the link between heavy drinking, aggressive behaviour and the assertion of a strong masculine identity among many groups of drinkers (Collins 1983). McLelland maintains that intoxication reduces an individual's sense of self-identity and can provide a feeling of strength and power over the surrounding environment and people that is valued by many men (Boyatzis 1974).

These elements of a masculine identity can be experienced in a drunken state through fantasies of social control and sexual potency. A sense of mastery is acted out in what one observer has called the 'power displays' in drinking settings (Boyatzis 1974). With boisterous and aggressive behaviour the male drinker is presenting a rather crude view of himself as a 'man'. Where this sense of power may be challenged or undermined, violent behaviour may be the only means to re-establish it.

Threats and challenges to this identity may come from the immediate environment through, for example, another male who wants to feel more powerful or a wife who wants to feel equal. But the greatest threats of all come from the whole surrounding society and the real position of the individual within it. Where indigenous cultures have been smashed by colonialism and imperialism, the resulting more diffuse social structures and undermined traditional system of ascribing status, are linked to higher rates of drunkenness and violent drinking among males seeking to recover their self-esteem (Levinson 1983).² As Boyatzis (1976) puts it,

. . . consumption of alcohol can be useful to males in certain cultures. If a person is continually faced with the tension of self-assertion in a situation containing few organised supports towards maintaining a position of prestige once acquired, then alcohol can help the individual by making him feel more powerful. He can fantasise encounters in which his prowess is great and undaunted. Alcohol also helps him by reducing inhibitions and releasing more aggressive behaviour. Bolstered by alcohol, the individual can continue to face the day-to-day struggles of living in such a society.

In our own liberal-capitalist system the structures of social inequality assume a more hidden form as class achieved rather than ascribed. A masculine adult status is not conferred by formal and specific means attainable by all males. For most men, a respected status has to be struggled for. Here, the association between alcohol, aggression and violence and the attainment of a masculine status, overlaps with class divisions and class cultures.

Drunkenness and rowdy behaviour have become a form of symbolic protest against ruling groups and their world-view. The disorderly 'time-out' periods of hard drinking, express a rebellion against the bourgeois work ethic of sobriety, saving and useful leisure activity. Debates about drinking have become tied to attitudes to social inequality and working or lower class culture. For the bourgeois social reformers of the nineteenth and early twentieth centuries, drunkenness represented much of what they opposed in the lifestyles of the working or 'dangerous classes'.

These different forces have been evident throughout Australian history. In the convict era, drunkenness, indolence and rowdy or destructive behaviour by both men and women marked a form of rebellion against transportation, forced labour and the values of the colonial officials and a developing bourgeoisie (Sturma

1983). As the punishments for these vices were frequently brutal, this further reinforced the cultural association between drink and violence.

By the end of the nineteenth century, rowdy drinking became a common feature and expression of the 'larrikin' tradition. This involved a particular stereotype of the Australian working class male as strong, anti-intellectual, egalitarian among peers, and opposed to petty authority and the 'effete' restrained qualities of the ruling class (Ward 1978).

With the ideological strength of this tradition and stereotype, all-male drinking contexts become a forum for the rejection of bourgeois values and social order in favour of a constructed working class masculine identity. Due to an apparent lack of status and class differences, the Australian pub full of equal mates can reinforce a sense of male group identity, territoriality and cultural resistance. Here, a heightened pride in a shared masculine identity may compensate for a low position in the society's class structure.

This sense of status may also be secured by the harsh treatment of such social inferiors as women, blacks, gays or young and weak males. But the cultural denial of class inferiority is always just a fiction. Class identity is also formed around the experience of an hierarchical and undemocratic workplace, and obvious inequalities in wealth, privilege and lifestyle. Because of this, group mateship cannot always regulate the 'power displays' during drinking which express the ideology of classless masculinity.

The external threats to this ideology from an obviously unequal society, may push its adherents to the protection and expression of their masculinity and sense of social power through the widely available means of physical destruction and violence. A constant tension between the egalitarian ideology and the reality of our society appears to underlie much of this violence.

The social structures which limit the attainment of a respected adult status in our society afflict both working class men and women. But reactions to this differ between the sexes, and in groups within this class. Many men are excluded from the above ideologies which confer a masculine identity. But the largest group who feel an allegiance to these ideologies and who, at the same time are excluded by or are marginal to them, are working class youth.

Studies of crime which emphasise the 'deviance' of youth behaviour, and regard the common high levels of crime and drinking problems among young working class men as a generational problem which they mostly 'grow out of', have been improved upon by recent accounts of working class youth subcultures (Cohen 1972; Willis 1977; and Hall et al. 1976). These analyse the relationship of subcultures to structures of inequality and social power, and note the important, but ambivalent, relationship of many youths to their 'parent' working class culture (Dorn 1983).

It may be helpful to reflect on these accounts of youth subcultures in responding to the questions as to whether and why Australian society is becoming more violent? Media sensationalism shapes much of the public perception of crime. But there is empirical evidence that some important categories of violent crime have been growing, and that alcohol use has a possible relationship to many incidents of violence. The reported number of rapes in Australia have more than doubled between 1973 and 1987, and reported rates of serious assaults have increased four times over in the same period (National Committee on Violence 1989).

A 1988 report on serious assaults by the New South Wales Bureau of Crime Statistics and Research (op. cit.) found a similar growth in the period between 1971 to 1986-87, with 40.12 per cent of incidents marked by police as alcohol related. Police reports also show a major increase in the number of common assaults recorded in New South Wales in recent years. These grew 17.66 per cent from 13,739 to 16,165 in the 12 months between 1986-87 and 1987-88 (Police Department of New South Wales 1988).

There is evidence that a large proportion of this growing number of attacks occur during drinking situations or follow alcohol use, and that the majority of assailants and a large proportion of the victims are young, working class males (New South Wales Bureau of Crime Statistics and Research, op. cit.).

If there has been a long tradition of rowdy drinking among Australian working class men, and there has been no recent major change in drinking levels, some explanation is needed as to this increase in the amount of aggressive drinking behaviour which apparently leads to violent acts.

As noted above, the larrikin tradition and rowdy drinking gives a compensatory masculine identity to working class men. But the attainment of this identity also has some real material basis. A possible advancement in working life (for example, by promotion or self-employment), some trappings of affluence acquired over time, and the often contested but still substantial authority of married men within the family, may all enhance the personal status of these men. But these reinforcements of status are far less available to younger, single men in the social and economic climate of Australia in the 1980s.

The contemporary 'yobbo' culture of working class youth has evolved out of the larrikin tradition, but it may have to meet more threats to its meaning. Some of this may be due to progressive moves to social equality. In what some writers have termed a 'crisis of masculinity', the advances of the women's movement, increased female employment, and possibly greater assertiveness in sexual and social relations, have undermined some areas of male privilege (Komarovskiy 1976; Connell 1987). Reported increases in domestic violence may be one result of this (National Committee on Violence 1989).

These changes are least disturbing to men with social position and power, but they more directly threaten the status of males who have neither. The attainment of a respected masculine status is now more difficult for other reasons which are not tied to any moves for greater social equality, but to their opposite. During the relative affluence of the long-boom in the 1950s, 1960s and early 1970s, job advancement and promotion to supervisory and management positions was not uncommon for working class men. Since the downturn in the mid 1970s structural unemployment, particularly among the young, has become a permanent feature of our economy. The collapse of the manufacturing sector has reduced job prospects within the working class. Apprenticeships in skilled trades - occupations which although working class have been a source of masculine pride and identity - are less available.

Economic restructuring in favour of a technocratic economy, and the drift to a 'credential society' with an expanded middle class of professionals and experts, has meant a choice for young Australians between the continuing childhood of formal study or a lifetime in dead-end jobs. The failure of current economic policy to bring on a general recovery has heightened the competition for credentials and better jobs. Economic changes have been of benefit for some sectors (for example banking and speculative capital), but class differences and inequality have become far more marked in Australia in the 1980s (Raskall 1987).

Despite the official corporatist imagery of the shared economic struggle of a nation of 'mates' a sense of hopelessness has become more widespread among many of the poor and working class, particularly the young. The increased violence during this period of history, that is tied to the experience of powerlessness and reduced status by this social group, is certainly a serious problem for its victims (most of who are also working class or socially disadvantaged). However, it is not an entirely irrational or meaningless reaction by the powerless to an increasingly unequal society.

Footnotes

¹Of course, an empiricist viewpoint will usually lead to a preference for certain methods. But this is not a necessary connection.

²An example of this would be the high rates of violence in many Australian Aboriginal communities. See P. Wilson (1981).

Select Bibliography

Abel, E. & Zeidenberg, P. 1985, 'Age, alcohol and violent death: Aÿpost-mortem

study', *Journal of Studies on Alcohol*, vol. 46, p. 228.

Acoufis, P. & Walker, M. 1982, 'Heavy drinking and the need for power', *Journal of Studies on Alcohol*, vol. 43, p. 1018.

Blum, R. 1982, 'Violence, alcohol and setting: an unexplored nexus', in J. Collins (ed.) *op. cit.*, p. 34.

Boyatzis, R. 1974, 'The effect of alcohol consumption on the aggressive behaviour of men', *Quarterly Journal of Studies on Alcohol*, vol. 35, p. 959.

----- 1972, 'Drinking as a manifestation of power concerns', in M. Everett et al., *op. cit.*, p. 265.

Brain, P. 1986, 'The nature of aggression', in *Alcohol and Aggression*, ed. P. Brain, Croom Helm, London, p. 13.

Cappell, N. et al. (eds) 1986, *Research Advances in Alcohol and Drug Problems*, vol. 9, Plenum, New York.

Carpenter, J. & Armenti, N. 1972, 'Some effects of ethanol on human sexual and aggressive behaviour', in *The Biology of Alcoholism*, eds B. Kissin & H. Begleiter, vol. 2, p. 509.

Clarke, W. 1985, 'Alcohol use in various settings', in E. Single & T. Storm (eds), *op. cit.*, p. 51.

Cohen, A. 1972, *Folk Devils and Moral Panics*, McGibbon and Kee, London.

Collins, J. (ed) 1982, *Drinking and Crime: Perspectives on the Relationships Between Alcohol Consumption and Criminal Behaviour*, Tavistock, London.

----- 1983, 'Alcohol use and expressive interpersonal violence: a proposed explanatory model', in E. Gottheil et al., *op. cit.*, p. 15.

Connell, R. W. 1987, *Gender and Power*, Allen and Unwin, Sydney.

Cordilia, A. 1985, 'Alcohol and property crime: exploring the causal nexus', *Journal of Studies on Alcohol*, vol. 46, p. 61.

Cutler, R. & Storm, I. 1985, 'Observational study of alcohol consumption in natural settings', *Journal of Studies on Alcohol*, vol. 36, p. 1173.

Dorn, N. 1983, *Alcohol, Youth and the State*, Croom Helm, London.

Evans, C. 1986, 'Alcohol and violence: Problems relating to methodology, statistics and causation' in P. Brain (ed.), *op. cit.*, p. 148.

Everett, M, et al. 1976, *Cross-Cultural Approaches to the Study of Alcohol*, Mouton, The Hague.

Gerson, L. 1978, 'Alcohol related acts of violence: who was drinking and where the acts occurred', *Journal of Studies on Alcohol*, vol. 39, p. 1244.

Gerson, L. & Preston, D. 1979, 'Alcohol consumption and the incidence of violent crime', *Journal of Studies on Alcohol*, vol. 40, p. 307.

Gottheil, E. et al. 1983, *Alcohol, Drug Abuse and Aggression*, Charles Thomas, Springfield, Ill.

Graham, K. et al. 1980, 'Aggression and bar room environments', *Journal of Studies on Alcohol*, vol. 41, p. 227.

Greenberg, S. 1982, 'Alcohol and crime: a methodological critique of the literature' in J. Collins (ed.), *op. cit.*, p. 75.

Gusfield, J. 1963, *Symbolic Crusade*, University of Illinois Press, Urbana.

Hall, S. et al. (eds) 1976, *Resistance Through Rituals*, Hutchinson, London.

Hamilton, C. & Collins, J. 1982, 'The role of alcohol in wife beating and child abuse: A review of the literature', in J. Collins (ed), *op. cit.*, p. 285.

Heath, D. 1976, 'Anthropological perspectives on alcohol: An historical perspective', in M. Everett et al., *op. cit.*

-----1976, 'Drinking as a manifestation of power concerns', in M. Everett et al., *op. cit.*, p. 265.

Heath, D. 1982, 'Drinking Patterns of the Bolivian Camba', in D. Pittman & C. Snyder (eds) *op. cit.*

Howard, C. 1970, *Australian Criminal Law*, Law Book Co., Melbourne,

Hull, J. & Van Treuben, R. 1986, 'Experimental social psychology and the causes and effects of alcohol consumption', in N Cappell et al. (eds), *op. cit.*, vol. 9, p. 217.

Kilty, K. 1983, 'Styles of drinking and types of drinkers', *Journal of Studies on Alcohol*, vol. 44, p. 797.

Kissin, B. & Begleiter, H. (eds) 1972, *The Biology of Alcoholism*, vol. 2 and vol. 4, Plenum, New York.

Komarovsky, M. 1976, *Dilemmas of Masculinity*, W. W. Norton, New York.

Levinson, D. 1983, 'Social setting, cultural factors and alcohol related aggression', in Gottheil et al. (eds), *op. cit.*, p. 45.

Lombroso, C. 1985, *Crime: Its Causes and Remedies*, N. J. Patterson Smith, Montclair, p. 95.

- MacAndrew, C. & Edgerton, R. 1969, *Drunken Comportment: A Social Explanation*, Aldine, Chicago.
- Makeela, K. 1983, 'The uses of alcohol and their cultural regulation', *Acta Sociological*, vol. 26, p. 21.
- Maskowitz, M. 1984, 'Alcohol misuse as a response to perceived powerlessness in the organisation', *Journal of Studies on Alcohol*, vol. 45, p. 225.
- National Committee on Violence 1989, *Violence in Australia*, Australian Institute of Criminology, Canberra.
- New South Wales Bureau of Crime Statistics and Research 1974, *Domestic Assaults*, Statistical Report no. 5.
- 1977a, *Domestic Assaults*, Statistical Report no. 7.
- 1977b, *Gun and Knife Attacks*, Statistical Report no. 9.
- 1986, *Homicide - The Social Reality*, Research Study no. 5.
- 1988, *Police Reports of Serious Assault in New South Wales*, Assault Report no. 1.
- Pernanen, K. 1982, 'Theoretical aspects of the relationship between alcohol and crime', in J. Collins (ed), *op. cit.*, p. 5.
- Pittman, D. & Snyder, C. (eds) 1982, *Society, Culture and Drinking Patterns*, John Wiley, New York.
- Police Dept. of New South Wales, 1988, *N.S.W. Crime Statistics 1987-1988*, p. 6.
- Raskall, P. 1987, 'Wealth: who's got it? Who needs it?' *Australian Society*, vol. 6, p. 21.
- Room, R. 1985, 'An intoxicated society?', in *The World Alcohol Industry With Special Reference to Australia, New Zealand and the Pacific Islands*, TNC, University of Sydney.
- Roslund, B. & Larson, C. 1979, 'Crimes of violence and alcohol abuse in Sweden', *International Journal on Addictions*, vol. 14, p. 1103.
- Sargeant, M. 1979, *Drinking and Alcoholism in Australia*, Longman Cheshire, Melbourne.
- Single, E. & Storm, T. (eds) 1985, 'Studies of public drinking: An overview', in *Public Drinking and Public Policy*, Addiction Research Foundation, Toronto.
- Sturma, M. 1983, *Vice in a Vicious Society*, University of Queensland Press, St Lucia, Queensland.

Taylor, L. 1983, 'Alcohol and human physical aggression', in E. Gottheil et al., op. cit., p.280.

Virkunen, M. 1974, 'Alcohol as a factor precipitating aggression and conflict behaviour leading to homicide', *British Journal on Addiction*, vol. 69, p. 149.

Ward, R. 1978, *The Australian Legend*, Oxford University Press, Melbourne.

White, R. & Boyer, K. 1985, 'Alcoholism amongst the Tasmanian prison population', *Australian and New Zealand Journal of Criminology*, vol. 18, June pp.109-14.

Willis, P. 1977, *Learning to Labour*, Saxon House, London.

Wilson, P. 1981, *Black Death, White Hands*, George Allen and Unwin, Sydney.

Wolfgang, M. & Ferracuti, F. 1967, *The Subculture of Violence*, Sage, Beverly Hills.

Zeichner, A. & Pihl, R. 1980, 'Effects of alcohol and instigator intent on human aggression', *Journal of Studies on Alcohol*, vol. 41, p. 265.

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Domestic Violence: Alcohol and Other Distractions - a Grassroots Perspective

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The subject of domestic violence is well researched and documented. Feminist researchers and academics have thoroughly examined the issue, laws have been changed, a national community education program is being launched today. Yet somehow, despite law reform, research and academic discourse, we live in a society which collectively condones violence in the home, a society where 20 per cent of people think violence is justified in some circumstances, and 33 per cent of people consider domestic violence should remain a private matter (Office of the Status of Women 1988).

That domestic violence is on the agenda of a conference about alcohol is no surprise. An estimated 80 per cent of all Australians believe alcohol to be a major cause of domestic violence (Office of the Status of Women 1988). That domestic violence is on the agenda of a conference about crime is an encouraging sign, because few people give domestic violence criminal status. This paper shall argue that domestic violence is a crime and must be responded to as a crime if social change is to occur; that domestic violence is not caused by alcohol; and finally, that the popular social construction of violence being caused by, or associated with, alcohol is a dangerous construction, which distorts far more than it clarifies and hides far more than it reveals.

Although this paper will draw on academic discourse indirectly, it will refer mainly to information and experiences and wisdom gained from listening to victims of violence through the author's experience as a grassroots worker. It is the author's belief that it is the survivors of violence in the home who are the most 'invisible' in the literature (Knight & Hatty 1987).

Domestic Violence in the Context of Patriarchy

It is important to place domestic violence in a social context to be fully aware of the institutionalised nature of the crime (French 1986). If we take time to ponder on the state of the world about us, there are some horrifying and disturbing factors which seem out of reach, which are beyond an ordinary person's comprehension, and which render individuals powerless. Globally, we see a

world full of strife, or international and inter-racial hatred and conflict, of political assassination and terrorism, and we are fearful in the knowledge that the major powers are in possession of enough nuclear warheads to destroy the world's population several times over. Violence and the threat of violence form the ultimate weapons of any society for protecting itself against invasion or attack. Violence is used to regain power and control as all societies inevitably resort to violence or threaten violence in attempts to solve strategic problems. War is a legitimised violent encounter between nations. Furthermore, it is the world's men who have been asked to go to war, to violently respond to threats, attacks, invasion, to a loss of power and control. Because war has been glorified, violence has become a legitimated form of male behaviour. Men become heroes and thus a moral judgement about the legitimacy of male violence is established. The outcome of this process is that violence becomes implicit in the institutionalised definition of masculinity (Connell 1987).

The legitimacy of social inequalities of all forms has similarly been established throughout history. White peoples' assumed superiority over coloured people has resulted in violent assaults on countries and people. Assumed superiority of some groups over others has taken the world to war. Inequality globally means that people die of starvation and deprivation while others die from overindulgences of various kinds. It is considered legitimate that wealth lies in the hands of a few, while the majority live in poverty. Pertinent to this discussion, men at birth become members of the superior gender and are automatically empowered to have superior rights, roles, opportunities and power, in comparison to females (French 1986).

Domestic violence occurs throughout the world; it occurs in our society, and often in the house next-door. To be understood it needs to be placed in the context of wider power relations (McIntyre 1984), in the overall social context outlined above (Breines & Gordon 1983); a context which feminist writers refer to as patriarchy. Patriarchal analysis places the primacy of violence in the social system, and from a practitioner's point of view, offers the only cogent response to domestic violence in the literature to date, for it takes the wider context into account and avoids the dangers resulting from a focus on distractions like alcohol and other associated variables which we tend to see 'next-door' and which form the basis of commonsense knowledge. This patriarchal analysis places responsibility for the violence with the perpetrator, and does not blame or implicate the victim. Furthermore, it suggests strategies for social change.

Definition of Domestic Violence

The inappropriateness of the term has been discussed in the literature. The term 'domestic violence' probably evolved as a result of the perceived need for a tidy, all inclusive description of the various types of violence occurring in the home (McIntyre 1984). However, a clear picture of what we are talking about is lost

when we use the term. The word 'domestic', because of its common usage in relation to warm, cosy lounge rooms or sunny gardens or picnics by the river, tends to soften the word 'violence' and thus trivialise the issue.

A common attitude is that violence in the home is not as serious as violence in the streets. Somehow, the social construction of violence perpetrated by strangers results in outrage over a street massacre, yet the social construction of violence perpetrated by a family member often results in a judgment that 'she must have deserved it'.

At another level, the answer to the question of how domestic violence is trivialised depends upon a analysis of power. When domestic violence occurs there is always an inequality of power in the relationship. Thus, domestic violence refers to child physical, or sexual abuse, incest, serious deprivation of either physical social, emotional or economic needs, and to physical, sexual psychological abuse of a partner, and even to murder. It is the use of power over others, the abuse of ascribed power and the expression of a need for domination and control.

What is not obvious from the term is that the victims of the brutality which occurs in the home are overwhelmingly women and children and that brutal treatment by a member of a household leaves another or others living in fear. Unlike conflict, which naturally and expectedly occurs between equals, where there is violence there is an identifiable victim, and there is an inequality of power.

The author's definition of what constitutes violence in the home is any behaviour by a more powerful household member which invokes fear for safety or results in physical or psychological damage in another. Many people do live in fear - fear of a beating, fear of death, fear that the threats they have heard will be carried out, fear that their child will be raped or beaten. So that fear of violence is with these women and children every day of their lives. Not fear of strangers, but fear of a close family member.

Why then is this form of violence not regarded seriously? The answer lies in the patriarchal values of marriage and family, and to the fact that the victims are overwhelmingly women. The ideal family is a socially constructed concept, a desirable social arrangement sought by most Australians. The mythology tells us that families provide us with happiness, food, love and safety. Thus we gather ourselves together in groups called families in search of security, intimacy, and fulfilment according to the promise of patriarchal values. Our value system encourages us to go on believing in these attractive ideals, and blinds us to the violent reality we refuse to accept. As the arena for the socialisation process, the family becomes the mediating link in the production of gendered behaviour and the oppression of women. If domestic violence were to be taken seriously, there would be a massive disruption to these social arrangements.

Lastly, the term 'domestic violence' evokes a response from society which is incongruous with a criminal offence. If we talk about assault, criminal violence, sexual assault, torture, murder, we are clearly referring to behaviours generally accepted by society to be crimes. If we talk about domestic violence, society reacts with scepticism and suspicion. Why? We must turn to our history for an explanation.

The History and Law in Relation to Domestic Violence

It is important to remember our history, lest we forget. Although it is true that in very recent years gender inequality has been progressively removed from statute law, the law in the past was thoroughly gendered. For example, until recently, women had no choice but to relinquish all rights to individuality and to her name if she married a man. Until recently, women did not have the right to vote. Until recently, women were paid less than men for doing the same work. And so on.

Not only did the law institutionalise gender inequality but it actually encouraged violence by husbands against their wives. For example, in British common law, women were considered, until recently, to be the property of men, that is, the property of the father before marriage and the husband after marriage. Husbands were authorised to 'chastise' their wives with 'any reasonable instrument'. This was modified, allowing men to beat their wives as long as the weapon they used was no thicker than the man's thumb. Until recently, men were able to claim compensation for the damage to their reputation if their wife was raped.

The history of social intervention is not impressive. At the turn of the nineteenth century, the problem of family violence was taken up by the discipline of psychology (Allen 1982). Violence in the home was regarded individualistically. Experts expounded theories about violent men and female victims. It was claimed, for example, that men are violent because of some internal abnormality. Females are victims because they are masochistic. Violence occurs because women work. Violence occurs because women stay at home. Men are violent because they have stressful jobs. Men are violent because they do not have a job. Men are violent because they were beaten as children. Women are victims because they were beaten as children. Men are violent because they drink too much. Women are beaten because they drink too much. Whether an intervention was being made by a lawyer, doctor, magistrate, police officer, marriage counsellor, next-door neighbour or psychologist, invariably the victim was blamed. Somehow, the welfare of victims was not paramount. The violence was seldom addressed by members of the helping professions, and refuge workers were among the few who validated women's experiences.

One thing we do know is that when a plethora of expert opinions, theories and contradictions emerge and change does not occur, the experts are not looking at, or seeing, the bigger picture. They have become distracted. To demonstrate this

point the topic of alcohol will be used.

Alcohol and Domestic Violence

Domestic violence is a subject surrounded by mythology. Domestic violence is perpetuated by mythology. One of the many myths is that domestic violence is caused by alcohol. 'If only we could dry these blokes out, we'd stop domestics.' These are the words of many police officers. 'He only does it when he's drunk.' The words of many victims. 'He's as gentle as a lamb when he's sober.' The words of the next-door proponents of the alcohol theory. 'It's the grog that does it.' The words of many perpetrators.

There are many problems with this theory. Firstly, alcohol is certainly involved in some incidents of violence in the home, but many incidents of violence in the home do not involve alcohol. Secondly, alcohol consumption occurs in households where there is no violence, and many alcohol dependent people are not violent. In other words, alcohol consumption is neither a necessary nor sufficient condition for domestic violence to occur.

In any case, reports by victims of domestic violence which indicate that violence is more likely to occur when the perpetrator is drunk (Western Australian Task Force on Domestic Violence 1986), must be questioned. Experience in listening to victims who claim alcohol involvement, is that on further enquiry, they will very often relate violent incidents when the perpetrator has not been drunk. Alternatively, victims will report that the perpetrator is drunk most of the time, including times when there is no violence.

A dangerous aspect of the association between alcohol and domestic violence relates to the belief that people cannot be held responsible for what they do if they are drunk. Judges and magistrates have been known to regard alcohol as a mitigating factor in violence, thus the perpetrator is less culpable. Moreover, the alcohol is held partly responsible for the violence and the perpetrator is partly excused. Further, perpetrators of violence commonly blame the alcohol as an excuse for their violence and women are seduced into accepting that it is the 'alcohol's' fault, giving alcohol animate status. This further depowers women, for they conclude that the man is not responsible for his violence. If women believe, as they invariably do, that if the drinking stops the violence will stop, they are more likely to stay living in the violent relationship. They will go on believing, often for many years, that they can help stop the violence and save their marriage by focusing on alcohol consumption - if alcohol is the cause, then he just has to stop drinking.

Thus women are blinded to the broader implications, and are encouraged, yet again, to take over the responsibility of what is happening. If they were to consider some different questions - 'how is it that, although drunk, he has the

presence of mind to beat you where it will not show?'; 'why doesn't he beat you up in front of your friends when he is drunk?'; 'why do you become mellow and carefree when you're drunk?' - then women will begin to understand the violence in a context of unequal power relations, and not be so inclined to accept the alcohol myth.

It is often claimed that alcohol consumption has a disinhibiting effect on behaviour, and this may well be true. Nevertheless, some questions must be asked here. If alcohol consumption disinhibits behaviour, then an underlying attitude must be present to allow this disinhibition to occur. Alcohol consumption does not cause violence. Rather, the role alcohol has, is to uncover and unleash ingrained attitudes. The necessary condition is a belief that under certain circumstances, a man has a right to be violent. This attitude or belief may not be articulated or even conscious, but is obvious behaviourally. Finally, many women report violent assaults that come from nowhere, no conflict, no trigger, no understandable explanation. These unpredictable violent assaults occur when alcohol has been consumed or when it has not. The necessary condition is a conscious or unconscious belief in male supremacy.

Distractions

From listening carefully to the wisdom of battered women, it is clear that there are many distracting theories of violence which act as obstructions to social change, and alcohol must be placed in the list of distractions. Others are stress, economic hardship and unemployment, conflict, social class, poverty, drug abuse, and so on. Certainly, one or some of these factors are present in domestic violence some of the time. But not one is present all of the time.

Women as property

Feminists have long been making a patriarchal analysis of domestic violence, yet the issue they raise shakes the very foundations of our culture. The wounded and beaten survivors of violence tell stories of being owned, of being controlled, and being possessed by their violent partners. They all speak of having fewer rights than their partners, of being treated as inferior objects, and of having lost their sense of who they really are. These women are not free. They live in fear, in social isolation, emotional and often economic deprivation, and they are controlled. They very often accept blame for what is wrong, blame for the fact that their home is not a safe place, blame for the fact that their family scenario does not live up to the patriarchal promise.

Changing attitudes about gender inequality is a slow and difficult task. Workers in the field aim to break down the barriers and explode the myths which surround domestic violence. However, gender inequality is so ingrained in our history, in our culture and value system, and in our political and economic systems, that the task seems impossible. Law reform generally precedes practice in the process of

social change. However there is so much at stake, one wonders if the law reform towards gender equality will ever be reflected in practice. Yet, how can we tolerate a society which is so reluctant to give people the fundamental right to be safe in their own home?

Law reform

The re-emergence of the women's movement, and the development of a sophisticated and credible feminist theory became the driving force towards the criminalisation of the domestic brutality which society and the law for so long had failed to acknowledge. Thus law reform occurred (in most states) and domestic violence is on the agenda of a conference about crime.

The spirit of the legislation (Domestic Violence Ordinance, ACT 1986) is:

that nobody
under any circumstances
no matter what
ever
deserves to be treated violently.

Thus the written law acknowledges the fundamental right of people to be safe in their home. The law reform is aimed at facilitating social change, and the legislation has the potential to achieve social change. It is based on values of equality and self-responsibility, and is free of the influences of dominance and oppression. Yet the practised law is influenced by private attitudes, because the police, lawyers and magistrates, like the people next-door, are ordinary members of our society who are consciously and unconsciously imbued with patriarchal values and beliefs.

A police officer who says 'we'll take him away to sober up' is blinded to the fact that a violent assault has occurred. A solicitor who says 'don't you want to give home one more chance?' is considering the future of the marriage is most important and is blinded to the fact that s/he is encouraging a woman to live in fear and danger. A magistrate who says 'I can't remove this man from his house' is blinded to the fact that it is the woman's house too, and she has had to flee from it.

Most relevant here are patriarchal values of ownership of property, violence as an overt symbol of patriarchal power, marriage and the family as contemporary vehicles for the reproduction of patriarchal values, and the hierarchical nature of all groups within our society. Hierarchical social structures give some people more rights than others and some people power over others.

It is important that we stand behind the law reform so that momentum is not lost, and that we resist the temptation to become distracted. The law can have a powerful effect in the moulding of social values in some circumstances, and a rigorous enforcement of the domestic violence legislation would, over time, have

a considerable impact on the legitimacy of the belief that violence is an acceptable form of behaviour in the home.

Conclusion

Distractions, attitudes and social change

The problem with scientific research is that it reduces human experience to a set of statistics which are used to make claims about causes and which have an impact on responses and policies. If a variable is shown to be related to a problem, it is believed that by manipulating the variable, the problem will be reduced. This analysis ignores the relationships between the variables, and fails to address the wider context, and the complexity of the issue. Often, too, variables become causes in people's minds.

While ever there is a focus on the claim that violence is associated with alcohol, social change will be impeded, and at best we might have strategies to reduce alcohol consumption with no necessary reduction in the level of violence. Likewise, if the focus is on conflict, then resources will be put into programs to teach conflict resolution, and the underlying power inequality is not addressed. And so on for all the other distractions.

Resources must be channelled into changing attitudes, and more importantly, towards the empowerment of women. Regardless of how much a man drinks, if he has an attitude that women have a right to equality, that he is not entitled to self-righteous superiority, that he is not the owner of the family members, that he has no right to possess and control anybody, and that he is absolutely responsible for his own behaviour, no matter what, then he will not be able to behave violently towards a woman or child, ever again. However, the prognosis for change in perpetrators is very poor because hardly ever do violent men accept responsibility for their behaviour, and hardly ever do they actively want to change. Their promises about change are generally about getting the woman back.

Lastly, until women are in a position of social and economic equality, in relation to men, there will always be violent oppression.

Select Bibliography

Allen, J. 1982, 'The invention of the pathological family: a historical study of violence in NSW', in C. O'Donnell, & J. Craney, (eds), op. cit.

Bard, M., & Zacker, J. 1974, 'Assaultiveness and alcohol use in family disputes:

police perceptions', *Criminology*, vol. 12, no 3, p. 281.

Breines, W. & Gordon, L. 1983, 'The new scholarship on family violence', *Signs: Journal of Women in Culture and Society*, vol. 8, no. 3, pp. 490-531.

Connell, R. W. 1987, *Gender and Power*, Allen and Unwin, Sydney.

French, M. 1986, *Beyond Power*, Abacus, London.

Hatty, S. (ed.) 1986, *National Conference on Domestic Violence, Seminar Proceedings No. 12*, Australian Institute of Criminology, Canberra.

Knight, R. A. & Hatty, S. E. 1987, 'Theoretical and methodological perspectives on domestic violence: implications for social action', *Australian Journal of Social Issues*, vol. 22, no. 2, p. 452.

McIntyre, D. 1984, 'Domestic violence: a case of the disappearing victim?', *Australian Journal of Family Therapy*, vol. 5, no. 4, pp. 249-58.

O'Donnell, C. & Saville, H. 1978, *Domestic Violence and Power: a Study of Battered Women*, The Authors..

O'Donnell, C. & Craney, J. (eds) 1982, *Family Violence in Australia*, Longman Cheshire, Melbourne.

Office of the Status of Women 1988, *Community Attitudes Towards Domestic Violence in Australia*, Social Survey Report.

Shapiro, R. J. 1982, 'Alcohol and family violence', in *Clinical Approaches to Family Violence*, ed. J.C. Hanson, Aspen Publications, London.

Western Australian Task Force on Domestic Violence 1986, *Break the Silence*, Western Australian Government.

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Crime on the Roads: Drinking and Driving

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The purpose of this paper is to present a brief overview of the deterrence of drinking drivers using random breath testing (RBT), with recent developments in all Australian states being described briefly.

Although per se laws and preliminary breath test procedures, modelled on the British Road Safety Act of 1967, were implemented in most parts of Australia by 1971, there was relatively little legislative activity focused on drinking and driving until the mid- to late-1970s. During the early 1970s, the legislative emphasis was mainly on the compulsory wearing of seat belts and motorcycle helmets, the installation of head and child restraints, and the alteration of speed limits with the introduction of the metric system. Of at least equal significance, during this period (and into the 1980s) major programs of road upgrading were implemented, the roadside environment was made more forgiving of human error, and vehicle design rules were greatly expanded in scope (Jiggins 1985). In terms of drink drive law and its enforcement, the introduction of random breath testing (RBT) in Victoria in July 1976 was a watershed, since it was the first step in a sustained movement toward increased penalties and more rigorous enforcement in all parts of Australia.

The developments in legislation were paralleled by, and were to some extent linked with, developments in non-legislative, drink drive countermeasures. Initiatives have included mass media campaigns, school-based education programs, rehabilitation programs for convicted offenders, and modifications to the physical and social environments. However there is no doubt that most activity has occurred in the legislative arena, with random breath testing or random stopping programs receiving the lion's share of attention both from governments and from the public. Indeed, Australia currently has a greater commitment to the mass breath testing of motorists than any other nation (Homel 1988).

Random Breath Testing and Random Stopping

It has been argued in earlier work (Homel 1988) that in Australia there are four major types of RBT or random stopping programs, and that only one type - the boots and all New South Wales model with intensive, visible and continuous enforcement and extensive, continuous publicity - has been unambiguously

successful. While still generally true, the typology is in need of some revision, since the perceived success of RBT in New South Wales has stimulated most other jurisdictions to modify their approaches. Effectively, there is in progress a gradual convergence towards the NSW model, even in Queensland, where the opposition to mass breath testing using RBT has been most vehement.

Table 1 contains an overview of the diverse array of random testing and random stopping programs in Australia, together with the dates the relevant legislation or program was introduced. It also includes a summary of recent developments, and an indication of the nature of the impact of enforcement in each jurisdiction. Western Australia and Queensland, are shown separately, since it was only in late 1988 that both these states moved from random stopping to full random breath testing. Jurisdictions are listed in the order in which RBT legislation was introduced. It is perhaps significant that NSW and Tasmania, the two states which have achieved the greatest success with RBT, were (not counting Western Australia and Queensland) the most recent entrants in the field. To some extent, planners in these states learned from the experience of Victoria and South Australia, although the work of Ross (1982) probably played a more important role in the formulation of policy (Parliament of New South Wales 1982).

New South Wales and Tasmania: RBT boots and all

NSW and Tasmania introduced RBT almost simultaneously and adopted a similar approach from the beginning. The distinctive elements of this approach are: at least one random test for every three licensed drivers each year, resulting in high levels of exposure to RBT; extensive formal or informal publicity focused specifically on RBT; RBT is not only highly visible, it is hard to predict where it will be operating and it is hard to evade once it is in sight, thus increasing the perceived probability of apprehension for drinking and driving; and the enforcement and focused publicity are maintained at high levels permanently, with provision for special additional local or seasonal campaigns. From a theoretical point of view, the significance of this all-out approach is that it represents a very pure and single-minded operationalisation of the key concepts of general deterrence, and thus provides a perfect opportunity for testing the general deterrence model both as a theory and as a guide to effective action (Homel 1988).

Tasmania

Much more is known about the implementation and impact of RBT in NSW than in Tasmania, but Tasmania, with its small size, has probably achieved an intensity of enforcement unmatched anywhere else in the world. For example, in 1985 more than 200,000 roadside tests were conducted out of a driving population of only 268,887 (Sutton et al. 1986).

Tasmania's small population facilitates intensive enforcement but makes analysis

of casualty data difficult, and no survey data are available to complement the analysis of accidents. Nevertheless, there are clear indications that RBT has worked. Although annual data exhibit erratic variations (for example, illegal alcohol levels in dead controllers have varied between 19 per cent and 51 per cent since 1983), when averaged over time, the indicators are positive. Thus alcohol involvement in fatal crashes in the three-year post-RBT period was 42 per cent less and casualty crashes 29 per cent less than for the six years prior to RBT (Federal Office of Road Safety 1986). Given that Tasmanian testing levels are unique, and given the absence of other kinds of data, further fine-grained analyses of the accident data are urgently required.

Table 1

An Overview of Random Breath Testing and Random Stopping in Australian States and Territories

Jurisdiction	Date of Introduction	Enforcement Approach	Recent Developments	Impact
A Hesitant Approach to RBT				
Victoria	July 1976	Low level enforcement of RBT, supplemented by short-term blitzes	Increase in overall testing rate after 1983, but not all RBT	Clear short-term impact of blitzes, overall impact unclear
RBT With a Slow Start				
Northern Territory	February 1980	Low level enforcement of RBT	Not known	Public support, but impact on crashes not known
South Australia	October 1981	Low level RBT enforcement, preceded by press controversy	More random tests, more publicity, back streets patrols	Slight initial temporary effect. Recent evidence of more impact
Australian Capital Territory	December 1982	Low level enforcement of RBT	No major developments	Initial impact on casualties
RBT Boots and all				

New South Wales	December 1982	Intensive publicity, highly visible and intensive RBT enforcement	Publicity and enforcement levels maintained	Immediate and permanent decline in alcohol related casualties
Tasmania	January 1983	Very intensive RBT, extensive informal publicity	Intense enforcement maintained	Apparently permanent decline in alcohol related casualties
RBT by the Back Door (Random Stopping Programs)				
Western Australia	November 1980	Roadblocks testing of detected drink drivers - regular blitzes	RBT legislation introduced October 1988 (18 months trial)	Temporary effect of intensive roadblocks
Queensland	August 1986	(RID - Reduce Impaired Driving) Roadblocks with Testing of detected drink drivers, plus publicity RBT	Decline in RID publicity, possible decline in level of enforcement. Introduction of RBT law late 1988	Marked temporary impact of RID, with complete return of alcohol related fatalities to pre-RID levels

Enforcement and publicity in New South Wales

In the first 12 months of RBT (17 December 1982 to 31 December 1983), 923,272 preliminary breath tests were conducted, representing approximately one test for every three licensed drivers (Cashmore 1985). To put this figure into perspective, it should be compared with the 113,985 non random preliminary breath tests conducted in 1982. It should also be compared with the figure of one million tests in Sweden in the first 3 years of RBT, and 335,000 tests in 18 months in France, with a population 10 times as large as NSW (Homel 1988). Since 1983, approximately 1.3 million preliminary tests have been conducted each year, more than 90 per cent of which are due to RBT.

Strategies of enforcement have been refined over time. There is now a rule that

each highway patrol vehicle should carry out one hour of RBT per shift. Following the work of Cashmore (1985), testing was intensified in the early hours of the morning to counter the trend for inebriated drivers to delay their trip home. In 1987 mobile RBT patrols were introduced to complement the work of the stationary test sites. The purpose of these patrols is to police side roads near the main testing site, in order to deter motorists who may attempt to evade RBT.

All these measures have been supported by professional media publicity, as well as by extensive coverage over the years in news media (Cashmore 1985). The initial publicity campaign had as its theme: How will you go when you sit for the test, will you be under .05 or under arrest? Television publicity depicted police carrying out RBT in a friendly and efficient manner, but also carried the message that RBT could not be evaded by such methods as turning into side roads (a real nightmare for drinking drivers, as one of the advertisements put it). No attempt was made to emphasise the penalties - the whole emphasis was on the threat of arrest and on the humiliation entailed for someone who failed the test. This focus on the operations of RBT, and on the threat of arrest for drinking drivers, has, on the whole, been maintained. On only one or two occasions have government officials and the advertising agencies succumbed to the temptation to launch into general drink driving publicity, by (for example) showing interviews with the weeping relatives of dead victims. While such publicity may (possibly) have some educational value, it does not directly serve the purpose of keeping RBT in the public eye.

The proportion of Sydney motorists who have been breath tested has increased steadily, from 25 per cent prior to RBT to 53 per cent in February 1987, with some motorists having been breath tested up to five times. It is interesting to note, therefore, that nearly half of all metropolitan drivers have still not been breath tested, despite the large number of tests annually. On the other hand, in 1987, 83 per cent of a sample of 600 Sydney motorists reported that they had seen RBT in operation in the last six months (Homel, Carseldine & Kearns 1988). Moreover, those actually tested undoubtedly drive more often at night when RBT is more likely to be operating, and are therefore the population most at risk of drinking and driving (McLean et al. 1984).

The impact of RBT in New South Wales

An analysis of weekly accident data was reported by Homel, Carseldine and Kearns (1988). It is clear from this paper that on only a few brief occasions have alcohol related fatalities approached pre-RBT levels. During the three years prior to the introduction of RBT the average number of drivers and riders killed with a blood alcohol concentration (BAC) of .05 or more was 4.36 per week. In the four years after RBT this average dropped 36 per cent to 2.81. Other statistical series, notably total fatal crashes and classic alcohol related crashes (single vehicle accidents on a curve at night) show exactly the same pattern, although the decline in total fatal crashes (five years before, to five years after, RBT) was only 22 per

cent, consistent with the expectation that RBT had its major impact on alcohol related crashes.

The results are fairly convincing, and are supported by survey data collected by the NSW Traffic Authority (Homel, Carseldine & Kearns 1988). Self-reports of drinking before driving more often than once a month declined slightly, from around 46 per cent in 1982 to 41 per cent in 1987. There was a more marked decline in the proportions admitting to driving at least once a month over their own self-assessed safe BAC limit, the figures being 16 per cent in 1982 and only 6 per cent in 1984. Corresponding to these declines in self-reported drink driving, between 1982 and 1987 there was a steady trend for drinkers to rely more on counting drinks than on checking their feelings and co-ordination, an increase in the numbers making prior arrangements not to drive home after a celebration, an increase in the perceived probability of apprehension for drinking and driving, and a decline in the proportion of respondents who believed they could do something to avoid RBT. All the survey indicators are consistent with the contention that the decline in alcohol related casualties is due largely to RBT.

The process of general deterrence and general prevention

Based on survey data collected within the first few months of RBT, the central ideas of deterrence implied by the use of RBT was analysed in detail (Homel 1988). The analysis supported the thesis that RBT had an initial deterrent impact of considerable magnitude, since there were relationships (in the expected directions) between levels of actual police testing, exposure of the target population to RBT, perceived certainty of arrest, and steps taken to avoid drinking and driving. However, longitudinal data (based on interviews with 185 motorists six weeks apart) demonstrated that the deterrence process was very unstable. Direct exposure to RBT, through being tested or through driving past an RBT station, resulted in an increase in use of strategies to avoid drinking and driving (such as leaving the car at home or getting a sober companion to drive), but a lack of exposure to RBT, strong peer pressure to drink in a group situation, or successful drink driving episodes (the experiential effect), correlated with declines in measures taken to avoid drink driving. Among those who felt the greatest pressure to drink in a group situation, an increase in the perceived certainty of arrest between interviews corresponded to a decline in attempts to avoid drinking and driving, consistent with the predictions of prospect theory that a certain loss (loss of status) will outweigh a merely possible loss (getting caught) (Homel 1988).

A most important aspect of the analysis was the finding that 40 per cent of respondents claimed that RBT made it easier to resist pressure to drink in a group situation. In fact, this provision of an exculpatory defence (Gusfield 1981) was as important an influence on behaviour as the direct deterrent impact of RBT. This illustrates how a legal intervention may influence non-legal sanctions surrounding the commission of an offence. More recent survey data, collected in

four Australian states in mid-1988 (Berger et al. 1989; Homel et al. 1989), suggest that RBT in NSW is continuing to exercise a strong influence on behaviour through the same indirect mechanism. In response to a question on how often respondents use police breath testing as an excuse to limit their drinking in a group situation, only 48 per cent of NSW respondents answered never, in comparison with 57 per cent in Queensland, 63 per cent in Victoria and 67 per cent in Western Australia. Clearly the impact of police breath testing is of major importance as an influence on group drinking practices, especially in NSW where the enforcement of RBT has been so intense.

Evidence for an impact of RBT in NSW on the broader social environment is less systematic and more equivocal. Initially, proprietors of clubs and pubs complained of greatly reduced patronage, and there is evidence that overall beer consumption, relative to levels in other states, declined for a period (Cashmore 1985). However, the most marked effects appear to have been a trend away from on premise drinking, especially draught beer, to buying packaged alcohol and consuming it away from licensed premises. Responses of the liquor industry, in NSW and other states, have included the heavy promotion of low alcohol beers (breathe easy is a current advertising slogan), and the development of more up-market drinking establishments which provide good food and entertainment. In addition, patron-operated breathalysers have proliferated in clubs, pubs and naval establishments (E.L. Sly, private communication, November 10 1988).

One result of the introduction of RBT was to increase markedly the level of public support for the concept of random testing, a phenomenon also noted in other states (Monk 1985). While support in NSW in 1982 (before the law) was 64 per cent, in 1983, 85 per cent thought it should continue. By 1987 the level of support had grown to 97 per cent (Homel et al. 1988). Even more significant, the percentages willing to label a drinking driver who crashes, or is stopped by police, as irresponsible, a criminal, or a potential murderer, rose to their highest levels ever in the most recent government survey (Homel et al. 1987). This is the first piece of quantitative evidence that moral attitudes to drinking and driving may be beginning to change in NSW. Of course it is difficult to prove that RBT (or any other factor) is the major cause of this change, but since RBT is known to have had a major impact on behaviour, it provides a plausible explanation for at least some of the change in attitudes. Perhaps RBT has acted for some people as a moral eye-opener (Andenaes 1983, p. 2).

Victoria: a Hesitant Approach to RBT

The apparent success of RBT in Victoria was a major reason for its introduction in South Australia and NSW. However, as South (1988) emphasises, although alcohol involvement in fatal crashes or in casualties admitted to hospital generally declined between 1977 and 1986, it is impossible to attribute this decline to any one factor. RBT is almost certainly part of the explanation, but

exactly how much a part is difficult to say. Alternative explanations (which apply across the nation) include general mass media publicity and drink driving education, industry initiatives (for example, free soft drinks for designated drivers and the promotion of low alcohol beers), and increases in the relative price of draught beer.

The introduction of RBT in July 1976 was a daring initiative, given the beery atmosphere of the mid-1970s, but it seems that most of the daring went into passing the law, with little left over for actual enforcement. In the first full year of operation (1977) 19,006 tests were conducted, compared with nearly one million in NSW in the first year of RBT in that state.

After the dramatic success of the NSW law in 1983, testing was increased from about 60,000 per annum to 314,000 (in 1986), with a concomitant increase in expenditure on drink drive and RBT publicity. However, the rate of testing is still far short of the one in three licensed drivers achieved in NSW and adopted as a goal by Victorian authorities (South 1988). It is not entirely clear whether the shortfall in the test rate is due to a lack of political will and a corresponding lack of police resources, or whether it reflects confusion concerning the objectives of mass breath testing.

Preliminary breath testing and random breath testing

Personal observation of the current Victorian approach to drink drive law enforcement suggests that in the absence of strong political leadership, to some extent, police may have lost sight of the major purpose of RBT, which is general deterrence. Legislation passed in March 1987 has given police wide discretionary powers, allowing them to request any motorist to submit to a preliminary breath test at any time, regardless of their manner of driving and regardless of whether they have committed an offence or had an accident. However, this form of preliminary breath testing is less visible to the public than RBT, and results in a much higher proportion over .05. One of the main reasons for the higher rate of positive tests is that in implementing the law, the police only breath test motorists who, after they have been pulled over, appear to have been drinking (something they were instructed to check for in every case: Harrison 1988). In other words, the procedure essentially involves a form of target testing.

The worrying thing from the point of view of those concerned with general deterrence is that target-oriented preliminary breath tests now constitute about 40 per cent of all preliminary tests in Victoria. Police have been required to increase the total number of breath tests, and in fact have been allotted monthly quotas, but no instructions have been issued concerning the ratio of RBT to non-RBT preliminary tests. Naturally police officers prefer a method of enforcement that is more obviously productive than RBT, with the result that in many areas RBT appears to have become a residual activity. To this writer, the practice of conducting an alcohol check before requiring a preliminary breath test, represents

a backwards step, at least if general deterrence is the objective.

Random breath testing blitzes

Despite an apparent failure currently to appreciate the full general deterrent potential of RBT, a unique feature of Victorian RBT enforcement was the use, between 1977 and 1983, of intensified periods of random testing in regions of Melbourne selected according to a pre-determined experimental design. The main evidence that RBT has had an impact in Victoria comes from evaluations of these six scientifically planned police blitzes (for example, Cameron et al. 1980; Cameron & Strang 1982).

Using night-time serious casualty accidents as a surrogate for alcohol involved accidents, Cameron and Strang (1982) evaluated the effects of three periods of intensified enforcement in 1978 and 1979. They reported a 24 per cent reduction in accidents in the areas and weeks of RBT operations, a 23 per cent reduction in the areas of RBT operations during the two weeks after operations ceased, and an 11 per cent contamination effect in nearby areas (apart from those directly influenced). They also carried out a cost-benefit analysis, and concluded that the preventive value of each police man-hour was in the range A\$150 to A\$589 (or more).

South Australia and the Territories: RBT with a Slow Start

Between February 1980 and October 1982, the Northern Territory, South Australia and the Australian Capital Territory introduced RBT. In each case, enforcement levels were relatively low to begin with, and the impact of the law was slight. There are no published evaluations for the territories, although in the ACT there was a statistically significant reduction in the number of road users hospitalised in the first three months (Federal Office of Road Safety 1986), and in the Northern Territory total road deaths fell by 14.2 per cent in the first year (Bungey & Sutton 1983). *The introduction of RBT in South Australia*

There are several reasons why evaluation of RBT in South Australia is of particular importance. These relate to the controversy surrounding its introduction and to the limited resources devoted initially to its enforcement, as well as to the quality of the data (unique in Australia) obtained through the use of random roadside surveys as an evaluation tool.

As Bungey and Sutton (1983) note, in many respects South Australia's experience with RBT has been unique, since it was opposed not only by specific interest groups but by one of the two major daily newspapers. The News was so strongly opposed to the law that it referred to the first offender apprehended as a victim (Bungey & Sutton, p. 28). Nevertheless, the publicity generated by the controversy appeared to have a salutary impact on drinking drivers, since the number of drivers admitted to hospital with an illegal (.08) BAC showed a

marked dip in June and July 1981. What is noteworthy about this decline is that it occurred four months before the police were actually geared up to enforce the law (October 1981).

Partly as a result of the media opposition, the initial enforcement of RBT was very low-key, with only two RBT units operating in the Adelaide metropolitan area and only a few country towns having police trained to use evidentiary devices (King 1988). There was little official publicity.

An evaluation (McLean et al. 1984) found that a low-key, unpublicised enforcement campaign caused a slight, temporary reduction in drinking and driving and in alcohol related casualties. It demonstrated clearly that many drivers took action to avoid RBT sites, especially by using back roads. This finding was consistent with a 40 per cent increase, in relative terms, in the proportion of accidents occurring on back streets between 10:00 p.m. and 3:00 a.m. on Friday and Saturday nights. The evaluation also pointed to some subtle aspects of the impact of RBT, and suggested ways in which enforcement could be improved.

Recent developments in South Australia

Responding to the evaluations, and comparing the results of RBT in South Australia with those in NSW, the South Australian government moved late in 1986 to intensify greatly the enforcement of RBT, and to support the enforcement with an extensive publicity campaign, emphasising both the risk of detection and the penalties (The Legislative Council of South Australia 1985). The aim, more or less, was to match the NSW level and style of enforcement, with an increase in the number of tests so that roughly one third of motorists were tested each year. In addition, there was a move away from RBT sites which were predictable and able to be seen a long way ahead, steps were taken to prevent drivers turning off before reaching an RBT site, and block testing of 8 vehicles at one time was introduced, to counter the (correct) belief of some drivers that if they hung back in passing traffic they would not be pulled over for a test. A further important development, imported from NSW, was the requirement that each traffic patrol car perform one hour of RBT per day, in the afternoon shift.

From a scientific point of view this intensification of RBT enforcement, supported by publicity, is of particular importance, since it affords an opportunity to test whether the weak initial intervention crippled RBT as an effective deterrent.

Roadside surveys conducted before and after the increase in RBT at 20 sites around Adelaide revealed a decline in actual levels of drinking and driving at all times and among all age groups. The percentage over .08 declined from 4.3 per cent to 2.5 per cent overall, with more marked declines for women, drivers aged 21-29, and those driving between 11:00 p.m. and 1:00 a.m. Fatalities in the 12

months from May 1987 were 13 per cent less than expected on the basis of the previous 5 years, and alcohol involvement in fatal crashes also declined. However, more time is required to evaluate fully the impact on accidents.

Random Stopping in Western Australia and Queensland: RBT by the Back Door

Until late 1988, when both states introduced RBT legislation, Western Australia and Queensland utilised random stopping programs, in which only a small proportion of motorists pulled over were breath tested (2 per cent Perth, WA, and fewer than 1 per cent in Queensland). In addition, fewer motorists were stopped each year than with RBT in NSW and Tasmania, with 1 road block check for every 6 licence holders in Perth, and 1 in 9 in Queensland (WA Police Department 1988; Queensland Transport Policy Planning Unit 1987).

Western Australia

Random stopping began in November 1980 in WA, and was conducted initially in the form of blitzes. According to the only published evaluation of these operations (Maisey & Saunders 1981), the Christmas/New Year campaign in 1980-81 resulted in a reduction in night-time casualty crashes comparable to that obtained in Victoria using full random testing. This supports the argument that RBT is not an essential ingredient for the success of short-term intensive campaigns (Homel 1988). In June 1986, random stopping was intensified on a long-term basis, with a claimed reduction of 6 per cent in night-time casualty crashes (WA Police Department 1988).

Survey data do not support the contention that random stopping had a major deterrent impact. A police survey (Van Brakel 1987) indicated that only 38.3 per cent of drivers in WA were aware of any new police method to deal with drinking and driving, including random road checks. A survey of 500 respondents in June 1988, reported by Loxley and Lo (1988), revealed that only 18 per cent had ever been pulled over for a roadside check, and 67 per cent thought it unlikely that they would be pulled over for a police breath test in the next month. Nearly four drinkers in ten (39 per cent) admitted to driving while slightly intoxicated during the past year, compared with about 29 per cent in the eastern states (Berger et al. 1989). Loxley and Lo (1988) conclude that only minimal deterrence from drink driving as a result of road block testing was operating in WA.

Queensland

Both random stopping and full RBT were resisted in Queensland longer than anywhere else in Australia. Arguments advanced by government ministers against RBT seemed to reflect simple ignorance as well as the influence of powerful lobby groups (Levy 1986). For example, the role of alcohol as a causal

factor in road deaths was simply denied, and at other times the fact that few offenders are apprehended through RBT was emphasised. Evidence for the long-term effectiveness of RBT in NSW was simply dismissed as irrelevant to the situation in Queensland, and opinion poll data indicating that a majority of the state's population were in favour of RBT was ignored.

The introduction of RBT late in 1988 should probably be seen primarily as an attempt by the new National Party regime to distance itself from the policies of the previous Cabinet. It is probably also a response to the failure of the random stopping program, RID (Reduce Intoxicated Driving). RID began in August 1986, and was accompanied by intense publicity over Christmas 1986. Despite the low rate of actual testing, there was a 16.1 per cent decline in fatal crashes in the first 12 months, compared with the mean for the previous three years. Fatal crashes in which the driver had a BAC in excess of .05 declined by 32.9 per cent and late night weekend fatal crashes declined by 28.2 per cent (Queensland Transport Policy Planning Unit 1987). However, by July 1987 the road toll was at levels similar to those which existed prior to the introduction of RID, and the Queensland Transport Policy Planning Unit (1988) concluded that any improvements which resulted from the introduction of RID have been lost.

Conclusion: Random Breath Testing and Beyond

The decade of the 1980s has been a time of rapid development in Australia in the use of mass breath testing as a primary means of combating drinking and driving. Random testing boots and all, using the NSW and Tasmanian approach of intensive and continued enforcement and extensive publicity, is now perceived as the optimum model for achieving a general deterrent effect, and all states and territories had taken steps to emulate this approach. Even WA and Queensland, those states which had relied hitherto on random stopping rather than RBT, have opted for the NSW model, with the goal of conducting annually one breath test for every three licensed drivers. Thus symbolic enforcement, so well described by Gusfield (1981), appears to have given way to a more wholehearted approach.

Effective RBT: Lessons from the Australian Experience

Although Victoria was first into the field with RBT, it has never been clear how much of the decline in alcohol related casualties recorded in that state was due to RBT, especially since it has never been enforced at anything like the levels obtaining in NSW and Tasmania. RBT clearly achieved short-term reductions in casualties when it was enforced through the use of blitzes, but these effects have been achieved through random stopping in other parts of Australia (Maisey & Saunders 1981) and through saturated enforcement overseas (for example, Sykes 1984). In any case, long-term reduction in accidents is the primary goal of drink drive law enforcement.

The experience of South Australia, where a timid introduction was followed some years later by more wholehearted enforcement and publicity, suggests that the impact of RBT is pretty much a linear function of the resources devoted to it. The same conclusion could be drawn by comparing the performances of NSW, Victoria, and the non-RBT programs of Queensland and WA. The experiences of the non-RBT states in particular conform closely to the pattern observed by Ross (1982) in his review of the international literature on deterrence - an initial reduction in casualties, followed within a year or so by a return to pre-intervention accident levels.

Nothing in the Australian literature encourages the belief that roadblocks or sobriety checkpoints, without the use of full random testing, are capable of delivering a substantial and sustained reduction in alcohol related casualty crashes. It suggests equally as strongly that full random testing is also not capable of achieving long-term reductions in casualties, unless it is rigorously enforced and extensively advertised. If visible enforcement and publicity are maintained, the deterrent impact is maintained; if enforcement is relaxed, the deterrent impact starts to wane.

The need for continued, intense enforcement and publicity using RBT rather than random stopping is the central lesson of the Australian experience. Evaluation suggests that the whole NSW program, including media publicity, costs about A\$3.5 million per annum. This is estimated conservatively to save 200 lives each year, with total dollar savings to the community of at least A\$140 million per annum (Carseldine 1988). However, it is clear that in order to achieve these results certain guidelines, beyond the rather gross and arbitrary, one test for every three licence holders, must be observed. Some of these guidelines are listed below:

- While RBT operations should be visible, the visibility must be threatening (King 1988). What this means is that drivers should not believe that RBT operations can be easily evaded once they are in sight, and they should not be able to adopt tactics such as hanging back in a group of cars in order to avoid being pulled over. The actual means of achieving these conditions will vary from jurisdiction to jurisdiction, and even from area to area. They will probably also vary depending on the time of day and the day of the week.
- The goal of threatening visibility is to increase the perceived chances of apprehension for drinking and driving. Experimentation within each jurisdiction is required in order to determine how much testing should be conducted at times and places of high traffic volume when the incidence of drinking and driving is low, and how much should be conducted when traffic volume is low, but the incidence of drink driving (and accidents) is high.
- Continuous feedback to police on the goals and effectiveness of RBT is

required, to counter inevitable trends for apprehension-based enforcement policies to displace RBT. Media publicity on RBT is helpful in this respect, since it provides a model for police to emulate and encourages them in the knowledge that they have the full support of the government.

- Media publicity is essential in order to launch RBT with a bang. Subsequently, visible enforcement is probably more important than publicity, but periodic media blitzes (usually around Christmas) act to boost the visibility of RBT. Publicity should be centred around RBT and should not be simply educational in content.
- Penalties no more severe than fines of a few hundred dollars and licence suspensions of a few months duration are required. Imprisonment is unnecessary, costly, and counterproductive (Homel 1988).
- RBT as a preventive policy must be run in parallel with enforcement methods which aim to maximise the apprehension rate. One reason for this is that the overall goal of general deterrence is better achieved if persistent offenders experience for themselves arrest and conviction, since convicted offenders are more responsive to the threat posed by RBT (Homel, in press). In addition, it is necessary to target offenders who believe that RBT can be avoided. Thus stationary RBT operations, which are not designed to catch many offenders, can never be the sole mode of drink drive law enforcement.

Achieving and Maintaining Deterrence through RBT

While RBT appears to have been successful in NSW, it should be recalled that deterrence is an unstable process at the individual level, with peer pressure, lack of exposure to RBT, and successful drink driving episodes operating to erode perceptions and behaviour patterns built up through earlier exposure to RBT (Homel 1988). This is the main reason why enforcement and publicity must be maintained at high levels, at least until drivers start to act as their own policemen. However, this need for long-term high-level enforcement creates a number of problems, not the least of which is that over time, police and politicians may lose sight of the primary goal of general deterrence. Strong leadership at the political level is required to ensure that RBT stays on the rails. In the absence of such leadership, there is a tendency, noted earlier, for police to revert to a more obviously productive enforcement approach. On the other hand, the perceived success of a program like RBT to some extent ensures its continuation in pristine form, since any government will tend to back a proven winner.

RBT boots and all in NSW happened because RBT was believed to have worked in Victoria, most people believed that alcohol related road deaths were a major problem and public opinion was strongly in favour of RBT, there was an absence of strong lobby groups (including citizen's groups) who could have diverted resources from a preventive approach, and on the basis of expert opinion the

government was prepared to take the political risk. RBT worked because it was supported by extensive publicity and the police force was structured in such a way that the threatened enforcement levels could actually be delivered. RBT continues to work because neither the politicians nor the police have (yet) lost sight of the central goal of general deterrence.

Alternatives to RBT

Laurence Ross, has been a consistent and severe critic of deterrence-based approaches to the reduction of alcohol related casualties (for example, Ross 1988a and b; Ross & Hughes 1986). While conceding (Ross 1988a, p. 75) that ... drink driving law enforcement that manages to breath-test a third of the driving population every year may exceed the threshold for long-term effectiveness, and conceding the cost effectiveness of the NSW program, he nevertheless argues that RBT is like ... a mass stop and frisk, which cannot clearly be distinguished from, say, stopping all passing pedestrians to be sniffed by dogs for the possession of drugs or to be patted down to see whether they are carrying weapons (p. 75). He suggests such strategies as increasing the cost and diminishing the convenience of alcohol consumption, designing better highways, and removing environmental hazards such as trees (Ross 1988b).

There is no doubt that Ross' emphasis on the need for institutional and environmental countermeasures is absolutely correct, and in Australia, some progress has been made in these directions. Moreover, the reduction of drinking and driving through deterrence has only been a central concern of Australian policy makers for about the last 15 years. Prior to this, and even during this period, many more resources have been devoted to such things as vehicle design rules, compulsory wearing of seat belts, road upgrading and modifications to the roadside environment than have been devoted to RBT (Homel et al. 1988). Australia was among the first countries in the world to legislate for seat belts and bike helmets, and unlike the United States has achieved a high level of compliance with these laws.

The nub of the problem is that alcohol related casualties still occur at a very high rate in Australia, despite seat belts, helmets, and a more forgiving roadside environment, and despite RBT (Berger et al. 1989). The removal of roadside hazards has been a priority in Victoria for more than 10 years, but is quite complex, and requires (among other things) detailed route analyses encompassing all potential roadside hazards. An effective program could take many more years to develop. It is hard to avoid the conclusion that Australians drink (and drink and drive) more than is good for them, and that modifications to the roadside or vehicle environment, while absolutely necessary, are not going to provide an early or complete solution to the problem.

In this context, Ross' recommendations concerning controls on alcohol

availability are attractive. The problem is that no measures that would actually achieve anything seem to have any chance of getting off the ground. According to a recent NSW survey (Homel & Flaherty 1988), there is very little support for reductions in the availability of alcohol. Fewer than one third of the population support reductions in outlets or opening hours, or increasing the legal age for purchasing alcohol. Most people are happy with the status quo.

The unique importance of RBT in the Australian context may now be a little clearer. It is one of the few socially acceptable alcohol countermeasures which has achieved some measure of success. In my view, the long-term value of RBT will be not so much the direct reduction in deaths and injuries, but the changes in drinking practices and attitudes which it may have helped to bring about (Homel et al. 1988). Total per capita alcohol consumption has declined 16 per cent from a peak in 1977-78 of 13.2 litres (Commonwealth Department of Community Services and Health 1988), and RBT has probably been one factor in this decline. More directly, RBT has dramatised the role of alcohol in road deaths, it has perhaps begun to change attitudes to drinking and driving in NSW, and it has had a marked impact on the dynamics of drinking in group situations.

In short, RBT may be the entering wedge for further countermeasures which do not explicitly target consumption, but which capitalise on the new social climate, and particularly on the changing nature of public drinking. Server intervention programs, which modify directly the drinking environment without reducing profits or affecting the enjoyment of patrons (Homel & Wilson 1987; Saltz 1987), are a clear policy priority, given the obvious unwillingness of Australian governments to reduce access to alcohol.

Select Bibliography

Andenaes, J. 1983, Prevention and deterrence - general and special, Paper presented at the Ninth International Conference on Alcohol, Drugs and Traffic Safety, Puerto Rico, November.

Berger, D., Homel, R., Hauge, R., Loxley, W. & Snortum, J. 1989, Paper presented at the 11th International Conference on Alcohol, Drugs and Traffic Safety, Chicago.

Bungey, J. & Sutton, A. 1983, Random Breath Tests and the Drinking Driver: The South Australian Experience, Alcohol and Drug Addicts Treatment Board, Office of Crime Statistics, Adelaide.

Cameron, M. H. & Strang, P. M. 1982, 'Effect of intensified random breath testing in Melbourne during 1978 and 1979', Proceedings of the Australian Road Research Board, vol. 11, pp. 1-12.

Cameron, M. H., Strang, P. M. & Vulcan, A. P. 1980, Evaluation of random

breath testing in Victoria, Australia, Paper prepared for the Eighth International Conference on Alcohol, Drugs and Traffic Safety, Stockholm, Sweden, June.

Carseldine, D. 1988, Random breath testing in NSW - Some indicators of continuing success, Paper presented at the 1988 Conference of Police Personnel Involved in Breath Testing, Penrith, NSW, November.

Cashmore, J. 1985, The Impact of Random Breath Testing in New South Wales, Bureau of Crime Statistics and Research, Sydney.

Commonwealth Department of Community Services and Health 1988, Statistics on Drug Abuse in Australia, Australian Government Publishing Service, Canberra.

Federal Office of Road Safety 1986, Drinking Driving Controls in Australia, Canberra, August.

Gusfield, J. R. 1981, The Culture of Public Problems: Drinking-Driving and the Symbolic Order, The University of Chicago Press, Chicago.

Harrison, W. 1988, Evaluation of a Drink Drive Publicity and Enforcement Campaign, Road Traffic Authority, Melbourne.

Homel, P. & Flaherty, B. 1988, Attitudes of the NSW Public to the Relaxation of Liquor Laws, Directorate of the Drug Offensive, NSW Department of Health, Sydney.

Homel, R. 1988, 'Policing and Punishing the drinking driver: a study of general and specific deterrence', Springer-Verlag, New York.

------(in press), 'Random breath testing and random stopping programs in Australia' in Drinking and driving: advances in research and prevention, R. J. Wilson & R. E. Mann (eds), Guilford Press, New York.

Homel, R. & Wilson, P. 1987, Death and Injury on the Road: Critical Issues for Legislative Action and Law Enforcement, Australian Institute of Criminology, Canberra.

Homel, R., Carseldine, D. & Kearns, I. 1988, 'Drink driving countermeasures in Australia', Alcohol, Drugs and Driving, vol. 4, no. 2, pp. 113-44.

Homel, R., Berger, D., Loxley, W., Snortum, J. & Hauge, R. 1989, The General Prevention of Drinking and Driving: a Comparative Study of Compliance With Drinking and Driving Laws in Australia, the United States and Norway, (Report prepared for the Criminology Research Council), School of Behavioural Sciences, Macquarie University, Sydney.

Jiggins, S. 1985, RBT in Australia, Paper presented at the National Conference on Alcohol and Road Accidents, Wellington, New Zealand, April.

King, M. 1988, Random Breath Testing Operation and Effectiveness in 1987, Road Safety Division, Department of Transport, Adelaide.

Legislative Council of South Australia 1985, Report of the Select Committee of the Legislative Council on Review of the Operation of Random Breath Testing in South Australia, Adelaide.

Levy, C. 1986, Random Breath Testing ... Who Pays? Why Queensland Needs But Does Not Yet Have Random Breath Testing, Drug Awareness and Relief Movement (DRUG-ARM), Brisbane.

Loxley, W. & Lo, S. K. 1988, By the Back Door: Experiences and Perceptions of Road Block Testing of Drink Drivers in Western Australia, 1988 (working draft), National Centre for Research into the Prevention of Drug Abuse, Perth, WA.

Maisey, G. & Saunders, C. 1981, An Evaluation of the 1980-81 Christmas/New Year Traffic Enforcement Blitz, Research and Statistics Report no. 16, Road Traffic Authority, Perth.

McLean, A., Clark, M., Dorsch, M., Holubowycz, O. & McCaul, K. 1984, Random Breath Testing in South Australia: Effects on Drink Driving, Accidents and Casualties, NH&MRC Road Accident Research Unit, The University of Adelaide, Adelaide.

Monk, K. 1985, Public Attitudes to Random Breath Testing, Road Traffic Authority, Melbourne.

Parliament of New South Wales 1982, Staysafe. Alcohol, Other Drugs and Road Safety, (First report of the Joint Standing Committee on Road Safety, Parliament of New South Wales), Sydney.

Queensland Transport Policy Planning Unit 1987, Evaluation of the Reduce Impaired Driving (RID) Campaign, Queensland Department of Transport, Brisbane.

-----1988, Report on the 1988 Road Toll As At the End of July, Queensland Department of Transport, Brisbane.

Ross, H. L. 1982, Deterring the Drinking Driver: Legal Policy and Social Control, Lexington Books, Lexington MA.

-----1988a, 'Deterrence-based policies in Britain, Canada and Australia', in The Social Control of Drinking and Driving, eds M.D. Laurence, J. R. Snortum, and F.E. Zimring, pp. 64-78, University of Chicago Press, Chicago.

-----1988b, 'British drink driving policy', British Journal of Addiction, vol. 83, pp. 863-865.

Ross, H. L. & Hughes, G. 1986, 'Getting MADD in vain: Drunk-driving: What

not to do', *The Nation*, December, pp. 663-664.

Saltz, R. 1987, 'The roles of bars and restaurants in preventing alcohol impaired driving: An evaluation of server intervention', *Evaluation and Health Professions*, vol. 10, pp. 5-27.

South, D. 1988, *Changes in Alcohol Involvement in Accidents in the Ten Years 1977-1986, and the Factors That May Have Been Responsible*, Road Traffic Authority, Melbourne.

Sutton, L., Farrar, J., & Campbell, W. 1986, The effectiveness of random breath testing: A comparison between the state of Tasmania, Australia and four states in the eastern United States, Paper presented at the 10th International Conference on Alcohol, Drugs and Traffic Safety, Amsterdam, The Netherlands, September.

Sykes, G. W. 1984, 'Saturated enforcement: The efficacy of deterrence and drunk driving', *Journal of Criminal Justice*, vol. 12, pp. 185-197.

Van Brakel, R. 1987, *A Survey of Driver Attitudes to Drink Driving and Speeding Behaviour, and Various Young Driver Crash Countermeasures*, Research and Statistics Report no. 87/4, Research and Statistics Section, Police Department of Western Australia, Perth.

Western Australian Police Department 1988, *Road Safety Trends*, Newsletter of the Police Departments Research and Statistics Section, Perth, January.

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Drinkers and their Driving: Compliance with Drink-Driving Legislation in Four Australian States

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This paper was to discuss drivers and their drinking, using data from a recent national study which investigated the behaviour, experiences, and attitudes towards drink-driving of Australian drivers. The reversal of the title is not merely a frivolous gesture, but reflects the author's conviction that the focus should be widened beyond a concern with the way in which some drivers consume alcohol, thereby placing themselves and the community at risk, to all drivers who consume alcohol (75 per cent of this sample) and the circumstances under which they find it easy or difficult to comply with drink-driving legislation. This understanding is surely necessary if we are to design preventions that take human factors into account.

This paper, then, looks at compliance rather than offending, and asks the basic question 'How do people who drink manage their driving?'. Focusing on the drinker recognises that Australia is a country where alcohol is intricately entwined in almost every leisure, and many business activities, and where one of the worst epithets that can be levelled at an individual is that of 'wowsler' (Horne, 1971). At the same time, sprawling cities, vast hinterlands and poor public transport combine to make car ownership not only desirable but almost essential, so that a majority of people travel by car to and from their leisure and recreational pursuits. Small wonder, then, that driving after drinking appears to be an ubiquitous behaviour.

The Study

The data that are presented here are taken from a recent survey of drivers in four states - New South Wales, Victoria, Queensland and Western Australia. The study investigated the general deterrence and general prevention of drink-driving and followed in a tradition of research initiated in the United States by Snortum and Berger in California (in press). Noting that H.L. Ross had argued that harsh legislative procedures had only a minimal and, as he put it, 'evanescent effect' on drink-driving fatalities, Snortum suggested that more than a simple deterrence theory, which used fear of apprehension as the major variable, was needed to evaluate the efficacy of legal provisions. It had been pointed out that the law also serves an educative and moralising function, 'which fosters a change in moral outlook and promotes habitual law abiding behaviour' (in press, p.2). This, however, would be longer term, and gains might be less dramatic than those immediately following legislative change. To explore this possibility, drivers in Norway and the United States were surveyed in 1983 on a range of attitudinal, knowledge and self-reported behavioural questions. In 1986 the survey was repeated with American drivers.

It was found that restraint and control were being exercised by some drivers - and by more drivers in 1986 than in 1983, during which period powerful new drunk-driving legislation was enacted by many American states. By 1986, a significant proportion of drivers took steps to control their drinking or driving, even though the perceived chance of arrest was low. Moreover, these findings were supported by independent evidence, such as the Fatal Accident Reporting System that, over the period in question, alcohol related road fatalities had fallen. Snortum and Berger (in press) concluded that strict drink-driving legislation, if not causal in these changes, at least acted as a catalyst.

In the Australian study, a similar questionnaire was used to that employed in the American and Norwegian studies, so that cross-cultural as well as inter-state comparisons could be made. While the total data set is complex, a small section has been extracted for the current analysis. Most of the data that is to be presented focuses on restraint and control, and looks at direct or self-report measures, and at estimates of maximum blood alcohol for the last occasion on which the driver consumed alcohol away from home, as well as similar estimates for usual consumption. This analysis is a partial replication of that done by Snortum and Berger (in press), who looked at compliance with drink-driving legislation in the United States.

Method

The prevention/deterrence survey was conducted in June 1988, before the introduction of RBT in WA. There were 1504 respondents: 333 from NSW, 339 from Victoria, 333 from Queensland and 499 from WA. Respondents were selected from large metropolitan and regional centres such that 60 per cent of the sample came from urban, and 40 per cent from rural centres. There were equal numbers of men and women, and all respondents were over the age of 17 and had full drivers licences. Only 1 per cent had been disqualified from driving.

Respondents were selected by a stratified probability sampling frame with a cluster size of two. Three callbacks were allowed at each house. The same market research organisation conducted the surveying in each of the four states, so that consistency across states was assured. Respondents were interviewed at home during evenings and on weekends. Response rates were in the region of 80 per cent.

Four major areas of enquiry were covered by the questionnaire:

Behaviour: normal alcohol consumption and preferred beverage; details of alcohol consumed and travel arrangements on last occasion on which alcohol was consumed away from home; self-reported drink-driving behaviour, and arrangements to separate drinking from driving; experiences of police breath testing and convictions for drink-driving; friends' experiences of testing and being charged. *Attitudes towards drink-driving*: perception of the risks of apprehension or accident; moral values about drink-driving; opinions of breath testing; attitudes towards regulations and legal enforcement. *Knowledge*: of penalties and regulations and understanding of the relationship between alcohol consumption and blood alcohol concentration. *Demographics*: age; sex; education; employment status; occupation; marital status and post code.

Results

Respondents were categorised into drinker types on a Quantity-Frequency measure (Caetano and Suzman, 1982). Those respondents who said they never drank alcohol, or who reported drinking alcohol less than once a year were classified as abstainers and have been omitted from these analyses. This left a drinker sample of 1133.

Self-reported behaviour

Respondents were asked a series of questions about their drinking and driving behaviour. Sixty-seven percent claimed not to have driven 'while slightly intoxicated' during the previous year; 30 per cent said they never drank before driving, and 30 per cent felt that they could handle more than four drinks before driving. Eighty-three percent said that they drank less before driving, at least sometimes, and 67 per cent said they always did so. Nearly half always arranged for someone else to drive when they were drinking, but 24 per cent never did so.

On the more moral issues, 78 per cent said that it was wrong to drive after consuming four drinks in one hour, and 60 per cent thought that their friends, and 83 per cent their relatives, would probably or definitely disapprove of them doing so. Only 17 per cent thought that they could handle more

alcohol than the average drinker, and 45 per cent said that they could handle less. Finally, 40 per cent said that they used roadside breath testing as an excuse to limit their drinking when they were with their friends.

In summary, what emerges is a picture of people who appear to be aware of the need to control the interaction of alcohol and driving. A majority claimed not to have driven while intoxicated, and/or to have taken some steps to reduce drinking while driving, or found another driver. A large majority felt it was wrong to drive when over the legal BAL, and believed their friends and/or relatives would disapprove of this.

Derived measures

A Maximum Blood Alcohol Estimate (MBAE) was calculated for drinkers for the last occasion on which they consumed alcohol away from home. This calculation is similar to that done for the American studies referred to above (Snortum and Berger, in press) and uses a similar formula:

$$MBAE = 1.37 \times (\text{No. of drinks}) / (\text{Weight in kg})$$

The formula assumes that all the drinks were consumed in one hour, and makes no allowance for the lower alcohol tolerance of women (Blaze-Temple et al., in press). A Blood Alcohol Concentration (BAC) calculation was also performed using a formula which did allow for these variables:

$$BAC = [\text{grams of ethanol consumed} - 7 \times (\text{period of consumption in hours})] / [\text{Widmark factor} \times \text{body weight (kg)} \times 10]$$

The Widmark factor is the proportion of the body weight that is water - 0.7 for males, and 0.6 for females (Sloane and Huebner, 1980).

MBAE was a more convenient measure to use for the present analysis because it enabled comparisons to be made with usual alcohol consumption, for which no length of session data were available. MBAE was therefore correlated with BAC to see whether it was a reasonable approximation: the Pearson Product correlation for the total sample was .94: for men this was .97 and for women .86.

Table 1 shows the MBAE for the last away-from-home drinking occasion for people who either drove home or were non-drivers (i.e. were passengers or used public transport) and for women and men. 'Usual' MBAE's were calculated from normal quantity of favourite beverage consumed in a single session and compared across drivers and non-drivers, and women and men. The final section of the table looks at 'restraint' - that is, the difference between an individual's usual consumption and his or her consumption on the last occasion on which they consumed alcohol away from home. This is an approximate measure of restraint only, as it does not take into account usual consumption variation for driving or not driving.

Table 1

Mean MBAE for Last Away-From-Home Drinking Occasion, Usual Consumption and Drinking Restraint By Gender and Driving Role

	N+	MBAE	F
'Last Occasion'			
Men	506	0.10	
Women	423	0.07	41.27***
Driver	444	0.06	
Non-Driver	485	0.11	104.34***
Usual Consumption			
Men	602	0.08	

Women	523	0.06	32.91***
Driver	444	0.06	
Non-Driver	681	0.07	18.43***
'Restraint' (Usual Consumption Minus Last Occasion)			
Men	506	-0.02	
Women	423	-0.01	5.85*
Driver	444	0.00	
Non-Driver	485	-0.03	37.83***

+ There were 929 in the total sample - this represents all of the drinkers minus those who did not have a 'last occasion' within the last 12 months, those who did not drink on the last occasion, and those who refused to give a body weight.

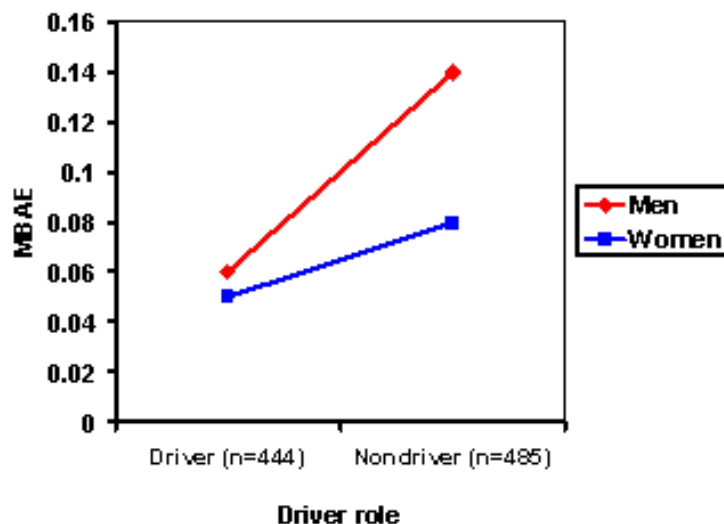
* $p < .05$ ** $p < .01$ *** $p < .005$

From Table 1 it can be seen that there are both gender and driving role differences. Men drank significantly more than women, both on the last occasion, and normally. Non-drivers drank more than drivers on the last occasion, and were also those who drank more usually. There was no evidence for restraint in any of the groups, and some people apparently drank more on the last occasion than normally, which may reflect some degree of under-reporting of usual consumption, or, in the case of the non-drivers, a degree of 'celebration' because they did not have to drive.

There are also significant interactions between gender and driving role (Figure 1). On the last occasion, men who were drivers ($n=260$) had a mean MBAE of 0.06, compared with 0.14 for non-drivers ($n=246$); there was less difference among the women: 0.05 for the drivers ($n = 184$) compared with 0.08 for the non-drivers ($n = 239$). ($F = 31.21$, $p < .005$). More men than women drove home.

Figure 1

Mean MBAE For Male and Female Drivers and Non-Drivers from the 'Last Occasion'



A similar pattern is evident for usual consumption, with the male drivers having a mean MBAE of 0.06 compared to 0.09 for the non-drivers, while the women drivers had a mean MBAE of 0.06 whether they were drivers or non-drivers. ($F = 13.68$, $p < .005$).

In summary then, although there is no evidence of people drinking less than they would normally

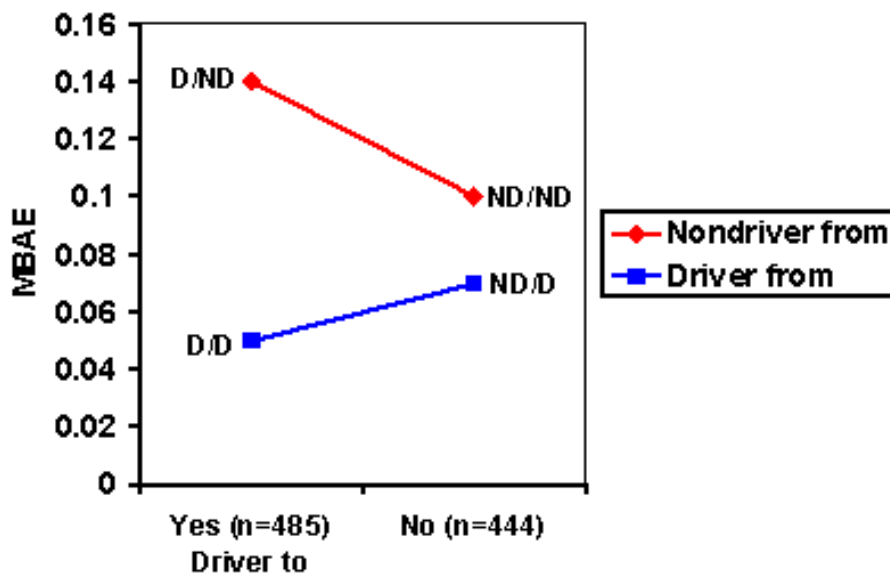
because they were driving, there is evidence that people who normally drank less were those that adopted the driving role.

The analysis can be taken a step further when driver roles both to and from the last occasion are considered. A three-way ANOVA was used to compare mean MBAEs with means of travel to (driver to), means of travel from (driver from) and gender as main effects. There were the same simple and interaction effects for driver from and gender as were seen in Table 1, because those data were identical. The additional information of driver to, allowed who was 'rescued' from the driving role (drove there, but did not drive home) or who 'rescued' (drove home although did not drive there) to be assessed.

There was no difference in the MBAEs of those who did or did not drive to the occasion, and the three way interaction was not significant, but there was a significant interaction between 'driver from' and 'driver to'. These means can be seen in Figure 2.

Figure 2

Mean MBAE For Drivers and Non-Drivers To and From the 'Last Occasion'



D/D Drove both ways

D/ND Driver there, driven home

ND/D Driven there, drove home

ND/ND Non-driver both ways

It is clear from Figure 2 that while those who drove home from the last event had been more restrained in their drinking than those who did not drive home, this restraint was stronger in those who also drove to the event: i.e. those who perhaps had anticipated that they would be two-way drivers. The least restrained were those who were rescued from driving home, followed by the two way non-drivers who may have arranged to have an evening out without having to worry about driving. The rescuers were more sober than the non-drivers, which is appropriate, but not as sober as those drivers who appear have known in advance that they would be driving home, and prepared accordingly.

The picture becomes a little clearer with the addition of gender differences as in Table 2, which shows mean MBAEs of men and women in the four possible driver combinations: two-way driver, drove to but driven from, driven to but drove from, and two-way non-driver.

Table 2

Mean MBAE of Drivers and Non-Drivers for the 'Last Occasion' as a Function of Means of Transportation To and From the Event

	MEN (n=506)		WOMEN (n=423)	
	Mean	%	Mean	%
Drove both ways	0.05	(50.2)	0.05	(33.3)
Drove to, but driven home ('rescued')	0.15	(14.2)	0.10	(4.3)
Driven to, but drove home ('rescuers')	0.16	(1.2)	0.06	(10.2)
Did not drive at all	0.14	(34.4)	0.07	(52.2)
TOTALS		(100.0)		(100.0)

Male and female two way drivers were equally restrained in their drinking, and both had an average blood alcohol estimate at .05. The similarity between men and women ends there, however. Men who were 'rescued' from the driving role had an average MBAE of .15, and obviously needed rescuing. There were 72 of them, or 14 per cent of the male group. The women who were rescued were also over the legal limit with an average MBAE of .10, but had not drunk as much as their male counterparts and there were fewer of them. It is tempting to speculate that the rescued were, by and large, rescued by women - 10 per cent of the female group switched roles to drive home, although they had a slightly higher MBAE than those women who had started out driving. The male rescuers, however, had the highest blood alcohol estimates of any of sample - .16 - and it is fortunate that they represent only a tiny group - there were, in fact, only six of them. There were more 'rescued' than 'rescuers', but this perhaps reflects the driving roles of abstainers, who were not included in the analysis. Finally, those who did not drive at all apparently felt free to celebrate - both men and women had higher MBAE than the drivers, with the men having particularly high estimates.

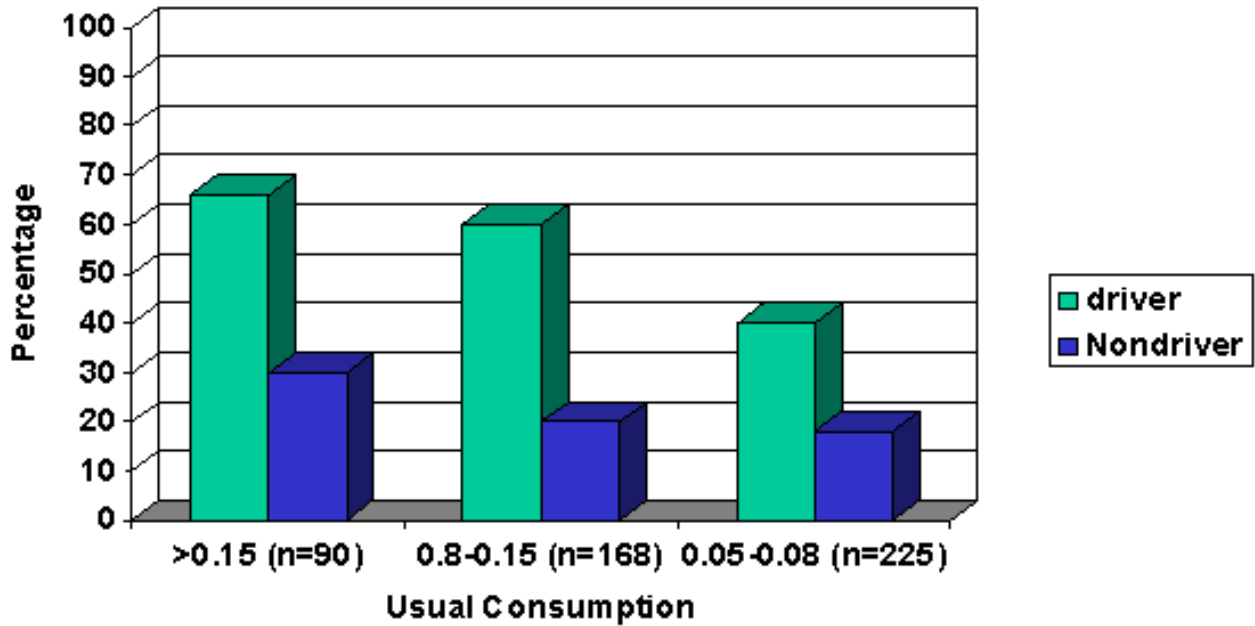
In summary, then, there are differences between the driving roles people choose for themselves based on how much they have drunk, or, perhaps, intend to drink. Those who appear to have planned to drive home (two way drivers) drank less than those who did not drive, and these blood alcohol levels were not affected by sex, although a greater proportion of men than women fell into this category. On the other hand, those who had arranged alternative transport both to and from the event drank much more - they kept themselves safe on the roads, although one might speculate about other problems of intoxication. The women who were 'rescuers' were relatively safe, and there was an aberrant group of six men who drank a great deal and then drove home. Finally, those who were 'rescued' apparently realised, or were made to be aware, that they were in no fit state to drive.

Table 3 and Figure 3 are concerned with the reduction in consumption on the last occasion as a function of normal drinking patterns, in order to see whether those who normally drank the most were any more or less likely than those who normally drank less to reduce their consumption if they were driving. This is important because of the increased risk to those who drive with higher blood alcohol levels. There is also some suggestion in the literature that heavy drinkers might be the most resistant to behaviour change (Homel, 1988) so that is important to ascertain what type of drinkers are changing their drinking behaviour before driving, and by how much.

Figure 3 shows the percentage of drinkers whose usual alcohol consumption gave them a MBAE of greater than .05 who reduced their consumption on the 'last occasion'. The drinkers are divided into three categories - Usual MBAE greater than .15, between .08 and .05, and between .05 and .08. Reasonably, there were no drinkers whose usual consumption was less than .05 who reduced their consumption on the last occasion.

Figure 3

Percentage of Drivers and Non-Drivers Who Drank Less on the 'Last Occasion' Than Usually



It is clear from Figure 3 that many of the heavier and moderate drinkers who were driving were able to reduce their consumption, although fewer of the lighter drinking drivers apparently felt the need to do so. These gross effects can be seen in more detail in Table 3, where the amount of reduction is analysed.

Table 3

Cumulative Percentage of Drivers and Non-Drivers Who Drank Less Than Specified MBEAs on the 'Last Occasion' As a Function of Usual Alcohol Consumption

		MBAE on Last Occasion Less Than			
Usual MBAE	N	.01%	.05%	.08%	.15%
MBAE .15%					
Drivers	26	0	15.4	42.3	65.4
Non-drivers	64	0	3.1	10.9***	29.7***
MBAE .08 - .15					
Drivers	65	0	41.5	60.0	93.8
Non-drivers	103	0	6.8***	21.4***	69.9***
MBAE .05-.08					
Drivers	115	0	40.0	81.7	96.5
Non-drivers	110	0	15.5***	47.3***	82.8***
MBAE <.05					
Drivers	238	0	75.6	94.5	99.5
Non-drivers	208	0	61.5***	79.8***	93.3***

*p <.05 ** p < .01 *** p <.005

Table 3 divides respondents into four subgroups based on the MBAE of their usual consumption of their favourite beverage. This is used as the baseline measure, against which people's reduction in consumption on the last occasion can be seen. To take those in the heaviest drinking category first, only a minority chose to drive home, but of those few who did so, 65 per cent modulated their consumption below .15, and 42 per cent reduced to below .08, which in some states would have put

them within legal limits. (Given that these are maximum estimates, exact delineations of who might and who might not have been safe are difficult). Of the non-drivers, who function as a control group, however, only 30 per cent reduced their consumption on the last occasion, and only 11 per cent to within reasonably safe limits. Clearly, then, the knowledge that one was going to drive was salient to the heavy drinkers. There was a significant difference in modulation to below .15, and below .08 between the drivers and non-drivers.

In the second group - those who usually drank to MBAEs of between .08 and .15 - 60 per cent of the drivers reduced their consumption to below .08, in what appears to be compliance to drink-driving legislation. Of these, almost 42 per cent managed to reduce to below .05, although it is a matter of concern that 40 per cent were still drinking at above .08 and driving home. This, however, represents a fairly small number of drivers, as there were only 65 drivers altogether in this group. Again, the differences between drivers and non-drivers are significant, with non-drivers less likely to reduce their consumption.

Even within the groups where usual consumption would hardly place the driver at risk, there is evidence of some restraint among drivers. Forty per cent of those who normally drank to no more than .08 reduced their drinking to below .05 - an effect that has been labelled prevention, given the increased risk of accident from .05 to .08 (Snortum and Berger, in press). This compares to only 16 per cent of non-drivers in this group who also reduced their consumption on the last occasion. There are, however, a number of those in lower drinking categories, both drivers and non-drivers, who drank more than usual on the last occasion, which suggests that there may be under-reporting of usual consumption for these drinkers.

Generally, then, there is evidence that many drinkers, even those who normally drank heavily, moderated their drinking on the last occasion on which they consumed alcohol away from home, although a majority of the heaviest drinkers elected not to drive. There are strong contrasts between drivers and non-drivers on these measures, suggesting that the driving role was very relevant. However, if a cut off line of .08, as the most generous point of being within legal limits is assumed, more than half of the heaviest, 40 per cent of the next heaviest, 20 per cent of the next to lightest and, 5 per cent of the lightest alcohol consumers still drank enough alcohol to put them over the legal limit, and drove home. This represents many people who were behind the wheel with too much alcohol in their bloodstreams.

Discussion

The overall impression to be gleaned from this analysis is that there is some good news and some bad news. The good news concerns the number of drinkers who appear to be complying with drink-driving legislation; the bad news, of course, concerns the number of drinkers who are still driving with dangerous blood alcohol concentrations. There are also some questions which are unresolved, and these have to do with the adequacy of self-report measures and the lack of understanding people display of serving sizes and the differing strengths of alcohol beverages.

To take the good news first then, it seems that many people do care about drink-driving laws, and do try to separate their drinking from their driving or, at least, to drink less when driving. Many people reported that they did not drive when intoxicated, or that they drank less when driving, and moreover, many felt that it was wrong to drive when they were likely to be over the legal BAL.

Compliance with drink-driving legislation can take a number of forms. People can generally consume no more alcohol than would allow them to legally drive a car. Drinkers can reduce their consumption if they are driving. People can find alternatives to driving such as using public transport, or finding someone else to drive them, if they are drinking. When we look at how drinkers coped with transportation on the last occasion on which they consumed alcohol away from home, we found evidence of all three strategies. Those whose usual consumption was the heaviest were less likely to drive home than those whose usual consumption was lighter. The choice of

driving role appeared also to have been influenced by a consideration of how much alcohol had been consumed. Generally, drivers had drunk less than the non-drivers, and those who had driven to the event and then apparently drunk too much were likely to have been driven home. Finally, there is evidence that some drivers in all consumption categories - even the heaviest - moderated their drinking, often to within safe limits, when driving. That even heavy drinkers do alter their behaviour if they are driving is consistent with findings in NSW (Homel, 1988) and the United States (Snortum and Berger, in press).

What, then, is the bad news? There was a sizeable minority of drinkers who claimed never to moderate their drinking because they were driving, and felt that it was morally acceptable to drive after drinking four beers (as the question was asked) in an hour. Nearly a third of the sample felt that they could personally handle that amount of alcohol, or more, and still drive safely.

Although there was no evidence that the drivers drank less on the last occasion than normally, the heaviest drinkers did not drive. There is some suggestion that 'rescuers' (those who adopted the driving role home, although they were non-drivers to the occasion) had higher blood alcohol concentrations driving home than those who apparently planned to drive home. This suggests that the decision about who is to drive home ought to be made at the beginning of the evening, rather than at the end, when judgment may be clouded.

There was also a minority of drinkers in each category who did not reduce their drinking when driving. With the most generous interpretation, more than half of the heaviest drinkers, 40 per cent of the next heaviest, and 20 per cent of lighter drinkers were driving home with unsafe blood alcohol concentrations.

The latter finding raises questions about the accuracy of the self-report of 'usual' consumption, given that for many people it was lower than consumption on the last occasion. The 'usual consumption' calculation relied on a self-report of how much of the preferred alcoholic beverage was normally consumed in a single sitting. However, self-report of alcohol consumption is notoriously inaccurate (Blaze-Temple et al., 1988). In a community, the amount of alcohol consumed according to self-report is always less than the amount of alcohol sold, and it is known that such factors as forgetting and deliberate or defensive under-reporting affect self-reports. There are also difficulties inherent in catching the heaviest drinkers at home for inclusion in household surveys, which means that these drinkers are likely to be under-represented in such surveys (Blaze-Temple et al., 1988).

Even if our respondents were reporting accurately as far as they could remember, there is still the problem of glass and serving size. People were asked how much they had consumed in terms of standard drink, or pub serving, sizes but it is clear that for those who drink at home, who are in the majority, the quantity poured is often unknown, and people tend to underestimate the amount of alcohol they are consuming, often by a factor of two (Carruthers and Binns, 1987).

Further complications arise when the strength of the beverage is taken into account (Stockwell and Stirling, in press). The calculations for this study assumed 11.4 grams of ethanol per standard drink, but this can vary widely - in Western Australia, 'full strength' beer can vary from 5 to 9 per cent alcohol by volume and wine from 8 to 15 per cent. Even if our respondents, then, knew accurately how much they were drinking, neither they, nor the research design, were able to take these differing strengths into consideration.

None of these unresolved questions, of course, cloud the comparisons between drivers and non-drivers. They do, however, suggest that the 'good' news may not be quite as good as it sounds. People may truthfully report drinking within safe limits, but the environment hardly supplies them with enough information, such as knowledge about standard drink sizes, or accurate labelling of alcohol containers, to really know how much alcohol they are consuming. Drinkers who appear to be safe drivers, then, may, through no fault of their own, not be safe at all.

Having said that, it is encouraging to see strong evidence that so many people modify their drinking if they know they are driving. They need assistance and information, however, to enable them to ensure that the modification is sufficient.

FOOTNOTES

1. Contrasts between drivers and non-drivers were tested with two by two chi-square tables for the cumulative frequencies at each of the four last occasion MVAE categories.

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References

Blaze-Temple, D., Binns, C.W. and Somerford, P.J. (in press), 'The contribution of blood alcohol concentration formulae to establishing a responsible drinking level for females', Australian Drug and Alcohol Review.

Blaze-Temple, D., Binns, C.W., Radalj, T. and Phillips, M. 1988, Adult Drug Consumption in Western Australia 1986, National Centre for Research into the Prevention of Drug Abuse, Perth, W.A.

Caetano, R. and Suzman, R.M. 1982, 'A methodological note on quantity-frequency categorisations in a longitudinal study of drinking practices', The Drinking and Drug Practices Surveyor, vol. 18, pp. 7-12.

Carruthers, S.J. and Binns, C.W. 1987, Standard Drink Sizes for Alcoholic Beverages - A Pilot Study, National Centre for Research into the Prevention of Drug Abuse, Perth, W.A.

Homel, R. 1988, Policing and Punishing the Drinking Driver. A Study of General and Specific Deterrence, Springer-Verlag, New York.

Horne, D. 1971, The Lucky Country, 3rd. edn, Penguin, Blackburn, Vic.

Snortum, J.R. and Berger, D.E. (in press), 'Drinking-driving compliance in the United States: Perceptions and behaviour in 1983 and 1986', Journal of Studies on Alcohol.

Sloane, H.R. and Huebner, M.L. 1980, Drink-Driving Behaviour, Knowledge and Attitudes in Victoria, Road Safety and Traffic Authority, Hawthorn, Vic.

Stockwell, T. and Stirling, L. (in press), 'Estimating the alcohol content of drinks: Common errors in applying the unit system', British Medical Journal.

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The Young, Delinquency, Drink and Driving

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The Queensland Drink Driving Project is an interdisciplinary educational research program funded by the Commonwealth Department of Community Services and Health. Active participants in the Project include staff from the Department of Social and Preventive Medicine at the University of Queensland, the Alcohol and Drug Programs Unit of the Queensland State Education Department and the Research Division of the Queensland State Department of Transport.

This paper presents some information obtained during the development of the P.A.S.S. (Plan a Safe Strategy) drink driving program. This is a school-based education program for Year 10 students which is designed to prevent the onset of drink driving by young adults.

One key issue in the design of the program was the extent to which drink driving is a 'normal', or majority, behaviour determined by opportunity as is argued by Homel (1983) and Gusfield (1985) or is the aberrant behaviour of a socially discrete minority. This question needs to be addressed in any systematic attempt to design an educational intervention. Norstrom (1981) stated a long recognised fact of drink driving interventions when he wrote 'it is unrealistic to conceive of general deterrence in terms of a uniform response by the whole community; rather different responses can be expected dependent upon distinctive qualities of the potential offenders. Conversely, a number of workers in the field have noted that it is inappropriate to design and implement interventions as though the community of drink drivers was homogenous (Wells-Parker et al., 1986; Lacey et al., 1979). The program designer working with either institutionalised actions, such as R.B.T., sentencing regulations, re-education programmes for convicted drink drivers, or with prevention programmes such as pre-driving education packages or media campaigns, needs to define exactly who will be the target for the program. Such information helps to establish the effect to be expected and ultimately to provide a measure for its success or failure.

Evaluation of preventive approaches (McAlister, 1981) suggests that the most effective models are designed to lessen the likelihood of the behaviour occurring rather than to change an already established pattern. Applying this to a school-based program for drink driving raises the need to determine the relative

proportions of students who are likely to be engaged in drink driving at the time of the education intervention and whether they are distinguishable in any other way from their non-drink driving peers.

The extensive literature on the characteristics of convicted adult drink drivers has provided a relatively consistent picture of the psychosocial characteristics of this group. They are likely to be male, of low socio-economic status, alcohol dependent or at least heavy drinkers and with high levels of hostility and aggression. They have also been identified as having low self-esteem, a perceived lack of control over external events and a relatively high orientation to sensation seeking (Donovan et al., 1983; Donovan and Marlatt, 1982). Recent studies of offenders indicate that they are more likely to have had previous contact with the justice system (Argeriou et al., 1985) and to have a criminal history (Beerman et al., 1988).

The question has been raised as to the extent that this work, much of which is based on studies of convicted drink drivers, is valid for non-convicted drink drivers. Work by Smith et al. (1976), Vingilis et al. (1982), Homel (1983) and Underhill (1986) has found consistently that young males are more likely to be apprehended than alcohol-impaired females or older males. That is that convicted persons are not representative of the population of drink drivers revealed in random roadside surveys. At the same time the findings of the few community studies of the correlates of self-reported impaired drink driving are similar to those based on convicted drink drivers (Norstrom 1980; Wilson and Jonah 1985).

In an overview of their findings from a community survey of drinking and driving, Wilson and Jonah (1985) also came to the conclusion that drink driving countermeasures aimed at the general driving community are unlikely to deter the group of persons who could be considered to be confirmed impaired drivers. Their study provided figures on the proportion of adults in the community who are likely to drive when impaired. They found that of the 71 per cent of persons who had drunk in the last 30 days, 13 per cent reported that they had driven whilst impaired and a further 35 per cent could be classified as drinking but not impaired drivers.

Prior to setting the goals for the design of an education package, it is important to examine whether it is possible to discriminate a similar problem group within the general school community. The aim of the present study therefore, was to determine if the characteristics attributed to adult drink drivers can be identified in high school students, if they can be related to drink driving behaviours, and what proportion of a student group will have these characteristics.

Method

Sampling

The data reported in this paper were obtained from a comprehensive drink

driving survey of Year 10 students in a representative sample of Queensland state high schools. A sample of 1992 students was randomly selected from 4980 students surveyed. The final sample had an average age of 14.9 years and included 985 males and 997 females. A more detailed description of sampling is given in an earlier report (Sheehan et al., 1986).

Measures

The following relevant psychological and social factors were included in the questionnaire: a measure of drinking frequency, driving frequency, number of friends in the respondent's group who drink and drive, the Zuckerman scale (Zuckerman, 1979) measuring thrill and adventure seeking, the Bachman and O'Malley (1978) delinquency scale, and a lie or social desirability scales (Coopersmith, 1981). As a measure of conventional behaviour, frequency of church attendance was also included. Paternal occupation was coded using Australian Bureau of Statistics codes (ABS, 1988).

The main dependent variable 'Driven (or 'Never Driven') a Motor Vehicle after Drinking' was the student's answer to the survey question 'After drinking 2 or more glasses of an alcoholic drink in one hour have you ever driven a car or any other motor vehicle?' The consumption of 2 glasses in 1 hour was chosen to define drinking because it generates a blood alcohol concentration of over 0.02 per cent in an average size person (Blaze-Temple et al., 1988). The illegal blood alcohol level for 17 year old Queensland drivers is 0.02 per cent. The legal driving age in Queensland is 17 years and the legal age for drinking in licensed premises is 18 years.

Results

In the first stage of analysis, a set of univariate analyses (Chi-square, t-tests) were conducted to establish the relationship between each psychosocial factor and drink driving.

Table 1 shows that as many as 10 percent of Year 10 state high school students reported that they have drink driven a motor vehicle at least once in their lives and that these underage drink drivers are more likely to be male.

Table 1

Drink Driving Behaviour by Sex Year 10 Students (column percentages*)

Behaviour	% Males (n=975)	% Females (n=994)	% Total** (n=1979)
Driven a motor vehicle after drinking	15	5	10
Never driven a motor vehicle after drinking	85	95	90

*Rounded

**Includes 10 who failed to record sex
Chi-square=49 d.f.=1 p<0.001

There is no significant relationship between drink driving and the students' report of paternal occupation (See Table 2).

Table 2

Drink Driving Behaviour by Fathers Occupational Status Year 10 Students (n=1676*) (column percentages **)

Behaviour	STATUS				
	Upper White Collar (n=329)	White Collar (n=444)	Farming (n=135)	Blue Collar (n=659)	Unemployed etc (n=109)
Driven a motor vehicle after drinking	8	8	10	9	13
Never driven a motor vehicle after drinking	92	92	90	91	87

*Includes 316 students who had no father / gave uncodeable responses or who failed to answer for father's occupation and / or drink driving

**Rounded

Chi-square=3 d.f.=4 p<0.05

This table needs to be interpreted with some caution. The students found the three items measuring paternal occupation difficult to answer and the number of missing and uncodeable responses was high.

The relationship between reported drink driving and frequency of drinking is reported in Table 3. The more often students drink alcohol, the more likely it is that they will report having ever driven after drinking.

Table 3

Drink Driving Behaviour By Drinking Frequency in The Past Year Year 10 Students (n = 1970*) (column percentages **)

Behaviour	DRINKING FREQUENCY			
	Never (n=574)	A Few Times (n=767)	Once Every 4 Weeks (n=254)	At Least Once a Week (n=375)
Driven a motor vehicle after drinking	0	5	14	33

Never driven a motor vehicle after drinking	100	95	86	67
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*Excludes 22 students who failed to answer for drinking frequency and/or drink driving

**Rounded

Chi-square=307 d.f.=3 p<0.001

The relationship between driving a motor vehicle and drink driving is given in Table 4. The more often Year10 students drive a car or motor cycle then the more likely it is that they will have driven after drinking.

Table 4

Drink Driving Behaviour by Driving a Motor Vehicle in The Past Year Year 10 Students (n = 1968*) (column percentages **)

Behaviour	DRINKING FREQUENCY			
	Never (n=481)	A Few Times (n=896)	Once Every 4 Weeks (n=222)	At Least Once a Week (n=369)
Driven a motor vehicle after drinking	0	5	20	28
Never driven a motor vehicle after drinking	100	95	80	72

*Excludes 24 students who failed to answer for drinking frequency and/or drink driving

**Rounded

Chi-square=237 d.f.=3 p<0.001

The extent to which drink driving is related to the number of friends a student has who have drink driven is presented in Table 5. The more drink driving friends a student has, then the more likely it is that he or she has also been a drink driver.

Table 5

Drink Driving Behaviour by Number of Friends Who Have Drink Driven/Ridden Year 10 Students (n = 1958*) (column percentages*)

Behaviour	No Friends Who Drink Drive/Ride (n=1426)	Up to 3 Friends Who Drink Drive/Ride (n=326)	More Than 3 Friends Who Drink Drive/Ride (n=206)
Driven a motor vehicle after drinking	4	19	35
Never driven a motor vehicle after drinking	96	81	65

*Excludes 34 students who failed to answer for number of friends who drink drive/ride and/or drink drive

**Rounded

Chi-square=228 d.f.=2 p<0.001

The relationship between church attendance and drink driving is presented in Table 6. The more often students go to church, then the less likely it is that they have ever driven after drinking.

Table 6

Drink Driving Behaviour by Church Attendance Year 10 Students (n = 1925*) (column percentages **)

Behaviour	CHURCH ATTENDANCE			
	Not at All (n=1053)	A Few Times (n=489)	Once or Twice a Month (n=93)	At Least Once a Week (n=281)
Driven a motor vehicle after drinking	12	8	8	4
Never driven a motor vehicle after drinking	88	92	92	96

*Excludes 67 students who failed to answer for church attendance and/or drink driving

**Rounded

Chi-square=20 d.f.=3 p<0.001

In the Zuckerman Thrill and Adventure scale recorded in Table 7 the respondent is asked to indicate their desire to perform activities possessing varying degrees of hazard. A typical item in this scale is :

'I would like to try parachute jumping', or

'I would never want to try jumping out of a plane with or without a parachute'

The mean scores on this scale are presented in Table 7.

Table 7

Index of Thrill and Adventure Seeking by Drink Driving Behaviour Year 10 Students (n = 1927*)

Behaviour	THRILL AND ADVENTURE SCORE			
	m	sd	t	p
Driven a motor vehicle after drinking (n=186)	6.8	2.0	5.2	<.001

Never driven a motor vehicle after drinking (n=1741)	5.8	2.4		
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*Excludes 65 students who failed to answer 5 or more of the 10 Thrill and Adventure items and/or drink driving

The analysis in Table 7 indicates that those Year 10 students who reported drink driving are also more likely to favour activities that contain elements of excitement and risk.

The social desirability scale (or lie scale) reported in Table 8 contains 8 overly optimistic social desirability traits with which the respondent is asked to identify or not identify. Typical items in this scale include; 'I always do the right thing'; 'I'm never shy'.

Table 8

Index of Social Desirability by Drink Driving Behaviour Year 10 Students (n = 1964*)

Behaviour	SOCIAL DESIRABILITY SCORE (LIE SCALE)			
	m	sd	t	p
Driven a motor vehicle after drinking (n=191)	3.1	1.9	2.77	<.01
Never driven a motor vehicle after drinking (n=1741)	2.7	1.8		

*Excludes 28 students who failed to answer 4 or more of the 8 Social Desirability items and/or drink driving

The association is weaker ($p < .01$) but suggests that those who report drink driving have a tendency to assert good things about themselves.

In the Bachman and O'Malley Delinquency Scale reported in Table 9, the respondent is asked to record which deviant activity, out of a list of 15 deviant activities, s/he has performed over the last 12 months. The activities vary in severity and consist of 6 interpersonal aggression items (e.g. I had a serious fight in school or at work) and 9 theft and vandalism items (e.g. I've taken something from a store without paying for it). All affirmative responses are summed to determine the respondent's delinquency index.

Table 9

Reported Delinquency by Drink Driving Behaviour Year 10 Students (n =

1931*)

Behaviour	DELINQUENCY SCORE			
	m	sd	t	p
Driven a motor vehicle after drinking (n=183)	5.4	3.6	16.6	<.001
Never driven a motor vehicle after drinking (n=1741)	2.2	2.4		

*Excludes 61 students who answered 'yes' to all 15 delinquency items or failed to answer 8 or more of these items and/or drink driving items

The Table 9 data show that those students who have reported drink driving also have a significantly higher level of delinquency.

The two subsets of the delinquency scale measuring interpersonal aggression and theft and vandalism were analysed separately. These analyses yielded similarly high separation between drink driving students and their non-drink driving cohorts. (Interpersonal aggression: $t = 13.2$; $p < .001$; Theft: $t = 14.92$, $p < .001$)

Table 10

Discriminant Analysis of Psychosocial Correlates of Drink Driving Year 10 Students (n = 1979*)

Items in Order of Entry	STANDARDISED COEFFICIENTS
Drinking Frequency	0.54
Driving Frequency	0.39
Delinquency	0.28
Number of Drinking Driving Friends	0.23
Social Desirability	0.09
Sex	-0.09
Thrill and Adventure Seeking	+
Church Attendance	+
CHI-SQUARED	479
CANONICAL R	0.48
EIGEN VALUE	0.30
WILKS LAMBDA	0.77
CORRECTLY CLASSIFIED	82%

* Excludes 13 who failed to answer for drink driving (missing values for any discriminating variables assigned item total mean)

+ Variable used but excluded from analysis

All the significant psychosocial variables were then entered into a discriminant analysis. The delinquency scale was entered in full. This technique was used to determine how much contribution each variable would make towards predicting drink driving when the variance due to the other variables was taken into account.

The results of the discriminant analysis are reported in Table 10. They show that drinking frequency is the best single predictor of drink driving by Year 10 students. Driving frequency, delinquency and number of drink driving friends also contributed substantially to discriminating underage drink drivers from their non-drink driving peers. These variables, as well as the person's sex and their score on the social desirability scale, successfully classified 82 per cent of the students into drink driving or non-drink driving groups. Once these characteristics are taken into account, thrill and adventure seeking scores, and church attendance, do not add any more to the explained variance. Of the 196 students who reported drink driving 34 (17.3 per cent) could not be discriminated from their non-drink driving peers with these variables.

Discussion

These findings indicate that a minority of underage high school students report combining drinking and driving. A sizeable proportion (82 per cent) of these students can be discriminated from students who are not drinking and driving by using the psychosocial indicators shown to characterise convicted and self-report impaired adult drivers.

These students report both drinking more frequently and driving more frequently than do their non-drink driving school peers and they are likely to have more friends who drink and drive. Other characteristics which distinguish this group of students include being male, scoring higher on self-reported delinquent activities and being more attracted to adventurous and thrilling activities. Perhaps not surprisingly, they are less frequent church attenders. Socioeconomic status is not related to the behaviour and this finding is consistent with other community based studies (Wilson and Jonah, 1985).

An interesting and difficult to interpret finding of this study was the significantly high scores on the set of items measuring socially desirable responses. In the context of their other answers it seems hard to believe that this group are trying to make a good impression. It may be that their positive responses on items such as 'I am never shy', 'I never worry about anything', 'I like everyone I know', reflect the unsophisticated 'Bravado' style noted by other survey researchers working with delinquent and anti-social behaviours (Milavsky et al., 1982). Adolescents who report that they engage in problem behaviour are also more likely to miss or make mistakes in answering questionnaire items or to inflate the frequencies of their involvement in delinquent behaviours. A typical picture from such questionnaires is a respondent who is non-conforming, lacks social awareness and self-criticism and has a 'larger than life' style.

The implications of these findings for the design of a school-based education program are important. It cannot be assumed that a drink driving intervention designed for 14 year olds will precede the behaviour for all students. A significant group of students will have engaged in drink driving and will have the characteristics of older offenders. Ideally, two types of program should be initiated. The first to be based in the school setting would follow a public health model and aim to prevent the majority of students taking up the behaviour. This program would also endeavour to move the small minority who are engaging in drink driving, but do not share the distinctive personality characteristics, away from the behaviour. If such a strategy were effective in the long term it would isolate the involved students in such a way as to make them more readily identifiable. It is this model that was followed in the design of the P.A.S.S. program.

There is clearly also a need for a second program which targets the 'at risk' group. Such an intervention would need to be more intensive, more focused and probably more expensive (Lacey et al., 1979) It would have as its goal the demanding task of modifying already established behaviours in an atypical group. In real life terms it is difficult to imagine how such a discriminating program could be implemented in a school setting. It would probably only be acceptable to the community as a pre-licensing or first offender initiative, though it might have a place in the programs of the corrective institutions for young people.

References

Australian Bureau of Statistics 1988, ASCO Occupational Coding, A.B.S. Catalogue No. 1222.0.

Argeriou, M., McCarty, D. and Blacksen, E. 1985, 'Criminality among individuals arraigned for drinking and driving in Massachusetts', *Journal of Studies on Alcohol*, vol. 46, pp. 525-530.

Bachman, J.G., Johnston, I.D. and O'Malley, P.M. 1978, *Youth in Transition*, vol. VI, I.S.R. Michigan.

Beerman, K.A., Smith, M.M. and Hall, R.L. 1988, 'Predictors of recidivism in DUIs', *Journal of Studies on Alcohol*, vol. 49, pp. 443-449.

Blaze-Temple, D., Binns, C.W., Somerford, P.J. 1988, 'The Contribution of blood alcohol concentration formulae to establishing a responsible drinking level for females', *Australian Drug and Alcohol Review*.

Coopersmith, S. 1981, *Self-Esteem Inventories*, Consulting Psychologists Press, Palo Alto, LA.

Donovan, D.M. and Marlatt, G.A. 1982, 'Personality subtypes among driving-while-intoxicated offenders: Relationship to drinking behaviour and driving risk', *Journal of Consulting and Clinical Psychology*, vol. 50 no. 2, pp. 241-249.

Donovan, D.M., Marlatt, G.A. and Salzberg, P.M. 1983, 'Drinking behaviour, personality factors and high-risk driving: A review and theoretical formulation', *Journal of Studies on Alcohol*, vol. 44, pp. 395-428.

Gusfield, J.R. 1985, 'Social and cultural contexts of the drinking-driving event', *Journal of Studies on Alcohol*, Supplement no. 10, July.

Homel, R. 1983, 'Young men in the arms of the law: An Australian perspective on policing and punishing the drinking driver', *Accident Analysis and Prevention*, vol. 5, pp. 499-512.

Lacey, J.H., Stewart, J.R. and Council, F.M. 1979, 'Development of predictive models to identify persons at high risk of alcohol related crash involvement', *Proceedings of the 7th International Conference on Alcohol, Drugs and Traffic Safety, Melbourne, January 1977*, ed. I.R. Johnston, Australian Government Publishing Service, Canberra.

McAlister, A. 1981, 'Anti-smoking campaigns: Progress in developing effective communications', in *Public Communication Campaigns*, eds R. Rice and W. Paisley, Sage, Beverley Hills.

Milavsky, R. J., Stipp, H. H., Kessler, R. C. and Rubens, W.S. 1982, *Television and Aggression: A Panel Study*, Academic Press, New York.

Norstrom, T. 1981, 'Drunken driving: A causal model', *Proceedings of the 8th International Conference on Alcohol, Drugs and Traffic Safety*, June 15-19, 1980, ed. L. Goldberg, Stockholm, vol. 3.

Sheehan, M., Najman, J., Schofield, F., Siskind, V., Smithurst, B. and Ballard, R. 1986, *Longitudinal Intervention Study of Drink Driving by Queensland Youth, Third Report. Report No. 1986*, Drink Driving Team, Department of Social and Preventive Medicine, University of Queensland, 3 November.

Smith, G.A., Wolynetz, M.S. and Wiggins, T.R. 1976, *Drinking Drivers in Canada: Alcohol Concentrations in Night-time Canadian Drivers*, Road and Motor Vehicle Traffic Safety Branch, Transport Canada, Ottawa.

University of Queensland Alcohol and Drug Programs Unit, 1988, *Plan a Safe Strategy Drink Driving Prevention Program*, Department of Education, Queensland.

Underhill, B.L. 1986, 'Driving under the influence of gender discrimination', *Alcoholism Treatment Quarterly*, vol. 3, no. 2, pp. 115-125.

Vingilis, E., Adalaf, E.M. and Chung, L. 1982, 'Comparison of age and sex characteristics of police suspected impaired drivers and roadside-surveyed impaired drivers', *Accident Analysis and Prevention*, vol. 14, pp. 425-430.

Wells-Parker, E., Cosby, P.J. and Landrum, J.W. 1986, 'A typology for drinking driving offenders: Methods for classification and policy implications', *Accident Analysis and Prevention*, vol. 18, pp. 443-453.

Wilson, R.J. and Jonah, B.A. 1985, 'Identifying impaired drivers among the general driving population', *Journal of Studies on Alcohol*, vol. 46, no. 6, pp. 531-537.

Zuckerman 1979, *Sensation Seeking: Beyond the Optimal Level of Arousal*, John Wiley and Sons, New York. us problem of too little or too much DNA being loaded on the gel. But the absence of such control and checks can be critical

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Changing Drinking and Driving Patterns: a Case History

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One of the important problems springing from the use of alcohol is the incidence of road accidents involving drink driving. Many of the things that are done to prevent accidents generally - or to make them less severe - have an effect on accidents involving alcohol as well. For this specific category of accidents, it would also be possible to reduce the incidence by changing the behaviour of the drivers involved. This would involve changing their drinking behaviour, or their driving behaviour, or both.

A good deal of effort has been devoted to attempts to do this throughout the world for many years. Most such attempts are not evaluated, and hence it is not possible to say whether they are effective or not.

During the period 1977-1986 a number of changes occurred that may have influenced drinking and drink driving in Victoria. There is evidence that the number of road accidents involving alcohol has decreased over this period.

The first piece of evidence comes from the results of the analysis of blood taken from drivers and motorcyclists killed in road accidents. Most of this information comes from blood tests conducted post mortem for the coroner, with some for drivers who died some time after the accident coming from the analysis of blood taken compulsorily from injured drivers taken to a hospital following involvement in an accident. Table 1 below shows the results.

Table 1

Blood Alcohol Concentration (BAC) of Drivers and Motorcyclists Killed in Road Accidents in Victoria

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Total No. killed	429	398	383	295	343	344	339	317	334	348
Total No. tested	366	326	343	268	319	299	312	277	295	308
No. over .05 %	181	158	137	117	120	110	115	90	111	118

Percentage of those tested who are over .05 g/100 mL	49.5%	48.5%	39.9%	43.7%	37.6%	36.8%	36.9%	32.5%	37.6%	38.3%
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There was a drop from 1977 to 1980 in the number of drivers and riders killed known to have a blood alcohol concentration (BAC) exceeding .05 g/100 mL. No consistent pattern of change is obvious from 1981-1986. This is not simply a reflection of an overall drop in the number of drivers killed. With the exception of 1980, the number of drivers killed who were tested and found to be zero or below .05 g/100 mL has been relatively constant.

There was also a drop in the proportion of drivers and riders killed who have a BAC exceeding .05 g/100 mL over the period 1977 to 1981.

The second piece of evidence comes from an examination of the results of analysis of blood taken from drivers and motorcyclists who were admitted to hospital following a motor car accident. Table 2 shows these figures.

Table 2

Drivers and Motorcyclists Admitted to Hospital Following a Road Accident

	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986
Total No.	4461	4469	4180	4284	4237	4369	4151	4296	4464	4686
No. tested	2541	2471	2499	2758	2628	2888	2652	2957	3101	2918
No. over .05	873	844	674	742	687	821	650	648	579	596
% over .05	34.4%	34.2%	27.0%	26.9%	26.1%	28.4%	24.5%	21.9%	18.7%	20.4%

The actual numbers here are less meaningful, as some accidents are not reported, and blood samples are not taken from some drivers admitted to hospital.

The proportion of drivers tested found to have a blood alcohol concentration over .05 g/100 mL is meaningful, however. There was a drop in this proportion from 1977-78 to 1979, a 'plateau' to 1983, and then a lower level in the next three years.

Direct Mechanism

It is proposed that one major reason for the decline in the number of alcohol related accidents is that drinking and drink driving patterns have changed, and that the new patterns are less likely to involve driving after drinking than the old patterns. There is some evidence for this from surveys of (self-reported) drink driving. In December 1978, a sample of people who were drivers and did drink alcohol were interviewed, and asked questions about their drinking in the previous week, and whether they had driven after drinking. Of the 382 males interviewed, 72 (18.8 per cent) had driven with a BAC estimated to have exceeded .05 g/100 mL at least once during the previous week. When the survey was repeated in December 1983, only

50 (14.7 per cent) of the 341 males interviewed had done so (MacLean et al. 1985).

Qualitative research, and a great deal of anecdotal evidence also, suggests that many drivers have changed their drinking and drink driving patterns in recent years.

Many drivers drink less frequently and drink less alcohol when they do drink. They are less likely to drink in a hotel (particularly in Melbourne, less so in the country). Many of those with a regular pattern of drinking away from home - such as at a sporting club - have changed the drinking location so that they are now drinking closer to home, and driving home through back streets rather than on main roads (Hutchinson 1987; Frank 1986).

There has been no great change in overall consumption. The number of litres of absolute alcohol consumed per person aged 15 years and over in Victoria has fluctuated between 11.5 and 11 litres over this whole period (Ross 1986). There have, however, been changes in the kinds of drink consumed.

The Liquor Control Commission Annual Reports show that sales on draught beer (sold by the glass) have declined throughout Victoria, and sales of packaged beer (bottles and cans) have increased. It is estimated that 73 per cent of beer sold now is for 'off premise' consumption. Sales of wine have increased, particularly white wine in casks (4 litre disposable containers). Wine coolers (about 30 per cent wine and 70 per cent fruit juices) have been introduced and taken a significant share of the market. Lower alcohol beers have been introduced, and promoted as such. These have an alcohol content of 3.4 per cent, 2.1 per cent and even 0.9 per cent, as compared to 5 per cent for normal beer. They now hold about 10 per cent of the beer market.

Average beer consumption in Victoria has fallen 16 per cent from 137.5 litres per capita in 1976-77 to 115.5 litres per capita in 1985-86. Wine consumption in Australia was at the relatively low level of less than 6 litres per capita until 1965, when consumption started to increase. By 1976 it had increased to 13.5 litres per capita, and in 1986 it was 21.2 litres. Spirit consumption has remained relatively static.

It may well be that the changes in drinking pattern reflect the fact that new drinkers coming of age are adopting different patterns to their predecessors, as well as that existing drinkers are changing.

Reasons for Changes in Drinking and Drink Driving Patterns

From the Victorian authorities' point of view of wanting to maintain the reduced level of alcohol involvement in accidents, or to reduce the level further, or from the point of view of another state wanting to achieve similar results, it is important to know what has caused the changes in drinking and drink driving patterns.

The answer to this question cannot be given with any certainty. The causes are almost certain to be complex, with many factors, differentially important for the various groups of drivers and for accidents of different severity, being involved.

There are many ways of looking at complex processes like this, and the choice of any one approach will be to some degree arbitrary. It is proposed here to adopt the following classification of the factors involved.

- Drink driving countermeasures tending to encourage 'safe' drinking and drink driving practices.
- Drink driving countermeasures tending to discourage 'unsafe' drinking and drink driving practices.
- Changes affecting drink driving and drinking which were not introduced primarily as drink driving countermeasures.

Changes Tending to Encourage 'Safe' Drinking and Drink Driving Practices

Drink driving material in the mass media

Since 1979 the Road Traffic Authority and the Federal Office of Road Safety have produced mass media campaigns, primarily for television, making positive suggestions (such as to eat while drinking alcohol, organise alternative transport if drinking away from home, arrange to stay the night, and to suggest these things to friends who have been drinking) to avoid drink driving.

Drink driving education in schools and as preparation for passing the driving test

The Road Traffic Authority produced a curriculum unit for use in Years 8-10 of secondary schools which places a great deal of emphasis on responsible decision making with respect to the use of alcohol. It has increasingly been used in schools since its release in 1984, and has now been requested by 98 per cent of post-primary schools in Victoria.

Since 1985 all learner drivers obtaining a licence have had to pass a test of knowledge of material in the Victorian Traffic Handbook. This manual contains a considerable amount of material advocating the behaviour that people who drink alcohol should adopt when they will be driving.

Industry initiatives

The liquor industry in Victoria has organised some mass media campaigns advocating responsible drinking. It has developed and distributed 'Home Safely' contracts, which require young drinkers to agree to ring their parents when they have been drinking and need transport under those circumstances. The Industry has also been involved in programs whereby a person, who identifies himself or herself as the 'designated driver' for a group of drinkers, is provided with free soft drinks.

Some licensed premises also have a mini-bus, and drive drinkers home at the end of the evening. Increasingly, coin-operated breath testers are being installed in licensed premises, so that drinkers who will be driving have a facility to test their BAC, and to learn what BAC particular drinking patterns lead to.

Changes Tending to Discourage 'Unsafe' Drinking and Drink Driving Practices

General deterrence

It is assumed that proscribing driving after drinking, applying severe mandatory penalties to those detected, and persuading drivers that if they do drive after drinking the probability of detection is high and the imposition of penalty certain, will lead to a 'general deterrence' effect, and a change in behaviour. General deterrence requires legislation creating offences, setting BAC limits, giving police power to test drivers and setting penalties. It also requires enforcement and publicity.

Legislation

Victoria has had a limit of .05 g/100 mL since December 1966, as well as offences of driving under the influence and being drunk in charge of a motor vehicle.

In May 1984, a zero limit was introduced for learner drivers, those in the first year of a probationary licence, and those without a licence. On 1 March 1987, the zero limit was extended to those in the second year of the probationary licence.

To achieve general deterrence, it is important that drivers believe that if they drive after drinking, the police will have the power to stop and test them.

Until 1974, the only circumstances under which police could require a driver to provide a sample of breath for analysis were when the person was the driver of a car involved in an accident, or when the policeman had reason to believe, based on his personal observations, that the person in charge had consumed intoxicating liquor, and that the person's ability to drive a motor car might thereby have been impaired.

In 1974, a provision was introduced so that when a person was taken to a hospital as a consequence of an accident involving a motor vehicle, the medical practitioner first treating or examining that person was required to take a blood sample for analysis for the presence of alcohol.

In June 1976, police were given the power to stop vehicles 'at random' at designated preliminary breath test stations. In March 1987, police were given the power to test any person 'found driving' a motor vehicle. From 1 March 1987, police have also had the power to suspend a licence on the spot, until the case is heard, where BAC is .15 g/100 mL or more.

It is important that potential offenders believe that if caught, conviction and the imposition of a penalty will always follow. To ensure that stories about avoidance of the penalty following detection do not spread, and reduce the deterrent value of the legislation, it is important that there be no 'loopholes' enabling drinking drivers to escape the penalty. Early steps in this direction were the use of the breathalyser (1961) to provide objective evidence in driving under the influence cases, the introduction of a 'per se' limit in 1966, and mandatory minimum periods of licence cancellation in 1967.

In 1978, the courts were prohibited from using general powers to 'adjourn without proceeding to conviction' in drink driving cases (except for first offenders with a

blood alcohol concentration of .10 g/100 mL or less).

In 1987, the Road Safety Act introduced new provisions to ensure that the only way to challenge a breathalyser reading was to call the breathalyser operator to appear in court, and prove that on that occasion, the breathalyser was defective, or was not used correctly.

In 1977, the penalties for exceeding .05 were as shown in Table 3. These minimum licence cancellation periods had been in effect since May 1971.

In December 1978, the minimum periods of licence cancellation were doubled and the maximum period of imprisonment for second and subsequent offenders reduced to 3 months. On 1 February 1987, the maximum fines that a court could award were increased to \$1,200 for a first offence, and \$2,500 for a second or subsequent offence. On 1 March 1987, the minimum licence cancellation periods were changed, to those in Table 4 below.

Table 3

Penalties for exceeding .05 in 1977 and 1978

Offence	First Offence Penalties	Second or Subsequent Offence
Driving while exceeding the prescribed blood alcohol concentration (BAC)	Up to \$750 fine where BAC is more than 0.05 but less than 0.10% disqualification from driving for at least six months	Up to \$1,500 fine, or up to six months imprisonment, plus where BAC is more than 0.05% but less than 0.15% disqualification from driving for at least 12 months BAC is 0.15% or more disqualification from driving for at least two years
	BAC is 0.10% but less than 0.15% disqualification from driving for at least six months	
	BAC is 0.15% or more disqualification from driving for at least 12 months	

Other sanctions

There are a number of other penalties that apply to a convicted drink driver. If he was involved in an accident, and was incapacitated, the benefits he can receive from the Transport Accident Commission are reduced. Most motor vehicle insurance companies have a clause denying liability if the driver is convicted of a drink driving offence.

In most social groups, a drink driving conviction is now something to be ashamed of (Hutchinson 1987). It is believed that this change has taken place over the last 10 years. A drink driver involved in an accident in a smaller country centre in which someone is severely injured or killed is usually rejected and ostracised by the local community (Hutchinson 1987).

Table 4

Maximum Licence Cancellation Periods from 1 March 1987

BAC	First Offence Minimum Licence Cancellation	BAC	Second or Subsequent Offence Minimum Licence Cancellation
less than .07	6 months	less than .07	12 months
.07 or more but less than .08	6 months	.07 or more but less than .08	14 months
.08 or more but less than .09	6 months	.08 or more but less than .09	16 months
.09 or more but less than .10	6 months	.09 or more but less than .10	18 months
.10 or more but less than .11	10 months	.10 or more but less than .11	20 months
.11 or more but less than .12	11 months	.11 or more but less than .12	22 months
.12 or more but less than .13	12 months	.12 or more but less than .13	24 months
.13 or more but less than .14	13 months	.13 or more but less than .14	26 months
.14 or more but less than .15	14 months	.14 or more but less than .15	28 months

.15 or more but less than .16	15 months	.15 or more but less than .16	30 months
.16 or more but less than .17	16 months	.16 or more but less than .17	32 months
.17 or more but less than .18	17 months	.17 or more but less than .18	43 months
.18 or more but less than .19	18 months	.18 or more but less than .19	36 months
.19 or more but less than .20	19 months	.19 or more but less than .20	38 months
.20 or more but less than .21	20 months	.20 or more but less than .21	40 months
.21 or more but less than .22	21 months	.21 or more but less than .22	42 months
.22 or more but less than .23	22 months	.22 or more but less than .23	44 months
.23 or more but less than .24	23 months	.23 or more but less than .24	46 months
.24 or more	24 months	.24 or more	48 months

Enforcement

It is important for general deterrence that drivers believe the police are likely to detect them if they drive after drinking. Table 5 below shows the number of persons detected for drink driving offences each year.

Table 5

Drivers Detected for Drink Driving Offences

Year	Exceed .05	DUI	Drunk in Charge	Exceed 0	Total
1977	13,766	1,259	155		15,180
1978	17,824	1,415	192		19,431
1979	15,225	1,040	183		16,448
1980	14,379	1,160	150		15,689
1981	14,079	1,124	141		15,344
1982	14,583	1,032	142		15,757
1982-83*	14,272	1,013	134		15,419
1983-84	13,557	914	152		14,623
1984-85	13,656	904	135	1,045	15,740
1985-86	14,712	1,002	167	1,957	17,838

*Police data recording system changed to fiscal years.

The average is 16,149 each year. Samples examined show that of these, 16 per cent are detected via the compulsory hospital blood testing system, 60 per cent by police on patrol, 12 per cent by breath analysis of those involved in accidents, and 12 per cent from random breath test stations.

Random breath testing is an important component of a general deterrence program, in that most drinking drivers believe that their driving is not obviously impaired. While police can only test drivers who are obviously impaired, the above drivers believe they will not be detected. Random breath testing provisions force drivers to accept that they may be detected, even if their driving is not obviously impaired. The numbers of drivers stopped and tested at random breath test stations are shown in Table 6.

Experimental studies have shown that random breath test 'blitzes' are effective (Cameron & Strang 1982). Following the success of continuous high level random breath testing in NSW from December 1982, a similar policy was adopted in Victoria, and commenced in October 1983. It is noted that the proportion of drivers and motorcyclists admitted to hospital who had a BAC over .05 g/100 mL dropped at about this time (Table 2), though the data on those killed (Table 1) does not show any obvious effect.

Publicity

Since January 1979, the Road Traffic Authority has produced and placed mass media commercials designed to make sure drivers know how severe the penalties are, and to persuade them that the chances of being picked up at a random breath test station are high. The amount spent on advertising has increased each year.

\$660,000 worth of drink driving advertisements were placed in Victoria in 1986-87 with most effort directed at television. A large proportion of this publicity was material designed to add to the deterrent value of police random breath testing.

Table 6

Drivers Stopped at RBT Stations

Year	No. of Tests Administered
1977	19,006
1978	41,000
1979	79,000
1980	76,000
1981	60,000
1982	62,000
1983	161,000
1984	183,000
1985	238,000
1986	314,000

Additionally, press releases are put out by the police in this area, and the media has regularly featured drink driving in news, current affairs and in feature articles.

Specific deterrence, rehabilitation, containment and assessment on re-licensing

A number of programs in place are designed to prevent those who are detected and convicted of a drink driving offence from being subsequently involved in alcohol related accidents.

Approximately 12,000 licences were cancelled each year for drink driving during the period 1977-1986. Sample studies show the mean period of disqualification is 17.9 months. There are therefore approximately 18,000 drivers under disqualification for a drink driving offence at any one time.

Drivers who were convicted with a BAC of .10 g/100 mL or more or those for whom the conviction is a second offence must apply to a court for a licence restoration order before they can be re-licensed. The court hears evidence from police, and may call medical evidence. Sample studies suggest that about one-third of drivers whose licences are cancelled do not apply for a new licence, although the rate of refusal of licence restoration orders by courts is less than 10 per cent. About 8,000 drivers per year are re-licensed following licence cancellation for a drink driving offence.

In a number of courts, magistrates make it known that they prefer applicants for a licence restoration order to have completed a 'drink driver program'. It is estimated that at present approximately 3,500 people attend these courses each year. This has been the situation for the 10 years under consideration.

As part of the requirements introduced when zero BAC limits were imposed P plate, L plate and unlicensed and disqualified drivers under 21 years of age are required to complete a 'driver education' course before they can be re-licensed.

Changes affecting Drinking and Drink Driving, but which were not introduced as Drink Driving Countermeasures

Changes in the physical environment in which drinking takes place

In the last few years there have been dramatic changes within the hotel industry in Melbourne, resulting in widespread change to the physical circumstances in which alcohol can be purchased and consumed.

Mr Darryl Washington, the President of the Victorian Branch of the Australian Hotels Association, was quoted in *The Age* newspaper in January 1987 as saying that in Melbourne, 'the death of the public bar is imminent'. He said that these days, few public bars are viable, and cited three main reasons for the changes in hotel operation.

The first of these is the activity of the Liquor Control Commission which had for many years carried out a vigorous program of forcing the proprietors of establishments selling alcohol to 'improve' their premises. The second reason is increased potential from providing accommodation for tourists, and the third is the competition for patrons. The majority of hotels now have a restaurant, and provide such entertainment, as rock concerts.

Availability of alcohol

The availability of alcohol is difficult to examine in Victoria. A number of changes have been occurring, making the picture very complex.

There has been a trend away from 'on premise' drinking to buying packaged alcohol and consuming it in other than licensed premises. For those whose drinking patterns do not involve drinking on licensed premises, hours of opening are of minor importance.

There has been a trend to permit licensed premises to open for longer hours if they wish to. Permits have been increasingly available to remain open until very late at night. Sunday bar trading has been introduced. Also, because of decreased patronage, many licensed premises do not remain open for as long as they are permitted to.

During the period under consideration, restrictions were introduced on the sale of alcohol at many sporting events. Typically, patrons can only buy two opened 375 mL cans of beer at a time. They are not permitted to bring their own alcohol into the ground.

Liquor Control Commission Annual Reports show that the number of licensed hotels has declined from 1,441 in 1976-77 to 1,429 in 1985-86. Considering the population increase over this period (from 3,837,400 to 4,152,300) the ratio of hotels to population has declined substantially. The number of retail bottle outlet licences has increased clubs from 452 to 565, the number of licensed restaurants from 269 to 448 and the number of other licences from 214 to 425.

There were 1,976 restaurants with permits permitting drinkers to bring their own alcohol and consume it with their meal in June 1987. This is approximately double the number in June 1976.

The result of this process has been that the nature of the readily available places to drink has changed. However, the total number of licensed premises has increased by 38 per cent.

Costs of alcohol

There are significant differences in the costs of drinking various kinds of alcoholic beverage. Packaged beer and spirits could be purchased in 1986 for 5-6 cents per gram of ethanol. Draught beer cost about 10 cents per gram of ethanol, and cask wine about 1.5 cents per gram.

It is generally believed within the liquor industry that the lower cost of wine, which reflects differential Government taxes to a considerable degree, has been an important reason for the increases in its per capita consumption. The price differential between packaged and draught beer reflects the higher capital value of premises licensed for on premise consumption, and has existed since 1975, when the Liquor Control Commission was prevented by the Trade Practices Act from requiring liquor licence holders to sell alcohol only at the recommended price (Nieuwenhuysen 1986). Packaged beer could then be sold at discount prices.

Over the 10 year period from 1977 to 1986, the cost per gram of ethanol has doubled for packaged beer, wine and spirits, and increased by about 240 per cent for draught beer. The consumer price index increased by 210 per cent over this period. Relative to other consumer goods, therefore, packaged beer, wine and spirits have become slightly cheaper over the 10 year period, and draught beer has become slightly more expensive (ABS Catalogue 4306).

The 'healthy lifestyles' movement

In recent years, health authorities have put a good deal of effort into mass media campaigns, and promotion of various kinds urging a healthy lifestyle which includes exercise, not smoking, and moderation in eating and drinking.

The increasingly 'cosmopolitan' nature of society has led to pressure to accept different recreational and drinking patterns. Recently, significant numbers of immigrants from Asia, particularly Vietnam and Cambodia, have settled in Victoria, and have had a significant influence on the culture.

Interaction Effects

The position is made even more complex by the possibility that some of these changes have been more effective when introduced together. In late 1978, a number of changes occurred:

- Penalties for drink driving were increased;
- In the August 1978 budget, the excise tax on beer was greatly increased; leading to a significant increase in the cost of beer;
- Paid television publicity of drink driving commenced; and
- Low alcohol beers were introduced and publicised.

The biggest drop in alcohol related fatal accidents took place between 1978 and 1979. It seems likely that it was this package of measures that caused a change in

drinking patterns, which then resulted in fewer alcohol related accidents.

Some measures, too, can only be effective if other measures have already been introduced. Coin-operated breath testers were trialled in licensed premises in 1977, but were a failure, due to insufficient demand. In 1987 the demand was sufficient to make them a commercial proposition. A similar pattern was evident with low alcohol beers.

Conclusions

The Victorian experience seems to indicate that it is possible to change drinking patterns, and thereby reduce alcohol involvement in accidents. These changes seem to be able to occur without dramatic effects on the amount of alcohol consumed per head. It is suggested that the crucial change is a decrease in the incidence of patterns of drinking that are more likely to result in an alcohol related accident. This experience would seem to be contrary to the proposition that average per capita consumption is related to the incidence of alcohol related problems (Bruun et al. 1975) at least in the area of drink driving.

The situation in Victoria is not as encouraging for those wanting to examine the effect of any one drink driving countermeasure, however. So many countermeasures have been in operation over the period when alcohol involvement in accidents dropped, that it is very difficult to separate their effects.

There is nevertheless clear evidence that random breath testing has been one of the important factors (Cameron & Strang 1982; Armour et al. 1985; Nieuwenhuysen 1986).

Hutchinson (1987) in a survey conducted in February 1987, asked drivers assessed as having driven with a BAC exceeding .05 g/100 mL at least once in the previous week if their drinking pattern had changed as a result of drink driving legislation. Forty-three per cent said that it had.

The strong reaction from the Australian Hoteliers Association to suggestions that have been made about the introduction of a zero blood alcohol limit for all drivers suggests that they believe such measures have a significant effect on drinking patterns.

Other factors mentioned may well have been important, but the evidence for this is not clear.

Insofar as the effect of these measures has been to change the patterns of drinking, it could be expected that there would be effects on other areas in which the nature of drinking patterns affects the incidence of alcohol related problems. Measures introduced to curb drink driving may have contributed to a 'spin off' benefit in other areas. If this is so, then closer relations between those working on the reduction of road accidents due to alcohol, and those involved with other alcohol problems, may be worthwhile.

References

Armour, M., Monk, K., South, D. & Chomiak, G. 1985, *Evaluation of the 1983 Random Breath Testing Campaign: Casualty Accident Analysis*, Road Traffic Authority.

Australian Bureau of Statistics (undated), *Apparent Consumption of Foodstuffs and Nutrients 1977-1986*, Catalogue no. 4306.0.

Bruun, K., Edwards, G., Lumio, M., Makela, K., Oslerberg, E., Pan, L., Popham, R. E., Room, R., Schmidt, W., Skogö O. L. & Sulkunen, B. 1975, 'Alcohol control policies in public health perspective', *Finnish Foundation for Alcohol Studies*, vol. 25, Helsinki.

Cameron, M. H. & Strang, P. M. 1982, 'Effects of intensified random breath testing in Melbourne during 1978 and 1979', *Australian Road Research Board Proceedings*, vol. 11, pp. 1-12.

Central Statistical Unit, Commonwealth Department of Health 1979, 1984, 1987, *Alcohol in Australia, A Summary of Related Statistics*, Australian Government Publishing Service.

Frank, L. 1986, *The Effect of the 1983 RBT 'BLITZ' on the Frequency of Casualty Accidents in Melbourne Residential Streets*, Road Traffic Authority.

Hutchinson, D. 1987, *Drink Driving Attitudes and Behaviour*, Road Traffic Authority.

Liquor Control Commission (undated), Report and Statement of Accounts, F.D. Atkinson, Government Printer, Melbourne.

MacLean, S., Hardy, J., South, D., & Lane, J. 1985, *Survey of Drink Driving Behaviour Knowledge and Attitudes in Victoria, December 1983*, Road Traffic Authority, Melbourne.

Nieuwenhuysen, J. 1986, *Review of the Liquor Control Act 1968*, Victorian Government, Melbourne.

Ross, J. 1986, 'Adult consumption of alcohol in Victoria 1967-1983', *Community Health Studies*, vol. X, no. 1, pp. 47-53.

Victoria Police, *Annual Reports 1977-1986*, F.D. Atkinson, Government Printer, Melbourne.

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Restricted Areas and Aboriginal Drinking

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The term 'restricted area' or 'dry area', as used in the context of alcohol consumption in general and Aboriginal drinking in particular, refers to an assortment of by-laws, regulations and other statutes all of which restrict or forbid the consumption of liquor within a certain area. The restrictions can apply continuously or for certain periods only: they can encompass all or only some types of liquor, and there may or may not be provision for certain people to be exempted. They need not apply exclusively to Aboriginal people, but this paper is concerned with the use of restricted area legislation as a response to Aboriginal alcohol abuse.

Restrictions of this nature are not new to post-contact Aboriginal Australia. From the early years of this century until the 1960s, Aboriginal people were subjected to a broad range of restrictions on their movements, employment and relationships, and these included restrictions on access to alcohol. Not until 1964 were Aborigines in Western Australia and the Northern Territory granted the right to drink liquor, and the prohibition on supplying liquor to Aborigines in South Australia remained until 1967 (D'Abbs 1987; McCorquodale 1984). In Queensland, Aborigines off reserves were granted access to liquor in 1965 but here, as elsewhere, the right remained a legal rather than a practical one for many Aboriginal people, as restrictions on the possession or consumption of liquor by Aborigines on reserves or missions continued well into the 1970s (Barber et al. 1988). Throughout the 1970s, however, the shift from a policy of assimilation to one of self-determination led to the removal of most of the restrictions on access, in practice as well as in theory, so that by the end of the decade Aborigines throughout most of Australia had full access to liquor.

In the light of these changes, the use of 'restricted areas' as an instrument of Aboriginal alcohol control policy takes on new significance and raises new issues, if only because any declaration of a restricted area today takes place in a context in which Aborigines have the same rights as anyone else to possess and consume liquor.

Over the past 10 years, a number of legislatures have introduced restricted area provisions of one sort or another. The provisions embody a variety of motives. Some reflect the desire of Aboriginal communities to overcome problems of alcohol abuse. The removal of restrictions in the 1970s was accompanied by a disturbing increase in alcohol related problems, leading the author of one parliamentary investigation to declare: 'Alcohol is the greatest present threat to

the Aboriginals of the Northern Territory and unless strong immediate action is taken they could destroy themselves' (Commonwealth of Australia 1977a). In its final report, the same committee noted that the damage caused by alcohol was no less devastating in other states than in the Northern Territory (Commonwealth of Australia 1977b). A board of inquiry set up in 1973 by the Department of the Northern Territory to report on all aspects of the sale and consumption of liquor found evidence of widespread concern on Aboriginal communities regarding the troubles caused by liquor (Australia. Dept of the Northern Territory 1973).

In other instances, the imposition of geographically-defined restrictions appears to owe more to the desire of non-Aboriginal groups to sweep Aboriginal drunkenness from off the streets.

It is the contemporary use of restricted area legislation that forms the subject of my paper. One consequence of the variety of measures that have been adopted in recent years is that a number of policies which have very different implications, all carry the label 'restricted' or 'dry area policy'. It is necessary to bring some conceptual clarity to this area before useful policy discussion can proceed; accordingly, I shall begin by proposing a conceptual framework within which the various sets of restricted areas provisions can be compared, and significant issues identified. Three sets of contemporary restricted area provisions, each of which illustrates a distinctive approach to alcohol control, will then be discussed. Finally, some general implications which arise out of analysis, and which apply to the use of restricted areas as an Aboriginal alcohol control measure will be set out.

Community Control or Statutory Powers: a Framework for Comparing Restricted Area Provisions

Whatever the difference among them, all restricted areas provisions embody two common elements: a set of regulations stipulating the kinds of liquor that may or may not be drunk, under what conditions, and by whom, and a set of measures governing the declaration and enforcement of the restrictions. The former define the restrictions; the latter address issues of control: at whose behest are areas to be declared restricted, and by what means?

Both elements pose issues of practical and theoretical interest: we might consider, for instance, the relative effectiveness of measures which ban all consumption - as are found on some Aboriginal communities in the Northern Territory - with those that impose a per capita limit on liquor consumption in a community. These questions raise the broader issue of the extent to which controlling the availability of liquor represents a viable basis for preventative alcohol abuse policies - an issue on which expert opinion remains divided (see, for example, Smith 1983; Ravn 1987a, 1987b; Nieuwenhuysen 1988; Single 1988).

So far as the topic of this paper is concerned, these issues should be viewed as secondary to those having to do with control. To illustrate: an outright ban on liquor in a community is one thing if it is imposed by members of that community who speak with acknowledged authority, and quite another if it

comes about through legislation externally devised and imposed.

In principle, control over the designation and enforcement of restricted areas can be vested in one or both of two institutions: the local community or the state. By 'local community' in this context is meant Aboriginal communities and their representative institutions: the term 'state' refers here not only to state or territory governments, but to all levels of government - Commonwealth, state and local - and to their associated institutions. In the Northern Territory, many outstations or homeland centres have been designated by their occupants as dry areas, without recourse to formal legislation. At the same time, the Northern Territory Government has, since 1983, made it an offence to consume liquor in a public place within two kilometres of a licensed premise. The first instance is an example of community control, the second of a statutory restriction.

These two examples notwithstanding, the presence of community-based and statutory control mechanisms is usually a matter of degree rather than absolutes. If we think in terms of 'high' and 'low' levels of statutory and community control respectively, we can locate restricted area provisions on a matrix, structured as shown in Figure 1.

Figure 1

A framework for comparing restricted area provisions

Level of statutory control	Level of community control	
	Low	High
Low		1
High	2	3

The top left hand cell in Figure 1 is in effect an empty cell, since it refers to cases where neither statutory nor community-based powers are used to impose restrictions. Each of the three remaining cells defines a particular type of model of restricted area provisions.

The first (No.1) encompasses restricted areas based on a high degree of community control, with little or no statutory involvement. The example of the outstations referred to above fits into this category, as do those Aboriginal communities in Western Australia which used their power to make by-laws under the Aboriginal Communities Act 1979 to declare themselves dry. In this case, use of the Act is indicative of a degree of statutory involvement, but insofar as the Act leaves responsibility for enforcing the restrictions with the communities themselves, the level of statutory control is low. This group is called the community control model.

The second group of provisions (No.2) is the polar opposite of the first. This covers restricted areas created and enforced largely through the use of statutory powers, with little or no local community control. The Northern Territory Two Kilometre Law is an example of this type of legislation. So too are dry areas declared under Section 132 of the South Australian Liquor Licensing Act 1985.

This group will be referred to as the statutory control model.

In the remaining cell of the matrix (No.3) are restrictions based on a high degree of both statutory and community control. This is called the complementary control model. The restricted areas provisions forming Part VIII of the Northern Territory Liquor Act constitute an instance of this model, at least in principle. While in practice the principle of complementarity is often lost sight of, Part VIII is an attempt to incorporate into legislation provision both for a genuine community voice and strong statutory powers. It is this characteristic that makes the Northern Territory legislation a particularly interesting alcohol control measure.

The typology of models is summarised in Figure 2.

Figure 2

Restricted Area Provisions: a Typology of Models

Level of statutory control	Level of community control	
	Low	High
Low		Community control model e.g. communities which impose by-laws under <i>WA Aboriginal Communities Act</i>
High	Statutory control model e.g. NT Two Km Law e.g. dry areas declared under <i>SA Liquor Licensing Act</i>	Complementary control model, e.g. Northern Territory restricted area provisions

The following are issues associated with each of the three models:

The community control model: restricted areas in WA

The Aboriginal Communities Act was introduced in Western Australia in 1979 in order 'to assist certain Aboriginal communities to manage and control their community lands and for related purposes' (Western Australia 1979). It provides for management of communities by councils, which are empowered to pass by-laws regulating:

- admission of persons, vehicles and animals to the community;
- traffic matters on community lands;
- prevention of damage to flora and fauna;
- maintenance of buildings on community lands;
- noise, conduct of meetings, and offensive behaviour;
- prohibition or restrictions governing possession and use of alcohol and other substances;

- possession or use of firearms;
- disposal of rubbish.

By-laws can only be made with the agreement of an absolute majority of council members, and are policed by means of a community justice system. This in turn is made up of Aboriginal members of the community appointed as Justices of the Peace, bench clerks, probation officers and rangers. The Act also provides for police to act in the event of a breach of a by-law, such breaches being punishable by a fine of up to \$100 or up to three months imprisonment.

Although the Aboriginal Communities Act is not purely an alcohol control measure, the desire for greater control over the importation and consumption of alcohol is one of the most pervasive motives underlying its use (Hedges 1986). Alcohol abuse is also, as elsewhere, a major factor in civil and criminal offences. In the first of two reviews of the Act carried out in 1985 and 1986, Hoddinott tabulated offences committed between 1977 and 1984 on seven Aboriginal communities, four of which were participants in the Aboriginal Communities Act and three not. She found that 69 per cent of all offences were alcohol related (Hoddinott undated).

Hoddinott argued, mainly on the basis of statistics compiled from court records and police charge sheets with respect to two communities, that the Act had made no difference to the pattern of alcohol related offences (Hoddinott undated). She also criticised the Act for making insufficient provision for traditional Aboriginal sanctions.

At the time of the review, five Aboriginal communities in Western Australia were participating in the Act. In a subsequent review of the legislation, Hedges (1986) examined outcomes in each of these communities and drew somewhat less negative conclusions. In three cases, including the community in which Hoddinott argued that the Act had brought about no significant changes, Hedges found that the prevalence of drinking appeared to have moderated and the incidence of disorder decreased. In one community he was unable to document any consequences, while in the fifth he found that the by-laws under the Act were neither understood nor adhered to by most members of the community (Hedges 1986).

Hedges found that the desire for greater control over alcohol was characteristic not only of communities already participating under the Act but also of other communities which had expressed interest in participating in future. Pitman, who examined the workings of the Act in the East Kimberleys in conjunction with Hedges' investigation, reported that alcohol was 'the most immediate social problem in Aboriginal communities in the East Kimberleys' and that many communities were pre-occupied with its effects (Pitman 1986).

Neither Hedges nor Pitman believed that the powers accorded by the Aboriginal Communities Act were sufficient in themselves to deal with the alcohol problem. Hedges noted that during consultations, many communities had expressed a wish for greater government assistance in enforcing prohibitions on alcohol in their

communities, and recommended two sets of steps for achieving this. The first involved amending the WA Liquor Act in order (a) to make it possible to impose restrictions on licensees with respect to the amounts and kinds of liquor that they could sell, and (b) to enable residents of dry areas to lodge objections to the granting or renewal of liquor licences (Hedges 1986).

The second step recommended by Hedges was the preparation of new legislation which would prohibit the possession and consumption of liquor within 'specified areas'. These areas would be designated only after full consultation with community members, and would reflect residents' wishes. They would automatically lapse upon transfer of title or change of occupancy of the area concerned and Hedges suggested that they should also be subject to review by referenda held concurrently with state elections.

Breaches of the proposed dry areas legislation were to be punishable in the first instance by a fine of up to \$1,000 or six months imprisonment, and subsequently by \$2,000 or 12 months.

In terms of models set out earlier, Hedges' recommendations amount to proposing a shift from a community control model to complementary control. The shift embodies an acknowledgement, articulated by Aboriginal residents of communities and concurred with by Hedges, that most communities simply cannot muster the powers to overcome successfully the combination of many people's wishes to drink and the powerful vested interests that exist to fulfil those wishes.

In proposing the legislation, Hedges had in mind the Northern Territory restricted areas legislation, which will be discussed below. However, there is one important difference between his proposal and the Northern Territory legislation. Under the Northern Territory Act, communities may choose to declare themselves totally dry or semi-dry; that is, they may opt for restrictions rather than outright prohibition. Hedges proposed legislation provides for prohibition only. Communities wishing to restrict rather than ban consumption would have to choose one of two additional alternatives. They could either rely on the community justice system already existing under the present Aboriginal Communities Act, or they could elect to pass by-laws as provided for in the Act, without also having to establish and maintain the various components of the community justice system - that is, local Justices of the Peace, probation officers, etc.

Hedges also made a number of other recommendations, especially dealing with training and education, which lie outside the scope of this paper. Some of these are now the subject of follow-up action. However, no action has been taken to implement his proposals concerning dry areas legislation. A number of communities continue to try to restrict the importation and consumption of alcohol by the existing by-laws, and continue to encounter the problems described by both Hedges and Pitman: in particular difficulties in policing the by-laws as a result of a shortage of police officers, and the opportunities thus created for sly grog runners.

Regardless of the degree of success attained in particular instances, restricted areas regulations of the type provided for in the Aboriginal Communities Act represent in essence a preventative measure aimed at enabling members of a community to control the impact of alcohol on their own society. In other words, the regulations are designed to benefit the lives of those most directly affected by them.

A rather different set of objectives underlies the second type of restricted area legislation which I wish to consider, namely the dry areas declared under the South Australian Liquor Licensing Act 1985 - an example of what is called the 'statutory control' model.

Statutory control: dry areas in South Australia

Section 132 of the South Australian Act makes it an offence, punishable by a fine of up to \$1000 to possess or consume liquor in a public place on which a prohibition has been imposed. The mechanism for the imposition of prohibitions is Regulation 25 of the Act, which was gazetted for the first time only in October 1986 (SA Government Gazette 1986). Under Regulation 25, local councils can apply to the Liquor Licensing Commission to have particular places declared dry; in reaching its decision, the Commission may elect to consult community opinions, but it is not obliged to do so. Should the Commission accede to a council's request, then the resulting prohibitions are backed by the authority of the state government rather than the local municipal authority.

Since gazettal of the regulation, a number of public places in which Aborigines often meet and drink in Port Augusta and Ceduna have been declared dry areas. Prohibition in these places applies continuously and to all types of liquor. More limited forms of prohibition have also been declared with respect to other localities, not associated with Aboriginal drinking in particular: for example, areas in Glenelg and Noarlunga, in metropolitan Adelaide, have been designated as dry areas throughout the summer months.

The use of Section 132 of the Act as a device for declaring statutory dry areas was initially promoted by Port Augusta City Council, and has been condemned by Aboriginal organisations as well as the South Australian Council for Liberties as a discriminatory measure which does nothing to address the social and cultural problems underlying Aboriginal alcohol abuse. Rather, argue critics, it merely adds to the difficulties already experienced by the Aboriginal minority who wish to drink in reasonably pleasant, peaceful surroundings, but who are denied access to many licensed premises (Divakaran-Brown et al. 1986).

In attacking Port Augusta City Council's dry areas proposals, Divakaran-Brown et al. cite outcomes attributed to a similar piece of legislation introduced into the Northern Territory in 1983: the so-called Two Kilometre Law, already referred to. Section 45D of the Northern Territory Summary Offences Act makes it an offence to consume liquor in a public place within two kilometres of a licensed premise, or to do so on unoccupied private land without the owner's permission.

Like the South Australian provisions, the Two Kilometre Law is neither a preventative nor rehabilitative measure for alcohol abuse, but rather intended as a deterrent against public drunkenness. A review of the new law carried out in 1984 cited police reports that it had led to a reduction in the numbers of people drinking in public places although, as the review commented, the numbers of people apprehended for being drunk in public had continued to increase (Northern Territory Department of Health, Drug and Alcohol Bureau 1984). The review also drew attention to the findings of an anthropologist, who had examined the effects of the law on town camps in Alice Springs (O'Connor 1984). O'Connor had reported that, since the new law came into effect, drinkers visiting Alice Springs from bush communities had moved from public drinking places such as the Todd River bed, into local town camps, where they had helped to generate an increase in the amount of drinking and related violence.

It was this sort of outcome that lay at the heart of Divakaran-Brown et al.'s critique of the Port Augusta proposals. No similar outcomes seem to have been documented for Port Augusta, or elsewhere in South Australia, and in any case the consequences of any changes in drinking patterns would in part be a function of other factors such as the availability and quality of treatment facilities. These lie outside the present topic, and will not be explored further. What is important to note for present purposes, however, is the distinction between two kinds of restricted area provisions considered thus far. The community control model of restricted areas, illustrated by the Western Australian provisions, represents a community-based approach to the prevention of alcohol abuse. The statutory control model represented by the Northern Territory Two Kilometre Law and the South Australian Section 132 provisions is a measure to promote public order: it is not designed to prevent alcohol abuse per se, but rather to ensure that abuse does not occur in particular places where non-participants might be upset.

Measures to maintain public order are, of course, a necessary part of social life, and such measures should include, by most people's reckoning, sanctions against public drunkenness. However, measures of this kind should not be allowed to undermine no less needed strategies for preventing and controlling alcohol abuse, nor should they be seen as a substitute for such strategies. Criticisms levelled against both the Port Augusta provisions and the Northern Territory Two Kilometre Law, highlight three dangers associated with the statutory control model:

- first, by sweeping Aboriginal drinking from public view, it enables other groups in society to ignore the very real problems underlying Aboriginal alcohol abuse;
- second, it provides nothing by way of assistance or treatment for those entrapped in alcohol abuse; and
- third, it may, by driving drinkers into town camps, aggravate problems experienced by residents of those town camps.

The complementary control model: restricted areas legislation in the Northern Territory

The Two Kilometre Law is one among several policies introduced by the Northern Territory Government in recent years to deal with alcohol abuse (Larkins & McDonald 1984). Another, which is in no way connected with the Two Kilometre Law, is that section of the Northern Territory Liquor Act 1979 under which communities can become designated as 'restricted areas'.

This legislation will now be considered as it illustrates a third model of restricted area legislation. The WA Aboriginal Communities Act in effect empowers communities to enact by-laws outlawing alcohol consumption, but then virtually leaves those communities to enforce their by-laws as best they can. The South Australian laws just considered facilitate the declaration of dry areas with scant regard to the wishes of the Aboriginal people most directly affected. The Northern Territory provisions are an attempt to combine community control with statutory authority.

The provisions at issue are contained in Part VIII of the Act. Residents of a community may apply to the Racing, Gaming and Liquor Commission to have a designated area declared a restricted area. The Chairman of the Commission is obliged to hold a public meeting in the community, at which residents and others likely to be affected by any decision are invited to present their views. If the Chairman considers that there is sufficient community support for the proposed restrictions, he may bring them into law. In principle, restrictions may take any number of forms. In practice, most communities opt for one or more of the following arrangements:

- total prohibition;
- prohibition of some types of liquor (often wine and spirits) combined with restricted access to others - for example, a limit of two cartons of beer per person per fortnight;
- a permit system under which specified individuals may drink on a community, subject to specific regulations; and
- a licensed club, within which residents may drink subject to regulations, and outside which consumption of liquor is forbidden or restricted.

Once an area is declared restricted, and subject to the terms of the particular declaration, it becomes an offence to import, possess, consume or otherwise dispose of liquor within the area, punishable in the first instance by a fine of up to \$1,000 or 6 months imprisonment, with subsequent offences punishable by a \$2,000 fine or 12 months imprisonment. In addition, any vehicle or other object thought to have been utilised in the commission of an offence is liable to be searched and seized. Should a conviction be recorded, the vehicle or object concerned is automatically forfeited to the Northern Territory Government, and may be disposed of as the Chairman of the Racing, Gaming and Liquor Commission sees fit.

With the passing of the new Liquor Act in 1979, all previously existing restrictions on the use of liquor in Aboriginal communities in the Northern Territory lapsed as of January 1981, from which time only those communities

which successfully applied to have themselves declared restricted areas would be recognised as such. Since then, more than 50 communities, including most of the more populous ones, together with their associated outstations, have become restricted areas. Most restricted areas lie outside urban settlements, although some Aboriginal town camps are also subject to restrictions.

In a review of the restricted areas legislation conducted for the Northern Territory Government in 1986, it was attempted to assess quantitatively the effectiveness of the legislation (D'Abbs 1987). It was concluded that the restrictions did lead to a significant fall in the apparent incidence of public drunkenness in communities, although the effects were neither universal nor necessarily enduring. It is hoped an example from the review, will serve to illustrate the part that can be played by the restricted areas provisions in helping a community to gain greater control over alcohol abuse.

The community concerned is Ramingining, population 240, located in northern Arnhem Land some 160 km west of Nhulunbuy.

It was not until 1984 that Ramingining officially became a restricted area, and then only after a protracted attempt by the community to overcome its alcohol problems unaided. In 1981, when the previous restrictions lapsed, there was concern by the community about the dangers posed by alcohol abuse, but heavy drinking sessions were reportedly fairly infrequent. By late 1982, however, the situation had changed; the then Field Officer for the Department of Community Development reported at the time that there had been a substantial increase in the amount of liquor being brought into Ramingining. In February 1983 the [Aboriginal] Town Clerk of Ramingining wrote to the Liquor Commission, stating that 'cartons and cartons of grog' were entering the community, many men were drinking heavily, and the community was experiencing serious problems involving violence, sometimes incorporating the use of firearms and spears. Women and children were being endangered, and work patterns disrupted.

A letter from the Sister in Charge at Ramingining Health Centre to the Liquor Commission written at this time provides graphic documentation of the situation.

3-12-82: An important ceremony was coming to a climax as a group of inebriated men interrupted, causing the lead singer (who was from Lake Evella) to collapse. He had to be treated for shock. The men also attacked some old women in the audience, but no serious injury was sustained.

17-12-82: Male adult . . . fighting whilst drunk - required 20 stitches to close 3 lacerations to the face. (no anaesthetic required - sufficiently internally anaesthetised with alcohol.)

3 to 21-1-83: Alcohol came in regularly by plane and barge over this period of time, gradually getting worse and culminating in a bad brawl, lasting most of a day and night. At this time a shotgun was fired, spears thrown and property damage done. As the town was in darkness (due to lack of diesel caused by those unloading the barge going 'bush' with the alcohol which came in at the same time and leaving the fuel to go back to Darwin) this meant no sleep because of

screams of women and children which went on all night. Next morning, there was a line-up of women and children suffering bruising and sprains. The most serious requiring X-rays at the Gove District Hospital for suspected fractured arm. A casualty at this time was a young (19) pregnant female chronic asthmatic who became so terrified she required emergency evacuation to Gove District Hospital for treatment.

According to the Town Clerk at the time, most people at Ramingining wanted their community to be 'dry'. Among their number were the traditional owners of the land, one of whom around this time wrote to the local air carrier, Air North, urging the airline to refuse to carry alcohol to Ramingining until further notice. However, a small but politically powerful group in the community, regular drinkers all, were opposed to the imposition of official restrictions.

In the event, the community opted in February 1983 to impose and police its own prohibitions on the importing and consuming of liquor - without involving the Liquor Commission.

Several weeks later, the then Sister in charge at Ramingining Health Centre wrote glowingly that 'this community has been a happier, healthier place since the people declared themselves a "DRY" community'. By years end, however, a less optimistic picture had emerged. The heavy drinkers - among whom were several councillors - had not modified their habits, and others in the community were unhappy with the behaviour of their leaders.

By early 1984 it was generally acknowledged that the self-imposed restrictions had become ineffective, and the community approached the Liquor Commission requesting that it be declared a restricted area. In April 1984 the Liquor Commission conducted a hearing at Ramingining, at which those present voted for the declaration of a restricted area (by a majority of 209 to 13), with no liquor permits to be issued to individuals.

Before looking at the consequences of the restricted area declaration, it is worth highlighting some of the key elements in the situation just described, since the same elements are to be found in other communities.

- Most people on the community were fed up with the conflict and violence engendered by alcohol abuse, and wanted restrictions imposed.
- Traditional owners shared these views, and had tried unsuccessfully to exert some control on alcohol inflow by seeking support from the airline via which much of the liquor was brought in. However, those in charge of day-to-day affairs on the community, namely the Community Council, were less willing to take a strong stand. Whatever their views may have been on the consequences of alcohol abuse for the community as a whole, several individual councillors enjoyed and were not prepared to forego their right as individuals to drink liquor.
- The community tried to deal with the issue of alcohol abuse without involving the Liquor Commission or other outside agencies, but in the end it failed, largely because in the absence of externally imposed sanctions it

proved impossible to control the importation of liquor into the community.

At the time of the review of the legislation, some 2.5 years had elapsed since the declaration. On the basis of discussions held in September 1986 both with Aboriginal and non-Aboriginal residents of the community, it can be suggested that the declaration had had two main consequences. The first was a substantial reduction in the amount of liquor entering Ramingining; the second, an increase in consumption of kava.

The importation of liquor had not stopped altogether. A few men were widely believed to make a habit of bringing grog back with them upon returning by plane from Darwin, and occasionally a truck would be mobilised for a trip to Darwin or Jabiru, where larger amounts of grog were purchased and smuggled back into the community.

While both of these practices indicated that the restricted area provisions were working less than perfectly, neither of them gave rise to the chronic violence and disruption that was part of everyday life at Ramingining prior to 1984. According to the Sister in charge at the Health Centre in the 12 months prior to September 1986 only about 6 incidents of alcohol related injuries had been brought to the Health Centre's attention - a striking contrast to the situation that prevailed in late 1982 and early 1983.

The replacement of liquor by kava raises a host of complex issues, most of which lie outside the terms of this inquiry. Mutually conflicting accounts of the sequence of events which led to kava-consumption becoming widespread were given to the author; whatever the truth, there seems to be little doubt that the reduction in liquor supplies was viewed by some as creating a market for an alternative mind-altering substance.

Not all of the restricted area declarations show the same qualified success as Ramingining, and even in communities where the restrictions do appear to help bring about an improvement in the quality of life, such improvements need not be permanent. Aboriginal communities, like communities everywhere, wax and wane in their social cohesion, quality of local leadership and economic wellbeing. All of these and other factors affect the willingness of residents to abide by constraints on liquor consumption.

The restricted areas provisions are not immune to pressures generated by these changes. neither can they ever be more than one among a battery of alcohol control measures. On the positive side, however, they do appear to overcome some of the key flaws indentified in the restricted areas provisions discussed earlier.

On the negative side, some problems and limitations must be mentioned. The first concerns the relationship between statutory authorities - notably the police - and community councils. Ideally, the relationship should be defined in terms of clearly defined boundaries and complementary functions; the reality often falls short of this ideal. A second problem concerns the controversy generated by the forfeited vehicles provisions of the legislation (D'Abbs 1987). Thirdly, the

legislation can only be as effective as the community allows it to be. If the local council is weak and/or divided or does not carry strong community support for the restrictions, the legislation too will be ineffective. It can only augment the authority of the community, not be a substitute for it.

A final issue concerns the licensing of roadhouses and other outlets. In recent years, Aboriginal communities and organisations have attempted to control the supply of alcohol not only by promoting restricted areas, but also by seeking to influence liquor licensing decisions. The extent to which they should be permitted to do so raises a host of policy issues which lie beyond the present topic.

Conclusion

It is hoped that this paper has demonstrated that, under the label 'restricted areas' are to be found a variety of alcohol control measures which have very distinctive implications for Aboriginal people and communities. In addition a number of conclusions follow from the foregoing discussion:

- The goals of reducing the incidence of public drunkenness and of preventing alcohol abuse must not be confused with one another, but kept clearly in mind in any policy formulation as quite distinct goals.
- While discussing public drunkenness is a legitimate goal of public policy, measures which have this objective should not be permitted to undermine the capacity of individuals or groups to overcome problems associated with alcohol abuse.
- Ultimately, success in overcoming Aboriginal alcohol abuse problems will be a function of the capacity of Aboriginal people, individually and collectively to exercise control over their social environment in general and the use of alcohol in particular. Restricted area policies which do not promote this capacity are unlikely to make a significant contribution to solving the problem. Insofar as some restrictive area policies promote such a capacity, they have a useful role to play as Aboriginal alcohol control policies.
- While promotion of a community's capacity to exercise control should be the foundation of restricted area policies, it is unreasonable to expect communities to enforce restrictions unaided. Few communities can exercise a countervailing influence against the vested interests that exist to promote alcohol sales, and the widespread desire of individuals to drink.
- For all of these reasons, the complementary control model in general, and restricted area provisions of the Northern Territory Liquor Act in particular, provide a model which could usefully be adapted for application elsewhere. This is not to suggest that it should be copied blindly, still less that it is either free of flaws or a comprehensive solution.

References

Australia, Department of the Northern Territory 1973 *Report of the Board of*

Inquiry Appointed to Inquire Concerning the Liquor Laws of the Northern Territory, Mimeo.

Barber J. G., Punt J. & Albers J. 1988, 'Alcohol and power on Palm Island', *Australian Journal of Social Issues*, vol. 23, No. 2, pp. 87-101.

Commonwealth of Australia, House of Representatives Standing Committee on Aboriginal Affairs 1977a, *Alcohol Problems of Aboriginals: Interim Report on Northern Territory Aspects*, Parliamentary Paper No. 242/1976, Acting Commonwealth Government Printer, Canberra.

-----1977b, *Alcohol Problems of Aboriginals: Final Report*, Canberra, Australian Government Publishing Service.

D'Abbs P. H. N. 1987, *Dry Areas, Alcohol and Aboriginal Communities: a Review of the Northern Territory Restricted Areas Legislation*, Report prepared for the Drug and Alcohol Bureau, Department of Health and Community Services and the Racing, Gaming and Liquor Commission, Darwin.

Divakaran-Brown C., Turner M. G. Reid C. & Wilson A., 1986, *Legislation is not the Solution: Aboriginals Speak Out Against Dry Areas*, Combined Aboriginal Health Services Conference, Adelaide.

Hedges J. B. 1986, *Community Justice Systems and Alcohol Control: Recommendations Relating to the Aboriginal Communities Act and Dry Area Legislation in Western Australia*, Report prepared for the Minister with Special Responsibility for Aboriginal Affairs, Perth.

Hoddinott A. (undated), *That's 'Gardia' Business: An Evaluation of the Aboriginal Justice of the Peace Scheme in Western Australia*, Mimeo.

Larkins K. P. & McDonald D. N. 1984, 'Recent Northern Territory liquor control initiatives', *Australian Alcohol/Drug Review*, vol. 3, pp. 59-64.

McCorquodale J. 1984, 'Alcohol and anomie: the nature of Aboriginal crime', in *Aborigines and Criminal Justice*, ed. B. Swanton, Australian Institute of Criminology, Canberra.

Nieuwenhuysen J. 1988, 'Liquor control policy and alcohol availability-consumption relationships: reflections on the Victorian debate', *Australian Drug and Alcohol Review*, vol. 7, pp. 263-71.

Northern Territory Department of Health, Drug and Alcohol Bureau 1984, *Review of the Impact of Public Drinking Legislation - the 'Two Kilometre Law'*, Mimeo, Darwin.

O'Connor R. 1984, *A Report on the Effects of One Year's Enforcement of the 'Two Kilometre Law' on the Aboriginal Town Campers of Alice Springs*, Commissioned by the Northern Territory Drug and Alcohol Bureau, Darwin.

Pitman I. 1986, 'A review of the Aboriginal Communities Act, Appendix A in Community Justice Systems and Alcohol Control: Recommendation Relating to

the Aboriginal Communities Act and Dry Area Legislation in Western Australia', pp. 90-113, Report prepared for the Minister with Special responsibility for Aboriginal Affairs, Perth.

Ravn I. 1987a, 'The control-of-consumption approach to alcohol abuse prevention I: a reconceptualisation', *International Journal of the Addictions*, vol. 22, no. 9, pp. 813-23.

Ravn I. 1987b, 'The control-of-consumption approach to alcohol abuse prevention II: a review of empirical studies', *International Journal of the Addictions*, vol. 22, no. 10, pp. 957-79.

Single E. 1988, 'The availability of alcohol: prior research and future directions', *Australian Drug and Alcohol Review*, vol. 7, pp. 273-84.

Smith D. I. 1983, 'Effectiveness of restrictions on availability as means of reducing the use and abuse of alcohol', *Australian Drug and Alcohol Review*, vol. 2, no. 2, pp. 84-90.

South Australia 1985, *Liquor Licensing Act 1985*.

-----1986, South Australian Government Gazette, 16 October 1986, p. 1383.

Western Australia 1979, *Aboriginal Communities Act*, No 8 of 1979.

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Alcohol Use and Its Effects Upon Aboriginal Women

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Social scientists, particularly anthropologists, have been taken to task for deflating and de-emphasising the problematic outcomes associated with alcohol use (Room 1984). Many researchers, reacting perhaps to the sometimes moralising stance taken by welfare-oriented approaches, have focused on the benefits associated with alcohol use for different societies, for example its role in exchange, and in forming and maintaining sociality and social relationships. Anthropologists have tried to understand the meanings alcohol has for various groups, and to explore peoples' perceptions of a variety of beverages and of the mental states associated with inebriation. This has meant that there has been in some cases, an unwillingness to examine frankly some of the less wholesome outcomes of alcohol use. Women, whether users or non-users of alcohol themselves, often experience these less wholesome outcomes, and this paper discusses some of the problems encountered by Aboriginal women in Australia.

One of the remarkable features of alcohol use among various societies throughout the world, is that overall, women appear to use alcohol less than men, and indeed appear to constitute the majority of abstainers (cf. Lopez-Lee 1979; Leland 1978). In some societies, women may be habitually excluded from taking alcohol altogether (Douglas 1987; Marshall 1979). These anomalies are often overlooked in studies of alcohol use and suggestions for intervention programs. In Australia, Aboriginal women seem to use alcohol less than do Aboriginal men, are often abstainers, and are often in the vanguard of initiatives to control access to alcohol. Those who suggest that physiological or racial characteristics explain Aboriginal uses and abuses of alcohol, are therefore obliged to account for the fact that these supposed traits must be sex-linked (Leland 1978; cf. Spencer 1988).

Nevertheless, Aboriginal women are affected by alcohol use, and these effects are threefold. Firstly, there are health and social outcomes felt by Aboriginal women who are alcohol users themselves; secondly, Aboriginal women whose spouses use alcohol are affected; and thirdly, in some situations Aboriginal women cannot fail to be affected by alcohol use that is so widespread that no member of the community is immune to its outcomes. This paper shall focus primarily on the last two aspects: women whose spouses use alcohol and women in alcohol-using communities. The data is drawn primarily from remote Aboriginal communities, rather than from urban or rural ones. It is believed that little research has been undertaken with Aboriginal women in 'settled' Australia with respect to alcohol use.

To begin with, in order to balance this account, it is important to address the issue of women as abstainers, and their role in local initiatives to control alcohol use.

Women as Abstainers and Moderate Users

A recent survey of drug use in Northern Territory Aboriginal communities found that 80 per cent of the women interviewed did not drink at all (Watson et al. 1988). Another, earlier study, of Bourke, New South Wales, found that 71 per cent of the Aboriginal women interviewed were abstainers, compared with only 9.7 per cent of the Aboriginal men (Kamien 1975). Kamien also found that the women who drank were lighter drinkers than the

men, and only four were categorised (by him) as 'heavy drinkers' (that is, more than 81 g per day).

Another way of assessing the differing levels of alcohol use between the sexes is to look at morbidity and mortality data that is alcohol related. Morbidity and mortality rates associated with alcohol reveal that Aboriginal women have lower rates of hospitalisation than men. For example, data on alcohol related disease as an associated cause of death among Aborigines in the Northern Territory show that fewer women than men die of such diseases (Table 1) (cf. Hunt 1981).

Table 1

**Alcohol Related Disease as an Associated Cause of Death (Northern Territory)
1979-1983**

Part of Death Certificate	Male Aborigines	Female Aborigines
I	123	49
II	19	8
Total	142	57

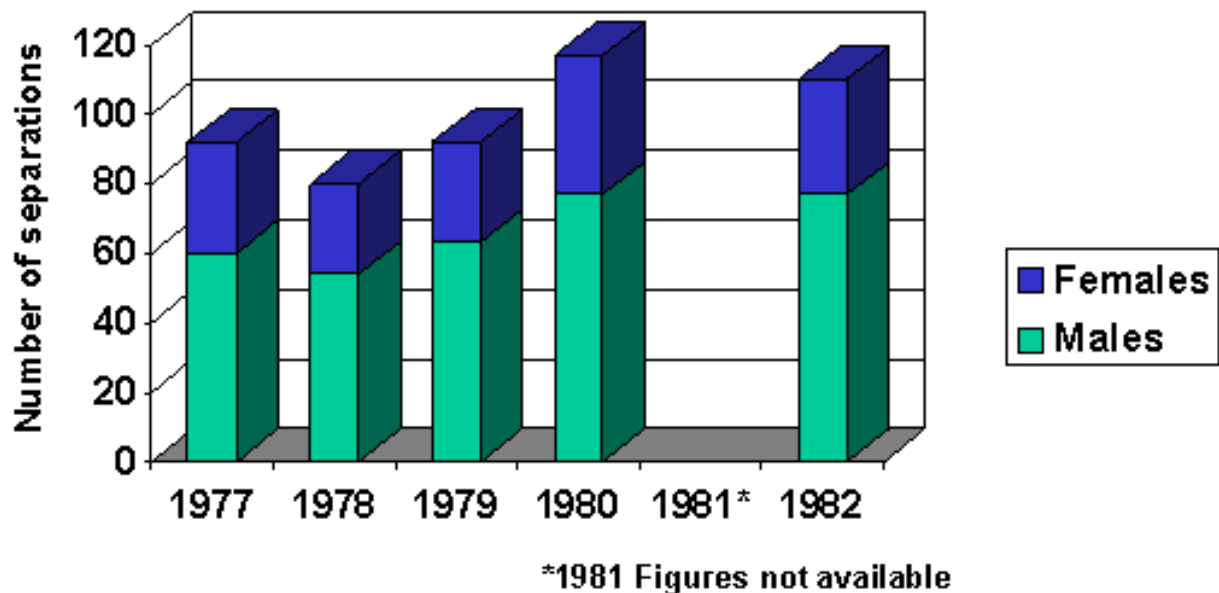
Source: Devaneson et al. 1986, p. 247

Both Aboriginal and non-Aboriginal women in the Northern Territory had much lower rates of hospitalisation for diseases associated with alcohol use than did Aboriginal and non-Aboriginal men (Devaneson et al. 1986). The Aboriginal male hospital separation rate (for alcohol related causes) has increased since 1979, while that for women decreased slightly in 1982 (Figure 1).

Kamien provides figures on 'physical disease in problem drinkers' among Bourke Aborigines, and these figures reveal that 45 individuals showed alcohol related disease, of whom only five were females (Kamien 1975). A study of alcohol use in a Pitjantjatjara community in South Australia found that 20 men and 9 women had died as a result of alcohol related causes (including vehicle accidents and injury) over the 10 years 1972-1982. Alcohol related illness had caused the deaths of seven men and two women over a seven-year period (Brady & Palmer 1984). These examples of scattered data provide some evidence that fewer Aboriginal women than men consume damaging amounts of alcohol, and as a result do not suffer the same levels of morbidity and mortality as men.

Figure 1

**Alcohol Related Hospital Separations 1977-1982 (Northern Territory) Aboriginal
Males and Females**



Women may be abstainers for a variety of reasons. Christianity is frequently a reason proffered by Aboriginal women to explain their non-drinking status, and they form the core of participants in the variety of Christian churches and movements across Aboriginal Australia. At Yalata in South Australia, for example, a new Aboriginal-controlled Christian movement provoked many drinkers to stop their alcohol use and gave encouragement to women non-drinkers in their efforts to curb the importation of alcohol into the community (Brady & Palmer 1988). The adoption of the perceived 'Christian life' is a way in which Aboriginal people may legitimise their abandonment of drinking (cf. Neich & Park 1988). Other women say that they cannot drink because they have to care for their families, or even for their drinking husbands. Evidence given to the Royal Commission into Aboriginal Deaths in Custody in 1988 suggested that whereas Aboriginal men had 'learned' their drinking habits from the hard, binge-drinking white stockmen, Aboriginal women encountered, or worked for, white women who were mainly missionaries' or pastoralists' wives, who tended not to drink alcohol (Alice Springs hearings, 7 October 1988, Dr C. Watson). Women (and men) may give up drinking because of repeated encounters with gaol and the police (cf. Laurie & McGrath 1985).

Women and Local Control Initiatives

Three Australian States provide legislative means whereby Aboriginal communities may enact their own limitations or complete bans on alcohol. In South Australia, communities may approach the Licensing Court in order to declare an alcohol-free area, or to submit arguments against take-away licences at premises near their communities. Western Australia has an Aboriginal Communities Act 1979 which allows participating communities to make by-laws associated with the supply of alcohol (Hedges 1987), and the Northern Territory Liquor Act 1979 allowed control over the use of liquor on communities to be passed to those Aboriginal people running communities. In addition, land rights legislation sometimes permits regulations to be made restricting or prohibiting the supply or consumption of alcohol on certain areas of land (for example, the Pitjantjatjara Land Rights Act 1981, s. 43(1); the Maralinga Tjarutja Land Rights Act 1984, s. 19(4)(b). These legal measures give Aboriginal people the opportunity to reinforce local, informal attempts to control alcohol use, with state legislation and formalised penalties. Several commentators on these legal measures have noted the strong feelings expressed by Aboriginal women when given the opportunity to discuss alcohol.

In order to agree to a community's request for alcohol restrictions, the court or Liquor Commission attempts to assess community opinion on the matter, by holding public meetings. Opposition to alcohol abuse originates from two main sources, according to one researcher: older men, and married women with dependent children (D'Abbs 1987). Women's concerns are motivated by their continuing exposure to violence, disruption and domestic hardship associated with alcohol abuse (D'Abbs 1987). Several Aboriginal communities have their own licensed premises (in 1988 there were nine licensed Aboriginal clubs in the Northern Territory), but women in particular are 'quick to criticise these canteens, and call for their closure' (Northern Territory Liquor Commission 1982; cf. Green 1985). The female research officer who compiled data for the Liquor Commission in 1982 noted bluntly that 'this is hardly surprising in view of the fact that when fights or arguments occur, women and children all too often seem to be at the receiving end' (Northern Territory Liquor Commission 1982). However, women's views can often remain muted at public meetings, and their wishes ignored (D'Abbs 1987; Barber et al. 1988). Separate women's meetings are not always held by the visiting officials, who are themselves invariably men.

Other factors hold back Aboriginal women from speaking out boldly about alcohol use. Women at Yalata, South Australia, have frequently spoken of their desire to close down a local take-away outlet from which their husbands and sons purchase large quantities of fortified wine. When offered the opportunity to act upon these views, they withdrew, saying they were frightened of the men's reactions and stated that the men did have a 'right' to drink. The right to drink is still seen as being indicative of equality and citizenship by Aboriginal people because of past discriminatory prohibitions in all Australian states. Even women who suffered violence from their drinking husbands were unwilling to take a firm stand on the issue, and did not hold the men responsible for their actions. 'He can't remember anything next morning', one woman said.

Women who Drink

In their documentation of women's attitudes towards the 'old' (Aboriginal) and the 'new' (Australian) law, Bell and Ditton discuss at some length the role of alcohol in the lives of Central Australian women. They comment that many women had bouts of drinking at certain times in their lives.

Some begin with personal grief or trauma for which there is no conventional outlet. One woman, for example, had recently lost her old mother for whom she had cared for many years . . . She moved into Tennant Creek and drank for about a month. Another woman who drank on and off for a while was having troubles with the claims her deceased husband's brothers had on her as a wife . . . (Bell & Ditton 1980).

This accords with the author's experiences at Yalata, where several elderly women who were normally not users of alcohol, resorted to a period of drinking in response to the deaths of loved ones. Kamien (1975) noted that several women who were normally moderate users, became drunk when experiencing an underlying depressive or anxiety state. Women told Bell and Ditton (1980) that they also drank to 'keep up' with their menfolk, and emphasised that they did not become 'full' but only 'half' drunk. This is a common classification made by Aboriginal people of levels of intoxication.

At an Aboriginal community in South Australia where the author undertook research, some young and middle-aged women drank until they were 'full' drunk on a regular basis. Women drinkers comprised approximately one-quarter of the total drinking population. Their drinking was conducted in the company of men, and the preferred alcohol was fortified wine. Their participation in these drinking groups placed them in physical danger of assault when disputes flared up. Dispute resolution in such a community takes several forms, of

which fighting and swearing are an accepted part. Langton (1988) provides an anthropological analysis of these mechanisms in contemporary 'settled' Australia. In daylight, and in public, such disputes - even if fuelled by alcohol - were likely to remain bounded. An audience of non-drinkers served as a control on hand to intervene, disarming those with weapons, or calming participants by calling out to them. Women were often the protagonists in these interventions, as Bell and Ditton also noted (1980). This meant that women involved in arguments were usually protected from serious assault. If conflict persisted, someone would decide to call the police (30 minutes away by road) and this threat in itself would sometimes dampen the dispute. However, at night, drinking groups in camps away from the main township (away from white staff, telephones and medical help), produced a different order of danger for women drinkers. Frequently there would be no one sober enough for reasoned intervention or assistance. If someone was injured, the extent of their injuries was not fully apparent until the following morning. Sometimes this was too late.

Alcohol Related Violence Against Women

Aboriginal women in remote communities have become increasingly concerned about alcohol related violence they experience, and there are now some isolated moves to provide refuges and other support services in these areas. Urban women are able to call upon a greater array of resources, which up until now have been denied to rural and remote communities. A refuge is planned for the Kimberley region of Western Australia, and funding has been granted for an Aboriginal women's shelter in Tennant Creek, Northern Territory. Some communities have women's centres, used primarily by women to do their laundry, prepare food and as artifact-making centres. In some cases (for example, at Maningrida, Northern Territory), women are now attempting to make these into 'safe places' where they can sleep on nights when they anticipate drinking trouble.

Several reports from state government task forces document that levels of domestic violence against Aboriginal women are undeniably high, for example, a New South Wales Task Force on Domestic Violence in 1981 and one in Queensland in 1988. Over 70 per cent of assaults on Palm Island, Queensland were committed on females 'and most of these involved boyfriends or husbands who were said to be drunk at the time' (Barber et al. 1988). The Aboriginal president of the Barunga Town Council (Northern Territory) has expressed concern over the level of domestic violence in his community, saying that the silence about such violence is even stronger in Aboriginal communities than in Australia as a whole (Katherine Times, 1 March 1989). Northern Territory figures on homicide and injury purposely inflicted by others (not necessarily related to alcohol) show that in 1982 more Aboriginal women than men were the victims of these incidents (211 hospital separations for males as opposed to 235 hospital separations for females) (Devaneson et al. 1986).

In the community where the author undertook research (a population of approximately 300 Pitjantjatjara-speaking people), alcohol related deaths constituted 30 per cent of all deaths over a ten-year period. With the help of the community's clinic, and the permission of the Aboriginal Health Organisation, nursing staff collected data over a six-month period in 1982 on all alcohol related presentations. During the six months, there were 181 consultations for alcohol related reasons of which 62 per cent were males and 38 per cent females. The most common injuries dealt with were lacerations sustained as a result of violence, constituting 45 per cent of all injuries. The next most common injuries were burns (30 per cent). Burns occurred accidentally when inebriated people rolled into their camp-fires at night, or trod on burning embers, although on some occasions a burn injury was found to have been deliberately inflicted. Other injuries noted were bruises and fractures. Lacerations were most commonly found on the head and in the thigh, and burns were most commonly sustained on the back.

There were some marked differences in the type of injuries and the part of the body injured sustained by each sex. For example, head injuries constituted 25 per cent of all female injuries, and only 7 per cent of all male injuries. Because head injuries were usually lacerations, this meant that women were more often lacerated in the head than were men. Men on the other hand, presented at the clinic most frequently with thigh lacerations (20 per cent of all male injuries were to the thigh). No woman sustained a thigh injury over the six-month period.

Recent data from the same community (collected in 1987) shows that more women are presenting at the clinic with alcohol related injuries than five years earlier. In 1987, 50 per cent of presentations for alcohol related injury were by females, as opposed to only 38 per cent in 1982. The pattern of their injuries remains the same: females still bear more head lacerations than do men, and suffer more bruises than do men. Lacerations are usually inflicted with bottles, iron bars and bricks, which are wielded as weapons during fights. In this community, alcohol related crimes are virtually all against the person rather than against property, although some property damage does occur.

The high number of head injuries sustained by women in this community, meant that they frequently suffered life-threatening injury. This was exacerbated by the circumstances in which drinkers usually consumed alcohol - several hours away from the nearest hospital, and without caretakers who could call for help. This is not to suggest that women were necessarily passive recipients of assault, or that they were unaware of the dangers of participating in drinking groups. Nonetheless, a man's superior physical strength tells in such circumstances. There were very few examples of men seeking medical help as a result of injuries inflicted by women. Despite the fact that there were fewer women drinkers than men in this community, more women had died as a result of alcohol related assaults.

Women also sustained more arm fractures than men, according to retrospective data collected on alcohol related evacuations to hospital. Patients were sent to hospital in fracture cases rather than being treated in the clinic. Over a seven-year period, 17 women received treatment for arm fractures and only 3 men. One woman (who eventually died as the result of an assault by a male Aborigine) had steel pins inserted into her forearms as a result of repeated fractures by the same man.

The differentiation between male and female injuries to parts of the body is significant for two reasons. Firstly, spearing in the thigh (in men) and arm-breaking (in women) are documented in the anthropological literature as being the two areas of the body subjected customarily to blows of punishment. Secondly, the fact that the inebriated (in at least some instances) were able to place their blows to specific parts of the body, suggests that strong cultural factors were at work. It also suggests that even the apparently inebriated were capable of a degree of controlled action.

Spearing in the thigh of a man is still used as a form of social control as a punishment for serious misdemeanour in several regions of Australia. Indeed it has caused the Australian legal system some concern, both because of modern sensitivities about 'inhuman' physical punishment, and because of the possibility that an Aboriginal person may suffer 'double jeopardy': punishment for a serious crime enacted by his own community and imprisonment under Australian law (The Law Reform Commission 1986). Women may sustain arm fractures inadvertently, of course, as a result of raising their arms in self-defence, thus coming into contact with the full force of a blow. However, arm-breaking of women (by both male and female assailants) is noted by Sansom (1980) and Bell and Ditton (1980). Bell and Ditton note an incident in which an Aboriginal man hit his wife's arm with a boomerang for not preparing his dinner (1980). He claimed that this was justified under customary law.

Alcohol and Disinhibition

The role of alcohol in these cases is a confounding, and confusing, factor. Lay beliefs vary in our society about alcohol as a causal, contributory or ameliorating factor in violence. As for the criminal law, these matters are argued in the context of a specific guilty intent, for both the intention to commit an act, and the act itself must concur in order to constitute a crime. In a well-known legal case (*Majewski v. DPP* [1976] 2 AII ER 142) it was said that anyone who voluntarily ingests a substance which causes him to 'cast off the restraints of reason' is to be deemed criminally responsible for any injury he might cause while in that condition. In Australia, the potential for exculpation as a result of voluntary intoxication is much wider than it is in England, as a result of the *O'Connor* case (*R v. O'Connor* [1980] 29 ALR 449) in which the accused had consumed alcohol and a hallucinatory drug, and was found to lack a specific intent to commit the offence. Kingshott suggests that this decision perhaps 'inadvertently opens the door to pleas of 'nothing to do with me . . . it was the alcohol not me' (*Kingshott* 1981).

The notion that alcohol in itself acts as a disinhibiting factor, an 'enabling' factor, has been queried in recent years by social scientists studying the social organisation of alcohol use, prompted by MacAndrew and Edgerton's seminal book *Drunken Comportment* (1969). They argue persuasively that the behaviours that occur after drinking has taken place are determined by what that society defines as permissible drunken comportment. They provide evidence that even the inebriated observe limits and rules, and indeed the data provided above also supports this stance (*MacAndrew & Edgerton* 1969; cf. *Marshall* 1983; *Brady & Palmer* 1984). Kingshott points out that the relationship between alcohol and crime is usually enacted in a particular social milieu (*Kingshott* 1981).

Although it is not easy to generalise, on the whole, Aboriginal people show a high degree of tolerance of drunken comportment. Among the traditionally-oriented people, perceptions of a person who commits anti-social acts while under the influence of alcohol are that he is not responsible for those acts. A drunken person is not himself, something 'gets into' him, he is 'mad', has 'lost his brains' (*Brady & Palmer* 1984). For this reason, people tend to avoid confrontations with drinkers and to acquiesce to their demands. This accommodating approach provides some ethnographic support for MacAndrew and Edgerton's thesis.

In matters involving charges against Aboriginal people who commit offences while intoxicated, the legal view and the lay beliefs may intertwine, provoking more complexity. Alcohol abuse among Aboriginal people is widely thought to be associated with low socio-economic status, oppression and despair, although these do not explain the relatively low use of alcohol by Aboriginal women who have been equally affected by these factors. Despite the injustices that have resulted in extraordinarily high imprisonment rates for relatively minor offences, courts often do take a defendant's Aboriginality into consideration in the context of alcohol use. Perhaps ironically, this seems to occur particularly in the context of serious crimes against the person, rather than in more minor crimes. For example, Mr Justice Forster said in 1984 referring to a case of unlawful assault:

I have said frequently in the past, and I say again, that so far as Aboriginal people are concerned, I regard self-induced drunkenness as something of a mitigating factor which is not the position with respect to Caucasian people, indeed in their case, it may be an aggravating factor (*Case Note* 1984 *Seven v. Sears*, *Aboriginal Law Bulletin*, February).

Forster J. made similar remarks and concessions in several other cases (*McCorquodale* 1987; *Daunton-Fear & Freiberg* 1977).

In the case of Alwyn Peter, an Aboriginal man from Mapoon, Queensland who killed his de

facto wife, an extraordinary amount of psychiatric and sociological opinion was provided to the court as background to the offence. This pointed to the 'dispossession and uprooting of the Aboriginal people and the fundamental flaws in the relationship between black and white societies in the north of Queensland' (Case Note 1983, R v. Alwyn Peter, Aboriginal Law Bulletin, August). Dunn J. accepted that because of Peter's drunken condition and its bearing on his capacity to form an intention, 'it was right for the Crown to accept the plea of guilty to manslaughter'. The defendant received a sentence of two years and three months (cf. Wilson 1982).

A further complication occurs in some alcohol related criminal cases, where matters referred to as 'customary law' are raised. In such cases, the Aboriginal defendant may argue that his actions were justified under 'traditional' law and this may be taken into account when it comes to sentencing. There have been some instances involving the use of customary law as an explanatory factor in violence against women. For example, in the case referred to by Bell and Ditton where a man had assaulted his wife for not preparing his meal, he claimed that this was justified under the 'old' law. However, because he was inebriated at the time, the community council (who had been approached for their opinion) stated that the old law did not apply to drunks (Bell and Ditton 1980). It was suggested on behalf of a man from the Victoria River district (Northern Territory) who had killed his wife after an argument, while drunk, that in Aboriginal society it was not unusual for women to be beaten if they do not obey their husbands. This was said at the appeal against a four-year sentence; in this case the appeal was dismissed (Case Note 1982, Jacky A. Jadvrin v. The Queen, Aboriginal Law Bulletin, December).

In the South Australian trial of a man who killed his de facto wife, the assailant claimed that his assault was justified under Aboriginal Law because the woman had spoken secret-sacred words that women were not supposed to utter. Both were inebriated at the time (R v. Williams, [1976] 14 S.A.S.R.1.). After several closed sessions of the court, from which all women were excluded, the defendant was released from custody and sent back to the community on condition that he submit himself to the 'tribal elders'. He received only a minor spearing in his home community. Lawyers at the time hailed this decision as a 'wholesome precedent' in the 'recognition' of Aboriginal practices (Ward 1976; Ligertwood 1976). However, the Law Reform Commission, with hindsight, commented

Regrettably the concern shown for Williams by the trial judge in this case was ineffective. Williams later committed a series of assaults on Aboriginal women and was gaoled in 1978 and again in 1980. There is no indication that these offences had any customary law elements (The Law Reform Commission 1986).

As Maddock has argued, human rights issues are touched upon in a case such as this, for the Australian justice system accepted in principle that the assailant had a 'right' to physically assault a woman for reasons of customary law. The court gave tacit recognition of this 'right' by declining to punish the assailant under Australian law, and by sentencing him to whatever the 'elders' determined (Maddock 1984).

Not all judges listen sympathetically to claims that an Aboriginal man may 'correct' his wife utilising violent means. Muirhead J., in sentencing a Wave Hill man on charges of grievous and actual bodily harm against his wife said

This is yet another case where violence and cruelty have erupted from liquor. It may be that Aboriginal women are traditionally subjected to domestic violence or correction, however it be called, so often in the form of blows to the head. But . . . your treatment of this small young woman does not coincide with any traditional Aboriginal concepts . . . I am not prepared to regard assaults of

Aboriginal women as a lesser evil to assaults committed on other Australian women, because of customary practices or life-styles, or because of what at times appears to be the almost hopeless tolerance or acceptance by some Aboriginal people to drunken assaults of this nature . . . (McCorquodale 1987).

As several researchers have observed, it is difficult to accept that wife beating is justified by 'tribal custom' and such suggestions are misleading and defamatory (Daunton-Fear & Freiberg 1977).

Conclusion

Aboriginal women in remote Australia are vulnerable for many reasons, particularly when their lives and social interactions are bound up with the use of alcohol. In the examples mentioned here, their own use of alcohol or the fact of living in a community where alcohol use permeates the fabric of daily life, have been factors which exacerbate the myriad of other difficulties experienced by Aboriginal women, (and Aboriginal men) in their disadvantaged position in Australian society. Women may be deprived of the support of their kin because of social upheaval, dispossession, or early death; they lack institutionalised support services and shelters to protect them from violence. They are sometimes - it seems - deprived of the protection of Australian law. Bell and Ditton (1980) comment that the women they interviewed were critical of the role of 'legal aid' which they see as 'protecting men charged with crimes of violence against women'.

Several rather complex issues have been mentioned only briefly here, and many of them are extremely sensitive and contentious ones. As Aboriginal women themselves become more conscious and outspoken about alcohol use and its numerous ramifications (both positive and negative), perhaps more attention will be focused and more resources devoted to, ameliorating their situation.

References

Barber, J. G., Punt J. & Albers, J. 1988, 'Alcohol and power on Palm Island', *Australian Journal of Social Issues*, vol. 23, no. 2, pp. 87-101.

Bell, D. & Ditton, P. 1980, *Law: The Old and the New, Aboriginal Women in Central Australia Speak Out*, Aboriginal History, Canberra.

Brady, M. & Palmer, K. 1984, *Alcohol in the Outback*, ANU North Australia Research Unit Monograph, Darwin.

-----1988, 'Dependency and assertiveness. Three waves of Christianity among Pitjantjatjara people at Ooldea and Yalata', in *Aboriginal Australians and Christian Missions*, eds T. Swain & D. B. Rose, Australian Association for the Study of Religions, Adelaide.

D'Abbs, P. 1987, *Dry Areas, Alcohol and Aboriginal Communities: Review of the Northern Territory Restricted Areas Legislation*, Northern Territory Drug and Alcohol Bureau, Darwin.

Daunton-Fear, M. W. & Freiberg, A. 1977, 'Gum-tree' justice: Aborigines and the courts', in *The Australian Criminal Justice System*, eds D. Chappell & P. Wilson, Butterworths, Sydney.

Devaneson, D. et al. 1986, *Health Indicators in the Northern Territory*, Northern Territory Department of Health, Darwin.

Douglas, M. 1987, 'A distinctive anthropological perspective', in *Constructive Drinking: Perspectives on Drink from Anthropology*, ed. M. Douglas, Cambridge University Press, Cambridge.

Green, J. 1985, 'Utopian Women', in *Fighters and Singers: The Lives of some Aboriginal Women*, eds I. White, D. Barwick & B. Meehan, George Allen and Unwin, Sydney.

Hedges, J. B. 1986, *Community Justice Systems and Alcohol Control*, Report for Minister with Special Responsibility for Aboriginal Affairs, Western Australia, Perth.

Hunt, H. 1981, 'Alcoholism among Aboriginal people', *Medical Journal of Australia*, Sp.suppl., May, vol. 13, no. 1, p. 103.

Kamien, M. 1975, 'Aborigines and alcohol: Intake, effects and social implications in a rural community in western New South Wales', *Medical Journal of Australia*, vol. 8, March, pp. 291-7.

Kingshott, M. 1981, 'Alcohol is a red herring', in *Alcohol and Crime*, ed. M. Kingshott, Proceedings of a training project, no. 94, Australian Institute of Criminology, Canberra.

Langton, M. 1988, 'Medicine Square', in *Being Black. Aboriginal Cultures in 'Settled' Australia*, ed. I. Keen, Aboriginal Studies Press, Canberra.

Laurie, A. & McGrath, A. 1985, 'I was a drover once myself: Amy Laurie of Kununurra', in *Fighters and Singers, The Lives of Some Aboriginal Women*, eds I. White, D. Barwick & B. Meehan, George Allen and Unwin, Sydney.

Leland, J. 1978, 'Women and alcohol in an Indian settlement', *Medical Anthropology*, vol. 2, no. 4, pp. 85-119.

Ligertwood, A. 1976, 'The trial of Sydney Williams', *Aboriginal Law Bulletin*, December.

Lopez-Lee, D. 1979, 'Alcoholism among Third World women: Research and treatment', in *Women Who Drink: Alcoholic Experience and Psychotherapy*, ed. V. Bustle, Charles C. Thomas, Illinois.

MacAndrew C. & Edgerton, R.B. 1969, *Drunken Comportment. A Social Explanation*, Aldine Publishing Co., Chicago.

McCorquodale, J. 1987, *Aborigines and the Law: A Digest*, Australian Studies Press, Canberra.

Maddock, K. 1984, 'Aboriginal Customary Law', in *Aborigines and the Law*, eds P. Hanks & B. Keon-Cohen, George Allen and Unwin, Sydney.

Marshall, M. 1979, *Weekend Warriors: Alcohol in a Micronesian Culture*, Mayfield, Palo Alto.

-----1983, 'Four hundred rabbits: An anthropological view of ethanol as a disinhibitor', in *Alcohol and Disinhibition: Nature and Meaning of the Link*, eds R. Room & G. Collins, National Institute on Alcohol Abuse and Alcoholism, Maryland.

Neich, S. & Park, J. 1988, 'The place of alcohol in the lives of some Samoan women in Auckland', *Report No.12 The Place of Alcohol in the Lives of New Zealand Women Project*, Department of Anthropology, University of Auckland, Auckland.

New South Wales Task Force on Domestic Violence 1981, *Report to Hon. N.K. Wran, Premier of New South Wales*, Sydney.

Northern Territory Liquor Commission 1982, *Report on Restricted Areas*, Northern Territory Liquor Commission, Darwin.

Room, R. 1984, 'Alcohol and ethnography: A case of problem deflation?' *Current Anthropology*, vol. 25, no. 2, pp. 169-91.

Sansom, B. 1980, *The Camp at Wallaby Cross*, Australian Institute of Aboriginal Studies, Canberra.

Spencer, D. J. 1988, 'Transitional alcoholism - The Australian Aboriginal model', *Technical Information Bulletin on Drug Abuse No 79*, National Drug Abuse Information Centre, Australian Government Publishing Service, Canberra.

The Law Reform Commission 1986, *The Recognition of Aboriginal Customary Laws*, Report No. 31, Australian Government Publishing Service, Canberra.

Ward, A. 1976, 'The wholesome precedent of Sydney Williams', *Aboriginal Law Bulletin*, December.

Watson, C., Fleming, J. & Alexander, K. 1988, *A Survey of Drug Use Patterns in Northern Territory Aboriginal Communities: 1986-1987*, Drug and Alcohol Bureau, Northern Territory Department of Health and Community Services, Darwin.

Wilson, P. R. 1982, *Black Death White Hands*, George Allen and Unwin, Sydney.

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Alcohol, the Law and Police Discretion

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The intention of this paper is to describe briefly some of the effects associated with alcohol, the results upon policing in the community and to warn of a developing trend, the outcome of which may prove to be most undesirable in the long term. It will also discuss the issue of discretion used by police in dealing with the alcohol affected and question whether tolerance given in some circumstances is desirable.

Historically, Australia has had alcohol embedded deeply into its cultural roots. From the inception of the colonies, alcohol has been a major trading commodity. It has been used as a substitute for currency and has been central in at least one act of civil disobedience by those whose duty it was to uphold the law. In many aspects of the incidents with which police deal daily, there is an interconnection with alcohol.

It is not contended that there is always a direct relationship between alcohol and anti-social behaviour, such as disorderly and riotous behaviour and crimes of violence, rape and murder, but it is observed that alcohol is frequently associated with acts of lawlessness which vary from minor misbehaviour to the most gross breaches of the law.

From the earliest days of Western Australia, the law and its enforcement officers have been concerned with the effects of alcohol. When the Western Australia Police Act came into force on April 1, 1892, it repealed and consolidated earlier laws among which were (14 Vic., No. 25) An Ordinance to Provide a More Suitable Mode of Inflicting Punishment for Drunkenness, and (17 Vic., No. 8) An Ordinance for the More Effectual Suppression of Drunkenness.

In parts V and VI of the Police Act (Western Australia) there is an intricate relationship between police powers, the powers of citizens and offences relating to drunkenness, prostitution, begging, disorderliness, obscene language and others. The concepts enshrined in the Act in 1892, have been carried through to this day.

This same relationship is recognised in the recently proclaimed Liquor Licensing Act 1988, where sanctions are provided against licensees who permit reputed thieves, prostitutes or suppliers of unlawful drugs to remain other than for so long as is necessary to obtain reasonable refreshment (Section 115 (1) (b)).

Effects of Alcohol Abuse and the Law

Thieves and prostitutes have preyed upon drunks almost by tradition. Certainly people, whose capacity to fend for themselves has been lowered, become easy targets for the depredations of wrongdoers. Rapes and other sex offences also frequently occur against a background of alcohol. The issue of the effects of alcohol in relation to major crimes will not be addressed here, rather the discussion will be confined to the more readily visible and obvious effects of alcohol abuse and the law.

Alcohol use can be found in many instances of public disorder. There is nothing new in this observation. In January 1934, race riots occurred in Kalgoorlie. On Saturday 27, the weather was hot, there had been heavy drinking and a number of brawls. In the evening, an Italian barman at the Home From Home Hotel, ejected a troublesome Australian. He returned the following night and after an argument was refused credit and whilst again being removed he fell to the ground and fractured his skull. He died the following morning. Rumours spread quickly and by nightfall a large crowd had gathered outside the hotel. On the other side of the road was the Kalgoorlie Wine Saloon and the All Nations Boarding House, all haunts of southern Europeans.

Someone threw a stone through the window of the Wine Saloon and quickly the hotel and saloon were stormed by the mob who promptly quenched their thirst. Each of the three buildings were set on fire and the fire spread rapidly to nearby houses. Attempts by police and firemen to put out the fires were resisted by the crowd. They chopped up the fire hoses and several police officers were injured.

The drunken mob rampaged through Kalgoorlie and Boulder, attacking and ransacking the property of 'foreigners' - southern Europeans. An uneasy peace settled, but the following night there was an attack on Dingbat Flat, mainly occupied by Yugoslavs, and the camps and shanties there were set ablaze.

Behind all of this there was tension associated with the lower wages which were accepted by migrants of southern European origin. The powder keg was primed, but alcohol was the trigger.

A similar pattern which suggests that underlying tensions can generate riotous situations can be seen in a variety of instances. One such instance, occurred at Mullewa in August 1985. On that occasion a young Aboriginal man, who had been ejected from the hotel earlier because of his alcohol related behaviour, died while he was again being removed by the publican.

Aborigines, many of whom were coming from the direction of the Club Hotel, gathered and within a short time commenced a concerted attack on the Railway Hotel. Children were seen to be running railway dog spikes up to adults who were using them, together with bottles and stones, as missiles. The hotel was stormed and ransacked. Liquor worth thousands of dollars was stolen. This formed the basis of police and community fears that another drunken attack would follow. In this case, when police intervened to endeavour to maintain order, the attack on the hotel was redirected at the police.

The redirection of violence away from the original target towards the responding

police is common in alcohol inflamed situations. Noisy parties frequently erupt into violence against police who respond to complaints from neighbours. In one recent event, a constable was savagely assaulted and his female colleague used her own body to shield him whilst he was unconscious on the ground. One of the two people arrested for that attack was 15 years old.

Young people are particularly vulnerable to the effects of alcohol. One young man who died tragically in police custody following his arrest, had been drinking heavily at an hotel in Fremantle. He later injected himself with drugs obtained through a medical practitioner. One of his companions, who was also arrested at the same time for drunkenness, was a 16-year-old girl. In her handbag she had tablets, bottles and syringes.

Often the nature of events turn out differently to that which was intended. On New Year's Eve 1987, crowds congregated in Fremantle to celebrate, attracted by publicity relating to the relaxation of liquor laws permitting street drinking to create a Mardi Gras atmosphere. The police did not oppose that relaxation and in their discretion permitted street drinking to occur. Revelry soon turned to lawlessness, people were injured and there was substantial property damage. A crowd of some 80,000 was attracted to the city, an element of which used alcohol as an excuse for the unbridled, disorderly conduct and violence.

Among the casualties who were treated at Fremantle Hospital, were children badly affected by alcohol. There were 14, 15 and 16-year-olds with blood alcohol levels of 0.25 and 0.28 per cent. Many were unconscious and totally unable to take care of themselves. A doctor at the hospital reported that most of the casualties were 'too paralytic' to blow for six seconds into the breathalyser. He stated that the situation was like a war zone. Railway staff were unable to control disorderly mobs as they left the city.

The publicity following this New Year's Eve was critical of the revellers, authorities and the police. Police were accused of lack of planning and admitted to being caught unawares by the turn of events.

The upsurge in violence against police, culminating in the New Year's Eve incident, was instrumental in the decision by the Police Department to issue protective gear to its officers, including a personal issue of long batons. This is a sad commentary on the attitude of a minority of our community if given too much latitude and access to alcohol.

The following year it was resolved to enforce the liquor laws and large police contingents were placed on the streets of both Perth and Fremantle early in the evening. This was effective in maintaining good order as trouble-makers were dealt with promptly. By contrast, at the trotting grounds at Gloucester Park, there was a crowd of 25,000 and six police officers were present. Several brawls broke out and bottles and punches were thrown. Although several arrests were made, police energy was expended mainly on separating those who were fighting. Crowds at Scarborough Beach also became unruly and police were drawn from Fremantle to restore order.

Hooligans turn holidays into holocausts, as proven at Rottnest Island over a January long weekend. In the early hours of a Sunday morning, a drunken crowd had gathered around a fire at the Bathurst campsite. Bicycles were thrown into the fire. As the police moved into the crowd there were chants to the tune of a pop song, 'throw another bike on the fire'. This changed to 'throw a copper on the fire'.

The conduct of the crowd was such that a television news team had to seek shelter in a police van when that team became the target of part of the crowd's aggression. This instance has resulted in firm police action with offenders receiving no warnings.

Early positive police action seems to be instrumental in maintaining order, even where there is considerable alcohol induced potential for problems. The disadvantage of this, is that it often follows that police are said to have over-reacted or are accused of being heavy-handed.

At an annual rodeo at Fitzroy Crossing in 1987, 169 arrests for drunkenness were made. The reasonably colourful newspaper report read in part, 'It has a reputation as Australia's roughest weekend, and yesterday the Fitzroy Crossing annual rodeo again lived up to its name. The town's lockup record was shattered when police crammed 169 drunks into eight cells'. The police sergeant estimated the town's population of about 600 had been boosted by more than 2,000 people who stayed with relatives or simply slept in the bush. 'Its just a big drunken orgy for a lot of them until we step in', he said.

The Western Australia Criminal Code (Section 28) states that intoxication is not a defence for the commission of an offence unless it can be proven that it was caused unintentionally. However, how often does the defence plead drunkenness and diminished responsibility in mitigation?

For the purposes of the Police Act a person is said to be drunk when he is so much under the influence of alcohol as to have lost control of his faculties to such an extent as to render him unable to execute safely the occupation in which he is engaged.

The police view has always been that people who are drunk (as distinct from disorderly) are taken into custody for their own protection and the Police Act itself, while treating drunkenness as an offence, has always carried a welfare-related element in that it prescribes greater penalties for those held to be habitual drunkards. This affords a means of tidying these people up and at least temporarily drying them out.

Police Discretion

Apart from arresting, police exercise their discretion in dealing with drunks in various ways. One is to return them to their homes or arrange for others to do so. When this happens, it is normally with those who are in a celebratory mood. The 'happy' drunk is usually told to leave licensed premises and go home. Aggressive drunks usually find themselves in the back of a 'paddy wagon'.

There is always, with the ultimate exercise of discretion to caution drunks, the chance that this leaves the person at some risk and perhaps, also, the police officers concerned. That risk may not be diminished, but increased, when drunkenness is removed as an offence. In other jurisdictions the alternatives to arrest have not always been all that successful. Also, it is difficult to envisage an alternative system which will operate efficiently where drunkenness prevails on a large scale at times, such as that which occurs periodically at places like Fitzroy Crossing and Halls Creek in our far north.

In these areas, police are faced with the sensitive issue of deaths in custody and the difficult task of reducing cell occupancy. However, drunks are often locked up to protect other family members from violence.

Where the conduct of people is seen as troublesome, there is always the probability that those people will be charged with being disorderly. In many cases, which otherwise would have been dealt with as drunkenness, there is a tendency to substitute disorderly charges. Some of the behaviour which may be alcohol induced, for example, belligerence and verbal abuse, may lead to those types of charges.

In the case of juveniles, charging them with alcohol related offences is not the only course of action which police take. Frequently, children are returned to their homes or parents notified. Children drinking and found in hotels contrary to the provisions of the Liquor Act are provided with the option of attending a formal lecture designed to persuade them to modify their behaviour. This applies only to first time offenders. Publicans encourage alcohol consumption by providing rock bands and, when they can get away with it, strip shows.

Complaints of domestic violence are invariably received by police with some concern, particularly if one or more of the parties is intoxicated. Police are in a 'no win' situation and although there would be a tendency not to take action in domestic assaults unless of a serious nature, again police can be criticised by those concerned with domestic violence issues. Domestic disputes have a propensity to create potential for physical harm to police officers and even life-threatening situations.

Determining the most appropriate course of action is not always easy and the exercise of police discretion can backfire as has already been pointed out. For example, another instance of misdirected tolerance and discretion by police occurred at Geraldton where in 1988, groups of Aborigines gathered for the funeral of a young man who had died in the cells. In the evening, numbers of Aborigines gathered in the streets to demonstrate and the police permitted the demonstration to continue even though it showed signs of becoming uncontrollable. An incident, which is strongly suspected of having been orchestrated at one of the hotels, erupted into violence. There was considerable property damage and great difficulty in restoring order.

In an attempt to resolve this volatile situation, an agreement was reached that people arrested earlier would be released on bail and were returned to the scene

of their arrest by police vehicle. The wider community saw this as a sign of weakness and there was substantial criticism of the action which was taken in the belief that it would assist to calm the crowd.

The community demands that police exercise discretion in the way that the law is applied. Success in the use of discretion results in the minimum intrusion and use of coercion by the police. In the exercise of that discretion, there has arisen, if only on a temporary basis, enclaves where there is large scale public drunkenness, but into which the police do not intrude.

A motorcycle club holds an annual weekend rock concert on their own property known as the Bindoon Rock at which they are licensed to sell liquor. In reality, there is constant encouragement to indulge. Sanctions are not taken against the suppliers of alcohol to those who are intoxicated as would be the case where any other licensee or an employee of the licensee permitted drunkenness or supplied liquor to anyone who was drunk. There is a gross imbalance in the way in which the Liquor Act is applied in this case.

The police, despite their powers under both the Police and Liquor Acts, to enter places of public entertainment and licensed premises, are virtually physically powerless to police the festival. The organisers see the venue as their territory into which it would be unwise for the police to intrude. It is considered that there would be a major confrontation if the police were to attempt to enforce the provisions of the Liquor Act. Reasonable control is maintained by strong arm security personnel provided by the organisers.

While the level of police intrusion in these examples might be measured as a success within a discretion model, primarily the law is being ignored and government policy, as typified by activities such as the 'Drink Safe Campaign', is being nullified. Public safety at these events cannot be guaranteed by the police.

If the community judges that it is inappropriate for that position to continue, then it becomes necessary to find effective strategies to rectify the situation. One such strategy which has been applied to other public events, such as football and cricket matches, has been to endeavour to regulate more carefully the supply of alcohol. However, there are difficulties in applying those principles to events such as a prolonged rock concert. The ultimate solution may be in the provision of the licence in the first place.

For the 1988 rock concert, the Licensing Court changed the licence from a function permit to a caterer's permit. This posed additional obligations on the licensees and probably affected the overall profitability of the event.

Under the provisions of the new Liquor Act, an occasional licence will be required under which conditions may be imposed. It would be interesting to gauge the reaction of sections of the community if the organisers were unable to conduct the rock concert in its present form because of these restrictions.

The staging of the concert results in a considerable spin-off to the small settlement of Bindoon and to some community organisations which supply

meals, etc. The organisers see their concert as offering the public an opportunity to let their hair down once a year and they invariably receive ample media support and publicity.

Conclusion

Although police use their discretion in not entering particular premises, such discretion is to some extent, brought about by the realisation that their presence would more than likely create direct confrontations with intoxicated patrons.

There is a current tendency for police, working under stress, to be less tolerant of drink affected offenders. Louts and hooligans think nothing of using physical and verbal abuse against police. Younger officers often do not have the skills to defuse a volatile situation and are left with no alternative but arrest.

There is little doubt that the police vote in Western Australia of \$219 million could be substantially cut if all alcohol related misdemeanours and crimes and alcohol induced social misconduct were eliminated.

Society, therefore, pays a high price for alcohol abuse and agencies like the police and health services are continually stretched to their limits in responding to its effects. It is apparent that alcohol excess in the past was accepted as the norm by an apathetic community and perhaps addressed by a lack of resolve by governments. There are positive signs of change, however, evidenced by government initiatives and conferences such as this.

Your police forces, although generally historically conservative in nature, are bound to, in the end, reflect the standards of the community. It will be a pity if those standards are permitted to deteriorate, as far as the effects of excessive alcohol consumption are concerned.

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Decriminalisation of Drunkenness

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There are two South Australian initiatives for dealing with public drunkenness. These are the Public Intoxication Act 1984 and the so called 'Dry Areas' which are proclaimed by Regulation under the Liquor Licensing Act 1985. This paper will address each of those topics in turn, commencing with the Public Intoxication Act and then lead into the 'Dry Areas'.

Public Intoxication Act

The decriminalisation of public drunkenness in South Australia took effect on September 3, 1984 when the Public Intoxication Act 1984 was proclaimed.

Public drunkenness was first decriminalised in New South Wales and the Northern Territory. South Australia commenced with the Law and Penal Methods Reform Committee which recommended in 1973 a welfare philosophy involving law enforcement and other government agencies. As part of its recommendations that Committee (Mitchell Committee) recommended that state-owned sobering-up centres be built - five in the metropolitan area and some in country areas.

Subsequently legislation was introduced in 1976. If proclaimed it meant detention for drunks at sobering-up centres and approved premises, along with transport to home as a first preference. Legislation, namely the Alcohol and Drug Addicts (Treatment) Act 1961 was amended, but these amendments were never proclaimed (the underlying reason for that being cost).

An interdepartmental committee was formed in 1977 to examine the situation. That committee retained the treatment approach and the use of law enforcement. One sobering-up centre was proposed for the Adelaide metropolitan area with none for the country. Police cells were to be used instead.

These recommendations were accepted, with the amended legislation introduced in 1978. In 1982, a further interdepartmental committee was formed and more recommendations made. These were accepted, funds allocated and the rewritten legislation, the Public Intoxication Act 1984, proclaimed.

The Act empowers police officers (or authorised persons) to apprehend persons so intoxicated by alcohol that they are unable to take proper care of themselves (s.7 (1)). There are then several options available to the police officer as to what he will do with the detainee. These are:

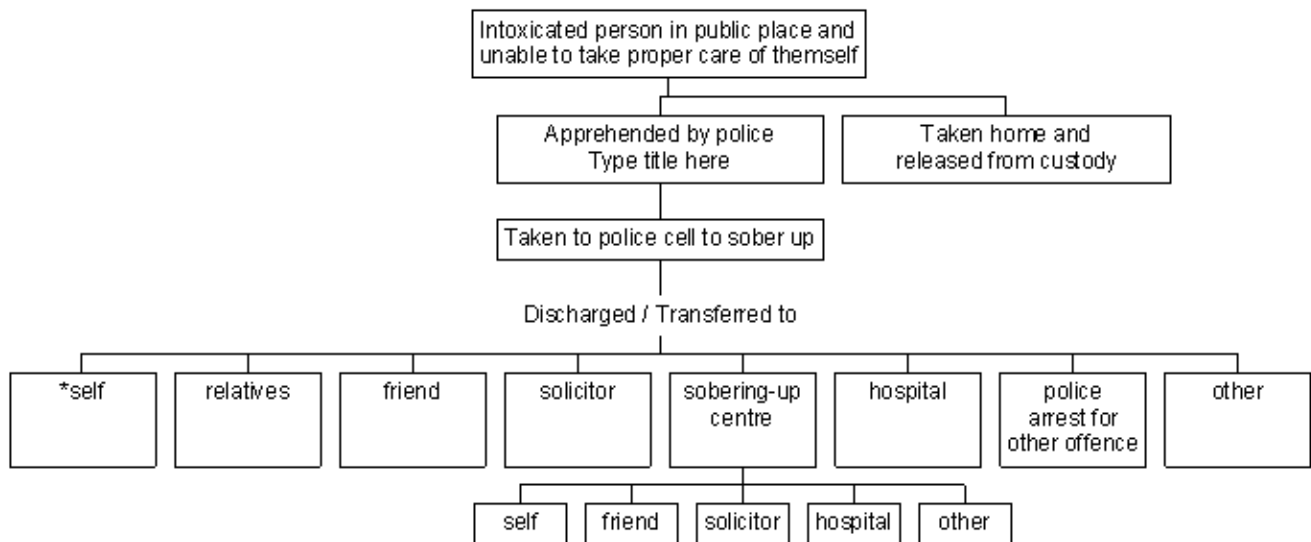
- to take the apprehended person home (s.7(3)(a))
- to take the apprehended person to a sobering-up centre (s.7(3)(d))
- to take the apprehended person to an approved place (s.7(3)(b))
- to take the apprehended person to a police station (s.7(3)(c))

In considering which option to use, the apprehending officer has a discretion based upon which he considers appropriate in the circumstances.

A person can be detained for a maximum of 18 hours. Of that, he may be detained for up to 10 hours at a police station with a further 8 if transferred to a sobering-up centre. It is important to note that these times are not relevant if the apprehended person becomes sober prior to the expiration of the relevant period. He must be discharged from custody as soon as he is sober (in the opinion of the Officer in Charge). Where a person is detained by police in a police station there are other options for release. These are: to discharge into the care of a solicitor relative, or friend (s.7(9)).

A breakdown of the Act is depicted in the following flow chart:

The Act - In Practice



The proclamation of the Public Intoxication Act 1984 represented the culmination of many years of attempts to decriminalise drunkenness in South Australia. From the policing point of view it was awaited with some anxiety. Since the inception of policing in South Australia, public drunkenness has been a matter for police and the courts, now all of that had to end. The questions asked by the police were - 'Will this work? What will happen if it doesn't?'

Police officers (like the rest of the community) do not always embrace change with a fervour, but often err on the side of caution and conservatism. There was concern expressed by some administrators (based on other experiences in this country) that the police may not enforce the provisions of the Act. That concern was misplaced, and as will be shown, the Act has been enforced without any apparent difficulty.

In 1986 a comment (Office of Crime Statistics 1986) was made with respect 'to how well the new laws have succeeded in removing the handling of drunkenness from the criminal justice system.' The bulletin also assessed whether future improvements could be made. As far as the success or otherwise of this Act is concerned from the philosophical point of view, no comment is made as this paper relates to issues based on policing the Act.

In the period immediately prior to the proclamation of the Act, General Orders (for police practice) were issued to all police. These Orders cover all aspects of the Act, provide comment on legislation and cover any administrative matters requiring attention by police officers enforcing the provisions of the Act.

One of the major stumbling blocks for legislation decriminalising drunkenness in South Australia, was cost. If the legislation were to achieve one of its goals, that is, removing all aspects of involvement of the criminal justice system (including the police), the State Government must be prepared to commit substantial resources to the program. Therein lies the dilemma in this age of constraint by governments - where is the money to come from?

As an indication of the costs involved in this scheme some of the factors are: manpower (authorised persons to replace the police); accommodation (to replace police cells throughout the state); transport (to replace police vehicles); and communications. It does not take much imagination to realise the enormous cost of totally removing these persons from the criminal justice system.

In South Australia the Government compromised. The police would still apprehend drunken persons, transfer them to police cells and then transfer them, if applicable, to a sobering-up centre. There was a major difficulty for the police with that scheme. Only one sobering-up centre was proclaimed - in Norwood, a near eastern suburb of Adelaide.

The sobering-up centre (SUC) (run by the Drug and Alcohol Services Council) had 32 beds available. Because it was the only SUC in the State, the police were instructed not to deliver apprehended persons directly there. They would all be taken to police stations as the SUC would be unable to cope with the anticipated numbers to be delivered daily.

With that strategy in place the Act was proclaimed on September 4, 1984. Initial reactions by police officers were predictable; comments such as 'now we are just a taxi service' and 'this is just the thin edge of the wedge, God knows what will be next', and so on, were typical knee jerk reactions to the new legislation. Since then the legislation has been applied by police and has not been in the least neglected.

The Drug and Alcohol Services Council collects and analyses statistics for the Public Intoxication Act. It issues a statistical report at the end of each fiscal year, but makes no comment on the application of the Act. A copy of the report is forwarded to the Commissioner of Police for comment.

The first report was issued in April 1986 and covered the period 3 September 1984 to 31 August 1985. To date reports have been issued for 1985-86, 1986-87 and 1987-88. All statistics used in this paper have been taken from those reports.

The First Year: September 1984-August 1985

In the first year of operation across the state:

- Total number of apprehensions were 5,653. This represented 2,859 individuals (an average of 1.98 apprehensions per person apprehended);
- 89 per cent of apprehensions were male;
- People were detained longer in country areas than in the metropolitan area;
- The 20 to 24-year age group accounted for 14 per cent of apprehensions;
- 102 persons were transferred to the sobering-up centre (4 per cent of all metropolitan apprehensions);
- Country areas recorded 6 per cent more apprehensions than the metropolitan area, but with 21 per cent less individuals involved - the country area represents 27 per cent of the overall state population;
- 40 per cent of the apprehensions were in the Northern and Eyre regions, yet these areas only account for 10 per cent of the South Australian population.

The low percentage of transfers of apprehended persons (4 per cent in all) from police cells to sobering-up centres in the first year caused some concern and questions were asked. The simple answer was that there were (and still are) insufficient sobering-up centres. In September 1984 one was proclaimed. Direct delivery was impossible, so a vehicle was funded (along with staff and communications) to be made available for call out to police stations when the police phoned the centre and asked for a detainee to be transferred.

By and large this arrangement did not work. There was some antagonism between police officers and sobering-up centre staff, whose philosophies with respect to the Act were quite different. This was not universal, but certainly significant. This was one teething problem amongst others, not the least being the lack of sobering-up centres. To the police it appeared a waste of effort and time in transferring detainees who would be released in a matter of hours.

The previous mentioned report (Office of Crime Statistics 1986) referred to apprehended persons in police cells, as opposed to those going to sobering-up centres. The South Australian Government, (in particular the Minister of Health and Community Welfare, Dr Cornwall) was aware of these problems and consequently appointed a Working Party in 1986 to review the working of the Public Intoxication Act. That Working Party reported to the Minister in August 1987 with a series of recommendations.

The Working Party consisted of representatives of the Police Department and the Drug and Alcohol Services Council (DASC). In addition to examining the operation of the Public Intoxication Act it also viewed, on a first-hand basis, the methods used by other states in the decriminalisation of drunkenness, particularly the Northern Territory and New South Wales.

Factors examined by the Working Party were:

- 'Authorised officers' (s. 5) - should they be appointed?
- The establishment of sobering-up services as opposed to 'approved places' under s. 7;
- The establishment of sobering-up services (as distinct from premises) in country areas and direct delivery by police;
- The establishment of a pick-up service for the metropolitan area;
- That provisions of the Act apply only to alcohol.

Section 5(3) of the Act allows for the appointment of 'authorised officers' with powers enabling them to apprehend and detain. When considering the appointment of such officers it appears to be an unnecessary duplication. In South Australia, police officers are recognised by the courts as 'experts' in the state of sobriety of any person affected by alcohol. That expertise is granted where two factors are recognised. These are the initial and on-going training as police officers, and practical experience gained over an acceptable period of time in dealing with persons affected by alcohol. For an 'authorised officer' to reach the standards applied to police officers equivalent training and experience would be required. The cost, as well as time involved, would be considerable.

Police officers have no exclusiveness in detection and apprehension of persons affected by alcohol. However to replace them at great cost to the community is both unnecessary and uneconomical. There is no evidence available that would indicate that police involvement, when alternatives to police cells exist, has any real effect on the final outcome for the intoxicated person. Consequently it was recommended that:

The appointment of 'authorised officers' under Section 5(3) of the Public Intoxication Act not be implemented at this time.

Currently in Adelaide there are two sobering-up services: the William Booth Memorial Centre, run by the Salvation Army and another is run by 'Archway', a church based organisation with considerable experience dealing with alcohol problems.

During the initial stages of examining proposals to establish sobering-up services in Adelaide and Port Adelaide, the administrators of both indicated that neither they, nor any of their staff, wanted powers of any type. The service in Adelaide is run by the Salvation Army, with funding coming from Government through DASC.

Similarly, 'Archway' at Port Adelaide (subsidised by the Government to provide a sobering-up service) were equally adamant that the granting of detention type powers would compromise their role as a voluntary agency. The State and Commonwealth Governments in 1988-89 provided approximately \$500,000 to DASC for distribution to the sobering-up service.

When establishing these services, it was agreed that the police would deliver persons directly to them, but that they would discharge from custody any apprehended person upon admission to either of the sobering-up services, admission being at the discretion of the duty manager of the service s.7(3)(b) Public Intoxication Act.

Prior to delivering an apprehended person to the sobering-up service, the police screen the apprehended person for suitability for admission. The usual factor preventing admission is violence. In the case of a violent or barred person (barred by the sobering-up service) they are taken to the nearest police station with the appropriate facilities (that is 24-hour staff and cells) and kept there until transferred or discharged. Direct delivery commenced to the Salvation Army Home in February 1988 and in May 1988 for Archway.

No statistics are available as to number of persons taken to a sobering-up service directly and those taken to a police station. Officers in Charge in the areas directly affected report a drop in the number of drunks being held in the cells.

There are no sobering-up services established yet in the country, despite recommendations from the Working Party of the need to establish services in Ceduna and Port Augusta. The Government is keen to see services established in these places and has indicated finance is available. It is not unfair to say there is some controversy raging in Port Augusta about the establishment of a service there. That controversy relates not to a service at Port Augusta, but to where it will be located. The proposal is to locate it on the local hospital grounds (with the agreement of hospital administrators), but there has been considerable community opposition. The State Government has decided to proceed with building this facility within the hospital grounds.

In the original structure of the Act there was a definite lean towards establishing sobering-up centres, with staff having quasi-type police powers. This has not come to fruition. Experience with Osmond Terrace where nearly all admissions were voluntary (as no direct delivery was available), and negotiations with voluntary agencies who have shied away from those powers fearing that they would be compromised, has resulted in the establishment of sobering-up services where admissions are voluntary.

Once admitted to the service the apprehended person is discharged from custody. If that person wishes he could then leave and the staff would be unable to stop him. Feedback from the services indicate that this is a rare event. Inquiries with operational police reveal that call-back to sobering-up services occurs occasionally, but its extent is not considered a problem.

The two proposed sobering-up services for the country, Ceduna and Port Augusta, are to be 'approved places' as opposed to 'sobering-up centres'. The trend in South Australia is that 'approved places' funded by the government will become the norm. The difference between a 'sobering-up centre' and an 'approved place' is that a person can be detained in custody in the former, but in the latter he is discharged from custody.

During the 1986-87 review it became evident that police were having difficulty with the release time of some detainees. As is required by the legislation, a detainee must be released as soon as he is sober, or at the expiration of 10 hours (unless transferred to a sobering-up centre). These problems had existed from the time of proclamation of the Act in 1984. From April to October the nights can be very cold and inclement. Some detainees become due for release between 12.00 a.m. and 6.00 a.m. Regardless of the outside conditions the legislation requires that they be released.

A simple solution to this problem is to let the detainee stay there until morning or alternately, transfer him to a sobering-up centre. Initially, since there was only one facility in South Australia, that option was unavailable. It was out of the question to allow the detainee to remain in the cell. In many instances the police station did not have 24-hour staff and could not leave people wandering about the premises. In addition, if the person became ill, was injured in some way, or in the worst instance, died, the department would be left in an untenable position.

To overcome the problem the Working Party recommended that:

The Public Intoxication Act be amended with the insertion of sub-section (12) to Section 7. It is recommended the amendment read:

A person who has been taken into custody under sub-section (1) of this section and who is in custody after midnight and before half-past 7 o'clock in the morning on that day, may be held in custody until half-past 7 o'clock in the morning on that day, notwithstanding that the person is no longer intoxicated.

and

The Police Department issue an internal policy providing apprehended persons due for release after midnight with the option to remain in custody until 7 a.m. the following day.

If proclaimed, these recommendations will provide the flexibility needed. Where possible, the police prefer to use other facilities or discharge the person. It is incorrect to interpret this legislative change as the police seeking greater powers. The South Australia Police Department will gladly relinquish its role of apprehending and detaining persons affected by alcohol, if there is any other alternative. There is not, and for reasons stated earlier, it is unlikely to be, unless governments commit themselves to enormous expenditure to provide the appropriate resources.

The South Australian Government has progressively increased funding for decriminalisation and has done so since 1984. Not all goals can be achieved overnight, no matter how desirable they appear.

Numbers of Apprehensions

Since the Act was proclaimed in 1984, the number of apprehensions has risen steadily. Table 1 provides a comparison for each year.

Table 1

Total Apprehensions by Year

YEAR	84-85	85-86	86-87	87-88
METROPOLITAN	2,740	3,620	4,073	4,338
COUNTRY	2,913	3,875	3,841	5,098
STATE TOTAL	5,653	7,495	7,914	9,436

The largest increases took place in 1985-86 (32 per cent) and 1987-88 (19 per cent). Figures to date for 1988-89 indicate a projected rise of approximately 14 per cent over the 1987-88 figures.

The increased figures may be due to a number of factors:

- the police are more aware of the provisions of the Act;
- there is greater propensity to drink by members of the community;
- alcohol is more readily available;
- increased pressure applied by advertisements is exerting greater influence in some sectors of the community.

Apprehensions by Age

Table 2 provides a comparison of age groups apprehended under the provisions of the Act.

Table 2

Apprehensions by Area and Age Group for the year 1987-88

GROUP	METRO % OF 100	COUNTRY % OF 100	STATE % OF 100
18-19	9	10	10
20-24	20	17	19
25-29	15	14	14
30-34	9	9	9
35-39	11	8	9

Apprehensions in the 20-24 years age group have increased from 14 per cent of persons apprehended in 1984-85, to 19 per cent in 1987-88 (one probable cause being the proliferation of media advertisements extolling the pleasure and status of drinking). Enormous pressure is brought to bear by the liquor industry in attempting to influence people to purchase alcohol. People find peer group pressure difficult to resist. Young people find it even harder. In addition, there is greater social acceptance of drinking and its associated problems, and to a large extent, a degree of apathy. These factors are leading to the rise in apprehensions in the group.

Apprehensions by Race

South Australia, like most mainland states, has a large proportion of Aborigines apprehended for public drunkenness. Table 3 provides a comparison of apprehension rates since 1984.

Table 3

Apprehension by Race

YEAR	GROUP	METRO % OF 100	COUNTRY % OF 100	STATE % OF 100
84-85	Caucasian	67	21	44
	Aboriginal	20	54	37
85-86	Caucasian	75	31	53
	Aboriginal	23	66	44
86-87	Caucasian	73	35	54
	Aboriginal	25	62	43
87-88	Caucasian	75	35	53
	Aboriginal	21	62	43
88-89*	Caucasian	73	25	57
	Aboriginal	41	56	41

*July to October - Figures not complete for year

Table 3 shows a disproportionate number of Aborigines being apprehended.

Since proclamation in 1984, Aborigines made up (on average) 43 per cent of all apprehensions, while they comprise only 1.1 per cent of the population. This is a cause for some concern, although the percentage of Aborigines apprehended since 1984 has remained fairly constant.

It is quite apparent that some action must be taken to alleviate this problem. The establishment of sobering-up services is not an answer. Sobering-up services provide short-term relief and protection only. They are not intended to provide treatment. They may be able to 'bleed off' people into their treatment programs, but there is no construction program within the system to cater for treatment. It is not within the scope of this paper to provide solutions to this problem however, it is appropriate that the problem is recognised and acted upon.

Apprehensions by Area

The statistics show that approximately half of all apprehensions are occurring in country areas, yet there are no facilities (other than police cells) available there. It is obviously preferable to place apprehended people in locations where they can be looked after. The police can provide only basic care for detainees. Those providing sobering-up services are better placed to provide care and will, as a matter of course, provide counselling in an attempt to get the apprehended person extended treatment.

Time in Custody

The legislation in South Australia allows a maximum of 10 hours for an apprehended person to be held in a police station. If still unable to take proper care of himself he may be transferred at that time to a sobering-up centre and held there for a further period of 8 hours.

Apprehensions by Race and Time in Custody

In country areas, Aborigines are held in custody in the 7-10 hour time span on average twice that of other groups, whilst in the 3-7 hour time span they are released earlier than others.

Inquiries of operational police in the country reveal that these occurrences reflect the state of sobriety (or lack of it) of the respective races. No other factor was apparent. It may appear on the surface that police in the country areas are inclined to detain Aborigines because of their race. This is not the case. The police are keen to release any detainee as soon as possible, particularly in light of the recent Aboriginal deaths in custody controversy. Police General Orders are quite specific in relation to the release of detainees once the police are satisfied that they can be released. Release may be into the company of someone applicable under the Act, or if able to take proper care of himself (he has sobered up), released to 'self'.

Discharge

In the main, most detainees are released to 'self'. The figures since 1984 are shown in Table 4.

Table 4

Type of Discharge

Year	TYPE			
	Self % of 100	Relative % of 100	Home % of 100	Friend % of 100
84-85	84	3	5	3
85-86	87	4	4	3
86-87	84	4	6	2
87-88	80	4	6	3

With the introduction of direct delivery in the metropolitan area, all apprehended persons discharged to 'approved places' are included under the category of 'self'. To be able to satisfactorily identify the numbers in future, some modification to the Information Sheet will be required. That task is in hand.

Effect on Policing

Apart from the statistics provided in this paper, it is impossible to quantify the direct impact on policing of the Public Intoxication Act as opposed to the old offence of drunkenness under the Police Offences Act 1953-1975.

There are some readily identifiable aspects of the Act that have proved advantageous to the police. These are:

- less paper-work, with associated minimising of administration procedures;
- greatly reduced time with respect to attending court;
- reduced expenses with respect to the provision of meals and transporting of prisoners.

In overall terms, the South Australian police have readily adopted the legislation and, as evidenced by the statistics, appear to be increasingly vigilant in their approach to it. As far as training is concerned, emphasis is placed on the detection of people unable to take proper care of themselves, their welfare and protection.

The Act has been well accepted by police and has been the subject of very little complaint by either the police or the public. The greatest single impact of the legislation is that if one is apprehended in South Australia, there is no offence, little bureaucratic red-tape, no court appearance and most significantly, no criminal conviction.

Summary

The Public Intoxication Act 1984 had treatment as its original goal (Office of Crime Statistics 1986). That aspect of the Act has never come to fruition. The Act has developed more along the lines of a 'revolving door' and by and large now follows the welfare philosophy.

Dry Areas

These were introduced in South Australia in 1986 by way of Regulation to the Liquor Licensing Act. They were introduced as a means to control the consumption and possession of alcohol in public places and associated behavioural problems, as a result of increasing concern exhibited by the public and local authorities. That concern was eventually recognised by the Government and appropriate legislation proclaimed.

For a 'dry area' to be declared, the Local Council has to put a submission before the Liquor Licensing Commission. That submission is assessed on its merits and if approved, declared. Not all areas submitted for declaration are approved. The Port Augusta City Council applied for nine 'dry areas' in 1986. Four of those sites were declared as 'dry'.

Under a declaration the possession or consumption of liquor is prohibited absolutely. Breaching this prohibition incurs a fine of up to \$1000. The 'dry areas' are declared either continuously or for a specified time. It is interesting to note that the introduction of 'dry areas' has occurred since the proclamation of the Public Intoxication Act in September 1984. As figures are increasing each year for apprehensions under the Act, so have the number of declared 'dry areas'. The only indicators of the effectiveness of dry areas are the following.

Port Augusta

'Dry areas' declared in November 1986. Nine applied for, 4 declared.

In overall terms, Public Intoxication Act apprehensions show there was a reduction of 15.7 per cent from 1986 to 1987 and an increase of 8.6 per cent from 1987 to 1988. On a monthly basis there appears to be no identifiable trend in the apprehension figures.

Enquiries at Port Augusta tell a different story. One particular area had become a drinking place for a large number of Aboriginal people. Once declared a 'dry area' the Council erected signs banning consumption. Drinking in the park has stopped. The area is now used more regularly as a tourist and lunch park.

Other effects of declared 'dry areas' in Port Augusta have been:

- a decrease in assaults and other offences in city streets (no figures available);
- violence, once evident in the city parks, is now significantly more concentrated in the Davenport community area than it was in the past.

In Port Augusta, 44 persons have been reported for offences under the legislation. Most of these have been itinerants unaware of the requirements of the legislation.

Port Augusta has seen the need to apply for further 'dry areas' because of displacement from one area to another.

Ceduna

For Ceduna, a small rural town, (population approximately 4000), the legislation was introduced into the area in March 1988. It covers the towns of Ceduna and Thevenard and is the largest 'dry area' in the state.

Figures for Ceduna, where this legislation came into effect in March 1988, indicate a reduction in the number of persons apprehended for public drunkenness. There was evidence to indicate that this was a trend prior to the 'dry areas' being declared.

There was an increase of 9 per cent in apprehensions from 1986 to 1987, and a reduction of 33 per cent from 1987 to 1988. Since the 'dry areas' were proclaimed, 10 persons have been reported for breaking the Liquor Licensing Act.

Generally the local community is in favour of this legislation. A minor drawback is that a special permit has to be obtained in order for alcohol to be consumed within a 'dry area'.

Metropolitan Area

Several areas have been declared in the metropolitan area. The main 'dry areas' are at Glenelg, Port Noarlunga and in the city itself (Hindley Street and Rundle Mall).

No statistical data is available for any assessment to be made in relation to the impact of this legislation. The only guide to its effectiveness is subjective, being police and local authority opinion, and of comments by the public.

Glenelg Council applied for a 'dry area' as a result of constant complaints from the public of drunken and larrikin behaviour. Since the 'dry area' was declared these complaints have been reduced to a trickle.

The 'dry area' was declared in 1987 at Glenelg and in the first year of operation resulted in 2,000 persons being cautioned

and 60 reported for breaches of the Act. In 1988-89 special patrols operated in the area resulting in 150 reports. This and intensive policing, has had a marked effect on the behavioural problems in the area. By way of observation it does not appear to have surfaced in other coastal areas.

The Adelaide City Council has had parts of the city declared 'dry areas', although not all applied for were granted. Policing these areas in the city is subject to special patrols and to a large extent has helped assist an apparent reduction in street offences.

Conclusion

The establishment of 'dry areas' in South Australia came about as a result of behavioural offences resulting from the consumption of alcohol in public.

The effect of 'dry areas' statistically is inconclusive. Police, local authorities and the public are satisfied that the system is working. Behavioural offences in 'dry areas' appear to have been reduced.

Whether or not these problems have been relocated is debatable. In the city, no apparent trend for this exists. In the country, it would appear that the problem is relocated to other areas.

Overall, this is a short term answer to a complex social problem. What would be more effective is greater social education regarding drinking and its many associated problems, rather than finding alternative solutions to force people to behave.

In the interim period, until such educational programs are introduced and are seen to work, legislation for provisions such as 'dry areas' provides a bulwark for ordinary people to enjoy facilities which may otherwise be unpleasant.

Reference

Office of Crime Statistics 1986, "Decriminalising Drunkenness in South Australia", *Research Bulletin* no. 4, November, p. 1.

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Positive Programs for Convicted Offenders

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In April 1987, the Western Australian Probation and Parole Service and the Western Australian Prisons Department amalgamated and created the new Department of Corrective Services. Prior to the amalgamation, the community based Probation and Parole Service and the institution based Prisons Department had both recognised the necessity of addressing the needs of the substance abusing offender.

Probation and Parole Service's Support Services Team ran a number of programs for offenders, and these included programs for substance abusers. The Prisons Department's support service staff also provided programs for substance abusers and while these approaches provided a basis on which to build, there was scope for improvement in the areas of staffing numbers, consistency, co-ordination, evaluation and procedure documentation.

Both the Prisons Department and the Probation and Parole Service were attempting to deal with the substance abusing offender via similar approaches, that is, programs, individual counselling, group work, family work and liaison with other agencies in the substance abuse field. In general what was needed was a more formal, less ad hoc approach where co-ordination, documentation and evaluation would be emphasised.

Strategic Plan

The newly formed Department of Corrective Services underwent a major restructure which included the expansion of the role of uniformed prison staff. The prison officer's role now encompasses basic welfare services to prisoners, in addition to the traditional custodial role. Tradition also dictated that the prison based welfare officers, social workers and psychologists operated from a discipline specific model in assigned institutions. The result of this was, in some instances, a sharing of clients and a lack of communication and co-ordination with the resultant risk of an inefficient utilisation of staff resources. The restructure was aimed at improving both the efficiency and effectiveness of service delivery to prisoners and community based offenders. This restructure called for the amalgamation of discipline specific branches into the Offender Development Program Branch (ODP). Within ODP, specialist support teams were formed to service targeted groups of offenders with the primary emphasis being on a programmatic approach.

Offender Development Program Teams

There are six areas being focused upon in the ODP Branch. Four of these areas are being targeted by teams which are multidisciplinary in terms of personnel. The priority of these teams will be to provide programs for the selected group of offenders, both in prisons and in the community.

The multidisciplinary teams are:

- The Social Skills Team (enhances social skills of offenders).
- The Sexual Offenders Team (targeted at both intra- and extra- familial offenders).
- The Special Needs Team (for offenders who are emotionally disturbed or in a crisis state).
- The Substance Abuse Team (targeted at alcohol, drug and solvent abuses).
- The Education Team (to provide educational services); and
- The Volunteer Team (consisting of a manager who co-ordinates a group of volunteers).

The Substance Abuse Team

The Substance Abuse Team is comprised of five members, one clinical psychologist and four social workers (one of whom is the Team Manager). The tasks of this team include providing information, education and awareness program packages, specialist advice and program overview along with some direct counselling services for the client and, if appropriate, his or her family.

The ODP Branch Implementation Plan (July 1988) stated the following:

In considering the Substance Abuse Team the following points are important:

- The mode of service delivery will be primarily group work and presentation of educational awareness packages.
- The need for co-ordination with the Central Drug Unit of the Court Diversion Service is required.
- It is essential to include some services for solvent abusers.
- Prison based services will be primarily educative whereas services to community based offenders will involve therapeutic intervention.
- It is important to maximise use of existing community agencies, particularly in regard to counselling services for offenders in the community and their families.
- With all ODP programs, specific programs relevant to Aboriginal and multi-cultural offenders will need to be utilised.
- In addition, ODP will actively encourage the recruitment of Aboriginal staff and consult with appropriate Aboriginal agencies and personnel, both in the community and within the

Department. This consultation will include informal discussions with Aboriginal and multi-cultural offenders.

The Substance Abuse Team is based in the Northbridge Community Corrections Centre (in the Perth central area) and in near proximity to a number of agencies dealing with substance abusers. While this location is convenient in terms of servicing metropolitan prisons and metropolitan Community Corrections Centres, it does not provide an easy solution to the state-wide servicing of all the 16 institutions and 13 Community Corrections Centres with their approximately 1500 prisoners and 4500 community-based offenders, of whom a high percentage have problems associated with substance abuse.

Whereas liaison and co-operation with statutory and non-statutory agencies will be important in the Perth metropolitan area, it will have an even higher priority in the country areas.

The Substance Abuse Team will provide program packages to country CBC Centres and Prisons if such programs are not available via local community agencies . . . In the first instance, efforts will be made to assist country areas to use resources that already exist in the local area. Efforts will be aimed at developing reciprocal working relationships with agencies such as the Alcohol and Drug Authority, the Health Department and the Department for Community Services to maximise existing resources and to actualise a shared whole of Government response for service to offenders (ODP Branch Implementation Plan, July 1988 p. 38).

The target date for the implementation of this programmatic approach is 1 May 1989. During the pre-implementation period issues such as uniform screening, assessment, referral and review procedures and protocol have been addressed. Careful consideration has been given to the matching of the team objectives to the departmental objectives contained in the Strategic Plan. The approach taken has been to state the objectives, performance indicators and the strategies necessary to achieve these objectives. Formal evaluation will be carried out at regular intervals with the assistance of an evaluation officer and staff from the Department's Strategic Services Unit.

Programs

In designing the programs to be presented, it was planned that a degree of flexibility would be included in order that, where possible, the nature of the substance being focused upon could be interchangeable, the programs could be presented both in prisons and in the community and that the programs could be presented in a concentrated time span or spread out over an extended period of time. It is acknowledged that this will not always be possible, nor practical.

The list of programs planned include the following:

Alcohol Education Program

Basic information giving and skills development (safe drinking levels, personal

needs and alternate methods of satisfying needs).

Aboriginal Alcohol Education Program

A program designed by the Institute of Applied Aboriginal Studies (WA College of Advanced Education). Presently being run by the Education Team. A ready to use kit of audio-visual resource materials.

Drug Dependency Program (Substance Abuse Program)

Information giving about drugs and their effects on the human body and the risks of dependency and overdose.

Cannabis and Dependency Awareness Program

Information giving about legal, social and pharmacological issues of cannabis and the potential for dependency.

Solvent Abuse Program

Highlights the history of solvent abuse, physical effects and considers community involvement in attempting to deal with this problem.

Family Intervention Program

A systemic approach to substance use.

Reduction Maintenance Program

Management of high risk relapse situations.

Individual Assessment Program

Psychometric and social assessment. Preparation of reports for relevant bodies that is, court, parole, board and prison case conference.

Staff Training Program

WA Department of Health program which encourages a healthy lifestyle and suggests alternatives to substance abuse.

Drug Education and Treatment Program

A proposed program to be run by community agencies in the prison environment.

Referral Program

Screen, assess and refer to the appropriate agency.

These programs will be available to prisoners and community-based offenders on probation, parole and community service as well as in the form of self-development programs for fine defaulters and community-based work releasees on Work and Development Orders.

The challenge for the Substance Abuse Team will not simply be to present

positive programs for substance abusers, but also to ensure that the Department of Corrective Services becomes an integrated part of the network of statutory and non-statutory agencies working in the substance abuse field in Western Australia. In this way, the Department will be able to offer the best service possible (whether it be by direct service or by liaison and referral to an appropriate agency) to the substance abusing offender.

References

Indermaur, D. 1986, *Substance Abuse - History of Fremantle Prisoners: a Survey Conducted of Prisoners in 1985*, Western Australian Prisons Department, Perth.

Indermaur, D & Upton, K. 1988, 'Alcohol and drug use patterns of prisoners in Perth', *The Australian and New Zealand Journal of Criminology*, vol. 21, no. 3, September, pp. 144-67.

Johnson, C. & Egan, G. 1985, *Programs for Drug and Alcohol Dependents in the West Australian Prison System*, Western Australian Prisons Department, Perth.

Meddin, B. 1989, 'Offender development programmes, new directions in Corrective Services', *The West Australian Social Worker*, February, Perth.

Simkova, D. 1988, *Social Workers Involvement in Substance Abuse Programmes in the West Australian Prisons*, Western Australian Department of Corrective Services, Perth.

Western Australian Department of Corrective Services, 1988, *Implementation Plan Offender Development Programme Branch*, Perth.

-----1988, Strategic Plan 1988-91, September, Perth.

Western Australian Prisons Department 1986, *Programme Needs of Substance Abuser in the WA Prisons Department*, Program Support Group Working Party, Perth.

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Alcohol Education Program

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The relationship between alcohol and crime has been well documented. Experience with offenders in the community also suggests that often they are not aware of the problems that can result from their use of alcohol and rarely do they recognise the relationship between their drinking and offending. In 1980 concern was expressed within the Department that specific attention was not being focused on this problem. At about the same time, a survey of offenders on community based orders showed that alcohol could be identified as a contributory factor to their offending in 53 per cent of cases. By mid-1981 an education program was designed and two pilot courses were conducted. The program, simply referred to as the Department's Alcohol Education Program has continued since, with minor modifications.

The Program

The aim of the program is to provide information to persons under the jurisdiction of the Department who, through unwise use of alcohol, are experiencing or have experienced problems in their everyday lives.

This is achieved through the presentation and interpretation of material, both verbally and visually, combined with insight derived from a group discussion process. The program is presented by the Substance Abuse Team and Community Based Corrections staff, assisted by volunteers. The program comprises a number of parts:

- An introduction, which introduces the participants to the program and ascertains their knowledge of alcohol and its contribution to offending;
- A section on alcohol, the law and problem drinking, which attempts to alert participants to the types of alcohol related offences which follow from problem drinking and to delineate differences between the social and problem drinker;
- A section on the physical and psycho-social effects of alcohol, which aims to develop the participants' awareness of the adverse effects, both physical and psycho-social, which can result from alcohol misuse.

A section on alternatives to drinking, which aims to introduce the participants to some of the leisure and therapeutic facilities available in the community so that they may be in a better position to decide upon an alternative to their present situation. A final section provides a summary and attempts to obtain feedback from participants.

Originally the program was presented in five weekly parts, but due to practical reasons the program has more recently been presented on a one-day or two consecutive evenings basis.

A pre-and post-program questionnaire is administered to participants which consists of 25 alcohol related statements, each requiring a true or false response. The questionnaire is presented in two parallel forms A and B. At the outset of the program form A is administered to half the participants and form B to the remainder. A cross-over design is used which involves administering the alternative forms to participants at the end of the program.

Assessment of the program is by way of comparison of the questionnaire scores and evaluation of the feedback obtained from participants.

The participants

Participants to date have, on the whole, been offenders subject to community based orders. However, partners, relations and friends occasionally attend, but are not included in the evaluation.

Referrals for the program are received from a number of sources, for example, the courts as special conditions of probation and/or community service orders, from the Parole Board and from Community Corrections Officers.

Evaluation of the program

Formal evaluation of the program has taken place using data from courses conducted between June 1981 and February 1984, in which 320 participants were involved.

The most frequently occurring offences amongst participants during the period of investigation were against property (50.93 per cent), drink driving (30.94 per cent) and against persons (18.13 per cent). Alcohol was a factor in the commission of 92.81 per cent of the offences, the remainder being committed by persons with histories of alcohol misuse.

Evaluation of the program was divided into two components: quantitative and subjective. The quantitative component consisted of a comparison of pre-and post-program questionnaire scores and was done in three parts. Within each group, differences in scores were obtained and a group mean difference calculated. The resultant ranges and group mean differences were shown in graph form with all but one group mean difference falling in the positive segment, depicting gain. A percentage difference in score for each participant was also obtained. The mean percent difference in scores over all groups was then calculated and showed a mean increase of 20.56 per cent.

Finally, a test of significance was applied to determine whether or not the increase in scores was attributable to the program or due to chance. A t-test (repeated measures design) was used. Differences in scores were found to be significant at the 0.0005 per cent level (using a one-tailed test).

The subjective component consisted of feedback derived from participants in areas such as increased insight into alcohol and its effects; comparisons with other related group experiences; the material and method of presentation; and even the environment in which the program was conducted. By and large the

comments have been positive and have reinforced belief in the program's value.

It is emphasised to participants that the program is educative and not rehabilitative. It seeks to develop within them an awareness of alcohol and its effects. This is done by presenting material which refutes many of the myths surrounding drinking as well as providing factual material regarding alcohol.

The common denominators of group members are alcohol and offending. On the whole groups consist almost entirely of young offenders who drink unwisely or, at worst, are in the pro-dromal stage of alcoholism. However, occasionally some participants with quite profound alcohol problems are referred. They often readily discuss their own drinking histories and reinforce much of the material presented in the program.

Illiterate participants are identified at the referral stage and arrangements are made for them to complete the questionnaire, with appropriate assistance, outside the groups.

Frequently, participants are nervous and uneasy at the outset. A few of them are negative and even aggressive. Some have no desire to be there and most do not know what to expect, in spite of the fact that the program is explained to them individually prior to commencement. The fact that it is emphasised that the program is not a treatment program, serves to reduce their anxiety. Feedback from participants at the end of the program is usually positive. Any negative overtones or aggressiveness evident at the outset, have normally disappeared by the completion of the program.

As a consequence of insights having developed, some participants seek referral to other, more treatment-orientated programs.

A modified version of the Alcohol Education Program has been developed for Aboriginal offenders.

Participants who are subject to Community Service Orders, whether attending the program at the direction of the courts or by choice, are granted appropriate credit towards their orders for doing so.

Another factor that has motivated some participants to take particular notice of the information presented, has been the relevance of that material to a written test administered to certain categories of drink driving offenders when they seek reinstatement of their driving licences.

With the advent of the recent Community Corrections Centres Act, and its provision of personal development programs for offenders subject to Work and Development Orders and Community Based Work Release Orders, the Alcohol Education Program is one of a number of programs which is also being provided for these offenders.

Conclusion

Program improvement is an ongoing process. The Department's Substance Abuse

Team is currently reviewing the program to develop screening procedures for participants, and to incorporate assessment and referral procedures within the program.

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Helping those Imprisoned for Alcohol Related Crimes

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The link between alcohol and crime is well documented. Not only is it the case that alcohol (and drug) dependent people are over-represented in prison populations compared with the general population, but also a large proportion of alcohol abusers have committed alcohol-related crimes. Alcohol is implicated as a contributing factor in a large proportion of serious crimes (particularly crimes against the person) whether or not the offender is actually alcohol dependent (Indermaur & Upton 1988; Gomberg, White & Carpenter 1985).

As with most other groups in society, however, alcohol dependent offenders are not homogeneous, and of recent times research attention has focused upon minority groups who warrant particular attention because of cultural, humanitarian, medical, psychiatric, or management factors. Amongst the alcohol abusing groups which have received special attention are: young offenders (Cockett 1971), black youths, Hispanics, Pacific Asians, Puerto Ricans, the elderly, homosexuals (Schechter 1978), the military (Polich 1979), women (Sargent 1979), Aborigines (Sargent 1979, pp. 129-36), and homeless people (Sargent 1979, pp. 137-41).

A review of the literature found only one study of physical disability and chemical substance abuse (Francendese & Glass 1978). No mention was found of intellectual disability in relation to alcoholism, except for the significance of foetal alcohol syndrome (FAS) in contributing to the incidence of intellectual disability. One study on the relationship between mental capacity and drug-taking (Cockett 1971) found very little relationship between level of intelligence and extent of drug use, and concluded that drug users may be found at all levels of intelligence.

A review of the cases referred for assessment to one of the authors (Hayes 1989) by lawyers and courts, showed that 66 per cent of intellectually disabled offenders were either alcohol abusers or were reported as drunk at the time of the offence. This finding is in line with a Western Australian study of alcohol and crime amongst prisoners which found that 65.2 per cent of the sample had an

alcohol-crime disability, that is, prisoners who reported consuming more than 10 drinks before committing their last offence, or reported having one or more drink driving charges (Indermaur & Upton 1988).

This finding takes on greater importance, when it is linked to the finding that 12-13 per cent of the prison population appears to be intellectually disabled, that is, three to four times the prevalence in the general population (Hayes & McIlwain 1988). Alcohol dependence cannot be disregarded as a contributing factor in explaining the over-representation of intellectual disability amongst the prisoner population, particularly amongst the Aboriginal population.

The fact that alcohol abuse amongst intellectually disabled people is recognised as a grave management problem by case workers, but has received no research attention, can probably be attributed to the lay perception of intellectually disabled adults as 'eternal children'.

Programs for Groups with Special Needs

Indermaur and Upton's research (1988) on Western Australian prisons and drug abuse made a number of recommendations concerning intervention strategies for prisoners, including the following:

- that a substantial rehabilitative effort in the criminal justice system in relation to alcohol abuse is justified;
- that whilst first priority in service delivery should be given to those seeking assistance, not enough is being done to raise the awareness of those who are unconcerned with their problem;
- that treatment interventions need to be appropriately geared towards the main target groups, for example, Aborigines;
- that the relative effectiveness of various forms of intervention and consciousness-raising strategies needs to be determined by research; and
- that prevention strategies need to target the 15-17 year olds.

These recommendations are incontestable. The focus of this paper is upon the recommendation that intervention strategies be appropriately geared for the main target groups. It is simplest to deliver intervention strategies to the articulate, literate, motivated English-speakers amongst the prison population. The problem groups include those who have communication difficulties in written, receptive and expressive modes; those who lack the cognitive ability to foresee the consequences of their alcohol dependence and who fail to make the link between alcohol consumption and criminal behaviour; those with deficits in social and adaptive skills which render their social interactions inappropriate and result in undue reliance upon peer group pressure and approval; and those whose sub-cultural minority group affiliation render the norms and values of the mainstream of society irrelevant to those who are in effect alienated from society. There are a number of special needs groups who fit all, or some of these criteria, including young offenders, Aborigines, non-English speaking minorities, women, intellectually disabled (ID) offenders, and the psychiatrically ill. Addiction programs must be tailored to those with special needs - the practical issue is how

this can be done.

Tailoring Programs for Special Groups

Addressing addiction as a whole-of-life issue

Taking ID offenders as an example of a group with special needs, alcohol abuse is not an isolated aspect of their life. Rather, it forms part of a pattern which includes self-awareness, self-esteem, daily living skills, personal values, future and present work and residential situation, health, family relationships, peer group influences, and possible relationship with a life-partner.

A quotation from Boros (1979) on alcohol treatment amongst the hearing-impaired parallels the situation which exists for ID people:

A responsive counsellor must know the psychosocial developmental disorders accumulated throughout childhood . . . , the often disabling experience of family life . . . , the life adjustments of adult deaf . . . , and the enormous resources required to help deaf people achieve near-normal life and work roles . . . Add the required knowledge of alcoholism, and it is apparent why it is difficult to discover someone trained to treat the deaf alcoholic as a total person.

Advantages and limitations of common therapies for alcoholism

Individual psychotherapy

If one were to visit alcoholism rehabilitation centres . . . or AA meetings, it would be apparent that individual psychotherapy is held in low esteem as a treatment method for alcoholics . . . [A] prospective study . . . of males who had developed alcoholism revealed that, of those who obtained psychotherapy, only 1 of 13 men would relate remission to psychotherapy. Further, the therapy experience was often seen to deflect attention away from the drinking problem (Nace 1987).

The role of psychotherapy for ID alcohol dependent people needs to be redefined because of their possible deficits in communication skills, short attention span, short-term memory problems and the length of time over which therapy might extend. With respect to the latter consideration, the phases of treatment (Nace 1987) - recognition and admission of a problem; overt compliance (without whole-hearted acceptance); acceptance of powerlessness over alcohol; and integration of individual dynamics or other specific disorders - are each likely to take longer for the ID client, and the stage of integration may never be achieved because of limited conceptual abilities.

Group psychotherapy

There are eight elements intrinsic to group psychotherapy which contribute to the efficacy of this approach (Nace 1987, p. 173ff). These are described below, in relation to the limitations for ID clients:

- Information This needs to be aimed at persons with poor literacy and

deficits in receptive and expressive language (see later discussions of possible materials);

- Hope Positive expectations are difficult to create in a group which feels (realistically) powerless and neglected;
- Universality Unless there are other ID people in the group, the ID person may feel even more singled-out in their wretchedness;
- Catharsis Learning how strong feelings can be expressed and handled may be difficult in a primarily verbally-oriented milieu for someone with communication deficits;
- Altruism Reciprocal helping relationships may need to be structured and guided - and may be beyond the scope of ID participants for a long time;
- Imitation and learning new social skills The learning increments and situations need to be reduced and simplified so that ID clients do not experience failure;
- Cohesiveness A sense of solidarity, identity and the ability to lead a life without alcohol can be achieved for ID clients - it must not be assumed that this can be achieved best in a group consisting only of ID clients; the group needs to be integrated in order to provide new learning experiences and appropriate role models;
- Interpersonal learning The conceptual sophistication required for ID people to realise how they are perceived by others, how they create or maintain their own problems and how they can be responsible for their feelings and lives, as well as the ability to give up a lifetime of manipulation born of desperation and the need to operate from a position of profound powerlessness, may be beyond the ID client.

Whilst it is recognised that group psychotherapy and 12-step programs such as AA are vastly different in terms of function and structure, some of the features and limitations outlined above also pertain to the ID alcoholic's participation in AA. It is important, however, not to abandon such groups or programs - the procedures and techniques may need to be modified or enhanced by the use of other techniques, but the significant components of the programs are valid for ID participants.

Family treatment

In the context of many minority groups, for example, ID offenders, the psychiatrically ill, Aborigines, or young offenders, the concept of the 'family' may include people who are significant others, for example, tribal family, or co-residents or workers at a group home or refuge.

An evaluation of the family and its functioning is necessary and the family may need to be given educational material and tutoring in techniques of managing relationships without falling into the co-alcoholic role. Here again, depending upon the level of maturity, literacy, and social/adaptive skills, material such as that used in Alateen programs may be useful to the family. Al-Anon or Alateen attendance may be encouraged as an ongoing support system. Opportunities for

problem solving, including role playing, can be valuable.

Pharmacotherapy

It is recognised that there are a number of reasons why the use of medications may be deleterious to the treatment of alcoholic patients (Nace 1987, p. 195ff) including:

- the possibility of addiction to the prescribed medication;
- the assumption that taking pills is effectively managing the alcoholism and that other attitudinal or lifestyle changes are not necessary;
- reinforcement of the idea that lifestyle difficulties can be solved by chemicals, rather than by long-term effort;
- the potentially lethal combination of alcohol and some medications such as major tranquillisers;
- potential conflict of objectives with 12-step programs which discourage use of medication.

All of these reasons are probably even more significant for minority groups characterised by poor cognitive skills, propensity to adopt obsessive-compulsive behaviour patterns, high use of medication for medical or psychiatric reasons (including epilepsy), and poor concepts of time dimensions, particularly the 'career' of a person trying to become sober. An ID alcoholic may lack the intellectual ability to see the use of medication as an interim tool.

Alcoholics Anonymous

Mention has been made above of AA, Alateen, Al-Anon and other 12-step programs, but the unique and persevering place of such programs in the treatment of addiction warrants a special discussion. AA meetings have been introduced in some prisons¹. The AA organisation has Institution Committees whose task is to make contact with institutions such as hospitals, gaols, schools and army bases, and to provide educational materials and resource people as appropriate. This is not the forum to give details of the effectiveness of AA for many alcoholics, nor to attempt to canvass the issue of how it works (Nace 1987, p. 236ff). Whilst there is no doubt that AA can work for members of minority groups of all descriptions, there is also no doubt that there are a number of obstacles which make it a more difficult process for some of those minority groups.

The values held up by AA may be more appropriate to the average business person who has something to gain by being sober than for the homeless or alienated person who sees some advantage in a drink with friends (Sargent 1979, p. 140).

The ID alcoholic, for example, needs to have the ability to get to an AA meeting, a process which involves realisation of a need for help, ability to telephone or use other means to find out about meetings, ability to organise to get to the right place at the right time, a level of receptive and expressive communication skills which enables participation in a meeting, a concentration span lasting about 2 hours, and the ability to make a cognitive leap from other people's experiences

and solutions to one's own life. To some extent these tasks may be facilitated by a third party intervention, but that has to be done without detracting from self-motivation. On the positive side, the ID alcoholic may find acceptance at a level never experienced before, a peer group, a social group, relief from isolation, practical solutions, and appropriate role models. For some, the AA process may need to be modified, or supplemented by behavioural techniques emphasising active participation, role taking, and practice of manageable learning increments, such as can be found in some alcohol education materials for adolescents (for example, Chappell & Lawrence 1987).

Conclusions

Powerless and alienated groups, such as ID people, Aborigines, the psychiatrically ill, and ethnic groups, are over-represented in gaol populations in Australia (Hayes & McIlwain 1988). The same powerless and alienated groups also seem to have special patterns of alcohol abuse (Sargent 1979). Alcohol abuse no doubt plays a large part in the offending behaviour of such groups which ultimately results in imprisonment. It was stated above, that 66 per cent of a (small) sample of ID offenders were alcohol-dependent or intoxicated at the time of the offence (Hayes 1989). Aborigines have been found to be twice as likely to fall into the alcohol/crime group compared with Non-Aboriginal Australians (Indermaur & Upton 1988). Alcohol treatment programs must be developed to meet the special cognitive, social and adaptive, self-esteem and lifestyle needs of these groups. Thus, in order to help those with special needs who are imprisoned for alcohol-related crimes, attention must be focused upon the following issues:

Recognition - not only of the alcohol-dependent offender, but of the presence of disability or membership of another minority group with special needs.

Referral for assessment - a whole-of-life approach to alcohol treatment implies an awareness of the individual's specific deficits in cognitive skills, social and adaptive skills, family dynamics, self-esteem and mental health. This must be determined by comprehensive and professional assessment, not by guess-work.

A repertoire of treatment options - unless specific deficits are recognised, offenders may flounder in a treatment program pitched well beyond their needs, and may drop out. Individual or group therapy, self-help groups, behaviour modification, educational programs, family therapy, training in daily living skills, residential programs, drop-in centres, peer counselling, and vocational training must all be part of the repertoire of treatment. Participants must be able to move from one option to another, or be able to participate in several programs concurrently, if appropriate.

Increasing self-awareness - offenders with limited cognitive abilities may lack the conceptual thought necessary to perceive alcohol as contributing to their criminal behaviour and the subsequent punishment. Various techniques including self-report instruments for alcohol abuse, interviews and counselling, and the influence of significant others may be used to raise the level of awareness

sufficiently so that the offender is motivated to participate.

Educational materials - in the broadest sense of the term 'education', materials (including suggested activities for group leaders) must be appropriate to the cognitive level, literacy, concentration span, cultural and peer group values, self-esteem and age of the participants.

Training of counsellors - Alcohol counsellors must have dual training in alcohol dependence and in the special needs and attributes of the minority group to whom they are directing their efforts. The literature on treatment programs is replete with examples of problems in 'delivering' treatment programs to minority groups, frequently from a white, middle-class, intelligent, male, employed, adult point of view (Sargent 1979; Schechter 1978; Cockett 1971). The programs which succeed with minority groups are those which participate in the recognition of sub-cultural norms and address alcohol dependence in the context of the individual's values and lifestyles, not requiring the participant to make the cognitive leap from other people's experience and goals to their own.

Availability of ongoing support - the task of obtaining sobriety can last a lifetime. Short-term intervention programs need to be able to refer to ongoing support groups (often self-help groups) to give alcohol-dependent offenders the security of long-term support.

It is often the case that offenders with multiple problems fall between two poles because a single referral agency cannot cope with all the disabilities, and the offender is either referred back and forth until they and the professionals lose heart, or on the other hand, only one problem is recognised and addressed while the others remain untreated. If an offender is recognised as having an intellectual deficit, they may be referred for clinical psychological assessment, but the probability of alcohol dependence may be completely overlooked. The likelihood is that most members of drug and alcohol treatment programs in gaols are atypical in some way, and possibly in several ways, making the successful delivery of appropriate intervention a complex task. The key lies in accurate recognition and assessment of needs, and provision of a variety of treatment options to cater for differing levels of competence and disability.

FOOTNOTE

1. For example, in the NSW prison system, AA meetings take place at a number of gaols including Metropolitan Remand Centre, Central Industrial Prison, Metropolitan Reception Prison, Malabar Training Centre, Bathurst, Goulburn, Parramatta, Parklea, and Silverwater. The logistical problems of allowing access to maximum security prisons whilst maintaining the anonymity of outside AA members are daunting, but it can be done.

References

Boros, A. 1978, 'Activating solutions to alcoholism among the hearing impaired',

in *Drug Dependence and Alcoholism*, ed. A. J. Schechter, p. 1009.

Chappell, E. G. & Lawrence, A. 1987, *Boozing, Cruising and Losing*, Ballarat Community Action for Youth Inc.

Cockett, R. 1971, *Drug Abuse and Personality in Young Offenders*, Butterworths, London.

Francendese, J. M. & Glass, A. 1978, 'Chemical substance abuse among the physically disabled', in *Drug Dependence and Alcoholism*, ed. A. J. Schechter, pp. 915-20.

Gomberg, E. L., White, H. R. & Carpenter, J. A. (eds) 1985, *Alcohol, Science and Society Revisited*, University of Michigan Press, Michigan.

Hayes, S. & McIlwain, D. 1988, *The Incidence of Intellectual Disability in the NSW Prison Population - An Empirical Study*, Report to the Criminology Research Council, November.

Indermaur, D. & Upton, K. 1988, *Drug Abuse Screening Project*, Western Australian Department of Corrective Services, May.

Nace, E. P. 1987, *The Treatment of Alcoholism*, Brunner/Mazel, New York, pp. 162-3, 236ff.

Polich, J. M. 1979, 'Alcohol problems among civilian youth and military personnel', in *Youth, Alcohol and Social Policy*, eds H. T. Blane & M. E. Chafetz, Plenum, New York, pp. 59-84.

Schechter, A. J. (ed.) 1978, '*Drug Dependence and Alcoholism*', *Social and Behavioural Issues*, vol. 2, Plenum, New York: Part 1 - Minorities and Special Needs.

Sargent, M. J. 1979, *Drinking and Alcoholism in Australia - A Power Relations Theory*, Longman Cheshire, Melbourne, pp. 116-28.

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Juvenile Alcohol Consumption A Cause for Concern

A Proposal to Turn Concern into Action

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Attitudes to alcohol use in Australia, are to say the least, ambivalent. These attitudes are not of recent origin, they owe their existence, at least in part, to our colonial beginnings. New South Wales, in its founding years, spawned the 'Rum Corps', with exclusive franchise in the rum trade; the Sydney 'Rum Hospital', financed by a trading monopoly on 45,000 gallons of rum; and, the very economy of the infant colony based upon that same spirit (Hughes 1988). These historical events are indicative of the long standing nature and extent of the 'liquor problem' in Australia. Today, on one hand, there is now a strong community belief that persons who consume alcohol should not drive motor vehicles, control public passenger vehicles or carry out other responsible activity. This was not always the case. Prior to relatively recent concern being expressed about the road toll and introduction of Random Breath Testing, bravado was displayed by driving motor vehicles while heavily influenced by liquor. On the other hand, there is extremely strong and pervasive advertising, peer group pressure and a long standing history of alcohol use by almost all members of society. Indeed non-consumption of alcohol is sufficient grounds for ostracism. People generally, and juveniles in particular, are subjected to significant pressure to consume alcohol.

Alcohol is the most abused drug in our society. Indeed, the alcohol problem has been described as '...having reached epidemic proportions' and '...the fourth most serious health problem in Australia' (Draft National Health Policy on Alcohol in Australia 1987) and as an 'intoxicated society' (Senate Standing Committee on Social Welfare 1977). It is no surprise that the parliament has chosen to legislate extensively to control aspects of its consumption, particularly by persons under the age of 18 years. There is no general prohibition on the consumption of alcohol by persons under that age in New South Wales. However, generally speaking, they are prohibited from consuming or possessing alcohol, in a public place and it is an offence for:

A licensee, secretary, employee, or other person

- to obtain liquor for a person under the age of 18 years from licensed premises.
- to supply or permit liquor to be supplied a person under the age of 18 years;
- to permit a person under the age of 18 years to be in a 'restricted', 'bar' or 'poker machine' area;

Or for a person under the age of 18 years to

- consume liquor on licensed premises;
- obtain or attempt to obtain liquor on licensed premises;
- carry, or attempt to carry away liquor from licensed premises (New South Wales Liquor Act; Registered Clubs Act; Summary Offences Act - hereafter referred to as the 'liquor control Acts')

An exception is supply of liquor to siblings by parents.

The Problem and its Extent

The 'liquor problem' is one that defies singular action by anybody or instrumentality. Police enforcement action alone will not be the cure for consumption of liquor by juveniles. The ambivalent attitudes to alcohol in our society are a substantial part of the problem. For example, in the case of juveniles, what may be permitted in the home, and in the company of an adult in a public place, is an offence when done in a public place without the company of a responsible person.

There are immense pressures upon young people in social situations to consume liquor. These pressures are multifarious in nature and can only be addressed by multi-disciplinary action.

There is abundant evidence to indicate that a significant number of persons under the age of 18 years consume liquor on a regular basis. For example, a recent study of alcohol use by Australian secondary school children (Hill et al. 1987) found:

- One million school children had consumed alcohol in the past year;
- 500,000 school children had consumed alcohol in the past month;
- 400,000 school children had consumed alcohol in the past week;
- 8000 school children drank alcohol every day; and
- Of the sample, at age 12, 23 per cent of boys and 14 per cent of girls reported that they had drunk alcohol in the past week; by age 17, this had risen to 56 per cent and 49 per cent respectively.

Other studies support the general Australia wide picture painted above (Homel et al. 1984; Baker et al. 1987a,b; Victorian Ministry of Education (S.D.) and Health Commission 1986; Department of Community Medicine 1987; South Australian Drug and Alcoholic Services Council 1987; McLean et al. 1987).

New South Wales Drug and Alcohol Authority Surveys

The New South Wales Drug and Alcohol Authority has conducted a number of surveys of drug use by New South Wales school children.

The Primary School Survey

The Primary School Survey (Baker et al. 1987a) sample drew responses from 2585 primary school students from government and non-government schools. The results suggest that there are significant numbers from this age group, particularly the later years, consuming liquor. For example, of the two most senior primary school years, 5 and 6, 45 per cent of males and 30 per cent of females report having consumed alcohol.

Frequency of consumption (whole glass)

An indication of the consumption by age and sex is provided by the table reproduced below.

Table 1

Frequency of Alcohol Consumption (Whole Glass) by Age and Sex

	10 years		11 years		12 years		All Ages	
	M	F	M	F	M	F	M	F
	%	%	%	%	%	%	%	%
Don't drink	60.9	77.9	56.1	71.1	46.9	72.3	55.5	73.5
Few per year	26.9	18.8	31.6	23.5	37.0	23.9	31.4	22.1
1-3 per month	7.2	2.3	7.7	3.9	9.5	3.3	8.0	3.3
1 per week	3.8	1.0	4.1	1.4	5.5	-	4.3	1.0
Every day	1.2	-	0.5	0.1	1.1	-	0.8	0.1

Source: Baker, W. et al. 1987a

Of particular interest, is the reported incidence of daily alcohol use, by 10-year-old children. This suggests a significant supply of alcohol to these young persons at home.

It also suggests that, at this age at least, liquor outlets are not significant in direct supply. The situation apparently changes dramatically by the time children reach high school. By age 17, more than 40 per cent of the representative sample, both male and female, report obtaining liquor from licensed outlets (Baker et al. 1987b).

Relationships with known drinkers

The above survey sample was divided into drinkers and non-drinkers. Drinkers were those who reported drinking at least one drink per month and who had felt funny or dizzy after drinking. Drinkers were more likely to report drinking with family and friends while non-drinkers are more likely to report knowing no-one who drinks. Drinkers were more likely to report their mother, father, siblings and peers were drinkers (Baker et al. 1987).

Table 2

Significant Relationships with Known Drinkers

	MALES			FEMALES		
	Drinkers n = 97	Non Drinkers n = 1199	Total Males n = 1296	Drinker n = 25	Non Drinkers n = 1264	Total Females n = 1289
	%	%	%	%	%	%
Mother	38.1	33.0	33.4	60.0	35.0	35.5
Father	82.5	63.6	65.1	88.0	60.9	61.4
Siblings	39.2	9.8	12.0	40.0	6.2	6.8
Friends	36.1	9.0	11.0	64.0	7.4	8.5
No-one	9.3	28.5	27.1	12.0	33.2	32.8

Source: Baker, W. et al. 1987a

Males were more likely to be drinkers if there were sibling drinkers.

Source of alcohol

Reported sources of alcohol are set out in the table below. The extent of supply by parents (Baker et al. 1987a) should be noted.

Table 3

Source of Alcohol (multiple sources allowed)

	Males n= 1296	Females n= 1289	Total n=2585
	%	%	%
Parent	41.2	34.4	37.8
Other adult	9.9	6.6	8.2
Siblings	2.7	1.9	2.3
Help myself	10.1	5.5	7.8
Friends	3.9	2.3	3.1
Other way	1.7	1.5	1.6

Source: Baker, W. et al. 1987a

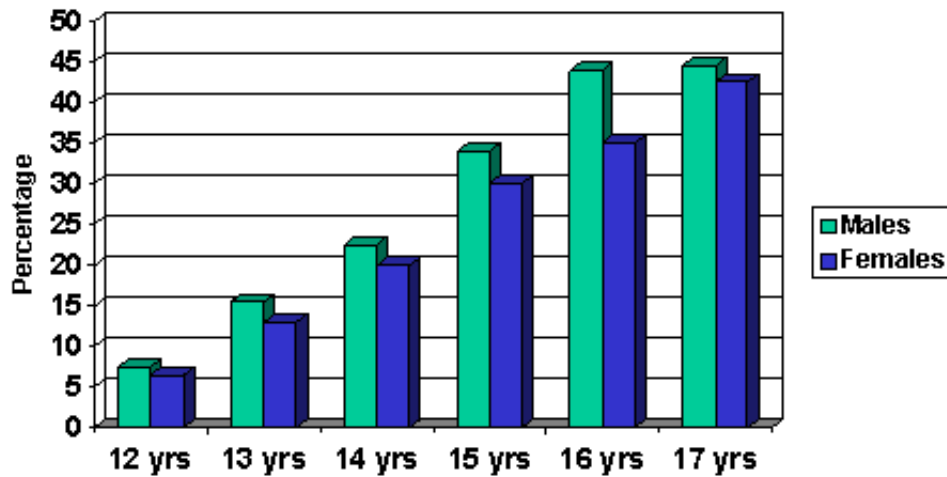
The Secondary School Survey

The Secondary School Survey (Baker et al. 1987b) sample drew responses from 6168 school children, from 54 New South Wales secondary schools aged 12 to 17 years of age. The Survey suggests a substantial level of alcohol use by students, 12 to 17 years old, with a higher usage by those 17 years of age. Over 40 per cent of students 17 years of age reported using alcohol at least weekly.

The figure below shows use by age of all age groups 12 to 17 years.

Figure 1

Regular Alcohol Use (at least weekly), 1986



Source: Baker, W. et al. 1987b

Trends in juvenile alcohol consumption

The 1986 Survey (Baker et al. 1987b) also presents comparative 1983 and 1986 data of reported alcohol use by students 12 to 17 years. Of particular interest, is a consistent trend for all ages and both sexes to report a lower level of alcohol use. For example 16-year-old females report a reduction from 41 per cent to 30 per cent in the proportion drinking weekly.

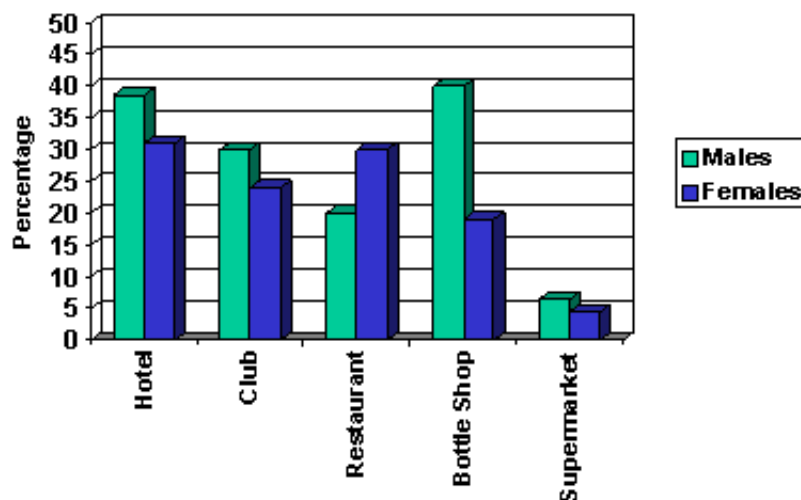
However, Australia (including New South Wales) appears to be under the belated influence of a world trend towards reduced alcohol consumption by juveniles. This trend aside, consumption of alcohol by students in New South Wales is still, on average much higher than that of their American counterparts. (Baker et al. 1987b). This must be seen in the context of consumption patterns in various countries. A significant difference is that America, unlike Australia, underwent a period of alcohol prohibition.

Purchase location

The Survey (Baker et al. 1987b) also provides data on the location of purchase of liquor by those in the sample 16 years of age. The chief sources of alcohol for males are bottle shops and hotels, while for females hotels and restaurants are the primary sources.

Figure 2

Alcohol Purchase Locations -16-year-olds

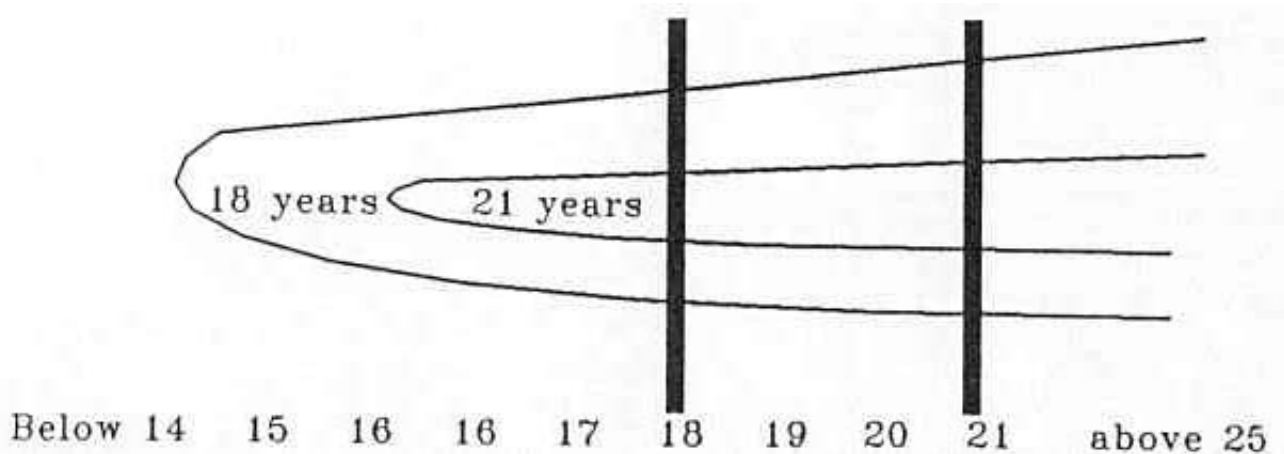


Source; Baker, W. et al., The 1986 Survey of Drug Use.

The reported sources of alcohol supply highlight the significance of licensed outlets in the supply of alcohol to juveniles (see Figure 2). Necessarily this supply is unlawful; and lends strong support to the proposition that there are insufficient penalty consequences for offences committed by license holders.

Figure 3

Representation of Actual Drinking Age for Lawful Drinking Ages of 18 and 21



Actual drinking age

The Survey data presented above indicates that the 'actual drinking age' must be viewed somewhat differently from the 'legal drinking age'. For example, the lawful drinking age in New South Wales is 18 years, yet the Primary School Survey found that for years 5 and 6 (11 and 12 years), 45 per cent of males and 30 per cent of females report having consumed alcohol. Additionally by age 17, the last 'unlawful drinking year', more than 40 per cent of both males and females used alcohol at least weekly (Baker et al. 1987a and b) (see Figure 3).

Recognition of the relationship between 'lawful drinking age' and 'actual drinking age' has implications for discussion of other issues including: raising the lawful drinking age and progression from one drug type to another discussed later in this paper.

Consequences of Juvenile Alcohol Consumption

The Schools Survey material demonstrates considerable juvenile alcohol use. This use is shown to have two dimensions, first, alcohol use within the home, and second, use in public or licensed places. Additionally, licensed outlets are shown to be significant suppliers of alcohol to juveniles. Unfortunately, consumption of liquor by Juveniles has a number of personal and social consequences. These include:

- Attendant crime;
- High incidence of motor vehicle incidents involving persons under the age of 25 years;
- Progression from licit to illicit drugs;
- Health risk; and
- Risk taking by alcohol affected young persons.

Attendant crime

Licensees, clubs and others commit offences by supplying alcohol to juveniles; or permitting juveniles to remain on licensed premises.

While not usually committed by juveniles, about 50 per cent of reported domestic violence cases have as an associated factor, alcohol abuse (Stewart 1983). This would, at the very least, have role model implications for juveniles in later life.

The association between alcohol and crime is well known (Blum 1987; Buzzard et al. 1986). Police have long perceived a strong association between alcohol consumption and hooliganism, vandalism and other anti-social behaviour. This perception is supported by recent studies in the United States, (Smart & Goodstadt 1977) Canada, (Vingilis & Smart 1981), and in Australia (Smith & Burvill 1986a and b; Smith 1986), which suggest a strong association between alcohol and juvenile road deaths or injuries, and non-traffic injuries and some types of crime. The situation in Australia can be charted by reference to studies of both juvenile crime (Smith & Burvill 1986b) juvenile traffic deaths and injuries (Smith & Burvill 1986a), and juvenile non-traffic hospital admissions (Smith 1986), at the time of reduction in legal drinking age in South Australia, Western Australia and Queensland. Reduction of the legal drinking age from 21 to

18 was accompanied by statistically significant increases in juvenile crime and traffic fatalities or injuries and non-traffic hospital admissions. With respect to juvenile crime rates, the following results for male juveniles were obtained.

Significant increases in offences committed by male juveniles in the following offences: in South Australia - larceny of motor vehicles 48.9 per cent, burglary 44.4 per cent, drunkenness 48.9 per cent; in Queensland - burglary 63.5 per cent; larceny 32.9 per cent; fraud 157.4 per cent, drunkenness 57.2 per cent in Western Australia - serious assault 231.6 per cent; larceny of motor vehicle 36.9 per cent, and burglary 35.2 per cent.

It is evident that there is a relationship between movements in the lawful drinking age and the indices of some crime, juvenile road deaths and injuries and non-traffic hospital admissions.

Continuing the crime and alcohol connection, the New South Wales Bureau of Crime Statistics and Research conducted a study (Robb 1988) of Serious Assaults in New South Wales. It was found, amongst other things, that:

- 17 per cent of victims and 18 per cent of assailants fell into the 10-19 age group;
- 40 per cent of incidents involved alcohol;
- 19 per cent of assault locations were in or near licensed premises; and
- 20 per cent of incidents occurred between 10 pm and 12 pm.

The data lends support to the general association of alcohol, licensed premises and serious assaults.

Progression from licit to illicit drugs

While progression from licit to illicit drugs has not been well documented there is some evidence to support a progression from one 'drug type' to another (Chaiken 1987).

In a 1984 research study, Polich et al. cited the work of Kandel and Faust (1975) who in follow-up studies of New York adolescents identified a three stage sequence of drug use: legal drugs (for example, cigarettes and hard liquor) leading to marijuana leading to other illicit drugs.

These findings should, of course, not be interpreted to imply that every person who uses cigarettes will later become a marijuana user and then progress to other illicit drugs, but that as Kandel suggests, legal drugs are '...necessary intermediates between non-use and marijuana...' (Kandel 1975), and that marijuana use is a '...crucial step on the way to other illicit drugs'.

Polich et al. (1984) continues:

Most researchers now accept the propositions that there are typical sequential patterns to drug use behaviour; that they begin with legal drugs (cigarettes and alcohol); and that some portion of marijuana users will go on to experiment with or become occasional users of other illicit drugs (Richards 1980).

Further, research on the sequence of drug use substantially parallels the prevalence of drug use rates amongst adolescents (Polich et al. 1984). This is supported in Australian studies by Hill (1987) and Baker et al., (1987a and b) for Australian school children and New South Wales school children respectively. The drugs most commonly used by adolescents also come earliest in the sequence, for example, tobacco and alcohol. It is therefore, wise to target these drugs for prevention efforts. These findings also suggest that prevention programs should be focused on both legal and illegal substances (Polich et al. 1984). Prevention or delay of the onset of cigarette smoking may have 'spillover' effects on alcohol and marijuana use and subsequently, later illicit drug use (Perry 1980).

Health

Excessive consumption of alcohol has well-known consequences to the individual. It also has wider economic consequences for the treatment of alcohol affected or addicted individuals, usually resulting in costs to the state. Other considerations are:

- About 350,000 Australians have serious alcohol addiction problems (Stewart 1983);
- Australia has the highest per capita consumption of alcohol in the English-speaking world (Stewart 1983);
- Thirty per cent of admissions to public hospitals in the inner city of Sydney are shown to have alcohol related problems (Stewart 1983);
- Alcoholism of parents is considered more significant in relation to suicide and suicide attempts by young people than alcohol abuse by young people themselves (Allen 1987);

- Alcohol and pregnancy - Alcohol use by females of childbearing age can be expected to increase the incidence of 'Foetal Alcohol Syndrome' affected offspring (Newman & Correy 1980). 'Foetal Alcohol Syndrome' affected children have mental and physical disabilities of such magnitude that they are likely to present a burden on the state;
- Between 1980 and 1986 alcohol was the most significant cause of death among young people (aged 15-34 years) causing over 75 per cent of drug deaths in this age group (National Drug Abuse Data System 1988);
- There is additionally, some evidence to suggest that juveniles have less tolerance to alcohol (Stewart 1983).

Motor vehicle operation

Probably the most disturbing aspect of excessive consumption of alcohol by juveniles, relates to the deaths and injuries associated with juvenile motor vehicle operation. Juveniles are grossly over-represented in road user casualty statistics, for both death and injury, as drivers, passengers, motorcyclists and pedestrians (Traffic Authority of New South Wales 1988).

Indeed, almost half the drivers and riders killed or injured in New South Wales, in 1987, with unlawful blood alcohol concentrations, were between 17 and 25 years (Traffic Authority of New South Wales 1988).

A study of 200 blood samples taken from road users in Tasmania in 1983, found that the probability of finding a blood alcohol concentration above 0.5g/L in 17-year-old persons who were killed or injured seriously was approximately 70 per cent (McLean 1987).

In a recent study (Smith & Burvill 1986a) of the effect on traffic safety of lowering the drinking age in Queensland, South Australia and Western Australia in the 1970s it was found there was a 75 per cent increase in fatalities for drivers and motorcycle riders; an 18 per cent to 29 per cent increase in the number of male drivers and motorcyclists injured; a 4.7 per cent increase in male drivers and motorcyclists aged 10-20 years involved in reported accidents following lowering of the drinking age; that significantly more drivers and riders had positive breath analysis and blood alcohol test results and were charged with significantly more drink driving offences; and a significant increase in the number of 18 to 20-year-olds admitted to hospital following a reduction in drinking age.

This study and the others by Smith (1986) and Smith and Burvill (1986a and b) support the general proposition, on juvenile crime reduction and juvenile traffic safety grounds, that the 'legal drinking age' be raised from 18 to an age in excess of 21 years or to some age in between. American studies reported a similar experience (Chelimsky 1988).

Risk taking

The blood alcohol statistics for juveniles and young adults suggests a great propensity among young persons to drive while affected by alcohol, or to be passengers in vehicles controlled by alcohol affected drivers. It is not clear which comes first, the risk taking or the alcohol consumption. What is clear however, is that juveniles continue to consume alcohol and drive motor vehicles.

Alcohol has also been implicated in risk taking and suicide (Stengal 1969 & Hendtlass 1982). A recent study of youth suicide and attempted suicide in Western Australia by Hayward et al., (1988) found, inter alia, that in almost half of the teenage suicides during 1986-87 the victim had been drinking prior to the suicide and almost one-quarter had blood alcohol levels over 0.05.

In the 1988 Report to the Minister of Health by the Youth Suicide Working Party it was found that:

- The major risk factors for suicide were: history of previous attempt, depression, alcohol or drug use, and being Aboriginal;
- The frequency of alcohol intoxication in attempted suicide has more than doubled from 1980 to 1987.

Among other things, the Working Party recommended that:

- 3.3.12 [T]he Health Department's current alcohol and drug public awareness campaign continue to target adolescents and young adults to bring about change in community attitude towards alcohol and drugs.
- 3.4.7 [The] legal restrictions on access to alcohol by youth be reviewed (report to Western Australia Minister for Health 1988).

It is clear that adverse consequences occur from excessive consumption of alcohol by juveniles. Of particular concern, is the incidence of deaths and serious injuries associated with the use of motor vehicles,

the contribution of alcohol to risk taking and suicide, and its contribution to crime and hooliganism.

The Liquor Industry

Financial impact of the liquor industry

It must be appreciated that any successful and sustained program impacting on the incidence of juvenile drinking will probably have significant financial impact on the liquor industry and the state. The political or lobby pressure that might be applied by the industry, should not be underestimated.

The New South Wales Drug and Alcohol Authority Primary and Secondary Schools Surveys (Baker et al. 1987a and b), demonstrate considerable use of alcohol by persons under the age of 18 years. These surveys further indicate the significance of parents in the supply of alcohol, particularly to Primary School Children. Given personal and social consequences of excessive alcohol consumption by young persons, it seems reasonable that the liquor industry through its license payments to the Liquor Administration Board (s.72 New South Wales Liquor Act), should bear in some way the part of the cost of addressing this supply and use. The Liquor Administration Board, should fund from Liquor Licence Collections a media campaign to inform juveniles of the provisions of the 'liquor control Acts'; and a juvenile alcohol diversion program run by the Police Citizens' Youth Clubs; and curriculum development for inclusion in life-style education programs. Material is to be prepared by the Education Department in conjunction with the Police Department.

If the needs of the state are such that revenue from licence receipts must remain at present rates, then licence fees should be increased. This would render the liquor industry liable in some way for reducing abuse of its product.

Additionally, the Board should take an active role in ensuring that licence holders under the Liquor Act, and secretaries and clubs under the Registered Clubs Act; and their employees are aware of their responsibilities under these Acts. Particular attention should be paid to responsibilities in relation to juveniles.

The Board should also support initiatives to: set proper standards of behaviour for licence holders, secretaries and their staff; raise the social and professional responsibility of the liquor industry; and broaden awareness of the social and personal consequences of liquor abuse in the industry by support of such programs as, 'Patron Care' and 'Home Safely'.

Police Support for the Concept of Liquor Industry Self-Management

The police view is that the liquor industry should be responsible, in a substantial way, for self-management and control of: the sale or supply of alcohol to persons under the age of 18 years and the entry of such persons on to licensed premises. Further, that legislation controlling those aspects of the industry should reinforce self-management.

The industry should, in the first instance, be trusted to be substantially self-managing, and once having established the basis of this trust, the law should bear heavily on those licence holders who abuse the trust extended to them. The penalties for breach of this trust should be substantial.

The actual and potential effect of the penal provisions of the New South Wales Liquor Act and the Registered Clubs Act and their present application are questioned. While a maximum fine of \$1000 is provided by both the Acts, breaches of these Acts are almost invariably punished by much lesser penalties.

It should be noted that no licence has been withdrawn or cancelled in the last two years for the presence of juveniles on licensed premises, or supply of liquor to juveniles, even though this is provided for in the provisions of the 'liquor control Acts'.

The Police Role

Present enforcement role

Police have had a continuing, though not exclusive, enforcement role under the Liquor and Registered Clubs Acts. Enforcement of the Registered Clubs Act and the Liquor Act, has traditionally been the province of police specifically assigned to licensing duties. These police were located within Divisions ostensibly under control of Divisional Commanders, but in reality under the substantial control of the Superintendent of Licences.

The Liquor Act and the Registered Clubs Act provide qualified authority to members of the police force, of or above the rank of sergeant, or for the time being in charge of a police station, to enter licensed premises,

clubs, hotels and liquor outlets at all hours. In addition, refusal of entry or 'unreasonable' delay or obstruction are offences for the licence holder and staff. In prescribed circumstances, other members of the police force may also be authorised.

From a police view, the allocation of staff to exclusive 'licensing duties' has led to a situation where the vast majority of General Duty police personnel, perceive that enforcement of the Liquor Act and Registered Clubs Act as the sole province of those police specifically designated to perform duty as 'licensing police'.

This perception should be addressed in police training and by a clear organisational statement that licensing is a function of all members of the police force, and not just those classified as 'Licensing'.

While the perception exists, in reality all members of the police force have authority to enter the public areas of hotels. A somewhat different situation applies to the premises of Registered clubs.

Members of the police force, of or above the rank of sergeant, on grounds of reasonable suspicion of 'unlawful or disorderly conduct', have clear authority, under both the Liquor Act and Registered Clubs Act, to enter licensed premises.

Proposed Enforcement Role - a Two Phase Police Program

Phase I will be directed towards juvenile offenders and training of police, while Phase II will be directed at liquor licence holders.

It must be appreciated that given the extensive nature of juvenile alcohol consumption identified in the Schools Surveys (above), that to attempt continued enforcement directed solely at juveniles is unlikely to be successful. Directing this enforcement activity at product suppliers and the liquor licence holders, offers greater likelihood of success. Proposals to alter the Registered Clubs Act and the Liquor Act to require: mandatory production of 'proof of age' by driver's licence or 'Pub Card', removal of defences and infringement notice based enforcement activity are seen as placing a greater duty upon licence holders to act professionally and in so doing to ensure that juveniles are not present on their premises or supplied with liquor. A further proposal is that juveniles found in possession should be under an obligation to supply a member of the police force with the source of supply of liquor found in their possession.

Two phase police program

Objective To reduce the incidence of drinking or possession of intoxicating liquor by persons under the age of 18 years, in public places, in premises licensed under the Liquor Act, the Registered Clubs Act and unlicensed premises.

Premises This strategy is based upon three premises.

1. That prime responsibility for ensuring that persons under the age of 18 years do not consume, are not present or are not supplied with liquor, rests with licence holders. 'Licence holder' includes the holder of a licence for a bottle shop or a restaurant.
2. That priority police enforcement activity during Phase I will be directed towards ensuring that juveniles possessing or consuming liquor in public places, or being on, consuming on, or being supplied with, liquor on licensed or unlicensed premises, are detected.
3. That the consequence of non-compliance by persons licensed under the 'liquor control Acts' and their employees, and persons who supply liquor contrary to their provisions, to persons under the age of 18 years, will be of sufficient gravity to ensure that this type of behaviour will be an infrequent occurrence.

Phase I

It is proposed that Phase I will run for a period of 12 months, and will consist of three steps. Step 1, primarily education of police, it is expected, would take place in the first three months. Step 2 is the education of juveniles on their responsibilities under the 'liquor control Acts' through a media campaign, a juvenile alcohol diversion program provided by the Police Citizens' Youth Clubs and curriculum development in Lifestyle programs. All to be funded by the Liquor Administration Board from licence collections. Step 3 includes ongoing education of the general community, and in particular juveniles, on the effects of alcohol.

Success or otherwise of the strategy will be evaluated on an ongoing basis; and be subject to a major review at the conclusion of Phase I.

Phase II

Phase II, will consist of a shift in enforcement emphasis from juveniles to suppliers, with particular attention to the holders of licences under the Liquor Act and Registered Clubs Act and unlicensed premises, where liquor is supplied to juveniles an evaluation of the success of enforcement during the period of Phase I; a detailed review of 'liquor control' legislation; and the preparation of revised enforcement strategies options in line with any deficiencies identified in Phase I.

After evaluation of Phase I, a revised Enforcement Strategy would be prepared for Phase II, to reflect the changed emphasis to licence holders. Evaluation would also take place after completion of Phase II.

Intelligence gathering

Intelligence gathering to identify problem areas within each patrol will include: an invitation to members of the public through local media to provide information of licensed and unlicensed premises serving, or supplying liquor to juveniles; a local phone-in similar to Operation Noah to identify problem areas; a police identification of premises and events where juvenile drinking occurs in each patrol; and a request to Community Consultative Committees and Neighbourhood Watch groups to assist in identifying problem areas.

Information to liquor associations and licensees

Based upon the premise that there is a clear duty cast upon licence holders restaurateurs, bottle shop proprietors, club secretaries and their employees by the New South Wales Liquor Act and the Registered Clubs Act, to ensure that juveniles do not frequent or partake of liquor in licensed premises, the Registered Clubs Association and the Australian Hotels Association will be informed that a patrol based 'enforcement activity will be introduced.

This information will include a clear indication that juveniles are principally a problem for licence holders and that the police role will be one of ensuring that licence holders conform with the requirements of the 'liquor control Acts'.

The changed police role is to ensure that licence holders, secretaries and their employees are taking action to reject and remove juveniles from premises under their control. Further, that any breaches by licence holders, secretaries or their staff will be prosecuted.

Police enforcement

Detection of persons under the age of 18 years of age on licensed premises or consumption or possession of alcohol, etc., will have the following graded police response.

First detection

A Caution: it must be appreciated that in many situations, (for example, large public gatherings or sporting events) that it may not be appropriate or practical to caution. Such events may require an infringement notice to be issued at the first detection stage. It may be possible, to administer a caution in appropriate cases, at some later time.

Second and third detection

An Infringement Notice.

Fourth and subsequent detections

A Court Attendance Notice and referral as appropriate. Where a young person has been detected on three or more occasions for public consumption or possession of alcohol, or consumption or presence on licensed premises etc., in the interests of the young person, the Department of Family and Community Services should be informed.

Modification of penalty structure

After surveying the penalties applied for breaches of the Liquor Act and the Registered Clubs Act, it is proposed that the penalty structure be amended to: increase penalties, but, more importantly to fix minimum and maximum levels for progressive stages of offending. Further, penalties should be attached to premises rather than to individual licensees. After a third conviction emanating from a particular licensed establishment the licence should be suspended for a period of three months.

Proposals for change

In light of the social effects of excessive alcohol consumption, particularly, attendant crime, health, risk taking and motor vehicle use, together with the responsibilities for self-management already extended to the liquor industry, penalties for breaches should be substantial.

Firstly, because the penalties should be strong signals to licence holders that the state is concerned about such behaviour; and, secondly they should be applied by the court upon a finding of guilt. Additionally, they should be, at least in part, subject to non-discretionary application, say:

- \$2000 for a first offence, with a minimum of \$1000;
- \$3000 for a second offence with a minimum of \$2000;
- \$5000 minimum fine for third and subsequent offences, together with automatic question of fitness to continue to hold a liquor licence.

Penalties should also be attached to the licensed premises. Three penalties attached to the licensed premises over a three year period should lead to cancellation of the licence for the premises concerned, for a period of three months. It is intended that the penalties should be applied to Hotels, Registered Clubs, Licensed restaurants, and Bottle Shops.

Modification of the penalty structure to create minimum and maximum penalty provisions and more importantly to attach penalties to premises will dramatically change police enforcement activity. Instead of attempting to enforce the 'liquor control Acts' on the whole juvenile population, as is the case at present, enforcement activity will change to ensuring that liquor licence holders are not permitting juveniles on their licensed premises or permitting supply of liquor .

Attachment of penalties to licensed premises will act to make the Liquor Act and the Registered Clubs Act virtually self-enforcing. Juvenile provisions will only be breached in full knowledge of the consequences. Although consequences (for example, loss of value of the premises), may be viewed as severe, so are the consequences of juvenile alcohol consumption. The present system is not working.

Removal of defences

In tandem with proposals to modify the penalty structure it is also proposed that defences currently available in the Liquor Act and the Registered Clubs Act be removed. There is little reason to retain the current defences when a system of identification and proof of age is to be provided with mandatory production of 'Photo Licences' and 'Pub Cards' at point of entry and prior to supply of alcohol. A sufficient defence should be that the person in question produced a valid motor vehicle driver's licence or an identification card similar to a 'Pub Card'. If the licence or card is not valid, the defence should not be available.

Wide use of caution and infringement notices

Current procedure utilised to initiate proceedings for offences under these Acts is by way of summons. This requires police reporting juvenile infractions of the 'liquor control Acts', to prepare a 'brief of evidence'.

The 'brief includes a statement by the reporting member, juvenile reporting form and other papers and is cumbersome, bureaucratic and costly. In addition, it requires that the 'brief of evidence' be forwarded through the District Superintendent, to the Superintendent of Licences, Central Licensing Branch for adjudication.

After the brief has been adjudicated on and a decision has been made about the correct offence, it is returned through the District Superintendent, to the member who originally reported the offence by the juvenile. The original reporting officer then goes to the local court. A summons is subsequently issued and served with the reporting officer giving evidence before the court where required.

Enforcement levels of juvenile offences under the 'liquor control Acts' have not been high. This, it is suggested, has been due to two factors, first, the complicated procedure necessary to initiate proceedings, and second, the low probability of a person reported receiving a reasonable penalty.

It is proposed that caution and infringement notices will have wide application under the 'liquor control Acts'. Introduction of cautions can be achieved administratively. Infringement notices however, require amendment to the 'liquor control Acts'.

Infringement notices are attractive due to their cost effectiveness in terms of police resources and favourable impact on the courts system. It is proposed that the 'liquor control Acts' be amended to permit issue of infringement notices for a wide range of offences under these Acts. Offences would include many committed by licensees, secretaries and their employees.

Police power to demand source of alcohol

To address the problem of supply of alcohol from licensed premises to juveniles, at its source, it is proposed that police be given the power to demand details of the source of alcohol from any person possessing or consuming alcohol contrary to the 'liquor control Acts'.

Use of the power will allow the suppliers to be targeted. Persons who fail to supply details of the supplier of the alcohol or supply false information will commit an offence. In dealing with offenders under such a provision, it will be necessary to caution or prosecute the offender for consumption or possession prior to him or her being called as a witness against a licensee or other person guilty of an offence. To do otherwise, would be to place the offender in the position of giving evidence which is also likely to be used in his or her prosecution. A person placed in such a situation would be cautioned in the court not to say anything in response to questions about the source of liquor as it might tend to incriminate them.

It can be expected that, in combination with other proposals, this will have a powerful effect on liquor licence holder behaviour.

Power to demand details of identification and proof of age

It is proposed that police be empowered to demand production of a 'Photo Licence' or 'Pub Card' from persons reasonably suspected of committing an offence under the 'liquor control Acts'. In addition, it is proposed that it be possible to detain suspected persons for a short period to verify information supplied.

Lack of a realistic authority to demand and verify name, address and age of an offender can be expected to have adverse consequences. Police will be reluctant to bluff their way through and assume a power to demand and to verify name and address and proof of age not provided in the legislation. This will probably result in less than optimum numbers of infringement notices being issued for these offences.

Police Citizens' Youth Clubs

The Police Citizens' Youth Clubs will provide a juvenile alcohol diversion program, funded by the Liquor Administration Board, available as a diversion option to both courts and police. Such a program should include: self-assertiveness; consideration of peer pressure; understanding the influences of advertising; and understanding liquor control legislation and the consequences of breaking its provisions. In addition, Youth Club managers and staff should: gather intelligence from hotels, clubs, parks and other juvenile drinking places; and make contact and develop liaison with substance abuse networks.

Responses from other Jurisdictions

It should not be thought Australia is the only society attempting to grapple with the consequences of excessive alcohol consumption. The United States and Great Britain have also been attempting to deal with similar problems. A number of policy responses are provided below.

United States

Increase in lawful drinking age

Support for increasing the 'lawful drinking age' from 18 to 21 can be found in the United States of America, where decreases in the lawful drinking age in the 1970s, the majority to age 18 with some states opting for 19, and increases in the 1980s, to age 21, were accompanied by, respective increases and decreases in: road deaths and injuries of young people; motor vehicle associated property damage; and some crime indices.

A 1985 study by the U.S. Department of Transport concluded that any state raising its lawful drinking age had a 95 per cent chance of reducing the fatal accident involvement of the targeted age group by 6 per cent to 19 per cent. It is conceded at the outset that there is at least one substantial difference between the United States and Australia in the application of breath analysis and testing. In the United States only some of the states apply compulsory breath testing and practice random and other breath testing. The much wider application of random and other breath testing in Australia would probably act to lessen, by degree, the likely impact of raising the lawful drinking age, but having acknowledged this, the potential positive gains in the form of reduction in juvenile motor vehicle deaths and injuries and damage, could nonetheless be expected to be considerable.

The findings of a United States General Accounting Office (Chelimsky 1988) review, were used by the Federal Government in 1984 to legislate to tie Federal highway grant monies to the states to a requirement that the states increase their 'lawful drinking age' to 21. It would appear that this would be an option that

might be constructively pursued by the Federal Government in Australia. All of the mainland American states have now increased their 'lawful drinking age' to 21 years.

Some states took the view that the changed 'lawful drinking age' should be applied to all persons, including those who had already attained the age of 18 but were not yet 21 years. In some of these states it became an offence, even for a parent, to supply liquor to a person under the age of 21.

Juvenile curfews

A further policy response in the United States to unacceptable juvenile traffic death and injury rates has been to impose curfews on juveniles.

Young persons are not permitted to drive vehicles after specified times in the evening. The imposition of these restrictions, in various forms, is currently operating in 12 of the United States, (Ross 1984) and is reported to have contributed to a reduction in the incidence of juvenile road deaths and injury indices (William 1987; Rodriguez-Schak 1988).

If considered appropriate, introduction of curfews could be on the basis of certain nights of the week on which juvenile accident rates are highest, for provisional licence holders or certain classes of convicted licence holders, or to specific places or events or during certain hours.

'Dram Shop' Liability Legislation

Police support heightened professionalism and responsibility within the liquor industry to prevent supply of liquor to juveniles. These aspects have been influenced positively in the United States by liability legislation presently unknown in Australia.

A feature of many jurisdictions in the United States is 'Dram Shop' liability legislation. The legislation provides '...a remedy for a person injured by an inebriated [person] against the person who caused the inebriated [person] to become intoxicated (Goldberg 1987). The Acts either, extend the application of common law negligence or make specific liability provisions for liquor servers. The liability provisions extend to both licence holders and producers where appropriate; and in some states are wide enough to include domestic or social host servers of liquor.

'Dram Shop Liability Legislation' currently applies in some 38 states in the United States (Goldberg 1987).

The Illinois Dram Shop Act provides '...every person who is injured in person or in property by an intoxicated person has right of action...against any person who by selling or giving alcoholic liquor, causes the intoxication of such person' (Illinois Revised Statutes).

The stimulus of liability under 'Dram Shop' legislation or extended common law negligence has been a very powerful engine for change. It has seen introduction of programs such as 'Patron Care' referred to elsewhere in this paper, and other 'Alcohol Management' programs. One such program (DWI Update 1986) for bar and restaurant owners, employers and employees seeks to increase knowledge of: the clinical effects of alcohol on the body; how to recognise the physical signs and stages of intoxication; how to moderate a customer's drinking rate; and how to deal with problem drinkers.

The New South Wales Drug and Alcohol Authority, in a submission to the House of Representatives Standing Committee on Road Safety, 'Alcohol Drugs and Road Safety', in May 1982, suggested that some responsibility should be imposed on licence holders to ensure that young people do not drive away from licensed premises whilst intoxicated, in essence some form of 'Dram Shop' liability legislation.

It appears that, if there is to be change in the behaviour, attitudes and professionalism of the liquor industry in New South Wales, towards serving of alcohol to juveniles and to intoxicated persons, introduction of 'Dram Shop' liability legislation may provide the required stimuli.

United Kingdom

Prohibition on public consumption of alcohol

A number of local government authorities in the United Kingdom, in response to increased delinquency and public order problems, have recently responded by restricting public consumption of alcohol. The provisions apply to all persons and are not targeted at juveniles. It is too early to establish whether this action has been effective.

Restriction on Supply or Consumption of Alcohol on Transport to Sporting Events

The Sporting Events (Control of Alcohol Etc) Act 1985 creates the following offences: possession of alcohol on a public passenger or railway passenger vehicle carrying passengers to or from a designated sporting event; a hirer or operator, or his or her servant or agent, knowingly permitting alcohol to be carried; a passenger being drunk; to be drunk on entering or trying to enter a designated sports ground or in any part of the ground; and to possess alcohol on entry to a designated ground or in any part of the designated sporting ground from which the event may be viewed.

It also empowers a constable in uniform during a designated sporting event to close any bar in the ground if he or she considers the sale of alcohol is detrimental to the orderly conduct of safety of the spectators (s.6). There are also police powers of entry, arrest, stop and search to enforce the Act.

It is not uncommon to find a large sign on railway stations proclaiming a particular train under the provisions of the legislation and warning passengers that they are not permitted to possess, consume or carry alcohol on the specified train. The restrictions also apply to other forms of transport.

Similar provisions are also applicable in Scotland (Criminal Justice (Scotland) Act (1980)).

Conclusion

The Schools Surveys for New South Wales, South Australia and Victoria demonstrate significant use of alcohol by juveniles throughout Australia. In all but exceptional circumstances, for example supply by parent, this use of alcohol is unlawful. Also identified, (New South Wales Surveys) was the significance of licensed premises, particularly hotels, clubs and bottle shops as purchase locations for alcohol by juveniles. It can only be concluded, that present methods of discouraging or preventing unlawful supply of alcohol to juveniles from the various types of licensed premises have failed.

While not wishing to suggest that the illegality of significant consumption of alcohol by juveniles throughout Australia is not of concern, it is also important that other consequences of this consumption, more damaging to the individual and our society, are appreciated. Alcohol consumption by juveniles has been implicated in crime, hooliganism, vandalism, progression from licit to illicit drugs, damage to health, risk taking and perhaps the most disturbing of all, motor vehicle deaths and injuries. It follows that if significant impact can be made on the incidence of juvenile alcohol consumption then improvements in the indices for other consumption consequences will also occur.

The policing strategy included in this paper was framed in recognition of the complexity and long standing nature of the liquor problem' and its 'juvenile' component. Notice has been taken of the significance of parents in supply of alcohol to juveniles, together with that of liquor supply from premises licensed under the New South Wales Liquor Act and the Registered Clubs Act.

The strategy draws on the demand reduction work of the National Campaign Against Drug Abuse and the New South Wales Directorate of the Drug Offensive. This is supported by introduction of juvenile alcohol diversion and education programs funded from liquor licence fees collected by the Liquor Administration Board, and delivered by the Education Department and the Police Citizens' Youth Clubs. There appears to be some evidence that expenditure and effort in prevention or delaying the onset of consumption of licit drugs, particularly tobacco and alcohol, has 'spillover' effects on the consumption of other licit and illicit drugs.

To address supply, the strategy seeks to significantly broaden the role of the liquor Administration Board. The Board should take action to encourage increasing self-management and professionalism within the liquor industry. Liquor industry self-management and heightened professionalism are also encouraged and supported by amendment to existing 'liquor control Acts' to attach penalties to premises and by applying minimum and maximum penalties.

Mandatory requirements on licence holders, club secretaries, bottle shop proprietors, restaurateurs and their employees, to require production of motor vehicle driver's licences including a photograph or 'Pub Cards' for proof of age, before granting entry or supplying alcohol, is proposed. 'Pub Cards' would be issued by the Department of Motor Transport through its Motor Registry network to persons who are over the age of 18 years but not the holder of a Motor Vehicle Driver's Licence. A 'Pub Card' scheme, similar to that proposed, was recently introduced in the Northern Territory. The recent decision to introduce 'photo licences' will simplify provision of 'Pub Cards' in New South Wales.

Introduction of 'Dram Shop' liability legislation would significantly alter current behaviour and ultimately attitudes of liquor servers to their intoxicated and juvenile patrons by rendering them liable for damage and injury caused to third parties.

Reduction of the drinking age in the 1970s in a number of Australian states led to increases in juvenile traffic accident deaths and injuries, some crime indices and the level of non-traffic hospital admissions. Research in the United States, where the lawful drinking age, has been both decreased and then increased, has indicated that there is a relationship similar to the Australian experience with reduction of the lawful drinking age. It is reasonable to expect that an increase in the lawful drinking age would lead to a reduction in the levels of juvenile traffic accident deaths and injuries, some crime rates and non-traffic hospital admissions. It is proposed, on these grounds, that the lawful age for consumption of alcohol be increased to 21 years of age.

Following the United States experience with increasing lawful drinking age, it appears that the Commonwealth Government, through 'tied grants' to the states, has a significant role to play in, first, increasing the lawful drinking age, and second, through this, reducing the level of juvenile deaths and injuries associated with the operation of motor vehicles. It appears that this single action may also have beneficial effect in other areas -crime, risk taking, juvenile suicide and non-traffic hospital admissions.

Curfew restrictions are imposed on juveniles in 12 jurisdictions in the United States. These restrictions are reported to reduce the Incidence of traffic- related deaths and injury among juveniles. Additionally, there are reports of reduction in some juvenile crime indices. Detailed examination of the introduction of juvenile curfews to this state, on the basis of reported reduction in traffic injury and death and crime indices, is recommended.

Heightened police enforcement activity at local patrol level is also proposed and will in the short term be aimed at juvenile consumers, and at licensed and other suppliers, in the longer term.

It is clear that large numbers of juveniles are obtaining alcohol from licensed premises, hotels, clubs, restaurants, bottle shops and to a lesser extent supermarkets. Significant modification of the penalty structure to attach penalties to licensed premises is seen as a strategy with a very high probability of success, as it can create economic disincentives. A licensed outlet with one or more penalties attached will not attract the same sale interest or price as one without a penalty attached.

Enforcement of 'juvenile related' provisions of the 'liquor control Acts' by extensive use of infringement notices is recommended. However, this will only be successful if police are provided with the power to demand name and address and proof of age in circumstances where it is reasonable to suspect that an offence has been committed under the 'liquor control Acts'.

Finally, to respond successfully to the 'juvenile drinking problem' and its attendant consequences, there will have to be concerted action. Police enforcement endeavour alone will not suffice. The 'problem' requires interagency effort to address the serious adverse effects, on crime, motor vehicle incidents, health and risk taking associated with, and exacerbated by, inappropriate juvenile consumption of alcohol. Finally, there will need to be recognition of the 'problem' by a large proportion of the community, by liquor licence holders, and most importantly, by young people themselves.

Select Bibliography

Allen, B. P. 1987, 'Youth Suicide', *Adolescence*, vol XXII, no.86, Summer, p. 280.

Baker, W., Homel, P. Flaherty, B., Trebilco, P. 1987a, *The 1986 Survey of Drug Use by Primary School Students of New South Wales*, NSW Drug and Alcohol Authority, Sydney.

-----1987b, *The 1986 Survey of Drug Use by Secondary School Students in New South Wales*, NSW Drug and Alcohol Authority, Sydney.

Blum, R. 1987, 'President's task force on drunkenness 1967', *Justice Quarterly*, vol 4, no.2, June, p. 311.

Buzzard, A. J. et al. 1986, *Medicine and Surgery for Lawyers*, Law Book Company, Sydney, p. 553.

Chaikin, E. 1987, 'Drug and alcohol addiction', *The Australian Journal of Forensic Sciences*, vol. 19, no.4, June, p. 128.

Chelimsky, E. 1988, *Evaluations of Minimum Drinking Age Laws*, General Accounting Office, Washington.

Clifford, W. & Marjoram, J. 1979, *Suicide in South Australia*, Australian Institute of Criminology, Canberra.

Department of Community Medicine 1987, *Autumn School of Studies on Alcohol and Drugs*, St Vincent's

Hospital, Melbourne, May.

Draft National Health Policy on Alcohol in Australia 1987, November, p. 2.

DWI Update 1986, 'Techniques of Alcohol Management', *The Police Chief*, April, p. 99.

Goldberg, J. A. 1987, 'One for the road: Liquor liability broadens', *American Bar Association Journal*, June 1, p. 86.

Hayward, L., Zubrick, S. & Silburn, S. 1988, *Suicide and Suicide Attempts in Australia and Western Australia: A Focus on Youth*, Health Department of Western Australia, Perth.

Hendtlass, J. 1982, *Drug Abuse and Criminality: A Melbourne Study*, A Report prepared for the Chief Commissioner of Police and funded by the Criminology Research Council, Melbourne.

Hill, D., Wilcox, S., Gardner, G. & Houston, J. 1987, 'Tobacco and alcohol use among Australian secondary school children', *Medical Journal of Australia*, vol. 146, 2 February, pp. 125-30.

Homel, P., Flaherty, B., Trebilco, P. & Dunoon, D. 1984, *Highlights of the 1983 Survey on Drug Use by Secondary Students in New South Wales*, Report no. A84/4, New South Wales Drug and Alcohol Authority.

Hughes, R. 1988, *The Fatal Shore*, Pan Books, London, p. 297.

Illinois Revised Statutes, ch. 43, s. 135

Kandel, D. B. 1975, 'Stages in adolescent involvement in drug use', *Science*, vol. 190, pp. 912-14.

Kandel, D. B. & Faust, R. 1975, 'Sequence and stages in patterns of adolescent drug use', *Arch. Gen. Psychiat.*, vol. 32, pp. 923-32.

McLean, S., Parsons, R. S., Chesterman, R. B., Dineen, R., Johnson, M. G. & Davies, N. W. 1987, 'Drugs, alcohol and road accidents in Tasmania', *Medical Journal of Australia*, 6 July, vol. 147, pp. 6-11.

National Drug Abuse Data System 1988, *Statistical Update*, no.4, March.

Newman, N. M. & Correy, J. F. 1980, 'Effects of alcohol in pregnancy', *Medical Journal of Australia*, 12 July, pp. 5-10.

Perry, C. L. 1980, 'Modifying smoking behaviour of teenagers: A school based intervention', *American Journal Public Health*, vol. 70, pp. 722-5.

Polich, J., Ellickson, P. L., Reuter, P., Kahan, J. 1984, *Strategies for Controlling Adolescent Drug Use*, Rand Corporation, Santa Monica California.

Report to the Hon. Keith Wilson, Minister for Health, from the Youth Suicide Working Party (Daube Report) 1988, Health Department of Western Australia, Perth.

Richards, L. G. 1980, 'The epidemiology of youthful drug use', in *Drugs and Youth Culture*, eds F. R. Scarpartii & S. K. Datesman, Sage Publications, Beverly Hills, California.

Robb, T. 1988, *Police Reports of Serious Assaults in New South Wales*, New South Wales Bureau of Crime Statistics and Research, Sydney.

Rodriguez-Schak, Y. & Meany, V. 1988, 'Newell: Employers liability to third parties injured by intoxicated employees following an office party', *Tort and Insurance Law Journal*, vol. XXIII, no.2, Winter, p. 25.

Ross, H. L. 1984, 'Law and the automobile', Law and Policy, *National Institute of Criminal Justice Abstract*, vol. 6, no 1, Special Issue, January.

Senate Standing Committee on Social Welfare 1977, *Drug Problems in Australia - An Intoxicated Society?*, AGPS, Canberra.

Smart, R. G. & Goodstadt, M. S. 1977, 'Effects of reducing the legal alcohol- purchasing age on drinking and driving problems', *Journal of Studies on Alcohol*, vol. 38, pp. 1313-23.

Smith, D. I. 1986, 'Effect on non-traffic accident hospital admissions of lowering the drinking age in two Australian states', *Contemporary Drug Problems*, Winter, pp. 621-39.

Smith, D. I. & Burvill, P. W. 1986a, 'Effect on traffic safety of lowering the drinking age in three Australian

states', *Journal of Drug Issues*, vol. 16, pp. 183- 98.

-----1986b, 'Effect on juvenile crime of lowering the drinking age in three Australian states', *British Journal of Addiction*, vol. 82, pp. 181-8.

Stengel, E. 1969, *Suicide and Attempted Suicide*, Penguin, Ringwood, Victoria.

Stewart, B. 1983, Opening Address to the Seminar: Exploring the Alcohol and Drug Crime Link -Societies Response, R.A. Bush (ed.), Australian Institute of Criminology and the NSW Drug and Alcohol Authority, Canberra.

South Australian Drug and Alcohol Services Council 1987, SA. *Survey of Alcohol Use Amongst Persons 12- 23*, Final Report, Adelaide, March.

Traffic Authority of New South Wales 1988, Controller Casualties, Degree of Casualty, Blood Alcohol Concentration, Sex, Age, Traffic Accident Data for 1987, Report 6 January.

United States Department of Transportation, National Highways and Traffic Safety, Washington DC. 1985, 'Effect of raising the legal drinking age on driver involvement in fatal crashes -The experience of thirteen states', Report No: DOT 806902, Abstracted in National Criminal Justice Reference Service, Aspen Systems Corporation.

Victorian Ministry of Education (Schools Division) and Health Commission 1986, *Summary Report on the Drug Use of Victorian Postprimary Students*, Melbourne.

Vingilis, E. & Smart, R. G. 1981, 'Effects of raising the legal drinking age in Ontario', *British Journal of Addiction*, vol. 76, pp. 415-24.

William, A. F. 1987, 'Effective and ineffective policies for reducing injuries associated with youthful drivers, alcohol, drugs and driving', *National Institute of Criminal Justice Abstract*, vol. 3, no.3-4, July-December, pp. 109-17.

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Tackling Excessive Drinking Or Excessive Supply

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The traditional view of excessive drinking is that of individuals who, inherently because of some genetic defect, are unable to 'hold their liquor' and whose first drink somehow takes their consumption beyond their control. In fact, there is evidence that children of 'alcoholics' are likely to develop an alcohol dependency possibly due to a variety environmental factors such as exposure to alcohol during gestation, learned coping styles, and modelled behaviour (Greenberg undated).

Alcohol dependence is the product of excessive drinking, as is the development of indices of personal and social harm that accompany excessive drinking. Drinking behaviour is on a continuum so that increased consumption can turn a 'social' drinker into a 'problem' drinker (see Figure 1). The same applies to a population. The more alcohol consumed in a society, as measured by per capita consumption, the greater the incidence of alcohol related problems.

Figure 1

Drinking Risk Levels

Risk	Maximum Daily Grams of Alcohol*	
	Female	Male
Low	20	40
Harmful	20-40	40-60
Hazardous	40<	60<

*One standard drink contains approximately 10 grams of alcohol

Source: Pols & Hawks 1987

Australia is the highest consumer of alcohol in the English-speaking world (Department of Community Services and Health Statistical Services Section 1988) we drink at levels that range between 24.4 - 36.3 gm daily (see Figure 2).

Figure 2

Estimated Per Capita Alcohol Consumption Australia 1987

	daily gm alc
Persons aged 15 years and older	24.42

15 years<	31.02 (a)
with a 21% abstinence rate	33.08 (b)
with a 25% abstinence rate	36.30 (c)
with a 32% abstinence rate	

Source: Note - Estimated per capita consumption figures based on demographic and alcohol sales figures, related to abstinence rates given in (a) Armyr, G., Elmer, A. & Herz, U. 1982; Alcohol in the World of 80s. Stockholm: Sober Forlags AB (b) Homel, R., Berger, D., Loxley, W. & Snortum, J. 1989; General Prevention of Drinking and Driving. A Comparative Study of Compliance with Drinking and Driving Laws in Australia, the United States of America and Norway. A report prepared for the Criminology Research Council, Sydney NSW, Macquarie University (c) Australian Bureau of Statistics 1985. Alcohol Consumption Patterns, Western Australia. October. Cat No. 430 1.5.

Alcohol related ill-health and social misbehaviour are the products of excessive consumption (Stephens 1987; Skog 1984; Lieber et al. 1986; Secretary of Health and Human Services 1983; Report of the Task Force on Domestic Violence to the WA Government 1986; WA Police Department 1986). The impact of alcohol on Australian society (see Figure 3) makes it clear that the social debt is not created by the 3 per cent of the adult population who are estimated to be alcohol dependent (Senate Standing Committee on Social Welfare 1977). All the drinking population, at some time, experiences the adverse effects of alcohol use and is, therefore, potentially part of the problem.

While not wishing to exonerate the individual from responsibility for the consequences of their alcohol consumption, as with all drug use there are two sides to that consumption. The converse of excessive drinking, in the public arena, is excessive alcohol supply (see Figure 4).

Figure 3

Some Adverse Effects of Australia's Per Capita Alcohol Consumption

Alcohol is associated with

- 50 per cent of liver cirrhosis;
- cancers of the upper alimentary tract, the rectum, the breast, the pancreas, the liver;
- one-fifth of all admissions to approved hospitals in the Mental Health Services;
- 2-30 per cent of all hospital admissions;
- at least 10 per cent of total health costs;
- 30 per cent of drownings;
- 20 per cent of suicides;
- 40 per cent of marital breakdown;
- 30 per cent of child abuse and incest assaults;
- >70 per cent violent crime;
- loss of >\$1.5 billion annually to industry; and

- >40 per cent of all fatal road accidents.

Source: Alcohol Advisory Council of Western Australia Inc. 1987

Figure 4

Factors in Alcohol's Supply

Direct	Indirect
hotels bottle shops restaurants free sampling prizes	advertising sponsorships editorial content television program content cultural norms travel availability

Four issues from A New South Wales Police Proposal to Address Consumption and possession of Alcohol by Juveniles (Ireland 1988) are of immediate interest to policy makers when considering the supply side of excessive alcohol consumption. These are (1) juvenile drinking; (2) licensing law; (3) Dram Shop liability; and (4) liquor industry self-management.

Juvenile Drinking

One of the most high-profile issues related to alcohol consumption is that of juvenile drinking (persons aged under 18 years of age), an issue which is regarded by the public as a major social ill (Scott 1988; Nieuwenhuysen 1986).

Every State and Territory proscribes the sale and supply of alcohol to juveniles (ACT Liquor Ordinance 1975; NSW Liquor Act 1982; NT Licensing Ordinance 1939-1971; Qld. Liquor Act 1912-1985; SA Liquor Licensing Act 1985; Vic. Liquor Control Act 1987; WA Liquor Licensing Act 1988; Tas. Licensing Act 1976) and even the presence of juveniles on licensed premises (unless in exceptional circumstances such as having a meal in the company of an adult). There are a variety of defences to charges under these sections of the various Acts, ranging from the juvenile in fact being 16 years or older and the licensee having a reasonable belief that s/he is actually 18 years or older (Liquor Ordinance Act; Liquor Licensing Act WA) to having requested proof of the person's age (Liquor Act NSW; Liquor Act Qld.; Liquor Licensing Act SA). The employment of juveniles to sell or serve alcohol is proscribed by some Acts (Licensing Ordinance NT) although in other parts of Australia they are allowed to work on licensed premises in capacities other than in the sale or service of liquor.

There are many studies of school students' alcohol consumption (Cormack et al. 1987; Hill et al. 1987; Bardsley et al. 1986; Ministry of Education and Health Commission Victoria 1986; Homel et al. 1984). Researchers have also investigated the reasons for underage drinking (Potvin & Lee 1980), estimated the social harm associated with, and the probable impact of changes to, the

current minimum drinking ages (Smith 1988; Williams & Lillis 1988; Smith, in press). Undeniably, there would be a reduction in the morbidity and mortality, as well as in other indices of social dysfunction, of 16-19 year olds if the minimum drinking age were raised in 20 years or older.

Licenses point to the necessity of identification to stop juveniles being served on licensed premises (Gleeson & Prenesti 1986; The West Australian 1984) although this is reported to be rarely requested (McNamara 1988). State branches of the Australian Hoteliers Association (AHA) have introduced education campaigns (Australian Hotelier, May and August 1988). The Northern Territory has introduced 'Pub Card' photo identification for non-drivers as a joint AHA/Transport Department initiative (Ireland 1988); Queensland, too, has a system of voluntary photo identification and Western Australia and Victoria have recently adopted similar schemes for drivers' licences.

Juvenile curfews have been introduced in the United States of America and have been recommended for NSW (Ireland 1988) to relate to the times of highest juvenile road accident rates and a system of graduated drivers' licensing has been developed (Boughton & Noonan 1986) that recommends the gradual achievement of full road privileges over four distinct stages (see Figure 5) lasting two years.

The notion of a minimum drinking age is a relatively recent phenomenon, introduced, for example, in only 1911, in the Licensing Act, Western Australia. Since then, the legal drinking age has changed twice - from 16 to 21 years, then to 18 years. A minimum drinking age is a cultural construct, based on demands of the time rather than on scientific evaluation of the effects of alcohol on a developing body or on appropriate social behaviour. Current explanations for proposing higher minimum drinking age discuss the disproportionate implication of young people (age range 17-20 years) in mortality and morbidity figures related to alcohol consumption, but we could just as easily demand a much higher age restriction to protect people until a greater degree of maturity has been reached. This is not to say that our children do not have a right to protection from risk. What society should determine, however, is a framework of limitations based on fact so that the question 'why not' can be answered with logic rather than with 'because the law says so'.

Young people's drinking deflects attention from an arguably more pressing problem, that of the adult drinking population's consumption. The problems associated with alcohol consumption do not belong with youth any more than they belong with alcohol dependents. Indeed, it might be said that the majority's drinking is the model for that of youth and dependents and it is to our own behaviour that we should look to effect universal change.

Figure 5

A Graduated Driving Licence Proposal

Stage 1: Driving under supervision, only during the day, no passengers.

Stage 2: Driving during the day with supervision, with passengers. Driving during the night with supervision, no passengers.

Stage 3: Driving unsupervised during the day, carrying passengers day or night if supervised.

Stage 4: Unsupervised driving both day and night, supervised only at night if carrying passengers.

NO alcohol consumption at any driving time during this period and for a further year to be regarded as a provisional licence year.

Source: Boughton & Noonan 1986.

Dram Shop Liability

Dram Shop Liability is 'a term of art referring to the potential legal liability of servers of alcoholic beverages for injuries caused by their intoxicated and underage patrons' (The Model Dram Shop Act: Introduction, California. Prevention Research Centre. Undated).

First introduced to the USA in 1849 (Ireland 1988; Meacham 1987), Dram Shop Liability is on the statute books in 38 states and has recently proved to be a powerful agent for change in the manner in which licensees serve their customers. In some states, social hosts are also liable for damage caused by their drunken guests to third parties (Prugh 1986), however the liability is generally limited to people who will profit from the sale of alcohol (Article 11, Dram Shop Provisions, New York State).

Example of Dram Shop Liability Legislation

1. . Any person who shall be injured in person, property, means of support or otherwise by a person whose abilities are impaired by the use of a controlled substance, or by reason of such person's impairment, shall have a right of action against any person who caused or contributed to such impairment by unlawfully selling to or unlawfully assisting in procuring a controlled substance for such person.
 - b. In any such action, the injured person shall have right to recover and exemplary damages.
2. In case of the death of either party, the action or right of action given by this section shall survive to or against his or her executor or administrator and the amount so recovered by either a husband, wife or child shall be his or her sole and separate property.
3. Such action may be brought in any court of competent jurisdiction.
4. In any case where parents shall be entitled to such damages, either the father or mother may sue alone there from, but recovery by one of such parties shall be a bar to suit brought by the other.

5. The term 'controlled substance' when used in this section, means and includes any substance listed in section thirty-three hundred six of the public health law' (Prugh 1986).

A model Dram Shop Act was drafted in the mid-1980s by the Prevention Research Centre and, by 1985, had been either fully or partially adopted by eight states, some of whom previously had no such legislation.

Prior to the early 1960s, and despite Dram Shop Liability laws, a drinker was held by the courts to be solely responsible for his or her own actions' (Mosher & Colman 1986). The rising road toll and other alcohol related problems however have commercial undertaking: 'if an action creates a reasonably foreseeable risk of harm to others, then liability may be imposed' (Mosher & Colman 1986).

Model Dram Shop Act: Summary

Purpose of Act

1. To prevent intoxicated-related traumatic injuries, death, and other damages;
2. To provide compensation to those suffering damages as a result of intoxication-related incidents.

Plaintiffs

Any person who suffers injury, except that the intoxicated adult is not permitted to recover for self-inflicted injuries.

Defendants

Any alcohol beverage retailer (and their employees and agents), who, at the time of the furnishing of the alcohol, was required by law to hold an alcoholic beverage licence.

Acts Which Give Rise to Civil Liability

Defences

1. The negligent or reckless service of alcoholic beverages to a minor or an intoxicated person. Any defences generally applicable to tort actions under law;
2. Responsible business practices defence (California Prevention Research Centre, undated).

Licensing Law in Australia

The degree to which alcohol is available in a society is a major factor in that society's per capita alcohol consumption and concomitant community harm. Any legislation affecting the availability of alcohol has the potential to make a positive contribution to the community's social wellbeing and health status. Generally, liquor licensing law does not recognise this.

Liquor laws have focused on regulating the provision of alcoholic beverages within the framework of a stable licensed industry. They detail who may sell alcoholic beverages under permit or licence, the hours that licensed premises may operate, where the premises may be located, and specify to whom liquor may not

be sold; for example, to underage drinkers, intoxicated persons, and so forth. Penalties are also prescribed for breaches of the law.

Some Acts incorporate objects which define their intent. These are, in no particular order:

1. to promote economic and social growth by encouraging to regulate, and to contribute to the proper development of the liquor, hospitality and related industries (Western Australia);
2. to cater for the requirements of the tourism industry;
3. to facilitate the use and development of licensed facilities reflecting the diversity of consumer demand;
4. to provide adequate controls over, and over the persons directly or indirectly involved in, the sale, disposal and consumption of liquor;
5. to provide a flexible system, with as little formality or technicality as may be practicable, for the Act's administration;
6. to contribute to the effective co-ordination of the efforts of government and non-government agencies in the prevention and control of alcohol abuse and misuse (See Liquor Licensing Act 1988 WA; Liquor Control Act 1987 Vic.).

This last object is the only instance of liquor licensing being acknowledge as affecting alcohol related community harm.

However, Dram Shop Liability's 'duty of care' (Colman et al. 1985) principle can be found in all Australian licensing law. For example, in New South Wales, no liquor is to be sold or supplied to an intoxicated person and where a person is found to be intoxicated on licensed premises, the licensee is deemed to have permitted this state of affairs unless it can be shown that all reasonable steps were taken to prevent it (Liquor Act 1982 NSW s.125). In Tasmania, no responsible person (that is, licensee or agent) must allow anti-social behaviour on their premises, nor sell alcohol to intoxicated patrons, with the burden of proof lying on the defendant should the law be breached (Licensing Act 1976 Tas. s.59). Similar provisions can be found in all other states' and territories' Acts.

Substantial sections of each liquor licensing Act address the prevention of juvenile drinking - for example, Part VII of South Australia's Liquor Licensing Act 1985 and Division 9 of Western Australia's Liquor Licensing Act 1988 totally focus on the control of juveniles in licensed premises, although the qualifications contained in the WA Act make policing the presence of juveniles on licensed premises quite difficult.

However, from the first, the relationship between alcohol consumption and anti-social behaviour has been made clear in Australia's liquor licensing legislation (An Act to Regulate the Sale of Spirituous and Fermented Liquors by Retail, 2 Wm IV. No. 8 1832, WA). Also made clear has been the licensee's duty to serve their goods in a responsible fashion, or face the consequences which might range from receiving a reprimand to loss of licence (see Liquor Licensing Act 1988 WA, s.96).

Liquor Industry Self-Regulation

When discussions were held regarding the introduction of Dram Shop Liability to Western Australia, the official response was a derisive 'Where would you begin? They're all doing it (serving illegally)'.

Given the magnitude of offending, it is understandable that licensing law enforcement has a low priority, despite the commitment of the Liquor and Gaming squad to upholding the law (see Figure 6).

Figure 6

Selected Charge Rates in Western Australia, 1983-87

	1983	1984	1985	1986	1987
No. of charges	1976	2545	3065	3141	3309
Permitting disorderly conduct	2	-	-	7	2
Sell/supply intoxicated person	-	-	-	-	-
Permit intoxicated person in the bar	1	3	20	3	12
Sell/supply to juvenile	27	26	40	55	46
Permit juvenile on premises	35	48	115	98	125
Juvenile on premises	233	229	274	404	480
Juvenile furnishing false certificate	1	4	19	19	9
Park drinking	292	292	539	578	676
Street drinking	629	790	738	772	867

Sources: WA Police Department Annual Reports 1983-85; Licensing Court information 1986, 1987.

When increased enforcement has been proposed, the liquor industry has argued that there will be loss of employment and reduced licensing fees to contribute to government revenue if their sales are affected. The lack of enforcement had reduced in turn, the perceived severity of licensing law breaches in the public's eyes. The serving of intoxicated persons and underage drinkers is regarded as inevitable with the onus on the offending drinker. Consequently, there is a risk that licensees will assume little responsibility for maintaining their legal serving requirements and that blatant offending might occur.

This paper argues that the liquor industry should be self-managing, reinforced by stringent penalties (Ireland 1988), so that only a few licensees might risk offending and abuse the trust given them by the community by virtue of their

having achieved a liquor licence. It was found in the USA that when Dram Shop Liability began to cut into the industry's hip pocket (in terms of insurance premiums and pay-outs), licensees began adopting the credo of responsible serving and provided training for the staff in server responsibility (see Figure 7).

Figure 7

Framework for Responsible Serving Training - Goals

- reduce the risk of intoxication;
- reduce the risk of customers driving while intoxicated;
- reduce the risk of underage drinking;
- improve staff moral and functioning;
- maintain profitability; and
- develop good community relations

Source: Saltz 1986.

It has been found that staff can monitor patrons' consumption (Saltz 1986) and reduce the less pleasant effects of their jobs such as dealing with drunken truculent customers.

In Australia, Queensland's Hotel Patrol Care Program (Queensland Department of Health Alcohol and Drug Dependence Services 1983) - a co-operative venture of government departments, run by TAFE, and supported by liquor producers and vendors - has been operating for several years. The program trains liquor servers to serve responsibly, and to intervene when patrons' drinking becomes problematic. In other parts of Australia, hospitality courses are run (for example, Western Liquor Guide, March 1987, p. 20) though the emphasis is on serving technique and administration. Serving limitations are addressed only in terms of legal requirements, not as a goal in themselves.

Hospitality course trainees are employed by business where good, comprehensive service is demanded. Staff training is not offered by the majority of licensed premise operations. Casual labour is a feature of the liquor trade industry, employed to deal with demand at peak periods. No licensing Act requires licensees to know liquor law before achieving a licence and it is apparent that many casual staff are unaware that their serving practices are prescribed by law.

Notwithstanding its popular, widespread use, ethyl alcohol is a powerful psychoactive drug and should be served (or dispensed) with respect. Licensees should be aware that they are responsible for more than just the running of a commercial business, and be equipped with the necessary knowledge of their goods and service to ensure the 'duty of care'.

To that end, the successful passing of a test similar to that necessary to achieve a driver's licence should be an important requirement to being granted a liquor licence. Further, a commitment to responsible serving (that is, upholding the provisions in licensing law) should be demonstrated by licensees being required

to provide training for their staff before a licence is granted or renewed.

The effects of this would be to raise the status of the industry; provide a better service to patrons; perhaps increase patronage; and increase the well-being of the community.

References

- Alcohol Advisory Council of Western Australia Inc. 1987, *The Case for Controlling Alcohol Availability*, Perth.
- Bardsley, A., Gossens, C., Hanrahan, J. & McLellan, J.A. 1986, *Drinking Patterns in Year 10 Students*, Report prepared by fifth year medical students during a course in Social and Preventive Medicine, Department of Medicine, University of Western Australia.
- Boughton, C. J. & Noonan, G. 1986, Development of Graduated Licensing in Australia, 1986 (unpublished).
- Colman, V., Krell, B. E. & Mosher, J. F. 1985, 'Preventing alcohol related injuries: Dram Shop Liability in a public health perspective', *Western State Law Review*, vol. 12, no. 2, pp. 417-41.
- Cormack, S., Kaleniuk, Z., Smith, J. & Bungey, J. 1987, Survey of Alcohol, Tobacco and Other Drug Use by South Australian School Children 1986, Drug and Alcohol Services Council, Adelaide, December.
- Department of Community Services and Health Statistical Services Section 1988, Alcohol in Australia, A Summary of Related Statistics, AGPS, Canberra.
- Gleeson, A. & Prenesti, S. 1986, 'Club manager wants IDs for teenagers', *The Age*, March p. 5.
- Greenberg, L. undated, *Is Alcoholism Inherited?* Queensland Education Department Alcohol Education Advisory Service.
- Hill D., Willcox, S., Gardner G. & Houston, J. 1987, 'Tobacco and alcohol use among Australian secondary school children', *Medical Journal of Australia*, 2 February, vol. 146, pp. 125-30.
- Homel, P., Flaherty, B., Trebilco, P. & Dunoon, D. 1984, *Highlights of the 1983 Survey of Drug Use by Secondary School Students in New South Wales*, New South Wales Drug and Alcohol Authority In-House Report Series, Sydney.
- Ireland, C.S. 1988, *A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles*, A proposal submitted to the Minister for Police and Emergency Services by the Commissioner of Police, NSW.
- Lieber, C. S., Garro, A. J., Leo, M. A. & Worner, T. M. 1986, 'Mechanisms for the interrelationship between alcohol and cancer', *Alcohol Health and Research World*, vol. 10, no. 3, Spring. pp. 10-15.

- McNamara, G. 1988, 'Blind eyes turned to under-age drinkers', *The Daily News*, March, p. 12.
- Meacham, A. 1987, 'Dram-shop lawsuits on the rise nation-wide', *U.S. Journal of Drug and Alcohol Dependence*, vol. 11, no. 12, December. p. 5.
- Ministry of Education (Schools Division) and Health Commission, Victoria 1986, *Report on the Survey of Drug Use Among Victorian Postprimary Students*, Melbourne.
- Mosher, J. F. & Colman, V. J. 1986, 'Prevention research - the Model Dram Shop Act of 1985', *Alcohol Health and Research World*, vol. 10, no. 4, pp. 5-11.
- Nieuwenhuysen, J. 1986, Report on the Review of the Liquor Control Act 1968 - *Public and Industry Opinion Surveys*, Appendix to the Report, Melbourne.
- Pols, R. G. & Hawks, D. V. 1987, *Is there a Safe Level of Daily Consumption of Alcohol for Men and Women?*, AGPS, Canberra.
- Potvin, R. H. & Lee, C. F. 1980, 'Multistage path models of adolescent alcohol and drug use', *Journal of Studies of Alcohol*, vol. 41, no. 5, pp. 531-41.
- Prugh, T. 1986, 'Social host liability', *Alcohol Health and Research World*, vol. 10, no. 4, p. 32.
- Queensland Department of Health Alcohol and Drug Dependence Services 1983, *Hotel Patron Care Program*. A Program Management Documentation, October.
- Report of the Task Force on Domestic Violence to the Western Australian Government 1986, *Break the Silence*, Perth, January.
- Saltz, R. F. 1986, 'Server intervention will it work?', *Alcohol Health and Research World*, vol. 10, no. 4, pp. 13-19.
- Scott, J. 1988, 'Under-age drinking is worsening: Study', *The West Australian*, 5 May.
- Secretary of Health and Human Services 1983, *Fifth Special Report to the U.S. Congress on Alcohol and Health*, December.
- Senate Standing Committee on Social Welfare 1977, *Drug Problems in Australia - An Intoxicated Society?*, AGPS, Canberra.
- Skog, O. J. 1984, 'The risk function for liver cirrhosis from lifetime alcohol consumption', *Journal of Studies on Alcohol*, vol. 45, no. 3, pp. 199-208.
- Smith, D. I. 1988, *Teenagers and Alcohol*, Paper prepared for presentation to the seminar on Teenagers and Alcohol, 27 May.
- Smith, D. I. (in press), 'Effect on non-traffic accident hospital admissions of lowering the drinking age in two Australian states', *Contemporary Drug Problems*.

Stephens, C. J. 1987, 'Alcohol consumption and casualties; drinking in the event', *Drug and Alcohol Dependence*, vol. 20, pp. 115-27.

WA Police Department 1986, *Road Traffic Accidents in Western Australia 1985*, Research and Statistics Section, Traffic Licensing and Services Centre, Police Department.

Williams, T. P. & Lillis, R. P. 1988, 'Long-term changes in reported alcohol purchasing and consumption following an increase in New York State's purchase age to 19', *British Journal of Addiction*, vol. 83, pp. 209-17.

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Effectiveness of Legislative and Fiscal Restrictions in Reducing Alcohol Related Crime and Traffic Accidents

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The adverse effect which even low levels of alcohol consumption can have on traffic safety has been documented in a wide variety of studies. Typically one finds that 40 per cent to 50 per cent of all driver and motorcyclist fatalities have elevated blood levels (BALs). This has led to considerable research activity as to the most effective means of preventing alcohol related traffic accidents, especially in the legislative area.

By international standards, Australia has a high level of alcohol consumption, and it is therefore not surprising to find that alcohol is apparently a factor of some importance in the occurrence of crime (Smith in press(a)). For instance, for Western Australia from 1968 to 1984, there was a close relationship between alcohol consumption and homicide, serious assault, rape, breaking and entering and motor vehicle theft. The significant correlations between alcohol consumption and the less serious offences were probably related to the use of alcohol as a source of 'dutch courage', especially by young offenders. That is, the effect of the alcohol consumption may have been to promote or facilitate the planning of executing of the crime, rather than inducing the occurrence of the offence (Cordilia 1985). Additional analyses revealed significant correlations between (a) Western Australian alcohol consumption and hospital admissions for injury purposely inflicted by other persons and (b) Australian alcohol consumption and mortality due to homicide and injury purposely inflicted by other persons.

From a prevention point of view, the above significant results have the important implication that any initiative which reduces total absolute alcohol consumption can be expected to have a beneficial effect on alcohol related crime (Smith 1988). Decreasing the availability and increasing the price of alcoholic beverages are examples of measures which can be used to reduce consumption.

The purpose of this paper is to review the effectiveness of legislative and fiscal restrictions in reducing alcohol related crime and traffic accidents. The material is drawn extensively from two more detailed review papers (Smith 1988a; Smith 1989). Availability restrictions, pricing and taxation of alcoholic beverages, and drink driving legislation are the areas which will be reviewed in this paper, due to their particular relevance to the Australian scene.

Legal Minimum Drinking Age

During the 1970s a considerable number of American states and Canadian provinces lowered the legal minimum drinking age at which people could drink in licensed premises or purchase alcohol for off-premise consumption. Subsequently, most of the jurisdictions raised their drinking ages. In the case of Australia, two states (Queensland and Western Australia) lowered their drinking age from 21 to 18 years, while two other states (South Australia and Tasmania) lowered their drinking age from 21 to 20 years, and then from 20 to 18 years. (New South Wales has had an 18 year drinking age since 1905, Victoria since 1906 and the ACT and the Northern Territory since approximately 1929). As a consequence of the above legislative changes, researchers have been able to study the effect of lowering and raising the drinking age on traffic accidents, alcohol consumption, school problems, juvenile crime, and emergency hospital admissions (Smith 1989; Smith 1983).

Traffic accidents

The effect on traffic safety of lowering the drinking age in South Australia, Western Australia and Queensland (Smith & Burvill 1986) can be summarised as follows:

- The only fatality comparison to give significant results in the predicted direction was the South Australian 21 to 20 years analysis for male and female drivers and motorcyclists. The annual percentage increase was from 75.6 per cent to 96.5 per cent, depending upon whether one used a between state or a within state control group.
- Significant increases (16.6 per cent to 23.1 per cent) in the number of male drivers and motorcyclists injured, occurred following the lowering of the drinking age in South Australia from 20 to 18 years, and these increases were still significant in the second three-year after period.
- By contrast, the significant increase (9.7 per cent to 14.9 per cent) for young Queensland male drivers and motorcyclists injured did not extend into the second three-year period. The initial increase was greater in Queensland rest-of-state area (12.1 per cent) than in the Brisbane City Council area (4.6 per cent)
- There was 20.8 per cent increase in the number of 18 to 20-year-old traffic accident casualties admitted to public hospitals in Perth following the reduction in the Western Australian drinking age.
- A significant 4.7 per cent increase in male drivers and motorcyclists age 16 to 20 years involved in reported accidents occurred, following the lowering of the drinking age from 20 to 18 years in South Australia.
- After the drinking age was reduced in Queensland, 17 to 20-year-old drivers and motorcyclists involved in accidents had significantly more positive breathalyser and blood alcohol test results, and were charged with significantly more drink driving offences.

The drinking age was lowered from 20 to 18 years in Tasmania as from 22

January 1974, but in order to reduce the size of the original study (Smith & Burvill 1986) Tasmania was not included. Subsequently, a separate report evaluated the effect on traffic accidents and juvenile crime of introducing the 18-year-old drinking age in Tasmania. The report (Smith 1987b) showed that the number of drivers and motorcyclists age 20 years or less killed or injured in traffic accidents in Tasmania increased significantly after the drinking age was lowered. In comparison to a control group of the same age in another state, the increase was 15.1 per cent, and in comparison to an older Tasmanian control group, the increase was 12.7 per cent.

Juvenile Crime

The possibility that lowering the drinking age may effect juvenile crime was subject of two evaluation studies (Smith 1987b; Smith & Burvill 1987). In Queensland, South Australia and Tasmania the legislative changes increased male juvenile crime by 20 to 30 per cent. The limited data available for Western Australia yielded similar results. Particularly as the above increases were over and above those for between-state control groups of the same age, and older control groups within the same state, the findings appeared to be valid. For females the results varied from state to state.

A number of offence categories for males were noticeably more likely to be significantly increased, in comparison to between state control groups of the same age. Burglary increased in three states by 37 to 64 per cent. Larceny of motor vehicles increased by 37 per cent in Western Australia and 42 per cent in South Australia. Of particular interest was the finding that in South Australia and Queensland drunkenness increased by 49 per cent and 57 per cent respectively. Generally alcohol related crime is viewed as having a least an element of violence, but this does not apply to the above offence categories. Indeed, only one of the analyses for assault and robbery gave a significant result in comparison to a between state control group of the same age. Possibly the effect of lowering the drinking age was to promote or facilitate the planning or executing of less serious juvenile crime, rather than inducing the occurrence of serious crime (Cordilia 1985). Due to their relative inexperience in drinking and difficulty of obtaining supplies, perhaps the juvenile crime offenders not reaching the higher blood levels often found in adult serious crime offenders.

It appears that the above studies have some quite important implications for the prevention of juvenile crime. Since lowering of the drinking age in the four states significantly increased male juvenile crime, it does not seem unreasonable to suggest that raising the drinking age should lead to a reduction in male juvenile crime. Support for such an assertion is to be found in North American studies of the effect on traffic accidents of changing the drinking age. A reduction in the drinking age was usually found to result in an increase in traffic accidents, whereas a raising of the drinking age had the opposite effect (Smith 1988a; Smith 1983). The fact that lowering of the drinking age in the above four Australian states had the same adverse effect on both traffic accidents (Smith & Burvill 1986; Smith 1987b) and male juvenile crime also attests to the likelihood that

raising the drinking age to 20 or 21 years would significantly reduce male juvenile crime.

The finding of an adverse effect on male juvenile crime of lowering the drinking age to 18 years is consistent with the two studies (Hammond 1973; Smart and Schmidt 1975) which reported an apparent increase in school problems following a reduction in the drinking age. But a further two studies (Anon 1980; Vingilis & Smart 1981) reported an apparent decrease in school problems when the drinking age was raised, and gives added reason to believe that raising of the drinking age should significantly decrease male juvenile crime.

Emergency hospital admissions for injury purposely inflicted by other persons

In the three years before the drinking age was lowered in Queensland, 15 to 17-year-old females had 22 hospital admissions for homicide and injury purposely inflicted by others. By contrast, during the three years after the drinking age was lowered, the corresponding number was 58 (Smith in press(a)). This was a significant increase of (a) 145.5 per cent in comparison to a control group of females of the same age in another state, and (b) 155.1 per cent in comparison to 21 to 24-year-old females in Queensland. This means that for both the between-state and within-state analyses, significant results were obtained for the 15 to 17-year-old females. Thus, it appears reasonable to conclude that the lowering of the drinking age in Queensland was the factor responsible for the significant increase, as the experimental design allows to effectively rule out alternative explanations of change in the dependent variable.

Of some interest is the finding that for 15 to 17-year-old females a significant increase occurred, but for 18 to 20-year-old females there was not a significant increase. Possibly the 15 to 17-year-old results reflect a pre-selection factor. Among those females who were at risk of admission due to injury purposely inflicted by other persons, there may have been considerable violation of the previous 21 year limit. Consequently, when the drinking age was lowered the 18 to 20-year-old females did not experience an increase due to their already high rates of admission, whereas the 15 to 17-year-old females were now able to obtain alcoholic beverages and so had a significant increase in the number of admissions.

Other dependent variables

Although this is a traffic safety-crime paper, mention should also be made of other Australian studies which have documented the adverse effect of lowering the drinking age with respect to emergency hospital admissions for (b) non-traffic accidents, (Smith 1986b), and attempted suicide (Smith 1988b).

Policy implications for the drinking age in Australia

Lowering of the drinking age in North America was frequently found to result in significant more young people being killed and injured in traffic accidents. There was also evidence of an increase in school discipline problems and alcohol consumption. By contrast, raising the drinking age produced the opposite effects

(Smith 1988a). One United States study reported that a state which raised its drinking age could expect a 28 per cent reduction in night-time fatal accidents among drivers in the age group affected by the law change. Six years after the drinking age was raised from 18 to 21 in Michigan, an evaluation found that it was having the same effect on reducing traffic accidents as in the first year after the 21 years drinking age became operative. In the case of Texas, and New York, even a one-year increase in the drinking age from 18 to 19 years had a significant beneficial effect on injury and property damage accidents.

Since lowering the drinking age in Queensland, South Australia, Tasmania and Western Australia had the same adverse effect on traffic accidents as in North America, it is reasonable to predict that raising the drinking age in Australia will have the same beneficial effects as in North America.

Rather than return to the previous 21 year drinking age, the following six factors (Smith 1988b) appear to favour a 20-year limit:

- For four states and the two territories there would be a three year interval between the minimum legal driving age and the minimum legal drinking age. For Victoria there would be a two-year difference, and for South Australia a four-year difference.
- The age limit for drinking would coincide with a 'natural' change from being called a 'teenager' to being an adult.
- By having a 20-year-old drinking age there would be no suggestion that young people were not mature enough to sign contracts or do the many other legal activities which were associated with the previous 21 years age of majority. Rather, there would be a clear statement that the drinking age, and only the drinking age, was raised to 20 years because there was empirical evidence to justify the action.
- A 20-year drinking age would ensure that alcohol is removed from the secondary schools. This was apparently one of the main reasons why the drinking age was raised from 18 years in Ontario, Canada (Vingilis & Smart 1981).
- Presumably for safety reasons, for articulated vehicles and buses the minimum drinking age throughout Australia is at least 20 years. Thus, not only is there a precedent for using the age 20 years, but it also shows that 18 and 19-year-olds who can automatically vote cannot legally do all the activities of older persons.
- A recent United States study found evidence that the major positive effects on traffic safety are achieved by raising the drinking age to 20 years. A further increase to 21 years only appeared to have a much smaller effect, although the researchers were careful to point out that for this point the statistical analysis was not conclusive (Du Mouchel et al. 1987).

Days and Hours of Sale of Alcoholic Beverages

Of all the various alcohol control measures available, legislators are inclined to change the days and hours of sale of alcoholic beverages more so than any other

measure. Should the days and hours of sale be a factor which influences alcohol consumption and related problems, then there is an important opportunity for prevention. By contrast, if the days and hours of sale have little or not effect on consumption and related problems, then there would be no need to be concerned about such legislative changes (Smith in press(b)).

The following is a summary of the results of eight Australian studies of changing the days and hours of sale of alcoholic beverages:

- Following the introduction of Sunday alcohol sales in Perth, there was a 63.8 per cent increase in the number of persons killed on Sundays in comparison to the other six days of the week (Smith 1978). For casualty accidents, the corresponding increase was 17.2 per cent.
- The number of reported property damage accidents on Sunday in the Brisbane City Council area for the noon to 1.59 p.m. period increased by 52.8 per cent after the introduction of 11.00 a.m. session. For the two-hour period after the 4.00 p.m. to 6.00 p.m. session, the corresponding annual increase was 85.4 per cent for reported property damage accidents and 129.8 per cent for casualty accidents. The above three significant increases still applied in the second three-year after period (Smith 1988c).
- During the two years after the introduction of a ten-hour Sunday hotel session in New South Wales for the 12-hour period from noon to 11.59 p.m., there was a 22.2. per cent increase in Sunday fatal accidents. For accidents which resulted in at least one person being admitted to hospital, there was 28.2 per cent increase from 6.00 p.m. to 11.59 p.m. on Sundays. The corresponding figure for accidents which resulted in at least one person being injured, but not requiring admission to hospital, was 20.9 per cent. By contrast, none of the analyses for the control period of midnight to 11.59 a.m. gave significant results in the same direction as for the above three types of accidents. The experimental design used for the study enabled causality for the above increases to be attributed to the Sunday hotel session (Smith 1988c).
- After 6.00 p.m. Monday to Saturday hotel closing was replaced by 10.00 p.m. closing in Victoria, there was a 10.6 per cent increase in the number of casualty accidents from 6.01 p.m. to 2.00 a.m. (Smith 1988d).
- The replacing of 10.00 p.m., Monday to Saturday hotel closing in New South Wales with 11.00 p.m. closing was the factor responsible for a significant 13.2 per cent increase in the number of fatal and serious injury accidents from 10.00 p.m. to 11.59 p.m. (Smith 1987d).
- Following the introduction of flexible trading hours in Tasmania, hotels stayed open for approximately the same duration, but closed later than the previous 10.00 p.m. closing time. In the year after the legislative change there was a significant 14.9 per cent increase in the number of casualty traffic accidents in the period from 10.00 p.m. to 6.00 a.m. With the later closing the accidents were significantly more likely to occur after midnight than before midnight (Smith 1988a).
- Following the introduction of two two-hour Sunday sessions by a small

number of hotels and clubs in Victoria, there was apparently no increase in casualty traffic accidents. By contrast, after the subsequent introduction of an eight-hour Sunday session from noon to 8 p.m., there was a 32.6 per cent increase during the four hours after the session finished (Smith in press(b)).

- The early opening of hotels in Perth was apparently facilitating problem drinking (Smith 1986b).

The above studies demonstrate the legislative changes to the days and hours of sale of alcoholic beverages can have an adverse effect on traffic safety. However, just as increases in availability can increase alcohol related problems, so decreases in availability can have beneficial effects. For instance, Saturday closing in alcohol stores in Sweden, (Olsson & Wikstrom 1982) Finland (Saile 1978) and to a lesser extent, Norway, (Nordlund 1985) has been found to reduce alcohol consumption and related problems. This highlights the importance of ensuring that changes in the days and hours of sale of alcoholic beverages are in the direction of reducing availability.

Number and Type of Alcohol Outlets

Many studies have been conducted overseas of the effect of changing the number and type of alcohol outlets, (Smith 1989; Smith 1983) but it appears that the following (Smith 1987e, Smith, in press(c); Smith, in press(d)) are the only Australian papers on this aspect of availability.

A longitudinal study with a six-year before period and an nine-year after period was conducted to determine the effect of changing the number and type of alcohol outlets in Western Australia relative to a control state (Queensland).

During the 1974 to 1981 period, Western Australia had a significant 15.4 per cent increase in the hotel, tavern and store rate in comparison to the control state but a significant 15.8 per cent decrease in the rate of licences for licensed clubs, restaurants and all other licences.

The above changes were associated with significant increases in Western Australia for male homicide mortality (+91.3 per cent), male charges of homicide (+82.4 per cent), and male hospital admissions due to injury purposely inflicted by other persons (+24.2 per cent).

However, the same changes in the number and type of alcohol outlets in Western Australia were also associated with significant decreases in male driver and motorcyclist mortality (-23.8 per cent); pedestrian mortality (males: -6.7 per cent; females: -16.2 per cent); all types of road users admitted to hospital (males: -26.5 per cent; females: -19.6 per cent); female homicide mortality (-91.7 per cent), hospital admission due to injury purposely inflicted by other persons (females: -46.8 per cent) and due to fights and brawls and rape (males: -47.3 per cent; females: 29.9 per cent), charges of attempted homicide (males: -54.2 per cent; females: -32.1 per cent), and female charges of homicide and attempted homicide (-90.8 per cent).

On the basis of the experimental design used for the analyses, it was possible to conclude that the above changes in the number and type of outlets apparently contributed to, rather than merely correlated with, the changes in the dependent variables.

The above significant increases and decreases in the dependent variables were interpreted as due to the following three consumption changes resulting from the variations in the rates for the various types of alcohol outlets in Western Australia in comparison to Queensland:

- There was an increase in the total amount of absolute alcohol consumed per adult in Western Australia. (This explains the male homicide findings in particular (Smith in press(a)).
- The proportion of alcohol sold in packaged form increased in Western Australia. (The subsequent reduction in driving after drinking contributed to the significant reductions in traffic accident morbidity and mortality, as presumably also did the extra number of hotel, tavern and store licences).
- The various changes facilitated the purchase of packaged alcohol by women in Western Australia, and so enabled women to consume alcohol without company, or at least unwanted company. A significant reduction in female homicide mortality and charges against females for homicide and attempted homicide were the apparent outcome.

These findings highlighted a potential conflict of interest, for they showed both positive and negative outcomes of the changing of the number and type of outlets in Western Australia during the after period. With a view to maximising the beneficial effects and minimising the adverse effects licensing authorities should, firstly, reduce the total number of outlets whether they be for on- or off-premise consumption (Smith in press(c)). This should decrease the total amount of alcohol consumed, and so reduce those problems which are related to total consumption (for example, male homicide and liver cirrhosis mortality). Secondly, irrespective of how many outlets are permitted in total, for as many of them as possible to be for off-premise consumption, with the aim of minimising traffic accidents for drivers, motorcyclists and pedestrians, and female alcohol related violence.

Server Intervention

Alcohol licensing legislation throughout Australia usually contains a section which states that it is an offence to supply alcohol to a person who is in a state of intoxication, or is visibly affected by alcohol to the extent that any further consumption of alcohol by the person would be liable to induce a state of intoxication.

The Senate Standing Committee on Social Welfare (Baume 1977) recommended that the state and territory licensing laws be more strictly enforced, and in particular, drew attention to the problem of intoxicated persons being served in hotels and clubs. More recently, Nieuwenhuysen (1986) stressed the need for enforcement of legislation which specifies that it is an offence to serve an

intoxicated person.

In the United States 'Server Intervention' programs have gained considerable momentum, and can be broadly broken into three complementary activities (Smith 1988). The legal liability of servers of alcohol, while community activities focus attention on the number and type of alcohol outlets at the local level. As noted by Saltz (1985), the activity which has received most attention is the environment of the licensed outlet itself. At this level, server intervention involves developing a coherent set of policies and procedures within the outlet and then training employees to carry out the policies. For instance, the Alcohol and Drug Dependence Services, Queensland Department of Health and the Queensland Hotels Association have jointly developed a 'Hotel Patron Care Program'. This is a very interesting example of co-operation between hoteliers and health workers (Higgins & Carvolth 1983).

While server intervention programs are relevant to the sale of packaged alcohol, most attention has been given to the development of procedures and staff training for 'on-premise' drinking situations (for example, hotels, taverns, clubs).

Papers reporting on the evaluation of server intervention program (Saltz 1987; Russ & Geller 1987) and the enforcement of the alcohol licensing laws (Jeffs & Saunders 1983) have given very encouraging results. For instance, Saltz (1987) found that there was a 50 per cent decrease in the likelihood of intoxication in patrons leaving a Navy Club with a comprehensive program. Staff who had been trained in server intervention were more likely to intervene, reported Russ and Geller (1987).

Pricing and Taxation of Alcoholic Beverages

One way of changing drinking patterns and the level of consumption is through the use of pricing and taxation as a control instrument. It is now clear that alcohol behaves like other commodities in the sense that price increases reduce consumption (Smith 1988), although the elasticities for, beer, wine and spirits are different (Ornstein 1980).

While normally taxation is regarded as a blunt instrument of government policy, such a criticism is not applicable to increases in licence fees. The research of Cook in particular, supports this assertion. Cook (1981; 1982) examined changes in liquor taxes among 30 licence states in the United States between 1961 and 1975 in order to ascertain whether state liquor tax increases led to statistically discernible changes in consumption, liver cirrhosis mortality and traffic accident deaths. The results indicated that even relatively small changes in prices may have an effect on decreasing consumption, and in particular, those portions of total consumption associated with the above two indices. Subsequently, Cook and Tauchen (1982) found that increases in state liquor taxes gave rise immediate and rather sharp reductions in both apparent liquor consumption and the liver cirrhosis mortality rate. Similar results have also been reported for Canada (Seeley 1960) and Scotland (Kendell et al. 1983).

When a particular type of alcoholic beverage has appeared to be more closely

related to liver damage than other types of alcoholic drinks within a given area, the former beverage has proven to be a relatively inexpensive form of alcohol (Smith 1988). These findings highlight the importance of ensuring that the taxation policies of the Commonwealth, State and Territory governments do not give preferential treatment to particular beverage. This is especially so as in most studies of alcohol related problems it has been found that the responsible factor is the overall level of consumption, rather than the type of beverage or the alcohol strength of the beverage (Grant 1979).

Consumption of alcoholic beverages almost invariably rises when the real price of alcohol falls (Kendell et al. 1983). Consequently it is important that excise duty and liquor licensing fees should be regularly adjusted so that the real price of the various beverages does not fall (Baume 1977).

Heavy beer drinkers are especially unlikely to consume the low alcohol content beers (Smith 1987e). The use of pricing and taxation policies to encourage the substitution of low alcohol content drinks for high alcohol content drinks is therefore recommended.

Low Blood Alcohol Levels for Probationary Drivers

The adverse effects of even low BALs on skills to be relevant to safe driving have been demonstrated in a wide variety of laboratory studies and experiments in which subjects with low BALs have been requested to drive motor vehicles, usually under controlled conditions without other traffic (Smith 1987e). Young drivers in particular, appear to be susceptible to the influence of low BALs. For instance, in the Grand Rapids study, 16-year-old drivers with a BAL of 0.02 per cent or higher had a significantly higher accident involvement ratio than drivers of the same age having a zero BAL (Borkenstein 1974).

Findings, such as those noted above, have been interpreted by traffic authorities in various Australian states to mean that the alcohol related accident involvement of newly-licensed drivers could be reduced by proscribing a lower BAL for probationary or first-year drivers than that applicable to other drivers.

Effective from 1 February 1971, first-year drivers in Tasmania were not permitted to drive with any alcohol in their blood in contrast to a 0.08 per cent level for all other drivers. During the year after the zero BAL was introduced, there was a significant reduction of 18.3 per cent in the number of 17 to 20-year-old Tasmanian drivers and motorcyclists injured, in comparison to the Queensland control group (Smith 1986b).

A 0.05 per cent BAL for probationary drivers was introduced in South Australia on 6 June 1981. For all other drivers the 0.08 per cent BAL still applied. There was a significant reduction of 40.4 per cent in the number of 16-year-old male driver and motorcyclist casualty accidents not requiring hospitalisation (Smith 1986b).

The introduction of the 0.02 per cent BAL for probationary drivers in Western Australia as from 9 December 1982 produced a significant decrease in the total

number of male and female drivers and motorcyclists injured aged 17 to 20 years but, as in the case of South Australia, had no significant effect on the number of such casualties admitted to hospital. For male drivers and motorcyclists injured, but not admitted to hospital, the reduction was 17.1 per cent, while the corresponding figure for the females was 23.1 per cent. However, some caution should be applied to the interpretation of the female results as the significant findings were as much due to a control group increase in the after period as due to an experimental group decrease (Smith 1986b).

The finding that in each state the evaluations gave significant results for a least one category of drivers and motorcyclists highlights the potential value of low proscribed BALs for newly-licensed drivers, although in the paper (Smith 1986b) newly-licensed was interpreted as being a maximum of three-years older than the minimum driving age. Corresponding reductions might not apply to persons who first obtain their driver's licence at an older age as there is not the same combination of youth and inexperience. Similarly, we are not able to say whether all drivers and motorcyclists with less than say, three years driving experience should be subjected to low BALs. Possibly with increasing age and experience the beneficial effect of low BAL decreases, while it should be noted that the above accident reductions applied to drivers and motorcyclists who were required to display P plates during their first 12 months of driving. It is not inconceivable that at least some of the effectiveness of low proscribed BALs was due to the conspicuousness of the probationary drivers to the police. Unless drivers with one to three years' driving experience were also required to display P plates, low proscribed BALs may have little, if any, effect on accident involvement. Probably the only way to resolve this question would be for a state or country to introduce low proscribed BAL for drivers with more than one year's experience and have the countermeasure evaluated.

0.05 Per Cent Blood Alcohol Level for all Drivers

Drivers in the Grand Rapids study (Borkenstein et al. 1974) with a BAL of 0.05 per cent to 0.07 per cent had an 18.4 per cent greater chance of being in the accident rather than the control group, using drivers with a BAL of 0.02 per cent to 0.04 per cent as the standard. Similar calculations for the Adelaide controlled study (McLean & Holubowycz 1981) revealed that the drivers with a BAL of 0.05 per cent to 0.07 per cent had a 73.0 per cent greater chance of being in the accident than the control group. These two studies indicate that with a BAL of 0.05 per cent, the group of drivers who would be just legally entitled to drive (0.04 per cent and below) would apparently have significantly fewer accidents than the group of drivers who are just entitled to drive legally (0.05 per cent to 0.07 per cent) with a BAL of 0.08 per cent. The higher percentage for the Adelaide study is probably related to it only including accidents to which an ambulance was called, and therefore having a greater proportion of alcohol related accidents than the Grand Rapids study which included all accidents, regardless of severity (Smith 1987e).

New South Wales

The maximum legal BAL was reduced from 0.08 per cent to 0.05 per cent in New South Wales as from 15 December 1980. As alcohol is especially likely to be a factor in night-time accidents, the evaluations focused on the extent to which night-time accidents decreased in comparison to daytime accidents.

The introduction of the lower BAL in New South Wales apparently did not affect the number of fatal accidents. By contrast, for the other three accident categories there were significant reductions in night-time accidents after the legislative change. On an annual basis, and after allowing for the slight changes in the number of daytime accidents, the percentage reductions were 6.2 per cent for accidents in which at least one person was injured, but not admitted to hospital, 7.2 per cent for towaway accidents, and 9.7 per cent for accidents in which a person was admitted to hospital (Smith 1987f).

The short-term effect of traffic law enforcement blitzes on alcohol related accidents has been previously documented (Hurst & Wright 1981). Thus, if the significant decreases in night-time injury and property damage accidents in Queensland were due to increased enforcement rather than to the introduction of the 0.05 per cent BAL, one would have expected the accident reductions to be of relatively short duration. This was clearly not the case, for all three similar surveys in Western Australia before and after the introduction of RBT.

However, due to a concomitant increase in drink driving enforcement it was not possible to attribute all of the New South Wales accident reductions to the lower BAL. Of particular interest was the finding that the BAL distribution for breathalyser offenders during the after period was significantly different from that for the before period. When the 0.08 per cent BAL applied, only 57.3 per cent of the BAL readings were in the range of 0.05 per cent to 0.159 per cent. By contrast, the corresponding figure after the 0.05 per cent BAL was introduced was 65.0 per cent.

Queensland

The BAL in Queensland was lowered from 0.08 per cent to 0.05 as from 20 December 1982. A three-year before period (January 1 1980 - 31 December 1982) and a three-year after period (1 January 1983 - 31 December 1985) were used for the analyses.

In comparison to Queensland daytime accidents, after the introduction of the 0.05 per cent BAL in Queensland, there were significant reductions of 11.3 per cent in night-time accidents in which a least one person was admitted to hospital, 15.9 per cent in night-time injury accidents not resulting in a hospital admission and 11.5 per cent in reported property damage accidents. Additional analyses revealed that for each of the three years in the after period, the number of Queensland night-time accidents for the above three accident categories was significantly less than for the total of the before period (Smith 1988e).

In contrast to New South Wales, the increase in the number of drink driving convictions in Queensland did not commence until some time after the 0.05 per cent BAL was introduced. It would therefore appear reasonable to attribute most

of the significant reduction in hospitalisation and property damage accidents in 1983 to the 0.05 per cent BAL. The significant result for non-hospitalisation accidents meant that some caution had to be exercised in interpreting the apparent decrease.

The short-term effect of traffic law enforcement blitzes on alcohol related accidents has been previously documented (Hurst & Wright 1981). Thus, if the significant decreases in night-time injury and property damage accidents in Queensland were due to increased enforcement rather than to the introduction of the 0.05 per cent BAL, one would have expected the accident reductions to be of relatively short duration. This was clearly not the case, as for all three of the after years night-time injury and property damage accident variables had significant decreases in comparison to Queensland daytime accidents.

Conclusion

In response to Hurst's (1985) question 'Blood alcohol limits and deterrence: Is there a rational basis for choice?', it appears that the Queensland experience, and to a lesser extent the New South Wales experience, show that a 0.05 per cent BAL will significantly reduce injury and property damage accidents over and above the presumed accident reducing effectiveness of a 0.08 per cent BAL. Furthermore, the Queensland evaluation showed that in contrast to many other alcohol related countermeasures, the 0.05 per cent BAL apparently had an accident reducing effectiveness beyond its first year of operation.

Random Breath Testing

When enforced and publicised, random breath testing has been demonstrated to reduce the number of alcohol related traffic accidents (Smith 1988b). Surveys have indicated that random breath testing is of particular value in changing the drinking driving habits of young males (Smith 1988a).

In the case of Western Australia, random breath testing was introduced as from 1 October 1988 for a trial period of 18 months. The first year of its operation is currently the subject of a major evaluation study by the Police Department and the WA Alcohol and Drug Authority (Smith et al. 1988). The study has four parts:

- Evaluation using reported accident data for fatal casualty and reported property damage accidents;
- Evaluation using emergency hospital admissions for traffic accidents;
- Analyses of Police enforcement data; and
- Before and after mail surveys of samples of Western Australian drivers.

During the introduction and subsequent operation of RBT in New South Wales, a number of community surveys were undertaken. These added considerably to the knowledge by the various authorities as to why RBT has both such a substantial initial impact and a continued effectiveness in reducing the number of alcohol related traffic accidents. Consequently, it was decided to conduct similar surveys in Western Australia before and after the introduction of RBT.

While the principal impetus for the evaluation of RBT in Western Australia arose from the requirement of the Act which introduced RBT, the evaluation will also be of theoretical interest. This is because there were considerable differences between Western Australia and other states on a number of drink driving related variables at the time when RBT commenced in each state. For instance, 0.05 per cent BAL applied in Victoria when RBT was introduced with periodic enforcement blitzes. Tasmania introduced RBT and a 0.05 per cent BAL from the same date, and had the advantage of a relatively small area in which to co-ordinate their enforcement resources. South Australia had minimal enforcement with RBT for the first few years, although the position has now changed. But as can be seen from Table 1, the greatest differences are to be found between New South Wales and Western Australia, indicating that caution should be exercised in the possible extrapolation of the New South Wales experience with RBT to Western Australia.

Table 1

Comparison of New South Wales and Western Australia on a Number of Drink Related Variables When Random Breath Testing was Introduced in Each State

Item	New South Wales	Western Australia
BAL	0.05% for all drivers	0.02% for probationary drivers, 0.08% for all other drivers
Drink driving enforcement prior to RBT	No RBT enforcement	Reasonably high level of de-facto RBT enforcement in the of driver's licence and vehicle checks
Other changes in drink driving legislation when RBT introduced	Yes - penalties increased and compulsory blood tests to drivers admitted to hospital	No
Excise on regular strength beer decreased	No	Yes - could be expected to increase consumption and hence adversely affect traffic safety
Sunday hotel tavern trading hours	No change	Increase of 50% six to nine from February 1 1989

Conclusions

- Alcohol related crime and traffic accidents are major health and social problems in Australia, as in many overseas countries.
- Increasingly it is being recognised that emphasis has to be given to effective prevention programs if any worthwhile reduction is to be made in the number of drink drivers and the number of person who commit alcohol related offences.
- As noted by the Commonwealth Youth Bureau, (Smith et al. 1988a) raising the legal minimum drinking age to 20 years in each state and territory should be a priority measure for reducing the number of young people killed and injured in traffic accidents, and for reducing juvenile crime.
- Changes in the days and hours of sale of alcoholic beverages should reduce, rather than increase, alcohol availability.
- An Australian study has highlighted the value of minimising the total number of alcohol outlets, but irrespective of whatever the total number is, having as many of the outlets as possible for off-premise sales only.
- Encouraging results have been reported which indicate that server intervention programs can reduce alcohol availability by enforcement of the licensing laws.
- Increasing the price of alcoholic beverages, and using price as a means to encourage the substitution of low alcohol content drinks for high alcohol content drinks should be priority measures to reduce those alcohol related problems which are closely associated with consumption levels. Note in particular, the co-variation of consumption and crime in Western Australia and Australia, as referred to in the Introduction.
- Legislation which introduced low blood alcohol levels for probationary drivers in three Australian states was apparently effective in reducing the number of young people killed and injured in traffic accidents.
- The Queensland experience, and to a lesser extent the New South Wales experience, shows that a 0.05 per cent BAL will significantly reduce injury and property damage accidents.
- When enforced and publicised, random breath testing has been demonstrated to reduce the number of alcohol related traffic accidents, and is currently being evaluated for its effectiveness in Western Australia.

Alcohol education programs can impart knowledge, change attitudes, but have little or no effect directly on alcohol consumption. By contrast, social policy changes can reduce consumption, and hence alcohol related crime and traffic accidents. Realistically however, such legislative changes are unlikely to be implemented without community pressure from an informed electorate. It can therefore be seen that educational programs have a very important role to play in ensuring that people understand, appreciate and call for legislative and fiscal restrictions to reduce alcohol consumption and associated problems (Smith 1988).

References

Anon 1980, 'Initial impact of raising the legal drinking age from 18-21', *The Bottom Line on Alcohol in Society*, 1979, vol. 3, pp. 16-20, Abstract in *Journal of Studies on Alcohol*, vol. 41, pp. 77-8.

Baume, P. 1977, *Drug Problems in Australia - an Intoxicated Society?*, Report from the Senate Standing Committee on Social Welfare, AGPS, Canberra.

Borkenstein, R. F., Crowther, R. F., Shumate, R. P. Ziel & Zylman, R. 1974, 'The role of drinking driving in traffic accidents', *Blutalkohol*, vol. 11, (Supplement No. 1).

Cook, P. J. 1981, 'The effect of liquor taxes on drinking cirrhosis and auto accidents', in *Alcohol and Public Policy: Beyond the shadow of Prohibition*, eds M.A. Moore & D.R. Gerstein, National Academy Press, Washington DC.

-----1982, 'Alcohol taxes as a public health measure', *British Journal of Addiction*, vol. 77, pp. 245-50.

Cook, P. J. & Tauchen, G. 1982, 'The effect of liquor taxes on heavy drinking', *Bell Journal of Economics*, vol. 13, pp. 379-90.

Cordilia, A. 1985, 'Alcohol and property crime: Exploring the casual nexus', *Journal of Studies on Alcohol*, vol. 46, pp. 161-71.

Du Mouchel, W., Williams, A. F., & Zador, P. 1987, 'Raising the alcohol purchase age: Its effects on fatal motor vehicle crashes in 26 states', *Journal of Legal Studies*, vol. 16, pp. 249-66.

Grant, M. 1979, 'Prevention' in *Alcoholism in Perspective*, eds M. Grant and P. Gwinner, University Park Press, Baltimore.

Hammond, R. L. 1973, 'Legal drinking at 18 or 21 - does it make any difference?', *Journal of Alcohol and Drug Education*, vol. 18, pp. 9-13.

Higgins, S. & Carvolth, R. 1983, 'Hoteliers and health workers - strange bedfellows', in *National Drug Institute: Innovations*, ed. R. Carvolth, Australian Foundation on Alcoholism and Drug Dependence, Canberra.

Hurst, P. M. 1985, 'Blood alcohol limits and deterrence: Is there a rational basis for choice?', *Alcohol, Drugs and Driving: Abstracts and Reviews*, vol. 1, pp. 121-30.

Hurst, P. M. & Wright, P. G. 1981, 'Deterrence at last: The Ministry of Transport's alcohol blitzes', in *Alcohol, Drugs and Traffic Safety*, Volume III, ed. L. Goldberg, Almquist and Wiksell International, Stockholm.

Jeffs, B. W. & Saunders, W. M. 1983, 'Minimizing alcohol related offences by enforcement of the existing licensing legislation', *British Journal of Addiction*, vol. 78, pp. 67-77.

Kendell, R. E., De Roumanie, M. & Ritson, E. B. 1983, 'Effect of economic changes on Scottish drinking habits 1978-82', *British Journal of Addiction*, vol.

78, pp. 365-79.

Lillis, R. P., Williams, T. P. & Williford, W. R. 1987, 'The impact of the 19-year-old drinking age in New York', *Advances in Substance Abuse Supplement*, vol. 1, pp. 133-46.

McLean, A. J. & Holubowycz, O. T. 1981, 'Alcohol and the risk of accident involvement', in *Alcohol, Drugs and Traffic Safety*, vol. 1, ed. L. Goldberg, Almqvist and Wiksell International, Stockholm.

Nieuwenhuysen, J. 1986, *Review of the Liquor Control Act*, Government Printer of Victoria, Melbourne.

Nordlund, S. 1985, *Effects of Saturday Closing of Wine and Spirits Shops in Norway*, Paper presented to the Alcohol Epidemiology Section, 31st International Institute on the Prevention and Treatment of Alcoholism, Rome.

Olsson, O. & Wikstrom, P. O. H. 1982, 'Effects of the experimental Saturday closing of liquor retail stores in Sweden', *Contemporary Drug Problems*, vol. 11, pp. 325-53.

Ornstein, S. I. 1980, 'Control of alcohol consumption through price increases', *Journal of Studies on Alcohol*, vol. 41, pp. 807-18.

Peat Marwick Hungerfords (eds) 1988, *Young Australians and Drugs*, Report prepared for the Commonwealth Youth Bureau, AGPS, Canberra.

Russ, N. W. & Geller, E. S. 1987, 'Training bar personnel to prevent drunken driving: A field evaluation', *American Journal of Public Health*, vol. 77, pp. 952-4.

Saile, S. L. 1978, *A Trial Closure of Alko Retail Outlets on Saturdays and its Effects on Alcohol Consumption and Disturbances Caused by Intoxication*, Paper presented to the 24th International Institute on the Prevention and Treatment of Alcoholism, Zurich, Switzerland.

Saltz, R. F. 1987, 'The roles of bars and restaurants in preventing alcohol impaired driving', *Evaluation and Health Professionals*, vol. 10, pp. 5-27.

-----1985, 'Server intervention: Conceptual overview and current developments', *Alcohol Drugs and Driving: Abstracts and Reviews*, vol. 1, pp. 1-13.

Seeley, J. R. 1960, 'Death by liver cirrhosis and the price of beverage alcohol', *Canadian Medical Journal*, vol. 83, pp. 1361-6.

Smart, R. G. & Schmidt, W. 1975, 'Drinking and problems from drinking after a reduction in the minimum drinking age', *British Journal of Addiction*, vol. 70, pp. 347-58.

Smart, R. G. 1980, *Availability and the Prevention of Alcohol related problems in normative approaches to the prevention of alcohol abuse and alcoholism*,

NIAAA, Rockville, MD.

Smith, D. I. 1978, 'Impact on traffic safety of the introduction of Sunday alcohol sales in Perth, Western Australia', *Journal of Studies on Alcohol*, vol. 39, pp. 1302-04.

-----1983, 'Effectiveness of restrictions on availability as a means of reducing the use and abuse of alcohol', *Australian Alcohol/Drug Review*, vol. 2, pp. 84-90.

-----1986a, 'Comparisons of patrons of hotels with early opening and standard hours', *International Journal of Addictions*, vol. 21, pp. 155-63.

-----1986b, 'Effect on non-traffic accident hospital admissions of lowering the drinking age in two Australian states', *Contemporary Drug Problems*, vol. 13, pp. 621-39.

-----1986c, 'Effect of low proscribed blood alcohol levels (BALs) on traffic accidents among newly-licensed drivers', *Medicine, Science and the Law*, vol. 26, pp. 144-8.

-----1987a, 'Should the maximum alcohol content of beer sold in Western Australia be restricted?', *Australian Drug and Alcohol Review*, vol. 6, pp. 93-104.

-----1987b, *Effect on juvenile crime and traffic accidents of lowering the drinking age from 20 to 18 years in Tasmania*, WA Alcohol and Drug Authority report.

-----1987c, 'Effect on traffic accidents of introducing Sunday hotel sales in New South Wales, Australia', *Contemporary Drug Problems* vol. 14, pp. 279-94.

-----1987d, *Effect on traffic accidents of replacing 10 pm with 11 pm hotel closing in New South Wales, Australia*, WA Alcohol and Drug Authority report.

-----1987e, *Australian studies of the effect of increasing the availability of alcoholic beverages*, Paper presented to the 'Research Conference: Statistical Recording Systems of Alcohol Problems' held at Helsinki, Finland, organised by the Finnish Foundation for Alcohol Studies and the World Health Organisation and the International Group for Comparative Alcohol Studies.

-----1987f, 'Effect on traffic safety in Australia of increasing the availability of alcoholic beverages and lowering the legal blood alcohol level for drivers', in *Report - The First National Drink Driving Educators Conference*, ed. R Ballard, Alcohol and Drug Programs Unit, Department of Education, North Quay, Queensland.

-----1987g, *Effects on Traffic Safety of Introducing a 0.05 Per Cent Blood Alcohol Level in Two Australian States*, WA Alcohol and Drug Authority report.

-----1988a, 'Prevention of alcohol related problems with particular reference to Australian youth', in *Young Australians and Drugs*, ed. Peat Marwick Hungerfords, Report prepared for the Commonwealth Youth Bureau, AGPS, Canberra.

-----1988b, Effect on Juvenile Crime, Traffic Accidents and Emergency Hospital Admissions of Lowering the Drinking Age in Four Australian States, Paper presented to the 35th International Congress on Alcoholism and Drug Dependence, Oslo, Norway, 31 July to 6 August.

-----1988c, 'Effect on traffic accidents of introducing Sunday alcohol sales in Brisbane, Australia', *International Journal of the Addictions*, vol. 23, pp. 1091-9.

-----1988d, 'Effect on casualty traffic accidents of the introduction of 10 pm Monday to Saturday hotel closing in Victoria', *Australian Drug and Alcohol Review*, vol. 7, pp. 163-6.

-----1988e, Effect on traffic accidents of introducing flexible hotel trading hours in Tasmania, Australia', *British Journal of Addiction*, vol. 83, pp. 219-22.

-----1988f, 'Effect on traffic safety of introducing a 0.05 per cent blood alcohol level in Queensland, Australia', *Medicine, Science and the Law*, vol. 28, pp. 165-70.

-----1989, *Effectiveness of Restrictions on Availability as a Means of Preventing Alcohol Related Problems*, WA Alcohol and Drug report.

----- (in press)a, Alcohol and crime. The problem in Australia. Law, treatment and control', in *Textbook of Forensic Psychiatry*, eds R. Bluglass and P. Bowden, Churchill Livingstone, London.

----- (in press)b, 'Effects on casualty traffic accidents of changing Sunday alcohol sales legislation in Victoria, Australia', *Journal of Drug Issues*.

----- (in press)c, 'Effects on liver cirrhosis and traffic accident mortality of changing the number and type of alcohol outlets in Western Australia', *Alcoholism: Clinical and Experimental Research*.

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Alcohol Legislation - The Industry's View

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In our view for far too long there has been an antagonistic attitude between some sectors of those involved in the areas of alcohol abuse control and the segments that we represent, namely the manufacturers and sellers of alcohol. Regrettably this has caused a lack of meaningful communication, a polarisation of views and a lost opportunity to marshal resources and address together our mutual concern at the problems of alcohol abuse.

The products that we manufacture and sell have been in existence for thousands of years and are enjoyed by the vast majority of Australians without abuse and substantially enhance their enjoyment of life. Our activities are condoned, if not encouraged, by the federal and state governments all of whom enjoy substantial financial benefits from our labours. We are significant employers and purchasers of primary produce, raw materials, goods and services. At every stage, our activities are stringently controlled by legislation and regulations and we readily accept that our products are special and should not be sold or marketed like any other commodity.

This rosy picture regrettably contrasts with the day-to-day professional involvement with those who abuse alcohol. For some, these experiences have made it impossible to be objective about alcohol or to accept that it makes a positive contribution to society. Others, will feel that all society's ills would be banished if only there was no alcohol. The majority of us realise it is not that simple. Prohibition, that great 13 year social experiment, proved that point.

The liquor industry does not exist or operate in isolation; it does so by government fiat. If it is accepted that governments are barometers of society's attitudes then we must accept that the majority of Australians are content with the status quo vis-a-vis alcohol and resist the temptation of extending the 'nanny state' syndrome and promoting the introduction of further laws to protect the minority of citizens from themselves.

Given that we live in a society which professes to bestow greater freedoms on the individual with more anti-discrimination, equal opportunity and human rights regulations than ever before; given that our young people study in an academic environment that discourages discipline and encourages individuality of thought at the earliest of age, we find it incongruous that the generally proffered solution to alcohol abuse is further regulation.

Without seeking to divert attention from the problems caused by alcohol abuse

the industry thinks that the preoccupation with alcohol has reached the stage of being counter-productive. For example, the constant hammering of the alcohol-speed theme is counter-productive. The vast majority of people do not drink and drive and therefore they have come to believe that if they more or less observe the speed limits, and they are sober then they do not have to do anything else like wearing belts, or making sure their cars are roadworthy, or teaching themselves to concentrate, or working to improve their driving performance.

Dr Jane Hendtlass, former Senior Research Consultant to the Chief Commissioner, Victoria Police and Project Director with the Road Traffic Authority adds further perspective to this view when she stated:

Australia's commitment to road safety has been outstandingly effective. Our fatality rate is now well within the range of other equally motorised countries . . . It is now time for us, the road using community, to take up the initiative as we see these generalised operations reaching the stage of limited returns and the politicians endorsing more and more severe legislative efforts in an attempt to maintain the downward charts . . . But, if we lift the alcohol blanket, several other important factors emerge. The first is that drivers involved in crashes are consistently more likely to be men than women. Men comprise 72 per cent of all road fatalities, a figure which has changed little since 1960. Why do men have such high crash risks compared to women? Dr Bob Montgomery, a consultant psychologist from Melbourne believes men need to compete with each other even in situations which do not require one to be better than the other. It cannot be controlled by laws and police operations (1987).

Dr Hendtlass goes on to develop the thesis that young men are more highly represented because economic conditions cause many to continue to live at home to an older age and the motor vehicle provides their independent lifestyle and a facility for privacy.

Whilst believing that one death caused by alcohol is one too many, the industry does query the accuracy of many of the statistics quoted.

As Haight (1987) states

In the context of traffic accident record keeping, alcohol provides a convenient causal label for a complex sequel of events. A drinking driver in an accident can be (and usually is) considered to be involved exclusively because of his drinking, whereas a similar accident involving a sober driver is explained more vaguely: 'inattention', 'too fast for conditions', 'failure to give way' (but not sobriety) etc.

In addition to alcohol, other drugs may be making a significant contribution to road crashes because all the drugs that were identified are capable of impairing psychomotor performance. Of particular concern is the prevalence of cannabis,

which is an illegal drug, and barbiturate drugs which are now rarely prescribed.

Inherent, as a basic philosophy, in the proposition put by the three previous speakers, is a belief in the relationship between the availability of alcohol and its abuse. It is a debate that has been ranging for some time and because it is debatable, the alcohol industry does not believe the philosophy should justify availability controls.

Dr John Nieuwenhuysen, in his 1986 Review of the Victorian Liquor Control Act, looked at much of the contemporary literature which caused the Victorian Department of Industry, Technology and Resources to publish, in March 1987, an 'Overview on the Availability and Consumption of Liquor' which concluded:

- a. Although consumption would undoubtedly be greatest under a totally unregulated regime and least when there was a total prohibition, there appears to be little evidence of a positive relationship between availability and per capita consumption when availability has reached a certain level;
- b. evidence that exists of a positive relationship between availability and consumption appears to be based mainly on studies that have done one or more of the following:
 - i. confused the concept of availability with other physical measures such as production and with price;
 - ii. used suspect methodology and/or have been reliant on dubious statistical results (for example, through the effect on consumption of omitted variables);
 - iii. been conducted in quite different cultural and economic backgrounds;
 - iv. looked at radical changes in availability sometimes from a very low base; and that as a result little is applicable to contemporary Victorian society.
- c. there remains doubts about the causal relationship between consumption and availability, that is, does greater availability lead to greater consumption, itself a function of a variety of socio-economic factors, lead to a demand for greater availability.

Tackling Under-age Drinking

The industry commends the NSW Police Department (1988) for providing a valuable discussion base. The report acknowledges that 'the liquor problem' as it calls it, 'defies singular action', with which the industry agree. The Industry notes the point made in an earlier report to the Minister for Police and Emergency Services as quoted on (pp. 28-9) which stated

the 'drug problem' is a euphemism for what is in fact a whole series of problems . . . policy makers may be more effective and efficient if they deal with many different kinds of drugs and control methods rather than if they focus exclusively on one or two drugs and one or two control methods.

Unfortunately the report ignores its own good advice and does not take a broad and holistic view which follows all relevant evidence to its conclusion. The report:

- Treats alcohol in isolation from other substances;
- Concentrates on a single strand of policy, namely a reduction in supply; and
- Deals only with the position of the police (and by implication the courts) without considering other regulations and influences.

These are serious deficiencies as a limited view gives limited answers at best. We readily acknowledge that the alcohol industry is part of the answer regarding under-age drinking, yet this is not the same as saying that problems of youth and alcohol can be solved by concentrating purely on the industry. This is the report's greatest weakness.

It is somewhat astonishing that the NSW Police seek further legislative amendments whilst acknowledging that there has been reluctance to enforce the 'liquor control Acts' against juveniles. The industry questions the propriety of changing an Act that has not been adequately policed in the first place. We are sensitive that 'individuals might be subjected a little further to encroachment of Government power' and concerned that the paper dismisses the checks and balances inherent in the court system, describing them as 'complicated and bureaucratic' and seeking to impose a system where a publican becomes a policeman, and a policeman, a magistrate.

The nub of the police hypothesis is that there is a precedent for on-the-spot penalties in the Traffic Act. There is a big difference in the one-on-one confrontation between a motorist observed and apprehended by a police officer and between the miscreant under-age drinker in a hotel scene.

The industry fully supports the introduction of a Proof of Age Card. NABIC (National Alcohol Beverage Industries Council) has written to all state Ministers supporting the initiative of the Australian Hotels Association. We commend the report for seeking to advance the proposal. It is extraordinarily difficult for liquor licence holders to reliably establish the age of some teenagers who do not possess a driving licence with a photograph, just as it is frustrating for people over the legal liquor purchasing age who cannot establish that fact.

Those of you who may have an interest in this aspect are urged to consider the issues involved and if supportive, to promote the scheme within your own spheres of influence.

The extent of the problem

Many figures are published regarding 'under-age drinking' however, the terminology does require clarification. Generally speaking, there is no legal age for the consumption of alcohol in Australia save that there are prescribed minimum ages for its purchase and consumption on licensed premises and in public places. Many parents regard it as a proper educational technique in the

responsible use of alcohol for their children to, on occasions, consume alcohol with a meal either out, or at home. The NSW Police (1988) proposal acknowledges this fact and cites material (p. 8) that reports that 37.8 per cent of NSW primary students obtained the alcohol they had consumed from their parents.

The methodology of some surveys should also be questioned. Often self-completion questionnaires are used and these are known to reveal higher consumption rates than individual interviews.

Nevertheless whilst the NSW Police Survey (1988) seeks to interpolate NSW drinking habits, a paper by Baker, Homel, Flaherty and Trebilco (1987) reports on a national survey conducted in 1986 and investigates the nature and extent of alcohol and other drug use. Comparisons of the 1986 and 1983 results showed a consistent trend for all ages and both sexes to report lower levels of alcohol use. Some reductions were substantial. For example, the rate of 16-year-old females who reported weekly drinking reduced from 41 per cent to 30 per cent.

A youth curfew

The proposal to impose a curfew on young drivers has not been researched in Australia. The fact that twelve states in the USA currently operate such curfews is of little relevance. For instance in some states of the USA it is possible to get a driving licence at age 14. In some respects the no alcohol consumption for first year drivers operating in some Australian states could be regarded as analogous and Dr Peter Vulcan, Director of the Monash University Accident Research Centre is quoted in the Melbourne Age of 3 April 1989 as saying 'The ban on alcohol for P Platers seems to be working'.

Increased penalties

The industry opposes harsher penalties. The 'Liquor Control Acts' already contain sufficient penalties, if they are policed, to deter those who sell liquor to under-age persons. The Police Report (1988) itself, notes that no licence has been withdrawn or cancelled in the last two years for the presence of juveniles on licensed premises or supply of liquor to juveniles. It is suspected that the same statement is true in most states and territories. NABIC is endeavouring to educate liquor retailers in this area and has already conveyed to the Ministerial Council on Drug Strategy its desire that the authorities assist in more stringently policing this matter.

Should we raise the drinking age?

Firstly, the obvious observation is that since 18-year-olds are entitled to vote, removing their right to drink alcohol on licensed premises in a public place could have a significant electoral backlash. Dr Vulcan likens the proposal to increase the drinking age as 'using a sledge hammer to crack a walnut' (Melbourne Age 3 April 1989). More importantly, the industry does not believe that there is adequate evidence to justify the proposal. Not all who have studied the issue agree that such a step would provide an effective solution to the problem of drink

driving, or the crime rate, even amongst teenagers. Suffice to say, there is not conclusive evidence of the benefit of such a move and there is considerable opinion that it would merely move the problem further down the stream, encouraging the 18 to 21 years bracket to hold the law in disregard and impose greater difficulties on licence holders in determining a patron's age.

De Sario et al. (1986) maintains 'that drinking and driving is a general societal problem that transcends age, and that the national minimum drinking age, implicitly mandated by U.S. Federal Legislation is unlikely to achieve the desired results'. It should be noted that the majority of American states have now changed their legal drinking age, not because they were convinced of its benefits, but because such a move was tied to Federal payments.

Time does not permit a critique of all the studies that have occurred both in America and those more recently cited by Dr Smith. Suffice to say that the evidence reviewed remains inconclusive and as they say 'Epidemiology is like a bikini. What is exposed is very interesting indeed - what is concealed is vital'.

Dram Shop Legislation

Twenty-seven states of America and the District of Columbia, under Dram Shops Acts or their common law equivalents, will entertain damage claims against retailers who serve alcohol to intoxicated patrons. These retailers comprise a majority of the nation's licensed beverage distributors. Dram Shop Acts or their common law equivalents will also allow civil action to be brought against householders in some states for serving liquor to intoxicated guests. The applicability of these regulations in other states to private hosts is unclear.

The concept had its genesis with the 19th century temperance movement and was resurrected by the Supreme Court of New Jersey in the landmark decision of *Rappaport v Nichols* (31 NJ 188) in 1959. In this case, Nichols had been celebrating his 18th birthday in convivial fashion in a number of bars. Driving home in a careless manner, as the result of his intoxication, his car collided with Rappaport's and the latter was killed as a result. Rappaport's widow joined the tavern owners as defendants to an action in negligence and won.

In more recent times, in 1984, in *Kelly v Gwinnell* (98 NJ 538), the latter had been drinking quite heavily at a friend's house before setting out for home, when he subsequently negligently ran into a car driven by Kelly who was seriously injured and subsequently joined Gwinnell's social host in an action for negligence.

In awarding damages the Supreme Court of New Jersey stated:

While we recognise the concern that our ruling will interfere with accepted standards of social behaviour; will intrude on and somewhat diminish the enjoyment that accompanies social gatherings at which alcohol is served . . . we believe that the added assurance of just compensation to the action of drunken driving outweighs the importance of those other values.

The ramifications for liquor dispensers in America has been considerable. Insurance premiums have soared. One Californian tavern owner found his premium had jumped from \$10,000 to \$190,000 whilst another went from \$185 to \$26,500. Commercial establishments may be able to pass such premiums onto customers, but what of the private host? The degree of intoxication that retailers and party hosts must detect if they are to protect their possessions and livelihoods varies among states. In California, the drinker must be 'obviously intoxicated' whereas in Georgia the standard is 'notably intoxicated'. In Alabama, Maine, Pennsylvania, and other states, the criterion is given as 'visibly intoxicated'. In Iowa, the standard is 'intoxicated'. In both New York and New Jersey the standard is 'actually or apparently intoxicated' whilst in Wisconsin it is 'bordering on intoxication'. In most other states, the standard is 'intoxicated'.

American courts have had some difficulty with the definition and 0.10 percent has been accepted as prima facie evidence of intoxication. A New Jersey court has however found that 'whether the man is sober or intoxicated is a matter of common observation not requiring special knowledge or skill'.

In 1983 Lagenbucher and Nathan studied the ability of three groups of observers to make accurate judgement calls when observing people at various levels of intoxication. The first group were social drinkers (potential hosts) and the other two bartenders and police officers who were assumed to possess some special knowledge or skill. Seven legally intoxicated targets faced a total of 91 observers in three experiments. At no time was a legally intoxicated target actually identified as such by a significant proportion of the observers.

The industry's view is that Dram Shop legislation borders on economic prohibition and would be a disaster if introduced into Australia. By all means let the intoxicated person who causes damage pay the piper, but why enjoin virtually innocent people? These types of proposals cause the alcohol industry to wonder about the objectivity and genuine aims of their proponents.

We all should worry about the type of society we are creating. Do we want to be like America where doctors drive past accidents for fear of malpractice suits? Do we want a society where people are no longer held responsible for their own actions?

It is pleasing to report that for sometime now NABIC has been consulting with a Working Group of the Ministerial Council on Drugs Strategy in order to develop an Australian Server Intervention Program with aims to:

- promote practices of responsible service of alcohol from hospitality and retail liquor outlets throughout Australia;
- encourage responsible drinking decision making by the Australian public and thereby reduce the health and social risks associated with harmful drinking; and to
- prevent inappropriate and illegal service of alcoholic beverages.

The industry believes this is a more effective and less socially destructive approach and is heartened by Dr Smith's (1988) research which stated:

An evaluation study of the effectiveness of a server intervention program in the US found that the likelihood of customers being intoxicated reduced by 50 per cent. This is a very encouraging result, and highlights the value of server intervention programs.

The industry looks forward to making a joint announcement with the Government regarding the introduction of such a scheme in the very near future.

Conclusion

As stated in the recently adopted National Health Policy on Alcohol in Australia:

Alcohol use and the problems associated with it do not occur in isolation from the use and problems associated with other drugs, from other social behaviours and factors, or from Government initiatives; and

While there is a need to direct attention to the specific issues discussed (above) and to develop campaigns to alleviate the social harm they cause, it is also important that they be placed in perspective, and it be recognised that there is a place in Australian society for the responsible and moderate consumption of alcohol.

The aim of National Health Policy on Alcohol should be the minimisation of the harm associated with alcohol use while interfering as little as possible with the freedom of individuals to exercise personal responsibility for the use or non-use of alcoholic beverages.

The alcohol industry has a well-developed social conscience and has demonstrated a preparedness to participate in worthwhile community projects to alleviate the problems of alcohol abuse over many years. It is hoped that the creation of NABIC will provide a ready communication point for those interested in discussing issues with the industry.

For too long, governments have adopted band-aid solutions to the problems of alcohol abuse without taking the harder, but more rewarding road and addressing the grass roots problems which can cause people to adopt deviate behaviour.

The industry notes the National Alcohol Policy's finding (1987) that 'Although important initiatives have been taken in the context of the National Campaign Against Drug Abuse, the quality and quantity of research conducted into the prevention, nature, extent and treatment of alcohol dependence and alcohol related problems in Australia has not historically been commensurate with the scale of these problems'.

The industry supports any endeavours by this Conference to remedy that situation. The answers to alcohol abuse will not be found in the statute books of the future, but in developing a society that cares for itself and others; and one that develops citizens who have pride in themselves and their pursuits. We hope that we can all work together toward that goal.

But let us heed the warning of Spinoza:

All laws which can be violated without doing anyone any injury are laughed at. Nay, so far are they from doing anything to control the desires and passions of men that, on the contrary, they direct and incite men's thoughts the more towards those very objectives; for we always strive toward what is forbidden and desire the things that we are not allowed to have. And men of leisure are never deficient in the ingenuity needed to enable them to outwit laws framed to regulate things which cannot be entirely forbidden . . . He who tries to determine everything by law will format crime rather than lessen it.

References

Baker, W., Homel R., Flaherty, B. & Trebilco, P. 1987, *The 1986 Survey of Drug Use, NSW Drug and Alcohol Authority*, Sydney.

Commonwealth Department of Community Services and Health 1987, National Health Policy on Alcohol in Australia - Draft (Amended) November, pp. 2, 3, and 9.

De Sario, et al. 1972, Science, *Wall Street Journal*.

-----1986, Traffic Safety, *Wall Street Journal*.

Department of Industry, Technology and Resources, Victoria, (undated), *Availability and Consumption of Liquor an Overview*.

Goldberg, J. A. 1987, 'One for the road: Liquor liability broadens', *American Bar Association Journal*, June, pp. 84-8.

Haight, F. A. 1987, 'Drinking-driving: The role of the alcohol beverage industry', *Accident Analysis and Prevention*, vol. 19, no. 6, pp. 417-18.

Hendtlass, J. 1987, 'Is drink driving really the problem?', *Wine Life*, December.

Horder, J. 1988, 'Tort and the road temperance: A different kind of offensive against the drinking driver', *The Modern Law Review*, no. 51, pp. 735-46.

Langenbucher, J. W. & Nathan, P.E. 1983, 'Psychology, public policy, and the evidence for alcohol intoxication', *American Psychologist*, October, pp. 1070-6.

New South Wales Police Department 1988, *A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles*.

Nieuwenhuysen, J. 1986, *Review of the Liquor Control Act, Victoria - Report*, January, Chapters 3, 4, and 5.

Sinclair, A. 1962, *Prohibition, The Era of Excess*, Chapter 21, Faber and Faber, London.

Smith, D. I. 1988, *Teenagers and Alcohol*, Paper presented to the Seminar on 'Teenagers and Alcohol', Perth, May 27, p. 11.

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An Overview: the Issues and the National Alcohol Policy

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It was a pleasure to be approached by the Institute of Criminology and asked to give an overview of this Conference and to link this to Australia's Health Policy on Alcohol. At the outset, it should be said that in endeavouring to give this brief overview, it is not possible to adequately present the substantial and diverse range of views intended by authors. Rather, my observations of the key issues will be described, and how these issues have, or have not been, addressed by the National Health Policy on Alcohol will be identified.

Key Issues

The Conference papers can be divided into five categories: links between alcohol use and crime; drinking driving; policing problems; corrective programs and legislative issues.

The first observation, is that there is obvious uncertainty about the extent and nature of the relationship between alcohol use and criminal behaviour. Undoubtedly, nearly all authors are observing high correlations between alcohol and crime. However, while some indicate that alcohol use may not be linked as a pre-cursor to criminal behaviour (McGregor 1989), others disagree (Indermaur 1989; Giddings 1989).

With empirical studies to date limited to individuals under surveillance, violent incidents, clinical aggression and drinking in 'natural' settings, there is a clear need for further research (Tomsen 1989). This could not be overstated in the area of domestic violence, which was reported as being able to occur without intoxication and that intoxication does not necessarily lead to domestic violence (McGregor 1989). It seems that although criminal offences are often associated with intoxication, and that in one study 65 per cent of prisoners had an alcohol related disability (Hayes 1989), there is still a tendency for the courts and indeed, clients themselves, to blame alcohol for their criminal behaviour in order to somehow legitimise the offence and not bear responsibility for the consequences.

Drink driving

It is of no surprise to find that drink driving as a crime is probably the best researched and most reviewed area of the alcohol-crime relationship. Undoubtedly, random breath testing has changed the nature of public drinking in Australia. Various programs have been described to reduce drink driving crime, including the Victorian countermeasures (South 1989), liquor industry campaigns

(Broderick 1989), legislation for zero-blood alcohol limits for learner drivers and that reducing the BAL from 0.08 per cent to 0.05 per cent will significantly reduce injury accidents (Smith 1989). In addition, there is an indication that server intervention programs should be given a higher policy priority by government, as a means of limiting alcohol availability (Smith 1989).

Policing problems

The enforcement of government regulations relating to liquor laws or intoxication has been described as problematical in terms of resource allocation (Tuncks 1989). For example, the policing of the Public Intoxication Act in South Australia has not enabled a treatment perspective as originally intended, but rather developed a 'revolving door' philosophy. While 'dry' areas were introduced in South Australia as a means to control the consumption and position of alcohol in public places, their effect is inconclusive, and it was suggested that this legislation may only be a short-term measure (Tuncks 1989).

Correction programs

The relationship between under-age drinking and criminal activity and the need for specific programs for prisoner groups with special needs has been well addressed (Williams 1989; Ireland 1989; Hayes 1989; Indermaur 1989). Tasmanian government initiatives for youth have been described (Williams 1989) which include alcohol-free entertainment venues, education programs and the 'kids n cops' program. Suggestions for addressing the under-age drinking-crime problem include an examination of the introduction of juvenile curfews; modification to the penalty structure for licensed premises and the enforcement of juvenile related provisions of liquor control Acts (Ireland 1989). Also, it is possible that screening for alcohol problems among the prison population may itself have an intervention effect (Indermaur 1989).

Legislative issues

Ultimately, problems arising from the association between alcohol use and criminal behaviour can be substantially reduced through comprehensive legislation based on sound research, and preceded by community support. Notably, alcohol related crime and traffic accidents may effectively be reduced through legislative and fiscal restrictions addressing the drinking age, hours of sale of alcoholic beverages, limiting the number of outlets for alcohol, lowering blood alcohol levels, random breath testing and increasing the price of alcoholic beverages (Smith 1989).

Dram Shop Liability has been described as:

a term of art referring to the potential legal liability of service of alcoholic beverages for injuries caused by their intoxicated and under-aged patrons (Shoebridge 1989).

Although Dram Shop Liability in Australia has not had the powerful impact experienced in the United States of America, it is likely that the growing community awareness of alcohol related problems will stimulate licensees to be

more responsible when serving their customers.

Summary of key issues presented

It is difficult to put in a nut-shell a statement which summarises the substantial and authoritative observations presented at this Conference on the relationship between alcohol use and criminal behaviour. That there is an association is unlikely to be disputed. However, it is also unlikely to be disputed that acts of lawlessness occur without intoxication. Without a clearly defined relationship between alcohol and crime it becomes difficult to identify effective prevention measures with predictable outcomes. As with problems in changing any human behaviour, only a multi-faceted approach is likely to be successful.

It has been noted, however, that as per capita alcohol consumption increases, so too do alcohol problems, including alcohol related crime (Smith 1989). While the association between per capita consumption and alcohol related problems has frequently been challenged by liquor industry advocates, the relationship nonetheless, is observable (Shoebridge 1989).

It is this relationship, and its impact on criminal behaviour, which will now be addressed, particularly in terms of Australia's National Health Policy on Alcohol.

The National Health Policy on Alcohol

Two weeks ago today, the government's Ministerial Council on Drug Strategy met in Burnie, Tasmania and endorsed the final version of Australia's National Health Policy on Alcohol (adopted 23 March, 1989). Like many Australian government policies, the final version was, in its key areas, substantially different from the draft policies developed by the Council's expert Alcohol Sub-committee over a four-year period.

The final National Health Policy document is in two parts. The first is the policy document (Commonwealth Department of Community Services and Health 1989), covering education, control and legal policies, the role of the non-government sector and the community, and research and treatment policies. The second document (Commonwealth Department of Community Services and Health 1989) gives examples of strategies for each of these areas. It is not my intention to scrutinise all the policy areas, but rather to focus on those control and legal policies as they relate to alcohol related crime.

The draft policy

Work on a draft National Health Policy on Alcohol commenced in 1984 under the auspices of the National Standing Committee on Alcohol, reporting to the then Standing Committee of Health Ministers. However, with the initiation of the National Campaign Against Drug Abuse in April 1985, the responsibility for drafting the policy was passed onto the Alcohol Sub-committee of the Standing Committee of Officials reporting to the Ministerial Council on Drug Strategy.

The draft policy was received by the Ministerial Council in November 1986 and released for public comment, resulting in some 176 submissions including a

number representing major liquor industry interests.

In November 1987, the Ministerial Council on Drug Strategy's Alcohol Sub-committee presented another draft, with a commentary on submissions received. The Council's meeting of 1987 rejected the draft document, referring it back to the Alcohol Sub-committee for further drafting during 1988. Although the Alcohol Sub-committee was lobbied by the liquor industry during 1988, the committee did not seek comment on the final version of the policy from health advocates, before its endorsement by the Ministerial Council on Drug Strategy two weeks ago.

The draft National Health Policy had all the aspirations of prevention strategies to be envied by many other countries, including the provision for clear control policies on price, taxation, availability, advertising and the marketing of alcohol.

Differences between the draft and final policy

It is important to examine the differences between the draft and final policy documents for two reasons. First, major exclusions from draft to final policy occurred in key crime prevention areas. These changes should be identified. Second, state governments may be interested, through effective lobbying, in re-introducing the key exclusions.

Price and taxation

One author from this Conference has noted that:

Increasing the price of alcoholic beverages, and using price as a means to encourage the substitution of low alcohol content drinks for high alcohol content drinks should be priority measures to reduce those alcohol related problems which are closely associated with consumption levels (Smith 1989).

It is interesting to see that this point was well recognised in the draft policy document, but was completely deleted in the final document, with the excluded text being:

Liver cirrhosis, mortality and traffic crash deaths are two of the indices of alcohol use for which a relatively small change in price has been observed to have an effect. Many such deaths occur in non-dependent drinkers. The consumption of even heavy drinkers has been found to be influenced by price.

No particular beverage seems more harmful than any other and it follows that the taxation policies adopted by the Commonwealth, states and territories should not give preferential treatment to any particular beverage class, be it beer, wine or spirits. Policy should however favour the consumption of some classes of beverages (for example, low alcohol beer) with reduced alcohol content.

To date wine has been treated preferentially. The failure to apply a significant tax on wine has meant that the price of wine has fallen progressively, relative to other alcoholic beverages and average

weekly earnings. This has contributed to, in part, the dramatic increases in wine consumption in recent years (Commonwealth Department of Community Services and Health, November 1987, p. 11).

Moreover, the following strategies on taxation from the draft policy do not appear in the final document:

- i. That there is an incremental adoption of a taxation policy based on the absolute alcohol content of drinks, favouring those with low alcohol content;
- ii. That as an interim measure:
 - excise on beer be proportionate to alcohol content;
 - sales tax on fortified wines be increased to 30 per cent;
 - sales tax on all bulk wines (for example, casks and flagons) in excess of 3.5 per cent of alcohol/volume be increased to 30 per cent
- iii. That practices which tend to promote immoderate use, such as excessive discounting and the introduction of happy hours, should be actively discouraged;
- iv. That alcoholic beverages be removed from the 'basket of goods' used to calculate the cost of living index;
- v. That there is progressive introduction of taxation policies based on the alcohol content of particular beverages.

It is fair to say that the endorsed policy does make reference to the regular adjustment of excise import duty and licence fees to assist in maintaining the real price of the various alcoholic beverages.

The rejection by the Ministerial Council of an alcohol-strength tax, a realistic wine tax and the recognition that price is one of the major determinants of alcohol related problems is, an appalling indictment on the process used to achieve the final policy.

For example, one can observe that the final document was prepared by a Ministerial sub-committee chaired by the Minister for Health in South Australia. One can also observe that the President of a major political party is South Australian, so too was the previous President of this political party who was also a senior Federal Cabinet Minister, and the present Federal Minister for Health is a South Australian. It is also of interest that South Australia, which has a weak manufacturing base and is approaching state elections, produces approximately 60 per cent of Australia's wine. One can only speculate between these facts and the apparently effective lobby of the wine producing states, leading to the policy being watered down.

Availability

Availability measures to prevent alcohol related crime can best be summarised in the conclusions drawn by one paper at this Conference:

- Changes in the days and hours of sales of alcoholic beverages should reduce, rather than increase, alcohol availability.
- An Australian study has highlighted the value of minimising the total number of outlets, but irrespective of whatever the total number is, having as many of the outlets as possible for off-premise sales only.
- As noted by the Commonwealth Youth Bureau, raising the legal minimum drinking age to 20 years in each state and territory should be a priority measure for reducing the number of young people killed or injured in traffic accidents, and for reducing juvenile crime (Smith 1989).

Again, the following extract in the draft policy document referring to the above conclusions, has been completely excluded in the final National Alcohol Policy document:

That availability can be an important determinate of consumption and thus the nature and extent of alcohol related problems in society is attested to by a considerable body of scientific evidence. Legal drinking age, extension of opening hours and the proliferation of licences have all been shown to be associated with increases in problems associated with consumption of alcohol. In particular, the introduction, or extension of liquor licensing for off-premises sales by grocery stores and supermarkets, is generally thought to have contributed to increased consumption by women (Commonwealth Department of Community Services and Health, November 1987, p. 13).

The National Policy has been weakened even further by the exclusion of the following indices, proposed in the draft policy as monitoring mechanisms for the strategies on availability: the ratio of liquor outlets to population in states and territories; the hours during which alcohol is available; the minimum age at which alcohol can be consumed; the number of alcohol licences granted to outlets also selling food; the number and severity of fines and other penalties imposed in association with the infringement of the liquor laws; and the proportion of alcohol supplied illegally.

Advertising and marketing

While there is considerable debate, even within the health industry, about the impact of liquor advertising on consumption and problems related to consumption, there is nevertheless general concern about some current forms of alcohol advertising and the inability for the industry to self-regulate under a voluntary advertising code.

The draft and final policy documents on advertising and marketing do not substantially differ, opting for voluntary restrictions on alcohol advertising, rejecting earlier calls for immediate advertising bans by some health advocates. The health ministers have committed themselves to a Media Standards Committee of the Ministerial Council of Drug Strategy to monitor the effectiveness of the voluntary codes, and if the code should continue to prove

unsatisfactory, consideration will be given to some form of regulatory control.

Should this new Media Standards Committee be as receptive to lobbying as the recent Alcohol Sub-committee, it is unlikely to have much impact. Obviously, the composition of the Media Standards Committee will be a critical element in determining its success.

Last year, the liquor industry spent some \$75 million on alcohol advertising. This year both major brewers have budgeted 40 per cent more expenditure for their advertising campaigns, in anticipation of increased sales arising from favourable excise tax reductions announced in the last budget.

The National Campaign Against Drug Abuse, which is the only source of funding for campaigns advocating the responsible use of alcohol, has less than \$5 million to spend nationally on such campaigns, and this money must include campaigns covering other drugs. The National Alcohol Policy objective of wanting the advertising and marketing of alcoholic beverages to be consistent with the aim of encouraging responsibility in alcohol use, would have been enhanced had the following strategy not been deleted from the draft document:

The funding of an educational program advocating the responsible use of alcohol from a levy raised from the sale of alcohol
(Commonwealth Department of Community Services and Health, November 1987, p. 16).

Legal policies

It is not surprising to find that legal policies have not suffered the same demise in the National Alcohol Policy as those policies relating to the controversial areas of taxation and availability.

Given the concerns expressed at this conference on the need to review legislation, the need to provide facilities for people in conflict with the law, the need to deal with public intoxication and to provide equitable drink driving legislation throughout Australia, it is expected that the prescribed legal policies will receive widespread support. The objective of the legal policy is:

To ensure that legislation and administrative practices in all areas relative to alcohol operate in a manner consistent with the objective of reducing the level of alcohol related problems in Australian society (National Health Policy on Alcohol, adopted 23 March 1989, p. 8).

Policy strategies include:

- The establishment of mechanisms for reviewing existing legislation;
- The provision of facilities for people in conflict with the law which will address their alcohol related problems;
- The decriminalisation of intoxication in a public place and the provision of health care facilities for those found intoxicated;
- The introduction of legislation giving police and others power to remove

- under-age persons drinking or intoxicated in a public place;
- The introduction of drink driving legislation which will facilitate the identification of people at risk with alcohol related problems;
 - The introduction of zero-blood alcohol levels for learner drivers;
 - The adoption of the lowest uniform acceptable blood alcohol level legislation and the adoption of random breath testing;
 - The provision of adequate treatment services for those in corrective institutions;
 - The introduction of some form of positive identification for establishing age.

Likely Impact of the National Health Policy on Alcohol Related Crime

Returning to my original view that any initiative which reduces total absolute alcohol consumption can be expected to have a beneficial effect on alcohol related crime, the new National Health Policy on Alcohol will not have the impact originally hoped for by health professionals and others, providing one accepts that price and availability are major determinants of per capita alcohol consumption. As a crime prevention tool, the National Policy, which had such potential, becomes little more than a big disappointment. Moreover, the implementation of the policies throughout Australia now lies with state government jurisdictions who as we know, may not necessarily adopt all the policies and strategies.

The information presented at this conference reinforces the view that alcohol related crime in Australia is a major problem. Priority therefore must be given to its prevention through social policy changes addressing availability, taxation, alcohol advertising and legal issues. While education and treatment programs may in part change attitudes and assist those with difficulties, they are likely to have little to no effect on alcohol consumption. However, as social scientists well know, such legislative changes will be most successful if preceded by informed community pressure.

The way ahead

Establishing a political commitment to any national health policy requires equal collaboration in its development between the major operators. In the case of the National Health Policy on Alcohol, collaboration between government and non-government sectors and the alcohol industry did not occur, particularly in its latter stages.

I do not believe that policy making is a rational process in which policy outcomes are considered and decisions made based on expert evidence. Rather, it is a process of move, counter-move and negotiation usually designed to ensure the survival of government.

Ministerial appointments to the Ministerial Council on Drug Strategy and its taskforces must naturally hold prevailing government views. These views often reflect those of individual politicians who base their decisions on moral grounds

or factors which would mitigate against powerful groups with vested interests. With anticipated revenue of some \$3.2 billion from alcohol taxation this year, one can only speculate on the Treasury's view on any policy which could result in a predicted reduction in per capita alcohol consumption.

Alcohol consumption has wide-ranging effects not only upon criminal activity, but upon public health generally. The associated costs have often been used as a justification for the raising of public revenue from those who purchase alcohol. Undoubtedly the implementation of the strategies in the National Alcohol Policy will be costly. Without identified revenue for their implementation, the strategies and policies can only become token gestures.

The Australian Alcohol and Drug Foundation will be lobbying for the concept of a levy on tax revenue from excise, customs and sales tax to be applied to funding the strategies in the National Alcohol document. This levy could be introduced within the framework of policy, perhaps under State Government control, without necessarily increasing alcohol taxation. Such a tied tax would clearly demonstrate that governments are indeed serious in expressing to the public their concern about a major health problem. The symbolic nature of such governmental action should not be under-estimated.

It is anticipated that such a levy system would go a long way to mobilising public opinion about problems associated with alcohol use. The Policy's educational strategies can ensure that people understand, appreciate and call for legislative changes which can lead to a reduction in alcohol problems, including alcohol related crime.

With the liquor industry being probably the most powerful interest group shaping public opinion on alcohol, there is a need for greater collaboration between the industry, health advocates and government in order for policies to be successfully implemented. For example, since Treasury officials generally are opposed to tied taxes, it would be interesting to see if the liquor industry would be prepared to support a levy on tax for the purposes of implementing the National Policy's strategies.

Other questions which must be raised between health advocates, government and the liquor industry, and where there may be some common agreement, include the need to improve and expand further intervention programs, to launch joint health promotion ventures addressing drink driving and under-age drinking and intoxication and finally, the need to promote responsible drinking.

To this end, the Australian Alcohol and Drug Foundation is prepared to facilitate with funding support, a summit to examine these areas and develop an affirmative action campaign in a climate of mutual collaboration. I do believe the liquor industry wishes to be seen to be more responsible and I do believe there are sufficient common areas of agreement between all parties for productive negotiation.

Summary

In summary, the nature of the relationship between alcohol use and criminal behaviour needs further research, although that there is an association appears to be accepted. Prevention measures, therefore, which are aimed at reducing per capita alcohol consumption may well also reduce alcohol related crime.

The new National Health Policy on Alcohol, which initially had the potential as an effective tool for preventing alcohol related problems, including alcohol related crime, will have little impact except in the law enforcement, educational, treatment and research areas.

One way ahead in addressing this major health problem, must surely be through a more collaborative approach between government, health advocates and the liquor industry. Such approaches should result in programs and activities able to target the current unacceptable level of criminal behaviour associated with alcohol use.

References

Broderick, G. 1989, Alcohol Legislation - The Industry's View, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Commonwealth Department of Community Services and Health 1987, *National Health Policy on Alcohol in Australia* (Draft), Presented to the Ministerial Council on Drug Strategy, 6 November.

-----1989, *National Health Policy on Alcohol in Australia*, Presented to the Ministerial Council on Drug Strategy, Adopted 23 March.

-----1989, *Examples of Strategies for the Implementation of the National Health Policy on Alcohol in Australia*, Presented to the Ministerial Council on Drug Strategy, Endorsed, 23 March.

Giddings, J. 1989, At Court: The Alcohol Factor, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Hayes, S. & Carmody, J. 1989, Helping Those Imprisoned for Alcohol Related Crime, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Indermaur, D. 1989, Prisoner's Experience with Alcohol, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Ireland, S. 1989, Juvenile Alcohol Consumption: A Cause for Concern, Presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

McGregor, H. 1989, Domestic Violence: Alcohol and Other Distractions, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Shoebridge, A. 1989, Tackling Excessive Drinking or Reducing Excessive Supply, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Smith, I. 1989, Effectiveness of Legislative and Fiscal Restrictions in Reducing Alcohol Reducing Alcohol Related Crime and Traffic Accidents, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

South, D. 1989, Changing Drinking and Driving Patterns: A Case Study, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Tomsen, S. 1989, Alcohol, Violent Crime and Social Power, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Tuncks, J. 1989, Decriminalisation of Drunkenness, Paper presented to the Alcohol and Crime Conference, Australian Institute of Criminology, Perth, April.

Williams, D.A. 1989, Yahoos: the Tasmanian Response, unpublished paper, Tasmania Police Department.

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