

Alcohol & its relationship to violence

By Fraser Duff

It is estimated in Australia nationally that over 12,000 lives were lost as a result of alcohol related injuries in the ten (10) years up to 2001. In addition to that, over 250,000 people were hospitalised in the eight (8) years up to 2001.

A recent study was undertaken into the role alcohol plays in injuries and its associated costs. The study was commissioned by the Alcohol Education and Rehabilitation Foundation (AER) and published in December 05. The research was undertaken by the NSW Bureau of Crime Statistics and Research in conjunction with the National Drug Research Institute - Curtin University of Technology and St Vincent's Hospital. For a full copy of the study you can

downloaded at www.lawlink.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/pages/bocsar_mr_ab06.

Whilst the study is academic and statistically orientated, there are areas that are of significant interest to people who work in front line jobs where alcohol is present. In addition its supports current thinking on the role alcohol does play in violent incidents including in the workplace. Initial observations about the report are that the scope of the

study (sample range) is limited as only data from a small number of hospitals was used to support the findings. However it does paint a very interesting picture of the impact alcohol has on our society from a human, financial and social perspective. In addition for those organisations that supply human resources into environments where alcohol is present, it certainly raises some questions about how well prepared and trained these people need to be to deal with incidents involving



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intoxicated persons.

In this article I have attempted to provide a brief synopsis of the key areas in the report that relate to injuries sustained during assaults where alcohol was present.

Coupled with information from my own views and experiences in how alcohol has fuelled violence and aggression in society and the workplace.

From the report, various overseas studies indicate that for assault related injuries, which present to hospitals, alcohol accounts for almost half the incidents of assault. Furthermore the assaults and subsequent injuries can be directly attributed to risky or high risk drinking habits. The study also goes on to demonstrate that alcohol is an important contributing factor to injuries, which result from interpersonal violence.

Generally, to understand the impact alcohol has on our society and the manifestation of serious injuries and deaths. It is estimated in Australia nationally that over 12,000 lives were lost as a result of alcohol related injuries in the ten (10) years up to 2001. In addition to that, over 250,000 people were hospitalised in the eight (8) years up to 2001. In real terms that equates to approximately 1,200 people per annum lost their lives and 31,250 were hospitalised due to alcohol related incidents and injuries.

Data from the report indicates that both quantity and frequency of alcohol consumption is foretelling of alcohol related injuries. The risk of injury increases significantly with the amount of alcohol consumed. Even

low amounts of consumption place you at much greater risk of injury than from abstaining altogether. For example, a West Australian study concluded that consuming more than 6 standard drinks in a 6 hour period increases your risk of injury 3.5 fold. By consuming more than 9 standard drinks within the same period, increases your risk of injury 5 fold.

The risk of injury associated with episodes of acute alcohol consumption may be even greater for injury sustained from incidents of interpersonal violence. In one Queensland based hospital a study of 154 assault patients identified that 76% had been drinking prior to the assault. In a further study from a larger city based hospital in NSW with over a 1,000 assault victims, 54% of the street violence victims were under the influence of alcohol when the incident occurred and the majority of these incidents occurred in and around licensed premises.

It is interesting to note, that whilst there is strong evidence to suggest that there is a direct relationship between alcohol consumption and violence, the study postulates that more conclusive research is need, to determine if alcohol consumption is a cause of violence. From my own experience coming from a law enforcement and security industry background, I have found that when alcohol is present it is definitely a major contributing factor in all forms of violence from domestic violence, to street violence and even workplace violence.

The data from this report also serves to

help us identify those more high risk industries, which have a far greater exposure to incidents of workplace violence particularly where alcohol is concerned. The industries where staff are most at risk of violence and assaults include, licensed premises, nightclubs, pubs, clubs, large sporting venues and basically anywhere alcohol is present.

Furthermore if you continue down the line and look at the flow on effects of alcohol, assaults and workplace violence and how it impacts workers, you can see that these incidents also impact a range of industries like hospitality and the security industry, which provide manpower services to licensed premises.

A recent high profile incident in mid January 2004 where former Australian test batsman David Hooks was fatality injured after an affray outside a licensed premises with Crowd Controller Zdravko Micevic who was later acquitted in Victoria, demonstrates this risky environment. Not to mention the Police who have to attend and investigate such incidents, the ambulance personnel who provide medical aid and transport to hospitals. Hospital staff who then have to attend to potentially aggressive and violent individuals who are under the influence of alcohol. One incident can create considerable risks for a number of people not to mention how it ties up an insurmountable amount of resources making the real cost of alcohol related assaults quite high.

The study further identified that the

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associated costs with the misuse of alcohol in Australia between 1998 and 1999, was approximately \$7.6 billion dollars.

Other situations where alcohol can fuel incidents of workplace violence, include the annual Christmas party and situations where work groups go away for team planning sessions and have a live in, where alcohol is freely available after hours. In this context we can sometimes draw parallels to driving a motor vehicle whilst intoxicated. We lose our ability to concentrate, our thinking and rationalising slows down, our guard comes down and with it our semblance of professionalism, we cannot rationalise risk as easily and in some cases Mr Hide can appear where Dr Jeckel once stood. Assaults, aggression, intimidation, bullying, harassment sexual or otherwise are most prevalent in these situations.

Interestingly when you consider demographics by gender and age, the number of reported alcohol related injuries for males is somewhere in the order of 2.5 – 2.7 times greater than that of females and persons under the age of 25 make up nearly 30% of the alcohol related injuries at the reporting hospitals. You could also interpret from these figures that as people age they are also less likely to incur injuries as a result of alcohol consumption, possibly because consumption is lower and they perform less risky activities.

Licensed premises, street areas and the home made up approximately 75% of the locations where alcohol related injuries occurred. Intentional harm caused by one person to another accounted for approximately 28% of all incidents.

Injuries resulting from interpersonal violence

Up to 14% of injuries reported in the studies involved injuries that occurred as a result of interpersonal violence, with males accounting for 79% of the assault related injuries. Furthermore 25% of the victims injured were under the age of 25 and interestingly 57% of the incidents occurred in licensed premises or on street areas.

Assault patients were also more likely to confront with multiple injuries. Most of the assault victims indicated that another male was involved (95%) and in most cases they did not know the other person (66%). Furthermore 40% of the assault victims indicated that there had been no provocation, however 27% indicated that there had been some verbal altercation, which escalated into an assault.

In approximately 38% of all the assaults incidents a weapon had been used. And interestingly enough about one third of the assault victims indicated that they would not report the incident to Police. This response if it were the norm for a wider range of data, would give rise to the issue of reported incidents, which give validity to the crime statistics vs non reported incidents and the accuracy of the number of actual incidents of violence and assault in our society. People observe these incidents or hear about them on the grape vine and it's these types of incidents that generally drive up the perception of crime and the associated fear of becoming a victim.

From the study alcohol appears to play a greater role in injuries resulting from interpersonal violence than it does for other types of injuries. Up to 45% of all assault injures involved alcohol compared to only 16% of other types of injuries.

Someone affected by alcohol, for example may be much more difficult to reason with. A range of cognitive and affective areas of the brain are being impacted on by the properties of alcohol including impairing judgement and lowering the persons inhibitions – in other words lowering their risk awareness and decision making ability and giving them an unrealistic and inflated sense of confidence and capability. In these circumstances violent behaviour is harder to predict when these conditions are present – hence the term “Random Violence”.

In responding to people who appear to be under the influence, it may also be difficult to distinguish whether they are suffering from the effects of alcohol, drugs or some form of

mental illness. Regardless, the key factor to remember is to always remain conscious of the risks and continually assess the risk during any interaction, because a violent act is often difficult to predict and these situations can be quite volatile.

Trying to rationalise with a person under the influence or a mentally ill person who is suffering from an altered state of consciousness may be difficult. So when you think about your own safety don't physically position yourself where you can be attacked or where you have no where to withdraw too. Where aggression is offered, consider increasing your safe distance, remain vigilant and never turn your back or drop your guard.

Given that rationalising information may be extremely difficult for such people, communicate passively with them and remain calm yourself. Don't be over controlling or over directive, because again people in this state can be less inhibited in their actions and more inclined towards responding aggressively if something doesn't suit their purpose.

A person who has a mental illness may see over controlling or over directive behaviour as exceedingly threatening. When people suffer a psychotic episode such as one of the various forms of schizophrenia, which includes delusional or paranoid behaviour, their reality perspective is not a real world perspective at all and they may act accordingly.

People in authority or performing regulatory roles such as police, security guards, ambulance officers and hospital staff etc need to be cautious of these situations and consider being more empathetic as opposed to being directive in the use of their authority as it may be perceived as over controlling behaviour and cause avoidable situations to escalate.

CARM Training offers a range of programs to help front line staff deal with aggression and violence in the workplace. Particularly acts of “Random Violence” where a person may be suffering from an altered state of consciousness.