006

THE UNION FOR QNU NURSES AND MIDWIVES

QUEENSLAND NURSES' UNION

In association with the Australian Nursing and Midwifery Federation Queensland Branch

A.B.N. 84 382 908 052
www.qnu.org.au

All correspondence must be sent to secretary@qnu.org.au

17 February 2017

Mr D A Pegg MP
Chair of the Legal Affairs and Community Safety Committee
Parliament House
George Street
Brisbane Qld 4000

Dear Mr Pegg,

The Queensland Nurses' Union (QNU) writes in response to the urgent call for stakeholder submissions from the Legal Affairs and Community Safety Committee (the Committee) regarding the *Liquor and Other Legislation Amendment Bill 2017* (the Bill).

The QNU confirms the position of our organisation remains aligned with the original submission to your Committee regarding the *Tackling Alcohol-Fuelled Violence Legislation Amendment Bill 2015* – refer to attached document.

The QNU would like to take this opportunity to reinforce the need to utilise all relevant evidence when developing Government policy and recognise that new evidence released has resulted in modifications to this Bill.

Yours sincerely,

BETH MOHLE
Secretary

For more information please contact the QNU office indicated:

☐ BRISBANE
GPO Box 1289
Brisbane Q 4001
P: (07) 3840 1444
F: (07) 3844 9387
E: qnu@qnu.org.au

☐ BUNDABERG
PO Box 2949
Bundaberg Q 4670
P: (07) 4199 6101
F: (07) 4151 6066
E: qnubberg@qnu.org.au

☐ CAIRNS
PO Box 846N
Cairns North Q 4870
P: (07) 4031 4466
F: (07) 4051 6222
E: qnucairns@qnu.org.au

☐ ROCKHAMPTON
PO Box 49
Rockhampton Q 4700
P: (07) 4922 5390
F: (07) 4922 3406
E: qnurocky@qnu.org.au

☐ TOOWOOMBA
PO Box 3598
Village Fair Q 4350
P: (07) 4659 7200
F: (07) 4639 5052
E: qnutwmba@qnu.org.au

☐ TOWNSVILLE
PO Box 3389
Hermit Park Q 4812
P: (07) 4772 5411
F: (07) 4721 1820
E: qnutsvle@qnu.org.au

THE UNION FOR QNU NURSES AND MIDWIVES

QUEENSLAND NURSES' UNION

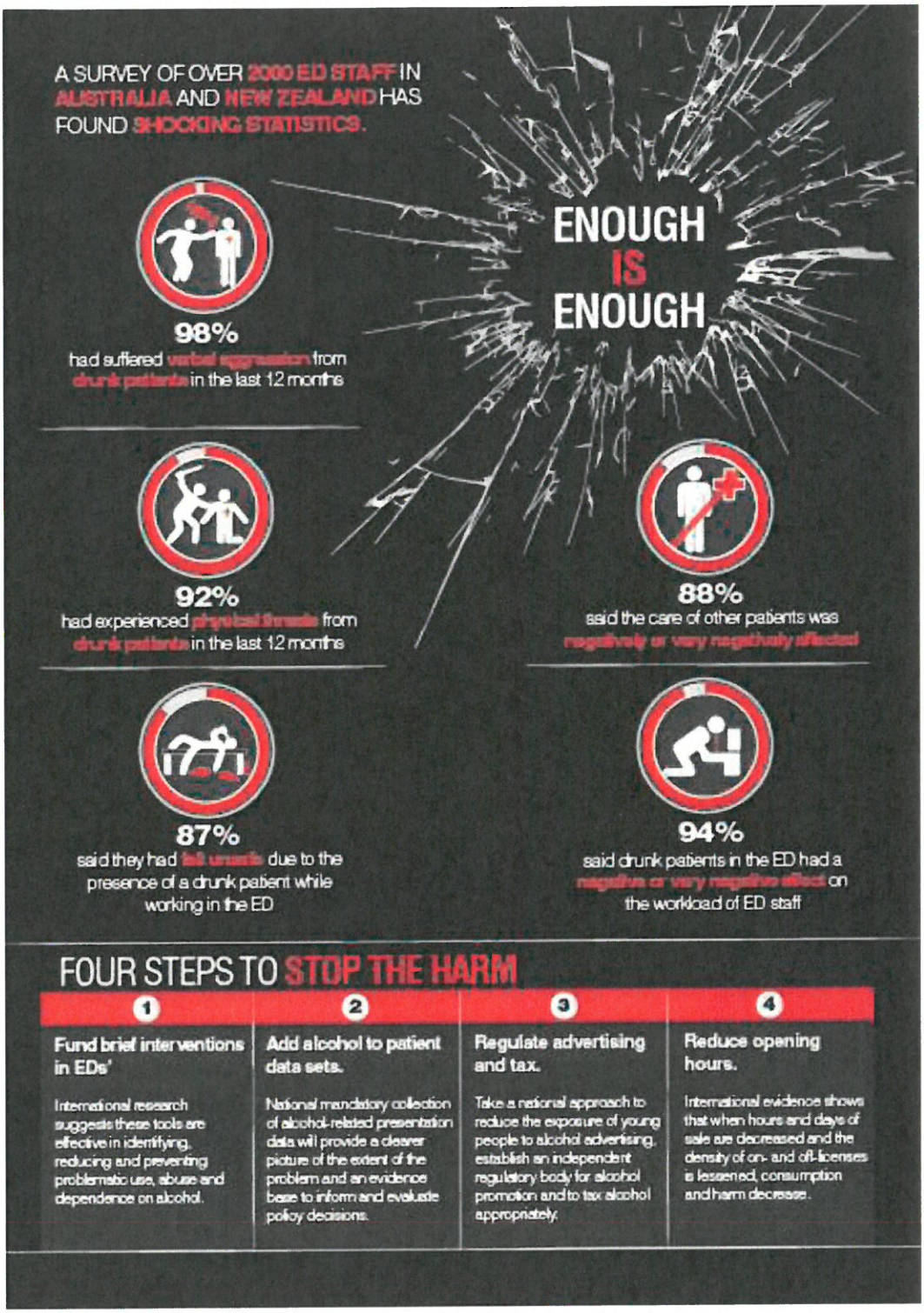
Submission to the Legal Affairs and Community Safety Committee

Tackling Alcohol-Fuelled Violence Legislation Amendment Bill 2015

December, 2015

Queensland Nurses' Union
106 Victoria St, West End Q 4101
GPO Box 1289, Brisbane Q 4001
P (07) 3840 1444
F (07) 3844 9387
E qnu@qnu.org.au
www.qnu.org.au

Contents **Page**



Source: Australian College of Emergency Medicine (2015).

Introduction

The Queensland Nurses' Union (QNU) thanks the Legal Affairs and Community Safety Committee (the Committee) for the opportunity to make a submission to the *Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015* (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives, enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 53,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

The QNU welcomes the introduction of the Bill and its aims to tackle alcohol-fuelled violence through the restriction of service hours and lockouts in licensed venues across Queensland. These objectives can only be achieved through amendments to legislation regulating the licensing and enforcement of the sale of liquor. The QNU has a significant interest in any measures that will serve to protect our members and the community from the aberrant behavior of those who drink to excess and reduce the significant cost to the health system.

Our submission concentrates on the effects of alcohol-fuelled violence on nurses, midwives and the community in general. There is strong evidence that reducing the number of alcohol-related assaults in late night entertainment precincts reduces the number of Emergency Department (ED) presentations (Fulde, Smith & Forster, 2015; Morgan & McAtamney, 2009; Poynton, Donnelly, Weatherburn, Fulde & Scott, 2005). The QNU has been active in promoting the safe use of alcohol through our previous submissions and appearances at the Inquiry into Alcohol-Related Violence in 2009 and the Inquiry into the Safe Night Out legislation in 2014. Our message remains the same – restricting the sale of alcohol in licensed premises will reduce alcohol-related violence.

Recommendation

The QNU recommends:

The Parliament passes the Bill into legislation.

Key Outcomes of the Bill

Amongst other matters, the Bill aims to achieve the following outcomes:

- Regular service hours for alcohol in licensed venues across Queensland would end at 2am unless the venue is located in a prescribed safe night precinct approved for 3am liquor trading in which case a 1am lock out will apply;
- The 1am lockout would apply to all licenced venues within prescribed safe night precincts approved for 3am trading, including those which cease trading at 2am;
- The reduced trading hours and lockout would not apply to casinos and airports that are subject to a commercial special facility licence or to industrial canteen licences;
- Licencees would retain the ability to apply for and be granted extended hours permits for trading up until 5am on up to 12 occasions per year;
- No new approvals for trading hours outside of 10am – 10pm for takeaway liquor;
- Premises licenced to provide gaming or adult entertainment would be able to remain open past 3am, though not to serve alcohol past that time;
- High alcohol content and rapid consumption drinks could not be sold or supplied after midnight. The specific types and amounts of drinks would be prescribed by regulation following stakeholder consultation;
- Low risk specialist venues could apply for exemptions from the ban on high alcohol content drinks after midnight;
- Blood alcohol content readings lawfully taken by police would be admissible as supplementary evidence in prosecutions against a licensee;
- Drug and Alcohol Assessment Referrals (DAAR) conditions on bail will apply to those most likely to benefit from the program. DAAR conditions would be discretionary, failure to complete them would not be criminalised, and a defendant's consent is required for making such a condition of bail (Queensland Parliament, 2015).

Broad social, economic and physical factors – known as the social determinants of health – largely shape the health and wellbeing of the population. Most of these are outside the control of the health system. Housing, transport, education and the environment can all affect health and wellbeing. Policies that adopt a shared goal to improve health and wellbeing need to integrate responses that cross all sectors of government and portfolio boundaries. Alcohol-fuelled violence can be addressed from a number of policy perspectives that cross the social determinants of health including liquor licensing, policing and emergency treatments.

The QNU recently made a submission to the inquiry into establishing a Queensland Health promotion commission. Our submission recommended this Commission considers the *Health in All Policies* initiative of the government of South Australia as a whole-of-government approach to health policy development. *Health in All Policies* is a collaborative

approach to policy development. It also provides a framework for meeting the needs of sectors outside of health as well as long term population health and wellbeing goals. This reflects the idea of reciprocity, one of the key philosophies underpinning the initiative. Cross-sector collaboration and partnerships have been recognised as important system building strategies. Mechanisms to support and systematise these practices across state and local government help to ensure ongoing action to address the social determinants of health and improve the population's health and wellbeing (Government of South Australia, 2013).

As well as changes to liquor licensing, we ask the Committee to think broadly about environmental and social factors that drive people to drink to excess and become violent to those around them.

Liquor Licensing in Queensland

In 2009, the Queensland government introduced a moratorium on late night trading applications by on-premise licensed venues. During the moratorium, no liquor licensing applications for extended trading hours between 12am and 5am were assessed[1]. The moratorium applied to licences where alcohol was sold for consumption on the premises. It did not affect packaged liquor licenses allowing licensees to sell alcohol for consumption off the premises.

In 2014, the Newman government launched the *Safe Night Out* strategy that lifted the moratorium and established Safe Night Out precincts in 15 locations in Queensland. This did not include winding back late night trading hours to a 3am close. In the six months following the lifting of the moratorium, 107 applications were made for late trading beyond 12am. The majority sought to trade to 3am. Applicants came from across the state with the highest proportion in Brisbane and the Gold Coast (Foundation for Alcohol Research and Education, 2015).[2]

We understand the former state government's motivation in lifting the moratorium was to 'reduce red tape' hindering tourism in Queensland, however, it makes no sense to extend trading hours in licensed premises if doing so creates the possibility for additional risk to the community. Recent research (Egerton-Warburton, Gosbell, Wadsworth, Fatovich & Richardson, 2014; Miller, Droste, Baker & Gervis, 2015; ACEM, 2015; Fulde, Smith & Forster, 2015; Menendez, Weatherburn, Kypri & Fitzgerald, 2015) provides ample evidence that restricting trading hours will reduce alcohol-fuelled violence - already too prevalent in health care facilities.

---

[1] See the *Liquor Act 1992* Reprint No. 9G in force on 1 December, 2010.

[2] The Foundation for Alcohol Research and Education used data provided by the Office of Liquor, Gaming and Racing.

Violence in Health Care

There are various definitions and classifications of violence. Steinmetz (1986) defines violence as 'an act carried out with the intention or perception of having the intention of physically hurting another person'. This definition includes all incidents from minor assaults to premeditated murder. For the purpose of this submission we take alcohol fuelled violence to include this definition of violence where the nurse or midwife perceives that the perpetrator of the harassment or violence is under the influence of alcohol.

We also point out that an act of violence is a criminal act. Under s33 of the *Queensland Criminal Code* an 'unlawful and violent act' committed against a person, means an act that is an offence committed against—

(a) the person or anyone else about whose health or custody the person would reasonably be expected to be seriously concerned if the act were done, including, for example, a dependent, relative, friend, employer or associate; or

(b) the property of the person or property about which the person would reasonably be expected to be seriously concerned if the act were done, including, for example—

(i) the premises where the person lives or works; or

(ii) the property of a dependant, relative, friend, employer or associate of the person.

A 'violent' act, includes—

(a) for a violent act committed against a person—an act depriving a person of liberty; and

(b) for a violent act committed against property—an unlawful act of damaging, removing, using or interfering with property.

The International Council of Nurses (ICN) (2006) strongly condemns all forms of abuse and violence against nurses ranging from passive aggression to homicide and sexual harassment. Such actions violate the nurse's right to personal dignity and integrity and freedom from harm. Of some concern to the QNU is that nurses and midwives do not report many incidents of abuse or violence for various reasons including workloads and a view that this type of behaviour from patients, relatives or visitors is 'normal'. It is not 'part of the job' and we must continue to raise awareness there is 'zero tolerance to violence' in healthcare facilities.

The QNU's commissioned research (Eley, Hegney & Francis, 2010) found that almost half of the Queensland nurses and midwives who responded to their survey had experienced workplace violence in the previous three months with the lowest incidence of workplace violence reported in the private sector. Overall half of the nurses and midwives who responded said that workplace violence had remained the same but a third noted an

increase. There were more aged care nurses who said it had decreased whilst private sector nurses were more likely to say that it had remained the same. Clients/patients/residents were the highest source of workplace violence.

This study did not differentiate between alcohol-related and other forms of violence, but the prevalence of alcohol could be assumed to correlate to other studies (for example Crilly, Chaboyer & Creedy, 2004) where alcohol and drugs accounted for half of the incidents. Queensland Health data (cited in AMA, 2015) indicates an overall increase of alcohol related ED presentations across the state of more than 24% in the period 2009-2010 to 2014-15. Significantly, Caboolture Hospital experienced a rise of 57%, Caloundra Hospital 63% and Robina Hospital 73%.

In a rural setting, 'last drinks' questions were added to computerised triage systems at South West Healthcare ED in Warrnambool, Victoria from 1 November, 2013 to 3 July, 2014. All people aged 15 years or older presenting with injuries were asked whether they had consumed alcohol in the 12 hours prior to the injury, how many standard drinks they consumed, where they purchased most of the alcohol and where they consumed the alcohol (Miller, Droste, Baker & Gervis, 2015).

The study found that from 3692 injury attendances 10.8% reported consuming alcohol in the 12 hours prior to injury. Sixty per cent of all alcohol-related presentations had purchased their alcohol at packaged liquor outlets. During high-alcohol hours, alcohol-related injuries accounted for 36% of all ED injury presentations, and in total 41% of alcohol-related attendances during these hours reported consuming last drinks at identifiable hotels, bars, nightclubs or restaurants, or identifiable public areas/events (Miller et al., 2015). This study demonstrates how 'last drinks' data collection can be reliably implemented in EDs and enable mapping of alcohol-related ED attendances in a rural community.

Nurses and midwives comprise the largest professional group in the health workforce and as an occupational group they have the highest exposure to non-fatal violence (Archer-Gift, 2003) and also report the highest levels of violence among healthcare workers (Winstanley & Whittington, 2004). It is timely therefore to consider the effects of alcohol-fuelled violence on the nurses who work in the front line of the health care industry.

Alcohol fuelled violence and aggression in EDs

ED staff are at the forefront of responding to and treating the consequences of alcohol-related harm. This ranges from treating alcohol intoxication and severe injuries sustained as a direct result of intoxication, to managing the acute complications of chronic alcohol-related conditions (Egerton-Warburton, 2014). Hospitals in general are public places where potential perpetrators of violence include all people the nurse or midwife encounters during

a shift. While EDs anecdotally see a high proportion of patients with alcohol-related injuries and conditions, there are very few national, state or territory prevalence data.

At present, it is not mandatory for Australian or New Zealand EDs to screen for or collect alcohol-related presentation data. Consequently, attempts to quantify alcohol-related presentations to EDs through existing datasets are likely to provide underestimates (Egerton-Warburton, 2014).

A recent 'prevalence-point' survey of 106 hospital EDs in Australia and New Zealand identified 2766 patients of whom 395 (14.3%) had presented because of alcohol consumption. This is an average number of patients per ED of 3.8 in Australia and 4.0 in New Zealand. The overall differences between Australia and New Zealand were only of borderline significance.

In follow-up research, the largest study of its kind ever undertaken monitored eight EDs across Australia and New Zealand over one week in December 2014. The study found that one in twelve or 8.3% of all presentations 24/7 were alcohol-related equating to more than **half a million patients** attending EDs every year across Australia and New Zealand.

Over 9,600 patients were screened as part of the study, which also found that alcohol-affected patients were more likely to require urgent resuscitation and arrive by ambulance and with police.

The Australian College for Emergency Medicine, the peak professional organisation for emergency medicine in Australasia, who conducted the study is calling on Australian and New Zealand Governments to introduce firmer measures to limit the availability of alcohol (ACEM, 2015). According to ACEM 'the measures included in the NSW 'lockout' laws – particularly early closure – have demonstrated beyond doubt that when you reduce availability, you reduce harm. Other jurisdictions should follow NSW and now Queensland in introducing early closing times and reducing the availability of alcohol. Policy makers have the power to reduce the tide of human tragedy from alcohol harm.'

In 2014, the NSW government introduced changes to the *Liquor Act 2007* imposing a 1.30am lockout and 3am last-drinks at licensed venues in the Sydney CBD after the deaths of two young men in alcohol-fuelled attacks. Non-licensed venues in the area are now required to close at 10pm as well.

A study (Fulde, Smith & Forster, 2015) that analysed data from St Vincent's (the major trauma and teaching hospital in the Sydney CBD Entertainment Precinct) ED information system for patients who presented with critical or serious injuries identified as related to alcohol indicated a **significant reduction in the number of these presentations in the 12 months following the changes to the legislation**. The change was seen throughout the week, but was especially marked at weekends.

According to St Vincent's Hospital 'in the 20 months since the introduction of the laws there were only three alcohol-related presentations that required admission to the intensive care unit'. Anecdotal evidence also suggested Sydney's alcohol-related violence problem had not shifted to other suburbs because the state's attitude towards alcohol had changed as a result of the laws (Clarke, 2015). A further study on the impact of the NSW liquor licence reforms on assaults found a statistically significant and substantial reduction in assault in both the Kings Cross (down 32%) and Sydney CBD Entertainment Precincts (down 26%). A smaller, but still significant reduction in assault occurred across the rest of NSW (down 9%) (Menendez, Weatherburn, Kypri & Fitzgerald, 2015).

Alcohol consumption occurs in a range of settings beyond licensed premises, thus the types of people who are affected either directly or indirectly by alcohol related violence is extensive. In some EDs, violence is a daily occurrence with nursing staff reporting several episodes each week (Kennedy, 2005). Increased societal violence and use of alcohol results in an increase in presentations for injury and the effects of alcohol. Anger, pain and the influence of alcohol and drugs contribute to violence spilling over into the ED.

In their study of violence in two public EDs, in South-East Queensland, Crilly, Chaboyer & Creedy (2004) found that violence towards nurses can take a number of forms. Nurses reported that verbal abuse occurred most frequently with episodes of both verbal and physical violence occurring next most frequently. Physical violence without verbal violence occurred very infrequently. The most common types of verbal abuse were swearing, yelling, threats and intimidation, and the most common form of physical violence was pushing. Nurses reported that the perpetrator of violence was either under the influence of alcohol and/or drugs in 50% of cases[3].

Violence of all types occurred most often on the evening shift (3.00pm-11.00pm) followed by the night shift (11.00pm – 7.00am). The rate of violence was .2%, or, two episodes of violence for every 1000 patients who presented and approximately 5 violent incidents per week. The nurses involved in this study had an average of 9 years experience in the ED and an average of 16 years of nursing experience overall.

This study provides an important snapshot of the rate and type of violence that nurses face in EDs in South-East Queensland. Given that alcohol and drugs affected half of the perpetrators, nurses clearly face significant risks from people whose judgment is impaired and who display an inappropriate response such as violence.

Most recently ED members from a large public hospital in South-East Queensland have provided figures of around alcohol related presentations, aggressive behaviors including security callouts at their workplace. These November figures are typical of weekends

[3] Murray and Snyder (1991) and Zernike and Sharpe (1998) also report similar results in other research.

experienced by health workers. Furthermore members report this was a "rather quiet weekend".

- Approximately 650 presentations, 55 or 8% of which were alcohol related.
- Approximately 22 security callouts for incidents of occupational violence.
- Incidents included interventions requiring physical restraint.

Violence in EDs is different from other forms of violence – the aggressor has no overt dominance or power status, and in a setting of care, victims may excuse the behaviour (Kennedy, 2005). Strategies to curb violence in EDs include modifying building design, providing security systems and personnel, and training staff in aggression management. The key to successful intervention is a strong preventive orientation that looks for high-risk indicators, and may extend to active physical and behavioural screening (Kennedy, 2005). The QNU believes that preventive measures are necessary to ensure the safety of nurses in EDs.

Not all alcohol-related violence emanates from excessive consumption on licensed premises. Many people present following alcohol-fuelled incidents in domestic situations. The recently released report *Not Now Not Ever* (Taskforce on Domestic Violence, 2015) referred on numerous occasions to the links between alcohol abuse and domestic violence in Queensland. In compiling this report, many of those interviewed discussed the underlying attitudes of their abusers towards women generally and their inability to take responsibility for their actions. Some had tried for years, with no success, to have their partners seek help through counselling, drug and alcohol programs, and mental health support (Taskforce on Domestic Violence, 2015, p. 84).

Nurses and midwives also experience the effects of alcohol related violence that extends to sexual assault, domestic violence and child abuse. In these circumstances, there are specific protocols they must follow in treating the individuals. It is the responsibility of government to put in place measures that will deter, restrict or prevent the sale of alcohol outside reasonable hours of service.

In their analysis of 4629 cases of injury due to alcohol-related violence collated by the Queensland Injury Surveillance Unit between 1999 and 2011, Sendall, Laing & Barker (2013) found the home was the most common location for assault injuries (31%). Whether the violence occurs from drinking at home or in licensed venues, victims still end up in EDs.

The QNU believes that the government must continue to work with communities, schools and the media to ensure that people who drink alcohol to excess do not wake up in hospital and that injuries to nurses and midwives do not become the emergency.

We have included in our submission a case study of a nurse who works in the ED of a large public hospital in South-East Queensland. She has provided a personal insight into a typical Friday or Saturday night.

Alcohol-fuelled aggression in other nursing sectors

Although much of the literature on alcohol-related violence focuses on EDs in hospitals, it is not only nurses working in these environments who experience alcohol and other forms of aggression. Community health nurses also face alcohol related violence while engaged in caring for patients in the community. Many of these patients are homeless, mentally ill and suffering from alcohol and/or substance abuse. Community health nurses care for and administer medications to patients across genders, ages and ethnic backgrounds. At times, these patients are affected by both medication or drugs and alcohol. They can become aggressive towards nurses who are there to check on their wellbeing.

Many of these people do not have housing or access to treatment facilities. Alcoholism or chronic drug abuse may be accompanied by a mental health condition and an inability or unwillingness to access proper hygiene and nutrition. In these circumstances, nurses may attempt to de-escalate violence, but the circumstances and locations expose them to a high level of risk. Although there are aggressive behaviour management practices in place, nurses working in the community are exposed to violence in an open environment. Unlike hospitals, there is no security available to assist and community nurses rely on the police in emergencies.

Abuse and threats in the community workplace are common and nurses often deal with these as an everyday episode not seen as worthy of reporting. The QNU promotes an organisational culture where the reporting of violent or abusive incidents empowers nurses and provides them with a safe working environment.

Conclusion

Injuries and illnesses caused by alcohol are preventable. Exposure to violence and aggression should not be accepted as a 'normal' part of a nurse or midwife's job and the cost is not limited to economic impact, such as worker's compensation. Rather it extends beyond the physical and/or psychological harm inflicted on an individual. Families, friends, colleagues and organisations are all impacted in some way. The QNU believes that the changes introduced through this bill will make some difference in reducing alcohol-fuelled violence, but there is still a long way to go.

CASE STUDY

PROFILE – EMERGENCY DEPARTMENT NURSE[4]

Kate is a registered nurse and midwife with thirty years of nursing experience. She has worked rostered shifts in the ED of a large Queensland public hospital for a number of years and during this time has encountered many incidents of alcohol related abuse and violence.

Her main concerns are for the community at large as well as the individuals she treats and cares for. In Kate's hospital, Friday and Saturday nights are the busiest, but increasingly, patients affected by alcohol or victims of alcohol related violence present on any night of the week. At particular times of the year such as Christmas or when there are major public events, the number of these types of people presenting increases significantly.

It is not just the presenting individual who may be drunk or the victim of alcohol related violence. Often, it is the individual's friends or family who become aggressive towards nurses. Innocent bystanders are also victims of alcoholic violence or abuse.

In Kate's experience, it is mostly young men who are affected by consuming excessive alcohol or involved in a violent incident. Injuries are predominantly caused by stabbing, punching, kicking and 'glassing'. Every case is different, but one of Kate's concerns for these young men is that 'they will never look the same again'. So serious are some of the facial 'glassing' injuries, the patient requires extensive surgery immediately, and ongoing treatment for damage to eyes, jaws, teeth and other facial features. When parents arrive, they are often very distressed and nurses have to calm them down as well.

Other violent incidents occur when people have been drinking at home. This will often entail domestic violence between couples and occasionally children.

On one Friday night, Kate encountered 10 patients who were either affected by excessive alcohol or the victim of alcohol related violence. Five of the patients ended up in intensive care. Other patients had been glassed, pushed from a moving vehicle, or beaten. All were male, mostly under 35. On this occasion, there were no violent incidents towards nurses.

Kate believes that the answer lies in the community, rather than within the health care system. She feels that parents should not encourage underage drinking, people serving alcohol must be more responsible in policing those they serve, and security personnel should be less aggressive towards drunken patrons.

[4] All names and places have been deidentified.

References

Archer-Gift (2003) 'Violence Towards the Caregiver: A Growing Crisis for Professional Nursing' Part 1 *Michigan Nurse* 76 (1) pp. 11-12.

Australian College of Emergency Medicine (2015) 'Largest ever study of alcohol harm in EDs reveals huge toll', Media Release 24 November.

Australian Medical Association (2015) 'Trading Hour Push Ahead of Summer Drinks Toll' Media Release retrieved from http://www.amaq.com.au/page/Media/Media_releases/media-releases-2015/trading-hour-push-ahead-of-summer-drinks-toll/

Clarke, C. (2015) 'Evidence favours lockout laws', *The Examiner,* 25 November.

Crilly, J., Chaboyer, W. & Creedy, D. (2004) 'Violence Towards Emergency Department Nurses by Patients' *Accident & Emergency Nursing*, 12 (2) pp. 67-73.

Egerton-Warburton, D., Gosbell, A., Wadsworth, A., Fatovich, D. & Richardson, D. (2014) 'Survey of alcohol-related presentations to Australasian emergency departments' Medical Journal of Australia 201 (10) pp. 584-587.

Eley, R. Hegney, D. & Francis, K. (2010) *Your Work. Your Time. Your Life.*

Foundation for Alcohol Research and Education (2015) *Opening the Flood Gates: An analysis of Queensland Liquor Licensing Applications after the Lifting of the Late Night Trading Moratorium*.

Fulde, G., Smith, M. & Forster, S. (2015) 'Presentations with Alcohol-related Serious Injury to a Major Sydney Trauma Hospital after 2014 changes to Liquor Laws', *Medical Journal Australia,* 203 (9) pp. 366.

Government of South Australia (2013) *South Australian Health in All Policies Initiative: Case Study,* retrieved from https://www.sahealth.sa.gov.au/wps/wcm/connect/f31235004fe12f72b7def7f2d1e85ff8/SA+HiAP+Initiative+Case+Study-PH%26CS-HiAP-20130604.pdf?MOD=AJPERES&CACHEID=f31235004fe12f72b7def7f2d1e85ff8

International Council of Nurses (2006) 'Abuse and Violence against Nursing Personnel' retrieved 14 Oct from http://www.icn.ch/

Kennedy, M. P. (2005) 'Violence in Emergency Departments: Under-reported, Unconstrained and Unconscionable' *Medical Journal of Australia*, 183 (7) pp. 362-365.

Menendez, P., Weatherburn, D., Kypri, K. & Fitzgerald, J. (2015) 'Lockouts and Last Drinks: the Impact of the January 2014 Lizuor Licence Reforms on Assaults in NSW, Australia' *Crime and Justice Bulletin*, NSW bureau of Crime Statistics and Research, Number 183.

Miller, P., Droste, N., Baker, T. & Gervis, C. (2015) 'Last drinks: A study of Rural Emergency Department Data Collection to Identify and Target Community Alcohol-related Violence', *Emergency Medicine Australasia,* 27 (3) pp. 225-231.

Morgan, A. & McAtamney, A. (2009) *Key Issues in Alcohol-Related Violence*, Australian Institute of Criminology, Canberra.

Murray, G. & Snyder, J. (1991) 'When Staff are Assaulted: A Nursing Consultation Support Service' *Journal of Psychosocial Nursing* 29, (7) pp. 24-29.

Poynton, S. Donnelly, N. Weatherburn, D. Fulde, G. & Scott, L. (2005) 'The Role of Alcohol in Injuries Presenting to St Vincent's Hospital Emergancy Department and the Associated Short-term Costs', *Alcohol Studies Bulletin*, 6, pp. 1-16.

Queensland Criminal Code Act No. 37 of 1995.

Queensland Parliament (2015) *Tackling Alcohol-Fuelled Violence Amendment Bill 2015* retrieved from https://www.parliament.qld.gov.au/work-of-committees/committees/LACSC/inquiries/current-inquiries/09-TacklingAFVLAB15

Sendall, M., Laing, C. & Barker, R. (2013) 'Alcohol-related violence presenting to the Emergency Department: Is glassing the big issue?' *Emergency Medicine Australasia*, 25 (6) pp. 550-557.

Steinmetz S.K. (1986) 'The Violent Family' in Lystadad M. ed. *Violence in the Home: Interdisciplinary Perspectives*, Brunner Mazel, New York, pp. 51-70.

Taskforce on Domestic and Family Violence in Queensland (2015) *Not Now, Not Ever- Putting an End to Domestic and Family Violence in Queensland.*

Winstanley S. and Whittington (2004) 'Aggression Towards Health Care Staff in a UK General Hospital: Variations Among Professions and Departments' *Journal of Clinical Nursing*, 13, (1) pp. 3-10.

Zernike, W. & Sharpe, P. (1998) 'Patient Aggression in a General Hospital Setting: Do Nurses Perceive it to be a Problem?' *International Journal of Nursing Practice*, 4, pp. 126-133.