Public Health Association
AUSTRALIA

Public Health Association of Australia

Submission on Inquiry into Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: Living in a healthy society and a sustaining environment, improving and promoting health for all.

PHAA's Mission

Is to be the leading public health advocacy group, to drive better health outcomes through health equity and sound, population-based policy and vigorous advocacy.

Priorities for 2015 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advance a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation
- Promote and strengthen public health research, knowledge, training and practice
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population
- Promote universally accessible people centred and health promoting primary health care and hospital services that are complemented by health and community workforce training and development
- Promote universal health literacy as part of comprehensive health care
- Support health promoting settings, including the home, as the norm
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so
- Promote the PHAA as a vibrant living model of its vision and aims.

Preamble

The Queensland Government has recognised that alcohol-related harm is an issue for Queensland between midnight and 5am and drafted legislation to address this in the *Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015* (the Amendment Bill).

PHAA's *Alcohol Policy* (attached) states *"Alcohol availability in the form of late trading hours and outlet density can lead to alcohol-related violence and other harms. Governments should place public health and safety ahead of the needs of alcohol retailers in framing licensing legislation and when making determinations on current and future outlet developments."* The Queensland Branch of the PHAA recommends the Inquiry to consider the wide body of evidence already considered by the PHAA Alcohol Special Interest Group in this policy paper published on the PHAA website in September 2013 and the other evidence we refer to in our submission.

Alcohol-related harm in Queensland

Alcohol-related harms place significant burdens on police, ambulance and hospital services in Queensland.

- In 2014-15, there were 11,241 alcohol-related emergency department presentations and 45,197 alcohol-related hospitalisations.[1]
- In 2012-13, ambulance officers responded to 4,151 overdose cases where alcohol was the primary drug.[2]
- 40.6% of Queenslanders aged 14 years and over drink at risky levels on single occasions, higher than the national average.[3]
- Alcohol is a major contributor to 'king-hit' deaths in Australia with 24 people dying in Queensland between 2000 and 2012.[4]
- 30% of Queenslanders are affected in some way by alcohol related violence.[5]

Community support for action on alcohol

Surveys reflect considerable community concern about the impacts of alcohol on the community:

- 71% of Queenslanders believe that Australia has a problem with alcohol.[6]
- 74% believe that more needs to be done to reduce alcohol-related harms.
- Queenslanders support earlier closing hours and lockouts. 82% of Queenslanders support a closing time for pubs, clubs and bars of no later than 3am and 61% support a 1am lockout.

[1] Queensland Health (2015) Alcohol-related presentations Emergency Department statistics 2007-2015 provided to FARE by QLD Health
[2] McIlwraith, F, Alati, R, 'Queensland Drug Trends 2014: Findings from the Illicit Drug Reporting System'.
[3] Australian Institute of Health and Welfare (2014a). National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. No. PHE 183. Canberra: AIHW
[4] Queensland Mental Health Commission (2015). Reducing alcohol and other drug impacts in Queensland.
[5] Foundation for Alcohol Research and Education (2015) Annual Alcohol Poll 2015 Canberra: FARE
[6] Foundation for Alcohol Research and Education (2015) Annual Alcohol Poll 2015 Canberra: FARE

PHAA (Queensland Branch) submission

PHAA welcomes the opportunity to provide comment on the *Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015* (the Amendment Bill). We commend and congratulate the Queensland Government for addressing this important issue to:

- Tackle alcohol-fuelled violence, particularly late at night, through an evidence-based, multi-faceted approach by way of legislative amendments
- Provide greater clarity and improve operational efficiency in the regulation of licenced premises through miscellaneous amendments to the Liquor Act 2002
- Ensure consistency across Queensland statutes dealing with director's liability through amendments to the Fair Trading Act 1989.

We support the proposed actions to reduce harm from alcohol in Queensland.

The PHAA Queensland branch is a member of the Queensland Coalition for Action on Alcohol (QCAA). We will provide a brief response to the Amendment Bill below and would also like to register the PHAA's support for the submission and recommendations made by the QCAA to the Committee process.

Support for the approach of the Amendment Bill

We commend the objective of the Amendment Bill to "tackle alcohol-fuelled violence, particularly late at night, through an evidence-based, multi-faceted approach". This objective highlights two important themes which underpin effective action on alcohol.

Evidence-based approaches

Alcohol-related harm is entirely preventable. A substantial literature of authoritative reports[7,8] and reviews[9,10] from Australia and elsewhere provide clear direction as to the most effective approaches to prevent and reduce harm from alcohol.

The Amendment Bill provides an important opportunity to take action to reduce harm from alcohol, informed by the best available evidence and the best advice of health and law enforcement authorities, not the interests of the alcohol industry.

Comprehensive approach

The PHAA supports a comprehensive approach to the prevention of harm from alcohol. There is no one magic bullet to address harm from alcohol; rather, a comprehensive suite of approaches is needed to effectively prevent harm from alcohol.

The Amendment Bill cannot of itself be expected to solve all alcohol problems; however, it represents a very important step in reducing harm from alcohol in Queensland and sends an important message that the Queensland Government is serious about the safety of the community. These actions will also set an

[7] World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010.
[8] National Preventative Health Taskforce. Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action. Canberra: Commonwealth of Australia; 2009.
[9] Anderson P, Chisholm D, Fuhr DC. Alcohol and Global Health 2: Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet. 2009; 373:2234-46.
[10] Cobiac L, Vos T, Doran C, Wallace A. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. Addiction. 2009; 104(10):1646-1655.

important example for other jurisdictions where there are concerns about the level of alcohol-related harm.

Population-level approaches to preventing harm from alcohol are essential within a comprehensive approach. There is substantial evidence that problems caused by alcohol are not limited to a very small number of "problem drinkers", but are a matter for the entire community and require population-level approaches.

Certain groups espouse the benefits of 'targeted' approaches which do not impact the majority of drinkers who drink responsibly. Where 'targeted' approaches are advocated as an alternative to population-level approaches, they are often supported by those with vested interests in minimising regulation that would reduce alcohol sales and consumption.

Targeted approaches alone are insufficient to reduce or prevent the majority of alcohol-related harm. Targeted approaches may be appropriate in certain circumstances, for example, tailored interventions for high-risk communities, but these must be considered in the context of a much broader, comprehensive approach to preventing harm from alcohol.

Controlling the availability of alcohol

A number of the key changes outlined in the Amendment Bill relate to controlling the availability of alcohol, with a particular emphasis on late night trading hours. Appropriate controls on the availability of alcohol are essential within the comprehensive approach needed to reduce harm from alcohol.

The availability of alcohol refers to "the ease or convenience of obtaining alcohol".[11] Research has demonstrated consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there.[12,13,14] The findings of Australian research on the impact of changes in alcohol availability was summarised by the National Preventative Health Taskforce, "The results of this research are clear: liberalising alcohol availability is likely to increase alcohol-related problems".[15]

There is substantial evidence supporting action to reduce the physical availability of alcohol, including through controls on outlet density and reduced liquor trading hours.

[11] Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol: no ordinary commodity - research and public policy. Oxford: Oxford University Press; 2010.
[12] Chikritzhs T, Stockwell T. The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. Addiction. 2006; 101(9):1254-64.
[13] Chikritzhs T, Catalano P, Pascal R, Henrickson N. Predicting alcohol-related harms from licensed outlet density: a feasibility study, in Monograph Series No. 28. Hobart: National Drug Law Enforcement Research Fund; 2007.
[14] Livingston M. A longitudinal analysis of alcohol outlet density and assault. Alcoholism: Clinical and Experimental Research. 2008; 32(6):1-6.
[15] National Preventative Health Taskforce. Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action. Canberra: Commonwealth of Australia; 2009.

Reducing liquor trading hours is effective in reducing harm from alcohol

State governments have important opportunities to manage the availability of alcohol and reduce harm from alcohol by regulating liquor trading hours.

Evidence from Australia[16,17] and overseas[18,19] has consistently demonstrated that increased liquor trading hours are associated with increased alcohol-related problems, including violence in and around premises, violent crime and impaired driver road crashes. Conversely, earlier closing times have been associated with less alcohol-related harm, and restrictions on the trading hours of alcohol have been associated with reduced levels of alcohol-related problems.

In recent years, a number of Australian jurisdictions have reduced late night liquor trading hours. In Newcastle there was a 37% reduction in night time assaults between 10pm and 6am 18 months after it introduced earlier closing hours (3.30am close) in conjunction with a lockout (1.30am lockout).[20] Five years later, the reduction in alcohol-related assaults remained with an average 21% reduction in assaults per hour observed.[21] In Sydney, non-domestic assaults have decreased by 32% in Kings Cross and 26% in the Sydney Central Business District following the introduction of 3am last drinks and 1.30am lockouts in February 2014.[22]

In summary, earlier closing hours have consistently proven to be effective in reducing alcohol harms.

In the sections to follow, we will comment briefly on specific aspects of the Amendment Bill.

2am last drinks policy for on-licence premises or 3am last drinks with a 1am lockout for on-licence premises in a '3am safe night precinct'

The proposal to reduce late night trading hours for on-licence premises throughout Queensland is appropriate and will make an important contribution to reducing harm from alcohol.

As outlined earlier, winding back late night liquor trading hours is consistent with the evidence for what works to prevent harm from alcohol.

Given the risks associated with longer liquor trading hours, the requirements to establish and maintain '3am safe night precinct' status appear to be appropriate.

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[16]Chikritzhs T, Stockwell T. The Impact of Later Trading Hours for Australian Public Houses (Hotels) on Levels of Violence. Journal of Studies on Alcohol and Drugs. 2002; 63:591-99.
[17] National Drug Research Institute. Restrictions on the sale and supply of alcohol: Evidence and outcomes. Perth: National Drug Research Institute, Curtin University of Technology; 2007.
[18] Rossow I, Norström T. The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. Addiction. 2011; 107:530-7.
[19] Stockwell T, Chikritzhs T. Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. Crime Prev Community Saf. 2009; 11(3):153-170.
[20] Kypri K, Jones C, McElduff P, Barker DJ. (2010. Effects of restricting pub closing times on night-time assaults in an Australian city', *Addiction*, *106 303-310*
[21] Kypri, K, McElduff, P & Miller, P (2014) Restrictions in pub closing times and lockouts in Newcastle, Australia five years on *Drug and Alcohol Review* 33, 323–326
[22] Menéndez P, Weatherburn D, Kypri K & Fitzgerald J (2015) Lockouts and last drinks: The impact of the January 2014 liquor licence reforms on assaults in NSW, Australia *Crime and Justice Bulletin: Contemporary Issues in Crime and Justice* Number 183

Restrictions on late night trading hours of off-licence premises which sell takeaway alcohol

We strongly support the intention to restrict trading hours of off-licence premises which sell take-away packaged liquor.

Packaged liquor accounts for a large proportion of alcohol consumed in Australia. Over three quarters (78%) of all alcohol in Australia is bought as packaged liquor for off-premises consumption.[23] Given the dominance of packaged liquor in terms of alcohol sales in Australia, approaches to reducing alcohol-related violence and other harms must give appropriate attention to the contribution of off-licence premises to harms from alcohol.

There is evidence of specific problems associated with off-licence premises, for example, violence[24,25], and child physical abuse[26]. Results of a WA study showed that the more alcohol sold per takeaway liquor outlet (off-licence), the greater the risk of reported assault within the surrounding community – it was the volume of alcohol sold that had the greatest impact on assaults occurring in homes within the surrounding community.[27] It was found that alcohol sold by off-licence outlets (takeaway liquor) was associated with increased interpersonal violence occurring in residential settings, on-premise outlets (e.g. bars and pubs) and 'other places', including in the street.[28] As domestic settings are a likely place for consuming alcohol purchased from off-licence premises, they are a likely location for violence associated with off-premise alcohol purchases to occur.[29]

We note that the Amendment Bill appears to only cease new approvals to sell takeaway liquor after 10pm. It appears that off-licence premises with existing approvals to sell takeaway alcohol after 10pm will be able to continue to trade after 10pm. We recommend that the provision for a 10pm close applies to all packaged liquor outlets with no exceptions and that venues currently trading after 10pm be required to limit their trading hours to 10pm from 1 July 2016. A 10pm closing time for takeaway liquor across Queensland would make a meaningful difference in reducing alcohol-related violence and other harms.

Ban on the sale and supply of rapid intoxication drinks from 12am

We support the proposed ban on the sale of high alcohol content and rapid intoxication drinks after midnight.

Exemptions should not be allowed to weaken the Amendment Bill

The Amendment Bill appears to provide for a range of possible exemptions to the measures outlined in the Bill. We caution that exemptions should be minimised to ensure that the implementation of the changes is consistent with the objective of the Amendment Bill to "tackle alcohol-fuelled violence, particularly late at night, through an evidence-based, multi-faceted approach". Exemptions should only be considered on the basis of a strong rationale and where they do not weaken the controls on the availability of alcohol.

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[23] Euromonitor International, 2012
[24] Gruenewald P, Remer L. Changes in outlet densities affect violence rates. Alcohol Clin Exp Res. 2006; 30:1184–93.
[25] Gruenewald PJ, Freisthler B, Remer L, LaScala EA, Treno A. Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. Addiction. 2006; 101(5):666-677.
[26] Freisthler B, Midanik LT, Gruenewald PJ. Alcohol outlets and child physical abuse and neglect: applying routine activities theory to the study of child maltreatment. Journal of studies on alcohol. 2004; 65(5):586-592.
[27] Liang W, Chikritzhs T. Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. Drug and Alcohol Review. 2011; 30(5):524-535.
[28] ibid
[29] ibid

Additional measures to support the objectives of the Amendment Bill

To support the objective of the Amendment Bill to reduce alcohol-related violence, we encourage the Queensland Government to re-introduce the moratorium on applications for extended late night trading hours.

Evidence based approaches to reducing harm from alcohol will make an important difference

We appreciate that the Government will receive a range of views through this consultation process. In considering the submissions, we urge the government to uphold the interests of public health and safety ahead of the commercial interests of the liquor industry.

We refer to the position of the World Health Organization Director General, Dr Margaret Chan, who cautioned against alcohol industry involvement in the development of policies to reduce harm from alcohol, "the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests".[30]

We urge the Government to maintain its focus on the objective to reduce alcohol-related violence through a comprehensive approach based on the best available evidence of what works to reduce alcohol harms.

Conclusion

We commend the Queensland Government for pursuing an evidence-based, comprehensive approach to reducing alcohol-related violence and other harms. We strongly support the measures proposed in the Amendment Bill that will reduce late night liquor trading hours.

Thank you for the opportunity to contribute to the consultation on the Amendment Bill.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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[30] Chan M. WHO's response to article on doctors and the alcohol industry. BMJ. 2013; 346 Available from: http://www.bmj.com/content/346/bmj.f2647.