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TACKLING ALCOHOL-FUELLED VIOLENCE LEGISLATION AMENDMENT BILL 2015

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015 currently under consideration by the Legal Affairs and Community Safety Committee.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

ACEM welcomes the Queensland Government's actions to address this important issue, and notes that alcohol-fuelled violence in the state is significant. The harms from this violence are witnessed by Queensland police, emergency services and hospitals. Furthermore, these harms are not just found in major population centres but spread throughout Queensland, impacting individuals, families and communities. Thirty per cent of Queensland residents have subsequently been affected in some way by alcohol-related violence.¹

The harms from alcohol are not limited to injury from violence on the streets. It is estimated that the level of alcohol consumption by Queenslanders is the third highest in the country, with Queensland residents consuming 11.03 litres of pure alcohol per year compared to the national average of 10.42 litres.² This has implications for long-term health, as alcohol is associated with over 200 health conditions including cancer, cardiovascular disease, liver cirrhosis and pancreatitis.³

¹ Foundation for Alcohol Research and Education (2015) Annual Alcohol Poll 2015 Canberra: FARE.

² Gao C, Ogeil RP & Lloyd B (2014) *Alcohol's burden of disease in Australia* Canberra: FARE and VicHealth in collaboration with Turning Point.

³ Australian Institute of Health and Welfare, *Cancer in Australia: An Overview 2014*, viewed on 21 December 2015 at <http://www.aihw.gov.au/publication-detail/?id=60129550047>.

In Queensland, there were 1,143 alcohol-related deaths in 2010 and 32,844 alcohol-related hospitalisations in 2010-11.⁴ By 2014-15, alcohol-related hospitalisations had reached 45,197 - an increase of 38 per cent.⁵ At alcohol and other drug treatment services, alcohol was the principal drug of concern in 37 per cent of episodes of care.⁶

Alcohol-related presentations to emergency departments (EDs) is a priority issue for ACEM, with research conducted by ACEM in recent years finding that one in twelve presentations to EDs in Australasia are alcohol-related; this equates to over half a million ED presentations per year in Australia. At peak times, one in eight patient ED presentations are due to alcohol consumption.

High volumes of alcohol-related presentations have a detrimental effect on staff wellbeing, other patients' care, and the overall functioning of the ED. ACEM considers that the responsibility for alcohol harm reduction must lie with the Commonwealth, State and Local Governments, and that in order to make significant progress in the reduction of alcohol harm, a strong national response is required in all Australian jurisdictions.

ACEM's membership has identified access to and availability of alcohol as one priority area for Governments to address.

Objectives of the Amendment Bill

The Amendment Bill recognises that action needs to be taken to reduce the harm from alcohol in Queensland. Queensland residents understand the need for action; in a 2015 report from the Australian Institute of Health and Welfare (AIHW), 74 per cent of Queensland respondents reported believing that Australia has a problem with alcohol, and 71 per cent agreeing that more needs to be done to reduce alcohol-related harms.⁷

ACEM notes that late night trading hours are at the time of day when patrons are most at risk of alcohol harm. Australian and international research demonstrates that for every additional hour of trading, there is a 16-20 per cent increase in assaults. Conversely, for every hour of reduced trading there is a

⁴ Ibid.

⁵ Queensland Health (2015) *Admitted patient episodes of care for diagnosis of 'Alcohol related conditions', Public and Private acute hospitals, Queensland 2002/2003 to 2014/2015* Data provided to FARE by QLD Health.

⁶ Australian Institute of Health and Welfare (2015) *Alcohol and other drug treatment services in Australia 2013-14: state and territory summaries* viewed on 8 December 2015 at <http://www.aihw.gov.au/publication-detail/?id=60129551120>.

⁷ Ibid.

20 per cent reduction in assaults.^{8,9} Research has also shown that alcohol-related assaults increase significantly after midnight.^{10,11}

Therefore, ACEM considers the measures introduced in the Amendment Bill for licenced premises to be appropriate. In particular, ACEM strongly supports the 2am last drinks measure to be implemented state-wide. Exemptions for venues in a prescribed 3am safe night precinct, whereby trading is permitted until 3am last drinks in conjunction with a 1am lockout (also known as a “one-way door”), are also supported. These measures provide a strong message that the Queensland Government is serious about introducing meaningful measures that will be effective in reducing alcohol harm.

Furthermore, Queensland residents support earlier closing hours and lockouts as measures to address alcohol-related harms. The study by the AIHW also found that 82 per cent of Queensland residents supported a closing time for licenced venues (pubs, clubs and bars) of no later than 3am, with 61 per cent supporting a 1am lockout.¹²

ACEM notes the success of these types of measures in Australia has been well documented. For example, Newcastle experienced 37 per cent reduction in night time assaults between the hours of 10pm and 6am, 18 months after earlier closing hours, in conjunction with a lockout (3.30am close; 1.30am lockout), were introduced.¹³ Five years later, the reduction in alcohol-related assaults remained with an average 21 per cent reduction in assaults per hour observed.¹⁴

In Sydney, non-domestic assaults have decreased by 32 per cent in Kings Cross and 26 per cent in the Sydney Central Business District (CBD) following the introduction of 3am last drinks and 1.30am lockouts in February 2014.¹⁵ In one area of the Sydney CBD, the reduction in non-domestic assaults was as high as 40 per cent.¹⁶

⁸ 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.

⁹ Rossow, I & Norström, T (2011) The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities *Addiction* Vol 107, Issue 3.

¹⁰ Jochelson, R (1997). *Crime and Place: An analysis of assaults and robberies in Inner Sydney*, Sydney: New South Wales Bureau of Crime Statistics and Research.

¹¹ Briscoe, S. & Donnelly, N (2001) Temporal and regional aspects of alcohol-related violence and disorder *Alcohol Studies Bulletin*.

¹² Ibid.

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ Ibid.

As the above examples demonstrate, earlier closing hours for licenced venues have proven to be effective in reducing alcohol harms. The Queensland Government should feel confident that it is introducing the right measures to achieve its objectives of reducing alcohol-related violence.

The alcohol industry argues that earlier closing times and the one-way door will shut down Queensland night life and that tourist numbers will decline. However, there is evidence that the contrary is likely to occur. For example, a study by the Australian National Local Government Drug and Alcohol Advisory Committee found that between 2009 and 2011 there was a 9.6 per cent decline in 'drink' sales revenue in Newcastle, following the introduction of trading hours restrictions, which was offset by a 10.3 per cent increase in 'food' sales revenue.¹⁷

Exemptions to the Amendment Bill

While welcoming the above measures ACEM is concerned about the exemptions that apply to this Amendment Bill regarding the closing times for packaged liquor sales. ACEM suggests that such exemptions will weaken the effectiveness of the measures and therefore should not be implemented.

ACEM notes that 43 per cent of packaged liquor outlets trade between 10pm and 12am, highlighting that the alcohol harm arising from packaged liquor outlets will continue.¹⁸ This exemption is surprising in light of the association between packaged liquor outlets and family violence, and the commitment of the government to reduce family violence in Queensland.¹⁹ ACEM strongly recommends that the provision for a 10pm close should apply to all packaged liquor outlets, with no exceptions, and that outlets currently trading after 10pm be required to wind back their trading hours to a 10pm closing time from 1 July 2016.

ACEM also recommends that the Queensland Government introduce a moratorium on any new late night trading to limit the risk of harm while it develops a framework to manage assessment of applications for new liquor licenses or to extend trading hours.

In 2014, the Newman Government removed the moratorium on late night trading when it introduced its 'Safe Night Out Strategy'. This action resulted in a number of applications, with over 120 new

¹⁷ Bevan, T (2013). *The Australian Night Time Economy A First Analysis 2009 to 2011*. Canberra: The National Local Government Drug and Alcohol Advisory Committee.

¹⁸ Office of Liquor Gaming and Regulation (2015) *Queensland Liquor Licences issued at 31 October 2015* Data provided to FARE by OLGR.

¹⁹ Livingston M (2011) A longitudinal analysis of alcohol outlet density and domestic violence *Addiction*, 106, 919-925.

approvals for late night trading hours approved in the 12 months to September 2015.²⁰ These approvals have resulted in a significant increase in the number of late night trading hours as new venues and outlets trade after midnight and existing late night venues extend their trading hours. Since late night trading hours are associated with increased levels of harm, it is important to minimise the risk of harm while the framework is being developed.

At present, the Liquor Act 2002 falls under the jurisdiction of the Queensland Department of Justice and Attorney General. As the legislation is aimed at harm minimisation (a model predicated on a health outcome discourse) there is a case for a dual portfolio approach that partners the Justice and Health Departments. By having a shared model, including transparency and accountability, and especially as Governments move towards developing greater evidence-informed legislative processes, greater harm minimisation could be achieved.

Thank you for the opportunity to provide feedback. If you require any clarification or further information, please do not hesitate to contact Ange Wadsworth, Alcohol Harm in EDs Project Manager on [REDACTED]

Yours sincerely,



ASSOCIATE PROFESSOR ANTHONY LAWLER
PRESIDENT



DR DAVID ROSENGREEN
QUEENSLAND FACULTY CHAIR

²⁰ Personal communication to FARE, September 2015.