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The Research Director Legal Affairs and Community Safety Committee Parliament House BRISBANE QLD 4000

# Submission to Inquiry into *Tackling Alcohol-fuelled Violence Legislation*Amendment Bill 2015

#### Introduction

The National Alliance for Action on Alcohol (NAAA) welcomes the opportunity to provide a response to the Queensland Government's consultation on the *Tackling Alcohol-fuelled Violence Legislation Amendment Bill 2015* (the Amendment Bill).

This Bill is being proposed against a backdrop of significant and ongoing alcohol-related violence and other associated harms in Queensland, in addition to widespread community concern and support for meaningful government action to curb alcohol-fuelled violence. The current consultation provides a timely and important opportunity to highlight the profound individual, community and economic costs that arise from alcohol-fuelled violence, to review the body of evidence that supports the proposed reforms, and to ultimately ensure Queensland's liquor licensing laws and regulations support safer and healthier communities across Queensland.

Accordingly, NAAA commends and congratulates the Queensland Government's leadership on this issue and its determination to tackle alcohol-fuelled violence. We strongly urge the Queensland Government to proceed with the proposed measures that will better protect the health, well-being and safety of all Queenslanders.

Our support for the proposed legislation is based on three underlying factors. Firstly, the nature and extent of harms arising from alcohol misuse are considerable, imposing significant suffering and costs on individuals, families and Queensland communities. Given the extent of these harms and the associated social and economic costs, governments have a responsibility to strengthen policy and regulatory settings so that alcohol-related harms are reduced and prevented. A second compelling rationale for the proposed measures is the substantial body of evidence that supports licensing reforms. Research from both Australia and overseas consistently shows that stronger licensing laws and regulations, including restrictions on the trading hours of alcohol outlets, are effective in reducing alcohol-related harms and, in particular, alcohol-related violence. Finally, there is widespread support among Queenslanders for meaningful government action to tackle alcohol-



fuelled violence. Surveys have shown the majority of Queenslanders support such action, including earlier closing hours and lockouts for venues that serve alcohol.

#### Who we are

The National Alliance for Action on Alcohol (NAAA) is a national coalition representing more than 80 organisations from across Australia that has formed with one common goal: strengthening policy to reduce alcohol-related harm. The NAAA's members cover a diverse range of interests, including public health, law enforcement, local government, Aboriginal and Torres Strait Islander health, child and adolescent health, and family and community services.

# THE CASE FOR COMPREHENSIVE ACTION TO REDUCE ALCOHOL-RELATED VIOLENCE

#### Alcohol-related harm in Queensland

The harmful use of alcohol imposes a significant health, social and economic burden on Queensland, accounting for more than 1,000 deaths and 35,000 hospitalisations each year, and with adverse impacts on individuals, families and the wider community.

Two thirds of Queenslanders have been adversely affected by someone else's drinking.<sup>1</sup> More than one third (35 percent) of Queensland adults have experienced violence as a result of alcohol, and two thirds (66 percent) regard the city or centre of town to be unsafe on a Saturday night.<sup>1</sup> Alcohol also contributes to 'king-hit' deaths in Queensland and across Australia, with 24 people dying in Queensland between 2000 and 2012.<sup>2</sup>

This violence in turn imposes a substantial burden on front-line services and Queensland's health, child protection and justice systems, including police, emergency services and hospitals. In 2014-15, there were 11,241 alcohol-related emergency department presentations.<sup>3</sup> These harms are not limited to major population centres, but are experienced throughout Queensland. They affect individuals, families and communities, with 30 percent of Queenslanders affected in some way by alcohol related violence.<sup>4</sup>

Moreover, the harms from alcohol are not confined to violence on the streets. A study undertaken into Queensland emergency department presentations found that the home was the most common site of alcohol-related violence.<sup>5</sup> Given the heightened focus on domestic violence and the devastating impacts highlighted by the *Not Now, Not Ever* taskforce report, it is important that the contribution of alcohol to family violence and child maltreatment is recognised and addressed. Alcohol is involved in up to 67 percent of family violence incidents reported to violence, and up to 47 percent of child abuse cases in Australia.<sup>6</sup>

It is estimated that the level of alcohol consumption by Queenslanders is the third highest in the country, with Queenslanders consuming 11.03 litres of pure alcohol per year compared to the national average of 10.42 litres. More Queenslanders (80.4 percent) consume alcohol than the national average (78.2 percent), and more consume alcohol on a daily basis (7.4 percent) compared to daily consumption nationally (6.5 percent). Over 40 percent of Queenslanders aged 14 years and over drink at risky levels on single occasions – again, a figure that is higher than the national average.

These drinking patterns have implications for both short and long term health. Alcohol is associated with over 200 health conditions, including different types of cancer<sup>1</sup>, cardiovascular disease, liver

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<sup>&</sup>lt;sup>1</sup> For example, alcohol is implicated in 30 percent of deaths and 42 percent of hospitalisations associated with oral and pharynx cancer in men, and 54 percent of deaths and 65 percent of hospitalisations associated with breast cancer in women.<sup>10</sup>

cirrhosis and pancreatitis, as well as injuries resulting from violence and road crashes. <sup>10</sup> Chronic diseases are responsible for 83 percent of all premature deaths in Australia and 85 percent of the burden of disease. <sup>11,12</sup> Alcohol is also associated with comorbidity or co-occurrence with mental health disorders, in addition to pregnancy complications including miscarriages, birth defects and Fetal Alcohol Spectrum Disorder (FASD). <sup>13,14</sup> Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisations in Queensland and across Australia. <sup>15</sup>

Despite the measures that previous Queensland Governments took to reduce alcohol-related harms, treatment for alcohol increased by 180 percent over the ten years to 2014. This increase is higher than for any other drug examined, including amphetamines.

TABLE: Number of closed episodes for own drug use by principal drug of concern, Queensland 2003- 04 to 2013-14.<sup>2</sup>

	2003-04	2013-14	% change
Alcohol	4,716	13,188	180
Cannabis	7,079	11,796	67
Amphetamines	1,844	4,362	136
Nicotine	795	1,065	34
Heroin	1,367	1,198	12

In Queensland, there were 1,143 alcohol-related deaths and 32,844 alcohol-related hospitalisations in 2010-11. $^7$  In 2012-13, ambulance officers responded to 4,151 overdose cases where alcohol was the primary drug. $^{16}$ 

In 2014-15, alcohol-related hospitalisations in Queensland has reached 45,197 – representing an increase of 38 percent.<sup>17</sup> During 2014, alcohol remained the principal drug of concern at alcohol and other drug treatment services, accounting for 37 percent of episodes of care.<sup>18</sup>

In summary, alcohol-related violence is a significant problem across Queensland, resulting in considerable suffering, injury and even death, as well as imposing a substantial burden on our health, justice and support services systems. In addition to contributing to violence, the harms associated with alcohol are wide-ranging and including short and long term health impacts, child maltreatment, reduced productivity, and reduced perceptions of community safety. The range and extent of these harms, and the associated social and economics costs, provide a compelling rationale for a comprehensive government response.

#### Community support for action on alcohol

Surveys indicate there is considerable community concern about the impacts of alcohol, in addition to the need for meaningful government action. According to a 2015 survey undertaken by the Foundation for Alcohol Research and Action:<sup>19</sup>

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

## The evidence supporting the licensing reforms

### 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.



Restricting the physical availability of alcohol is a central pillar in efforts to prevent alcohol misuse and harms. The availability of alcohol relates to the "the ease or convenience of obtaining alcohol". The physical availability of alcohol is in turn affected by policies on trading hours, the density of liquor outlets in a given locality (both on premises and off premises), and the type and size of places in which alcohol is sold. Restricting the physical availability of alcohol should be a central component of an overall strategy to reduce alcohol-related violence.

There is a substantial body of international and Australian evidence demonstrating that the physical availability of alcohol impacts on overall consumption levels, patterns of drinking, and the incidence of violence. <sup>21,22,23,24,25,26,27</sup> As alcohol availability increases in a given region, the levels of alcohol consumption and the rates of alcohol-related violence also increases within that area. <sup>28,29,30</sup> As the National Preventative Health Taskforce concluded, the "results of this research are clear: liberalising alcohol availability is likely to increase alcohol-related problems". <sup>31</sup>

The evidence base provides compelling support for action to reduce the physical availability of alcohol, including through controls on outlet density and reduced liquor trading hours. Despite this evidence, there has been an unprecedented growth in the availability of alcohol over the past two decades.<sup>32</sup> In Queensland, there are nearly 7,200 venues licensed to serve alcohol on the premises.<sup>33</sup> Standard trading hours for on-licence premises are 10am to midnight, however licensees can apply to extend their trading hours until later. Over 700 venues were approved for late night trading as of September 2014, and this number has increased following the lifting of the moratorium on late night trading. In Queensland, alcohol can be purchased seven days a week from as early as 4am and until as late as 5am.<sup>33</sup> Some venues trade 24 hours a day. Nearly 800 venues are licensed to sell alcohol for consumption off the premises. Standard trading hours for off-licence premises are from 10am to 10pm, with extended trading hours allowing trade from 9am until midnight. There are 7,971 on- and off-licensed venues in Queensland, representing roughly one liquor licence for every 604 people in Queensland.<sup>34,35</sup> This is an increase of 347 licences since 2010.

#### Reducing liquor trading hours is effective in reducing harm from alcohol

State governments can play a key role in managing the availability of alcohol and reducing the associated harm by regulating liquor trading hours.

Evidence from Australia and overseas 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. <sup>36,37,38,39</sup> Conversely, earlier closing times have been associated with less alcohol-related harm, and other forms of restricting trading hours have been associated with reduced levels of alcohol-related problems.

Restrictions on late night trading for premises that sell alcohol for consumption on the premises are particularly important in reducing alcohol-related assaults. A number of Australia studies have shown that midnight is the pivotal time of night after which intoxication and subsequent harms increase significantly, with alcohol-related intoxication and harm increasing by between 15 and 20 percent every hour of trading after midnight. Research has also shown that when trading hours restrictions are applied widely, they can lead to positive changes in drinking culture.

Such findings are reinforced by research undertaken by the Bureau of Crime Statistic and Research (BOCSAR) in New South Wales, which looked at the relationship between alcohol and crime using NSW Police records. The study found that the percentage of alcohol-related assaults increased substantially between 6pm to 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am.<sup>41</sup>

In recent years, a number of Australian jurisdictions have reduced late night liquor trading hours. In Newcastle, there was a 37 percent reduction in night-time assaults (between 10pm and 6am) 18



months after the introduction of earlier closing hours (3.30am close) in conjunction with a 1.30am lockout.<sup>47</sup> Five years later, the reduction in alcohol-related assaults has persisted, with an average 21 percent reduction in assaults during the hours venues are closed or apply lockouts.<sup>48</sup> Following the introduction of trading hour restrictions in certain areas in Sydney, non-domestic assaults have decreased by 32 percent in Kings Cross and 26 percent in the Sydney Central Business District. These trading hour restrictions were introduced in February 2014 and consist of 3am last drinks and 1.30am lockouts.<sup>49</sup>

In summary, a consistent and robust relationship between alcohol-related violence and outlet opening hours has received strong empirical support. Earlier closing hours have consistently proven to be effective in reducing alcohol harms, with even modest reductions in trading hours resulting in significant reductions in harms. As the National Drug Law Enforcement Research Fund concluded, "[restricting] trading hours is the most effective and cost-effective measure available to policymakers to reduce alcohol-related harm. If the availability of alcohol is reduced, for example by reducing the trading hours of licensed venues or reducing outlet density, the number of alcohol-related assaults can be reduced". 50

#### COMMENTS ON ASPECTS OF THE AMENDMENT BILL

### Support for the objective and overall approach of the Amendment Bill

NAAA strongly endorses the underlying objective of the Amendment Bill, which is to "tackle alcohol-fuelled violence, particularly late at night, through an evidence-based, multi-faceted approach." This objective in turn underscores two important elements that underpin effective action on alcohol.

#### Evidence-based policy

Alcohol-related harm is entirely preventable. A substantial body of research and systematic literature reviews from Australia and elsewhere provide clear direction as to the most effective approaches to prevent and reduce harm from alcohol. 51,52,53,54

If Queensland is to reduce alcohol-related violence and other harms, it is essential it draws on the research literature and implements policies that are grounded in evidence. NAAA believes the failure to take heed of this evidence by previous Queensland governments, and deference to selected industry interests, has ultimately resulted in policies that are ineffectual in reducing harms and that compromises the health and safety of Queenslanders. The Amendment Bill that is currently under consideration 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

NAAA supports a comprehensive approach to the prevention of harm from alcohol. There is no single intervention or "magic bullet" that can decisively tackle the harms from alcohol: alcohol harms are comprehensive and extensive and in turn require a comprehensive, extensive and long-term response.

Accordingly, the Amendment Bill cannot of itself solve all alcohol problems. However, it does represent a vital 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 important example for other jurisdictions that are also grappling with the ongoing harms associated with alcohol use.



Population-level approaches to preventing harm from alcohol are essential as part of a comprehensive approach. The evidence indicates that the problems caused by alcohol are not limited to a small number of 'problem drinkers', but are a matter for the entire community and require population-level approaches.

Certain groups tout the benefits of 'targeted' approaches and argue against population-based approaches on the grounds that they impact on 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.

Numerous systematic reviews have examined the body of evidence in both Australia and overseas and have consistently concluded that targeted approaches alone are insufficient to reduce or prevent the majority of alcohol-related harm.<sup>20,31,50,51,53,54</sup> Targeted approaches may be appropriate in certain circumstances, such as 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.

## 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 essential to reduce the harms from alcohol. As outlined above, reducing late night liquor trading hours and introducing earlier closing times and lockouts is consistent with the evidence of what works to prevent alcohol-related harms.

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

#### Restrictions on late night trading hours of off-licence premises

NAAA strongly supports restricting the trading hours of off-licence premises that sell take-away packaged liquor. We are concerned, however, that the Bill includes exemptions to this restriction that are inconsistent with the underlying objective of reducing alcohol related harms and violence.

Packaged liquor accounts for a large proportion of alcohol consumed in Australia. Over three quarters (78 percent) of all alcohol in Australia is bought as packaged liquor for off-premises consumption. <sup>55</sup> 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, alcohol-related crime, and child physical abuse. <sup>56,57,58</sup> Results of a study from Western Australia show that the more alcohol sold per takeaway liquor outlet (off-licence), the greater the risk of reported assault within the surrounding community. This study found that, for every 10,000 additional litres of pure alcohol sold at a packaged liquor outlet, the risk of violence experienced in a residential setting increased by 25 percent. Error! Bookmark not defined. This study highlighted the importance of considering the type and size of alcohol outlets – as well as the outlet density – when understanding the relationship between alcohol availability, alcohol consumption and violence. <sup>59</sup> 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. <sup>59</sup>



Similarly, a series of longitudinal analyses undertaken by Michael Livingston examined the relationships between outlet density and alcohol-related harms in Victoria over a ten year period, and found a positive association between alcohol availability (outlet density) and rates of domestic violence, with a large and significant effect for packaged liquor (off-premises) outlets. An increase in one packaged outlet per 1,000 residents was associated with a 27 percent increase in the mean rate of family and domestic violence.

There is also evidence that young people and disadvantaged groups bear a disproportionately large burden of harms associated with packaged alcohol outlets. Research undertaken by VicHealth found that assaults, domestic violence and high-risk alcohol consumption amongst young people is observed where there are a higher density of packaged liquor outlets. <sup>62</sup> Further, the concentration of packaged liquor outlets in socioeconomically disadvantaged communities may locate these negative attributes in areas that already experience health inequalities. <sup>62</sup>

Such findings underscore the importance of regulating the availability of packaged liquor through reduced trading hours and limiting the density of outlets. However, under the Amendment Bill, restrictions that prevent trading after 10pm will only apply to *new* applications for outlets selling takeaway liquor. Off-license outlets with *existing* approvals will be exempt. As a result, a significant number of outlets will be able to continue to sell alcohol after 10pm, with forty-three percent of packaged alcohol outlets currently trading between 10pm and 12am. Consequently, unless the proposed exemption is removed, the harms that result from late night trading of packaged alcohol outlets will persist. This exemption will ultimately weaken the effectiveness of the proposed legislation and should therefore be avoided.

NAAA believes that proceeding with the proposed exemption will undermine efforts to curb the ready availability of packaged alcohol outlets, thereby allowing the high rate of alcohol-related harms to continue unabated. This exemption is particularly surprising in light of the recognised association between packaged liquor outlets and family violence and the commitment of the government to reduce family violence in Queensland.<sup>63</sup>

NAAA recommends that the provision for a 10pm close should apply to *all* packaged liquor outlets, with no exceptions. That is, venues currently trading after 10pm should 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 provides for a range of possible exemptions to the proposed trading restrictions. Exemptions should only be applied on the basis of a strong public health rationale and compelling evidence, and where they do not weaken the controls on the availability of alcohol. NAAA does not believe the proposed exemptions meet this criteria. We are concerned that exemptions have the potential to weaken the overall effectiveness of the Bill and undermine its underlying objective to "tackle alcohol-fuelled violence, particularly late at night, through an evidence-based, multi-faceted approach."

## Additional measures to support the objectives of the Amendment Bill

To support the core objectives of the Amendment Bill, NAAA urges the Queensland Government to re-introduce the moratorium on applications for extended late night trading hours. This moratorium



should be reinstated while the Government develops a framework to manage the assessment of applications for new liquor licenses or applications 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 flurry of applications, with over 120 new approvals for late night trading hours confirmed in the 12 months to September 2015.<sup>64</sup> These approvals have significantly increased the degree of late-night trading, with new venues trading after midnight and existing late night venues extending their trading hours. Since late night trading hours are associated with increased levels of harm, it is imperative measures are in place to minimise the risk of harm while the assessment framework is being developed.

## 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". 65

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

Alcohol-related violence occurs all too frequently in Queensland, and it is imperative that decisive action is taken to reduce the incidence and severity of alcohol-related harms.

We commend the Queensland Government for pursuing an evidence-based, comprehensive approach to reducing alcohol-related violence and other associated harms. We strongly support the underlying objective of the Amendment Bill, and endorse the bulk of measures that are proposed, including the reduction of late night liquor trading hours. We further recommend that proposed exemptions to earlier closing or lockout times be reconsidered and removed to ensure the Bill better protects the health and safety of communities across Queensland.

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.

Yours sincerely,

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#### **REFERENCES**

<sup>1</sup> Foundation for Alcohol Research and Education (FARE), (2015). *Annual Alcohol Poll 2015*. FARE: Canberra.

<sup>&</sup>lt;sup>2</sup> Queensland Mental Health Commission (QMHC), (2015). *Reducing alcohol and other drug impacts in Queensland*. QMHC: Brisbane. <a href="http://www.qmhc.qld.gov.au/wp-content/uploads/2015/08/Alcohol-and-Other-Drug-AOD-public-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf">http://www.qmhc.qld.gov.au/wp-content/uploads/2015/08/Alcohol-and-Other-Drug-AOD-public-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf</a>

<sup>&</sup>lt;sup>3</sup> Queensland Health, (2015). *Alcohol-related presentations: Emergency Department statistics 2007-2015.* QLD Health: Brisbane. (Statistics sourced by FARE from QLD Health).

<sup>&</sup>lt;sup>4</sup> Foundation for Alcohol Research and Education (FARE), (2015). Annual Alcohol Poll 2015. FARE: Canberra.

<sup>&</sup>lt;sup>5</sup> Laing, A. J., Sendall, M. C., & Barker, R., (2013). Alcohol- related violence presenting to the emergency department: Is 'glassing'the big issue? *Emergency Medicine Australasia* 25(6):550-557.

<sup>&</sup>lt;sup>6</sup> Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R., (2015). *The hidden harm: Alcohol's impact on children and families*. Foundation for Alcohol Research and Education: Canberra.

<sup>&</sup>lt;sup>7</sup> Gao, C., Ogeil, R.P., & Lloyd, B., (2014). *Alcohol's burden of disease in Australia*. FARE and VicHealth in collaboration with Turning Point: Canberra.

<sup>&</sup>lt;sup>8</sup> Queensland Mental Health Commission (QMHC), (2015). *Reducing alcohol and other drug impacts in Queensland*. QMHC: Brisbane. <a href="http://www.qmhc.qld.gov.au/wp-content/uploads/2015/08/Alcohol-and-Other-Drug-AOD-public-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf">http://www.qmhc.qld.gov.au/wp-content/uploads/2015/08/Alcohol-and-Other-Drug-AOD-public-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf</a>

<sup>&</sup>lt;sup>9</sup> Australian Institute of Health and Welfare, (2014). *National Drug Strategy Household Survey detailed report 2013*. Drug statistics series no. 28. Cat. No. PHE 183. AIHW: Canberra.

<sup>&</sup>lt;sup>10</sup> World Health Organization, (2014). *Global status report on alcohol and health-2014*. World Health Organization: Geneva. http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763 eng.pdf

<sup>&</sup>lt;sup>11</sup> Australian Institute of Health and Welfare (AIHW), (2010). *Premature mortality from chronic disease*. Bulletin 84. AIHW: Canberra.

<sup>&</sup>lt;sup>12</sup> Australian Institute of Health and Welfare (AIHW), (2014). Australia's health 2014. AIHW: Canberra.

<sup>&</sup>lt;sup>13</sup> Teesson, M., Hall, W., Slade, T., Mills, K., Grove, R., Mewton, L., ... & Haber, P. (2010). Prevalence and correlates of DSM- IV alcohol abuse and dependence in Australia: findings of the 2007 National Survey of Mental Health and Wellbeing. *Addiction* 105(12):2085-2094.

<sup>&</sup>lt;sup>14</sup> Alcohol and Pregnancy Project, (2009). *Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals (1st revision)*. Telethon Institute for Child Health Research: Perth.

<sup>&</sup>lt;sup>15</sup> Gao, C., Ogeil, R.P., & Lloyd, B., (2014). *Alcohol's burden of disease in Australia*. FARE and VicHealth in collaboration with Turning Point: Canberra.

<sup>&</sup>lt;sup>16</sup> McIlwraith, F., Alati, R., (2014). 'Queensland Drug Trends 2014: Findings from the Illicit Drug Reporting System'.

<sup>&</sup>lt;sup>17</sup> 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).

<sup>&</sup>lt;sup>18</sup> Australian Institute of Health and Welfare (AIHW), (2015). *Alcohol and other drug treatment services in Australia 2013–14: state and territory summaries*. <a href="http://www.aihw.gov.au/publication-detail/?id=60129551120">http://www.aihw.gov.au/publication-detail/?id=60129551120</a>

<sup>&</sup>lt;sup>19</sup> Foundation for Alcohol Research and Education, (2015). *Annual Alcohol Poll 2015*. FARE: Canberra.

<sup>&</sup>lt;sup>20</sup> Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al., (2010) *Alcohol: no ordinary commodity - research and public policy*. Oxford University Press: Oxford.

<sup>&</sup>lt;sup>21</sup> Cunradi, C. B., Mair, C., Ponicki, W., & Remer, L., (2011). Alcohol outlets, neighborhood characteristics, and intimate partner violence: Ecological analysis of a California city. *Journal of Urban Health* 88(2):191-200.

<sup>&</sup>lt;sup>22</sup> Cunradi, C. B., Mair, C., Ponicki, W., & Remer, L., (2012). Alcohol Outlet Density and Intimate Partner Violence-Related Emergency Department Visits. *Alcoholism: Clinical and Experimental Research 36*(5):847-853.

<sup>&</sup>lt;sup>23</sup> McKinney, C. M., Caetano, R., Harris, T. R., & Ebama, M. S., (2009). Alcohol availability and intimate partner violence among US couples. *Alcoholism: Clinical and Experimental Research* 33(1):169-176.

<sup>&</sup>lt;sup>24</sup> Roman, C. G., & Reid, S. E., (2012). Assessing the relationship between alcohol outlets and domestic violence: Routine activities and the neighborhood environment. *Violence and victims 27*(5):811-828.

- <sup>25</sup> Gorman, D. M., Labouvie, E. W., Speer, P. W., & Subaiya, A. P., (1998). Alcohol availability and domestic violence. *The American journal of drug and alcohol abuse 24*(4):661-673.
- <sup>26</sup> Livingston, M., (2010). The ecology of domestic violence: the role of alcohol outlet density. *Geospatial health 5*(1):139-149.
- <sup>27</sup> Liang, W., & Chikritzhs, T., (2011). Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability. *Drug and alcohol review* 30(5):524-535.
- <sup>28</sup> Chikritzhs, T., Stockwell, T., (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction* 101(9):1254-1264.
- <sup>29</sup> Chikritzhs, T., Catalano, P., Pascal, R., Henrickson, N., (2007). *Predicting alcohol-related harms from licensed outlet density: a feasibility study.* Monograph Series No. 28. National Drug Law Enforcement Research Fund: Hobart.
- <sup>30</sup> Livingston, M., (2008). A longitudinal analysis of alcohol outlet density and assault. *Alcoholism: Clinical and Experimental Research* 32(6):1-6.
- <sup>31</sup> National Preventative Health Taskforce, (2009). *Australia: The Healthiest Country by 2020 National Preventative Health Strategy the roadmap for action*. Commonwealth of Australia: Canberra.
- <sup>32</sup> Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). *Liquor licensing legislation in Australia*. Executive summary. National Centre for Education and Training on Addiction (NCETA): Adelaide.
- <sup>33</sup> Queensland Coalition for Action on Alcohol (QCAA), (2015). *QCAA submission to the discussion paper:* reducing alcohol and other drug impacts in Queensland. October 2015. <a href="http://www.fare.org.au/wp-content/uploads/submissions/Submission-to-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf">http://www.fare.org.au/wp-content/uploads/submissions/Submission-to-discussion-paper-Reducing-alcohol-and-other-drug-impacts-in-Queensland.pdf</a>
- <sup>34</sup> Department of Justice and Attorney General, (2014). 2014 Licence data EOFY 2010-2014 & Bottleshop Data EOFY 2010- 2014. Queensland Government: Brisbane.
- <sup>35</sup> Queensland Treasury and Trade, (2014). *Population growth highlights and trends, Queensland 2014.* Queensland Government: Brisbane.
- <sup>36</sup>Chikritzhs, T., Stockwell, T., (2002). The Impact of Later Trading Hours for Australian Public Houses (Hotels) on Levels of Violence. *Journal of Studies on Alcohol and Drugs* 63:591-99.
- <sup>37</sup> National Drug Research Institute, (2007). *Restrictions on the sale and supply of alcohol: Evidence and outcomes*. National Drug Research Institute, Curtin University of Technology: Perth.
- <sup>38</sup> Rossow, I., Norström, T., (2011). The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction* 107:530-7.
- <sup>39</sup> Stockwell, T., Chikritzhs, T., (2009). 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.* 11(3):153-170.
- <sup>40</sup> Jochelson, R., (1997). *Crime and place: An analysis of assaults and robberies in inner Sydney*. New South Wales Bureau of Crime Statistics and Research: Sydney.
- <sup>41</sup> Briscoe, S., & Donnelly, N., (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin* 1:1-16.
- <sup>42</sup> Chikritzhs, T. & Stockwell, T. (2002). The impact of later trading hours for Australian public houses (hotels) on levels of violence. *Journal of Studies on Alcohol and Drugs* 63(5):591–599.
- <sup>43</sup> Chikritzhs, T. & Stockwell, T., (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction* 101(9):1254–1264.
- <sup>44</sup> Chikritzhs, T. & Stockwell, T., (2007). The impact of later trading hours for hotels (public houses) on breath alcohol levels of apprehended impaired drivers. *Addiction* 102(10): 1609–1617.
- <sup>45</sup> Pennay, A., Miller, P., Busija, L., Jenkinson, R., Droste, N., Quinn, B., Jones, S., & Lubman, D. I., (2015). 'Wide- awake drunkenness'? Investigating the association between alcohol intoxication and stimulant use in the night- time economy. *Addiction* 110(2):356-365.
- <sup>46</sup> Miller, P., Tindall, J., Sonderlund, A., Groombridge, D., Lecathelinais, C., Gillham, K., MacFarlane, E., de Groot, F., Droste, N., Sawyer, A. and Palmer, D., & Wiggers J., (2012). *Dealing with alcohol and the night-time economy (DANTE): Final report*. National Drug Law Enforcement Research Fund: Geelong, Victoria. <a href="https://www.ndlerf.gov.au/pub/Monograph-43.pdf">www.ndlerf.gov.au/pub/Monograph-43.pdf</a>



- <sup>47</sup> 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.
- <sup>48</sup> 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
- <sup>49</sup> 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* 183.
- <sup>50</sup> Miller, P., Curtis, A., Chikritzhs, T., Toumbourou, J., (2015). *Interventions for reducing alcohol supply, alcohol demand and alcohol-related harm: Executive Summary*. National Drug Law Enforcement Research Fund (NDLERF): Canberra. <a href="http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/mono57execsummary.pdf">http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/mono57execsummary.pdf</a>
- <sup>51</sup> World Health Organization, (2010). *Global strategy to reduce the harmful use of alcohol*. World Health Organization: Geneva.
- <sup>52</sup> National Preventative Health Taskforce, (2009). *Australia: The Healthiest Country by 2020 National Preventative Health Strategy the roadmap for action*. Commonwealth of Australia: Canberra.
- <sup>53</sup> Anderson, P., Chisholm, D., Fuhr, D.C., (2009). Alcohol and Global Health 2: Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet* 373:2234-46.
- <sup>54</sup> Cobiac, L., Vos, T., Doran, C., Wallace, A., (2009). Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. *Addiction* 104(10):1646-1655.
- <sup>55</sup> Euromonitor International, (2012). Passport: Alcoholic drinks in Australia. Euromonitor International.
- <sup>56</sup> Gruenewald, P., Remer, L., (2006). Changes in outlet densities affect violence rates. *Alcoholism: Clinical and Experimental Research* 2006; 30(7):1184–93.
- <sup>57</sup> Gruenewald, P.J., Freisthler, B., Remer, L., LaScala, E.A., Treno, A., (2006). Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis. *Addiction* 101(5):666-677.
- <sup>58</sup> Freisthler, B., Midanik, L.T., Gruenewald, P.J., (2004). Alcohol outlets and child physical abuse and neglect: applying routine activities theory to the study of child maltreatment. *Journal of studies on alcohol* 65(5):586-592.
- <sup>59</sup> Liang, W., Chikritzhs, T., (2011). Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. *Drug and Alcohol Review* 30(5):524-535.
- <sup>60</sup> Livingston, M., (2008). A longitudinal analysis of alcohol outlet density and assault. *Alcoholism: Clinical and Experimental Research* 32:1074-1079.
- <sup>61</sup> Livingston, M., (2011). Alcohol outlet density and harm: comparing the impacts on violence and chronic harms. *Drug and Alcohol Review* 30:515-523.
- <sup>62</sup> VicHealth, (2013). *The Social Harms Associated with the Sale and Supply of Packaged Liquor in Victoria: Full Report*. Victorian Health Promotion Foundation: Melbourne.
- <sup>63</sup> Livingston, M., (2011). A longitudinal analysis of alcohol outlet density and domestic violence *Addiction* 106:919-925
- <sup>64</sup> Personal communication to Foundation for Alcohol Research and Education (FARE), September 2015.
- <sup>65</sup> Chan, M., (2013). WHO's response to article on doctors and the alcohol industry. *British Medical Journal* 346. http://www.bmj.com/content/346/bmj.f2647.