



LAW, JUSTICE AND SAFETY COMMITTEE

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Ms B.G. Stone MP (Chair)
Mr J.P. Bleijie MP
Mr A.P. Cripps MP
Mr S.A. Kilburn MP
Mr M.P. Watt MP
Hon. D.M. Wells MP

HEARING INTO ALCOHOL RELATED VIOLENCE

TRANSCRIPT OF PROCEEDINGS

FRIDAY, 5 FEBRUARY 2010

Brisbane

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Committee met at 8.51 am

CHAIR: I declare open this hearing for the inquiry into alcohol related violence. I acknowledge the traditional owners of the land upon which we meet today and the custodians of the sacred lands of our state.

Thank you for your attendance and your interest here today. Before proceeding, I would like to introduce the members of the committee present: Mr Andrew Cripps, the member for Hinchinbrook and deputy chair of the committee; Mr Jarrod Bleijie, the member for Kawana; Mr Steve Kilburn, the member for Chatsworth; and Mr Murray Watt, the member for Everton. The Hon. Dean Wells, the member for Murrumba, will be joining us shortly, and we have an apology from Mr Aidan McLindon. I am Barbara Stone, the state member for Springwood and chair of the Law, Justice and Safety Committee.

The Law, Justice and Safety Committee is a statutory committee of the Queensland parliament and as such represents the parliament. It is an all-party committee which adopts a non-partisan approach to its inquiries. On 4 August 2009 the committee received the following referral from the Legislative Assembly—

That the Law, Justice and Safety Committee conduct an inquiry and report on alcohol related violence in Queensland, with a focus on community safety and preventative measures to reduce levels of alcohol related violence, including its ramifications.

In undertaking this inquiry, the committee should consider—

- best practice harm minimisation measures in other Australian and international jurisdictions, including specific measures such as restrictions on the use of glass;
- the impact of late opening hours on incidences of alcohol related violence;
- the flow-on issues for emergency service workers, police and front-line health workers of alcohol related violence;
- education campaigns and their role in cultivating effective social change in terms of community attitudes to alcohol consumption;
- the role of parents in influencing the attitudes of young Queenslanders towards alcohol consumption; and
- the economic cost of alcohol related violence.

Further, the committee should take public submissions and consult with community leaders, educators, law enforcement, medical professionals and the liquor industry.

The committee has advised the public of the inquiry by media and also by writing directly to a number of individuals, organisations and government departments. The committee released an issues paper on 31 August 2009 and has invited submissions from the public through advertisement and by writing directly to a large number of stakeholders.

The committee has held public hearings in Brisbane, Townsville and Cairns. We have inspected various entertainment precincts and venues during peak late trading times and on weekends. The committee held a schools forum in Townsville and participated in a youth forum on the Sunshine Coast. The committee has established the parliament's first Facebook page as part of its consultation process. In November the committee released its interim report on the inquiry so far. We will provide a final report in March, and I stress that the committee is undertaking an inquiry process on behalf of the parliament and has as yet made no recommendations nor put forward any proposals.

I remind people to switch off their mobile phones or put them on silent mode. In the unlikely event of the need to evacuate, please follow staff directions. Members of the public are reminded that they are here to observe the hearing and may not interrupt the hearing. Representatives of the media may be present and record the hearing. I would like to ask the witnesses at this point whether you have any objection to the media taping you while you are speaking or would you prefer the media to be out of the room during your time as a witness?

Mr Day: We are happy for the media to be here.

CHAIR: Thank you. Although the committee is not swearing in witnesses, I remind all witnesses that these hearings are a formal process of the parliament and as such any person intentionally misleading the committee is committing a serious offence. I also remind witnesses that Hansard will be making a transcript of the proceedings, so I ask you to identify yourselves when you first speak and speak at a reasonable pace into the microphone.

Today we have various parties joining us for this hearing. First we will be speaking to the Liquor, Hospitality and Miscellaneous Union.

DAY, Mr Kroy, Representative, Liquor, Hospitality and Miscellaneous Union

MITCHELL, Mr Ky, Security Worker, Liquor, Hospitality and Miscellaneous Union

ROACH, Mr Ryan, Hospitality Worker, Liquor, Hospitality and Miscellaneous Union

STAMP, Mr Nigel, Ambulance Officer, Liquor, Hospitality and Miscellaneous Union

CHAIR: We welcome you to the hearing today. I will be asking whether one of you would like to make an opening statement. Before I do, I would like to say to the union that we thank you for informing us that your document was leaked to the *Courier-Mail*. You took that responsibility and what you have done very seriously and you respected the protocol of parliament. We would like to say thank you. It is just a shame some other people have not done that. Who would like to start with their statement?

Mr Day: I wish to thank the honourable members of the committee for the opportunity to provide submissions pertaining to alcohol related violence. My name is Kroy Day and I speak here today as a representative of the Liquor, Hospitality and Miscellaneous Union of employees, Queensland branch. I find myself in the fortunate position to be able to speak to you today not only as an organiser but also as a person with employment experience in cleaning, security and the ambulance industry.

The LHMU proudly is a diverse union providing coverage for a number of industry groups which include cleaners, security guards, hospitality workers, allied health professionals and a number of other industries. Three sectors of our membership are adversely affected by alcohol related violence. Our members report to us a significant increase not only in the prevalence of alcohol related violence but also in its intensity. Our members tell us of fearing for their own safety and of not being able to be sure they will return unharmed to their families after they finish work. These reports are often tragic and harrowing but are nonetheless real for our members and they are evidenced in our report and submission to this committee.

We say that it is a fundamental right underpinned by legislation that an employee has the right to be provided with a safe working environment and the right to expect to return home safely to their families. Despite this, 71 per cent of members surveyed who are employed in the security and hospitality industry and 94 per cent of paramedics report being verbally abused or assaulted by an intoxicated person whilst in the performance of their duties. We say that because of this we not only have the right to but also have the responsibility to speak out on this issue and be a spokesperson on it.

Alcohol related violence affects the community more broadly than just an employee being assaulted. The impact of this violence can be measured in the workload of police and ambulance personnel—a workload that ties up a valuable resource that should be used elsewhere in the community. Alcohol related violence adds to increased demands in our hospitals in a system that is already in crisis. This crisis is indicated by increasing delays and waiting times for patients and ramping delays experienced by paramedics trying to access emergency departments. The impact can be measured by the public dismay expressed by every tragic glassing incident, every time a security guard is assaulted outside a nightclub and each time a paramedic is attacked while trying to save a life. These are public events. We know that the public expects something to be done about them now. What we do not know is the quantitative loss of qualified, experienced staff from the industry as a result of this violence.

What is difficult to measure is the psychological trauma experienced by victims of this violence or the social impact that this has on both the victim and their families. While physical damage can be healed in some cases—not all, but some—it is the unseen scars left behind which are often the worst for the individual to bear. We are able to identify members of this union who would like to be here to provide a submission—who should be here to provide a submission—but unfortunately months after an attack by an intoxicated person they are still far too traumatised to speak in this forum. We say that the current penalties being imposed by courts against the perpetrators of this violence are not an effective deterrent for this antisocial behaviour. This is clearly evidenced by the broad membership of the union reporting the trend of increasing violence.

The community expects effective deterrence against these crimes. Ninety-seven per cent of hospitality and security members surveyed support the imposition of tougher sentences in relation to glassing attacks. We need the judiciary to impose tough penalties. In 2008 this government saw fit to upgrade the classifications of assault perpetrated against emergency services workers from a common assault to a serious assault. That move was applauded by this union as a reasonable approach in providing an effective deterrent. The message has not got through. Last year we saw a person convicted of a serious assault against a paramedic fined \$200 for his crime. We say that penalties of this nature for this type of crime are no deterrent at all and are out of step with community expectations.

We say quite clearly that the regime in place in Queensland to prevent or minimise the incidence of irresponsible levels of alcohol consumption do not work. It is a regime where many of the key stakeholders responsible for its implementation say that the responsibility should lie with the individual alcohol consumer. These are the very people that the judicial system finds incapable of exercising responsibility once intoxicated. There is not the desire or the will of our members to have government be the fun police of Brisbane

society. Our members are a significant part of the community and, like everybody else, they wish to be able to go out, socialise and generally have a good time, as they should. The discrete point I have to make, however, is that the right to go out, socialise and have a good time does not outweigh the rights of our members to have a safe working environment and return home to their family safely of a night-time.

We understand the complexities of this issue. We understand that there is no single solution to this problem. Rather, there must be a raft of initiatives that must be implemented to facilitate a positive change. We welcome the government's serious concerns on the issue and note initiatives such as the One Punch Can Kill campaign, the police blitzes on entertainment precincts and the development of self-defence training for paramedics as welcome, positive steps. We urge the government, however, to take further action because we believe that the lives of our members in this union depend on it. We say that there are a number of positive steps government can take now to address alcohol fuelled violence.

The submission of LHMU members is that a number of actions must be taken. These include general measures including the identification and management of high-risk precincts; best-practice venue management and mandatory training in violence management; a tighter, better resourced and more comprehensive approach to regulating the service of alcohol; an effective training and skill development regime for workers in and around licensed venues; the removal of glass from specific venues; the removal of possible weapons and weapons screening initiatives; improved security measures; legal system reform including tougher penalties against offenders; transport reform for entertainment precincts; and the recognition that each industry is unique and faces specific problems associated with this and each requires industry-specific solutions for its unique needs.

It is important that honourable members of this committee hear firsthand the experience of our members. We call on you to consider their concerns and the counsel they offer you in your deliberations. To that end, I wish to introduce three representatives of industry groups acutely affected by alcohol related violence. These people are the ones on the front line of this violence. These are the people who know what is wrong; these are the people who know how to fix their industries.

Mr Ryan Roach has more than 15 years experience in the hospitality industry across a number of states in Australia. Mr Nigel Stamp has been a paramedic for more than 30 years, working not only in Queensland in one of the busiest ambulance areas we have, South-East Queensland, but also in the United Kingdom. Mr Ky Mitchell is a security officer with 13 years experience in major venues. Our members are not just hospitality workers, they are not just security officers, they are not just paramedics. They are mothers, fathers, brothers, children—all of whom have inalienable rights. They form part of the fabric of the society we all cherish, and to deny them is a sad indictment of the community values we seek to uphold.

Now is the time to take action on this issue. Now is the time, because action taken after the serious wounding or death of one of our members or a member of the public is action taken too late. You have the ability to make a positive change for those employed in these industries and for the community as a whole. The only question is: is there the will in this committee to make that positive change? I will now introduce Mr Ryan Roach to make a submission.

Mr Roach: My name is Ryan Roach. I am a hospitality worker and a member of the LHMU. For over 15 years I have worked in the hospitality industry—an industry which is now stained by alcohol fuelled violence. I have worked as a barman, a porter, a receptionist, a manager and a DJ. I have worked in Canberra, Sydney and Brisbane in hotels, clubs and pubs. I have worked and lived the culture that revolves around the hospitality industry. This culture seems to have changed over the years, from a fun night out with mates or a quiet drink at the pub to a scene of violence and complete antisocial behaviour. This issue has not arisen overnight. It has been gradually getting worse over the years.

The government has attempted to implement various pieces of legislation over the years to try to solve the issue—unfortunately, with limited success. I am here as part of the LHMU to represent workers in this industry—being the person behind the bar serving the alcohol who sometimes seems to be blamed for the overwhelming number of intoxicated persons on our streets. This, I believe, is an unfair judgement. It is the culture and the attitude of today's society that we need to address.

As an employer in a licensed venue, I have had a whole set of rules that we must enforce, or face serious repercussions, thrust upon me with little support. As a bartender, we are expected to monitor and act on various behavioural attributes displayed by persons frequenting our venues, intoxicated or not. We are expected to stand up to persons of far greater size and strength and tell them that they may not have another drink because we believe them to be intoxicated. They may not have even had a drink, but if they are disorderly we are expected to remove them from our premises, and the certified RSA course states that reasonable force may be required—again, many times without support. Security staff face the same issues and, on many occasions, far worse—that is if the venue can actually afford to have security. Workers in these industries need external support in order to tackle these issues—such as a fear of far greater penalties for the patron, stronger police presence and powers, and education for the community as to their responsibilities whilst on licensed premises.

The issues we face do not occur only in the party precinct. From personal experience, I can tell you that workers face these very issues day in, day out in the pubs and clubs located in just about every suburb in Queensland. We are threatened, abused and quite frequently violently assaulted by patrons who feel they have been unfairly judged by the staff enforcing RSA.

An incident occurred just recently in Sydney resulting in the manager having a glass smashed in his face. I personally have been punched, headbutted and threatened to the point of fearing walking out to my car after close. I once saw a security guard get his nose smashed across his face. A gaming coordinator was violently assaulted when the guy jumped at the bar because he was cut off. A lady walked around the back entrance of the bar to start punching a female staff member. The list really does go on, and all of them with the same theme. I could only guess at exactly how much blood I have seen spill, but to this day I am thankful that I have not yet witnessed a death. If we are lucky enough, on occasions these patrons may be identified and charged, they may receive a fine and a suspended sentence and we may ban them from that particular venue, but that is not good enough as next weekend they will simply go to the pub down the road and do it again, without fear of repercussions for their actions.

Bartenders do not get paid enough to have our lives put at risk by enforcing government legislation without anything to back us up. Of course, there is a fine for refusing to leave a premise. Obviously there are fines and charges for assault and property damage if the police arrive on time or happen to know the identity of the offender for later referral, but, again, these fines and charges are just too weak. The judicial system is failing the workers in this industry and the community and the culture that was, as the offenders—even if they are caught and charged—simply go down the street and do it again in another venue the next weekend. These people are intentionally ruining the lives of innocent victims. They do not deserve leniency. But, again, it is not just within licensed venues that these acts of violence and antisocial behaviour are occurring. It is on the streets, it is at the cricket or the footy, it is gatecrashers at your kid's birthday party. These people really do need to be stopped.

Many instances of alcohol related violence could be avoided by having offenders removed from the streets, by having their rights taken away from them. The community did nothing to deserve having these thugs—for lack of a better word—act as they please, destroying lives, damaging property, ruining it for the rest of us. The only way they will learn is by effectively taking away what they seem to take so much for granted—their right to live and socialise as one of us.

I believe a state-wide, if not country-wide, database of offenders accessible to all venues would be of assistance. This would enable venues to identify possible offenders before they even set foot inside, also allowing a ban from one venue to be a ban from all. This system has already been implemented in Queensland's Lockyer Valley, the South Australian party precinct and, to a smaller extent, the Katarzyna Group, who operate four of the biggest night spots in Brisbane—Family, Birdee Num Num, Cloudland and Press Club. I believe the South Australian government has already banned up to 900 people from their party precinct. That is 900 possible offenders taken out of the equation. That has got to make it a safer place.

A curfew for offenders with harsh penalties attached for breaking the curfew would also be of assistance. This would again reduce the number of possible offenders frequenting licensed venues during peak periods. We need further education on RSA and what staff of licensed venues are responsible for enforcing and why. What is the patron's responsibility whilst on a licensed premises? How are their actions going to affect the people around them? I believe a small amount of money has been allocated for the production of a commercial based on this, which is the first of its kind that I have seen and has been a long time coming. I do believe such a commercial has been aired on the Gold Coast, however, with positive results.

Patrons should most certainly face the same fines that bar staff face for irresponsible drinking. It is not fair that staff face these harsh penalties for not controlling the actions of another individual when the individual seems to have no responsibility at all. In short, I believe that people need to be held responsible for their actions, and penalties befitting the crimes need to be enforced. Someone once said to me that you cannot be held responsible for your actions once you are intoxicated. I am sorry, but that is a cop-out. We are all responsible for our own actions as soon as we have that first drink. If people do not know how to act responsibly, the government needs to act accordingly. As a community, we need to be aware of how we are acting and, to a smaller extent, how the people we associate with are acting.

I have just about had enough, and I have tried getting out of this industry. It has been ruined for me. I would like to see it saved for the generations to come. It used to be a fun job. That is why we do it, not for the money. We need to stop these people destroying what is rightfully ours to enjoy.

Mr Day: I would like to introduce Mr Nigel Stamp, a paramedic from the Gold Coast.

Mr Stamp: My name is Nigel Stamp. I am an advanced-care paramedic and a proud member of the LHMU. My submission to you today is to support the broader LHMU submission on alcohol related violence, which is based on my experience of 30 years. I have been assaulted and my partners have been assaulted. My job is to fix people, make them better, get them to hospital. The issue of violence against paramedics is one of the most deeply felt issues in my profession.

I have noticed over the last few years that there has been a substantial increase in alcohol related violence towards paramedics, not only in terms of frequency but also in terms of intensity. A number of years ago, when I first joined the Ambulance Service, it was really uncommon for anybody to touch an ambulance officer. Today, it seems that is not the fact. We have had people in the back of a vehicle lash out at paramedics, grab them, spit at them, kick at them, when all we are trying to do is make them better.

An increasing trend that I have noticed is that the police are frequently requested to attend with us at scenes. I am forced to request the police presence, but unfortunately due to the unavailability of their crews we have to sit around the corner or wait for the police presence to turn up and protect us. This could mean two things: the patient is now deteriorating, which is not good; or, if we go in there without police presence, it puts us at harm.

The assaults are getting of a greater significance, and it really does impact on our profession. In the latter part of 2009, I was working with that poor female paramedic officer who was assaulted in the back of my vehicle. The trauma and the after-effects of that meant that the crew had to be taken off the road for three hours—three hours off the road. It is just totally unacceptable that these things happen to us. We had to stop the ambulance and I had to intervene to protect my female officer from being seriously assaulted in the back of the vehicle. The problem with the judicial system and the court system meant that this person was taken to court and fined \$200. Can you imagine the after-effect when that female officer found out that the fine was just \$200, when she was sexually assaulted, punched, grabbed, spat upon? It is just not good enough.

The trends that I have noticed have led me to believe that it is only a matter of time before a paramedic is seriously hurt or, even worse, killed while on a shift. I am a father, I am a husband, I am a grandfather, and I would like to go home and see my family at the end of my shift, but trends today seem to indicate that it is not going to go that way. We need to do something about violence towards us and other people in our profession.

The largest number of assaults on those in our profession occur on a Friday and Saturday night. I know that the nightclubs close in the early hours of the morning and I have an increase in my workload, specifically when intoxicated patrons come out of the nightclubs and have nowhere else to go. Brawls start, fights start, and we have to go out in the middle of all these fights and riots and sort out where the patients are. Can you imagine going to a situation unknown to you where you can actually see the patient but you cannot get to them because people are throwing glasses, punching, kicking? It is a nightmare. It really is frustrating. I do know that the police presence makes a difference to us, which is great on our part. I have seen them prevent violence and have experienced the benefits of them taking charge of violent individuals.

I would also like to see some kind of protection on our side, which is acting in self-defence, and promote that throughout the service. That would give me a bit of a lifeline to act upon and make sure that I can defend myself. Also, we would like to see the introduction of the duress button. The duress button is an alarm system which every ambulance vehicle has, but unfortunately the ones on our portable radios are not connected to the system. So it means that, if I leave my vehicle, I have no lifeline. My lifeline is me and my partner. That is it. I would like to thank you all for listening to my submission today, and I hope that we do something really soon to protect our paramedics.

Mr Day: Let me introduce Mr Ky Mitchell, security officer.

Mr Mitchell: Good morning. My name is Ky Mitchell. I have been working within the security industry since 1997, and I would like to thank you all for taking the time this morning to listen to my submission.

In my time in the industry one thing I have noticed is a dramatic increase in both verbal abuse and physical violence towards patrons and staff members, particularly increasing over the last two to three years at a much higher rate than it used to be. Personally for me the most worrying trend is the abuse and violent attacks on staff members within the hospitality industry. It has got to the point where you go to a shift at work and you do not think you might be, but you expect to be, assaulted. A lot of this is only minor assaults. Luckily, serious assaults are still random occurrences, but it has got much, much worse. A good example of this is in the years 2008 and 2009 when there were more assaults on staff members at the Treasury Casino than there were in the years 2004 to 2007 combined. A lot of these assaults are by intoxicated people. It is hard to explain, but alcohol changes people. They might be fine one minute but the next drink will send them over the edge. It makes it near impossible for bar staff and security staff to tell what each individual's limit is.

The other point I would like to talk about relates to the LHMU submission today, and that is the massive difference between having human monitored CCTV footage in licensed venues as opposed to the traditional and common CCTV cameras now. I have worked in a lot of venues across Brisbane and in other states. Working in the casino, I find one of the biggest benefits for us is having live monitored CCTV footage. We have people watching the cameras, essentially watching our backs. What this results in is excellent response times when it comes to emergency situations. It might not sound like much, but it is the difference between an assault becoming a serious assault, not just to staff members but also to our patrons, to whom we owe a duty of care.

The difference between this and the current system is that in the majority of licensed venues the footage from these TV cameras only comes into place after the fact. A lot of the time when you are working in a licensed venue you are isolated on a door or in a section of the venue and you are out of the line of sight. You do not always get the opportunity to radio for help. With someone in a control room watching the environment, they can see things starting to brew or events happening that you do not always have the opportunity to see yourself. Once again, it improves the response time. It makes it a safer environment for all involved.

The other thing I would like to talk about is the need for increased numbers for security providers and the police force. I would like to acknowledge that the Queensland Police Service does a fantastic job with the resources they have, but in my experience in the vast majority of assaults that occur the offenders walk away scot-free. It is a fault in the system where unfortunately the realistic nature of the business is that, if somebody has assaulted someone, while we do have a power to detain under the Liquor Acts and the Criminal Code, it is not always a practical step to take forth. Just for one person to be detained you are looking at a minimum of six officers or security providers to safely look after that person—two people to control the arms, a person to control the legs, a third person to monitor the health of the person who is being detained, to monitor their breathing and monitor that everything is all right, and another two officers to maintain crowd control to make sure that no friends or strangers become involved in the situation and to watch the backs of the people involved. More often than not, that will be the entire security staff in a licensed venue, which means that our responsibilities and duties to that venue are then being neglected. It is only in the most extreme cases of assault that that step is taken. More often than not, the most practical and the only measure that is provided to us is to remove the person from the premises and watch them walk freely down the street with no consequences for their actions, which is most disappointing.

One other thing I have noticed is a major increase in the use of weapons in the violence that occurs in our venues. I have been lucky enough not to experience it personally, but people I work with have had blades produced on them, have had glasses, ashtrays and pool cues used as weapons. It is getting to the stage now where a lot of good security operators are leaving the industry. Although people are coming in to replace them, they do not have the experience or the temperament that is required to maintain the levels of professionalism that make it a safer environment for all. Something does need to be done about this. There needs to be harsher penalties for those involved. There needs to be consequences for those involved. The people who work in these industries deserve protection. Thank you for your time.

CHAIR: We have about eight minutes remaining to ask questions so please try to be brief with your answers. I know we will run out of time, and I am sure there are many questions the committee will have. Any questions that we do not get to ask today we will put in writing to you, so do not feel that this was a specific opportunity of time. We will be writing to you if we have any more questions. Thank you for your stories. It would be horrific to have to face some of those situations which you spoke of. I can just imagine what the families go through as well as the person involved, because, after all, the family would be very worried every day for their loved one going to work. We certainly do take on board the message that you are getting across to us.

Firstly, I want to ask if there was any particular time frame, such as 1 am to 2 am or 4 am to 5 am, that you find is specifically worse, or not?

Mr Roach: I can speak from my experience of working in pubs. Honestly, it can be 10 o'clock in the morning. I had a guy walk through a pub that I was working in at about 10.30 in the morning with a piece of four by two. He came out of nowhere—absolutely nowhere. As you can imagine, the pub went absolutely rampant and I was left to deal with it on my own. As you can see, I am not a big fellow but I had to deal with it. As Ky said, I have a duty of care to my patrons, so I had to deal with it. By the time the police got there, the guy was gone. So it really can happen at any time. If you are looking at afternoon drinks, it is quite frequent around the 10.30 to 12 o'clock mark.

CHAIR: What about the ambulance?

Mr Stamp: On a Friday and Saturday night, our worst time is probably from about nine o'clock to two or three o'clock in the morning. We are absolutely flat. We have got job after job after job, especially in Surfers Paradise. The main problem is with us being delayed on the scene. If we have a domestic violence incident, that crew is probably tied up until the QPS turn up. The other poor supporting stations throughout the Gold Coast have to shuffle the vehicles around to respond to that case.

We have a thing that is called UHAs, which is unit hours availability. What that basically does is it looks at the time frame where the jobs are most at their max. It seems to be most of the time now from nine o'clock at night through to two o'clock in the morning, especially on a Friday or a Saturday night.

CHAIR: There is a UK model—and, Nigel, I am probably directing this to you—that has a police officer go around with an ambulance officer in entertainment precincts or major events so you have a police officer with you—

Mr Stamp: Can I say that I left the UK in 1995? These actions and all of these submissions have been brought into place after I left the UK. I am not too familiar with what the ambos are doing over there at the moment.

CHAIR: That is okay, but that is something that has been put forward to the committee. I would like to hear what you think about that. I am hearing more and more from the ambulance officers in my area even that they often have to wait for the QPS to arrive to go to situations.

Mr Stamp: Ninety-eight per cent of our time is waiting for QPS presence. Only last night I was on shift and we had to wait for 40 minutes for the QPS to come to where a female patient had harmed herself. We had no idea. We just get the information on our system. We read that information, but our information is only as good as what the message takers take from the original call.

CHAIR: If there was an ambulance officer and a police officer rostered on an entertainment precinct such as Surfers Paradise, do you think that would make a difference in those peak hours?

Mr Stamp: I think it would probably take some of the workload away. If we had a permanent ambulance officer on the beat with the QPS in Surfers, they would probably be able to deal with some of the non-serious cases. As you know, if someone dials 000, we have to respond, whether it is a cut finger, a stubbed toe or requiring just a bandaid to be put on. We still have to respond because we have no idea what that situation is until we get there.

Mr Day: I would like to add to that. I suppose the concern that we would have would be maintaining the neutrality of the paramedic in the community. It would be very dependent on the roles being clearly defined for those people to work together. Paramedics are often tasked to go to situations where people have substance abuse issues. If people know that a police officer is with us, there are times when they simply will not call, and that is because the police have a duty to follow through. It is an incredibly difficult job. The police officers whom I know are all fine, upstanding, honourable people who do a terribly difficult job in difficult circumstances. But the function of the Ambulance Service really does rely on us maintaining neutrality in the community.

Mr CRIPPS: Mr Day, earlier in your submission you said that the overwhelming priority for you was the safety of your members. Does that extend to preserving the neutrality of the Queensland Ambulance Service in relation to being accompanied by a police officer during their duties?

Mr Day: I think it is for the Queensland Ambulance Service to comment on what its policy would be. Our members do not want to be armed in the community. That has come very strongly through. So it is not our preference to have them armed. They want to do the job. They love doing the job, but they have to be neutral in the community to do that. We cannot have people fearing calling the Ambulance Service. What we have noticed is that, where there is a strong police presence that is very visible, the incidence of violence towards paramedics is reduced, but it does not necessarily flow that they need to be together at that point of time. There may be a call for it in some limited circumstances, but again I would caution the honourable members of the committee that that needs to be a very specific role and a very specific event with clear, defined boundaries.

Mr CRIPPS: I would like to thank all of you gentlemen for your evidence before the committee today, in particular, Mr Stamp, whose evidence I think will probably be some of the most useful and instructive evidence that we have received so far in the inquiry. It is an insight into the experiences of people on the front line when the proverbial really hits the fan. I would like to particularly thank Mr Stamp and all of you for the insight that we have received from people who work on the front line in this industry.

All of you in your evidence expressed a strong desire for penalties against offenders to be increased, and that was a significant part of your evidence. I suppose my question will probably have to go to Mr Day. Do your members have any views about how substantially those penalties should be increased? What is the nature of the penalties that you desire to be increased? Should they be financial? I know financial penalties were mentioned by Mr Stamp and their inadequacy. Are there any other types of penalties you would like to see imposed? I think Mr Roach indicated that the rights of the community are being taken away in respect of the nature of the offences that are being committed. Do the members of your union have any views about what penalties should be increased?

Mr Day: I think the financial penalties being imposed need to be increased. Also I think serious consideration needs to be given to custodial sentences in some instances. What I would like to be very clear about is that it is not the opinion of this union that mandatory sentences should come in. Wherever a law is absolute there can be no justice. We still need some form of latitude for the judiciary. However, we do feel the sentences currently being imposed are out of step with the views of the community. So an increase in the financial penalties and serious consideration of the custodial sentences for some of these perpetrators would be appropriate.

Mr CRIPPS: So it is the view of the union that there should not be any mandatory sentences? Does the union have any evidence to suggest that that is the view of the community?

Mr Day: That is the view that we have formed based on the feedback from our members. We have spoken to our members and that is the feedback from them. We believe that they are representative of the community. Given the industry they work in and the depth of our membership we feel that that should also be sufficient evidence that that is the view of the community.

Mr CRIPPS: You believe it is the view of the community?

Mr Day: That is correct.

Mr CRIPPS: That there ought not be any mandatory sentences?

Mr Day: That is correct.

CHAIR: I am going to have to finish there. As I have said before, if there are any other questions that committee members may have we will put them in writing to you. Thank you very much for being here today and for participating in this hearing. We will be reporting to the parliament in March. You will receive a report. Before that you will receive a copy of the transcript to have a look at before it is released publicly.

MOHLE, Ms Beth, Assistant Secretary, Queensland Nurses' Union

TODHUNTER, Dr Liz, Research and Policy Officer, Queensland Nurses' Union

CHAIR: I welcome our next group of witnesses from the Queensland Nurses' Union. Thank you for being here today and for your interest in this hearing. Firstly, I would like to ask the witnesses whether they have any objection to the media being here while they are being questioned?

Ms Mohle: No.

CHAIR: I believe that you have had some instructions about committee hearings sent to you. I assume that they have been read and you understand them?

Ms Mohle: Yes.

CHAIR: I ask you to please speak into the microphone clearly and state your name and title when responding to questions or making a statement. Would you like to make an opening statement?

Ms Mohle: Thank you very much. Thank you for the opportunity to appear before this hearing today. With me today is Dr Liz Todhunter. Liz was responsible for writing our submission. I do not intend to revisit that submission in any detail; I will take that as read. I do wish to make a brief opening statement if that is okay.

Nurses, who are of course our members, are exposed to alcohol related violence in two ways. They treat those who are affected by excessive alcohol consumption or who are victims of alcohol related violence and abuse. In turn, they can themselves become the target of an intoxicated individual whom they seek to help. Nurses comprise the largest professional group in the health workforce and as an occupational group they have the highest exposure to non-fatal violence and also report the highest levels of violence among healthcare workers.

In Australia, violence occurs most frequently in emergency departments and mental health units, but it can occur in most settings across the spectrum of care. This is of real concern because individual nurses may not only sustain a physical injury but there are potential long-term risks including psychological trauma and symptoms of post-traumatic stress disorder.

Of some concern to the QNU is that nurses do not report many incidences 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. In 2000 the Queensland Nurses' Union launched a zero tolerance to violence campaign to empower nurses to effect change in this area and to create safe workplaces. The QNU was also party to a Queensland Health task force on violence in nursing.

This task force achieved a number of important outcomes including the implementation of aggressive behaviour management or ABM training, the appointment of a state-wide officer and legislative changes. While we believe these initiatives have been successful in raising awareness of workplace violence, the message must continue. Violence in EDs has reached a level that requires concerted action and a shift in attitude to eradicate a socially and professionally unacceptable peril.

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. Increased societal violence and the use of alcohol results in an increase in presentation for injury and effects of alcohol. Anger, pain and the influence of alcohol and drugs contribute to violence spilling over into emergency departments.

In their 2004 study of violence in two public emergency departments in South-East Queensland, Crilly, Chaboyer and Creedy 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. 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 per cent of these cases.

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

Not all alcohol related violence emanates from excessive consumption on licensed premises. Many people present following alcohol fuelled incidents in domestic situations. Nurses also experience the effect of alcohol related violence that extends to sexual assault, domestic violence and child abuse. In these circumstances there are specific protocols that must be followed when treating the individuals.

The QNU notes that Queensland Health has implemented an aggressive behaviour management program to assist nurses and other health workers in situations that may become violent. These programs are an essential tool for all nurses in dealing with patients, visitors, relatives and other staff. However, we

are also aware of a recent incident at a public hospital where police informed nursing staff that a member of the public carrying a weapon was entitled to do so as hospital emergency departments are not a public place. The QNU is concerned that if this is indeed the case then all health workers in emergency departments are at risk.

Although we have concentrated so far on alcohol related violence in emergency departments 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 suffer 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 prescribed and non-prescribed drugs. 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 and 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 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 are no security staff available to assist and community nurses rely on police in emergencies.

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 do not occur as a result of this. We made a number of recommendations in our written submission. I will not highlight them all now but I wish to highlight a few that we figure are the most important.

The first recommendation is that licensed premises serve alcohol in plastic receptacles rather than glass after 10 pm. Secondly, that Queensland Health continues to provide training for all nurses on aggressive behaviour management that includes de-escalation, aggression management, peer mentoring and support. Thirdly, that Queensland Health seeks to provide strong preventive orientations that look for high-risk indicators in people presenting in emergency departments. This may extend to active, physical and behavioural screening.

Fourthly, the state government should strengthen the current liquor licensing, enforcement, regulation and inspection regime. Fifthly, that security measures in public venues and areas be enhanced, particularly on the public transport and taxi ranks. Sixthly, that the emphasis on public education continues targeting patrons and drinkers, parents, security providers and venue operators. Seventhly, that there are strict penalties applied to any individual who harasses, threatens or assaults any health worker, including patients, relatives and visitors to hospitals. Individuals are not somehow immune from the strictures of the Criminal Code because they are within a caring institution.

The eighth recommendation is that the Queensland government considers amending section 51 of schedule 2 of the Weapons Act 1990 to read that a person must not physically possess a knife in a public place, school or health facility unless the person has a reasonable excuse. The ninth recommendation is that the federal and state governments continue to expand access to affordable housing for many in the community suffering mental illness and alcohol and drug dependency. Lastly, the federal government should increase resources for community based mental health services for early intervention and case management so that these patients do not end up in emergency departments. That is all that we would like to say in terms of our opening statement and we will take any questions that the committee may have at this time.

CHAIR: We are all discussing the situation with knives and weapons. We are going to take that on board and look further at that for you. I just make that clear right now. So we will not go on with that, because we were certainly interested in hearing that and we will definitely look at that for you. One of the questions I asked the union earlier related to times when your members may get assaulted more than other times. Is there a particular time frame that is a worry?

Ms Mohle: Certainly, as the ambulance officer gave evidence earlier, Friday and Saturday nights in emergency departments are very busy. That could actually tend to make it worse in terms of people having to wait longer, and that is combined with people who are intoxicated or affected by drugs coming in. It is more likely that that could occur at that time. It could happen at any time, but it is more likely to be in those busier periods.

CHAIR: So nine till five or something like that would be the range?

Ms Mohle: Yes.

CHAIR: I think you touched on education. I am not sure you will be able to answer this, but is Queensland Health doing much education in the way of getting into schools and so forth and educating people on responsible drinking, through our school nurses particularly?

Ms Mohle: Certainly there is the capacity to do that through the school health program. I am not sure there are any specific projects in that area—it would be best to ask Queensland Health about that—but I think that would be a very useful thing to do. With the increased emphasis on primary and preventative health care that is coming out of the debate we are having on national health reform, I think that would be a very important area to concentrate on.

CHAIR: Thank you.

Mr CRIPPS: Beth, thanks for your evidence this morning. I think I heard you in your evidence indicate that there is an absence of security officers in emergency departments.

Ms Mohle: No, in the community setting. In the emergency departments there are security officers, but our members are not all in emergency departments. There are a number across all settings, but in the community they are particularly exposed because there is an absence of security personnel in those settings. They go into people's homes, out onto the streets and to places like that, so security staff are not available in those settings. In emergency departments there certainly are security staff available.

Mr CRIPPS: One of the pieces of evidence that you gave that I was particularly interested in—I thought it was an excellent point—was that not all of the presentations to the emergency department result from the use of alcohol at licensed premises and that there are certainly instances of alcohol related violence that result from the use of alcohol in domestic settings. And continuously in your evidence you indicated that the violence may be as a result of abuse of either drugs or alcohol. Could you indicate whether the union has any reliable data, or indeed any consistent anecdotal evidence, to suggest how prevalent the use of illicit drugs is vis-à-vis alcohol in terms of presentations to the ED? More interesting for us would be any advice that you could provide in terms of deficiencies in reporting that type of presentation.

Ms Mohle: We do not have any hard data as such; we would have anecdotal evidence from our members, of course. Quite often it is a mixture of illicit drugs that are used and alcohol in combination. You just cannot actually separate them out. It is interesting that in recent times—and I think you will be hearing evidence from emergency department personnel from the Royal Brisbane later today, so they might be able to answer that better than I can—the incidence of ice related violence appears to be decreasing. Over the last couple of years that had spiked, but it appears that it is now being not necessarily replaced but that alcohol related violence is actually on the increase. Certainly that is only from anecdotal feedback from our members. A few years back it was a huge problem in emergency departments and mental health facilities—that is, the problem with ice—but that appears to have been on the wane a little bit in recent times.

Mr CRIPPS: Beth, what is the capacity of your members to test for these things? Let us say someone presents to the ED with an injury, a trauma. What is your capacity to test for the reason for the behaviour? Do you have the right or the capacity to test for an illicit drug or alcohol, or is your role simply to address the trauma involved?

Ms Mohle: Certainly there would be an ability to pick that up in terms of screening when people do come in to an emergency department in terms of the toxicology screens that we do. But, again, that has to occur within protocols and policies. But if you are trying to get to the bottom of why someone is in an emergency department and they are unable to assist you with that, there is the ability to do a tox screen for various drugs and alcohol to see what is actually potentially a cause of the behaviour.

Mr CRIPPS: So it is likely that that information is out there?

Ms Mohle: It is likely that that information is available, but it would be impossible to actually collate that information, I think. It would certainly have to be done very carefully to make sure that privacy considerations are maintained.

Mr CRIPPS: I understand that, and I understand the difficulties and the sensitivities around collating and reporting that data, but you do have the capacity to make those sorts of determinations about raw data—raw numbers—quite apart from identifying the individual involved?

Ms Mohle: I think it would probably be better to ask Queensland Health about their capacity to do that, because I think that could be quite onerous. Information systems are getting a lot better and going forward there could be a capacity to actually do that, but I think it might not be high on their priority list in terms of the other data that is required. I cannot answer that question because—

Mr CRIPPS: I understand. The reason I bring it up is that being fully informed about the prevalence of these sorts of situations means that committees like ours can make better decisions about the nature of the problems that we face. If we can get more reliable information it will assist us. Not that your union is responsible for that at all, but indirectly if we can make better decisions about addressing these issues it would be of benefit to your members, wouldn't it?

Ms Mohle: It certainly would be. We are all for having as much data as we can to base decisions on. Certainly we actually do research amongst our members every three years on a whole range of issues, including violence towards nurses, to make sure that we have an evidence base to make our decisions on.

Mr BLEIJIE: Does the Nurses Union express any view on trading hours for clubs?

Ms Mohle: We do not have a position in relation to that.

Mr BLEIJIE: One of the recommendations in the submission is to change to plastic. Statistically, what they classify as glassings across the state are not particularly high because it does not necessarily mean that someone has slashed someone's face; it can mean someone has broken a glass and someone has a cut. In your experience with your members, though, why is there a recommendation to completely get rid of glass and replace it with plastic when statistically, proportionally, in the departments nurses would not come across it that often?

Ms Mohle: That particular recommendation is based on a conference resolution from a few years ago. That issue was debated at our annual conference and, based on our members' experience in places like emergency departments, they thought that would actually make a difference. So that was debated at an annual conference and has formed part of the union's policy.

Mr KILBURN: I was just wondering if Dr Todhunter, who is a research officer, had anything to add. Would you like to put forward any research that you think may be useful to this committee?

Dr Todhunter: I would just mention the point the deputy chair raised earlier about anecdotal evidence as opposed to hard data. In a sense, how do you prove that this violence is actually alcohol related? The data we have used was anecdotal. There is not a lot of hard data there to support that, but I think it is a good idea if we can get something more evidence based to be able to actually say that 'these people are in fact producing this behaviour because it is related to alcohol'. At the moment we have made the assumption that the nurse smells it on their breath or whatever, so it is picked up in that sense but not through a formal means. So, yes, if there was better screening that would be useful.

Mr KILBURN: Also, a number of the points you made were about mental health funding and mental health support in the community. Would you have an opinion on whether the people who are severely affected by alcohol are just random in terms of violence in that people just have too much? Or are there underlying factors which you think may put people more at risk of being involved in violence when they have alcohol on top?

Ms Mohle: Quite often people with mental health issues have co-morbidities—they have other issues—so it is not just a mental health illness; they might actually have a substance abuse problem as well, and that just makes it more complex. We do not have any data upon which to make an assessment in relation to that. It is just that they are much more complex to handle, if you like, if there are co-morbidities involved. In some it is difficult to drill down in terms of cause and effect in those circumstances.

Mr KILBURN: Is there any cross-referencing? When people come into emergency departments with alcohol related problems or particularly with violence, is there any cross-referencing to see if they are involved in any other interactions with the health department?

Ms Mohle: I suppose through their health record that would actually be able to be ascertained fairly quickly. And if they have a history of other substance abuse or a mental health issue then they could be referred to the appropriate unit within that facility. That would be able to be linked up—that is, if they had actually presented at that particular facility. It is a bit more difficult if they are from out of town or not presenting at their normal hospital. Again, developments with regard to electronic health records would hopefully assist in that regard going forward. It would be much easier to trace that, but at the current time it is a bit hit and miss.

Mr KILBURN: Thank you.

Mr WELLS: My question is about violence in the emergency department. Can you paint a picture of this for us? What happens? Somebody gets taken in there unconscious and they wake up disorientated and become violent. Is that what happens?

Ms Mohle: That could be the case, or they could be intoxicated and they might have injured themselves in another way. They might have sustained a soft tissue injury or a cut or something and they get aggressive because of the delay in being treated. So that is one issue. As I said, on a very busy Friday or Saturday night there can be delays in accessing treatment. So the physical design of emergency departments is a very important factor in mitigating against those forms of violence in that you actually do have safe spaces, if you like, for staff. But it could be the fact that that happens during treatment if that is the case or they are angry because they are delayed, or it could actually be that a person who is accompanying someone for treatment is intoxicated. So it may not even be the patient; it could be someone who is accompanying them—a friend or a relative—who is intoxicated who gets angry about the fact that there is a delay in treatment and they think it is appropriate to take that frustration out on nurses and other health workers. So there are a number of scenarios that could present themselves.

Mr WELLS: I see. The other angle I was interested in was your suggestion that early intervention in terms of mental illness might assist, and the member for Chatsworth just asked you some questions about it. I wonder if you could say a little more about the perceptions that your members have of the relationship between the propensity to alcohol fuelled violence and mental illness.

Ms Mohle: It certainly is not only early intervention in terms of mental health services that would actually assist; it is actually having a more vigorous primary healthcare model, if you like—an early intervention model—and the ability for people to present somewhere other than emergency departments. Part of the problem is the fact that, because of increasing out-of-pocket expenses that have occurred in terms of accessing GP services in recent times, the first port of call that people tend to go to is the emergency department. So our emergency departments are incredibly overburdened with things that they should not actually be dealing with.

I think we need to revisit the whole of our health system. It is about a greater emphasis on primary health care and preventive care and intervention at the closest level in the community so that they do not present at a major metropolitan emergency department or their local hospital emergency department, so

that people who may have mental health problems can get assistance before they deteriorate and then could be affected more adversely by alcohol as a result. It is about putting more resources into the community setting so that we are preventing people presenting inappropriately at emergency departments and they get the care they need earlier rather than later and then mop up the mess after that.

Mr WELLS: Do you have a view about how you would target it if you were to do it? For example, do you have a view about what mental health conditions correlate with alcohol fuelled violence?

Ms Mohle: Again, we do not have any hard data in relation to that. It is just the point I made earlier that quite often there are co-morbidities and they are a more difficult clientele to manage because of that. So we could not answer specifically, because we do not have any hard data; it is only anecdotal data from the ambulance officers.

Mr WELLS: Even anecdotal data about co-morbidities would be useful to us. Perhaps you could send that to us, if you have a convenient opportunity.

Ms Mohle: Yes, certainly.

CHAIR: Okay. Thank you very much. Any more questions the committee may have we will send to you in writing. I would just like to say that, after hearing from the miscellaneous union, the ambulance officers, security providers and yourselves today, I think most Queenslanders would be horrified to think that those people whom we are asking to help us when we need them are being treated in this way. Regardless of whether it is alcohol related violence or drug related violence—any type of violence—it really is disgusting that our front-line emergency workers are being treated in this way. We certainly are looking forward to putting recommendations in our report that will go a long way to helping your employees. Thank you.

Ms Mohle: Thank you.

O’CONNOR, Associate Professor Alan, Director, Emergency Department, Royal Brisbane and Women’s Hospital

CHAIR: Once again, I thank you for being here and participating in the inquiry today. Do you have any objections if the media continue to record, or would you prefer no media?

Prof. O’Connor: No—no problem at all.

CHAIR: Thank you.

Prof. O’Connor: Could I just comment that, because I am from the Royal Brisbane and Women’s Hospital, a lot of my comments will be related to that particular facility. I may not have all the corporate information from Queensland Health, but I will certainly do my best to extrapolate where it is relevant.

CHAIR: That is fine. Thank you. There were some instructions about appearing before a committee. Can I confirm that you received that and that you understand?

Prof. O’Connor: Yes.

CHAIR: I ask that you clearly state your name and organisation when you speak so that Hansard can record your answers correctly. I would like to ask you to make a brief opening statement, if you wish.

Prof. O’Connor: My name is Associate Professor Alan O’Connor and I am the director of the emergency department at the Royal Brisbane and Women’s Hospital here in Brisbane in Queensland Health. As an emergency physician, and as a physician in general, I am very interested in alcohol related problems within the community but, having listened to the previous questions and answers, I would like to paint a picture for the committee, with your permission.

Obviously, our emergency department is open 24 hours a day. If I come in at the end of a typical weekend night—at seven or eight o’clock on the Sunday morning—I will often take the lead in the consultant ward round in the department. We have 25 acute cubicles, and we start at No. 1 and work our way around. We do not have much imagination, I am afraid! To paint an average picture, in at least 10 of those cubicles there would be a young man with two black eyes and a broken jaw who had come in semiconscious the previous night. He would be waiting for a CT scan—a specific scan to make sure there is no brain injury. He—and it is usually a ‘he’, unfortunately—will often be feeling somewhat sorry for himself and may well have law enforcement officers in attendance to tidy up whatever mess he had been involved in the previous night. This can be quite a depressing picture, actually—that the first 10 patients you see are there as a result of alcohol related violence. This usually happens on a Friday night and a Saturday night and to a lesser extent a Sunday night.

A lot of people were talking about punitive approaches to this problem. I believe it is a societal problem, and it is both an acceptance of excess drinking and an education opportunity. We have a lot of programs, which I can talk about later if you wish, trying to get these people to understand that the cause of their double black eyes in the morning and the reason they are in hospital is excess alcohol consumption—not always by them, may I say. Often it is alcohol consumption on the part of people who have assaulted them, but it is unusual—not unknown of course—that you become involved in a brawl without having some disinhibition, usually from alcohol.

That is a broad, generalised picture of the emergency department on a Sunday morning. It is a fantastic education opportunity. We often will ask high school students to come in and come around with us and see what is happening. Then during the day it dissipates, and as Saturday night ramps up it starts again.

You did ask for specifics about times and numbers. The time correlates very well with what Mr Stamp said, as you would imagine. From about 10 o’clock, say, on a Saturday night until about three in the morning, you will get all the alcohol related injury problems coming in. These patients do not always want to be in hospital. They are not always pleasant to staff and other patients. They are both the victim and the perpetrator. They may be alcoholics.

Young alcoholics are not unknown and are increasing in number. I think we have a picture of your typical alcoholic, which I would stress is an illness; it is not self-inflicted. Most people would agree that alcoholism, per se, is an illness that needs treatment. I think we often have a typical picture of an alcoholic sitting in his bed-sit and drinking his bottle of whiskey and not really troubling anybody. In fact, a young person between, say, 25 and 35 could well be an alcoholic just by binge drinking three to four times a week and drinking so much that, in fact, they get into such trouble and end up in hospital emergency departments. I think we as a society tend to accept that. That is my feeling. I think these patients have an illness and I think we should manage it as such. I am not an expert in law enforcement—I will leave that to others—but I do think we need to keep compassion in mind when we are talking about justice issues as well.

I had a quick look at alcohol related presentations to our emergency department. Alcohol related presentations are not just trauma; they are not just people hitting each other. They include road traffic collisions. We see a lot of road traffic collisions which are alcohol related, as you would probably know from other forums. There are also medical issues with alcohol—liver failure, stomach problems and so on—but I will mainly concentrate on alcohol related trauma.

I refer to the figure that I have in front of me, which is the percentage of presentations to the Royal Brisbane and Women's Hospital emergency department. We see about 75,000 new presentations per year. In 2006 just over five per cent were alcohol related and in 2009 it was seven per cent, with a fairly straight graph between the five and the seven. If you consider that that is of a very large population of patients, the actual number has gone up from just over 3,500 to nearly 5,000 presentations a year. So that is 10 to 15 presentations every day, but they are concentrated over the three weekend days. So as you can see, if you are seeing 150 to 200 patients a day and it is the weekend, 20 or 30 of them are alcohol related. This is a big health problem. As I say, this is not just a problem for Queensland Health and the Royal Brisbane emergency department; it is a problem for the patients who are actually presenting.

We notice that these patients often have multiple poisons within them. They may have taken some speed. They may have taken some alcohol. It has been mentioned before that there is often the co-existence of mental health issues. They are a difficult client group. Because they often try to self-harm, they often abuse our nursing colleagues. I must take my hat off to our nursing colleagues here. They are often on the front line. They are the person at the triage desk. They are the person who first sees the patient. We as doctors are often the second or third person to see the patient. So whereas we are always there, it really is our colleagues in the nursing profession. I do not think it is sexist to say that they are often female. The majority are female nursing staff. As somebody mentioned earlier, I think the population of Queensland would be horrified to see a young male shouting abuse at a young female anywhere, much less in a health facility. We have a number of steps in place, with security and so on, to try to prevent this, but I hope it will never be regarded as the norm—that this is how we allow our population to behave.

I will move on to what we do to try to ameliorate this problem. Obviously, we have a duty of care to our staff and a duty of care to the patient—himself or herself. I would again say 'himself', but obviously it can be both sexes. Within Queensland Health there is security. Certainly in the Royal Brisbane there is a 24-hour security presence, which is needed and which is very helpful. Often without any intervention a show of force would be quite helpful in this circumstance. There are occupational health people within Queensland Health who provide aggression and behaviour management training, whereby you are talking down people and just trying to manage people who have become aggressive for whatever reason but, again, alcohol is often involved.

I will talk specifically about the Royal Brisbane hospital. I am sure it is happening in a lot of areas. I know from reading your literature that DABIT, which is the acute intervention in alcohol, was mentioned in Cairns. That is also in the Royal Brisbane and has been here since 1998. If I could put in a plug, it is running out of funding next year. It is one of the few things that we do that we hope would ameliorate this problem. You can get people when they are in the emergency department to confront them with the fact that they may have an alcohol problem. If you are a 30-year-old gentleman and somebody comes up to you on a Wednesday morning and says, 'You drink so much on a weekend, you may well have an alcohol problem. Would you like to do something about it?', it is unlikely that he would agree. If you catch him on a Sunday morning with his two black eyes and broken jaw because he has had a fight down in the Valley, you have a much better chance of getting him into the system and trying to solve that problem. I really think that is a fantastic program and ought to be supported.

There is a Canadian group—and I always thought it was somewhat inappropriately named—called PARTY, Prevent Alcohol and Risk-related Trauma in Youth. It is just starting at the Royal Brisbane hospital. I am happy to share this information with the committee by email or whatever. It is a Canadian study bringing high school students in to see what I have just described on a Sunday morning, and there is obviously a lot more to it than that. In a 20-year follow-up study in Canada, it has shown that participants actually have less alcohol related trauma having seen that. It is just an eye-opener. It is a bit like many years ago showing the cancerous lungs from smoking. Sometimes shock therapy is required. Again, I would like to join other people who have appeared before the committee and really take my hat off to the QPS, the Ambulance Service and the other groups who are out there trying to help us combat this problem. Thank you.

CHAIR: You certainly would not have an easy job, that is for sure. I refer to the programs. Obviously PARTY is one. Are there other programs that you try to get those clients into?

Prof. O'Connor: Obviously we treat their initial injuries first and so on. Certainly from an emergency perspective, DABIT is the acute intervention. Because we do not have them for very long—eight to 12 hours or 12 to 24 hours in the emergency department—any more prolonged program would have to be community based. Often that is outside in the community primary healthcare land.

CHAIR: You would try to hook that patient up with their community organisation?

Prof. O'Connor: Yes. A lot of our role is actually to make people recognise that there is a problem. I am not an expert in Alcoholics Anonymous and so on, but I think the first role is often saying, 'I have got a problem and I need help.' That is what we try to do.

CHAIR: You are right: as a society we tend to treat binge drinking as separate from alcoholism and we do not connect the two.

Prof. O'Connor: Yes.

Mr BLEIJIE: Thank you for coming in today. Once people are in hospital for alcohol related violence—and you say 10 out of 25—is testing done by observation? Are there blood tests? Do you do drug tests on them? Are you allowed to conduct drug testing? Is that information put in a database anywhere?

Prof. O'Connor: Obviously there are privacy issues with getting patients to consent to having tests which are not to help him at that time. For example, you cannot really screen everybody. When anybody walks through the door you cannot take blood off them and say, 'We're going to put this into a database.' You have to get consent from them. Often taking a blood alcohol level is not that helpful. We have a breathalyser and we can just breathalyse them. In relation to people who are in motor vehicle accidents, the police come in and take a mandatory blood test for alcohol for that. Urine tests, which is the test for drugs that you are talking about, take two to three days to come back. By definition, they are actually no good in the acute management of that patient. Therefore, it is screening and then there are consent and privacy issues and people cannot consent if they are intoxicated.

If there were to be a screening program of patients in the emergency department, you would probably get very similar results to other studies. There was a questionnaire about problem drinking completed on the Gold Coast. From memory, about 30 per cent of the patients who presented in the 25- to 32-year-old age group had a problem drinking and six per cent of them had had a drink within six hours. I think the figures are out there in various studies, but we certainly do not have a big statewide database of who is doing what.

Mr BLEIJIE: When we attended Cairns and we toured the Cairns Base Hospital with the director of nursing, who took us on a tour at about 2 am, he was talking about these drug kits. He was saying that they were very expensive for the hospitals. Is that the one you are talking about that takes two to three days?

Prof. O'Connor: No, that is just a urine test. It is difficult to justify. It often does not matter what you are intoxicated with; the treatment is actually the same. There are very few recreational drugs that one would take that need specific treatment as in, 'If you take cocaine you take this drug.' It is not like that. The treatment is always supportive, which is generic. It does not really matter what they have taken. For that reason you cannot really justify on-the-spot drug testing. It is very interesting, but it does not actually help with patient management.

Mr BLEIJIE: That is one of the issues that has come up in the committee hearing in determining alcohol related violence and the drug impact on that, which the committee is not looking at. It is trying to find the data for that which is difficult.

Prof. O'Connor: That would probably require ethics considerations and so on, which I am sure could be done.

Mr KILBURN: My question is about the impact this has on the staff. Do you think there is a significant impact on things like your ability to get people to work on those Friday and Saturday nights? Is there an impact from people who genuinely want to leave the job because of the abuse and that sort of thing? Is there a significant impact on staffing in the hospital due to this alcohol related violence?

Prof. O'Connor: I still have to talk within the emergency department and within the realms of my experience. In general, people often self-select to work in an emergency department. That sort of goes back to what is now being regarded as a norm. I know that my nursing colleagues probably have, as I say, been harder hit in that relationship because they are first up and so it is more common that that would happen. Unfortunately, I cannot really speak for my nursing colleagues on this, but certainly, from a medical point of view, the medics who work in the emergency department tend to self-select and we almost expect it. However, we certainly do not expect to be abused and assaulted. You tend to become hardened over the years, I think it is fair to say. Certainly for the more experienced of us it is water off a duck's back—the verbal abuse and so on. Again, it should not be normal but it often is. But our nurses and doctors who have been assaulted—that is a completely different kettle of fish. I do not have any evidence, but I would certainly suggest that if you have been assaulted at work you would be less likely to go back in the morning.

Mr KILBURN: Other anecdotal evidence we have had from different groups is that there has always been violence and there has always been alcohol; however, the violence has become more vicious, if you like. Years ago you might have got people come in who had had a bit of a rough and tumble; now it is a much more significant violent attack. Do you have any idea about that from your experience—whether you think the intensity of the violence, quite aside from the amount of it, has changed over the years?

Prof. O'Connor: I would agree. I would think that, for want of a better word, in the olden days people had some respect for doctors, nurses and health professionals who, at the end of the day, are trying to help them. I think the societal issue again—I think that respect has now gone out the window for whatever reason. As a consequence, if you are drunk you are just as likely to assault a nurse as you are your mate down the pub. Therefore, yes, there is more severity to the attacks. I am not going to mention weapons again, but it has been brought up again in the committee's hearings. Yes, I would agree.

Mr WELLS: Alcohol is a disinhibitor, but it does not disinhibit everyone to commit violence. What is it that predisposes somebody to be disinhibited by alcohol?

Prof. O'Connor: If you are, for want of a better word, an angry person—if your make-up is that you tend to be more aggressive than the person next to you. There are people who are more aggressive than others by nature, and I think alcohol disinhibits us all to a different degree. If you are somebody who may well have an angry personality but would normally control that reasonably well—and younger people, as you know, physiologically and anatomically, have a frontal lobe, which is what controls emotions and anger, that is not fully developed until they are 23 to 24 years of age which is why 17-year-olds get into cars and drive them fast. If you are a young person with a not fully developed frontal lobe and you are by nature an angry type of person, it does not take much of a disinhibitor type of drug to set you off. That would be my general answer. Is that what you were getting at?

Mr WELLS: Absolutely. There is the psychological concomitant control that is pent-up anger and it is also age—biologically related.

Prof. O'Connor: Yes. If you are angry, you will take it out on the person next to you. If that happens to be a healthcare worker, that is just too bad.

Mr WELLS: Thank you very much.

CHAIR: The nurses said that they felt that replacing glass with plastic or tempered glass would make a big difference. I am wondering if you agree with that view.

Prof. O'Connor: Yes. Certainly we see a lot of what we call glassing attacks, yes. As I say, you tend to hit the person next to you or take the nearest weapon to you, and if that happens to be a bit of plastic rather than a bit of glass that is a good thing. I would agree with that.

Mr BLEIJIE: I have one question arising from the question asked by the member for Murrumba. You answered that the frontal lobe was not fully developed until 23 or 24 years of age. In terms of Australia's drinking age, have you any personal opinion about letting young people drink at age 18? Can you express an opinion on that?

Prof. O'Connor: I do not think you should control access to alcohol based on the fact that somebody might go out and hit somebody because they are too young and they have not got a frontal lobe. I think it is all mashed up in society's attitude to alcohol, responsible drinking et cetera. Even though there are biological differences up until the age of 25, people who are over the age of 25 do the same thing from all the signs. I am not an expert on the drinking age, but I would suggest where we have it right now is about right. Again, I am not an expert on that.

CHAIR: Thank you for appearing before us. If we have any more questions we will put them in writing.

Proceedings suspended from 10.30 am to 11.04 am

GRIFFIN, Mr Ian, Director of Training, Academy Hospitality Australia

McGURGAN, Mr Justin, Managing Director, Academy Hospitality Australia

CHAIR: I thank the witnesses for being here today and participating in our hearing. Do you have any objections if the media are recording or would you prefer to have no media in the room?

Mr McGurgan: That is fine.

Mr Griffin: That is fine.

CHAIR: I believe you have received instructions on appearing before a committee as witnesses and can confirm that you have read them.

Mr McGurgan: That is correct.

CHAIR: I ask that you clearly state your name and organisation when addressing the committee and that you speak clearly into the microphone so Hansard are able to accurately record your statements and answers. I invite you to make a brief opening statement.

Mr McGurgan: Thank you and thank you to the committee for allowing us this opportunity to participate. I am the Managing Director of Academy Hospitality Australia. We are a registered training organisation specifically formed for the purpose of fulfilling the role of education of hospitality staff, with a particular focus on compliance related training including liquor and gaming related issues. We train across the state of Queensland. We are based at Loganholme and primarily working in through the Brisbane and Gold Coast catchment area. But we also have trainers providing training opportunities in the Far North in places like Bamaga and some of those areas in the Far North as well as in regional areas right out to the west and down to Coolangatta.

Mr Griffin: I am the Director of Training. With my business partner here, I look after developing the curriculum, liaising with government departments in relation to regulation, making sure that we have information correct for delivery. Likewise, I deliver field training from the Torres Strait across regional Queensland down to the border. Thank you for having us here.

CHAIR: Thank you. The training that we are specifically concerned about would be the responsible serving of alcohol. I know that your academy is doing that. I would like to hear how you think RSA could be improved to make RSA easier for your staff who have to serve alcohol. What could we do to assist them in their role of looking out for those people who may be becoming intoxicated? Are there any other changes that could be made to the curriculum that you think could exist?

Mr Griffin: Perhaps if I could address the committee first of all. I think the responsible service of alcohol in its current format is based on the national requirements through NTIS. So essentially there is a lot of generic information that anyone training in RSA, whether here in Queensland or in other states, will have to cover. Part of the difficulty with the curriculum is that there is little or no detail in relation to things like indicia. What might a liquor server be looking for that is going to be a fail-safe indication that the person should not have any more? It has continued to be an issue for a long time now. It is very hard to make a judgement. Therefore, it is very hard for prosecutors to decide whether a person is in fact unduly intoxicated and disorderly.

In terms of where perhaps this might go—I think greater consultation between the policy developers who look after the curriculum nationally, taking into consideration perhaps in more detail special individual state needs. One of the gaps within that at the moment is the time spent identifying the concerns that our Indigenous citizens might be facing and how very different it is in terms of the approach that is required to deal effectively with them versus non-Aboriginal people in that same environment. That is purely from a curriculum point of view.

There is an awful lot of exposure for people to get RSA training. The formats are now online as part of the government initiative for Smart State, let alone face-to-face classes. The target for this delivery is now, because of the compulsory requirement, going to be people either undertaking employment in the liquor industry or existing employees who have not previously done the training to get them up to speed.

One of the difficulties is the fact that there is a lot of pressure on the industry employers and the liquor industry specifically. The regulations have changed dramatically, the mandatory requirement has changed dramatically and also the investment by employers in training staff in these compulsory programs has become colossal. From an RSA point of view, the penalties could be a \$25,000 fine or a \$50,000 fine, which are maximums, I would agree. Those penalties are explained to students during the training. But, when you are a 17-year-old going to work in your first club or first pub, to be told that within your first three weeks if you get stung this is potentially what you could be up for, it is horrendous. It is particularly concerning for them.

The feedback I get from students quite frequently is: 'Why is that so tough on us when we are 17 or 18 and taking our first jobs? We have not dealt with these people before. But all of a sudden now I am required to handle these difficult situations.' A lot of feedback is that maybe RSA should stay compulsory—it is a good policy; it is about harm minimisation; it is improving knowledge—but maybe there could be consideration of having an age limit for the person who is required to refuse service. The point I am getting at here is that everyone is trained in RSA and understands the importance and understands the

responsibility. But maybe if a person is under 20 years of age there should be an allowance for the venue to implement a procedure where a more senior staff member is consulted who is involved in that refusal, because it is particularly intimidating. From a curriculum point of view and a delivery point of view, they are my comments.

CHAIR: I have heard that people go to their local bottle shops and are known to the kids serving them in those shops. They are local kids serving in the bottle shop. It is very hard to say to your friends, 'We're not going to serve you.' It is very hard for a 17- or 18-year-old to say to anyone, 'We're not going to serve you.'

Mr Griffin: Absolutely.

CHAIR: Your point is quite well taken with regard to bar staff as well.

Mr Griffin: You used that retail liquor outlet as the example here. It also becomes a lot more compromising for staff not in an urban environment like ours in Brisbane or in the suburbs but in remote areas. If we go further north to Rockhampton or Mackay or Townsville or Cairns, there will be retail liquor outlets located in small suburbs that might be the only outlets available for a young person to acquire soft drink or snack food or to get a phone card when all other venues have closed. That to a degree also makes it compromising because people are likely to make more allowances in those areas when the law quite clearly says, 'Unless they are with an adult or they are there to eat a meal or they are an employee, they cannot be there.' That poor retail person is subject to potentially a huge fine.

CHAIR: One of the things I noticed in the busier nightclubs is the fact that there are lots of queues, lots of people in the nightclub and obviously lots of people trying to be served at one time. It must make it very difficult for staff to realise who they have served, how many times they have served them and so forth. One suggestion has been to put more security providers on to watch what people are drinking and how many times they have been up to the bar and to do that work for the bar staff. What would you say about that?

Mr McGurgan: There is a good trend in the industry already, both in this state and with our counterparts in New South Wales, to move to looking at the monitoring of intoxication and age and taking some of the responsibility away from the bar staff and the security personnel who are there to maintain good order and having an independent person who is neither one of the two. The term they are using is an RSA marshal. I am not sure whether that term has been used before this committee, but this marshal has already been used quite effectively by venues that are clients of ours. So it is somebody who is taking that little bit of pressure off the bar staff because they are monitoring every single person who walks towards the bar. It is a good practice. It is already in practice now. It is something that needs to be encouraged, not just for high-risk venues.

Unfortunately for smaller venues it is not practical—they could have two or three staff for an entire small bowling club. It is a good initiative that venues are already doing. It is a good, positive move. It also allows you to make sure that, whilst you have this availability of young, fresh, enthusiastic bar staff, you can have a more mature age person with life experience as an RSA marshal who is essentially going to be able to wander up to people in a non-confronting manner and have a chat to them and measure intoxication. It works very effectively. I think the way that venues are selecting marshals is good. Security officers have certain skills. Bar staff have certain skills. An RSA marshal is all about talking to people and understanding and being able to assess their condition in a non-confronting manner.

Ian mentioned before about the refusal of service for 18- and 19-year-olds. I am sure that the committee will hear how confronting it is to deal with people who are affected by alcohol related violence. It is extremely confronting for young bar staff to be confronted by such a person and have to do a refusal of service. It is not a skill you can be taught straightaway. You have to experience it. As much as RSA training—whether it be face to face or online—portrays the ways and preferred methods of doing it, it is not a rational person standing in front of you necessarily, so it is quite confrontational. Hence the suggestion that maybe it needs to be done by a more mature age person and the responsibility possibly lessened without taking accountability away from those young people making that decision until they have had experience in the industry. It takes probably two or three years before you get a feeling for what this industry is about as a young person.

Mr CRIPPS: Morning, gentlemen. Thanks for making yourselves available this morning. We heard earlier from Mr Roach, who has been a long-term employee in the hospitality sector, about the circumstances that employees in that sector are having to endure and the frequency with which violence is occurring on licensed premises and which is often directed towards them as employees. Your organisation provides training to people working in this sector. Has your RTO given any consideration to changing your training to reflect the perceived need for hospitality workers to cope with violent behaviour in licensed premises relating to alcohol by including it in your training modules—such as self-defence training?

Mr Griffin: Perhaps if I could respond to your question in the first instance. The national curricula I referred to before just provides a generic guideline of minimum requirements. What we have tried to do is to extend that to encompass a whole range of more specific issues—dealing with the person who perhaps is perceived to be under the influence of recreational drugs, talking about what the potential is of being exposed to physical violence, looking at what people have done and what is on the record when violence has broken out.

We spend a fair bit of time talking about becoming a victim. This is where it sort of crosses over from that legal requirement in terms of service control to also lifestyle choice—explaining to people what it is like when you do get supplied with more than is reasonable and have you been taken advantage of? According to the age group of the people doing the training, we will introduce the figures and statistics that are in the public realm. So we might explain a situation where there has been an assault, a rape, a break and enter or a smash and grab event to try to put it into real life.

The issue still is though that within the training environment we can be flexible, we can be innovative, we can show film clips, we can discuss scenarios. The best learning though unfortunately for the person undertaking the training has got to be that first shift on the bar when they are actually confronted with a person who will not listen, who is not interested, who wants to push the point. To back up Justin's comment from before, when you are that very young person, it takes a long time to gain the confidence to be able to do it.

So, yes, we do put a lot of context into it. We actually talk about the negative side of it and get them to discuss, importantly, how they have experienced it themselves. A lot of very young people who undertake training with us—perhaps even in high school—will talk in session about how much liquor they do manage to get hold of on the weekends and how much they can do in a session. They talk about what goes wrong with their friends. So we do include it.

Mr CRIPPS: Can I follow up in relation to the concept of the RSA marshals. You provide training to people who intend to work in the hospitality sector. To do that, you would have an appreciation and an understanding of the demands of working in that particular sector. I think it was Justin who indicated before that RSA marshals are deployed elsewhere in some circumstances where your former students are currently employed, and the anecdotal evidence is that they work well. Based on your understanding of what hospitality workers need to be trained for, do you have a view about what size of venue is the ideal place where an RSA marshal is required? Or is the deployment of an RSA marshal related to trading hours? What type of criteria would you consider to be appropriate for the deployment of an RSA marshal on a licensed premise? Is it the number of patrons, the trading hours?

Mr McGurgan: I am not sure that we are in the best position to select the actual criteria. It sounds like a cop-out to say it is on a case-by-case basis, but it really is dependent because this topic of alcohol related violence is not in evidence in every licensed premises in Queensland. We are only talking certain numbers and it is not necessarily due to the size. We have quite small venues that are high risk. We have some very large, extremely low-risk venues due to the nature of their management. So there is probably not a criteria that size would fit all unfortunately. We would love to be able to come up with it.

But it is a very effective tool, without a doubt. We do have a feeling of understanding that these extra measures that are required of industry are not necessarily helpful. It is the industry generally that understands where the requirement is and they have adopted it openly. There are so many things that are adopted voluntarily. This industry has been surviving for a very long time and it understands quite well the nature of the industry. As a hospitality tragic—'veteran' is probably a better word—with 31 years experience, and the entire career I have had has been in hospitality, I do not see an industry that is any different to what it was 31 years ago, apart from the incidence of what we are talking about. The venues are operated very similarly. So I do not believe there is a magic criteria that would fit.

Mr CRIPPS: If your former students have been trained in the responsible service of alcohol, in what circumstances are they reporting that RSA marshals are being successful? I am trying to understand the reason why some of your former students who are working behind a bar who are trained in RSA necessarily require the deployment of another similarly trained person, an RSA marshal, to be present at that licensed premises in that situation. Is it because of the sheer volume of patrons who are requiring service and the RSA training needs to be supplemented? Is it because there is a particular behaviour being demonstrated during a particular period of trading hours? I am trying to understand better the evidence that you have given in relation to the success of the deployment of RSA marshals and the reason why that might be the case.

Mr McGurgan: I think Barbara stated as well as I could at the start. If you imagine the variety of venues that there are, it is not size, it is the venues that have that high volume of people coming at a bar at one time. So it is nothing to do with the size. We notice in some of the most successful venues in Queensland that there is very ordinary trading during the week and there is one peak night of the week where the trading is exceptional and there are lots of people at the bar at one time. In that circumstance, that is where an RSA marshal is invaluable. If every club and hotel that might be considered medium or high risk has security deployed in the right positions, this RSA marshal would be at that one bar where there are numerous people coming at one time. I think Barbara might have said it herself: quite often you will be serving a person but that person could come to the bar five times in five different positions and you will never see them again. From a monitoring point of view, it is nice to have one or two marshals that have seen that person come up five times. So it is not necessitated by trading hours or size. It is necessitated by a particular trading pattern on a particular night where there is a volume of people at a particular bar.

Mr CRIPPS: Number of patrons.

Mr McGurgan: Number of patrons at a particular bar at a particular point in time. It is a good tool.

Mr Griffin: If I can make a comment. Maybe an option here is to use that idea of a compulsory RSA marshal based on risk assessment. When a late night trading venue has had a sequence of events where they have come to get warnings or breaches, then as part of improving management control it becomes a disciplinary procedure. If you are this particular type of venue and you have caused these particular issues, then a sanction, if you like, to improve and minimise risk would be that they employ and dedicate on duty an RSA marshal to supplement the staff who have been trained.

Mr WATT: Thanks again, gentlemen, for appearing today. We have touched on this a little bit. Ian in particular mentioned that the course your firm offers goes beyond the minimum requirements of the RSA program. I want to make sure I understand this. You mentioned that there is a national curriculum in place for RSA.

Mr Griffin: There is, yes.

Mr WATT: And OLGR in Queensland approves courses as well?

Mr Griffin: OLGR has changed, and I will just explain. OLGR used to be a registered training organisation when it was the Liquor Licensing Division within the department of tourism. They decided to divest themselves of that responsibility and therefore appoint independent registered training organisations who were approved by them according to the experience of staff members and those people registered for the unit, which is SITHFAB009B, which is provide responsible service of alcohol. That is the move the department took.

Mr WATT: So it is the firm that is approved, rather than the content of the course.

Mr Griffin: That is correct. Initially, the department provided the curriculum, provided the visual aids and provided the workbook, so they were developed by the government. With the changes I believe last year, they divested themselves of that responsibility because it is probably more appropriate, according to national registration, that the RTO develops that. But that curriculum has to still be approved by them afterwards. So we develop it and it is submitted to the department. They ensure it meets their minimum requirements and then that is what we operate within.

Mr WATT: I suppose where I am leading to is do you believe that the minimum standards that need to be met under the national curriculum do need to be widened? Are there certain other things that should be taught in every single RSA course rather than being left to the individual RTO to decide?

Mr Griffin: Yes. I think there needs to be a surety that there is more background information to ensure people can see how to apply this. When it could be delivered purely from a bones point of view, I wonder whether they have actually got the skills they need afterwards, so yes.

Mr WATT: I might go back to the transcript, but I think in some of your earlier evidence you indicated some of the things that your firm provides as part of its course that are not included. I do not know if I heard you correctly, but did you say before that, for instance, the minimum standards do not require that people are taught how to recognise that someone should not be further served alcohol?

Mr Griffin: The guidelines in the curriculum say that students need to be aware of signs that could be a possible indication that a person might be unduly intoxicated or perhaps could be under 18 years of age, but it is in those terms. The curricula literally is curricula. It is a direction document. It is not meant to provide detailed information. The role of the RTO is to go and investigate the background information that better fulfils that requirement.

I suppose my comment comes from the fact I would like to believe my course is essentially outstanding. I think there should be a bit more commonality between what everybody is delivering to ensure that we have got similar information and a similar understanding across the board. The national curricula does not require that because it is only about minimum standards.

Mr WATT: My only other question is that in the submission that the miscellaneous workers union made—and I was not here for all of their presentation this morning so I do not know if they raised it here as well—they talked about the idea of refresher courses in RSA. If I am a hospitality worker and I get my RSA qualification, do I need to refresh that course in three years, five years?

Mr Griffin: At the moment, the legislation says that the statement of attainment that is issued by the RTO, including the OLGR certificate, will expire three years from the date of issue. Prior to that expiry date, for you to continue employment you must recomplete the whole course—not a refresher, you must recomplete the whole course.

Mr WATT: So if I want to work in the hospitality sector for 10 years, I would look at having to do the whole course three times?

Mr Griffin: Absolutely.

Mr WATT: That is all of my questions.

Mr McGurgan: Further to that, the Queensland specific content of that course would have to be updated by the RTO. The minimum criteria that is the national competency would remain unchanged. That is where our role is: to constantly keep up to date with the changes and make sure they come across. There are significant changes within a three-year period, certainly.

Mr KILBURN: With your long experience in the hospitality industry, could you make a comment on whether you think there has been a significant increase in the amount of violent activity, or whether there is the same amount of violent activity but it has increased in intensity, or both? Or do you think things are much the same as they always have been?

Mr McGurgan: We have this same conversation constantly. This is probably a conversation that people have amongst themselves. From my point of view, the violence is certainly more evident. You will certainly see it a lot more now, whether it is because of various media or ways of recording it. From an RSA point of view and an industry standpoint from working in the industry, I do not think there has been a whole lot of change from a staff point of view. Staff who attend RSA generally understand these responsibilities. They understand RSA. It is quite a simple course. It is quite easy to understand. They understand their responsibility is to their fellow people. Unfortunately, the behaviour of the customer on the other side of the counter has appeared to change significantly with their different attitude towards themselves and to those in law and order. That appears to have certainly significantly changed.

I can tell you from experience from the feedback we get in our courses that the major concerns from the bar server, the bar manager and the venue manager are not so much for themselves and breaches that they may do because they are aware of their responsibilities. Their concerns relate to what consequences there are for the people who are continuing to do this. It is the minority who are doing this. Even people in our industry are not confronted by violence every day, so we are talking about small pockets, high-risk venues, on occasions.

Their concern is that there are no consequences. They can do the right thing and refuse service and evict people—and they do that—and they understand that role they play quite clearly. But the thing that has changed over the past 20 or 30 years from my observation has been the breakdown in the lack of respect for people—actually for themselves, let alone for others—and that is becoming more evident in the violence we are now seeing.

Mr Griffin: One debate we had on the way here was on that very point. We were discussing with each other whether we honestly believed there has been a huge increase in violence linked to alcohol consumption now compared to what it was 30 years ago when we first went into the industry. My answer was, 'I really don't know,' because the issue is that information is so much easier to get now. There is a lot more media coverage now. Is it that that is exciting a lot of this concern? Is it because there is more coverage and more reporting generally that is increasing this?

Personally, in terms of going out, I am one of those people who are quite conservative now. I choose to go to an area or go to a venue where I know it is safe and secure. I do not want to be going to the late-night venue where I am going to be confronted by the recreational drug user or the loony who has had too much. I think the public make that choice. If they decide to go to a high-risk venue, unfortunately there is a decision they are making that potentially they are going to be confronted by some unpleasanties.

In terms of whether it has increased or not, I think we need to look at the facts and figures. What are the hospital admissions for alcohol related violence 20 years ago compared to now? What are the police report differences? I think that is probably where I would have to come back to.

CHAIR: I think that is all. Thank you very much. If we do come up with any further questions, we will put them in writing. You will get a chance to have a look at the transcript to make any changes if need be, and the transcript will be made public in a few weeks. A final report will be given in March. Thank you very much for being here today and appearing before us.

Mr McGurgan: Thank you for the opportunity.

Mr Griffin: Thank you.

COVENTRY, Mr Neville, Volunteer, Matthew Stanley Foundation

STANLEY, Mr Paul, Founder, Matthew Stanley Foundation

CHAIR: Welcome and thank you for being here and participating in our inquiry. I would like to make sure that you do not have any objections to the media recording while you are answering.

Mr Stanley: No problem.

CHAIR: I also need to confirm that you have received information about appearing before the committee and that you have read those instructions. Thank you. I ask that you clearly state your name and your organisation so that Hansard can record it accurately. Please speak into the microphone also so that they can record your answers accurately. With that, I invite you to make an opening statement.

Mr Stanley: I am Paul Stanley, the founder of the Matthew Stanley Foundation. The foundation started on 23 September 2006 when my 15-year-old son was bashed to death as he was leaving a party. He was bashed to death by a young individual who at the time was 16 years of age and admitted later to the police that he had drunk at least a dozen cans of bourbon and coke prior to attacking Matthew. Matthew died the next day.

Over 150 young people came to the hospital to have a look at Matthew, to stand there in wonderment at how something like this could happen to a young man. I guess it was at Matthew's funeral the following Friday when I stood up to speak and I saw this whole room full of young people who just did not understand what had happened and how it possibly could happen. That was really when we decided that we would get together with a whole lot of people who wanted to do something about the amount of violence that was going on around our young people. Nobody actually knew what that something was going to be, but we sure as heck were going to find out.

We started to deal very closely with the Ys of our area—the Ys being the youngies and the Os being the oldies, like Neville and me—because we understood that, no matter what we think, we know it is different from what the young people know and see. As Os we can help young people get some of the changes that they want that we would never have thought about. The Matthew Stanley Foundation has developed, or evolved, I guess you would say, over the last 3½ years because we have taken time to listen to young people. They are the ones who really have all the answers, because I do not think we do in this room. They have the answers. Neville is the expert.

Mr Coventry: I am the expert on being Neville! My name is Neville Coventry. I am a volunteer with the Matthew Stanley Foundation. Thank you for this opportunity. One of the things I see with the way your committee is structured is that it has bipartisan representation, it has community representation, and it seems to me that one of the challenges we have in dealing with the issue in the community is this business of handing stuff over to government. 'It is your responsibility. You folk better fix it.' What I believe you are doing with this committee is engaging the community. What you get from Paul is that he has spoken to over 100,000 students at schools. So we really are getting to that level.

For me, it is about responsibility at many levels. I just heard about the number of people in a bar. I do not know why you would not put a limit on the number of people who can be in a bar of a night. Where is the responsibility in that? There are various levels of responsibility. We are not about demonising alcohol. I have seen Paul have a drink. It is part of the social structure of our society. What we are about is basically saying, 'Look, we are all in this. We need to partner with the various people involved in the industry and we need to do this together to do something about it.'

'Harm minimisation' is a redundant term. That might be something I do to minimise the burn I get from an iron if I put it on my hand. It seems to me that we ought to be talking about harm elimination. There are lots of good things going on in the liquor and hospitality industry, from certain sectors that are doing something about that, and we would be happy to talk about the partnering that we see.

I guess the other thing we are about is that if we want young people to change—and I know the inquiry is not limited to young people, but young people grow older—and if we want young people to give respect, then we had better give it to them. There had better be some mutual exchange of respect in our society. There needs to be mutual responsibility and mutual understanding of rights. What I have been seeing in the Matthew Stanley Foundation is an incredible evolution of young people—friends of Matty who are becoming the leaders of tomorrow through what we are doing. I think we bring that to the table as well. That is where we are coming from.

CHAIR: Mr Stanley, none of us could imagine the loss and the suffering that you have gone through, but the courage to have this foundation and to keep going is so courageous and we thank you, because we know that your information will certainly go a long way in assisting the committee in trying to do something about this issue.

Mr Stanley: Thank you.

CHAIR: You mentioned being in contact with all those numbers of young people. Is there any one theme that you can tell the committee is coming out? Is it late-night trading hours? Is it accessibility of alcohol? Is there anything that is one big theme that is coming from them all?

Mr Stanley: Obviously I have to generalise, but a lot of young people do not seem to understand the consequences of what is going on. The most popular game floating around that kids play on the computer is *Call of Duty*. You get more points if you shoot the guy in the head than if you shoot him in the shoulder. Young people are admitting that it is all right to smack somebody in the mouth because it happens all the time. You watch a violent movie and you see a guy get belted across the head with a lump of pipe, he shakes his head and he still gets the best-looking girl in the room.

Young people just do not understand the consequences of filling themselves up full of grog and hitting somebody. You always know that a person has grey hair when they start off a conversation by saying, 'When I was growing up things were different.' They were different because in my day we used to drink beer because we could not afford anything else. I do not know whether beer is a much more gentle alcohol to consume, but kids nowadays are getting a bottle of bourbon and pouring it down their neck so they get as drunk as they possibly can as quickly as they possibly can. Young kids are saying to us, 'If you go to a party and you're not smashed off your skull, you're not going to have any fun.' That to me is crazy. You have a lot of fun if you can remember the night, but the kids are saying, 'You've got to be drunk, otherwise you're just not going to have fun.'

We are talking to young people and trying to explain to them that being the young girl in the corner of the room vomiting over her dress is not a very good sight to see. We try to explain to them that there is an alternative to getting blasted off your face. I hope a lot of young people are starting to take a wee bit of notice. The communication we have via the internet seems to show that some of them are. If we save one kid, it is good enough.

Mr CRIPPS: Good morning, gentlemen. Thanks for making yourselves available to speak to our committee this morning. A lot of the issues that you raised, Paul, and that you raised, Neville, are issues that have come up regularly, I would have to say, during our inquiry, which has been going for a few months now. It has been very interesting to hear the range of views put forward in terms of what is appropriate regarding a number of issues that this inquiry is addressing.

This morning I want to ask you a particular question, and it probably relates to your giving a good indication that you have had an involvement from a lot of different people across the community and that your foundation has been particularly community based in its approach to addressing this issue. One of the points that you have made in your submission to the committee relates to the consequences of people's actions and what would be appropriate consequences for people to be held responsible for their actions and their behaviour.

We heard some evidence this morning from an organisation that previously presented to the committee which was quite clear that it wanted the ramifications in terms of penalties for offences to be increased. That was a very strong theme in its proposal. One of the issues that has been discussed is mandatory sentences and whether the community feels they are appropriate in relation to offences that involve alcohol related violence. I note your submission supports those particular types of sentences. Would you provide some commentary to the committee about whether or not that recommendation is based on your views of what the community has been saying to you, because your foundation has been involved in taking the views of the community? That was how I understand that you have been formulating your response to the issue. Is that a widespread community based view that penalties should be strong and should be mandatory in relation to these types of offences?

Mr Coventry: My perception is that in the older population there does seem to be a call for a more strong reaction—for more adverse consequences, if you like—but mainly for people who are repeat offenders. I know that in our submission we have talked about court orders for minimal offences or those things that we call nuisance offences. I heard a prominent footballer say the other day that he had only micturated in public twice. That is the beginning of an issue. I do not think young people have really gone that much down the track of thinking about this. It seems to us that whilst we are engineering cultural change, whilst we are engineering a different attitude to boozing, we need to actually back up our public officials with significant sanctions in a legal sense.

Put simply, it is not enough to put a person in jail. I know it is very easy to trot out the evidence and say, 'Jail sentences do not change people's behaviour.' In isolation, a jail sentence will not, but it seems to me that if we have a person who has repeatedly attacked ambulance officers or police and we actually build in a required rehabilitation process associated with their incarceration then we are talking about a different ball game. We are talking about a particular contract. I guess we are saying do not just impose a penalty, put some other sanctions on as well. It may be that some people need to be banned from frequenting alcohol related venues for particular periods of time. I am not sure how that answers your question.

Mr CRIPPS: Do you have a view, Paul?

Mr Stanley: One of the problems that I see is that you can have all these rules and regulations floating around but unfortunately it seems that the judiciary is loath to administer them the right way. As part of the Youth Violence Task Force that was formed because of Matthew's murder—there are actually three of us here who were actually on the Youth Violence Task Force; Jonty Bush being the other one—one of the recommendations was that the penalty for the supply of alcohol to under-age people be increased to up to \$6,000. That came in about two years ago. It was to be aimed at supplying booze in Brisbane

huge amounts to people going to schoolies and things like that. As far as I am aware, nobody has been charged with the excessive supply of alcohol in two years. It seems to be that the cops are loath to do it in case it goes to court and it gets thrown out and the whole thing falls by the wayside.

We in the foundation plus the Redland City Council started a campaign of promoting this. We put up A4 posters and banners all around the city saying that you can be fined 6,000 bucks for supplying alcohol to under-age kids. People said, 'Shock, horror. Nothing is going to happen as no-one has been busted for it.' You can have all the laws that you want but if nobody is going to take them on board and make an example of somebody it will not work. If you supplied booze to your 13-year-old kid and it cost you \$6,000 maybe somebody else down the line would go, 'Wow,' but it is not happening. Therefore, you can put in whatever penalties you like, but if they are not acted on they are a waste of time.

Mr WATT: I very much commend the work of your organisation. I know it is widely respected throughout the community and in government. Many of the submissions that we have received for this inquiry have related to ideas to control alcohol related violence in licensed venues. It is a bit different in your situation as the events that gave rise to your son's tragic death happened at a party. We have not really heard a lot of information from people about what can be done to reduce alcohol related violence in party situations.

The recommendations that you have made mainly relate to things that we could do around licensed venues. Do you have any further thoughts about things that we could do to reduce violence in party situations, whether they relate to the values that we instil in young people or what we can do to stop gatecrashing? It is an open-ended question.

Mr Stanley: When the foundation first started I made the comment that we all wanted to do something and we did not know what the something was. I got approached by the QPS to have a look at a leaflet called Party Safe. Party Safe has a whole list of recommendations and suggestions for people who are having a party. If you follow them there is a good chance that your party will be remembered for all the right reasons, not like the two boys whose 18th birthday it was that Matty was murdered at. It has simple things like telling the police about your party. 'Gosh, you could not do that because the cops will know and they will ruin our party,' they say. That is not the way it is done. We started standing on street corners handing out these brochures to people. We said, 'Are you having a party? Follow these recommendations and you will probably have a good time at it.'

While the Party Safe Program was there the only place you could get the leaflet from was the cop shop. Who wants to go to a cop shop? The police are in there. Nobody wants to do that. Most people do not even know where their local cop shop is. Why would they go along to a place when they do not know where it is to pick up a leaflet that they did not know existed in the first place. You ask people around the Redlands city about Party Safe and they know about it because we spent the time standing there handing these leaflets out. We handed out thousands of them. I think it is somewhere over 30,000 leaflets that we landed out. I got asked by the QPS to stop it because they are too expensive to be handing out willy-nilly.

It is education that we need to have. We have to make parents aware of the fact that there is something like Party Safe and that it is not, as young people say, gay to tell the cops about it. It is not horrible to have a safe party. At the end of the night do we want the kids to walk away with smiles on their faces and say, 'Wow, wasn't that fun,' and think it was worthwhile or do we want them to say, 'The party at Brompton Street was where Matt Stanley was murdered,' because the party was not supervised properly. It is not hard; it is not rocket science.

Do not listen to kids when they keep harping at you and try saying no. As parents we do not do enough of that nowadays. The kids go bang bang in your ear, 'I am turning 16 in a fortnight's time, can you get a case of bourbon and coke for us?' To shut them up we as parents tend to do it. You have to learn to say no and follow a simple thing like Party Safe as it really works.

Mr Coventry: There is evidence of this in our community. I do not remember the actual stats—maybe you do, Paul. Our young people have delivered this to shops. We have distributed it at public events. We have done it all over the place. The police actually reported a lower level of negative incidents in our community clearly as a consequence of that activity. It is not hard to see why.

One of the things that the police do is do a tour around knowing that there is a party at a particular location. If they see a bunch of young people wandering down the street with a few cases of grog on their shoulders and they are heading in the direction of somebody's party the police will not necessarily throw them in the paddy wagon and do what they did when I was a kid but might ask them where they are going and turn them around and if they should not have that alcohol do something about that.

The only other point I would make about this is this. We saw on MSN the other night a poll—should you have a bouncer at a party? I wish we could get away from this language. There is this idea of having a bouncer, a tough hombre, there that will scare the daylights out of people. When we start talking about things like that we are devolving responsibility; we are handing it over.

What is the role of the parents while all of this is going on? What about the young people? We find by having dialogue with young people that they change their behaviour. One of our young people the other night talked about going down to the Gold Coast as a red frog. I guess you are familiar with that. He saw a group of adolescents who did some weird chant and had their shoulders out and were marching down the street. They were ready to create havoc. He sidled up alongside them and started talking to them. By the

time he was finished they had lowered their shoulders, changed their posture and walked in the other direction. We can actually work with young people themselves. I think we have to give more respect to their capability, but give them the resources. We are seeing it with the kids that we are associated with. I apologise to all of them for calling them kids but relative to me they are.

Mr WATT: I was going to pick up on the point that you made earlier, Neville. You said that we expect young people to show respect but we probably have a way to go to treat them with respect as well. I am interested in some of the feedback that you are receiving from young people. It is probably inevitable that in this inquiry we have mainly been talking to older people about young people today. We all have our views about that type of thing. I think it is really important that whatever recommendations we come up with work among young people. I am interested in the things that young people are telling you that would help to get the message through.

Mr Stanley: I guess one of the things that young people want is that they want to be treated like adults when it suits them, of course. When they want to be taken down the road to their mate's place after dark it is all right for you to drive them down there and treat them like a kid.

I think it comes back to a thing called education. As older people we have to understand that what young people go through nowadays is totally different to what I went through when I was growing up. We did not even have televisions when I was growing up. I can remember the first television. Now kids can sit here and pick up a telephone and talk to somebody in Moscow or wherever. The communication level that young people have now we never would have thought about. Flash Gordon had a wrist TV type thing in my day and everybody said, 'Yeah, right.' I have a television set on my telephone.

We have to listen to young people. We have to allow them to tell us what they want and then, and Neville actually said this, say that we have the skills to be able to give them what they want and need. I do not understand what a lot of young people need and want, but I am starting to learn that unless we listen to them and unless we help them get what they want we are not going to get anywhere.

I get quite frustrated at times because I will talk to these young people and I will see them looking at me and then the shutters go down and they are in la-la land. Later on you ask the kids, 'What do you reckon you can do?' I said to Murray before that I was at Gin Gin and speaking at a primary school. At the end of the Matty presentation I said to the kids, 'Are there any questions you would like to ask me?' This little girl put her hand up. She would have been in year 5 or year 6. She said, 'Matt's dad, what can us kids do about all the violence that goes on?' Other than wanting to put her in my briefcase and plonk her on this desk here and let her say that to you people and everybody else, they are the people we should be getting this message across to. I do not believe that we can change the attitude of year 11 and year 12 kids and the ones who have just left school. I do not believe that we can do it. I think we have lost them.

We have to go back 100 years and start then or at least get to the young kids in primary school and change their attitude to things and make it so that it is not cool to be the toughest kid on the block and it is not cool to smack somebody in the mouth because you can. We have to get them to make that decision, not us. We have to ask them to do it for us. I hope that answers your question.

Mr KILBURN: One of the ads that I have had some feedback on from the community is the ad with the young children watching their parents' behaviour. That seemed, with the parents I have spoken to, to really shake them up a bit.

Mr Stanley: That is the one where the guy keeps asking the son to get a beer for him?

Mr KILBURN: Yes. I think that affected those parents a bit. None of us are perfect parents. We went to a youth forum in Kawana. Some of the kids said to us that the only reason they drink is because they know other kids will. They do not really want to but if someone is and they do not then they are out of it but if no-one is it is fine. To affect those kids in year 6 the parents have to do it. We cannot expect teachers to do every job of a parent and the government cannot do it. Do you think there is a bigger need to focus on the parents of those younger people?

Mr Stanley: Definitely. I 100 per cent agree with you on that. We went to a youth forum a while ago and we asked the question, 'What do you want your parents to be? Do you want them to be your friends or your parents?' Some 99.99 per cent of the kids said that they want them to be their parents. It is as simple as that. They look at us and they hate what we are saying to them. They hate it when we tell them what to do, but if we don't no-one else is going to. As I said before, we have to learn to say no to our young people, learn to be parents and say, 'This is the reason I don't want you to take a bottle of bourbon to a party. Firstly, I could be fined \$6,000 for it—and not necessarily in this order—and, secondly, it's not good for you. You don't see me sitting down slugging a bottle of bourbon down my neck before I go to a party, so maybe it would be a good idea if you didn't, either.'

In terms of peer group pressure, we have to educate young people to say to each other, 'It's not cool to be smashed off your face. It's not cool to vomit over your brand-new party dress,' because they are not going to listen to us but they might listen to their friends. It has to come from everywhere and, as you say, we cannot rely on the teachers to do it all. They have got enough on their plates now.

Mr BLEIJIE: Thanks, Paul and Neville, for coming in today. You have hit the nail on the head in terms of my feelings. I would, I guess in your category of Ys and Os, still be a Y being 28.

Mr Stanley: No, you are not.

CHAIR: It depends who you talk to.

Mr CRIPPS: You're dreamin'!

Mr BLEIJIE: I was 28 last week, so it is grey hair from now on! I believe there has been a cultural change in society over the past 10 years. I was brought up around pubs, but I never drank because Mum and Dad and my uncle who owned the pub did not allow it. But I was always having dinner at the pub and so forth. Then I turned 18 and I started to enjoy the nightclub scene, but I could always drive myself home and I was always the designated driver. But from when I was 18—10 years ago—compared to now, there has certainly been a cultural change. I saw it in my sister. They would just want to go out and the outcome of that would just be to see who would get drunk the most and the quickest. You were talking about the kids and the fact that you cannot educate the year 11s and year 12s now. There has to be a total re-engineering, I believe, and what age are we looking at here? It is no use Redlands putting your brochure out. You cannot just educate the children of Redlands without educating the rest of the state, because they are all going to mix and mingle and the word is out there that it is a drug. What age are we looking at here?

Mr Stanley: I think you have to be looking at probably year 5 and year 6 as almost the latest time. There was an antibullying program that was brought into the education system a while ago. To a certain degree that was a good thing, but it was almost too focused. I do not know the specific answer to your question except that it should be as early as possible and it should not be confronting for the kids to educate them, because if you say that you are going to teach your kid and you say, 'Do you want to learn about this? Do you want to go to a driver education centre?', they will say, 'No, because I can drive.' If you ask them, 'Do you want to go to a skidpan and act like a yahoo and broadside around the thing and there's going to be a top racing driver there who can help you out with how to do it properly?', they will say, 'Oh, yeah, I'd do that.'

We have to be starting with the young kids and just have it as part of the culture: we do not accept the fact of going out to a party and getting smashed off your skull. You are not going to do it when you are eight or nine years old, so how about we just make that all the way along the line so that when you turn 16 and 17 it is just not the done thing? It is not looked up to for a person to drink a dozen cans of bourbon and coke and still walk or still drive his car. We have to change that culture and get it in really early. You mentioned that it is no good just doing it in Redlands. That was a state-wide project—the \$6,000 fine—and it looks like we were the only area that really took it on board.

Mr BLEIJIE: Yes, with those brochures and those things that you had standing—

Mr Stanley: The Party Safe campaign is something that every state in Australia has got; it is just worded slightly different. We just have to start educating the kids as early as possible so they do not know they are being educated. You only have to take the antismoking campaign over the years. That has been going around for 25 years. It does not seem to work, but there are a lot less people smoking now than used to be the case.

Mr Coventry: If I could add something to what Paul is saying. It seems to me we need to step a bit broader to focus on alcohol. It seems to me if we give our children the capacity to develop a positive self-concept we give children the language to be able to say no to danger. This is terribly sexist, but we help males to have emotional literacy to be able to talk about their feelings. There are a whole lot of behaviours that surround personal development so that when a young person hits their adolescence, with all of the turbulent hormones and exposure to various things that are going on, they actually have some language resources and behavioural resources to say no to dangerous situations. It is not just alcohol. It is bullying, it is the internet, it is predators, it is lots of things. They all relate, and alcohol is one special character of it.

CHAIR: There being no further questions, thank you for participating today. You will receive a copy of the transcript. You will be able to go through that and if there are any changes let us know and then that will be put out into the public domain. The final report will be released in March.

Mr Coventry: Thank you for the opportunity.

Mr Stanley: Yes, thanks for the opportunity.

HOMEL, Professor Ross, Griffith University

CHAIR: We appreciate you giving us your time to be at this hearing today. Do you have any objections if the media records while you answer?

Prof. Homel: None whatsoever.

CHAIR: Thank you. You would have received instructions to appear before the committee and you have read them?

Prof. Homel: Yes.

CHAIR: With that, would you like to make a brief opening statement?

Prof. Homel: Yes. A couple of days ago I did fax a two-page document which outlines the basic tenor of my remarks today and I will speak to that. However, I will preface my remarks by saying that this is an area I have been working on and researching in for over 20 years in several parts of the world and in several parts of Australia. So I have developed fairly strong views about what works and what does not work based on the international scientific evidence. What I am going to try to do today is give you the best shot that I can of my synthesis of what the evidence says is going to be effective in reducing crime, violence and disorder in and around licensed venues. So that is where I am coming from.

The other preliminary remark I would make is that the context we are all working in and the context in which we are worried about crime, violence and disorder and injuries is one in which there has really been more than 20 years now of pretty extensive deregulation—freeing up of markets generally across all spheres, including the alcohol retail market. In real terms, alcohol is much cheaper now than it was when I was growing up—that is relative to wages and the capacity of people to buy things—and it is much more freely available as a commodity in many more settings than it was when I was a teenager or a young man, and this is true in most parts of the developed world. There has been very extensive deregulation particularly linked with obviously economic objectives, improving productivity and the prosperity of all Australians but in particular revitalising city centres.

Many entertainment districts that are characterised by problems around the world are formerly docksides or they are old inner-city warehouse areas or traditional red-light districts that have been gentrified. There has been an attempt to use deregulation to contribute to city economies, particularly in order to revitalise urban areas. Lurking behind much of the deregulation around alcohol and the town planning decisions is this idea of civilised Mediterranean or civilised European drinking—the idea that what we want to encourage is free access to alcohol where people can enjoy a very widely consumed commodity but in civilised environments like the restaurants with outdoor eating and so on. It is part of the vision for the creation of this European style of drinking. I have to say that all of the evidence points overwhelmingly to the failure of this vision. Deregulation in most respects has not led to improved civilised drinking; it has actually had the opposite effect, particularly in parts of Melbourne but in all other capital cities throughout Australia. In fact, there was a wonderful quote from the mayor of Manchester some years ago where he said, 'Yeah, it is pretty European out there—perhaps a little less like Paris and more like the Somme.' I thought that was a pretty good summary of what a lot of people are now saying about what is going on, particularly in UK inner-city areas at night as part of the night-time economy.

With those preliminary remarks, we are not going to be able to turn back the entire tide of deregulation but in fact I am going to be almost sounding to you in the next few minutes like a blast from the past. In terms of the international evidence on alcohol and alcohol harm as summarised in this book of which I am an author, *Alcohol: No Ordinary Commodity—Research and Public Policy*, which was an international book published five years ago endorsed by the world health authority, the basic message of that book is that if you want to reduce alcohol related harm, injuries, violence, accidents and chronic disease associated with alcohol you have to make it harder to get, make it more expensive, reduce the number of outlets, increase the drinking age—do anything to limit access to alcohol. Now that is the unpalatable product of public health research. That is just the fact. If we were really serious as a society about dealing with the kinds of problems that Paul Stanley and no doubt many others have been talking to you about, all forms of alcohol would be far more expensive than they are now. That would be the simplest thing to do which would have the most significant benefits to community safety, health and wellbeing.

Clearly we have to work within the realms of political possibility. So that is my first category of countermeasure—very well supported internationally, extremely unlikely to be strongly supported within the Australian culture. Having said that, as I noted in my fax, I did observe with some pleasure the rumour a few weeks ago that as part of the Henry tax review alcohol taxation in Australia might be rationalised with taxation linked to percentage of alcohol by volume. If that resulted even in a moderate real increase in alcohol prices and linked to the strength of the various beverages, that would be bound to have very significant benefits. So let us keep our fingers crossed on that.

In terms of the issues which state governments are faced with, these include the licensing laws and the regulations that go with that. Probably the most significant challenges have to do with the number and density of outlets. There is pretty clear evidence now that proliferating the number of outlets, particularly in a small area like Surfers Paradise or Fortitude Valley or Caxton Street or wherever, is not a good idea. In fact, not only is there a steady increase in the incidence of violence and other problems associated with alcohol, but as you increase the density of outlets there is actually an exponential increase. It actually goes up. As you reach a certain threshold of density, the negative effects go up even more rapidly. The addition

of one more premise has a disproportionate impact on the amenity of the whole district. So I think you should as a committee be thinking very seriously about the evidence on density and number of outlets, particularly in these problem areas which are mainly dotted up and down our coastline in the various major urban areas.

The second category of countermeasures—so leaving aside those large scale measures that have to do with licensing provisions or with price of alcohol and so on—is summarised in this book which I published two years ago with my colleague Kate Graham from the Centre for Addiction and Mental Health in Ontario titled *Raising the Bar: Preventing Aggression in and Around Bars, Pubs and Clubs*. I have distilled the evidence that we reviewed in this book into three suggested countermeasures. One is targeted policing of problem establishments based on what is known as ‘last drinks’ data. This is where police collect information from offenders or people who come to their attention as to where they have been drinking, particularly their last place of drinking. However, we would recommend in fact finding out where they have been drinking over the whole evening, including how much they had before they actually left home. This problem of preloading is now an international phenomenon. People are drunk by the time they actually get out to the nightclub district or to the pub.

So it is not only targeting problem establishments as identified from police data where those questions are asked but also triangulating with accident and emergency data—and we have no established system for doing this currently in Queensland—and also ambulance data. I know what I am talking about here, because I have been supervising a PhD student for the past three years who is doing an in-depth study of the Surfers Paradise area. We have tried to bring together those forms of data and it has been a nightmare. The poor lass: I feel guilty every time I have a meeting with her. I feel, ‘What have we done to you for this project?’ It has been an enormous nightmare, although it is coming now to a conclusion and we have had some very good results out of her analyses. But it has been extremely difficult to bring those different forms of data together.

If we had any other public health problem or any major disease like cancer, swine flu—you name it; anything that was such a major drain to our economy and which affected so many people, any other kind of problem—we would take it for granted. We would be outraged if there was not accurate information about the incidence of heart disease, the incidence of cancers of various kinds and if we did not support the research to deal with these things and to help prevent them. It is astonishing that we do not have in 21st century Queensland reliable systems for monitoring the incidence of alcohol related violence, crime and disorder. Police data on their own are not satisfactory because only a minority of assaults, for example, are ever reported to the police. Often—particularly young—people will get treated by an ambulance officer or they will go home and then they will call a doctor later or go to the hospital later on and many assaults, of course, do not occasion injuries that are serious enough on that occasion to need medical attention. But next time it could be different. We do not have good data systems, so this actual initiative of targeting problem premises needs a fair bit of infrastructure behind it in order to be effectively mounted.

Having said that, you can do a great deal—and we know this from the New South Wales experience with the Alcohol Linking Program—you can do an enormous amount just with police data. It is relatively little extra work for police to collect routinely this last drinks data and I think in Queensland they are already collecting data that are similar in many locations. So it is not a huge step. So, having emphasised the difficulties of a comprehensive system of monitoring, we can make a very good start even with what we currently have available.

The second key component in terms of my second category of countermeasures is training for all bar staff—all employees of licensed venues—using the Safer Bars program that has been developed by the Centre for Addiction and Mental Health in Ontario. This has been tested in random control trials in various cities in Ontario and it is directed not at the responsible service of alcohol, for which the evidence is pretty murky in terms of whether it really reduces the incidence of violence, but rather it focuses on the actual problem, which is dealing with aggressive behaviour. So it is a training program that teaches all staff, but particularly bar staff and bouncers, or security staff, how to identify potential aggressive behaviours or incidents, how to intervene early in a non-violent way to defuse incidents and to minimise the incidence of aggression, aggressive behaviour and certainly to avoid the escalation of aggressive incidents, which often does occur currently when security staff intervene.

I will not go into what we know about bouncers, which is a fair bit. They are as much a part of the problem as they are a part of the solution. So anything we can do, using proven training programs to improve the quality of our staff in these establishments, the better. We are finding in our current work that many licensed venues—many managers and licensees—are very, very keen to pay for this kind of training themselves. Obviously, you would have to look at how you could roll this out state-wide. We have the licence at Griffith University currently for the program, which we would be very happy to make as freely available as possible should the committee be interested in exploring that or if Queensland were interested in pushing that particular approach.

The third critical component is what I refer to as community mobilisation. I actually think there is a typo in my fax. It says ‘community immobilisation’. That was my secretary mishearing what I said. Community mobilisation is a strategy of community organisation in working with community groups, parents, chambers of commerce, local councils—key stakeholders. We developed this method called the safety action model during the 1990s initially in Surfers Paradise and then we replicated this model of intervention in Cairns, Townsville and Mackay with extremely encouraging results. We sent teams of

student observers in before and after the intervention as unobtrusive observers and we counted the number of incidents of aggression and violence and observed much else about the environment as well. We were able to get very accurate information on the effects of the intervention. That was consistent with the police data as well and also security data. So we know this works—this system of community mobilisation—and it is all published and is available in the literature on how to do it. It is interesting to me that Queensland has never picked up on the only proven violence reduction program in nightclubs and bars that I am aware of that has ever been trialled and tested in this state. So that is my second category of countermeasures.

The third category of the countermeasures I am sure this committee is spending much time looking at. These are things like the 3 am lockout, the replacement of glass containers with plastic of various kinds and ID scanners. I heard on the radio the other day about yellow and red cards being issued to problem patrons in the Atherton Tablelands. It seemed to be very effective. Some of these measures are probably useful. I am a strong supporter of the plastic containers, because that should significantly reduce the incidence of lacerations and serious injury. But what you are not doing there, of course, is actually reducing the incidence of violence or the incidence of the aggressive behaviours. So you are not going to the heart of the problem, but you are minimising the damaging effects. So, yes, that is a good idea. I think you should definitely support that.

The 3 am lockout is a complete, absolute 100 per cent failure from all of the data that we have been able to observe. I will just say that dogmatically. You can interrogate me at your will on that one, but I can defend that statement. It is what I regard as a politically attractive but completely ineffective strategy. But it is effective in the sense that it got the problem off the front page for a while. If that sounds excessively cynical, I am an academic researcher and a community activist. You are politicians. You have to act in the real world. You have to be re-elected; I do not. So I understand the constraints within which you are working and I am certainly not opposed to measures that are both politically palatable and effective. But it is the combination of the two that I am looking for. The 3 am lockout was probably worth a try, but I think the evidence is pretty much in that we need to do an awful lot more to address the problem. That is probably quite enough to start with.

CHAIR: Okay. In terms of your statement about the density of clubs in certain areas, would you be proposing more nightclubs, more clubs out in the suburbs, out in the local taverns?

Prof. Homel: That is a really interesting question. I have highlighted the problem of density, particularly in places like Surfers Paradise. One of the interesting things we found in our own research, which is reviewed in this book—*Raising the bar*—is that that is not the whole problem and that the suburban tavern can be a major part of the problem. It can actually have higher rates of crime, violence, injury and aggressive behaviour than many of the establishments in these so-called problem areas. So to answer your question, as a public health and community safety measure I favour reduction in the number of licences. Get them down as far as you can. I mean, let's be honest. That is the public health message.

CHAIR: Okay. So, therefore, larger venues with larger numbers?

Prof. Homel: A very, very bad idea.

CHAIR: I am just wondering how you keep up with the market if you reduce all of this.

Prof. Homel: You make life as unpleasant as possible compatible with political reality if you are interested in community health.

CHAIR: But if there are no clubs for a young person to go to, I am thinking that the backyard is going to be looking pretty nice and I do not want to be living next door to them.

Prof. Homel: No. I understand entirely what you mean because I am living next door to one of them at the moment.

Mr CRIPPS: One your students, Professor?

Prof. Homel: No, it is a bunch of young people renting the house next door. Let us just persist with the stereotypes. The reality is that we are already seeing a very large amount of drinking and rowdy behaviour and serious problem behaviour in backyards. Your point is a good one—that encouraging as much of that to happen in a potentially well-regulated environment like licensed premises—is a sensible strategy and I agree with that. It is much easier in principle to regulate and civilise the nightclub or the pub than it is the suburban backyard if things are getting out of control. Instead of setting one context against the other, I would rather try to civilise both. I think the police have taken some very good initiatives here. You can register your party if you are running the party and you can take other measures as well, like hiring security if you are planning a really big event. I have seen instances recently where that has not worked, I might add, where the numbers of young people turning up have proven so overwhelming that the whole thing has had to be closed down. I think there are ways, though, of regulating or civilising the backyard environment, or the private party environment in partnership with police and with communities. I think we could do a lot more consultation with parents and community groups in order to develop protocols or guidelines for this, because it is going to keep happening and kids are going to keep using SMS and email until you get this phenomenon of swarming, which has been a particular problem in Western Australia and which is also emerging here as a significant issue.

So I take all of that on board. I understand exactly what you are talking about, but I think we should be not substituting one problem for the other. I think we still have to do something about the public drinking environment and that is the focus of my remarks today.

CHAIR: Thank you.

Mr CRIPPS: Professor, good afternoon and thank you for making yourself available to speak to our committee. Your first category of countermeasures are obvious and make a similar argument as if I were to say that if I were serious about the road toll I would take cars off the road and if I were serious about obesity I would ban sugar and fat being sold. As with access to alcohol as a product, that would certainly have all of the results that we are striving towards in terms of the incidence of alcohol related violence and so on. It is good that people such as you, who are experts in the area, realise that there are other realities that we have to deal with in society in relation to the demand for that product and the demand for people to have the freedom to use their own motor vehicles and buy what they want at the shops.

I want to invite you specifically and give you the opportunity to expand on your comments in relation to the 3 am lockout. In addition to holding public hearings like we are today, the committee has undertaken a number of inspections, mostly of entertainment precincts in major cities across Queensland, including in provincial cities in the north, in Brisbane itself and on the coasts. We have heard a range of views about the effectiveness of the 3 am lockout. Obviously, owners of licensed premises are not in favour of the 3 am lockout because it limits the patronage that is available for their venue and thus the commercial activity that takes place at that venue. In contrast, the duty manager at the time is a particular fan of the 3 am lockout because it controls the variable in terms of new patrons coming in at that time of night or early in the morning, as the case may be. So we are getting these contrasting views and different feedback depending on what part of the hospitality or entertainment sector you belong to. I give you an open invitation to expand on your earlier views in relation to the 3 am lockout so we can get yet another view.

Prof. Homel: All I can do is summarise my reading of the scientific evaluations. Most of the evaluations that I am aware of have been done by Dr Gavan Palk, a colleague of mine who works at QUT and also as a private consultant. He has done some very careful analyses utilising data from police looking at one month or two months prior to the introduction of the lockout and then a short period afterwards. That shows, as I think I said in my letter, at least short-term effects for non-violent crime. Some of those effects are reasonably positive. What we can conclude from that is that there are probably some short-term benefits.

My stronger statement of scepticism earlier is based on the much more detailed and in-depth analysis that my PhD student Dominique Murray has been doing in Surfers Paradise, which is where it was introduced first. She has been able to collect what is known as time series data. That is, she has got the year data prior to the introduction of the lockout and then two years afterwards. Not only has she done a very rigorous statistical analysis of not only violent crime but also other forms of crime and disorder in the area, I might add, based on a very careful quality control exercise on the police data; she has taken great care to look at unique incidents. Often police will record three or four incidents for what is in fact one incident. That is because three or four people have been charged and there end up being different records in the database. She has reduced it down to the unique incidents so we know what we are dealing with. She has done this time series analysis and that shows no effect. The only thing that really has an effect on the levels of violence is the seasonality which is associated with the major events—schoolies, Indy, new year and so on.

Interestingly, she has also done an analysis of the spatial impact of the 3 am lockout. One of the things you might expect is that the lockout would have just displaced problems from perhaps inside the venues or in front of the immediate venues to other locations within the area as people mill around frustrated that they cannot get back in and are rather drunk. She found no evidence at all for that. It was put to us by some people from the Gold Coast council when we did a presentation of this data to them a couple of weeks ago that the number of licences had actually increased in that time. The increase in the number of licences would tend to reduce your estimate of the effect of a 3 am lockout if it actually did occur because the number incidents would be going up. However, they would have gone up even more after the lockout because of the number of new premises. She has found no evidence to support that because when you look at where the new premises have been established there are no more incidents of violence there. In aggregate, there is no change.

We have not been able to find any evidence at all for any category of crime or any offence category of any effect whatsoever. That is for the Surfers Paradise area. To summarise, yes, it may have had some short-term effect on non-violent incidents. That is what Gavan Palk's analysis suggests. If you are interested in reducing violence, as far as our in-depth analysis of Surfers Paradise is concerned, there is absolutely no evidence of effectiveness.

Mr CRIPPS: Would you consider the proliferation of licences to be an increase in the availability of liquor overall?

Prof. Homel: Yes.

Mr CRIPPS: Why is there not a corresponding increase in relation to alcohol related violence—

Prof. Homel: There has been.

Mr CRIPPS:—in a particular precinct? The variable you were talking about was just the 3 am lockout?

Prof. Homel: That is a good point. Apart from the ups and the downs associated with those special events, the graph is essentially a flat line for those three years. Yes, you have made a very good point that the additional premises in Surfers do not appear—at least in that one-year window—to have had a discernible effect on the aggregate levels of violence. That is not consistent with the larger body of literature that alludes to the effects of increasing density. Yes, so that is an anomaly. Thank you for pointing it out. It is a good point, actually.

Mr WATT: You have just touched on this, but one of the problems that we have really struggled with throughout this inquiry is the lack of data. There is a community perception that alcohol related violence is on the rise. We do not seem to have been able to track down data which actually proves that. You referred to the difficulties that your PhD student is having with data issues as well. Are you in a position, through her research or any other research that you have seen, to reflect on whether you believe alcohol related violence is on the rise?

Prof. Homel: What we do know is that there is reasonably reliable evidence that crimes of violence are increasing, particularly involving younger people. This has been of great interest to criminologists because it is the only category of crime that has continued to increase over the last few years. Most other categories have gone down over the last few years. We have actually been in a situation of overall reducing crime rates. But why not the violent crime?

There is no argument that alcohol is one of the constant and significant ingredients in alcohol related incidents. There is also no doubt that over the last 20 years there has been a fairly significant increase in accessibility. We know that, particularly amongst young people, patterns of consumption, particularly hazardous patterns of consumption, have increased. We know that through the national drug surveys.

It is a very plausible hypothesis that one reason for the increase in violent crime is the growth in inappropriate and hazardous forms of drinking, particularly amongst young people. Because we do not have a good measure specifically of alcohol related violence, which we could get if we had good accident and emergency data and we combined that with ambulance and police data—in other words we do not have a reliable monitoring system—we are not able to say with 100 per cent certainty that alcohol related violence has increased in Queensland or in any other part of Australia. However, I would be prepared to lay odds that that is the case.

Mr WATT: That seems like a plausible statement.

Prof. Homel: Plausible but we would have to say not proven.

Mr WATT: I agree. Another constant refrain that we have heard in this committee is a view that we need to be really focusing on individual responsibility for actions, and there have been a number of calls for tougher sentences and various other measures which really go after the rogue elements out there. It seems to me that you are putting forward a different proposition, that there actually are measures that can be taken that, let us face it, would have an impact on all patrons, not just the rogue elements out there. If I am a well behaved person who can be trusted to be out until five o'clock in the morning some of the things that you are putting forward would impact on my ability to do that. I am just interested in how you weigh up the impact on the 99 per cent of people who do the right thing by limiting their civil liberties as opposed to limiting the civil liberties of the one per cent who do the wrong thing?

Prof. Homel: Your point about individual responsibility is absolutely correct. That has been a part of this deregulation trend—removing the responsibility from the providers of alcohol and putting it back on the patron, the individual. That goes, of course, with the call for tougher penalties, because once you make the individual patron responsible how do you persuade them to do the right thing? Tougher penalties is one obvious idea. It is a truism in criminological research forever that tougher penalties on their own do not do very much at all to influence behaviour in the absence of a plausible threat. In other words, if you think you are not going to get caught or if you are so drunk that you are not capable of thinking about that, then the prospect of tougher penalties some months later in a courtroom is hardly likely to be a factor in your thinking.

My own baptism of fire in this field of alcohol research many decades ago was with random breath testing. I was a major proponent of it and one of the major supporters of mass random breath testing. That was the focus of my PhD, my evaluation of the New South Wales mass breath testing back in the early eighties. That is a population-wide measure. It inconveniences everyone, including me, periodically, but the road safety benefits have been enormous and continue to be enormous, including a reduction in accidents amongst the higher blood alcohol level group—not the elimination of that group but a significant reduction. There is a very, very important principle of population health here, and that is that small reductions in risk amongst a large number of people at low levels of risk has a higher aggregate impact on the problem than large reductions in risk amongst a small number of high-risk individuals. In other words, an effective population intervention is more beneficial for everyone including the problem drinker or the person with the problem behaviour than highly targeted countermeasures directed at that problem population.

This is counterintuitive. It is one of those principles of preventative health that is well known to researchers and academics but sounds very puzzling when you put it out into the public arena. Having said that, measures that try to civilise the environments of drinking very broadly, which is essentially what I am on about, are not incompatible with measures that also target problem groups. I am by no means

opposed to that. In fact, I am a very strong supporter of many of the things that Mr Paul Stanley and others have been saying. We do have rapid changes in our culture. I am the father of four children including an 18-year-old male. I think he is from another planet. I am getting old; I can see that. Yes, that generation is a challenge and there is no question that as well as attempting to civilise environments broadly through widespread countermeasures we should be engaging—we often say 'education' but, again, the scientific evidence is almost zero for its effectiveness—in, let us say, targeted measures which not only punish—we have to have that, but much more creative than that—but also engage effectively with high-risk patron groups. And I will include amongst patrons the pre-18-year-olds who are drinking in the backyards and elsewhere as well as those drinking in public establishments. The nature of those creative countermeasures is probably the subject of a discussion that we will have to have on another day. I think you need a balance between the targeted and the universal.

My last comment in response to your question would be that I think we have overdone individual responsibility. The recent High Court case which said you cannot use the common law to hold the premises responsible but it is the individual that is responsible is just another step in that individual responsibilisation process in this country. I think we have gone too far down that track. I think what the High Court was saying to state governments is, 'Do not look to common law to solve this problem. If you want to make establishments, management or licensees responsible then you are going to have to pass laws or introduce regulation to do it directly. Do not ask the common law to do it.' I am not a lawyer; that is my lay interpretation of what I think that case probably means.

CHAIR: Thank you. We have run out of time. The committee will be forwarding some questions to you—as I know there are some more questions—for a response. Thank you for your time today and we appreciate you attending the hearing and participating.

de CAIRES, Mr Bryan, Chief Executive Officer, Australian Security Industry Association

CHAIR: We welcome you and thank you for attending today. If any media come in during this hearing, do you object to them being here and recording?

Mr de Caires: No.

CHAIR: I believe you have received instructions on appearing before the committee as a witness. I would like to confirm that you have read those instructions and understand them.

Mr de Caires: Yes.

CHAIR: Can you please clearly state your name and organisation when you begin and speak slowly and close to the microphone so that Hansard can accurately record your statement and any answers that you may give to the committee today? With that, I invite you to make a brief opening statement.

Mr de Caires: I am the Chief Executive Officer of the Australian Security Industry Association. We are the peak body which represents about 85 per cent of the security industry across Australia. That covers the electronics sector right through to guarding, crowd control, physical barriers, locks—the whole gamut across the industry. What we were trying to put forward in our submission to the committee was that private security personnel, particularly crowd controllers, are playing a growing front-line role across not just Queensland but Australia when it comes to the issue of alcohol and violence. Most licensed premises, even some parties at home, use private security personnel. Across Queensland you are looking at about 18,000 to 20,000 licensed crowd controllers. That is a significant number. So they are often the first on the scene. They are there and they are performing a duty on behalf of clients, which are licensed premises, clubs and pubs. They are engaged to provide a security service. It is a difficult one.

A number of issues come out of some of the points that have been raised during this inquiry. As an industry, I think there are a number of areas where we have concerns or where we think the industry needs to be collaborated with a bit more closely to try to improve some of the practices and reduce the incidence of violence. In our submission, we have been to our members and asked them for some of their thoughts on how things can be improved. I do not profess to be a criminologist or a sociologist. So we will leave some of those questions to people better qualified at that. But we can certainly give input as to some of the issues that the private security personnel who are on the doors of clubs and pubs have.

It was raised just before that there is a paucity of information on how big the problem is. We are in the middle of an ARC (Australian Research Council) funded research project with Griffith University looking into the safety of patrons and also of private security personnel, the crowd controllers—it is a two-way street. It is looking at the incidents of violence against private security personnel at licensed premises as well as assault or injuries against patrons. That will be coming to a head over the next few months. Professor Tim Prenzler at Griffith is leading that particular study. Again, we need to get the information and data to start making decisions. I think that is pretty much what I wanted to cover in my opening remarks.

CHAIR: I want to ask about training and how your security providers receive training to look out for violent behaviour that may occur—potentially looking for it before it starts, I suppose—and intoxicated patrons.

Mr de Caires: For the security industry across Australia, there is a national training package (CPP07) which sets out the competencies that crowd controllers or different types of security personnel have to meet. For crowd controllers, there are obligations to cover modules on dispute resolution, responsible service of alcohol and first aid so that they are able to handle situations. I think there has been a problem—and it is not peculiar to Queensland—where the quality of that training by the registered training organisations has been called into question. That has caused some problems absolutely. But there is a very comprehensive training package which is more than adequate if it is delivered as it should be.

Mr CRIPPS: Bryan, good afternoon. Thank you for coming this afternoon to give evidence at our inquiry. The Australian Security Industry Association submission makes the assertion that crowd controllers are amongst the most effective minimisation measures used to address the issue of alcohol related violence. What type of evidence do you have to justify making the assertion? Is it quantitative evidence or anecdotal evidence from security providers at licensed venues? What type of evidence does the association have to justify the statement?

Mr de Caires: It would have to be anecdotal evidence. What we find is that licensed premises that have a security strategy that uses appropriately qualified and trained security personnel create an environment where people want to go to that establishment and they do not get injuries or get into trouble when they go to those venues. The culture of a particular establishment is obviously dictated to by the management of that particular establishment. What we have seen around the country is that where there is an appropriate security strategy which is not just crowd control—sometimes it may involve CCTV—you can actually reduce the incidence of violence. You tend to see that where there are hot spots. Violence tends to occur around particular premises. That is a mixture of the culture of that premises and the type of security they use. There is no metric to say that hotel X is 50 per cent safer than hotel Y. But if you have appropriately qualified personnel screening who goes into that establishment—if someone is intoxicated or is acting aggressively, there needs to be someone on the ground who can safely eject that person or ask them to leave the premises. But you can only do that if you are properly trained. Obviously there are some security personnel who are not properly trained who dispense their own form of justice which is not acceptable. There certainly would be some of those out there and they have no place in this industry.

Mr KILBURN: Bryan, I will ask the same question as I have asked a lot of others. There has been plenty of comment about our inability to get statistical evidence to back up whether things are really getting worse in the number of alcohol fuelled violence incidents and whether they are becoming more intense in that there have always been fights but they are more violent now. From your perspective in your industry, do you keep records? Are records kept by you on the number of assaults, the types of assaults or is there anecdotal evidence from your members saying, 'Yes, things are getting worse'? There are obviously going to be more incidents because the population is growing every day. But is there a higher percentage of incidents and are they getting worse?

Mr de Caires: We do not have the data. That is what Professor Prenzler is currently doing. He is going through the data nationally, for each state and territory, of hospital admissions and police records of what has happened at licensed premises to try to allocate where the incidents happen. Quite often the incident will happen down the road from the pub. So again it depends on where the incident took place. But that data is being assembled now and hopefully in the next two to three months we will have that.

Anecdotally, certainly there is a feeling that there is more violence and it is a different type of violence. It is often a cocktail of not just alcohol but also drugs. It is difficult for the security personnel who are trying to stop someone entering a premises when they are on a fairly potent mix of those two together. It takes quite a few of them to restrain someone. They are not armed. They basically have the same powers as a member of the public; they are not police. They are often the first person on the scene because that is where the event is happening. They have to use their training hopefully to stop that incident escalating to something more serious. In Melbourne a couple of months ago there was an incident where a crowd controller nearly had his leg severed by a patron. It is a particularly dangerous profession. That is why they need to be trained properly and they need support.

One of the things in our submission is that there probably needs to be greater collaboration and probably higher visibility of police. The private security personnel are there pretty much on their own. People spill out from the 3 am lockout and they are all trying to get home, standing in a long taxi queue, milling around the pub. The role of private security personnel is not to protect the whole of the Brisbane CBD. They have been engaged by the licensee to protect that venue. They are not a roaming police force. They are there to access and egress out of a premises. There is a lot of pressure put on them and they do cop a fair bit of abuse. I am not saying that they are all perfect, but it is a very difficult job.

Mr KILBURN: In the summary of your submission that I have here, one of the recommendations is for increased legislated powers for security personnel. What do you think that needs to be? Secondly, I think the legislation says that the premises are responsible for patrons 'in and around'. What is your definition of 'around'? How far does 'around' go? Is there a legal definition or is it just a random definition?

Mr de Caires: I think it is a little bit vague. It is of the immediate environs. So it depends. Is it 200 metres up the road that the security extends to? I think it is a little bit vague. I would say that there is no legal definition that says that it is 50 metres, 75 metres, 100 metres. But if someone has been intoxicated because they have been drinking at a particular establishment, there is some obligation but how far down the road do you go? That is a difficult one. I do not think there is a legal definition.

One of the things that our members have come up with is that there is a lack of respect. People will often try to bait the crowd controller at the door because they know that they do not have the powers to arrest them or detain them unless they make a citizen's arrest. So they have to be very sure of it, otherwise there would be other problems for them. There is a little bit of baiting that goes on.

One of the things that we think needs to happen is that there needs to be some guidelines or development of policy for homeowners as to how to handle a party at home. If you are having a party with 200 people, you have to have some sort of party plan—what are you going to do if people gatecrash and how are you going to get people home after the party ends? If there are 300 people milling around the street, there is a problem possibly building. This is to give people some guidelines because these things get out of control very quickly and then escalate very fast.

We tend to find lack of respect is an issue. People know that security personnel are basically the same as a member of the public in terms of their powers of arrest. We believe that that is something that needs to be looked at. Not in all situations do they need to have additional powers but in certain circumstances they should be considered.

Mr KILBURN: Are you saying that, with those additional powers or increased legislated powers, you should have the power to maybe hold someone until the police come?

Mr de Caires: There should be consideration of that and it would obviously have to be under strict guidelines and there would have to be proper training so that they are not just detaining people because they want to. There needs to be, I suppose, a re-evaluation of that because these people are there first. It is often minutes before the police come. You cannot just ask them to sit in the corner. There needs to be something that gives them some authority to do that, otherwise you are just pushing the problem somewhere else.

Mr BLEIJIE: Bryan, I had a question with respect to record keeping but you have answered that in answering the member for Chatsworth's question. We have been on a few tours around the state—we have been to Cairns and Townsville and Rockhampton is coming up. The Valley and the CBD have CCTV cameras. Some clubs and pubs have cameras out the front as well. There seems to be a complete lack of Brisbane

linkage with everyone. Councils are operating some of them, the police are operating some and the venues have their own. Has your association been lobbying for any reform with respect to monitoring and linkage with your offices?

Mr de Caires: There is an Australian standard which has been put together to try to get some consistency in the operation and usage of CCTV systems. It is difficult to get consistency. The UK, which is probably one of the most populated CCTV countries in the world, has problems coordinating all the different systems so it is on one central system. I think what is happening in different jurisdictions is that there are different registers. I know that New South Wales and Western Australia have a register of CCTV cameras which the police can access if there is an incident. There is the idea of real time surveillance. Ipswich has a particularly sophisticated surveillance system. It is a city-wide surveillance system which has been very effective. Every government, department and business has their own CCTV system and one size does not necessarily always fit all.

CCTV is not a panacea to all the problems as well. It is a part of the mix and it has to be used properly, installed properly and put in the right spot. It is not going to solve the problem on its own. It often can push the problem somewhere else because people know that there are cameras in one place so they do something somewhere else where there are no cameras. It tends to be a mixture of human and technology: you cannot just rely on one aspect or the other.

Mr CRIPPS: You mentioned earlier that security providers are engaged by licensees to provide security services for a particular licensed premises. My question relates to whether or not there are any minimum standards or limits to the nature of the security services that a security provider will deliver to a particular premises. That is, if a licensee who is not particularly concerned about instances of alcohol related violence occurring at their particular venue engages a security provider, that licensee could basically say, 'The law requires me to have security providers, but I would like you just to stand there and look pretty.' At the other end of the scale, another licensee is particularly concerned about alcohol related incidents occurring at his venue so he gives instructions to the security provider to do everything short of body cavity searches before someone enters their licensed premises.

Are there any minimum standards of service that a security provider will deliver at a licensed venue? Can they not take direction from the licensee in terms of the security that they deliver at that particular venue? That is, will they insist on doing certain checks or taking certain measures to provide a certain level of security if someone asks for pretty lax security, or will they say, 'I can't provide that level of serious security service that you're requiring'? Are there any guidelines or legislative guidelines that security providers operate on?

Mr de Caires: There are standard operating procedures which most reputable companies would follow, such as codes of practice, but there is not a rating where you have a high level to a low level. It does vary. That is where I suppose it comes back to the establishment. Some people are prepared, as you say, to have a pulse standing at the door. So they have ticked the box, and there is just someone standing there who is not proactive. You can go to some establishments which have a male/female combination there. It is basically a customer service role, but if something happens there is someone there who can diffuse the situation.

The government has introduced some more rigorous and tougher screening and probity checking of security personnel coming into the industry, particularly the crowd control sector. This has involved trying to ramp up the entry-level requirements. It has happened in probably the last two to three years to try to root out some of the rogue operators out there. But it does come down to the company and the reputation of that company. If they are putting on people who are credible, their personnel will be better trained than the ones who are really just sending a person to stand there and do very little.

Mr CRIPPS: So it is possible for there to be a high degree of variability in the types of services that licensees can request at a venue?

Mr de Caires: I do not think they deliberately say, 'I want a poor level of service,' but I think people know that certain providers will offer a higher level and you will pay a premium for that, whereas others will be cheaper and you basically get what you pay for.

Mr CRIPPS: But my question is this: can there be a high degree of variability between the types of services that can be requested by licensees?

Mr de Caires: There can be, absolutely.

Mr CRIPPS: And that is reflected in the nature of the terms in which you engage security providers.

Mr de Caires: Absolutely. Basically, the venue is engaging an outside party to provide a service and they will specify the service they want—proactive or reactive. The culture of that establishment will shape the type of people they engage.

Mr CRIPPS: Thank you.

CHAIR: What is the association's view in respect of ID scanners?

Mr de Caires: We do not really have a formal position on that. They are options that some venues use. I think one of the big issues is the security aspect of it. If you are scanning someone's driver's licence, you have to be careful that that information is not accessed by people who should not get access to that because it is fairly useful information for someone who wants to run an ID scam. It can be effective for them.

One of the suggestions our members have had about the regular offenders is having photo scans of people—to look out for certain people at certain establishments and have them barred from certain premises. That would be helpful. I think people might find the ID scans a bit intrusive, although some people do not mind it. Some people are happy to give their driver's licence if they have one; some people are not. I think it depends on the pub and the establishment.

CHAIR: Thank you for coming along today and providing evidence. The committee has authorised the publication of the transcript of today's hearing. The transcript will be made available on the committee's website as soon as possible and copies can be obtained upon request to the committee staff. I would like to thank all witnesses for their attendance today. I thank the members of the public for their interest in the work of the committee. I would like to thank all committee members, Hansard and staff. I now declare the committee's hearing for the inquiry into alcohol related violence closed.

Committee adjourned at 1.07 pm