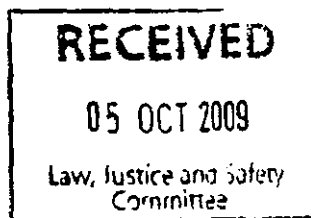


Law Justice and Safety Committee  
Parliament House  
BRISBANE Q 4001



## CASE FOR REJECTION OF EXTENDED HOTEL TRADING HOURS

I am an Ambulance Emergency Medical Dispatcher (EMD5) assigned to a regional centre with control responsibility of thirty Ambulance stations in SW Queensland. Although not a personal 'story', this submission reflects significant relevant experience including coordination of ambulance resources, emergency call-taking and priority despatch of units during twelve hour work shifts. I have been so employed for twelve years following a military career as an NCO and officer.

The case for rejection of extended licensed-establishment trading hours is glaringly obvious with rapidly deteriorating behaviour patterns, escalating violence and dramatically-lowered age involvement for alcohol-related community problems across all communities. This issue was a nominal problem when licensed liquor sales were formerly restricted to much earlier hours. It is apparent that most of the current spate of violence, alleged drink spiking, binge drinking, anti-social behaviour and simple intoxication (invariably blamed on some other cause) now plaguing ambulance resources usually develops after midnight at clubs and hotels.

Encouraged by the state government's 'open slather' policy on the use of ambulance resources, the bulk of emergency callouts after midnight (and particularly in the period Fri-Sun) are generated by irresponsible demands to treat/transport drunks to hospital emergency centres where they tie up valuable professionals and deny more responsible (and more deserving?) citizens the essential services which they have been promised and for which they are paying. Many calls are from the very establishments responsible for the situation. Even simple intoxication results in a technically altered level of consciousness and therefore generates a Code One (lights & sirens) response; thereby resulting in potential high-risk driving with threat to both the responding officers and the general public. Equally or more seriously ill patients may languish for considerable periods as a result of scarce and expensive medical resources being inappropriately allocated to irresponsible drunks and their pseudo emergencies. Ambulance staff are not permitted to apply mature discernment or discrimination in this issue.

There is a very strong case to curtail alcohol trading hours, rather than maintaining the status quo or even extending it. As a professional observer and close participant in this vexed issue, I categorically state that alcohol has become a major cause of social disruption and serious waste of community resources in relation to policing, ambulance and hospital services. This issue generates huge stress and frustration in the emergency services and would be a major determinant in the loss of ambulance officers to other forms of employment. To condone the existing failed legislation or to consider extending it is irresponsible in the extreme.



DENIS DIXON