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Dear Ms Stone

*Barbara*

Please find enclosed the Queensland Government Submission to the Inquiry into Alcohol-Related Violence in Queensland.

This whole-of-Government submission contains information provided primarily by the Departments of Employment, Economic Development and Innovation, Transport and Main Roads, Infrastructure and Planning, Communities, Community Safety, Justice and Attorney-General, Education and Training, Queensland Health and the Queensland Police Service.

I trust that it will be of assistance to you in your deliberations. I look forward to your report and any recommendations in due course.

Yours sincerely

*Anna Bligh*

ANNA BLIGH MP  
PREMIER OF QUEENSLAND



**Law, Justice and Safety Committee**

**Inquiry into Alcohol-Related Violence**

**Submission from the Queensland Government**

**21 October 2009**



**Queensland  
Government**

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# 1 Background

The alcohol industry (i.e. the service and consumption of alcohol) plays a significant role in Queensland communities – it generates substantial employment, retail activity, and export and tax revenue as well as being used for a wide range of reasons in different social and cultural contexts.

The Queensland Government is committed to reducing the harm that excessive alcohol consumption can have on families and our community at large and is currently implementing a number of significant whole of government initiatives.

However, the Queensland Government recognises that there is a need to do more in responding to the issue of alcohol-related violence and, for this reason, proposed to the Parliament that this matter be referred to the Parliamentary Committee. This occurred on 4 August 2009.

The purpose of this submission is to provide the Parliamentary Committee with information about current initiatives that the Queensland Government has put in place, and provide the Committee with data held by the Government that may be useful for the Committee to consider in the course of its deliberations.

At a strategic level, the Government's commitment to reducing alcohol related harm within Queensland's communities is articulated under the Health ambition of *Towards Q2: Tomorrow's Queensland*. Within this document, an explicit target has been established to reduce heavy drinking by one third, by 2020.

The *Queensland Drug Strategy 2006-2010* provides a policy framework for all Queensland Government activities to prevent and respond to alcohol, tobacco and other drug use and harm. The Strategy is based on the underlying principle of harm minimisation involving a balance between supply reduction, demand reduction and harm reduction strategies. *The Mid-Point Implementation Report* (October 2008) provides summary information on key activities and initiatives under this strategy. [http://www.health.qld.gov.au/ph/documents/atodb/qds\\_midpoint.pdf](http://www.health.qld.gov.au/ph/documents/atodb/qds_midpoint.pdf)

The *Queensland Drug Strategy* is delivered in line with the *National Drug Strategy 2006-2009* and the *National Alcohol Strategy 2006-2009*.

Progress against the *Queensland Drug Strategy* commitments is monitored by an interdepartmental committee, referred to as the Queensland Drug Coordinating Committee (QDCC). This Committee comprises those agencies involved in addressing alcohol and substance related harms within Queensland, and monitoring developments in other jurisdictions. As the current Strategy is due to expire in June 2010, the Committee is currently assessing performance and determining the future direction of the new Strategy, one which reflects national commitments while remaining flexible to meet Queensland's specific concerns and/or needs.

On a national level, the Ministerial Council on Drug Strategy oversees and coordinates Commonwealth and State/Territory action on the *National Drug Strategy* and drug-related matters. The Council of Australian Governments (COAG) agreed on the importance of tackling alcohol misuse and binge drinking among young people at its meeting on 26 March 2008. COAG agreed to ask the Ministerial Council on Drug Strategy to report to COAG on options to reduce binge drinking in relation to closing

hours, responsible service of alcohol, reckless supply to minors and the alcohol content in ready to drink beverages. Queensland is represented on the Ministerial Council on Drug Strategy by the Deputy Premier/Minister for Health, as well as the Minister for Police, Corrective Services and Emergency Services.

As identified in the Commonwealth draft *National Preventative Health Strategy* (p. 266) there is an urgent need to collect and analyse nationally consistent data about alcohol sales, consumption, outlets and alcohol-related health and safety outcomes to inform policy development. Queensland is one of three states and territories currently collecting the data.

This whole of government submission contains information provided by the Departments of Employment and Economic Development and Innovation (which includes the Office of Liquor and Gaming Regulation (OLGR) and the Office of Regulatory Policy (ORP)), Transport and Main Roads, Infrastructure and Planning, Communities, Community Safety, Justice and Attorney-General, Education and Training, Queensland Health and the Queensland Police Service (QPS).

This submission is framed in accordance with the terms of reference and areas for comment sought by the Committee.

In addition to the original terms of reference, the Premier wrote to the Committee on 6 October and requested that they also consider the feasibility of transitioning over time to a complete phase out of regular glass. The government would be assisted by any recommendations made by the Committee on this issue.

The 2007 *National Drug Strategy Household Survey* (Australian Institute of Health and Welfare (AIHW), State and territory supplement, 2008, p. 5-7) reported 73.1% of Queenslanders, who regularly drink alcohol, do so at levels that cause few adverse effects in the long-term.

The abuse and misuse of alcohol is, however, recognised as a major health problem in Queensland and one which has wider personal, social, cultural and economic costs. In 2007 (refer to Appendix-Tables 1 and 2):<sup>1</sup>

- 11.8% of Queenslanders had a usual alcohol consumption that put them at risk of harm in the long-term (11.5% for males and 12.1% for females).
- 37.2% of Queenslanders were drinking at levels that put them at risk of harm in the short-term (40.9% of males and 33.5% of females).<sup>2</sup>

While levels of risky drinking were similar for males and females in 2007, other aspects of their drinking patterns differed. Males were twice as likely to drink daily as females (10.9% compared with 5.7%) and more likely to drink weekly than females (47.4% compared with 37.1%). At all ages, more people drank at risky or high-risk levels for short-term harm than for long-term harm. Risky alcohol consumption was highest in the age group 20-29 years, with 17.6% drinking at levels that put them at risk or high risk of harm in the long-term. In the 14-19 year age group the proportion of females who consumed alcohol at harmful levels in the long-term was 13.6%, compared to 9.1% for males.<sup>3</sup>

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<sup>1</sup> Australian Institute of Health and Welfare, 2007 National drug strategy household survey: State and territory supplement, 2008

<sup>2</sup> This is using a yearly measure of short-term risk— that is, risk of harm occurring once or more a year

<sup>3</sup> Australian Institute of Health and Welfare, 2007 National drug strategy household survey: State and territory supplement, 2008

According to the World Health Organisation's Expert Committee on Problems Related to Alcohol Consumption, 'there is growing evidence of alcohol's role in crime, and especially in different forms of violence, although this association varies considerably across countries and cultures. There is an overall relationship between greater alcohol use, and criminal and domestic violence and child abuse. In general, in individual cases, the higher the level of alcohol consumption, the more serious is the violence [sic]'.<sup>4</sup>

The harmful consumption of alcohol causes problems for those who drink at risky levels and has repercussions across the community. The risk of alcohol-related harm is not limited to drinkers but also affects family members (especially children), friends and workmates, bystanders and the broader community. Long-term harms include chronic disease and premature death, and episodes of heavy drinking can result in injury, antisocial behaviour, road accidents and death. Furthermore, the abuse and misuse of alcohol results in substantial economic costs to the community resulting from productivity losses, absenteeism, road accidents, drug attributable crime, hospital and ambulance costs, and premature death.

The negative impacts of drinking by individuals are felt regularly by Australians. In *the National Household Survey of Drug Use* (AIWH, Detailed findings, 2008, p.90) 25.5% reported being 'put in fear' by a person under the influence of alcohol in a hotel or club, and 27.9% report being subjected to alcohol-related verbal abuse in a hotel or club (refer to table 3). The majority of victims did not report these incidents to police because they thought it was too trivial or unimportant. Victims were, however, more likely to report incidents of physical abuse to the police. The most common locations of abuse were in the street, in one's own home or in a hotel or club. Males were more likely to be involved in incidents of physical abuse in hotels and clubs (37.9%) or in the street (36.6%); for females these incidents were more likely to be in their own home.

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<sup>4</sup> World Health Organization (2007) *Expert Committee on Problems Related to Alcohol Consumption*, World Health Organisation: Geneva.

## 2 Best practice harm minimisation

*Why do some individuals become violent offenders after consuming alcohol? What medical or psychological factors are involved? What measures are there to reduce harm? How effective have those measures been? What works? What doesn't work?*

The National Health and Medical Research Council (NHMRC) provide some advice on this issue in the Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2009). The NHMRC note that with increasing consumption of alcohol there is a reduction in cognitive and verbal capacity, and therefore, the ability to resolve conflict, and for some individuals an increased likelihood of aggressive and violent behaviour. The NHMRC Guidelines also note that half of all violent crimes and many other crimes involve alcohol and that alcohol consumption is also a major factor for both the perpetrator and victim in domestic violence. The NHMRC notes that there are numerous factors at the individual, group, social, economic and environmental levels that contribute to its occurrence. Alcohol consumption is also a major risk factor in self-harm and suicide.

Alcohol is a drug, although this view is not necessarily widely accepted by the broader community. A recent public opinion survey (Tinworth, 2008, p.12) found a third of people did not believe, or were uncertain whether, alcohol is a drug (this increased to 43% of younger people, aged 18-29).

Alcohol is a psychoactive substance that can promote relaxation, feelings of euphoria and loss of inhibitions. It depresses the central nervous system and affects most cells and systems of the body. As the intake of alcohol increases, however, these effects are counterbalanced by less pleasant effects, such as drowsiness, loss of balance, nausea and vomiting, as well as other cumulative harmful effects (NHMRC, 2009, p. 22).

Due to individual variability, there is no amount of alcohol that can be said to be safe for everyone. People's perception of how much alcohol they can 'handle' can lead them to believe that they are able to drink more without harm. Factors that affect susceptibility to alcohol include: gender; age – young people are generally less tolerant; mental health; other health conditions that are made worse by alcohol; medication and drug use; and family history of alcohol dependence (NHMRC, 2009, p. 21-23).

Listed below are the harm minimisation measures currently being implemented by the Queensland Government.

### 2.1 Overview of recent legislative and regulatory reforms

The Government has implemented a number of legislative and regulatory reforms aimed at minimising alcohol related harm. Reforms to the *Liquor Act 1992* (Liquor Act) were passed by Parliament on 10 September 2008, with the balance of reforms commencing on 1 January 2009.

Extensive public and industry stakeholder consultation was undertaken as part of the liquor reform process. Community attitudes to alcohol consumption and the controls



that should be placed upon the sale and supply of alcohol were reflected in the reforms. Accordingly, the reforms place enforceable responsibilities on individuals as well as licensees to ensure alcohol is consumed responsibly, reducing the harm associated with alcohol abuse and misuse.

Harm minimisation is now prioritised as the first objective of the Liquor Act. (This occurred before, but aligns with, the recently released Commonwealth draft *National Preventative Health Strategy*, which highlights the importance of refocussing the primary objective of liquor control laws in states and territories on harm minimisation).

The following outlines some of the other major legislative reforms of the Liquor Act:

- an expanded definition of 'liquor' to ensure products with a novelty value that target young people or encourage irresponsible or rapid consumption of alcohol such as alcohol vapour or alcoholic milk products are able to be captured;
- a new Ministerial power to ban undesirable alcohol products, such as those that inappropriately target young people, increase intoxication at rapid rates or encourage irresponsible use of alcohol;
- an irresponsible supply provision that makes it an offence, in certain circumstances, for an adult to supply alcohol to a minor in private places (secondary supply);
- mandatory Responsible Service of Alcohol and Responsible Management of a Licensed Venue training requirements to increase professionalism and minimise harm throughout industry;
- providing the Chief Executive with the power to order emergency closure or licence suspension where riotous behaviour is occurring or is likely to occur; and
- introducing a requirement for a Risk Assessed Management Plan (RAMP) as a prerequisite of the licensing process. This plan replaces house policies and allows for each licensee to identify local conditions and risks and demonstrate how their business is meeting the objective of harm minimisation.

Most recently the Government has announced:

- a moratorium on considering applications for extended trading hours after midnight for 12 months (with limited exemptions for some inner city areas); and
- banning the use of regular glass in high risk venues.

These measures are discussed in more detail throughout this section.

## **2.2 Working in partnership**

The Government is committed to continuing to identify, develop and implement best practice in harm minimisation to deal with alcohol-related violence. Effective partnerships based on collaboration and shared responsibilities are a critical component of this approach including partnerships across Queensland Government departments, local government authorities, key community groups and the liquor industry.

The Government is also committed to sharing best practice at all levels and has contributed to improving nationwide responses, for example through the Australasian Liquor Licensing Authorities Annual Conference (ALLAC) which facilitates formal and informal cooperative exchange of information on best practice.

## 2.2.1 Liquor Accords

Liquor Accords are recognised in the Liquor Act for the important role they play in promoting localised, responsible practices in relation to the sale and supply of liquor at licensed premises; minimising harm caused by alcohol misuse and associated violence; and minimising alcohol-related disturbances or public disorder. There are over 60 liquor accords currently operating in Queensland.

The Accords are voluntary and membership may include licensees, licensed managers, local police, councillors, council officers, non-government organisations, liquor licensing officers, and other industry stakeholders such as taxi providers. Particular strengths of Accords include their capacity to:

- identify and analyse problems and develop local interventions;
- proactively address emerging issues, preventing entrenched problems;
- provide a mechanism for licensees to be accountable for patron behaviour outside their venues and proactively contribute to addressing related issues;
- provide opportunities for licensees to access training and information to improve operations within their premises; and
- facilitate the establishment of positive relationships with key stakeholders, and regulatory and enforcement authorities.

The critical success issue for any Accord is review and maintenance. Many successful Accords incorporate formalised business practices; develop constitutions; adhere to professional meeting practices; set agendas and do follow-up reporting; establish codes of practice endorsed by members; invite external professionals to speak; and identify and action initiatives designed to deliver recognisable improvements.

Examples of local initiatives implemented under Queensland Liquor Accords include:

- banning problematic patrons from licensed premises and advising all Accord member venues about exclusions in support of the location wide ban (eg a card system in Atherton, similar to coloured cards issued for infringements in sport, and the “Banned from one – Banned from all” initiative in Mt Isa and Roma);
- trialling and implementing identification (ID) scanners in premises as a precondition for entry;
- providing programs for Years 11 and 12 school students to inform students of their rights and responsibilities as future patrons of licensed premises;
- lobbying taxi companies and the Queensland Taxi Drivers Association to ensure all drivers are trained to recognise, for example, safe areas for pick up and drop off;
- lobbying for marshals at taxi ranks to promote patron safety and diffuse potentially aggressive situations;
- lobbying councils for traffic calming measures such as reduced speed limits and fencing along footpaths to reduce injuries to patrons; and
- promoting responsible service of alcohol practices and campaigns such as the ‘designated driver’, including the provision of free non-alcoholic drinks to the designated driver.

At the local level there are anecdotal reports that some Accords have resulted in, or at least contributed to, reductions in complaints received by OLGR as well as police calls for service. A significant benefit of the localised Accord process, recognised also by the Preventative Health Taskforce’s *National Preventative Health Strategy* (p.

244), is an improvement in communication and cooperative participation in the resolution of local issues.

An evaluation of the Surfer's Paradise Safety Action Project<sup>5</sup> revealed some interesting findings for consideration by other Accords. This project aimed to reduce violence, public disorder, drink-driving, 'pub-hopping' and fear of crime and victimisation among patrons frequenting the vicinity. The evaluation identified that most licensees made, at least, some positive changes to their management practices. Importantly, the study also revealed that the overall perceptions of safety by patrons in the vicinity had improved. However, local community and businesses still reported high levels of crime.

### **2.2.2 Other partnerships**

Examples of other Queensland partnerships focused on dealing with alcohol-related violence include:

- **Security Forum:** meetings hosted by QPS and OLGR which provide security providers with up-to-date information on security issues as they relate to licensed premises and their obligations under the Liquor Act and the Security Providers Act 1993 (Security Providers Act). Police also take the opportunity to address security providers' obligations and responsibilities in relation to the use of excessive force when removing persons from licensed premises.
- **Safety Forum:** in July 2009, OLGR hosted representatives from police, industry peak bodies, licensees, the security provider industry and workplace health and safety representatives. This forum represented the first step in a process designed to formulate strategies and identify best practice in the reduction of violence at licensed venues. As a result of this initial process, a multi-disciplinary working party comprising broad stakeholder representation is meeting to develop recommendations to reduce violence for consideration by stakeholders.
- **The 'Liquor Enforcement and Proactive Strategies' (LEAPS):** a state wide program within QPS providing training, resources and funding to support operational police in enforcing the Liquor Act, the Security Providers Act and the Police Powers and Responsibilities Act 2000. LEAPS supports Liquor Accord Forums and promotes local strategies to reduce alcohol-related public order offences. LEAPS recently approved seven regional funding applications to develop and disseminate locally relevant information resources to assist police to reduce alcohol-related harms. The Queensland Police Records and Information Management Exchange (QPRIME), and data sources associated with the LEAPS program have combined to enhance the Service's capacity to base decision making on up to date data. The LEAPS program is enhancing the capacity of regional police to track alcohol-related incidents, and provide quality and timely data enabling police to consider applications for additional licensed premises or extended trading hours, and submit well-reasoned and factual objections to such applications when necessary.
- **State - local government cooperation:** a variety of both formal and informal partnerships respond to locally-identified alcohol-related harms and anti-social

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<sup>5</sup> National Drug Research Institute (2007) *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*. Perth: National Drug Research Institute, Curtin University of Technology.

behaviours. A recent report notes that there is potential to extend these relationships:

*"Local government represents a significantly untapped resource for police seeking to reduce alcohol-related social harms in Australia. While police in several jurisdictions already work closely with local government agencies, the capacity to expand the use of local government powers to reduce alcohol-related social harms could be at least equal to that of liquor licensing legislation" (Nicholas, 2009).*

- The Coordinated Response to Young People at Risk (CRYPAR): a whole of government initiative operating in three locations designed to assist young people in addressing issues placing them at risk of offending or increasing their offending behaviour. Often these contributing factors to anti-social behaviour, criminal actions and/or self-harming tendencies include drug and alcohol misuse. The program is designed to give police an additional tool (in the form of a referral process) when encountering a young person at risk of becoming involved in, or further involved in, criminal, self-harming or anti-social behaviour as a result of underlying social problems, including alcohol or other drug use.

## **2.3 The physical availability of alcohol**

Babor et al (2003)<sup>6</sup> found that limiting alcohol availability through reducing trading hours, numbers of alcohol outlets and restricting access to alcohol was associated with reductions in both alcohol use and alcohol-related problems.

The placement of restrictions on the availability of alcohol, in order to minimise harm and address alcohol-related violence, is a significant issue for regulators. The physical availability of alcohol (including trading hours; and number, type and location of licensed outlets) is regulated by the Queensland Government. Prior to an application for a liquor licence being lodged with OLGR, all applicants must obtain relevant town planning approvals from local government authorities to confirm the type of liquor licence being applied for and the location and times are suitable for the intended use of the premises under the town plan. During the licensing process members of the community, police and local government authorities have the opportunity to comment or object to the application on the grounds of amenity and/or community impact.

### **2.3.1 National Competition Policy**

The National Competition Policy (NCP) has direct ramifications on the number and types of liquor licences granted, and how and when liquor trade is conducted. The Preventative Health Taskforce's *National Preventative Health Strategy* (p. 242) recognises the impact the NCP has had on liberalising availability of alcohol and the likelihood that this has increased alcohol-related problems.

In Queensland the Government has restricted availability of alcohol, in particular preventing the proliferation of liquor outlets in supermarkets and requiring bottle shops to be operated by a licensee of a commercial hotel.

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<sup>6</sup> Summary of T Babor, R Caetano, S Casswell, G Edwards, N Giesbrecht, K Graham, J Grube, P Grunewald, L Hill, H Holder, R Homel, E Osterberg, J Rehm, R Room, I Rossow (2003) *Alcohol: No ordinary commodity*. Research and public policy, viewed on 22 September <http://www.jas.org.uk/resources/publications/theglobe/globe200303/g1200303.p3>.

The Preventative Health Taskforce has proposed in its final report on the *National Preventative Health Strategy* (p. 270) that the Commonwealth Government further examine NCP's contribution to alcohol related harm, with a proposal to develop a business case within four years exempting liquor control legislation from NCP requirements.

### **2.3.2 Community impact statements**

Recent reforms to the Liquor Act now require applications to be accompanied by community impact statements which focus on harm minimisation as well as community impacts. This legislative requirement applies to new liquor licences, variations to existing licences, and applications for extended trading hours. Applicants are required to consider the potential effect of their proposals on the location against criteria stipulated in the Liquor Act. Matters to be addressed include population and demographic trends as well as the health and social position of the local population, and an assessment of the likelihood, magnitude and duration of any identified consequences occurring.

### **2.3.3 Number and type of licensed outlets**

The Queensland liquor industry is comprised of private individual operators, national companies, family companies, members of associations and various other organisations.

According to the OLGR liquor database, over the last decade, liquor licences have increased by approximately 25 per cent from 5,177 in 1999, to over 6,770 in 2009. The majority of this increase occurred in the period to 2005, prior to the commencement of the Government's harm minimisation measures, when liquor licences increased approximately 19 per cent to 6,387.

The recent reforms to the Liquor Act restructured licenses and permits (typically issued for one-off events) into two basic categories, Commercial and Community, with further subdivisions within each category, based on the varying risks associated with the licensed operations:

- Commercial Hotel - hotel, pub, tavern, bar, detached bottle shop, liquor barn;
- Commercial Other - Bar: small bar with seating for not exceeding 60 persons (limit of 60 patrons all up);
- Commercial Other - Industrial Canteen: small liquor premises for a discreet workforce in a remote industrial area, eg. mine site;
- Commercial Other - Producer/Wholesaler: production and/or wholesale distribution of liquor, eg. brewery, distillery or wholesale supply to other licence holders;
- Commercial Other - Subsidiary Off Premises: off site provision of subsidiary liquor, eg. caterer, gift baskets, liqueur coffee;
- Commercial Other - Subsidiary On Premises: on site provision of subsidiary liquor, eg. restaurant, cafe, cabaret, function centre, tourist park, motel, accommodation facility, vessel or liquor training school;
- Commercial Special Facility - large, diverse premises that significantly contribute to Queensland tourism, eg. theme park, public facility, casino, resort or stadium;
- Community Club - club licence for RSL, sporting, community or surf life-saving organisations, with full time trading; and
- Community Other - licence for small sporting or community clubs, trading 25 hours a week or less.

Table 4 provides an overview of the 6,423 liquor licences across Queensland, as at 21 October 2009.

Application fees are determined by the cost incurred in processing the application. Higher risk applications such as Commercial Hotel and Commercial Special Facility licence applications involve more investigation and longer processing times, and incur a higher application fee. Commercial Other and Community Club licensing are lower risk licenses which require less processing and have a lower application fee. (Refer to table 5 in the Appendix for a list of application fees.)

Annual licence fees reflect the compliance risks and associated costs that each licensed premises presents to the community in regard to harm arising from the consumption of alcohol. Higher risk premises, such as a Commercial Hotel Licence, require more resources to be utilised and result in higher costs to government to regulate and monitor, therefore higher annual fees are charged for higher risk licensed premises. (Refer to table 6 in the Appendix for a list of annual licence fees.)

The compliance history component of the annual licence fees is applied on the basis of past compliance with the Liquor Act over the previous 12 months. They are applied as a result of certain infringement notices (\$5,000); disciplinary actions or prosecutions (\$10,000) and where a licensee is convicted of an offence against the Act which contributes to the death of a person or contributes to a serious violent offence on or near the licensed premises (\$20,000).

### **2.3.4 Liquor outlet density**

A report for the National Competition Council<sup>7</sup> concluded outlet density is a powerful driver of levels of alcohol consumption and harm, and the development of a practical model to support approval decisions about licence applications is required. Research, such as Roman et al (2008),<sup>8</sup> supports the link between high density and violence, but points to findings that there are many variables and it is very difficult to generalise across different neighbourhoods.

Currently, Brisbane's Fortitude Valley is Queensland's only officially designated Entertainment Precinct under the Local Government Act. This designation provides for higher entertainment noise levels, with local community members recognising that residing in the Entertainment Precinct involves accepting louder noise levels. The designated Entertainment Precinct also has access to better control and infrastructure support.

The advantage of high densities of liquor outlets, especially in Central Business District Precincts, is that it enables more focussed control through better infrastructure support. This includes having an increased police presence, increased presence of OLGR compliance officers, CCTV coverage, public transport and taxi services, and local government authorities to clean up the areas from associated rubbish.

In contrast, precincts in suburban areas can potentially have adverse effects on local amenities, including excessive noise, unacceptable patron behaviour; and rubbish in

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<sup>7</sup> Marsden Jacob Associates (2005) *Identifying a framework for regulation in packaged liquor retailing*, Report by Marsden Jacob Associates for the National Competition Council, Victoria.

<sup>8</sup> Roman, C, Reid, S, Bahti, A & Tereschenko, B (2008) *Alcohol outlets as attractors of violence and disorder: A close look at the neighbourhood environment*, National Institute of Justice, The Urban Institute, Washington DC.

the public areas. This situation can be particularly problematic when reduced access to public transportation may limit the capacity of patrons to leave the area.

In relation to licensing decisions in Queensland there have been two cases where liquor outlet density has been considered. In the first case in 2001, a licence was refused on the grounds that the report from the town planning consultant described the existing market as 'saturated' and there was also evidence that existing premises were operating below capacity. The applicant subsequently appealed to the Commercial and Consumer Tribunal (CCT) which overturned the original decision as it did not consider there was an over-supply of premises in the area. In the second case in 2006, a group of existing licensees cited evidence of outlet density in their objection to an application. The Chief Executive found there were no definitive studies in the local area which concluded outlet density was too great and accordingly granted the application. The group of licensees appealed to the CCT which reviewed studies on liquor outlet density trends around the world and decided there was a uniform lack of solid conclusions in all the evidence, as all studies recommended further studies were required. The CCT confirmed the decision of the Chief Executive.

A feasibility study in Western Australia by Chikritzhs et al (2007),<sup>9</sup> (funded by the National Drug Law Enforcement Research Fund) measured outlet density in a number of ways (including number of outlets per local government area, number of outlets divided by total land area and volume of sales in the local government area). The study found that the volume of sales (wholesale data which provides a measure of the alcohol provided to a patron through an outlet) provided the strongest and most consistent associations with alcohol-related harm. The strength of the associations between wholesale purchases and indicators of harm, however, varied by licence type. A major advantage of this approach was that it did not assume that all outlets (or types of outlets) were equivalent in terms of sale and supply of alcohol or alcohol-related harm. Also worthy of note was the Chikritzhs study's finding that where the number of licensed premises increased, leading to increases in assaults, the additional assaults were far more likely to occur in private homes rather than at licensed premises. The research also found that there was not a 'one size fits all' model and highlighted the importance of factoring the characteristics of the local environment and those of the licensed premises into the model.

In the Chikritzhs study, Western Australia was chosen as the test case for the project as wholesale data on purchases by licensed retail outlets and alcohol-related harm data could be accessed by the researchers. Western Australia, the Northern Territory and Queensland are the only states which collect wholesale data. The useability of the data may be partly compromised, as the data does not include alcohol purchased from interstate, which is particularly relevant for Queensland due to the easy access between states on the eastern coast. It is expected, however, that the Queensland wholesale level represents a large proportion of the sales.

At the October 2008 meeting of the Australasian Liquor Licensing Authorities Conference (ALLAC), the National Alcohol Sales Data Project was proposed to achieve benefits from collecting wholesale data for policy development and operational planning. The project is an initiative of the Ministerial Council on Drug Strategy and is being funded by the Commonwealth Department of Health and Ageing, and project managed by the Western Australian Drug and Alcohol Office and the National Drug Research Institute. Queensland is well placed to be a key

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<sup>9</sup> Chikritzhs, T, Catalano P, Pascal, R & Henrickson, N (2007) *Predicting alcohol-related harms from outlet density: A feasibility study* National Drug Law Enforcement Research Fund, Hobart, Tasmania.

contributor to this project given it is one of three states currently collecting this data. In this regard, the ORP is working with the Western Australian project managers to ensure Queensland data being collected for 2008-09 will meet the requirements of the national database. The importance of this data is also recognised by the Preventative Health Taskforce's *National Preventative Health Strategy* which has identified the strengthening of the evidence-base as a key action area. This includes states and territories developing a system for nationally-consistent collection and management of alcohol wholesale sales data.

There remains a lack of evidence for outlet density to be a useful harm minimisation measure via a model that assists in predicting the impact of changes to the patterns of retail sales on levels of alcohol-related harm and provides maximum benefit, rather than making a decision based on incomplete evidence. For example, using a simple model that counted the number of outlets would not be a valid indicator as outlets are not equal in terms of size and impact on the community. Outlet density is identified in the Preventative Health Taskforce's *National Preventative Health Strategy* as an area where states and territories could work together to develop best practice nationally consistent approaches.

## **2.4 Liquor enforcement**

Minimising harm is the first objective of the Liquor Act. This objective is achieved, in part, through the regulatory regime for liquor licences established under the Liquor Act. This is a two-staged process, firstly the licensing stage commences when an application for a new licence or permit, or change to an existing licence or permit, is lodged with OLGR. The second stage focuses on compliance of established licenses and permits, to ensure premises act in accordance with the law and any attached conditions.

### **2.4.1 Licensing**

In licensing the focus is on ensuring that premises are appropriate, community interests are acknowledged and understood, and only appropriate persons and corporations are granted a licence or permit. The licensing process ensures all technical requirements of the application are met, that the applicants meet probity standards to be a fit and proper person to sell liquor and, finally, that adverse health, social and amenity impacts in the locality where the premises is to be located are considered. Applicants are required to complete a detailed Community Impact Statement (CIS) which focuses on harm minimisation. OLGR compiles a report on the CIS regarding any significant health, social and amenity impacts on the surrounding locality. Prior to a final decision, the Chief Executive assesses the totality of the evidence and must have specific regard to:

- the matters arising out of the CIS;
- local community objections made to the grant of the application
- comments from the Council;
- comments from the Police; and
- potential impact on the amenity of the community concerned.

A significant harm minimisation initiative introduced by the recent reforms to the Liquor Act is the requirement for Risk Assessed Management Plans (RAMP) which is required for all licence types and restricted liquor permits. A RAMP is a detailed document containing information about matters relating to the licensee's management practices and procedures at the premises. The purpose of this document is to outline how the licensee will manage the premises in accordance with



the first object of the Liquor Act which is to minimise harm caused by alcohol abuse and misuse. A RAMP requires approval by the Chief Executive and information in the RAMP will be the basis for endorsing conditions on the licence/permit. The RAMP must contain the following information:

- principal activity to be conducted on the premises;
- maximum hours of operation;
- details of responsible service of alcohol initiatives;
- details of participation in a liquor accord in the locality (if applicable);
- details of security (how many, when, for how long);
- provision of food (types of food, when it will be available etc);
- staff training; and
- if amplified/outdoor entertainment is proposed how the impact on the surrounding locality is mitigated.

The RAMP ensures the licensee trades in accordance with the requirements of the Act and that the operation of the premises will not have an adverse impact on the amenity of the locality. The licensee must notify the Chief Executive of any change in operating practices by lodging a new RAMP and failure to do so may result in disciplinary action.

For approval of an application for an extended trading hours the Chief Executive also assesses:

- the previous conduct of the applicant in discharging any duties under the Liquor Act;
- the applicant's ability to control the noise and behaviour of the number of persons on and in the vicinity of the premises if the extension were granted; and
- the suitability of the premises and its facilities.

In undertaking these processes, the Queensland Government effectively establishes a threshold for suitability of individuals and corporations to supply liquor. As a consequence, a framework is created within which specific harm minimisation initiatives are either voluntarily developed and agreed to (such as liquor accords which are a voluntary approach for licensees and local community members to deal with alcohol-related problems in and around premises) or developed and required by Government (such as Responsible Service of Alcohol training) and can be more readily introduced and implemented by licensees. These initiatives then contribute to the harm minimisation objectives under the Liquor Act.

In further reforms in October 2009 the Liquor Act was amended to make certain the Chief Executive in deciding any application must take into account the public interest in context of harm minimisation and community amenity.

#### **2.4.2 Escalated enforcement model**

For compliance, an escalation enforcement model is utilised by OLGR where the enforcement options escalate from education and assistance to warnings, to infringement notices, to prosecutions and then to disciplinary actions, dependent upon the seriousness of the offences detected. Where there are serious offences detected, such as supplying liquor to a minor, punitive action is taken in the first instance (for example an infringement notice is issued). An enforcement policy sets out delegations for the commencement of action in certain circumstances and provides flexibility for investigators.

While the enforcement policy establishes guidance for commencement of actions under certain circumstances, it also provides flexibility for investigators.

OLGR adopts a risk-based approach to compliance activities with greater risk premises receiving more compliance attention. Licensees will also conduct compliance self-audits at least once a year, with OLGR using an audit-based model to determine if follow-up action is required. Complaint handling policies ensure public complaints are effectively and efficiently addressed, including an obligation for OLGR to contact the complainant within five days of receipt of the complaint.

A commitment to using a wide spectrum of enforcement actions is the basis of the OLGR's compliance philosophy. Enforcement actions include education, advice, warnings, working with licensees in a liquor accord to deal with a precinct issue, infringement notices etc. The effectiveness of such a philosophy is in providing licensees with an understanding of their obligations and responsibilities, rather than moving directly to punitive action which may be counter-productive. Where there is an inherent problem with the licensee management being non-compliant, more stringent enforcement action is taken.

OLGR regularly works with the QPS and their Liquor Enforcement and Proactive Strategies Unit in collaborative joint operations carrying out specific compliance activities, particularly when violent incidents occur at licensed premises. These compliance activities can be a mixture of proactive and reactive compliance investigations, where the joint agencies can provide assistance to licensees in understanding their obligations and responsibilities under the various pieces of state and local legislation with which they are required to comply. The LEAPS program has fostered a positive working relationship between Police, OLGR, Queensland Fire and Rescue Service (fire safety), the Office of Fair Trading (security provider matters) and local government authorities (health and hygiene) allowing the passage of intelligence between agencies to deal with serious issues as they arise, as well as being proactive in dealing with emerging issues.

As a result of the Liquor Reforms, Government has provided an additional ten positions; three positions in licensing and seven positions in compliance, representing a more than 16 per cent increase. OLGR now has 42 liquor investigator positions across ten regional offices in Queensland.

During the 2008-2009 financial year, 13,093 investigations were completed by OLGR. These investigations related to:

Investigation Type	Proportion of Total Investigations (%)
Complaints	19.5
Risk Assessments (Applications)	26
Underage investigations	10.5
Routine (day time compliance/investigations)	6.5
Specific (night time compliance/investigations)	37.5

In response to these investigations, enforcement action was taken in 3,387 (25.8%) cases for matters including:

- disciplinary actions (37);

- recommendations for prosecutions (147);
- orders issued (34); and
- warnings and cautions (1,958).

The remaining matters were finalised through a range of outcomes including complaints being resolved to the satisfaction of all parties, complaints established as vexatious, outcomes by negotiation, and matters being referred to other agencies or jurisdictions.

Disciplinary actions are taken against a licensee for a course of conduct of non compliance with the Liquor Act, or conditions of their licence. Grounds in disciplinary actions relate to failure to comply with the Act, such as permitting minors on premises and failing to provide and maintain a safe environment; where the use of the licensed premises is causing disorderly conduct in or in the neighbourhood of the premises, for example, disorderly patrons fighting and yelling; where the use of the licensed premises is causing undue annoyance to persons resident in the neighbourhood such as noise complaints and patron behaviour (eg) yelling and noise.

Outcomes of disciplinary actions range from reducing trading hours and imposing licence conditions, to suspending the licence for a period of time.

Prosecutions are actions commenced against licensees, licensee staff and members of the public for breaches of the Act. Examples include permitting minors on licensed premises and breach of licence conditions. These are matters that are dealt with in a Magistrates Court before a Magistrate.

Orders are actions under Section 46 of the Liquor Act requiring a licensee to do certain things such as increase or decrease the licensed area, comply with laws about fire safety and hygiene or requiring a licensee to diminish or cease amplified entertainment at a premises for a period of time.

Warnings and Cautions are issued to licensees for breaches of the Liquor Act and/or their obligations and responsibilities under the Act. Warnings and Cautions are considered instead of a prosecution, infringement notice, or other action to provide assistance and education to a licensee about a breach that has been detected. Generally warnings are provided for technical type offences such as signage at the premises and other non-serious offences including increasing the licensed area without approval or in respect to the first breach that a licensee may have in respect to a serious matter (eg failing to provide and maintain a safe environment).

The Liquor Compliance Flying Squad consists of Brisbane-based officers who provide a high-profile presence in and around licensed premises, as well as the capacity to immediately respond to, and investigate, major incidents. The Flying Squad is a proactive compliance activity with the brief of targeting high risk areas. The Flying Squad carries out joint operations with a range of government regulatory agencies including police. During the 2008-2009 year the Flying Squad conducted 48 separate compliance investigations to various localities throughout Queensland including visits to 975 licensed premises.

This activity resulted in:

<b>Recommended Outcome</b>	<b>Number</b>
Infringement notices	579
Warnings	909
Referral to other agencies (police, Queensland Fire and Rescue Service, councils etc.)	75
Prosecution	54
Disciplinary action	5

Infringement Notices are issued for offences ranging from minors being on licensed premises, and minors in possession of liquor in a public place, to the supply of liquor to minors by an adult. Additionally, infringement notices are issued to licensee management for offences such as breaches of licensed conditions.

In respect to the Flying Squad, of the 579 infringement notices issued, 416 of these were issued during Schoolies 2008 for offences ranging from minors in possession of liquor in a public place, to persons supplying liquor to minors in a public place.

In addition police officers, who are also appointed as investigators under the Liquor Act, issued 18,961 infringement notices. Police officers tend to address patron behaviour and issues of peace and good order. A majority of notices related to adults consuming liquor in a public place (12,471 or 66%), with a smaller amount related to minors for the same offence (3,154 or 16.5%). OLGR also achieves outcomes through community-based initiatives such as liquor accord groups which develop co-operative strategies to assist in providing local solutions to local problems.

In summary, investigators focus their activities on ensuring licensed premises do not cause amenity concerns in the localities in which they are situated, and licensees provide and maintain a safe environment in and around their licensed premises together with ensuring that responsible service of alcohol is maintained.

## **2.5 Licensee management practices**

In general, the liquor industry has a stated commitment to creating safe and supportive environments for their patrons and staff which includes providing responsible service of alcohol. Consistent with the success of collaboration under the public health approach in other areas, such as gambling harm minimisation, the OLGR works in partnership with responsible venues to continuously improve their practices and undertakes targeted interventions with the minority of licensees who engage in irresponsible behaviour. A key focus of this approach is the provision of, assistance for, and education of licensees to understand their obligations and responsibilities under the Liquor Act. The collaborative approach for the majority avoids lowest common denominator approach to harm minimisation and encourages continuous improvement and best practice. OLGR also facilitates collaborative partnerships through mechanisms such as the Safety Forum where industry, government and community stakeholders are able to formulate strategies and identify best practice in the minimisation of harm and reduction of violence at licensed venues.

Licensees have specific responsibilities under the Liquor Act to maintain a safe environment for patrons; not serve minors or unduly intoxicated persons; and ensure

liquor is served in a manner consistent with minimising harm and maintaining peace and good order in the neighbourhood. Facts sheets, guides and information are provided by OLGR to assist licensees in understanding and meeting their legislative obligations. Recent reforms of the Liquor Act require robust management practices including:

- requirement for Approved Managers;
- Risk Assessed Management Plans (RAMP);
- Responsible Management Licensed Venues (RMLV); and
- Responsible Service of Alcohol (RSA).

OLGR investigators conduct regular peak hour compliance inspections of licensed premises as part of normal operations. Compliance inspections cover all areas of the Liquor Act, particularly focussing on alcohol serving practices, and the provision of a safe environment for all patrons. Other areas include staff training; security provider numbers; CCTV requirements; fire safety matters; internal and external lighting; advertising; entertainment issues; licensee behaviour; and patron behaviour.

### **2.5.1 Responsible Service of Alcohol and Responsible Management of a Licensed Venue**

International research confirms that server training and sales practices can produce significant differences in the blood alcohol levels of patrons leaving the licensed premises.<sup>10</sup> Findings indicate that establishments with staff trained in the responsible service of alcohol are more likely to facilitate responsible levels of alcohol consumption. Studies also demonstrate positive results from staff training identifying increases in staff interventions to slow or stop consumption of alcohol by pseudo-drunk customers.<sup>11</sup>

Australian research reinforces these findings, arguing that server training should be mandatory and that licensing laws must be routinely enforced if the goals of responsible service are to be met.<sup>12</sup>

Recent reforms to the Liquor Act now make it mandatory for all staff involved in the sale and supply of alcohol in Queensland to have completed training in the responsible service of alcohol. This includes bartenders, glass collectors, floor hostesses, room service staff and bottle shop staff. The training is designed to increase staff knowledge and awareness about responsible server practices. Trained staff are better able to identify problems; provide a variety of techniques to prevent intoxication; observe patrons to recognise signs of undue intoxication; promote non-alcoholic and low alcohol drinks; and adjust service as necessary. Queensland has been at the forefront of best practice in this area for the past decade and is well placed to contribute at the national level towards nationally consistent approaches to responsible serving of alcohol.<sup>13</sup>

In addition, Queensland introduced Responsible Management of Licensed Venue training which is mandatory for all licensees, nominees and managers. Under the Liquor Act, the licensee and the approved manager are required to operate their business within a broad community context according to the principles of harm minimisation and risk management. This means that the business must be managed

<sup>10</sup> G Edwards et al. (1994) *Alcohol policy and the public good*, Oxford University Press.

<sup>11</sup> Russ, N & Geller, E (1987) 'Training bar personnel to prevent drunken driving: a field evaluation' In *American Journal of Public Health*, 1987, Vol 77, Issue 8, pp. 952-954.

<sup>12</sup> Lawlink, Crime Prevention Division (2001) *Preventing Violence: prevention program*: <http://www.lawlink.nsw.gov.au>

<sup>13</sup> National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020*, National Preventative Health Strategy: the roadmap for action, Commonwealth of Australia, p. 268.

in a socially responsible manner and that strategies are put in place which promote the responsible consumption of alcohol and provide a safe environment both in and around the licensed premises.

The mandatory requirements of both the Responsible Service of Alcohol and Responsible Management of Licensed Venue training have only recently been implemented and there are transitional arrangements for existing licensees and managers: After it has been operational for a reasonable period, the effectiveness of the mandatory requirements will be assessed.

## 2.5.2 Security measures

Research indicates that adopting and enforcing policies designed to promote safety within licensed premises are associated with lower levels of intoxication and problems (Babor et al. 2003).<sup>14</sup> While security providers are regulated by the Office of Fair Trading under the *Security Providers Act 1993*, the Chief Executive can specify how many security officers are required at a particular venue, or use powers under a liquor permit application to dictate numbers, placement and supervision of security staff at an event or occasion.

The following provides a list of some of the security measures adopted in and around late-night trading venues:

- security providers being employed in ratios promoting patron safety;
- professional requirements for security providers, including incident registers, and uniform dress codes to assist with identification;
- ID scanners capturing drivers licence information upon entry to the premises. Matching this data to camera (CCTV) recordings has proved effective in promoting appropriate patron behaviour, removing perceptions of anonymity and identifying offenders for serious incidents;
- CCTV provides a safer environment for patrons, coerces compliance and also assists police in identifying offenders involved in incidents;
- security providers providing a visible presence in the vicinity of late night trading venues for a period of one hour after closing to deter and/or quickly diffuse problems;
- maintaining a police presence as a deterrent within precincts (eg Fortitude Valley, and Flinders Street East Townsville) also enhances perceptions of safety in the precinct and surrounding areas;
- responsible management at licensed premises, including trained managers with an understanding of their legislative obligations and responsibilities;
- providing 'marshals' at taxi ranks and bus stations to ensure an orderly dispersal of patrons using public transport; and
- having good quality lighting within and outside licensed premises.

As the Liquor Act is limited to licensed areas only, security staff attached to licensed premises are constrained to these areas. As a result, controlling patrons in public areas, such as outside licensed premises or in nearby public transport queues or stations is the responsibility of police. Police officers are classified as 'liquor licensing investigators' under the Liquor Act and have all powers an OLGR investigator may exercise. Accordingly, police cover all matters relating to law and order outside licensed venues.

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<sup>14</sup>Summary of Barbor et al. (2003) Alcohol: No ordinary commodity – Research and public policy, viewed on 22 September, <<http://www.ias.org.uk/resources/publications>>

### 2.5.3 NightLink

In December 2005 the Government introduced "NightLink" services. This program was developed in response to alcohol-fuelled incidents in which limited public transport access was considered a contributing factor. NightLink involves the provision of safe, all-night public transport services during peak periods (Friday and Saturday nights) in peak locations (inner-city Brisbane Entertainment Precincts) using buses, trains and taxis.

NightLink bus services depart from dedicated pick-up points and passengers may be dropped off anywhere along a route. Since introduction, only minor changes have been needed to meet usage patterns and in response to customer feedback. Secure taxi ranks complement the NightLink services, the number of which has increased from six to 11 since introduction. A secure taxi rank is staffed by at least one rank marshal (sourced from a taxi company) and at least one security guard, and is monitored by CCTV. The costs associated with maintaining secure ranks are shared by industry through the Taxi Industry Security Levy, an annual levy on the owners of each taxi in the taxi service area.

### 2.5.4 Codes of practice

A voluntary code of practice was developed in conjunction with the industry to provide a proactive whole-of-industry approach to ensure liquor is served and promoted responsibly. It encourages the creation of safe and secure environments for patrons of licensed premises. The code of practice is used as an educative tool to assist staff employed at licensed premises to understand the obligations and responsibilities of licensees and patrons. Some Liquor Accords develop their own code of practice which take into account the particular needs of their locality. The code will be updated to reflect the recent changes to the drinking guidelines released by the National Health and Medical Research Council.<sup>15</sup>

The voluntary code of practice reinforces the Government's commitment to working in partnership with the industry, particularly at the local level where best practice is developed in response to issues. A voluntary code of practice also recognises that 'when faced with good evidence of the negative externalities arising from particular practices a majority of the industry want to do the right thing'.<sup>16</sup> Where required, black letter regulation through legislation is introduced to ensure the object of harm minimisation is achieved.

## 2.6 Environmental factors

### 2.6.1 Physical characteristics of premises

Research indicates that physical factors in licensed premises can contribute to increased levels of aggression.<sup>17</sup> Contributing factors include venues with capacity for large number of patrons; dilapidated décor; seating in rows; and poor lighting.<sup>18</sup> The 1997 Surfers Paradise Action Project identified a relationship between internal traffic flow and aggressive behaviour. Venues characterised by well designed floor

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<sup>15</sup> National Health and Medical Research Council (2009) *Australian Guidelines to reduce health risks from drinking alcohol*, Australian Government.

<sup>16</sup> National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020, National Preventative Health Strategy: the roadmap for action*, Commonwealth of Australia, p. 58.

<sup>17</sup> McIlwain, G & Homel, R (2009) *Sustaining a reduction of alcohol-related harms in the licensed environment: a practical experiment to generate new evidence*, Griffith University, Australia.

<sup>18</sup> Graham, K & Homel, R (2008) *Raising the bar: preventing aggression in and around bars, clubs and pubs*, Willan Publishing, United Kingdom.

plans recorded lower numbers of incidents as opposed to venues where patrons, through physical design, bumped into one another.<sup>19</sup>

In Queensland, environmental factors are taken into consideration through a risk assessment process where licensees are required to develop a RAMP as a prerequisite to the licensing process. This plan replaced house policies and allows for the licensees to identify local conditions and risks, and to demonstrate how their business is meeting the Liquor Act's first objective of harm minimisation.

A risk assessment incorporating environmental factors is also conducted by liquor investigators for each application for a liquor licence or variation to an existing licence. The purpose of the risk assessment is to ensure the environment is appropriately conditioned and any potential harm is minimised. One of the major focuses of the process is to minimise the impact of the premises and use of the premises on the locality in which it is situated (for example, noise minimisation, trading hours in suburban areas).

The risk assessment is extensive and includes dealing with matters such as the following:

- Are the premises suitable for the principal activity of licence type requested?
- Are trading hours considered suitable for the area (both early open and late close)? Will it impact on the area and how?
- Are there sufficient services in the area to suit the premises?
- What is the proximity to residential areas and sensitive facilities such as churches, schools, parks, child care and hospitals?
- Is there sufficient street lighting?
- Are there any unsafe areas/items or weaknesses such as vegetation/alleys conducive to crime?
- Are there sufficient transport services (buses, taxis, car parking) for adequate patron dispersal at close?
- Are there any concerns for safety regarding vehicular movement? (patrons falling onto, or having to cross, busy roadways etc.)

During regular compliance activities conducted by liquor investigators, changes to premises are monitored to ensure that the relevant applications have been lodged so that a critical assessment can be determined.

The 'Safer Venues' program is a setting based program that aims to create environments that support positive drinking choices and reduce the negative outcomes associated with excessive alcohol consumption. The program involves working proactively with the liquor industry to improve safety in and around licensed venues. In short, the program involves auditing licensed venues against a predetermined set of safety standards and providing them with feed back on mechanisms for improving patron safety. A structured awards system acts as an incentive for licensed venues to both participate and implement recommendations to improve patron safety standards.

The 'Safer Venues' program was successfully piloted in Toowoomba in 2003, and has since been rolled out across Southern Queensland (Toowoomba, Ipswich, Logan, Warwick, Roma, Chinchilla, Mitchell, St. George, and Charleville), Brisbane (Fortitude Valley and Moreton Bay region), and Rockhampton. Preliminary program evaluation has indicated that up to 80 per cent of repeat participating venues have

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<sup>19</sup> McIntyre, S & Homel, R (1997) 'Danger on the dance floor: A study of interior design, crowding and aggression in nightclubs. In Homel ED 'Policing for prevention: Reducing crime, public intoxication and injury' (Vol 7) New York: Criminal Justice Press.



made improvements to safety standards based on feedback provided as a part of the Safer Venues audit process.

## **2.6.2 Serving alcohol in containers other than glass**

Violence in licensed premises in which glass is used as a weapon has sparked considerable community concern in recent times. In the media and broader community this practice is often referred to as 'glassing' – a colloquial term for using a glass drinking vessel (including a bottle) as a weapon.

Recently 41 licensed premises in Queensland were identified as having one or more glassing incidents that were reported to police, over the last 12 months.

There are three offences which are usually involved when such conduct occurs:

**Wounding (section 323):** A wounding occurs when the true skin of a person is penetrated or broken. The means by which the wound was inflicted is immaterial, however this offence is usually charged where a knife or glass has been used by the offender. The offence is punishable by a maximum penalty of seven years imprisonment and as the offence contains no element of 'assault', provocation is not a defence to this charge.

**Assault occasioning bodily harm (section 335):** The offence applies to any person who unlawfully assaults another and thereby does the other person bodily harm. It is a circumstance of aggravation to this offence if the person is or pretended to be armed with any dangerous or offensive weapon or instrument or is in company with one or more other person or persons. This offence would be considered where a glass has been used to inflict injury resulting in minor lacerations as opposed to penetrating or breaking the victim's true skin. In such a case the circumstance of aggravation would apply because of the use of a glass, which would constitute an offensive weapon. The maximum penalty for this offence is seven years imprisonment increasing to ten years imprisonment if a circumstance of aggravation charged.

**Grievous Bodily Harm (section 320):** The offence applies to any person who unlawfully does grievous bodily harm to another. Grievous bodily harm (GBH) is defined, in section 1, to mean (a) the loss of a distinct part or an organ of the body; (b) serious disfigurement; or (c) any bodily injury of such a nature that, if left untreated, would endanger or be likely to endanger life, or cause or be likely to cause permanent injury to health. The maximum penalty for this offence is imprisonment for 14 years. This offence is usually charged where serious disfigurement or other complications, for example, loss of sight, occur as a result of the 'glassing'. Similar to the offence of wounding, provocation is not a defence to this charge.

Where glassing offences result in a charge of unlawful wounding, a period of imprisonment is typically imposed on the offender. The Queensland Court of Appeal has previously noted that *"use of a broken glass is a serious matter. Crimes of this kind need penalties which deter...others from like conduct"* (*R v Toohey [2001] QCA 149*). In that case the court confirmed that the typical range for glassings that result in a charge of unlawful wounding was a sentence of between 1 and 3 years imprisonment.

One option that could be explored by the Committee is whether or not these or other Criminal Code offences should be amended to specifically incorporate the use of glass as an aggravating factor, resulting in higher maximum penalties. There are

some complexities attaching to this. There is an argument that, in combination, the Criminal Code and *Penalties and Sentences Act 1992* adequately provide for aggravating factors to be taken into account in the prosecution and sentencing of 'glassings'. Whilst amendments to the Criminal Code would target particular behaviour, consideration would need to be given to comparable penalties for offences involving other weapons (eg knives, baseball bats etc).

Given the limited research in this area, the Government recently commissioned external research by Griffith University to address the knowledge gap about glassing behaviour.<sup>20</sup> The research project involved a literature review and the collection of qualitative data through interviews with licensed venue owners and managers, and from Queensland Police and the OLGR incident reports. Most interview participants favoured a combination of strategies with rapid removal and toughened glass representing the single most popular combination. The findings of this research will be considered as part of ongoing government policy development.

Initial action taken to address the issue included OLGR undertaking compliance inspections to ensure that licensees rapidly remove glass containers and receptacles from tables and consumption areas. There has also been a re-invigoration of Liquor Accord processes across Queensland with a view to establishing best practice harm minimisation measures. In addition, a number of proactive licensees around the state have already taken measures to introduce glass alternatives on a voluntary basis.

Furthermore, the Government moved quickly to draw together relevant agencies to analyse the situation in Queensland and provide Government with recommendations for action.

On 8 October 2009, the Parliament passed legislation that gives the Chief Executive power to ban the use of regular glass (including jugs and bottles) by high risk venues by the end of 2009. The Government recently released a list of venues which will potentially receive show cause letters in response to the occurrence of glassing within their premises. The Chief Executive will consider the facts around cases in which glass was involved within a premise and any information provided by notified licensees during the show cause period.

In addition to this new banning power for high risk premises, under the Liquor Act the Chief Executive can also impose conditions on licences and permits to address harm minimisation and patron/community safety issues. In this case, the condition can be used to restrict the use of regular glass where there has been a history of violent incidents. The Chief Executive relies on evidence to send a notice to the licensee, referring to the evidence and inviting submissions in response. Any decision is appealable to the CCT. Alternatively, if there is sufficient evidence, OLGR may take disciplinary action against the licensee which would also be subject to appeal to the CCT. In addition to the annual licence fee, a fee loading of up to \$20,000 may be imposed on licensed premises where glassings or other major traumas have occurred in situations where the actions or inactions of licensees contribute to these serious incidents.

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<sup>20</sup> Mazerolle, P & Cassematis, P (2009) Understanding glassing incidents on licensed premises: Dimensions, preventions and control, Griffith University, funded by the Queensland Government.

## 2.7 Advertising

Babor et al<sup>21</sup> reported that exposure to repeated high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking. In addition, alcohol advertising predisposes minors to drinking well before legal age of purchase and has also been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk-free. Legislation restricting alcohol advertising is a well-established measure used by governments throughout the world.

In Queensland, OLGR's responsibility for licensed premises promotes a focus on regulation of advertising within venues and also the banning of external advertising of drink prices, free drinks, multiple drinks and/or discounted liquor at all licensed premises in Queensland.

Types of external advertising banned under the Liquor Act include free drinks; multiple quantities of liquor; the sale price of liquor; and any type of drinking promotion, for example happy hours and all you can drink. Advertising of discounted drinks and/or drink promotions may still occur inside the premises, but not if it is visible or audible to a person outside of the premises. The law does not ban the provision of free drinks, multiple drinks or promotions; rather the external advertising of such promotions is proscribed. Licensees who breach the advertising ban may be fined up to \$10,000.

Dangerous new trends are becoming apparent with an increase in the number of young people who are binge drinking. Binge drinking greatly increases the risk and incidence of injury, assault and public disorder, as well as social, health and other problems. Extreme discounts, free drink promotions and other drink promotions targeting young people perpetuate a culture of binge drinking. The practice is usually driven by one or two licensees in a locality with others then being driven by competitive pressures to follow.

An example of one of the measures undertaken by the Queensland Government to counter this is the "One Punch Can Kill" campaign, designed to educate young people about the consequences of violence (often arising in alcohol-related situations). More details are provided about this in section 1.9.1 below.

At the Commonwealth level, there has been considerable focus on regulating alcohol promotion in a broader context. The National Preventative Taskforce<sup>22</sup> held that reducing exposure by young people to alcohol promotions is an essential element in reducing alcohol-related harm in Australia. This view was further enforced by evidence that young people are highly vulnerable to the effects of alcohol up to the age of 25. The advertising and promotions-specific action proposed in the Preventative Health Taskforce's *National Preventative Health Strategy* (p. 272) outlines a first phase measure (from 2010-2013), of phasing out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including advertising during live sport broadcasts, high adolescent/child viewing times and sponsorship of sporting/cultural events.

A responsive regulatory approach is proposed under the *National Preventative Health Strategy*, whereby the effectiveness of the voluntary approach to alcohol promotions, which was agreed by the Ministerial Council on Drugs Strategy in April

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<sup>21</sup> Summary of Babor et al. (2003) Alcohol: No ordinary commodity – Research and public policy, viewed on 22 September, <<http://www.ias.org.uk/resources/publications>>

<sup>22</sup> National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020, National Preventative Health Strategy: the roadmap for action*, Commonwealth of Australia, p. 25.

2009, will be monitored and evaluated. If the co-regulatory approaches are not effective in phasing out the alcohol promotions from times and placement which have a high exposure to young people up to the age 25 years, then independent regulation through legislation will be proposed.

In addition, the *National Preventative Health Strategy* (p. 272) recommends health advisory information labelling on containers and packaging of all alcohol products to promote safer consumption of alcohol. It also proposes counter advertising (health advisory information) as prescribed content within all advertising at a minimum level of 25% for the advertisement broadcast time or physical space.

## **2.8 Alcoholic content of drinks**

Reducing alcohol content in products including those aimed at young people is an issue currently being examined by the MCDS. OLGR currently imposes conditions on the service of alcohol at one-off community and commercial public events which are deemed to be high risk. Service of liquor can be restricted to medium and low strength beer, cider and pre-mixed spirits where the alcohol content by volume is 4 per cent or less, as well as wine with a maximum single serve of 100ml. In making decisions about high risk community and commercial events, the Chief Executive considers the proposed event and the wider implications surrounding the supply and consumption of liquor, including its impact on public safety and the wider community.

The Preventative Health Taskforce's *National Preventative Health Strategy* (p. 274) proposes that the National Competition Council lead the development of a public interest case for minimum (floor) price of alcohol to discourage harmful consumption. This rationale stems from a recognition that alcohol consumption is price sensitive.

### **2.8.1 Ministerial banning power**

A recent British Medical Association<sup>23</sup> report raised concerns about unprecedented increases in the number of new alcohol products and associated marketing and promotional activities in recent years. The report identified research demonstrating the appeal of alcoholic drinks to various segments of the youth market and their contribution to both riskier drinking and lowering the age of the onset of drinking.

Following the Queensland Government's Liquor Act reforms, the provision of a new Ministerial banning power enables urgent action to be taken to prevent the sale of undesirable liquor products which inappropriately target young people or encourage rapid and excessive consumption. This banning power is not directed at restricting innovation in the industry, but rather as a harm minimisation measure to prevent the marketing of products specifically designed to appeal to one of the most vulnerable groups in our society. Furthermore, in the recent reforms the definition of 'liquor' was expanded to ensure products with a novelty value that target young people or encourage irresponsible or rapid consumption of alcohol, such as alcohol vapour or alcoholic milk products, are now able to be captured under these provisions.

On 8 October 2009, a regulation was made to effect a ban on a product known as Go Vodka Tubes, to commence following expiry of the interim ban. This product was considered undesirable due to its attractiveness to younger persons and its propensity to encourage the rapid and excessive consumption of alcohol.

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<sup>23</sup> Hasting, G & Angus, K (2009) *Under the influence: the damaging effect of alcohol marketing on young people*, British Medical Association Science and Education Department and the Board of Science, September 2009, p. 31.

## **2.9 Alcohol prevention and treatment programs**

The Government implements a range of alcohol prevention and treatment programs to prevent and respond to harmful alcohol consumption, and reduce negative outcomes such as alcohol-related violence.

Key state-wide alcohol prevention programs (discussed in more detail later in this submission) include:

- education campaigns, such as the Young Women and Alcohol Campaign, to support and encourage the choice not to drink, raise awareness and understanding of the harms of intoxication, and promote drinking within low-risk guidelines;
- school-based programs to help build young people's resilience and refusal skills such as the 'School Based Youth Health Nurse Program' which provides prevention and support for students;
- parenting programs such as the 'Positive Parenting Program' (Triple P) which is one of the first steps in reducing risk factors for drug use; and
- community-based programs such as the 'Good Sports Program', which encourages community sporting clubs to adopt responsible alcohol management practices and provide safe environments for players and families.

There are also a range of local alcohol prevention programs. Key activities include:

- Local Alcohol, Tobacco and Other Drug Services which focus on health promotion, prevention and treatment services for alcohol misuse;
- delivery of local alcohol prevention programs to promote and create public safety and amenity including the 'Safer Venues Program', which aims to reduce the negative outcomes associated with excessive alcohol consumption within liquor licensed venues; and
- local community programs involving small seeding grants to community organisations to promote responsible drinking messages and practices.

There are a range of dedicated alcohol, tobacco and other drug treatment services and programs delivered by government (Queensland Health), non-government and community-based organisations. Alcohol and other drug services provide a range of interventions including screening, assessment, brief intervention, individual treatment planning, case management, counselling and referral for detoxification, residential rehabilitation or other appropriate services.

## **2.10 Vulnerable groups**

### **2.10.1 Young people**

One of the seven priorities areas for action outlined in the *Queensland Drug Strategy* is '*Alcohol, young people and young adults*'. The Queensland Government implements a range of strategies including prevention, early intervention and clinical responses under this priority area to support and increase the resilience of young people to prevent the uptake of alcohol use and misuse, and minimise alcohol-related harms. These measures are outlined throughout this submission, but two in particular are noted here.

The Safer Schoolies Initiative is a whole-of-government response to reduce harm including alcohol-related violence at annual Schoolies events in Queensland. This initiative involves the Department of Communities; Queensland Treasury; Department of Justice and Attorney-General; Department of Community Safety;

Queensland Police Service; Department of Education and Training; Department of Employment, Economic Development and Innovation; Queensland Health; and Queensland Transport and Main Roads, as well as local councils and numerous volunteer and community partners.

The aim of the response is to minimise disruption to communities and enhance the safety and responsible behaviour of school leavers who attend Schoolies. This approach involves preventative measures such as targeted education and awareness activities that engage young people in alcohol free events and inform them about how to remain safe during the celebrations. It also involves harm minimisation initiatives such as safe alternative diversionary activities, a highly visible police presence, alternate activities, perimeter fencing at diversionary events, and wristband identification issued as proof of school identification. This latter initiative recognises that a proportion of problems occurring at Schoolies celebrations are due to non-school leavers.

A review of the 2008 Schoolies Education Sessions indicated that 77 per cent of the 2844 surveyed participants agreed or strongly agreed that the sessions increased their awareness of their rights and responsibilities, while 73 per cent agreed or strongly agreed the sessions increased their awareness of health and safety issues. School co-ordinators surveyed showed strong support for the sessions, indicating they were satisfied with the presentation content (100 per cent) and format (89 per cent).

The 'One Punch Can Kill' campaign was a key recommendation of the Government's Youth Violence Taskforce, established in 2006. The first phase of the campaign was launched in December 2007 with \$500,000 in funding from the Government. The campaign featured radio, television, billboard and internet advertisements as well as posters, wrist bands and display signs that were erected at major youth events. Recently, Cabinet endorsed the continuation of the 'One Punch Can Kill' slogan with at least a further \$500,000 to be invested in a major advertising campaign.

The QPS 'Party Safe' initiative provides a process for the community to register parties with their local police. This initiative is also designed to address any alcohol related violence associated with unwanted guests attending registered parties. The initiative includes a party registration form, information brochure on conducting safe parties, wrist bands for those attending a registered party and 'Party Safe' posters, so registered parties are easy to identify. 'Party Safe' also assists police with understanding potential resource implications if any problems occur.

The 'Good Sports Program' is a community-based program delivered in partnership with the Australian Drug Foundation (ADF) which encourages local sporting clubs to implement responsible alcohol management practices. The program is based on an accreditation model, and includes providing incentives to local sporting clubs such as subsidised/discounted Responsible Service of Alcohol training. The program also promotes a ban on alcohol promotions, alcohol-free sporting events, and a range of other strategies such as safe transport options. The program first commenced in Queensland in 2006 with state-wide roll-out occurring across a three year period. Currently, there are at least 250 local community sporting clubs participating in the program in metro, regional and remote areas of Queensland. There are currently 12 ADF Good Sports Project Officers working across 21 Regional Councils in Queensland. Currently officers have a presence in Cairns; Townsville; Mackay; Rockhampton; Bundaberg (Wide Bay); Sunshine Coast; Brisbane; Gold Coast; Toowoomba; Roma (three Regional Councils), and Central West (four Regional Councils).

## 2.10.2 Discrete Indigenous communities

Another of the seven priorities areas for action outlined in the Queensland Drug Strategy is Indigenous alcohol and drug use. The *2002 Meeting Challenges, Making Choices* strategy (known as MCMC) was developed by the Queensland Government in response to the 2001 Cape York Justice Study. This study found that harmful levels of alcohol consumption in remote Indigenous communities represented the chief precursor to violence, crime, injury and ill-health. MCMC is designed to improve the health and well-being of those people living in communities with an immediate focus on addressing the level of alcohol misuse and related violence.

Between December 2002 and June 2006, alcohol management plans were developed in liaison with community justice groups to address specific community alcohol-related problems. The plans included restrictions on the possession of alcohol, trading conditions at local liquor outlets and health and diversionary services required in the community.

In 19 communities a restricted area was declared by regulation pursuant to the Liquor Act, prescribing the amount and type of alcohol able to be possessed in that area.

To support the implementation of alcohol restrictions, high level investigations into the sources of alcohol in restricted communities and surrounding catchment areas are conducted. This has resulted in strict limitations on the supply of alcohol from licensed premises with trading conditions progressively placed on a total of 166 licensed premises in catchments to restricted areas. This includes restrictions on the amount, type and times of takeaway alcohol sales and requirements to maintain a bulk sales register.

In 2007, the Office for Aboriginal and Torres Strait Islander Partnerships undertook a review of Alcohol and Other Substances policies, programs and services. The review found that the response to alcohol management had been partial and needed to be transformed into a more concerted, intensive and sustained program of action across four key themes:

- strengthening supply restrictions;
- strengthening demand reduction;
- strengthening individual, family and community; and
- strengthening service delivery.

In response, an Alcohol Reform package was developed consisting of over \$100 million over four years for services and strengthened legislation. The Queensland Government committed \$66.4 million for service delivery and the Australian Government committed over \$43 million over the four years.

In April and August 2008, the Government undertook intensive consultation with each community to identify service requirements. Each community identified their required services with the majority of those services having now been implemented. These include increased access to detoxification and counselling; men's and women's support groups; establishment of wellbeing centres and service coordination hubs; community patrols; and sobering up shelters. Establishment of new residential rehabilitation services are currently being progressed. The implementation of the enhanced delivery of services continues for each community.

On 1 July 2008, strengthened legislation commenced with amendments to the Liquor Act, *Police Powers and Responsibilities Act 2000* and the *Aboriginal Communities (Justice, Land and Other Matters) Act 1984*. The reforms included:

- prohibiting drinking in public places in the communities, bringing them in line with the rest of Queensland;
- applying the alcohol restrictions to private homes reducing the ability of residents to store illicit alcohol inside their homes and reducing the potential for 'party houses';
- making it easier for residents to declare their homes 'dry' (no alcohol permitted);
- making it an offence to attempt to take illicit alcohol into a restricted area;
- automatically banning home brew and home brew equipment in restricted areas where there is a zero alcohol carriage limit;
- making certain roads that were previously excluded part of the restricted areas; with legitimate travellers exempt from the restrictions if they can prove their destination is not the restricted area; and
- a prohibition on all local governments from holding or maintaining a commercial hotel liquor licence.

A review of alcohol restrictions in all 19 communities was also completed, with reduced amounts of alcohol being permitted in five communities and Cherbourg being declared a new alcohol restricted area, with the previously declared dry places revoked.

These reform measures are currently being monitored using six key indicators: reported offences against a person; hospital admissions for assault; school attendance; new substantiated notifications of harm; new finalised child protection orders; and breaches of the restricted area provisions. These indicators are reported through the Quarterly Report on key indicators in Queensland's discrete Indigenous communities. The most recent data (April-June 2009) is available online: <http://www.atsip.qld.gov.au/government/programs-initiatives/partnerships/quarterly-reports/report-april-june-2009.asp>.

There appear to have been improvements for some communities in certain indicators over time. However, these results vary across communities and, given the limited time that restrictions have been in place, it is still too premature to comment on overall effectiveness of the reforms.

However, a number of key factors for success for alcohol restrictions have been identified:

- effective enforcement is crucial. The threat of enforcement must be perceived as a real and imminent possibility;
- substitution practices adopted as a means of circumventing restrictions, such as the use of alternative substances, moving to unrestricted areas and "sly-grogging" may threaten the success of restrictions;
- a holistic approach is required to ensure long-term change, incorporating a combination of supply, demand and harm reduction initiatives, to maintain the necessary flexibility to deal with adverse consequences;
- no single mix of restrictions appear most effective. Different measures may be more successful than others depending on each area and its specific conditions at any given time. It is important to note though that while supply restriction is necessary while harm levels remain high, in isolation it is not a sufficient condition for reducing alcohol-related harm. Demand reduction and harm reduction measures are also needed; and
- alcohol restrictions must also be combined with increased access to social and health support services appropriate for the population and problems being



experienced; education about the harms of alcohol; and community leadership implementing local alcohol reform initiatives.

The 'Queensland Indigenous Alcohol Diversion Program' (QIADP) is a three year pilot program. QIADP operates across three sites: Cairns (including Yarrabah); Townsville (including Palm Island); and Rockhampton (including Woorabinda). The program has two referral streams:

- the criminal justice stream (80% of clients); and
- the child safety stream (20% of clients).

QIADP involves a range of government agencies working in partnership with communities to develop an innovative treatment program to improve life outcomes for Aboriginal and Torres Strait Islander Queenslanders who have alcohol issues and who have come into contact with the criminal justice system or child protection system.

Between July 2007 and July 2009, 491 criminal justice clients were referred to the program, 301 have been fully assessed, 253 treatment plans have been endorsed by the court, and 83 people have graduated. A proportion of these participants will have been charged with alcohol-related violence.

The Child Safety stream of the program offers frontline staff the option to refer Indigenous parents whose alcohol misuse impacts on their ability to protect their children from harm to an intensive treatment program. A proposed benefit of the program is a reduction in the number of children in care because of alcohol and drug dependency issues within the family. As at 30 June 2009, there were 42 referrals for 2008-09 into the QIADP across the three program areas for Child Safety, Youth and Families clients.

Additionally, the Cape York Welfare Reforms are helping individuals and families to take responsibility for creating better futures for themselves. The reforms are helping people resume primary responsibility for the wellbeing of their family and their community, and ensure their children are safe, fed and educated. The welfare reforms aim to meet these objectives by:

- attaching obligations that relate to school attendance, child safety, tenancy and criminal activity to welfare payments;
- asking each person to take responsibility for his or herself, and their families, to create a better future;
- assisting individuals and families to undertake action on their own behalf in relation to family relationships, drug and alcohol use, problem gambling, child safety and family violence;
- enhancing service delivery where appropriate to support individuals and families in taking action to change their behaviours including implementation in the four trial communities of wellbeing centres which provide drug, alcohol and generalist counselling; and
- building community capacity so that Cape York people are in a position to exercise meaningful choice.

In addition to the 'Strong Community Life Program' (previously outlined in this submission), operated by ORP in DEEDI, Queensland Health also implements a range of community-based programs that aim to engage and mobilise local communities to address alcohol-related problems. These include programs to reduce the demand for alcohol in Aboriginal and Torres Strait Islander communities in North Queensland, for example, the development of the North Queensland Which Way Our Way campaign which delivers culturally appropriate "strong community" messages to Indigenous people from 17 of the 19 Meeting Challenges Making

Choices (MCMC) communities in North Queensland. The campaign messages are delivered through mass media and community channels, and are supported by an engagement strategy involving local community prevention activities across North Queensland.

Queensland Health Alcohol, Tobacco and Other Drugs Branch has undertaken extensive consultation with Health Service District staff responsible for providing alcohol and drug services to the Indigenous communities. Informed by consultation, a treatment service model involving eight clinical service hubs has been developed. A clinical hub is a network of services provided from a central location, such as Weipa, to outlying areas such as Aurukun, Kowanyama, Pormpuraaw. These centrally located services are key clinical services such as counselling and nursing and are supported by local community-based support services provided by trained Indigenous staff. Clinical service hubs will form part of an integrated care pathway where community members can access screening and assessments for alcohol and drug problems as well as counselling and other community-based treatment services. The hubs will work closely with local hospitals to provide detoxification services.

Detoxification services are available from Bamaga, Cherbourg, Cooktown, Doomadgee, Mornington Island, Mossman, Normanton, Townsville, Weipa and Woorabinda. Twelve additional Community Support Workers are being employed across the Indigenous Alcohol and Welfare Reform communities to develop and deliver local responses to alcohol and drug problems. Community-based alcohol and drug professionals (including counsellors, psychologists) are being employed, or funded, in Aurukun, Coen, Mossman Gorge and Hope Vale (through the Well Being Centres) as well as in Bamaga, Cherbourg, Woorabinda, Kowanyama, Lockhart River, Pormpuraaw and Yarrabah. Alcohol and drug professionals will also be based in Mount Isa, Townsville and Weipa to supplement existing services.

### 3 The impact of late opening hours

*What changes, if any, should be made to opening hours, and alcohol service strategies within those hours, to reduce alcohol-related violence? How have late opening hours impacted on the incidence of alcohol-related violence?*

Restricting trading hours is another key regulatory measure to reduce the availability of alcohol. The Preventative Health Taskforce's proposed *National Preventative Health Strategy* (p. 268) has identified outlet opening times as an area for states and territories to work towards developing a best practice nationally consistent approach.

Marsden Jacob Associates (2005)<sup>24</sup> identified that the World Health Organisation and Department of Health and Ageing (Australian Government) have sponsored reviews of scientific papers on the impact of changing the hours or days of trading. The reviews found strong evidence that reducing trading hours or days when alcohol can be purchased is associated with significant changes in overall harm.

International research reviews have concluded that increases in hours and days for which alcohol is available for sale are consistently related to increases in levels of problems. Further, small changes in hours of trading can have significant local impacts.<sup>25</sup> Most Australian studies have shown that increased trading hours have been accompanied by significantly increased levels of alcohol consumption and/or harm.<sup>26</sup>

In May 2009 the Central Sydney Planning Committee conducted the Late Night Trading Research Project<sup>27</sup> to develop ways to assess and respond to the impacts of alcohol. A key finding of the research was that increasing the hours of operation of alcohol outlets will increase rates of alcohol-related crime and other harms. The research also made clear, however, that in attempting to explain high rates of alcohol-related harm in different local areas, that the specific combination of factors is a crucial determinant. These factors include number of outlets, their density, their type and size and their trading hours. A further finding was that the majority of harm is associated with a minority of premises.

The restrictions to Queensland trading hours introduced in the recent reforms to the Liquor Act have supported a harm minimisation objective. Previously, standard trading hours in Queensland were from 10am to midnight, except for cabaret licences which were 10am to 3am. However, trading hours of up to 22 hours had been approved.

As a result of the reforms, standard trading hours are now from 10am to midnight for almost all premises. There are now two periods of extended trading hours available after midnight, 12am to 3am, and 3am to 5am. As a matter of policy, however, approval to trade during these hours is now considered a privilege not a right, and is subject to a far more stringent approval process.

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<sup>24</sup> Marsden Jacob Associates (2005) *Identifying a framework for regulation in packaged liquor retailing* A report for the National Competition Council, June 2005, p 46.

<sup>25</sup> Alcohol and Public Research Unit (2009) Faculty of Medicine and Health Sciences, University of Auckland, New Zealand.

<sup>26</sup> National Drug Research Institute (2007) *Restrictions on the sale and supply of alcohol: evidence and outcomes*, National Drug Research Institute, Curtin University of Technology, Perth, p xii.

<sup>27</sup> Central Sydney Planning Committee, 7 May 2009, Summary of Item 6: Late Night Trading Research Project - File No. S055498.

[http://cityofsydney.nsw.gov.au/council/documents/meetings/2009/CSPC/070509/090507\\_CSPC\\_ITEM06.pdf](http://cityofsydney.nsw.gov.au/council/documents/meetings/2009/CSPC/070509/090507_CSPC_ITEM06.pdf)

To apply for extended trading hours after midnight, applicants must now submit a community impact statement which must identify all adverse impacts on the amenity of the locality which may be caused by the extension of trading hours, and a risk assessed management plan which describes how the licensee will ensure that any adverse impacts will be mitigated.

Each licensed premises is examined on merit for strict levels of safety, amenity and harm minimisation. Additional fees reflecting the cost of administering an approved higher risk trading period (including compliance activity) is payable for both periods of extended trading hours. One off permits for post 12am trading are restricted to 12 per year. Existing on-premises cabaret licences are now known as commercial other-subsidary on premises licence (entertainment), and are no longer able to trade after midnight into Good Friday, Christmas Day and Anzac Day.

Reforms to early morning opening hours have involved a restriction to trading between 9am-10am. All licensees may apply to trade between 9am and 10am if there is a demonstrated community need. Community clubs may apply to trade between 7am and 9am to accommodate shift workers or where the club's opening time is associated with its main purpose, such as the promotion of bowls or golf. Commercial licenses may apply to trade between 7am and 9am only to provide for bona fide functions held on the premises.

On 16 September 2009, a moratorium was announced by the Premier, to apply immediately on applications for extended trading hours after midnight. The moratorium provides for an exemption in an extremely limited number of designated inner city areas which have a concentration of venues already operating with extended hours after midnight. The moratorium is in-force for a 12 month period enabling the Law, Justice and Safety Committee to report to Parliament on its inquiry into alcohol-related violence in Queensland.

### **3.1 What has been the impact of the 3am lockout on the incidence of alcohol-related violence?**

The movement of patrons between different late-night venues is sometimes referred to as club-hopping or pub-hopping and is usually perceived by police as problematic.<sup>28</sup> Lockout policy has been used in Queensland for a number of years as a means of improving public and patron safety in and around late night trading premises, and is now mandatory under the recent reforms to the Liquor Act. Lockouts are also utilised as a licensing intervention in Western Australia (Perth) and Victoria (Warrnambool, Ballarat, Bendigo and Melbourne CBD) as one method of reducing late-night migration between venues and associated anti-social behaviours.<sup>29</sup>

The Preventative Health Taskforce's *National Preventative Health Strategy* (p. 268) has identified late-night high risk venues as an area for states and territories to work towards developing best practice nationally consistent approaches. Queensland is well positioned to contribute to any discussions on use of lockouts as one strategy to deal with alcohol-related violence in late-night venues.

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<sup>28</sup> National Drug Research Institute (2007) *Restrictions on the sale and supply of alcohol: evidence and outcomes*, National Drug Research Institute, Curtin University of Technology, Perth, p.53.

<sup>29</sup> National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020, National Preventative Health Strategy*, p 244.

An evaluation of the lockout condition which was imposed throughout the Gold Coast District by the Chief Executive in April 2004 found that, from a police perspective, the lockout had significantly reduced alcohol-related crime, violence and anti-social behaviour across the Gold Coast District. Four months after the lockout, the overall incidence of alcohol-related crime in the Surfers Paradise Division had dropped 8.91% compared with the same period in the previous year. The report supported the lockout in terms of its capacity to improve the personal safety and property security of residents and visitors to the Gold Coast.<sup>30</sup>

In 2005, a 3am lock-out was trialled in Brisbane, as part of the 17-Point Brisbane City Safety Action Plan. Anecdotally, outcomes included:

- police and liquor licensing inspectors reported an improvement in the amenity of Brisbane City and a general feeling of enhanced security and safety;
- public spaces including King George Square, the Queen Street Mall and Caxton Street were substantially emptied at or about 3am, thereby reducing large numbers of movement by people and risks of assault, theft, and/or other offences against the person; and
- reports provided to liquor licensing inspectors by doormen and security officers at many Brisbane City licensed premises indicated there had been a general improvement in the behaviour and conduct of most patrons both inside and outside licensed premises.

In a study of the impact of lockouts in Gold Coast and Brisbane City/Fortitude Valley<sup>31</sup> the researchers indicated there appeared to be a possibility that the lockout created two rush hours that impacted on overcrowding at entry points to licensed premises and long waiting lines for taxis, whereas prior to the lockout there was only one. A related issue was the risk of patrons being hit by motor vehicles as entry waiting lines to licensed premises extended onto the roadway or very close to the roadway. It was also felt that the lockout discouraged aggressive patrons from leaving the premises, in order to calm down, as they could not re-enter and visitors from overseas and interstate were disadvantaged if unaware of the lockout and consequently refused entry.

The Victorian Drugs and Crime Prevention Committee Parliamentary Committee (2006)<sup>32</sup> found 'lockouts' have great potential in addressing late night alcohol-related social disorder in and around licensed venues. In June 2003 Operation LINK-Ballarat 'Be Safe Late Program' was implemented following a 33% increase in assaults in public places/licensed venues and a 20% increase in reported property damage. The initiative included a commitment by local government to provide additional lighting, and a commitment by police to provide late night foot patrols in the Ballarat CBD.

Reported results included a 47% reduction in assaults in licensed premises, a 34% reduction in street assaults, a 40% reduction in assaults overall, and a 15% reduction in property damage in the Ballarat CBD. Even licensees, although concerned about the possible loss in income that could result from a lockout, were generally supportive, particularly after negotiations with the police resulted in the initial 2am lockout being put back to 3am. In reviewing the program, licensees indicated patron behaviour inside their venues had improved significantly. Overall the use of lockouts

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<sup>30</sup> Gold Coast District Intelligence Office *Lockout Evaluation Gold Coast District*, compiled by Gold Coast District Liquor Coordination Unit, 30 August 2004, p 13.

<sup>31</sup> Palk, G, Davey, J & Freeman, J (2008) Perspectives on the effectiveness of the late night liquor trading lockout legislative provision. In Proceedings Stockholm Criminology Symposium, Stockholm, Sweden. p. 33.

<sup>32</sup> Drugs and Crime Prevention Committee (2006) *Inquiry into Strategies to Reduce Harmful Alcohol Consumption: Vol 1*. Parliament of Victoria. p.605.

in Ballarat, in conjunction with other interventions, such as improved street lighting, improved policing and better access to local taxis appears to be effective.

Lockouts are one of a suite of strategies that can be used to improve the late-night drinking environment along with other strategies such as introduction of CCTV, improved lighting, greater police presence and improved transport.

### **3.2 What other impacts has the 3am lockout had on patrons, venues, and other stakeholders?**

As part of the regulatory impact assessment process conducted in the lead up to the Government's recent Liquor Reforms, stakeholder consultation was undertaken with industry and local government. Local governments favoured the lockout as it had a most significant benefit for the community in improving safety and amenity of local areas. Council respondents to the evaluation cited a marked reduction in the concentration of patrons loitering in the streets around licensed premises, and CCTV camera monitors reported that security maintenance was easier, allowing more incidents to be picked up, and police were more easily able to respond. Police were also able to respond more proactively, and prevent the escalation of violence. Some councils provided local offence statistics from the Queensland Police Service that showed a reduction in the number and degree of offences since the introduction of the lockout, particularly in the post-lockout period from 3am to 6am. Callouts to the Queensland Ambulance Service on the Gold Coast decreased by 66 per cent between 3am and 6am in the first four months after the introduction of the lockout.<sup>33</sup>

The majority of licensee respondents were not in favour of the lockout, with the leading reason cited as difficulty managing the lockout from staff rosters, scheduling entertainment, management of smoking issues and retaining patrons for the latter part of the evening. Anecdotally, many licensees reported a drop in patron numbers, which led to a drop in sales and staffing requirements.

OLGR officers have observed that the dispersal of patrons over the two hour lockout period appears to lessen the number of incidents. Patrons tend to leave the CBD once they have left a premises after 3am and patrons inside premises tend to disperse in a more even flow over the two hour lockout period making dispersal in precincts more orderly.

Informal feedback from some licensees is that the 3am lockout is causing problems in relation to patron safety, for example, where females leave the venue to talk on their mobile phone and cannot regain entry and where people want to gain entry to a premises to use the toilets after lockout. In addition, some licensees have informally suggested the lockout is contributing to assaults and altercations as people argue to try to gain entry after the 3am lockout. Some taxi drivers have expressed concern to OLGR officers that the dispersal at 3am is too much for the number of taxis and it would be better for there to be no lockout.

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<sup>33</sup> Gold Coast City Council (2008) *Submission supporting the 3am lockout*. Gold Coast City Council, Surfers Paradise.

## 4 Flow-on issues for emergency service workers, police, and frontline health workers

*What is the impact of alcohol-related violence on police and other emergency service workers and health workers? How can negative impacts on these workers be reduced?*

### 4.1 Changes to the offence of serious assault

In recognition of the important work undertaken by public officers, such as police, ambulance officers, and emergency service personnel, the Government amended the offence of serious assault in the Criminal Code in 2008 to confirm its application to assaults against all public officers, not just police officers. As a result of this legislative amendment, s340 deems behaviour targeted at public officers that would otherwise constitute a common assault, that is, an assault where no bodily harm results, as a serious assault. Importantly, unlike common assaults punishable by up to three years imprisonment, serious assaults have a higher maximum penalty of seven years imprisonment.

### 4.2 Police

Dealing with alcohol affected persons and the consequences of excessive alcohol consumption, both in terms of injury and crime, has continued to impact on policing at both operational and procedural/policy levels. Determining at an aggregate level the exact impact of alcohol misuse for police is complex, limited by current data collection methods which are constrained by inconsistent and subjective assessments by frontline officers about the contribution of alcohol, and or poly-drug use to an incident.

### 4.3 Paramedics

Between 1 July 2008 and 30 June 2009 operational staff reported 107 incidents of assault, ranging from serious incidents involving workers assaulted by persons who may have been affected by substances (i.e. alcohol and illicit drugs) through to workers who were struck involuntarily by patients due to their medical condition (i.e. hypoglycaemic reactions).

It is not possible to quantify the precise level of alcohol-related violence suffered by ambulance workers as no specific data are held in relation to whether alcohol was a factor in these assaults. However, clear indicators in literature suggest that ambulance officers experience alcohol-related violence. For example, an Australian study identified that 38 per cent of metropolitan and rural paramedics in Victoria and South Australia had suffered physical abuse in the course of their employment as paramedics.<sup>34</sup>

An additional Australian study concerning workplace violence in the health sector,<sup>35</sup> revealed that ambulance officers reported a comparatively high level of exposure to violence, with a wide range of high-risk settings and potential perpetrator groups

<sup>34</sup> Boyle, M, Koritsas S, Coles, J & Stanley, J (2007) *A pilot study of workplace violence towards paramedics*. *Emergency Medicine Journal* 2007; 24:760 – 763.

<sup>35</sup> Mayhew, C & Chappell, D (2003) 'Workplace violence in the health sector: a case study in Australia'. *The Journal of Occupational Health and Safety — Australia and New Zealand*, vol 19(6).

identified. In total, 77.5 per cent (n = 31) of the 40 interviewees reported that they had experienced 83 separate violent events in the preceding 12-month period.

Occupational violence was reported to be commonly perpetrated by young males affected by drugs or alcohol. Ambulance officers appeared to be most at risk when called to isolated sites, domestic premises, and in situations where the potential patients and bystanders were also affected by drugs or alcohol.

An earlier American study identified that exposure to violence and abuse was nominated as the primary occupational stressor for paramedics, noting that 70 per cent believed they were not adequately trained to handle abusive situations. After experiencing an assault, paramedics in this study cited feelings of anger, irritation and fear.<sup>36</sup>

#### **4.4 Hospital emergency department workers**

The NHMRC noted in the Australian Guidelines to Reduce Health Risks from Drinking Alcohol (2009), that while the exact number of alcohol related injuries in emergency departments is unknown it is generally considered to involve a large proportion of all presentations.

The Prevalence of Alcohol and Drug Use in Emergency Department (PADIE) studies identified that while the majority of patients consume alcohol in line with general patterns, approximately one-quarter of those screened had high-risk consumption levels. Of the 1200 patients in PADIE 2, about 11 per cent were considered intoxicated (alcohol and other drugs) on presentation to emergency departments.

The study notes that between eight and 15 per cent of all presentations to emergency departments during the study period were rated as aggressive, although it is not clear what proportion of the aggressive patients were also intoxicated. However, approximately 11 per cent of study participants self-reported having been aggressive or irritated as a result of their drinking or other drug use (Crime and Misconduct Commission, Exploring drug use II, 2008).

The occurrence of alcohol related violence in emergency departments is also noted by Crilly and Chaboyer (2004), noting that alcohol was perceived to be involved in 27 per cent of occurrences. Following a violent incident in Cairns Hospital Emergency Department in November 2008, the Government extended the pilot 'Drug and Alcohol Brief Intervention Team' (DABIT) program to cover Cairns, Gold Coast, and the Royal Brisbane emergency departments.

This initiative was established in recognition of the high number of patients presenting to emergency departments that would benefit from a brief intervention and/or referral for alcohol and other drug related problems. Recent statistics indicate that each month more than 450 patients are seen by the staff of this program with alcohol involved in approximately 75 per cent of these cases. Additionally, staff feedback suggests that DABIT has had a positive impact on the functioning of emergency departments, noting that violence has reduced considerably and clients are more effectively managed for potential alcohol related complications during treatment, reducing risk to both the patient and the hospital.

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<sup>36</sup> Pozzi, C (1998) *Exposure of prehospital providers to violence and abuse*. Journal of Emergency Nursing. Vol 24:4.



In emergency departments, a number of current strategies also target behaviour in an attempt to reduce aggressive and violent behaviour, as well as disruption and/or harm. These strategies include informing the public accessing emergency departments that such behaviour is unacceptable and will involve legal consequences; presence of security staff particularly at peak periods; staff training focusing on building de-escalation skills; accelerated response procedures with local police; and linkages with mental health and alcohol and other drug services.

Most people with mental illness do not engage in violence. The link between substance use and violence is unclear as the risk of violence is a dynamic process influenced by many factors. However, when mental illness and substance use are both present the risk of violence increases substantially.<sup>37</sup> Substance use, including the use of alcohol may also increase the risk of symptom relapse for people with a mental illness.

Queensland Health Mental Health Services recognise the complexities of violence and mental illness and incorporate assessment of risk of harm as a core component of the assessment process for individuals presenting to services. In response to the Report of the Queensland Review of Fatal Mental Health Sentinel Events – *Achieving Balance: A review of systemic issues within Queensland Mental Health Services 2002-2003* (Queensland Government 2005), Queensland Health Mental Health Services have introduced a standardised suite of clinical documentation and core processes for mental health assessment and treatment of individuals with mental health problems. The standardisation of assessment processes aims to improve consistency of clinical documentation in mental health assessments, risk assessment and treatment, and reduce the risk of adverse events. Mandatory screening and assessment of alcohol and other drug use is undertaken as a core component of the assessment process and treatment of co-occurring substance use is a key responsibility of services under the Queensland Health policy Service delivery for people with dual diagnosis (co-occurring mental health and alcohol and other drug problems) 2008.

Queensland Police leads the Mental Health Intervention Project, an innovative state-wide tri-agency program involving Queensland Police Service, Queensland Ambulance Service and Queensland Health. The alliance between the three agencies has developed systemic processes for the sharing of expertise and resources to respond and or safely resolve incidents involving people with a mental illness who are in mental health crisis. The program operates in all Queensland Health Service Districts. Working protocols have been established between the partners to ensure safer outcomes for individuals, increased public safety, safer working environments, rapid service response, enhanced skill and knowledge in all three agencies, improved relationships, and increased networks of crisis prevention capacity.

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<sup>37</sup> Douglas, KS, Guy, LS, & Hart, SD (2009) Psychosis as a risk factor for violence to others: A meta-analysis. *Psychological Bulletin*, 135, 679-706.

## 5 Education campaigns and their role in cultivating effective social change in terms of community attitudes to alcohol consumption

*How do we change the drinking culture and create a culture of individual responsibility? What education campaigns are currently in place? How effective have they been? How could they be improved?*

Research has found that people tended to see harmful use of alcohol as a problem for others and not as an issue for themselves.<sup>38</sup> Additionally, drinkers generally perceive that the benefits of alcohol, including enjoyment; its use as a social lubricant, easing awkwardness; and its relaxant qualities, far outweigh the associated disadvantages.<sup>39</sup> A study in the United Kingdom<sup>40</sup> also found that, in order to achieve the positive outcomes associated with socialising, drinking, partying and clubbing, young people accept that an inherent risk exists that some nights will 'go wrong'.

The National Centre for Education and Training on Addiction has examined the role of cultural influences on the drinking habits of young people. The research found that:

*the meanings attached to alcohol consumption are always changing. Norms and values that define what, where, when and how we drink, and who we drink with, are mediated between people over time. Consequently, ideas on drinking and drinking practices are ever shifting and constantly contested.*

The report identified that in order to understand the cultural influences of young people's drinking, additional research was needed to examine the context in which young people's perceptions of drinking are established, providing a foundation for understanding drinking behaviour and developing interventions to reduce alcohol misuse.<sup>41</sup>

From a social identity perspective, attitude change is most likely to occur under certain conditions of social influence, for example, where current attitudes are inconsistent with valued group norms, or are consistent with undesirable group norms.<sup>42</sup> For example, the concept of social exclusion or 'social erosion' is very important to a young person, therefore social marketing must take advantage by associating risky drinking behaviour with undesirable norms.

The Preventative Health Taskforce's *National Preventative Health Strategy* (p. 246) makes a recommendation that in developing an alcohol social marketing campaign, consideration be given to a staged approach. It proposes an initial focus on raising consciousness about the health and safety effects of drinking for individuals and those around them, followed by specific targeting of various cohorts (young males, females, older people, and parents) regarding the downside of intoxication (for

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<sup>38</sup> Shanahan, Hewitt, Elliot & Shanahan Research (1999) *Summary Report Developmental Research for a National Alcohol Campaign*, Commonwealth Department of Health and Aged Care, Canberra.

<sup>39</sup> *Ibid* p.1

<sup>40</sup> Parker & Williams (2004) *Intoxicated Weekends: Young Adults' Work Hard-Play Hard Lifestyles*, Public Health and Public Disorder, *Drugs: Education, Prevention and Policy*, 14(4), p345-367.

<sup>41</sup> Roche et al. (2007) *Young People and Alcohol: The Role of Cultural Influences*, National Centre for Education and Training on Addiction: Adelaide.

<sup>42</sup> Hennessy & Eggins (2003) *Social Influence Processes and Drinking Behaviour*, *Australian Journal of Psychology*.

example shame, embarrassment and humiliation). Queensland's *Safe Drinking Cultures* is based on a staged and targeted approach (discussed below).

Research indicates that careful consideration is needed in using fear campaigns, as such campaigns generate favourable cognitive responses and attitudinal change only if participants felt vulnerable to the threat.<sup>43</sup> Furthermore, the effectiveness of fear messages requires clear and feasible means for reducing the fear aroused.<sup>44</sup> Stopping drinking altogether, for example, is not a feasible option for young people and has limited potency for this group.

In addition to education campaigns, the *National Preventative Health Strategy*<sup>45</sup> recognises the need for other levers to support efforts to change drinking culture, including possible use of economic triggers such as taxation; legislative and regulatory measures; policing and law enforcement approaches; community actions; and shifting attitudes in the broader population. Education and persuasion have been found to be most effective when coupled with other measures.

Within Queensland government, there are a number of education campaigns targeting problematic alcohol consumption and its consequences. Some are listed below, although it should be noted that a significant amount of activity occurs at a local level in response to local needs which are not captured in any formalised manner.

Young Women and Alcohol campaign is a tailored campaign developed in response to national research in 2004 which showed that more young Queensland women were drinking at risky and high-risk levels in the long-term than their interstate counterparts, and the overall population.

- the *National Drug Strategy Household Survey* results showed that the proportion of young Queensland women aged 18 to 22 years who consumed alcohol at high-risk levels in the long-term increased from 50 per cent in 2001 to 60 per cent in 2004.
- The primary target audience of the Young Women and Alcohol Campaign was young Queensland women aged 18 to 22 years, in particular the 'reluctant' drinkers, who were identified through campaign research as being in transition from immature to mature drinking. These young women had a desire to drink less, but had not yet found the path to leaving their risky drinking behaviour behind.
- Between 2004 and 2008 four phases of the Young Women and Alcohol campaign were implemented. Phase Four of the campaign commenced in 2007 and involved campaign messages and advertising that sought to encourage young women to reduce their drinking by highlighting the benefits to drinking less. The campaign message "it feels good to say no when you want to say no" empowered young women to make their own decisions about their drinking and to say no when they want to. The campaign advertising was delivered to the target market through cinema, television, magazine, online, outdoor and in-venue advertising from Boxing Day 2007 to June 2008.
- Evaluation of Phase Four of the campaign was carried out by an independent market research company in 2008 involving pre and post campaign online surveys with young Queensland women aged 18 to 22 years. The evaluation

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<sup>43</sup> Das, de Wit, Stroebe (2003) as cited in Crano & Pristin 2006, *Attitudes and Persuasion*, Annual Review of Psychology.

<sup>44</sup> Soames (1988) *Effective and Ineffective use of fear in public health promotion campaigns*, American Journal of Public Health, 78(2), p 163-167.

<sup>45</sup> National Preventative Health Taskforce (2009) *Australia: the healthiest country by 2020*, National Preventative Health Strategy: the roadmap for action, Commonwealth of Australia.

demonstrated positive results with high recognition of campaign advertising amongst the target market and, importantly, positive change in young women's attitudes and behaviour towards drinking.

- The campaign results showed that 69 per cent of the target market reported had made or attempted some positive behavioural change as a result of the campaign. Positive behavioural change included reducing the amount of alcohol consumed, the number of drinking occasions, switching to low-alcoholic beverages and abstaining. These results equated to an estimated 88,190 young Queensland females (18-22) who reported having successfully made a positive change to their drinking behaviour, with an additional 2,633 young females who attempted to positively change their drinking behaviour however it was not sustained. Consistent with evaluation results from previous phases of the campaign, positive behavioural change was greatest amongst the 'reluctant drinker' segment of young women with 89 per cent having made or attempted to reduce risky drinking following the campaign.
- Evaluation of the Young Women and Alcohol Campaign across a four year period of implementation (2004 to 2008) has found that the campaign messages and advertising permeated the target market and contributed to significant reductions in harmful drinking amongst young Queensland women (18-22). The evaluation showed there was a significant reduction in high-risk drinking levels (long-term) amongst the target market with a reduction from 60 per cent (pre-campaign - November 2004) to 34 per cent (post-phase four - July 2008). Conversely, there was a significant increase in the proportion of the target market drinking at low-risk levels from 17 per cent (November 2004) to 37 per cent (July 2008).
- There has also been a significant increase in low-risk drinking levels for the short-term from 40 per cent (November 2004) to 66 per cent (June 2008). Conversely, high-risk drinking levels declined from 36 per cent (November 2004) to 15 per cent (July 2008).

'Safer Drinking Cultures Program' is funded using fees collected from the liquor industry and managed by ORP in DEEDI. The program aims to change the drinking culture in Queensland by informing and educating the community about responsible alcohol consumption. The program features three separate, yet mutually reinforcing campaigns. The campaigns target different audiences with tailored messages designed to maximise cultural change. It is recognised that the campaigns represent the first step in a long-term process to change binge-drinking culture as well as reduce the social and economic costs of alcohol misuse and abuse.

- *Don't Kid Yourself* campaign targets parents of children aged 14-17 and aims to discourage parents from providing alcohol to underage children, often referred to as secondary supply. It is discussed in more detail in Section 5 below.
- *Every Drink Counts* campaign targeted young people aged 18-25 promoting their ability to choose to drink responsibly, as well as educating them on the dangerous and the worst consequences of binge drinking. The campaign featured graphic imagery across a range of media outlets including washroom posters in venues, cinema advertisements; and online and press advertisements for both male and female target audiences. The first phase evaluative results indicate that the campaign and its message of 'drink responsibly' reached 52 per cent of Queenslanders aged 18 to 25. Compilation of final evaluation results is currently underway.
- *Strong Community Life* campaign targets Queenslanders living in remote Indigenous communities and aims to educate people about responsible alcohol

consumption through locally staged community events, workshops and radio shows. The Strong Community Life campaign has been delivered in 21 remote Indigenous communities in Queensland. Evaluation of the Strong Community Life campaign is currently underway.

'Self-preservation Program' is designed to assist 'pre-Schoolies' students to make better choices regarding excessive drinking, combining educational resources from community groups, OLGR and the QPS. The program educates Year 11 students on harms associated with excessive drinking; explains legal restrictions/implications; assists in identifying the signs of alcohol affected behaviour; and promotes how to responsibly serve alcohol through Responsible Service of Alcohol training. On completion, each student receives a qualification in Responsible Service of Alcohol. The program is currently being conducted as a pilot program in schools in Hervey Bay and Brisbane, with each program being locally funded. The program was recently implemented for a second year at Kelvin Grove State College.

The QPS 'Drink Rite Program' is aimed at promoting responsible attitudes towards alcohol consumption and drink driving and reducing the incidence of alcohol-related anti-social behaviour. The program highlights the risks and harms associated with excessive alcohol use, including public and personal safety. 'Drink Rite' is usually held in licensed premises where six people are chosen to consume alcohol under controlled drinking conditions and are monitored over a period of time. Participants are breath tested every half an hour and their readings placed on a poster for viewing by other patrons. There were 24 Drink Rite events conducted by Queensland police in 2008, and 19 to date in 2009.

In addition to the resources associated with Drink Rite and Party Safe, the QPS has developed and disseminated a range of information resources to assist young people, parents and community groups, such as the brochures: "*Drugs and the Law and Young People*" and "*Alcohol, Drugs and the Law for Parents*."

School-based Programs – sound evidence exists that teaching social and emotional skills has a protective effect for students across a range of social and behavioural issues, including the use of alcohol and other drugs (Weare and Gray, 2003). The Department of Education and Training encourages schools to provide 'Social and Emotional Learning' (SEL) programs as part of teaching and learning. In 2008, the department published a *Guide to Social and Emotional Learning in Queensland Schools*, which includes information on how schools should select SEL programs. The department also launched a website that provides information for schools and contains a list of evidence based programs. Attaining the five core competencies of SEL, including self awareness, self management, social awareness, relationship skills and responsible decision making, reduces mental health problems such as depression and anxiety, which are significant risk factors for hazardous and harmful alcohol and other drug use later in life (Greenberg, 2003).

The Queensland Government supports the *Act Smart Be Safe* website as a gateway for teachers, parents, students and the community to access information to help improve the safety of young people, particularly during end of year activities. The site provides information for school leavers and their parents about personal safety, underage drinking and illegal activities, as well as about rights and responsibilities.

Schools design and develop alcohol and other drugs education programs to meet the needs of their students in accordance with the Drug Education and Intervention in Schools policy (CRP-PR-005). Schools also have access to a range of existing

resources that specifically address alcohol including the *Rethinking Drinking* resource developed by the Australian Government Department of Education, Employment and Workplace Relations.

Schoolies education sessions are coordinated by the Office for Youth, Department of Communities, with the Office of Fair Trading, QPS and OLGR contributing to the presentation content and allocating presenters from within their respective agencies.

The presentation format includes a 30 minute PowerPoint presentation, followed by an interactive question and answer segment. The key safety message is 'Be safe and watch your mates'. The PowerPoint presentation contains information on a range of topics including alcohol and penalties for underage drinkers, drugs and consequences, drink spiking, drink driving, sexual assault, consumer rights and personal safety. This program will deliver sessions at 52 schools in South East Queensland in the lead up to the Schoolies 2009. A formal evaluation of the program has not been conducted; however, the positive feedback indicates the sessions are very well received.

The Department of Communities also produces the Schoolies Information Booklet which includes information about alcohol and safety contributed by relevant government agencies. In 2008, 55 000 information booklets were distributed to high schools across Queensland.

The Queensland Government is keeping up to date with developments from a New Zealand cultural change program which is demonstrating success in relation to the country's drinking culture. The Alcohol Advisory Council of New Zealand is driving this long-term strategy to shift New Zealand's drinking culture from being tolerant of alcohol misuse and violence, targeting changes to patterns in drinking as opposed to total consumption, and on the causes of intoxication rather than the symptoms (alcohol-related harms). A multi-faceted approach has been adopted addressing drinking culture issues with the broader population as well as risk sub-groups, including a social marketing strategy: *It's not the drinking. It's how we're drinking.*<sup>46</sup>

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<sup>46</sup> Alcohol Advisory Council of New Zealand (2007) *Proposed ALAC Strategic Direction 2007-2012*.

## 6 The role of parents in influencing attitudes towards alcohol consumption

*How are parents influencing the attitudes of young Queenslanders? How can parents be assisted in instilling responsible attitudes to drinking?*

According to the Report of the Chief Health Officer Queensland *'The Health of Queenslanders Prevention of Chronic Disease 2008'*

"...a child growing up in a family in which heavy drinking is accepted is more likely to use alcohol and develop alcohol related problems as they grow up".

The interaction of community, family environments and peer groups are significant influences on young peoples' substance use (Hayes et al, 2004). In general population studies, disadvantage in communities, parental strategies, high levels of family conflict and parental alcohol use are found to be a key factor in adolescent substance use (FaCS Parenting Information Project review, 2004; Hayes et al, 2004). Peer influences become more powerful when parent-adolescent relationships are of poorer quality (AIHW, 2006; Hayes et al, 2004).

Research undertaken by the Department of Communities (Child Safety, Youth and Families) publicly released in 2008 and 2009 looked at the household environment and characteristics of parents from 695 households believed responsible for substantiated harm or risk of harm to their child between April and June 2007. The research showed that whilst these children often came from families where multiple and complex risk factors exist, in nearly half of all substantiated households (47 per cent), one or both parents have, or have had, a current or previous drug and/or alcohol problem. This suggests some parents need help improving their parenting capacity, which includes assistance to instil responsible attitudes to drinking alcohol. (<http://www.childsafety.qld.gov.au/performance/child-protection/parent-profiles.html>)

The Department of Communities assists parents whose alcohol misuse impacts on their ability to protect their children from harm, by referring them to appropriate support services. The aim is to address parental alcohol misuse to enhance their well being and parenting capacity, and in turn, help foster responsible attitudes to drinking in their children.

As previously discussed, Queensland Health delivers parenting programs such as the 'Positive Parenting Program' (Triple P) which is one of the first steps in reducing risk factors for drug use and the 'Queensland Indigenous Alcohol Diversion Program' (QIADP) also plays an important role in addressing parental substance misuse.

### 6.1 Secondary supply

Events such as 'Schoolies' and youth parties held at private residences have attracted significant attention in the community as a result of the behaviour of intoxicated underage teenagers. In some circumstances it is clear that parents and other adults have provided liquor to minors without responsible supervision.

In recognition of this, recent reforms to the Liquor Act created a new offence for adults to supply alcohol to minors in a private place without providing responsible supervision. Factors which are considered in determining whether or not to charge a person with this offence include: the quantity supplied; supervision provided and the age of the minor. The provisions make it an offence to irresponsibly supply alcohol to

minors in private places and the offence carries a maximum penalty of \$8000. The same penalty applies to supplying a minor in public or on licensed premises.

To coincide with the legislative amendments, Government launched an advertising campaign specifically targeting parents of children aged 14-17.

The Don't Kid Yourself campaign is managed by ORP in DEEDI and aims to:

- highlight the consequences of alcohol misuse;
- highlight and prevent harms associated with the reckless supply of alcohol, particularly those unintentional consequences associated with the provision of alcohol to minors in uncontrolled/unsupervised environments, such as sexual and physical violence; and
- instigate attitude and behaviour change amongst parents so they don't irresponsibly supply their underage children with alcohol.

Television advertisements are used to depict the dangerous consequences of supplying alcohol to minors and are supported by a brochure which provides guidelines for parents on alcohol and Schoolies (*The Parent's Guide to Alcohol and a Safer Schoolies*).

The brochure outlines the legal penalties for secondary supply and was first published in 2008 in partnership with The Sunday Mail. The brochure was developed collaboratively with other departments, including Queensland Transport and Department of Communities and charity organisations.

According to AC Nielsen research, the campaign reached 59 per cent of Queensland parents with the message not to buy alcohol for their children. Once shown the advertisement, 69 per cent of respondents believe it makes parents think before buying alcohol for their underage teenagers. Based on the positive first phase evaluative results, the Don't Kid Yourself television advertisement will be re-run for a four week period prior to Schoolies 2009. The television advertisement will air across Queensland. AC Nielsen research also showed that, of parents who saw the parents' guide, 90% found it to be useful. Based on this positive feedback, the parents' guide brochure is being published again in 2009 and will be distributed by Department of Communities to parents through high schools and Parents and Citizens Associations prior to Schoolies in November 2009.)



## 7 The economic cost of alcohol-related violence

*What is the economic cost of alcohol-related violence to the Queensland community? How could this cost be reduced?*

Collins and Lapsley have estimated the total social costs of alcohol abuse in Australia in 2004/05 to be over \$15 billion. Of the total tangible social costs of alcohol abuse in 2004/05 (\$10.8 billion), it is estimated that \$1,424M was a result of alcohol-related crime.<sup>47</sup> Separate estimates for the States were not provided.

### 7.1 Queensland Police Service (QPS)

Assessing the impact of alcohol related violence on police resources is problematic. Some contact with police remains unrecorded on official databases as some people, particularly vulnerable groups, are diverted away from the criminal justice system. In addition, determining the contribution of alcohol to calls for service within private residences is difficult to estimate in any valid manner due to lapse in time and/or a more pressing need to deal with the issue associated with the call for service.

However, a number of studies indicate that a significant amount of police resources are consumed dealing with alcohol-related violence. For example, English et al (1995)<sup>48</sup> estimated that 47 per cent of all perpetrators of assault were intoxicated prior to the event. The table below, modified from a report by Doherty & Roche (2003)<sup>49</sup> summarises some other Australian studies which have examined the prevalence of alcohol-related violence.

**Studies Involving Alcohol in Crime, Violence and Disorder**

Place (year)	Offence Type	% Alcohol Relationship
Australia (Mouzos, 2000)	Homicides: • victim and offender • offender only • victim only	44.8% 9.2% 5.5%
Australia (James & Hallinan, 1995)	Homicide • victim and offender	>33%
New South Wales (Ireland & Thommeny, 1993)	Calls 10pm – 2am Assault Domestic violence	73% 40%
Queensland (Arro, Crook & Fenton, 1992)	Serious assault Assault Domestic disturbance Steal with violence	82.4% 45.9% 53.3% 66.7%

Source: Doherty & Roche (2003)

<sup>47</sup> Collins & Lapsley (2008) *The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol*, National Drug Strategy Monograph Series No. 70.

<sup>48</sup> English, DR, Holman, CDJ, & Milne, E. (1995) *The quantification of drug caused morbidity and mortality in Australia, 1995*, Commonwealth Department of Human Services and Health, Canberra.

<sup>49</sup> Doherty, SJ & Roche, AM (2003) *Alcohol and Licensed Premises: Best Practice in Policy, A Monograph for Police and Policy Makers*, Australasian Centre for Policing Research, Adelaide.

The National Drug Strategy Law Enforcement Funding Committee (NDSLEFC) funded an *Alcohol and Drug Incident Management Survey (ADIMS)* in 2004. The ADIMS showed that a substantial amount (approximately 30%) of police work involves attendance at alcohol-related incidents. This results in a significant impost on police time and resources. Alcohol-related incidents include disturbances in and around licensed premises and other public places, and domestic and family violence in the home.

A study by Palk et al (2007)<sup>50</sup> conducted over a 5-week period through March to May 2004, examined logs kept by Queensland police attending 31090 incidents. Of the incidents, 23% were alcohol-related, 2% were drug-related and 1% involved both alcohol and drugs. Overall, the findings of this study again suggest that a substantial proportion (approximately one-quarter) of current police work involves attendance at alcohol-related incidents demonstrating the impact that alcohol-related incidents have on police resources. However, only a small proportion of these incidents (about 3%) were in relation to alcohol-related violence. Of the 31090 incidents, 736 were in relation to offences against the person and a further 162 incidents were in relation to sexual offences. However, significant proportions of these violence offences were alcohol-related. For offences against the person, 32% were recorded as alcohol-related, and for sexual offences, 17% were recorded as alcohol-related.

## 7.2 The Queensland Ambulance Service (QAS)

Due to the urgent nature of the contact with patients, the key data elements captured on the Ambulance Report Form are the presenting injury or illness, and the associated treatment variables. The cause and circumstance of each case (including any alcohol-related information) are not routinely recorded.

However, the association between physical and sexual assault, alcohol misuse, and temporal drinking patterns are well established in the literature.<sup>51,52,53</sup> On this basis, the QAS can report on incidences of Assault/Sexual Assault between the hours of 8pm and 5am, to give an indication of the trends associated with violence in these late night periods.

Between 2003/04 and 2008/09 the QAS has observed a significant increase (76%) across the state in calls between 8pm and 5am to Assaults/Sexual Assaults. A significant proportion of these cases are likely to be alcohol-related violence.

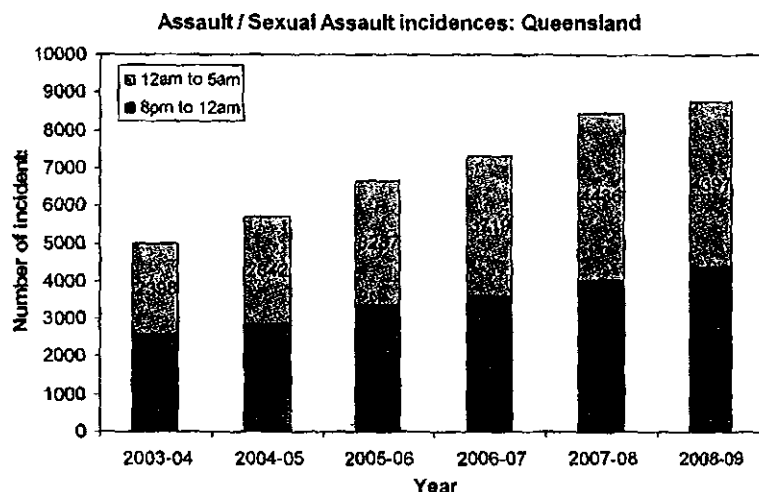
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<sup>50</sup> Palk, G, Davey, J & Freeman, J (2007) Policing alcohol-related incidents: A study of time and prevalence. *Policing: An International Journal of Police Strategies and Management*, 30(1): pp. 82-92.

<sup>51</sup> Wells, S & Graham, K (2003) *Aggression involving alcohol: relationship to drinking patterns and social context*. *Addiction*. 98(1):33-42.

<sup>52</sup> Lipsey, MW, Wilson, DB, Cohen, MA, & Derzon, JH (1997) *Is there a causal relationship between alcohol use and violence? A synthesis of evidence*. *Recent Developments in Alcoholism*. 13:245-82.

<sup>53</sup> Martin, SE & Bachman, R (1997) *The relationship of alcohol to injury in assault cases*. *Recent Developments in Alcoholism*. 13:41-56.



### 7.3 Hospital emergency departments

In Australia, estimates of alcohol-caused harm commonly exclude presentations to emergency departments. Therefore, all people who present to emergency departments but are not subsequently admitted to hospital, are not included routinely in alcohol-related harm data.

The Ministerial Council Drug Strategy is funding a project to develop Aetiological Fractions (AFs) for Emergency Department Presentations. Developing AFs for emergency departments will provide all jurisdictions with the ability to quantify alcohol attributable injury and illness using existing information systems.

The development of these AFs will support:

- quantifying and demonstrating the contribution that alcohol is making to the overall burden of harm being managed by emergency services and within emergency departments;
- improving resource allocation by health authorities;
- establishing the high risk times of the day and week and the contribution of high risk events;
- identifying relative hot spots within jurisdictions and regions;
- monitoring trends in harm;
- more informed liquor licensing decisions regarding current levels of alcohol attributable burden when reviewing new and existing liquor licenses; and
- the evaluation of interventions aimed to decrease alcohol-related problems by police, liquor licensing authorities and health.

This project is due to be completed by September 2010 and is being led by the Drug and Alcohol Office, Western Australia, on behalf of the Ministerial Council Drug Strategy. Project staff are currently in the process of arranging to meet with emergency department stakeholders in all jurisdictions through consultation with an advisory committee.

### 7.4 Department of Justice and Attorney-General (DJAG)

The prosecution of alcohol-related violent offences has repercussions for prosecutions, Legal Aid Office representation, court resources and compensation claims for injuries received. While the Department of Justice and Attorney-General

(DJAG) are able to provide data in relation to violent offences, it has not been possible, due the nature of the data collected, to ascertain if alcohol was involved.

## 7.5 Queensland Corrective Services (QCS)

The economic cost of alcohol-related violence on QCS is unable to be quantified as departmental data, indicates whether or not a person has been convicted of a violence related offence, but does not distinguish alcohol from non-alcohol related causes.

However, research estimates that between 41 per cent and 70 per cent of violent crimes in Australia are committed under the influence of alcohol.<sup>54</sup>

Offenders who have committed an act or acts of violence will typically come into contact with QCS while on remand or after being sentenced for the offence/s. As part of the induction process, QCS officers will gather further information about the offender to identify immediate risks and needs, which includes issues such as withdrawal from alcohol or other substances (but not factors specifically related to offending).

For sentenced offenders, a screening tool is used to identify risk of reoffending. Those offenders serving over 12 months in custody or over 6 months on a community based supervision order (excluding fine option, Intensive Drug Rehabilitation Orders and community service orders) who are subsequently determined to be at higher risk of reoffending receive a further in depth assessment of causal factors related to their offending behaviour, which is used to identify required interventions such as violence or substance abuse programs.

Correctional intervention programs typically look at triggers for offending, which in the case of violent offences, can often include alcohol abuse issues. Based upon an assessment of the offender's risks and needs an offender may be referred to a program which is directed at addressing substance abuse, violence issues or, if required, both. These programs are typically not alcohol specific and instead can encompass the misuse or abuse of a range of substances, such as alcohol, illicit drugs and prescribed drugs. Substance programs include:

- 'Pathways Program' – a high intensity substance abuse program for offenders with a history of criminal conduct and alcohol and other drug use problems;
- 'Getting Smart Program' – a moderate intensity substance abuse program.
- 'Smart Recovery Program' – a maintenance program for offenders who have completed the Pathways or Getting Smart programs;
- 'Ending Offending Program' – a program for Aboriginal and Torres Strait Islander offenders which aims to modify alcohol use and offending behaviour; and
- 'Indigenous Peer Education Program' – delivers an innovative approach to dealing with issues of harm reduction and encourages early referral and treatment through a culturally appropriate peer delivered education and awareness methodology. The program was piloted at Lotus Glen Correctional Centre.

QCS also facilitates a number of other programs that address the link between violence and substance abuse from a broader perspective. These include:

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<sup>54</sup> *Alcohol in Australia: Issues and Strategies - A background paper to the National Alcohol Strategy: A Plan for Action 2001 to 2003/04*, published by the Commonwealth of Australia 2001 and endorsed by the Ministerial Council on Drug Strategy, July 2001.

- the 'High Intensity Violent Offending Program' which consists of the 'Cognitive Self Change Program' (CSCP) and the 'Making Choices Program'. Offenders who have a history of violent offending and have scored high on the risk of re-offending measure, are typically referred to the High Intensity Violent Offending program, and are required to complete both the 'Cognitive Self Change Program' and the 'Making Choices Program' detailed below;
- the 'Making Choices Program' targets a range of dynamic risk factors or criminogenic needs related to general offending which when addressed have been shown to reduce the risk of reoffending. The primary treatment targets, which are those that have a direct link with offending behaviour, include violence propensity (at the moderate level) and alcohol and drug misuse (as it relates to the offence). The secondary treatment targets include insight into offending, improving poor relationships, relapse prevention and self management. Offenders with moderate to high levels of assessed need for substance abuse will need to undertake additional programs to address these issues.

Some offenders who do not participate in these programs will still have access to Alcoholics Anonymous, Narcotics Anonymous and transitional programs and services which includes access to community providers of substance abuse treatment and support, either directly through modules delivered before release, or via referral. 2,300 offenders accessed transitional support programs and services during 2008/2009. Probation and parole also refer offenders to non-government organisations or peer support groups that specialise in substance abuse or violence issues. Referral to a psychologist may also be made in the situation where the offender has high needs that require one on one intervention.

## **7.6 Child protection**

Alcohol-related violence in households and its impact on children and young people is difficult to estimate and in general terms is likely to be underreported. However, given the prevalence of domestic violence and current or previous drug and/or alcohol problems in households where child abuse has been substantiated, the Child Safety Services costs of alcohol and drug related violence can be estimated at approximately \$6.64m in 2009-10.

On 30 April 2009, all governments across Australia endorsed the first National Framework for Protecting Australia's Children 2009-2020 to work together to reduce child abuse and neglect. Two of the strategies under the Framework are aimed at preventing child abuse and neglect by addressing known risk factors: (1) enhance alcohol and substance abuse initiatives to provide additional support to families; and (2) enhance programs which reduce family violence. The first three-year implementation plan (2009-2012) was endorsed by the Community and Disability Services Ministers' Conference on 11 September 2009 and includes over 70 actions. Queensland is committed to implementing the initial three-year actions and participating in the 12 national priority projects.

## **8 Other Matters**

### **8.1 Council of Australian Governments (COAG) - Alcohol agenda**

On 26 March 2008, COAG agreed to the importance of tackling alcohol misuse amongst young people, and asked the Ministerial Council of Drugs Strategy (MCDS) to report back to COAG on a range of options to reduce binge drinking. This included options to address Ready-to-Drink beverages, trading hours, responsible service of alcohol, and reckless secondary supply. COAG also asked that Food Standards Australia New Zealand consider mandatory health warnings on packaged alcohol.

### **8.2 National Preventative Health Taskforce (NPHT)**

The National Preventative Health Taskforce was established in April 2008 and given the challenge by the Australian Government to develop and recommend a national preventative health strategy, focusing initially on obesity, tobacco and excessive consumption of alcohol. The taskforce recently released their report, '*Roadmap for Action*' which recommends a range of national policy measures in relation to alcohol, tobacco and obesity including regulating alcohol promotion. The Australian Government will consider the Taskforce's recommendations.

### **8.3 National Binge Drinking Strategy**

In March 2008, the Prime Minister announced a *National Binge Drinking Strategy* which provides \$53.5 million to address binge drinking among young people. The strategy is comprised of community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; early intervention to assist young people in assuming personal responsibility for their binge drinking; and advertising focusing on costs and consequences of binge drinking.

As part of the community level initiatives component of the *National Binge Drinking Strategy*, the Department of Health and Ageing is seeking applications from incorporated community groups or local government organisations for project proposals that aim to prevent and reduce binge drinking by young people aged 12-24 years.

## 9 Appendix

**Table 1:** Long-term risk of harm for Queenslanders aged 14 years or older

Risk Status	Risk of long-term alcohol-related harm		
	Females	Males	Total
Abstainers <sup>(a)</sup>	13.0%	17.2%	15.1%
Low risk	70.7%	75.5%	73.1%
Risky or high risk <sup>(b)</sup>			
Risky	8.9%	6.7%	7.8%
High Risk	3.2%	4.8%	4.0%
<b>Total risky /high risk</b>	<b>12.1%</b>	<b>11.5%</b>	<b>11.8%</b>

- a. Not consumed alcohol in the past 12 months
- b. For adult males the consumption of up to 28 standard drinks per week is considered 'Low risk', 29 to 42 per week 'Risky', and 43 or more per week 'High risk'. For adult females the consumption of up to 14 standard drinks per week is considered 'Low risk', 15 to 28 per week 'Risky', and 29 or more per week 'High risk'.
- c. A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol

**Source:** Australian Institute of Health and Welfare, 2007 National drug strategy household survey, State and territory supplement, 2008

**Table 2:** Short-term risk of harm (particularly injury or death) for Queenslanders aged 14 years or older

Risk Status	Risk of short-term alcohol-related harm		
	Females	Males	Total
Abstainers <sup>(a)</sup>	17.2%	13.0%	15.1%
Low risk	49.3%	46.0%	47.7%
Risky or high risk <sup>(b)</sup>			
• At least yearly	15.2%	15.2%	15.2%
• At least monthly	11.8%	15.7%	13.7%
• At least weekly	6.5%	10.5%	8.3%
<b>Total risky /high risk</b>	<b>33.5%</b>	<b>40.9%</b>	<b>37.2%</b>

- a. Not consumed alcohol in the past 12 months
- b. For males, consumption of up to 6 standard drinks on a single occasion is considered 'Low risk', 7 to 10 per occasion 'Risky', and 11 or more per occasion 'High risk'. For adult females the consumption of up to 4 standard drinks on a single occasion is considered 'Low risk', 5 to 6 per occasion 'Risky', and 7 or more per day 'High risk'. Short-term risk can be reported on a weekly, monthly or yearly basis. (As per AIHW analysis and report the monthly measure of short-term is used)
- c. A standard drink is 10 grams (or 12.5 millilitres) of pure alcohol

**Source:** Australian Institute of Health and Welfare, 2007 National drug strategy household survey, State and territory supplement, 2008

**Table 3: Drug-related incidents in hotel or club location in Australia of, victims aged 14 years or older by sex, 2007**

Incident	Females	Males	Total
Verbal abuse	21.6%	32.8%	27.9%
Physical abuse	27.1%	37.9%	34.1%
Put in fear	28.0%	23.1%	25.5%

- Base is those who reported being a victim of drug-related incidents in the previous 12 months.
- Respondents were able to select more than one response in relation to the incident.

**Source:** Australian Institute of Health and Welfare, 2008, 2007 National Drug Strategy household survey, detailed findings 2008 (page 90)

**Table 4: Licence holders, Queensland (as at 21 October 2009)**

Licence Type	Total number of licences	Premises licensed to trade between 7am and 10am		Premises licensed to trade between 11am and 10am		Premises licensed to trade commencing between 7am and 10am	
		Number	Percentage	Number	Percentage	Post 7am to 10am	Percentage
Commercial Hotel	1310	511	39%	47	4%	109	8%
Commercial Other - Bar	4	1	25%	0	0%	0	0%
Commercial Other - Industrial Canteen	21	0	0%	0	0%	11	52%
Commercial Other - Producer / Wholesaler	164	0	0%	0	0%	0	0%
Commercial Other - Subsidiary Off Premises	126	13	10%	0	0%	11	9%
Commercial Other - Subsidiary On Premises	3244	95	3%	55	2%	35	1%
Commercial Special Facility	113	23	20%	8	7%	29	26%
Community Club	943	70	7%	1	0%	186	20%
Community Other	498	0	0%	0	0%	0	0%
<b>Total</b>	<b>6423</b>	<b>713</b>	<b>11%</b>	<b>111</b>	<b>2%</b>	<b>381</b>	<b>6%</b>

It is noted that a further 295 Detached Bottleshops, trading under authority of a Commercial Hotel licence, are authorised to sell take away liquor with trade commencing between 7am and 10am.



**Table 5: Application fees**

Application Type	Application Fee
Commercial Hotel Licence	\$5,155
Commercial Special Facility Licence	\$5,155
Commercial Other Licence	\$1,031
Commercial Public Event Permit	\$516 + \$52 for each additional day
Community Club Licence	\$2,268
Community Other Licence	\$516
Restricted Liquor Permit	\$93 for 3 months if less than 10 hours per week, \$180 for 3 months if more than 10 hours per week
Temporary Variation for 1 Occasion	\$52
Vary a Licence in Another Way	\$155
Transfer a Licence	\$259
Duplicate Licence	\$99
Temporary Authority	\$68
Extension of a Temporary Authority	\$68
Alter, rebuild, change or increase the area of licensed premises	\$68
Temporary change for 1 occasion licensed premises	\$52
Renew a Provisional Licence	\$68
Renew a Staged Development Approval	\$68
Extended Trading Hours Approval	\$155

**Table 6: Annual licence fees**

Licence Type	Annual Fee
<b>Base Fees for Licences</b>	
Commercial Hotel Licence	\$2,784
Each Detached Bottle Shop	\$3,093
Commercial Special Facility Licence:	
• If licensee is not authorised to sell or supply liquor at any time between 5am and 10am	\$7,733
• Each additional liquor outlet beyond 10 liquor outlets	\$1,031
• If Licensee is authorised to sell or supply liquor at any time between 5am and 10am	\$10,310
• Each additional liquor outlet beyond 10 liquor outlets	\$1,031
Commercial Other Licence	\$516
Community Club Licence:	
• Club with 2000 members or less	\$516
• Club with more than 2000 members	\$2,268
Community Other Licence	\$258
<b>Risk Criterion - Extended Trading Hours</b>	
Approved extended trading hours for the licensed premises between 7am and 9am	
• During weekends only	\$773
• Otherwise	\$1,031

Licence Type	Annual Fee
Approved extended trading hours for the licensed premises between 9am and 10am	
• <i>During weekends only</i>	\$387
• <i>Otherwise</i>	\$516
Approved extended trading hours for the licensed premises between 12am and 3am	
• <i>During weekends only</i>	\$5,799
• <i>Otherwise</i>	\$7,733
Approved extended trading hours for the licensed premises between 3am and 5am	
• <i>During weekends only</i>	\$7,733
• <i>Otherwise</i>	\$10,310
Risk criterion – no provision of food	\$1,031