

QUEENSLAND COALITION FOR ACTION ON ALCOHOL

**ACTION**  
**ON**  
**ALCOHOL**

WORKING TOGETHER TO REDUCE ALCOHOL RELATED HARM

# OUR SHOUT

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**QCAA 2015 Queensland Election Platform**

December 2014



# ABOUT QCAA

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The Queensland Coalition for Action on Alcohol (QCAA) is a coalition of Queensland health and community organisations committed to reducing alcohol-related harm. QCAA identifies and prioritises actions needed to reduce alcohol harms and improve the health and wellbeing of Queenslanders and ensures that these actions are raised with decision makers.

QCAA currently has 11 member organisations, these are:

- **Australian Medical Association Queensland**
- **Collaboration for Alcohol Related Developmental Disorders**
- **Drug and Alcohol Nurses Australasia**
- **Drug ARM Australasia**
- **Foundation for Alcohol Research and Education**
- **Healthy Options Australia**
- **Lives Lived Well**
- **Safe Streets Association Inc**
- **Queensland Alcohol and Drug Research and Education Centre**
- **Queensland Homicide Victims Support Group**
- **Queensland Network of Alcohol and other Drug Agencies**

For further information about QCAA, visit [www.qcaa.org.au](http://www.qcaa.org.au) or contact the QCAA secretariat at [contactus@qcaa.org.au](mailto:contactus@qcaa.org.au).

More than 100 Australians die each week because they have been exposed to alcohol, directly or indirectly. Alcohol use and misuse leads to massive numbers of deaths, injuries and a wide range of other health problems. Yet, there has been a failure to effectively address alcohol-related harm in Australia and this is nothing short of a national scandal.

There are three major reasons why alcohol harms have not declined despite the overwhelming evidence of the harm it produces. Firstly, there is a perception by politicians and decision-makers that the public constituency does not want action on alcohol. With about 80 per cent of the population consuming alcohol, decision-makers think that the majority of the population do not support measures to prevent alcohol harms. This is not the case, with a vast majority of Queenslanders believing more needs to be done to address alcohol harms (77 per cent) and supporting an introduction of measures such as a 3am close (78 per cent) and 1am lockout (63 per cent). Decision-makers should recognise this overwhelming support.

Secondly, there are jurisdictional differences in government responsibility for alcohol-related legislation. The Commonwealth has responsibility for taxation and large-scale population-based public health initiatives. State governments have responsibility for legislation relating to opening hours, locations of high drinking precincts and the discounting of alcohol products. Local Governments have some responsibility for the licencing and location of many alcohol sales outlets. All three levels of government must acknowledge that that alcohol is a major health problem and that a coordinated effort is required.

Thirdly, engaging the industry in the debate about policy and legislative change is like inviting an offender to choose their own punishment. The tobacco industry continues to promote and sell its products despite overwhelming evidence of the deaths which follow as a consequence. The fast food industry continues to promote and sell its products despite the obesity epidemic which is now contributing to a large increase in diabetes and metabolic syndrome. The alcohol industry will promote and sell their products for as long as it is profitable to do so, irrespective of the harms that follow. We should expect nothing less than this from a vested interest. All levels of government must learn that the alcohol industry has no role in debates about health related legislation. Industry contributors to political parties notwithstanding; governments must acknowledge that the present burden of disease attributed to alcohol is too high and that the public health system demands this burden be reduced.

This state election, it is time for political parties to acknowledge that preventing alcohol harms in Queensland must be a priority. The health of the community and that of future generations depend upon clear, decisive action being taken and a strong leader willing to guide this action.

This platform represents what a future Queensland Government can contribute to a national effort to stop the harms caused by alcohol. I commend this policy prescription to all the political parties.

**Professor Jake Najman**

*Chair, Queensland Coalition for Action on Alcohol*

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# QCAA 2015 QUEENSLAND ELECTION PLATFORM: FIVE PRIORITY AREAS

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## ① STOP THE VIOLENCE ON OUR STREETS

- Reduce trading hours for on-licence premises to no later than 3am and introduce 1am lockouts.
- Re-introduce the moratorium on all late night trading beyond midnight across Queensland.
- Prohibit the harmful discounting and promotion of alcohol products at both on-and off-licence premises.

## ② GIVE CHILDREN AND FAMILIES THE BEST START IN LIFE

- Provide \$2 million over four years to support domestic violence services and alcohol and other drug services develop shared models of care.
- Provide \$1 million over four years to develop and implement a state-wide Queensland Fetal Alcohol Spectrum Disorders (FASD) Action Plan.
- Reinstate liquor permits for sale of alcohol on school premises to ensure that appropriate risk management procedures are in place.
- Ban the redemption of alcohol 'shopper docket' promotions, which promote discounted alcohol on supermarket receipts.
- Ban alcohol promotions on state property, including public transport.
- Control the density of licensed premises through the introduction of saturation zones and cluster control policies in areas where there are too many liquor licenses.

## ③ PUT COMMUNITIES FIRST

- Ban donations to Queensland political parties from the alcohol industry and their representatives.
- Introduce a policy that excludes alcohol industry involvement in policy development, in line with the World Health Organization's (WHO) recommendation.

## ④ REDUCE THE BURDEN ON OUR HEALTH SYSTEM

- Provide \$2 million over four years to fund a brief intervention program for alcohol in primary care and emergency department settings to support health professionals to talk to consumers about their alcohol consumption.
- Provide \$4 million over four years to develop and fund an ongoing public education campaign on the negative health impacts from alcohol consumption and ways to avoid these risks.

## ⑤ ESTABLISH A FRAMEWORK FOR ACTION

- Develop a state-wide alcohol harm reduction plan that includes prevention, early intervention, treatment, monitoring and evaluation.
- Work with and support non-government organisations to provide alcohol and other drug services to reduce alcohol harm.
- Collect and routinely report on alcohol harms and compliance data, to inform the development of alcohol policy and the evaluation of programs and services.
- Undertake a comprehensive, independent evaluation of the *Safe Night Out Strategy*, with adequate consultation with people with expertise in public health.

# INTRODUCTION

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Alcohol is more affordable, more available and more heavily promoted than ever before. It is available around the clock, seven days a week, is promoted relentlessly and is as cheap as 35 cents per standard drink. This is concerning because the sale, promotion and availability of alcohol contributes to the excessive consumption of alcohol and its associated harms.

In June 2014, the Queensland Government released the *Safe Night Out Strategy* (the Strategy) in an effort to reduce alcohol-related violence in Queensland's pubs, clubs and bars.<sup>1</sup> The Strategy has a focus on education campaigns, increased police powers and introducing 'safe night precincts'. However the Strategy does not include measures proven to reduce alcohol harms, including reducing the availability of alcohol through trading hour and density controls. The Strategy also focuses predominantly on on-licence premises, in select parts of Queensland.

The most effective measures to reduce alcohol harms are well known.<sup>2</sup> These include addressing the price of alcohol, reducing the availability of alcohol, and restricting its advertising and promotion to reduce exposure, particularly to young people. The Queensland Government should introduce the most effective strategies available to reduce harm, and support effective strategies at the Commonwealth Government level.

Queensland needs a comprehensive evidence-based plan for all Queenslanders that is based on the evidence of what works to reduce alcohol harms. This plan needs to look not just at on-licence premises such as pubs and clubs, but also off-licence premises such as packaged liquor outlets, where Australians purchase 80 per cent of their alcohol. The density of off-licence premises is particularly important given these contribute to violence including domestic violence,<sup>3</sup> as well as long-term health harms.

QCAA has developed such a plan. It includes evidence-based solutions to reduce alcohol harms across Queensland. The plan acknowledges that no single approach will be effective in reducing alcohol harms and that a range of evidence-based strategies are needed to achieve the best possible outcomes.

The overwhelming majority of Queenslanders believe that Australia has a problem with alcohol (78 per cent) and that more needs to be done to address alcohol harms (77 per cent).<sup>4</sup> Despite this, they do not think that these problems will be addressed anytime soon, with 81 per cent believing that alcohol-related problems will worsen, or at best remain the same over the next five to ten years.<sup>5</sup> Queenslanders also think that alcohol companies (69 per cent), clubs and pubs (68 per cent) and Governments (65 per cent) are not doing enough to address alcohol harms.

Queensland cannot continue to disregard the evidence. Queenslanders need a strategic approach to action on alcohol that incorporates the most effective strategies to reduce harm, rather than the scattergun approach that we have seen so far that employs the least effective strategies.

QCAA calls on an incoming Queensland Government to address the availability, price and promotion of alcohol through state based legislation and regulation. QCAA also calls on the Queensland Government to support policies at the Commonwealth Government level to reduce alcohol harms, including reforming alcohol taxation and introducing mandatory health warning labels on all alcohol products.

# ① STOP THE VIOLENCE ON OUR STREETS

- **Two thirds (66 per cent) of Queenslanders have been negatively affected as a result of someone else's drinking.**
- **35 per cent of Queenslanders have been affected by alcohol-related violence.**
- **There are almost 8,000 liquor licenses in Queensland.**
- **A majority of Queenslanders support a closing time for pubs, clubs and bars of no later than 3am (78 per cent), stopping the sale of alcohol 30 minutes before closing time (74 per cent) and introducing a 1am lockout for pubs, clubs and bars (63 per cent).**

## THE PROBLEM

Too many people in Queensland are affected by alcohol harms and violence. Two thirds (66 per cent) of Queenslanders have been adversely affected by someone else's drinking.<sup>6</sup> More than one third (35 per cent) of Queenslanders have experienced alcohol-related violence and two thirds (66 per cent) consider that the city or centre of town is unsafe on a Saturday night.<sup>7</sup>

Currently in Queensland, you can buy alcohol around the clock, seven days a week. Standard trading hours for on-licence premises are 10am to 12 midnight, however where community need is demonstrated, licensees can apply to extend their trading hours to as late as 5am. The earliest opening time in the state is 4am.<sup>8</sup> For off-licence premises, standard trading hours are from 10am to 10pm. But again, extended trading hours can allow trading from 9 am until midnight.

This excessive availability of alcohol is concerning because the evidence shows that the more available alcohol is, through both extended trading hours and the number of liquor licenses, the more alcohol-related violence and harms occur.<sup>9</sup> Regulating trading hours is one way that State Governments can manage the availability of alcohol and reduce harm. If the availability of alcohol is reduced, for example by reducing the trading hours of pubs, clubs and bars, we can reduce the number of alcohol-related assaults.

Even modest reductions in trading hours can result in significant reductions in harms. In 2008, the city of Newcastle in New South Wales (NSW) introduced a 1:30am lockout and 3:30am close for licensed premises. An evaluation undertaken five years after the restrictions were introduced found there was a sustained reduction in alcohol-related assaults, with an average of a 21 per cent decrease in assaults per hour.<sup>10</sup> This compares closely with international research from Norway where an average 20 per cent decrease in assaults per hour of restriction was observed in 15 cities where trading hours were restricted.<sup>11</sup>

Queenslanders strongly support a closing time for pubs, clubs and bars of no later than 3am (78 per cent), stopping the sale of alcohol 30 minutes before closing time (74 per cent). They also support a 1am lockout for pubs, clubs and bars (63 per cent), and mandating the sale of alcohol to no less than \$1 per standard drink (63 per cent). Other measures supported by Queenslanders include placing a limit of four drinks on the number of drinks a person can purchase at one time after 10pm (64 per cent) and stopping the sale of alcohol and energy drinks after midnight (59 per cent), along with stopping the sale of shots after 10pm (51 per cent).<sup>12</sup>

## THE SOLUTIONS

### 1. Reduce trading hours for on-licence premises to no later than 3am and introduce lockouts at 1am.

Studies have shown that the incidence of alcohol-related assaults increase significantly between 6pm and 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am.<sup>13</sup> Over 40 per cent of assaults at licensed premises also occur after midnight.<sup>14</sup>

Currently, more than 100 premises in Queensland are licensed to trade after 3am.<sup>15</sup> A lockout exists in Queensland from

## ① STOP THE VIOLENCE ON OUR STREETS

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3am for licensed premises with extended trading hours. However there are some exemptions such as for casinos.

When late night trading hours are restricted, behaviours shift so that people go out earlier in the night. This results in them having less time to become intoxicated before visiting late night premises. Extended trading hours should be wound back to a 3am closure and a 1am lockout should be introduced. This modest reduction in trading hours would reduce alcohol-related assaults and create a safer environment for people out in entertainment precincts.

### **2. Re-introduce the moratorium on all late night trading beyond midnight across Queensland.**

In 2009, the Queensland Government introduced a moratorium on applications for extended hours between 12am and 5am. The Queensland Government introduced these measures because 'The community is increasingly worried about the level of alcohol-fuelled violence out there on our streets, not just the amount of violence but the increasing severity of it.'<sup>16</sup>

The moratorium applied to all extended trading hours applications before the Queensland Office of Liquor and Gaming Regulation (OLGR). The moratorium was originally in place for 12 months and was extended until the end of August 2014 when the *Safe Night Out Legislation Amendment Bill 2014* was passed through Parliament. This has resulted in a large number of applications for extended trading licenses across Queensland. The moratorium ensured that alcohol would not become more available late at night when levels of violence are greatest. Now that the moratorium is no longer in place, more premises will trade later, which will result in greater levels of harms. This situation needs to be rectified by bringing back the moratorium until long-term measures are introduced to control the excessive availability of alcohol late at night.

### **3. Prohibit the harmful discounting and promotion of alcohol products on both on-and off-licence premises.**

Evidence clearly shows that low alcohol prices result in higher alcohol consumption and alcohol harms.<sup>17</sup> The *Liquor Act 1992* (Liquor Act) currently allows for the Minister to prohibit the sale of a product that inappropriately targets young people, increases intoxication at rapid rates and/or encourages irresponsible use of alcohol. The Liquor Act also prohibits promotional activities which encourage the rapid consumption of alcohol.

Controls currently in place in regulating promotions, focus predominantly on on-licence premises, with little or no regard for the reckless promotions occurring at off-licence premises. This is concerning given that 80 per cent of alcohol is purchased from off-licence premises. The Liquor Act should be strengthened to address harmful promotional activities on both on-and off-licence premises, and appropriately enforced to ensure that reckless promotions do not continue to occur.



## ② GIVE CHILDREN AND FAMILIES THE BEST START IN LIFE

- **Exposure to alcohol while in utero can lead to a range of physical, emotional, and behavioural disorders known as Fetal Alcohol Spectrum Disorders (FASD).**
- **A Victorian study found that a 10 per cent increase in off-licence premises is associated with a 3.3 per cent increase in domestic violence.**
- **71 per cent of Australians believe that alcohol advertising and promotions influence young people under 18 years.**

### THE PROBLEM

Alcohol use disorders contribute to a range of problems in family life including parent and family conflict and violence and disrupted parenting, and lead to short and long-term effects on children such as poorer educational outcomes, mental health problems and development of alcohol and other drug problems later in life.<sup>18</sup> These problems are particularly evident in families where both parents use alcohol harmfully.<sup>19</sup>

In some families children are affected by their parents alcohol use before they are even born. Exposure to alcohol in utero can lead to miscarriage, still birth, premature birth, low birth weight, brain damage, birth defects, and Fetal Alcohol Spectrum Disorders (FASD). FASD are a range of cognitive, social, emotional and behavioural challenges that can remain throughout a person's life and have an enormous impact on individuals, their family and their community.

The density of packaged liquor outlets is associated with increases in reported domestic violence rates. A Victorian study found that a 10 per cent increase in off-licence premises is associated with a 3.3 per cent increase in domestic violence.<sup>20</sup> Research in Western Australia found that for every 10,000 additional litres of pure alcohol sold at an off-licence premise, the risk of violence experienced in a residential setting increased by 26 per cent.<sup>21</sup>

In New South Wales (NSW) where data on alcohol-related violence is collected and routinely reported on, alcohol is involved in 34 per cent of all reported domestic violence cases.<sup>22</sup> This association has been recognised by the World Health Organization (WHO), which has identified action on alcohol misuse as one of several strategies to reduce violence against women.<sup>23</sup> For women affected by domestic violence, the impact on health is associated with premature death and injury, poor mental health, and the development of alcohol use disorders.<sup>24</sup> A report by VicHealth found that compared to common risk factors such as high blood pressure and smoking, intimate partner violence is responsible for more preventable ill-health and premature death in Victorian women of reproductive age.<sup>25</sup>

Children who live with domestic violence, whether they are witnesses of the violence, or experience the abuse directly, are likely to experience mental health issues,<sup>26</sup> are at particularly high risk of being perpetrators or victims of abuse themselves, and are likely to develop their own alcohol and drug problems.<sup>27</sup>

### THE SOLUTIONS

#### **1. Provide \$2 million over four years to support domestic violence services and alcohol and other drug services develop shared models of care.**

Increasingly it is understood that alcohol is a contributing factor in the incidence and severity of domestic violence. This violence also affects the children living in violent households. All violence against women is unacceptable and priority should be given to action that stops all forms of violence. Prevention programs and interventions that will reduce the risk that women and children will become the victims of alcohol-fuelled family and domestic violence need to be established. These programs should be provided by established domestic violence and alcohol treatment services.

Work is needed to develop best practice strategies for collaboration between domestic violence and alcohol and other drug services. A 'no wrong doors' approach to support services should be provided by both the domestic violence sector and alcohol treatment sectors so that victims are not turned away from services. For example, a woman seeking refuge

## ② GIVE CHILDREN AND FAMILIES THE BEST START IN LIFE

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from domestic violence should not be turned away because of problems with alcohol. A state-wide model of care is needed, whereby domestic violence and alcohol treatment services work together to determine the most appropriate support mechanisms for the victim, whether based in the alcohol treatment service or the domestic violence service. Funding should also be provided to organisations to implement the model of care and include resourcing for activities such as agency cross training.

### **2. Provide \$1 million over four years to develop and implement a state-wide Queensland Fetal Alcohol Spectrum Disorders Plan.**

The impact of FASD is significant and far reaching. Fetal Alcohol Syndrome, one of the conditions in the spectrum, is estimated to occur in between 0.06 and 0.68 per 1000 live births in the general Australian population and between 2.76 and 4.7 per 1,000 births among Aboriginal and Torres Strait Islander peoples. However, these figures are likely to be significant underestimates due in part to low diagnosis rates<sup>28</sup>.

This is not an excuse for inaction however. A baby born with FASD will live with the condition for the rest of their life. The condition has an enormous impact on their family and to a lesser extent on the community around them. The impact of the condition depends on the support that the person and their family receive to mitigate the challenges associated with their condition.

The state-wide plan should also include increased support for people living with FASD, their parents and carers. The community should be aware of the signs of FASD. The Queensland Government should also support the call for FASD to be recognised as a disability and should ensure that state-based disability services provide support to people living with FASD.

A state-wide plan is needed to ensure that FASD is prevented and that children born with FASD and their families are supported throughout their lives. In developing such a plan for Queensland, it will be important to consult widely and include parents and/or carers of those living with FASD and organisations that support parents, carers and people with FASD.

### **3. Reinstate liquor permits for sale of alcohol on school premises to ensure that appropriate risk management procedures are in place.**

The Queensland Government has undertaken a program of reducing red tape across all sectors of the Queensland economy including liquor regulation. This program has resulted in reduced licensing and compliance requirements for activities perceived to be of 'low risk'. As a result, school activities such as school fetes are no longer need to obtain a community liquor permit if they wish to serve alcohol.

The removal of these permits will increase the availability of alcohol in schools, and further expose children to alcohol consumption. Such community events should be subject to approval from Queensland OLGR, particularly as children and young people are most likely to be present. Liquor permits should be reinstated for the sale of alcohol on school premises.

### **4. Ban the redemption of alcohol 'shopper docket' promotions, which promote discounted alcohol on supermarket receipts.**

Shopper dockets are coupons or vouchers for free or discounted products such as petrol, accommodation special offers and alcohol, printed either on the bottom or the back of supermarket receipts. In relation to alcohol, these dockets are used to promote alcohol discounts, such as two-for-one offers. Both of the big retailers (Woolworths and Coles) use shopper dockets to promote alcohol. Shopper dockets further normalise alcohol consumption by advertising discounted alcohol in the same fashion as other products.

Following complaints in 2013, the NSW Office of Liquor Gaming and Racing (NSW OLGR) conducted an investigation into the use of shopper dockets to offer alcohol discounts. After a six month investigation into the practice involving public health experts, NSW OLGR concluded that that 'there is sufficient evidence to support a preliminary view that the activity

is likely to encourage the misuse and abuse of liquor as contemplated by section 102A of the Act'. NSW OLGR proposed imposing 'a condition that licensee does not engage in the activity promoted' and a 'condition to prohibit redemption in the individual licensees premises'.

Queensland should introduce a ban on shopper dockets to ensure that alcohol does not continue to be further normalised through its promotion alongside everyday grocery items.

### **5. Ban alcohol promotions on state property including public transport.**

The majority of Australians (71 per cent) believe that alcohol advertising and promotions influence the behaviour of people aged under 18 years. This is consistent with research that shows that alcohol advertising influences alcohol-related attitudes and behaviours of young people.<sup>29</sup> It increases the likelihood that adolescents will start to use alcohol and will drink more if they have already started to drink alcohol.<sup>30</sup>

One of the ways in which children and young people are being exposed to alcohol promotion is on public transport, such as buses, trains and at bus and train stops. The Queensland Government has a role to play in protecting children from being exposed to alcohol promotions by removing alcohol advertisements from state property such as at train and bus stations, and on public transport.

### **6. Control the density of licensed premises through the introduction of saturation zones and cluster control policies in areas where there are too many liquor licenses.**

In Queensland the number of liquor licenses continues to increase. In 2010, there were 7,622 liquor licenses and in 2014 there were 7,970. This represents approximately one liquor licence for every 604 people.<sup>31 32</sup>

Policies to control the number of licensed premises are needed to ameliorate the potentially negative cumulative impact on public health, particularly in areas of high outlet density, violence and crime. Cumulative impact policies take into consideration the impact that additional liquor licences will have on a community, particularly in areas where there are a large number of liquor licenses.

Two of these policies relate to "saturation zones" and "cluster controls". Saturation zones impose limitations on the provision of new licenses in areas where it has been identified there are a high density of licenses, while cluster controls prohibit new liquor licenses for premises within a specified distance of existing licensed premises or other amenities (e.g. schools, hospitals, churches or places of religious worship).<sup>33</sup> Local authorities in England and Wales have been able to establish saturation zones since 2005. They are established at the discretion of the individual local authority and are determined on the basis of existing outlet density levels and crime data including domestic violence statistics.<sup>34</sup>

"Cluster control" strategies are also found internationally in England, Wales, Paris and New York. New York, for example, has enacted these through their *Alcohol Beverage Control Act*. Since 1993 the legislation has included the "500 foot" (150 metres) rule which prohibits new on-premises licenses being issued within a 500 foot radius of three or more existing licenses.<sup>35</sup> In Paris, under the *Code de La Sante Publique* (public health legislation), there are protected areas within which new liquor licenses are prohibited if they are within 75 metres of a licensed premise of the same category.<sup>36</sup>

Planning authorities, liquor regulators and local governments need to be supported with policies that allow them to prioritise the health and safety of the community ahead of business interests. Allowing for the introduction of saturation zones and cluster control policies will allow for these authorities to manage the density of liquor outlets, which will help to prevent the increasing levels of alcohol harms.

## ③ PUT COMMUNITIES FIRST

- **77 per cent of Queenslanders believe that more needs to be done to address alcohol harms.**
- **Over half (56 per cent) of Australians believe that alcohol industry donations influence decision making by governments.**
- **Nearly two thirds (64 per cent) of Australians believe that political parties should not receive donations from the alcohol industry.**

### THE PROBLEM

Communities bear the brunt of the excessive and harmful use of alcohol and 77 per cent of Queenslanders believe that more needs to be done to address alcohol harms.<sup>37</sup> Queenslanders want governments to do something that will make a real difference to reduce alcohol harm in their communities.

Over half (56 per cent) of Australians believe that alcohol industry donations influence governments' decision making, and almost two thirds (64 per cent) of Australians believe that political parties should not be able to receive donations from the alcohol industry.<sup>38</sup>

### THE SOLUTIONS

#### 1. Ban donations to Queensland political parties from the alcohol industry and their representatives.

The extent to which the alcohol industry is interested in influencing policy is reflected in the relationships with political parties and individual members, and the level of political donations to the major political parties, particularly around election time. A recent analysis of political donations from the alcohol industry, found that Victorian political parties received more than \$900,000 in political donations from the alcohol industry over the last three years.<sup>39</sup> The research confirms that donors typically give to the party that is in power or the one they expect to win at the upcoming election.<sup>40</sup>

Donations provide access to politicians that is not available to everyone and importantly, provides the opportunity to influence decision making. The NSW Government has a ban on political donations from property developers, tobacco, liquor or gambling industries, through the *Election Funding, Expenditure and Disclosures Act 1981*. A ban on political donations from the alcohol industry should be introduced in Queensland.

#### 2. Introduce a policy that excludes alcohol industry involvement in policy development, in line with the World Health Organization's (WHO) recommendation.

In order to achieve meaningful change and reduce alcohol harms, the alcohol industry should not be involved in alcohol policy development. The alcohol industry has a vested interest in alcohol policy outcomes that favour the industry, since their priority as producers and retailers is to promote and sell their products and protect shareholder value. This is at odds with the health and wellbeing of the community.

Political donations are one way in which the alcohol industry influences policy. Another way is to engage in lobbying. In 2010, specialist lobbying organisations had 91 registered alcohol clients according to the Australian registers of parliamentary lobbyists.<sup>41</sup> These lobbyists influence decisions by government on behalf of the alcohol industry by meeting with Parliamentarians or other members of political parties, participating in Parliamentary committee processes including making submissions to Inquiries, responding to calls for information or simply making statements in a public forum. Lobbyists often engage in social activities which enhance their potential to influence.

It is now well accepted in public health literature that the alcohol industry should not be involved in the development of alcohol policy and programs. The WHO's *Expert Committee on Problems Related to Alcohol Consumption* recommends that "Any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion".<sup>42</sup> A policy should be adopted in Queensland to introduce a policy on engagement with the alcohol industry, should be limited as per the recommendation of the WHO.

## ④ REDUCE THE BURDEN ON OUR HEALTH SYSTEM

- 1,143 Queenslanders die from alcohol attributable deaths each year.
- There was a 57 per cent increase in alcohol-related hospitalisations between 2002 and 2012, from 22,460 to 35,159.
- Only 13% of Australians are aware of the content of the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*.

### THE PROBLEM

Alcohol places an enormous burden on our health system. It is a contributing factor in more than 200 disease and injury conditions, major non-communicable diseases such as liver cirrhosis, some cancers and cardiovascular diseases, as well as injuries resulting from violence and road crashes.<sup>43</sup> In 2010, there were 1,143 deaths in Queensland attributed to alcohol.<sup>44</sup>

Queenslanders consume 11.03 litres of pure alcohol per person, higher than the national average of 10.27 litres per person.<sup>45</sup> Queensland Department of Health data shows that there has been a 57 per cent increase in hospitalisations attributed to alcohol since 2002, with 35,159 alcohol-related hospitalisations in 2012, up from 22,460 in 2002-03.<sup>46</sup> The number of treatment episodes where alcohol was the main drug of concern has also increased, with 45 per cent more treatment episodes in 2010-11 than 2005-06.<sup>47</sup>

The harms from alcohol do not just affect the drinker. Each year 367 people die in Australia because of someone else's drinking and 70,000 people are victims of alcohol-related assaults including 24,000 victims of domestic violence.<sup>48</sup> The health harms from alcohol are significant and increasing, resulting in a substantial human and financial toll.

### THE SOLUTIONS

#### 1. Provide \$2 million over four years to fund a brief intervention program for alcohol in primary care and emergency department settings to support health professionals to talk to consumers about their alcohol consumption.

Screening and brief intervention programs (SBIs) are an efficient way for health professionals to assess harmful alcohol consumption. SBIs involve health professionals asking consumers questions about their alcohol use and providing advice to motivate risky drinkers to reduce their alcohol consumption.

The use of an SBI to treat early stage problem drinking can save health system resources in the long-term because it can ameliorate the need for later stage treatment which may be more intensive and costly. The effectiveness of SBIs in the primary care context is well established and there is emerging evidence of their efficacy and importance in emergency and general hospital settings.<sup>49 50 51</sup>

Funding is needed to support health professionals to engage in conversations about alcohol with consumers. This will ensure that every engagement with a health professional is an opportunity to reduce a person's risk of alcohol harms.

#### 2. Provide \$4 million over four years to develop and fund an ongoing public education campaign on the negative health impacts from alcohol consumption and ways to avoid these risks.

An education campaign is needed to raise awareness of the health risks associated with harmful levels of consumption and what can be done to reduce this risk. This campaign should include information on both the short and long-term risk from alcohol. Long-term harms from alcohol, such as chronic disease and cancer, are often overlooked.

In 2009, the National Health and Medical Research Council released the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (the Guidelines). These Guidelines provide information on how to reduce the risks of harms.

## ④ REDUCE THE BURDEN ON OUR HEALTH SYSTEM

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Queenslanders need to be aware of the Guidelines so that they can reduce their risks of their own consumption.

Currently, awareness of the Guidelines is low, despite having been in place for five years. Recent research has shown that while 52 per cent of Australians are aware that the Guidelines exist, only 13 per cent are aware of the content of the Guidelines.<sup>52</sup> Action needs to be taken to increase knowledge of safe drinking levels.

Public education campaigns have been used effectively to raise awareness of public health issues such as the harms associated with tobacco use and risks associated with drink driving.<sup>53 54</sup> However, alcohol-related social marketing campaigns in Australia have had little impact,<sup>55</sup> this is because they are often ad hoc, are not sustained and have ambiguous messaging. The campaigns relating to drink driving are an exception, because of the sustained campaigns that have been implemented and the accompanying changes to legislation. The Queensland Government should introduce a sustained social marketing campaign on the health harms that result from alcohol consumption.

## ⑤ ESTABLISH A FRAMEWORK FOR ACTION

- **There is currently no state based strategy to prevent and manage alcohol harms in Queensland.**
- **The alcohol and other drugs (AOD) sector provides specialist services to people experiencing alcohol harm and their role should be supported.**
- **The collection and reporting of alcohol-related harm data is important to inform the development and evaluation of alcohol control policies.**

### THE PROBLEM

There is currently no state-wide strategy for the prevention and management of alcohol harms, with the *2011-12 Queensland Drug Action Plan* having lapsed. In June 2014, the Queensland Government introduced the *Safe Night Out Strategy*, "A strategy to restore responsible behaviour and respect, stamp out alcohol and drug-related violence and ensure Queensland's nightlife is safe for all."<sup>56</sup>

This Strategy focuses on violence in entertainment precincts and does not take into account the wide-ranging harms caused by alcohol. Nor is it based on the evidence proven to reduce alcohol harms. There are no clear targets on how much it intends to reduce alcohol-related violence even though the Strategy states that "We will rigorously assess how the measures implemented through the strategy are working, through a review of the strategy after 12 months from its commencement."<sup>57</sup>

The Australian Capital Territory, Tasmania, Victoria, West Australia and South Australia Governments all have strategies or frameworks in place which outline goals for Governments in reducing harms from alcohol.

There are significant gaps that currently exist in the collection of alcohol harms data in Queensland such as alcohol-related violence data. This gap in data collection was identified by the 2010 Queensland Legislative Assembly Inquiry into alcohol-related violence, which recommended that "the Government develop a comprehensive and consistent scheme involving all relevant departments for the collection and evaluation of data regarding alcohol related violence."<sup>58</sup>

Queensland Health collects data on alcohol-related hospitalisations and emergency department presentations, however this data is not publically reported on and not consistently reported across all locations. As of June 2014, 27 facilities collected and reported alcohol-related emergency presentations.

Queensland does collect alcohol sales data and is one of five jurisdictions that do so. Sales data collected in Queensland relates to high, medium and low strength beer, wine, spirits and cider. Sales data is important as it provides the most accurate picture of Queenslanders' alcohol consumption patterns, which in turn enables researchers, policy makers and the government to develop, implement and track the progress of evidence-based alcohol policies.<sup>59</sup> It is important that Queensland continues to collect this information.

Another area of concern is that there is currently no legislative obligation for licensed premises to report on the compliance activities of Queensland OLGR or Queensland Police in undertaking their compliance activities. There is some compliance activity information published in Queensland OLGR's annual reports. In 2012-13, compliance officers conducted 4,505 inspections, 61 per cent of these inspections occurred after hours.<sup>60</sup> Compliance officers reported 13,373 instances where there was a compliance outcome under the Liquor Act, of the total 663 cases were infringement notices, five cases required disciplinary action and 15 cases required prosecution.<sup>61</sup> In addition, 593 cases were given a caution and 1,884 cases a warning.



### THE SOLUTIONS

#### 1. Establish a state-wide alcohol harm prevention plan.

A state-wide alcohol harm prevention plan is important to ensure a strategic and coordinated approach to reducing alcohol harm is in place in Queensland. Responsibility for minimising alcohol harm is shared by all governments at all levels and crosses a range of portfolios such as health and justice. The laws governing the sale and supply of alcohol are largely governed by states and territories and local Councils have a say in decisions about licensed premises within their boundaries.

A state-wide alcohol strategy will also ensure that a comprehensive plan of action is adopted that is both evidence-based and cost effective and will demonstrate a commitment to alcohol policy reform in Queensland. A comprehensive strategy should include clear targets for alcohol harm reduction and outline a plan of action identifying how these targets will be achieved. This plan should be developed in conjunction with key stakeholders including health professionals, public health experts, police, emergency services personnel, AOD service providers and people who require these services.

#### 2. Work with and support non-government organisations to provide alcohol and other drug services to reduce alcohol harm.

Organisations within the alcohol and other drug (AOD) sector provide specialist services for people in need of support as a result of their AOD use. They also play an important role in preventing alcohol harm and where such harm has already occurred, supporting the individual and preventing further harm. Their role should be recognised and supported. A range of services are needed to meet the differing needs of clients and the different stages that people go through to address their AOD use.

Currently there are insufficient services to meet the needs of those seeking support. Waiting lists are long and often the opportunity is lost to provide support and prevent further harm. New services are needed to support families and friends and those exposed to long-term alcohol harm. Services such as counselling, family therapy, and residential facilities are needed that will enable families to stay together during treatment. The latter is particularly important for single parents where non-residential treatment is no longer viable.

These services need security of funding. This is important for both the planning and availability of services and also to attract and retain staff.

#### 3. Collect and routinely report on alcohol harms and compliance data, to inform the development of alcohol policy and the evaluation of programs and services.

The collection and reporting of alcohol-related harm data is important to inform the development and evaluation of alcohol control policies. Data on alcohol harms comes from a number of sources including police, hospitals and ambulance.

Alcohol-related police data, including both domestic and non-domestic assaults, alcohol-related hospitalisations and emergency presentations and alcohol-related ambulance attendances, should be routinely collected and made publically available. This information needs to be effectively coded, recorded and published to inform the development of policies in reducing alcohol consumption and alcohol harms.

While alcohol consumption and alcohol-related harm data are essential elements in alcohol policy development, there is also a need for the collection and reporting of compliance data. Compliance activities carried out by both Queensland Police and OLGR staff under the Liquor Act should be routinely reported and published.

The types of compliance activities include the number of premises inspected and their location, the times of day that these premises are inspected and the number and type of identified breaches of compliance. This should be a legislative requirement under the Liquor Act.



**4. Undertake a comprehensive, independent evaluation of the *Safe Night Out Strategy*, with adequate consultation with people with expertise in public health.**

The Queensland Government has committed to reviewing the Strategy after 12 months. It is important that this is an independent evaluation undertaken by people with expertise in the field, to ensure that it can be used to inform future policy development.

A robust evaluation of the Strategy should include the collection of both statistical data and observational and behavioural data. Statistical data relating to alcohol consumption, enforcement and harms is needed to measure changes in behaviours as a result of the measures being introduced. Observational studies should also be undertaken as part of the evaluation, both inside and around licensed premises in the precinct to examine licensee and patron behaviour.

To ensure a transparent process, the evaluation of the Strategy should include an open consultation with key stakeholders and include representatives from the public health and research sectors, emergency services and the community.

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