

**Submission
No 54**

MEASURES TO REDUCE ALCOHOL AND DRUG-RELATED VIOLENCE

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Date Received: 15/08/2014



The Royal Australasian
College of Physicians

From the President

14 August 2014

The Hon George Souris MP
The Chair
NSW Legislative Assembly Law and Safety Committee
Parliament House
Macquarie Street
Sydney NSW 2000

Via Email: lawsafety@parliament.nsw.gov.au

Dear Mr Souris

RACP Submission: NSW inquiry into Measures to Reduce Alcohol and Drug-related Violence

On behalf of The Royal Australasian College of Physicians (RACP), I would like to thank you for your invitation to contribute to the inquiry into Measures to Reduce Alcohol and Drug-related Violence being conducted by the NSW Legislative Assembly's Law and Safety Committee (the Committee).

Physicians working in addiction clinics, emergency departments, orthopaedic wards, rehabilitation centres, liver clinics and cancer wards know first-hand the harm alcohol can cause including alcohol related violence. Therefore, the matters being considered by the Committee are of great importance to the RACP and its members.

The attached submission outlines the College's policy approach to this critically important health issue.

We hope that the Committee will carefully consider all our recommendations and support the urgent implementation of evidence-based policies in this area.

Should you require any further information, please do not hesitate to contact Jason Soon, Senior Policy Officer on [REDACTED]

Yours sincerely

Professor Nicholas J Talley

Enc: RACP submission: Inquiry into Measures to Reduce Alcohol and Drug-related Violence



The Royal Australasian
College of Physicians

**RACP Submission:
NSW inquiry into Measures to Reduce
Alcohol and Drug-related Violence**
August 2014

Executive summary

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to respond to the NSW Legislative Assembly Law and Safety Committee's inquiry into Measures to Reduce Alcohol and Drug-related violence.

While the inquiry terms of reference addresses alcohol and drug related violence, the measures put in place primarily address alcohol. We support this approach given the prominent involvement of alcohol in episodes of violence.

Accordingly we have the following recommendations:

- ***Recommendation 1: The NSW government consider extending the current 3am closing times for licensed establishments in the Sydney CBD Entertainment Precinct across the rest of Sydney and the State.***
- ***Recommendation 2: Local health services are supported in their efforts to limit liquor outlet density and oppose inappropriate license applications based on the available evidence.***
- ***Recommendation 3: The NSW government legislate to introduce a minimum price per standard drink for alcoholic drinks.***
- ***Recommendation 4: The NSW government work with other States and Territories and the Commonwealth government to introduce a volumetric tax on all alcoholic drinks.***
- ***Recommendation 5: Improve diagnosis and documentation of alcohol related presentations in hospitals, to support the design and targeting of alcohol treatment services such as brief interventions.***
- ***Recommendation 6: The NSW government to ensure that there is appropriate funding for alcohol treatment services including through investing in workforce development.***
- ***Recommendation 7: Communities are supported to implement appropriate customised packages of comprehensive interventions to address alcohol-related problems in their localities.***
- ***Recommendation 8: The NSW government work with other States and Territories and the Commonwealth government to further limit the impact of advertising and sponsorship of alcohol.***
- ***Recommendation 9: The NSW government to facilitate a culture change around alcohol use through broader community education measures and promoting wider public debate about the impacts of alcohol consumption. This should be aimed at enhancing understanding that alcohol related problems go well beyond the impacts on crime statistics.***
- ***Recommendation 10: The NSW government to participate in the federally funded National Alcohol Sales Data project run by the WA Drug and Alcohol Office and the National Drug Research Institute at Curtin University.***

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to respond to the NSW Legislative Assembly Law and Safety Committee's inquiry into Measures to Reduce Alcohol and Drug-related violence. The Committee is seeking respondents' views on the following matters relating to the effectiveness of recent measures to reduce alcohol and drug related violence in the Sydney Central Business District:

- Trends in alcohol and drug related violence in licensed venues and general street areas;
- The impact of recent measures to reduce violence on Police, the Courts, hospitals, and the liquor industry;
- Possible further measures to reduce alcohol and drug-related violence;
- The effectiveness of measures taken to reduce alcohol and drug related violence in other jurisdictions; and
- Any other related matters.

This submission will comment only on the issue of alcohol related violence given that the recent measures which are the focus of this inquiry (with the exception of one measure relating to steroid use) are predominantly aimed at addressing alcohol consumption. Accordingly this submission is structured as follows:

- **Section 1** provides the RACP's understanding of the context behind this review, including the legislative reforms implemented which should be the focus of this inquiry, past legislative reforms to address alcohol related violence, the documented links between alcohol and violence and the costs of alcohol related violence to the broader community in NSW.
- **Section 2** provides an overview of the historical and most recently available data on the incidence of alcohol and drug related violence in the Kings Cross area, in Sydney more generally and in NSW. This includes a brief consideration of whether the recent measures to address alcohol and drug related violence have had an impact on the level of such violence. It concludes that, while too short a time has elapsed for a full and rigorous assessment to be made of the impacts of these measures, the early statistical trends are encouraging.
- **Section 3** reviews the available evidence on three broad categories of State-level measures which are likely to reduce alcohol-related violence, namely measures addressing the physical availability of alcohol, the price of alcohol and availability and suitability of treatment services. Based on a review of this evidence the RACP concludes that:
 - Restrictions on outlet density and trading hours are the most effective of the existing measures taken to reduce the physical availability of alcohol in Sydney and should be extended across NSW.
 - Increasing the price (decreasing the affordability) of alcohol can be a highly effective means of reducing its consumption and thereby reducing the level of alcohol related violence and other harms. At the State level this could be achieved by instituting a minimum floor price for alcohol and also working with the Commonwealth government to introduce a comprehensive volumetric taxation on all alcoholic drinks.
 - Brief interventions delivered in healthcare settings - whether in a hospital environment, general practice or community health clinics - have the potential to reduce rates of 'problem drinking' and thereby facilitate reductions in alcohol related violence, and so should be more widely accessible.
 - Comprehensive interventions encompassing all of the above, with State governments backing up the ability of local communities to tailor these measures to their particular conditions can enhance their effectiveness given the synergies promoted.

- Data sharing amongst and across government and non-government agencies is vital to support the better design and targeting of appropriate and effective interventions
- **Section 4** summarises the RACP position and recommendations based on the evidence provided in this submission.

1. Background

NSW legislative reforms in response to alcohol-related violence

In response to widely publicised reports of alcohol related violence in Sydney, particularly around the Kings Cross area in late 2013, the NSW government announced a package of reforms which passed into legislation on 30 January 2014. The most important of these measures is the creation of a new entertainment 'precinct' to which special alcohol licensing conditions would apply. This newly defined Sydney CBD entertainment precinct extends from parts of Surry Hills / Darlinghurst to The Rocks, and from Kings Cross to Cockle Bay, and is subject to the following conditions:

- 1.30am lockouts (lockouts are the practice of not allowing any new entrants to a licenced premise after a certain time, but allowing those already inside to continue drinking for some time) and 3am last drinks at hotels, registered clubs, nightclubs and licenced karaoke bars. There are exemptions for small bars (maximum 60 people), most restaurants and tourism accommodation establishments. Venues currently licensed to stay open after 3am can do so without alcohol service.
- Temporary bans of 48 hours for people found to be 'troublemakers' at these establishments.
- A two year freeze on approvals for new and existing licenses in the precinct.
- Revocation of competency cards and disqualifications of up to 12 months for bar staff in this Precinct found to be in breach of responsible service of alcohol requirements.
- Licensee fines of up to \$11,000 and/or imprisonment of up to 12 months, as well as strikes under the Government's Three Strikes disciplinary scheme for failure to comply with the new laws.

The 1.30am lockouts and 3 am last drinks also apply to the existing Kings Cross precinct created under previous legislation. In addition to these precinct-specific conditions on alcohol licenses, the package also introduced a NSW-wide ban on takeaway alcohol sales after 10pm which applies to bottle shops, hotels and clubs. These provisions came into force on 24 February 2014.

A periodic risk-based liquor licensing scheme has also been introduced which is partly based on the Victorian licensing regime. This will involve the imposition of higher fees on premises that have later trading hours, poor compliance histories and/or are situated in high-risk locations. This is aimed at giving licensed premises the ability to reduce their level of fees through improved compliance.

Other NSW-wide changes aimed at alcohol include the suspension of the online Responsible Service of Alcohol (RSA) certification pending changes to improve its integrity, and the development and implementation of a high-profile road-safety style social media and advertising campaign aimed at changing community attitudes towards drinking.

The one measure in the package of reforms specifically aimed at a drug other alcohol is an increase in the maximum sentence for the illegal supply and possession of steroids from 2 years to 25 years, bringing it into line with Victoria.

These early 2014 liquor licensing reforms are the latest in a series of reforms (detailed below) which have been introduced throughout or in various parts of NSW since 2008 in response to alcohol-related problems.¹

- In March 2008, the NSW Liquor Administration Board, responding to complaints by NSW Police impose significant new restrictions on 14 licensed premises in Newcastle, including:
 - A 1am lockout for all 14 premises, a 3 am closing time for 3 of the 14 premises and 2.30am closing time for 11 premises.
 - Restrictions on the sales of particular kinds of drinks such as shots and mixed drinks from 10 pm
 - Cessation of alcohol service 30 minutes before closing time.
- On 30 October 2008, the NSW government introduced a package of measures to address 'antisocial drinking' and alcohol related violence which included a freeze on granting 24 hour liquor licences and the introduction of special licence conditions on 48 licensed premises with the highest numbers of violent incidents recorded in the period between July 2007 and June 2008. These conditions included
 - A mandatory 2am lockout of patrons (except for registered clubs)
 - No shots and drink limit restrictions after midnight and
 - Cessation of alcohol service 30 minutes before closing time.
- On September 2009, legislation was passed by the NSW government introducing a 12 month freeze on the issuing of new liquor licences in three parts of the City of Sydney local government area: Kings Cross, the Oxford Street/Darlinghurst precinct, and parts of the southern CBD. Low risk venues including licensed restaurants, cafes, and cinemas were generally exempt from the freeze. The freeze has since been extended over a number of years. However in January 2013 it was lifted in relation to parts of the southern CBD in order to trial the effectiveness of a new software program for assessing liquor licence applications. The Oxford Street/Darlinghurst licence freeze is until June 2015 and the Kings Cross licence freeze is until December 2015.
- In June 2010, legislation was introduced in the NSW Parliament providing for the establishment of Precinct Liquor Accords in Central Sydney, Manly, Parramatta, Newcastle/Hamilton, and Wollongong and creating a new process for regulating trading hours. This included giving the Director-General of Communities the power to impose conditions on a licence prohibiting the sale of liquor after 11pm and before 10am, or restricting the trading hours of, and public access to licensed premises.
- In October 2011, legislation was introduced in the NSW Parliament providing for a "three strikes" disciplinary scheme for licensed premises. This means 'strikes' can be imposed in respect of a licence when a licensee or approved manager of licensed premises is convicted of one of a range of the more serious offences under the Liquor Act. The NSW Office of Liquor and Gaming maintains a register of licences that have incurred strikes under the scheme.
- In November 2012, legislation was passed in the NSW Parliament introducing a range of special licensing conditions on licensed premises in the Kings Cross Precinct to reduce alcohol-related violence. These conditions included:

¹ Roth, L. 2014, 'Liquor licensing restrictions to address alcohol-related violence in NSW: 2008 to 2014', NSW Parliamentary Research Service.

- Prohibiting sale of particular drinks such as shots on Friday and Saturday nights after midnight.
- Prohibiting glasses, glass bottles and glass jugs after midnight.
- Requiring licensees to promote late night transport options for patrons.
- In October 2013, legislation was passed to implement a second stage of measures to address alcohol-related violence in the Kings Cross Precinct. The legislation contained two major measures. The first gave police the power to issue orders prohibiting ‘troublemakers’ from entering or remaining in licensed premises in the Kings Cross precinct for up to 48 hours. The second gave the Commissioner of Police the power to apply to the Independent Liquor and Gaming Authority to issue a person with a long-term banning order, prohibiting them from entering or remaining in a “high-risk” venue for up to 12 months and requiring “high risk” venues in Kings Cross to scan a patron’s ID with a scanner linked to this system before admitting entry to the premises.

The nexus between alcohol and violence

The problems which motivated the past and recent NSW legislative reforms on liquor licensing are not restricted to NSW but can be found in every jurisdiction where alcohol is consumed.

It is well established in the research literature that there is a strong nexus between the consumption of alcohol and incidents of violence including domestic and non-domestic assault.² The reasons for this nexus are also well established.

Alcohol consumption has been found to increase the likelihood and extent of aggressive behaviour whilst also reducing the cognitive or verbal capacity to resolve conflicts, which thereby increases the likelihood of fights and assaults as well as other forms of physical violence³. Other ways in which alcohol contributes to violence are:⁴

- Individual and cultural beliefs that alcohol causes aggression can lead to alcohol being used to prepare for or excuse violent acts.
- Alcohol dependence can cause individuals to neglect or abandon care duties.
- Prenatal alcohol exposure can affect foetal development, and consequently is linked to behavioural problems in later life including delinquent behaviour and violence.
- Alcohol and violence may be linked through common risk factors such as an underlying anti-social personality disorder.

As the media publicity on so-called ‘king hits’ in Sydney was an impetus for the NSW legislative reforms, it is worth noting the results of the one Australian study which used National Coronial Information System data to analyse king hits within Australia between 2000 and 2012.⁵ This study found that there were 90 king hits over that period, only four of which involved females. The median age of victims was 33 years. The greatest number of king hits occurred in NSW (28), followed by Victoria and Queensland (24 cases each). These king hits occurred at a hotel or pub before 3am. Of

² For an overview of the Australian data on this, see Morgan, A. and A. McAtamney 2009, ‘Key issues in alcohol-related violence’, Australian Institute of Criminology, Canberra.

³ National Health and Medical Research Council (Cth), Australian guidelines to reduce health risks from drinking alcohol, 2009, pp 21-22.

⁴ WHO 2009, ‘Preventing violence by reducing the availability and harmful use of alcohol.’

⁵ Pilgrim, J.L., D. Gerostamoulos, and O.H. Drummer, “King hit” fatalities in Australia, 2000-2012: the role of alcohol and other drugs’, *Drug Alcohol Depend*, 2014. 135: p. 119-32

the 68 cases where toxicology reports were available, 73 per cent involved the use of alcohol while 10 cases involved illicit drugs, mostly cannabis.

While the inquiry terms of reference addresses alcohol and drug related violence, the measures put in place primarily address alcohol. We support this approach given the prominent involvement of alcohol in episodes of violence. In NSW in 2013-2014 alcohol was responsible for 12,895 non domestic assaults, 9,948 domestic violence assaults and 1,632 assaults on police (over April 2013 to March 2014).⁶ The total annual cost of alcohol abuse in NSW has been estimated at \$3.87 billion including lost productivity in the workplace and home, of which \$1.029 billion was the cost to NSW government services.⁷ Alcohol related violence costs the NSW population an estimated \$263.4 million a year (including loss of life).⁸

Equally compelling statistics illustrate the blight of alcohol on communities Australia wide:

- It has been estimated that, in Australia, between 3.3 per cent⁹ and 4 per cent¹⁰ of the community have been physically abused by someone affected by alcohol.
- 24 per cent of people have reported being verbally abused and 12 per cent reported being 'put in fear' by someone affected by alcohol.¹¹
- Between 40 per cent (according to police data) and 70 per cent (according to survey data) of physical assaults in Australia are alcohol related.¹²
- Australia wide data also shows that females aged less than 30 years are the group most likely to be the victims of alcohol-related violence.¹³
- The most recent (2013) National Drugs Strategy Household Survey estimates that around 26 per cent of Australians aged 14 or older, which is about 5 million Australians, were the victim of an alcohol related incident in 2013.¹⁴

These findings demonstrate that significant inroads to addressing the causes of alcohol-related violence could be made that would reduce the annual rates of violence in NSW and its associated impacts, including the pressures on the law enforcement system, the impost on the healthcare system and the impact on individuals' lives.

⁶ BOSCAR data

⁷ Audit Office of NSW 2013, 'Cost of alcohol abuse to the NSW Government'.

⁸ *Ibid.*

⁹ ABS Personal Safety Survey.

¹⁰ Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy Household Survey report*, Drug statistics series no. 25.

¹¹ Laslett, A. et al 2010, *The Range and Magnitude of Alcohol's Harm to Others*, Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, p. 63.

¹² *Ibid.*, p. 73.

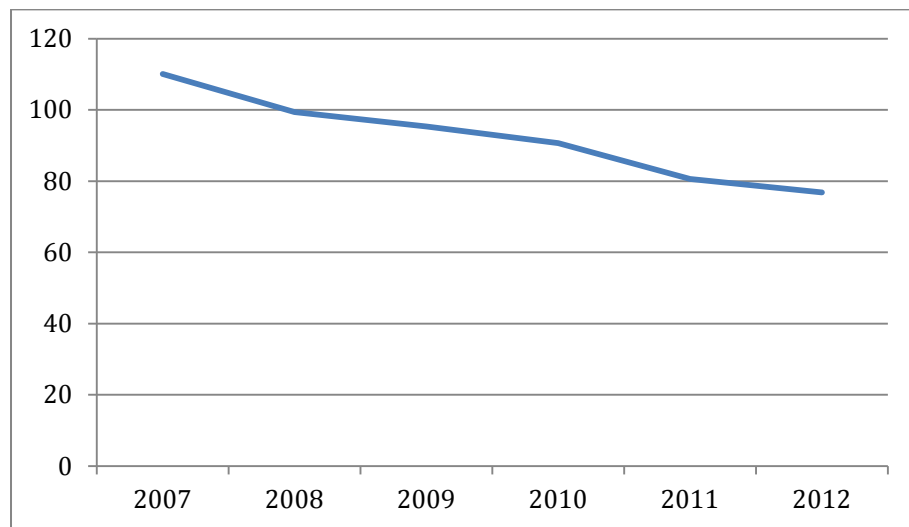
¹³ National Health and Medical Research Council (Cth), *Australian guidelines to reduce health risks from drinking alcohol*, 2009, p 86.

¹⁴ AIHW 2013 National Drug Strategy Household Survey key findings, available at <http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>

2. Alcohol and drug related violence in NSW – historical trends and recent developments

NSW Health statistics on rates of hospitalisations for interpersonal violence indicates a downward trend across NSW. However the data does not differentiate between hospitalisation for alcohol and non-alcohol related reasons.

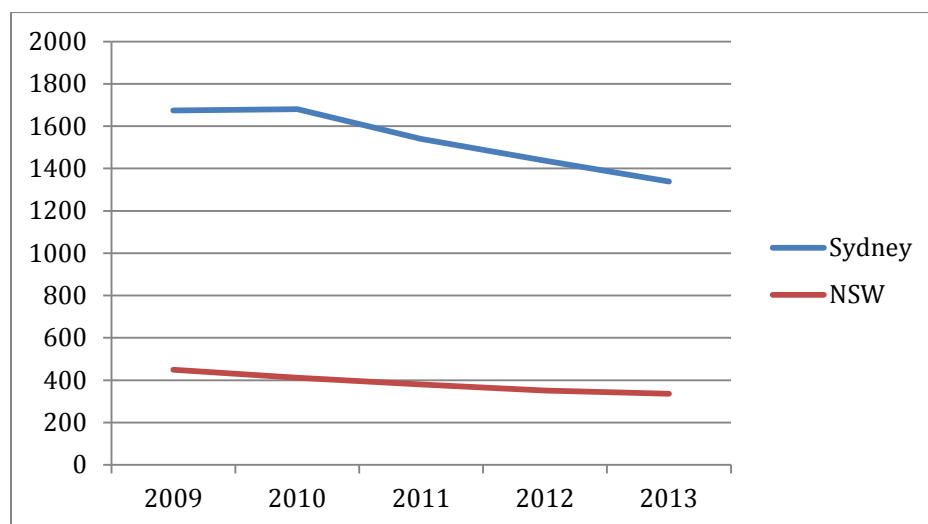
Figure 1: Hospitalisations for interpersonal violence (rate per 100,000 pop.) 2007-2012



Source: NSW Health statistics

NSW Bureau of Crime Statistics and Research data on rates of ‘alcohol related’ violence (in both licensed and non-licensed premises) also shows a general downward trend (**Figure 2**), across NSW and in Sydney where the recent publicity over alcohol-related violence has been focused. In **Figure 2**, alcohol related violence is defined as domestic violence and non-domestic violence related assaults, and assaults against police but not offensive behaviour.

Figure 2: Alcohol related violence (rate per 100,000 pop.) 2009-2013

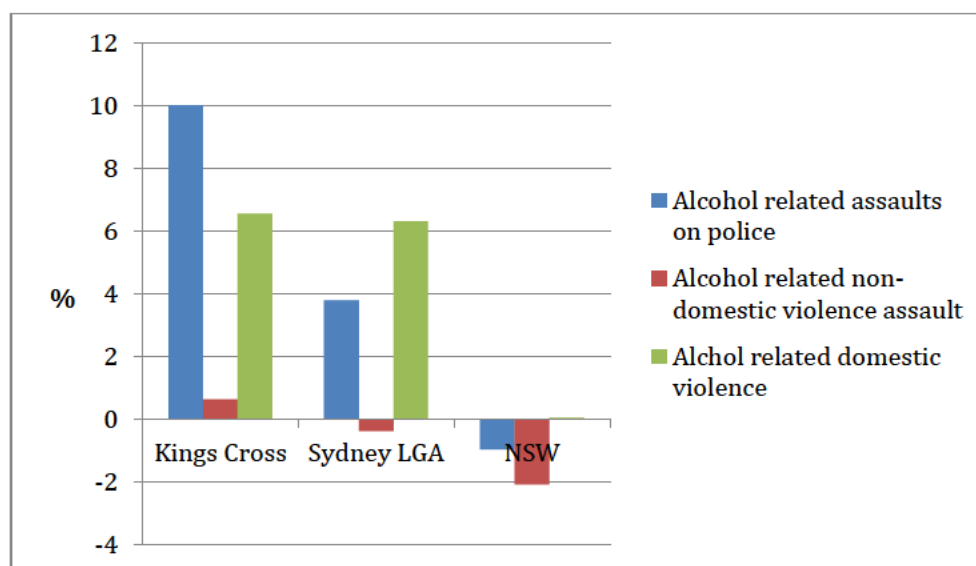


Source: ABS and BOSCAR

However, closer examination reveals state level reporting masks large variations at the local level, including 10 per cent annual growth rates in the Kings Cross area in levels of alcohol related

violence. **Figure 3** shows the average annual growth rates between 2005 and 2014 for various forms of alcohol-related violence levels in Kings Cross compared with the Sydney Local Government Area (LGA) and NSW as a whole. This exposes significantly higher growth rates in the Kings Cross area and Sydney, compared with reductions across NSW as a whole (the 'bar' for domestic violence growth in NSW is missing because it is close to zero).

Figure 3: Average annual growth rate in no. of incidents of alcohol related violence 2005-2014



Source: BOSCAR

This concentration of alcohol-related violence in the Kings Cross area is not a recent phenomenon. The level of alcohol related crime increased by approximately 40 per cent in Kings Cross from 2001-2007 and 20 per cent in Darlinghurst.¹⁵ According to 2007 and 2008 Sydney Local Government Area (LGA) data the highest concentrations of assault in the LGA are in Kings Cross, Oxford Street in Darlinghurst and along George Street in the CBD. In addition, within the Sydney LGA a disproportionate number of assaults (amounting to 37 per cent) occur within 20 metres of liquor outlets in the area.¹⁶

A disproportionate burden of alcohol-related crime is also associated with particular establishments. In NSW, approximately 20 per cent of establishments accounted for 80 per cent of intoxicated persons involved in such incidents, and 6 per cent of establishments were in the top 20 per cent of establishments for the three main offense types of violence, disorder and motor vehicle crashes.¹⁷ While recognising alcohol-related violence occurs in particular licenced premises and surrounding public areas, the home is still the most common location for alcohol-related violence and only nine per cent of alcohol-related assault injuries in a major hospital were a consequence of 'glassing'.¹⁸

¹⁵ Shakeshaft, A., Love, S. and Wood, E., 2011, 'Alcohol Related Crime in City of Sydney Local Government Area: An Analysis for the Council of the City of Sydney', NDARC Monograph No. 63.

¹⁶ Burgess, M. and S. Moffatt 2011, 'The association between alcohol outlet density and assaults on and around licensed premises', BOSCAR.

¹⁷ Rowe, S.C., et al., 'Establishments licensed to serve alcohol and their contribution to police-recorded crime in Australia: further opportunities for harm reduction', *J Stud Alcohol Drugs*, 2010. 71(6): p. 909-16

¹⁸ Laing, A.J., M.C. Sendall, and R. Barker, 'Alcohol-related violence presenting to the emergency department: is 'glassing' the big issue?', *Emerg Med Australas*, 2013. 25(6): p. 550-7.

More time is needed before the full impact of the recent liquor licensing reforms can be properly evaluated. The reforms have only been in place since January 2014 and the most recent publicly available BOSCAR statistics on alcohol related violence report to March 2014. From the available data— specifically on alcohol related violence occurring in licensed premises – some interesting trends in the growth of alcohol related violence more recently compared to over a longer time period are emerging (note that this data is based on an April to March year).

Table 1: Average annual growth rates of alcohol related violence on licensed premises for selected time periods

	2005-2014 (%)	2010-2014 (%)	2013-2014 (%)
Kings Cross	-2.6	-9.7	-29.2
Sydney LGA	-2.5	-5.0	-14.8
NSW	-3.7	-7.0	-6.0

Source: BOSCAR

Table 1 shows that there have been small reductions in levels of alcohol related violence on licensed premises over the long term and more significant reductions in recent years. The size of the reduction in levels of alcohol related violence on licensed premises has been particularly significant over the 2013-2014 period which may suggest that the licensing reforms introduced in January 2014 (primarily focused on the Sydney CBD Entertainment Precinct including parts of the Cross) are already having an impact.

The broader scope of alcohol related harms

While the terms of reference of this inquiry are specifically focused on alcohol related violence, there is a much broader spectrum of alcohol-related health and social harms which should be considered when evaluating measures to regulate the sale, supply and marketing of alcohol and the treatment of these harms. Based on current levels of alcohol consumption, the annual cost of social harm caused from alcohol consumption is \$15 billion. This includes lost productivity arising from sickness, premature death, and reductions in the workforce and absenteeism caused by alcohol, healthcare costs from medical, nursing, hospital, pharmaceutical and ambulance services, and more ‘intangible’ costs from pain and suffering and loss of life.¹⁹ Alcohol use is estimated to account for 3.3 per cent of the total burden of disease, making it the sixth largest risk²⁰. This also means that the most significant net alcohol-related harm occurs in the broader population who do not necessarily drink in extreme ways and in high-risk contexts.

Also of concern are the effects of alcohol on the future generation of Australians. Young people may be particularly vulnerable to the harmful effects of alcohol because they have a propensity to combine high risk drinking with other high risk activities which have the potential for accidental injury. Harmful rates of drinking among young people are an ongoing concern - 31.7 per cent of young people aged 18-19 engaged in drinking at levels that placed them at risk of alcohol-related

¹⁹ Collins, D. and H. Lapsley 2008, ‘The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol’, DoHA Monograph Series No. 70.

²⁰ Begg, S. et al 2007, ‘The burden of disease and injury in Australia 2003’, AIHW at p. 5.

harm over their lifetime²¹ while 28.7 per cent of people in that age bracket engaged in binge drinking at least weekly. A 2010 survey of the driving habits of young Australians found that one in five 23–24 year-olds had driven when near or over the legal alcohol limit during the previous month and over 40 per cent had friends who engaged in drink-driving.²²

Heavy drinking during adolescence is associated with poorer cognitive functioning and possible brain response abnormalities while performing challenging cognitive tasks.²³ Moreover, unsafe drinking habits at a young age can lead to alcoholism²⁴ and other forms of drug abuse later.²⁵

²¹ Australian Institute of Health and Welfare 2011, 2010 National Drug Strategy Household Survey report, Drug statistics series no. 25

²² Australian Institute of Family Studies 2010, 'In the driver's seat II: Beyond the early driving years'

²³ Brown S and Tapert S 2004, 'Adolescence and the trajectory of alcohol use: basic to clinical studies', *Ann N Y Acad Sci.* 2004 Jun;1021: 234-44

²⁴ Plunk, A. et al, 'The Persistent Effects of Minimum Legal Drinking Age Laws on Drinking Patterns Later in Life', *Alcoholism: Clinical and Experimental Research*, Volume 37, Issue 3, pages 463–469, March 2013

²⁵ Norberg, K. et al, 'Long Term Effects of Minimum Drinking Age Laws on Past-year Alcohol and Drug Use Disorders', *Alcohol Clin Exp Res.* 2009 December; 33(12): 2180–2190

3. Measures for reducing alcohol and drug related violence – the evidence

The evidence linking alcohol consumption with violence suggests measures that reduce the level of alcohol consumption in the community will lead to a reduction in the incidence of violence. These measures can be broadly categorised as follows, and each can be significantly impacted by NSW government policy:

- Measures which affect the physical availability of alcohol, which are primarily influenced by the density of licensed outlets as well as their trading hours
- Measures to affect the affordability of alcohol i.e. the price which consumers pay per standard unit of alcohol.
- Availability and suitability of treatment services, focused on changing the habits of people with alcohol problems.
- ‘Comprehensive’ interventions encompassing all of the above, with State governments supporting the ability of local communities to tailor these measures to their particular conditions.

Each of these categories of measures is discussed in more detail below. The question of data requirements, both for the better design and targeting of treatment services and as a general means for advancing the formulation and implementation of better evidence based alcohol policy is also considered.

It is worth noting that another area of policy which evidence shows impacts on alcohol consumption is the regulation of alcohol advertising and promotion. This is not discussed further in this submission as it is an area where the Commonwealth government has primary responsibility but it is worth noting that there is significant evidence demonstrating the links between alcohol advertising and promotion and increased consumption rates and levels of alcohol related harm.²⁶

Physical availability of alcohol

The research clearly shows that there are strong relationships between the availability of alcohol, particularly as measured by outlet density and trading hours, the incidence of harmful drinking and the incidence of violence in a community:

- **Outlet density:** Outlet density (e.g. how many licensed establishments and bottle shops per square kilometre) is significantly positively related to high risk drinking among the young,²⁷

²⁶ Australian Communications and Media Authority (2007) ‘Television advertising to children, a review of contemporary research on the influence of television advertising directed to children’; Meier P, Booth A, Stockwell A, Sutton A, Wilkinson A, Wong R, et al. ‘Independent Review of the Effects of Alcohol Pricing and promotion. Part A: Systematic Reviews’, The University of Sheffield; 2008; Babor TF, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. *Alcohol: No Ordinary Commodity - Research and Public Policy*, Oxford and London: Oxford University Press; 2003; Smith L, Foxcroft D. ‘The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies’, *BMC Public Health* 2009, 9:51 doi:10.1186/1471-2458-9-51. online at: <http://www.biomedcentral.com/1471-2458/9/51>; Stacy, A, Zogg, J, Unger, J and Dent, C 2004, ‘Exposure to televised alcohol ads and subsequent adolescent alcohol use’, *American Journal of Health Behavior*, 28(6): 498–509; Snyder, L, Milici, F, Slater, M, Sun, H and Strizhakova, Y 2006, ‘Effects of alcohol advertising exposure on drinking among youth’, *Archives of Pediatric and Adolescent Medicine*, 160: 18–24; Ellickson, P, Collins, R, Hambarsoomians, K and Mccaffrey, D 2005, ‘Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment’, *Addiction*, 100: 235–246.

²⁷ Livingston, A M Laslett, and P Dietze ‘Individual and Community Correlates of Young People’s

levels of assault and drink driving²⁸ and rates of domestic violence²⁹. High outlet density can encourage more intense competition between outlets for customers including by the discounting of alcohol products³⁰ which explains why lower prices tend to be observed in areas with a higher density of liquor outlets.³¹ This in turn can encourage higher consumption of alcohol in areas with high outlet density, with all the attendant problems this brings, including alcohol related violence. The association between alcohol outlet density and violence holds even after controlling for alcohol expenditures and the density of other retailers.³²

- The nature of the relationship between outlet density and alcohol related violence is complex and may depend on the type of outlet. One study found that this relationship only applied to off-premises outlets rather than licensed drinking establishments.³³ Another study found that the relationship between outlet density and violence was strongest for off-premises licenses but more context dependent for on-premises licenses³⁴ - for instance the relationship between outlet density and violence is weaker in more 'socially organised' communities.³⁵ It is possible that the link between on-site outlets and violence may be primarily underpinned by negative amenity effects while off-site outlet effects occur via increased availability.³⁶ Bars are more strongly associated with alcohol-related harm than other types of licensed premises, such as restaurants.³⁷ For inner Sydney, Newcastle and Wollongong, hotels and nightclubs were associated with more assaults than other premises and a minority of hotels accounted for the majority of assaults.³⁸ According to an estimate based on 2007 and 2008 Sydney LGA data, each additional alcohol outlet per hectare in the Sydney LGA can lead to 4.5 additional assaults per annum.³⁹

High-risk Drinking in Victoria, Australia' (2008) 98 *Drug and Alcohol Dependence* 241; T Huckle et al, 'Density of Alcohol Outlets and Teenage Drinking: Living in an Alcogenic Environment is Associated with Higher Consumption in a Metropolitan Setting"', (2008) 103 *Addiction* 1614.

²⁸ Chikritzhs, P. et al, "Predicting Alcohol-related Harms From Licensed Density: A Feasibility Study" (National Drug Law Enforcement Research Fund, Hobart, 2007) X–XV.

²⁹ Livingston, M., 'A longitudinal analysis of alcohol outlet density and domestic violence', *Addiction*, 2011. 106(5): p. 919-25.

³⁰ New Zealand Law Commission 2010, *Alcohol in our lives: Curbing the harm*, Final Report.

³¹ Cameron, M. et al 'The Spatial and Other Characteristics of Liquor Outlets in Manukau City', (Impact of Liquor Outlets Research Report No. 3, Population Studies Centre, University of Waikato, Hamilton, 2009.

³² Grubestic, T.H., et al., 'Alcohol outlet density and violence: the role of risky retailers and alcohol-related expenditures', *Alcohol Alcohol*, 2013. 48(5): p. 613-9.

³³ Roman, C.G. and S.E. Reid, 'Assessing the relationship between alcohol outlets and domestic violence: routine activities and the neighborhood environment', *Violence Vict*, 2012. 27(5): p. 811-28.

³⁴ Gruenewald, P. et al 2006, 'Ecological models of alcohol outlets and violent assaults: crime potentials and geospatial analysis', *Addiction*, 101(5), 666–677.

³⁵ Pridemore, W.A. and T.H. Grubestic, 'Community organization moderates the effect of alcohol outlet density on violence', *Br J Sociol*, 2012. 63(4): p. 680-703.

³⁶ Liang, W. and T. Chikritzhs, 'Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability', *Drug Alcohol Rev*, 2011. 30(5): p. 524-35.

³⁷ Lipton R and Gruenewald P., 'The spatial dynamics of violence and alcohol outlets', *Journal of Studies on Alcohol*, 63, 187-95, 2002.

³⁸ Briscoe S and Donnelly N., 'Problematic licensed premises for assaults in inner Sydney, Newcastle, and Wollongong', *Australia and New Zealand Journal of Criminology*, 36, 18-33, 2003.

³⁹ Burgess, M. and S. Moffatt 2011, 'The association between alcohol outlet density and assaults on and around licensed premises', BOSCAR.

- The impacts of outlet density of both off-premises and on-premises licences on levels of alcohol related violence can also interact through 'pre-drinking'. One study found that pre-drinking was a significant predictor of high-risk drinking, even after intention to get drunk was controlled for.⁴⁰ The most common explanation for pre-drinking was that it is cheaper to purchase alcohol at bottle shops than at bars and clubs. This was particularly emphasised by those who drank at a high-risk level.⁴¹ Continued disparities in pricing and policing of alcohol between on- and off-licensed premises may also increase at-home drinking prior to nights out and lead to alcohol-related problems in residential areas.⁴²
- **Trading hours:** Increased trading hours for licensed outlets are significantly positively associated with drink-driver road crashes⁴³, serious violent offences committed in the early hours of the morning⁴⁴, assaults per 100,000 inhabitants per quarter⁴⁵ and increased risk of homicides.⁴⁶ Over 40 per cent of assaults at licensed premises occur after midnight and one reason for this may be that regular heavy drinkers are more likely to take advantage of longer trading hours.⁴⁷

As reviewed below, studies which have looked at a range of 'natural experiments' in changes to license conditions have found that changes to outlet density and trading hours can be highly effective in reducing levels of alcohol related violence but did not find that 'lockouts' were effective.

- One example of a specific outlet density regulation studied in the literature is from California, US where following 1992 riots, alcohol outlets were damaged and then closed. Subsequently the number of liquor stores allowed was linked to a city or county's population. An analysis of 581 zip codes in California estimated that a reduction of one bar per zip code area would reduce assaults by 1 per cent in the area.⁴⁸
- Three years after restrictions on trading hours on 14 hotels were introduced in Newcastle, Australia, night-time non-domestic assaults requiring police attention had fallen by 35 per cent and street offences had fallen by 50 per cent. The Newcastle trial has also led to reductions in the number of ambulance call-outs and emergency department presentations.⁴⁹ Larger modifications in trading hours have also been found to have

⁴⁰ MacLean, S. and S. Callinan, "Fourteen dollars for one beer!" Pre-drinking is associated with high-risk drinking among Victorian young adults', *Aust NZ J Public Health*, 2013. 37(6): p. 579-85

⁴¹ Ibid.

⁴² Hughes, K., et al., 'Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes', *Addiction*, 2008. 103(1): p. 60-5

⁴³ Chikritzhs T and Stockwell T. 'The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels', *Addiction*. 2006; 1254-64.

⁴⁴ Australian Medical Association (NSW), NSW Nurses' Association, Health Services Union & Police Association of NSW. (2010). 'Last drinks: A coalition of concerned emergency services workers'.

⁴⁵ Rossow, I. and Norstrom, T. 2011, 'The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities', *Addiction* 107(3), 530-537.

⁴⁶ Sanchez, A.I., et al., 'Policies for alcohol restriction and their association with interpersonal violence: a time-series analysis of homicides in Cali, Colombia', *Int J Epidemiol*, 2011. 40(4): p. 1037-46

⁴⁷ Moffatt, S. and Weatherburn, D. 2011, 'Trends in assaults after midnight', NSW Bureau of Crime Statistics and Research, Crime and Justice Statistics, Issue paper no. 59.

⁴⁸ Gruenewald PJ, Remer L., 'Changes in outlet densities affect violence rates', *Alcoholism: Experimental and Clinical Research*, 2006; 30:1184-1193.

⁴⁹ Hunter New England Local Health District. 2011,. Presentation slides: Newcastle Intervention. Accessed at: http://lastdrinks.org.au/wp-content/uploads/2012/07/New-Institute-June-2012_Newcastle-Interventiongipa1.pdf

disproportionately greater impacts than smaller changes.⁵⁰ By contrast, hotels granted extended trading permits (ETPs) in Perth in the 1990s experienced a 70 per cent increase in the level of monthly assaults, between 1991 and 1995.⁵¹

- According to a recent study, the staggering of trading hours of licensed establishments does not reduce alcohol related violence.⁵²
- The evidence suggests that lockouts are also relatively ineffective in reducing levels of alcohol related violence. A study of the 3am lockout imposed in Ballarat during 2003 found that a small reduction in alcohol-related assaults and intoxication rates within Ballarat occurred before and after the introduction of the lockout but that after this decline, these rates steadily increased, surpassing Geelong, which was used as a 'control' by 2005.⁵³ Another study of lockouts found that while alcohol-related offences relating to disturbances and sexual offences were significantly reduced following the introduction of lockouts, offences related to property, stealing and assault only experienced insignificant reductions.⁵⁴

Price based measures

Of all policy measures, alcohol pricing has the greatest potential to reduce consumption and consequent harms and do so in the most cost effective manner. There is a direct relationship between price, consumption and harms which has been demonstrated in both directions over many decades and different settings.⁵⁵ For example, following a significant reduction in alcohol taxes in Finland in 2004, there was a 17 per cent increase in the number of sudden deaths involving alcohol (over 2003) which paralleled reported increases in alcohol consumption.⁵⁶ A later study confirmed that this increase in alcohol related mortality persisted in later years.⁵⁷ These changes led to a reversal of policy, supporting increased prices but reductions in alcohol consumption and alcohol related harms.⁵⁸ More generally, analysis of international crime victimisation survey data has linked

⁵⁰ Stockwell, T. and P. Gruenewald 2004, 'Controls on physical availability of alcohol' in N. Heather and T. Stockwell (eds.), *The Essential Handbook of Treatment and Prevention of Alcohol Problems*, Chichester: Wiley and Sons.

⁵¹ Chikritzhs T and Stockwell T. 'The impact of later trading hours for Australian public houses (hotels) on levels of violence', *Journal of Studies on Alcohol*, 63, 591-9, 2002.

⁵² Humphreys, D.K. and M.P. Eisner, 'Do flexible alcohol trading hours reduce violence? A theory-based natural experiment in alcohol policy', *Soc Sci Med*, 2014. 102: p. 1-9

⁵³ Miller, P., et al., 'The long-term effect of lockouts on alcohol-related emergency department attendances within Ballarat, Australia', *Drug Alcohol Rev*, 2012. 31(4): p. 370-6

⁵⁴ Palk, Gavan R., Davey, Jeremy D., & Freeman, James E. (2010) 'The impact of a lockout policy on levels of alcohol-related incidents in and around licensed premises', *Police Practice and Research*, 11(1), pp. 5-15.

⁵⁵ Anderson, P. and Baumberg, B., 'Alcohol in Europe: A Public Health Perspective', report prepared for the European Commission, London: Institute for Alcohol Studies, 2006; Babor et al 2010, *Alcohol: No Ordinary Commodity in Research and Public Policy*, 2nd Edition; Cook PJ, Ostermann J and Sloan FA, 'Are alcohol excise taxes good for us? Short- and long-term effects on mortality rates', Working Paper No. 11138.

⁵⁶ Koski, A. et al, 'Alcohol tax cuts and increase in alcohol-positive sudden deaths: a time-series intervention analysis', *Addiction* 2007 Mar;102(3):362-8. Moreover, the increases in consumption were largest where the effect of taxes on price levels were largest – see Mäkelä P, Österberg E, 'Weakening of one more alcohol control pillar: a review of the effects of the alcohol tax cuts in Finland', in 2004. *Addiction* 104(4):554-563, 2009.

⁵⁷ K. Herttua, P. Makela, P. Martikainen, 'An evaluation of the impact of a large reduction in alcohol prices on alcohol-related and all-cause mortality: time series analysis of a population-based natural experiment', *International Journal of Epidemiology*, 2009; 40 (2): 441 DOI: 10.1093/ije/dyp336.

⁵⁸ T. Karlsson et al, 'A new alcohol environment. Trends in alcohol consumption, harms and policy: Finland 1990 – 2010', *Nordic Studies on Alcohol and Drugs* 27 (2010).

changes in alcohol price with rates of violent crime.⁵⁹ While the magnitude of the effect of prices on alcohol consumption varies for different countries and different beverages, the direction of the effect is highly consistent across many studies.⁶⁰

These findings lead to the conclusion that taxation of alcoholic drinks based on their alcohol content (i.e. volumetric taxation) is an attractive policy instrument because it can be used to not only increase the price of alcoholic drinks (and thereby reduce consumption) but also generate direct revenue, which makes alcohol taxation a significant budgetary measure as well as one delivering public health benefits. We would argue that a proportion of the funds raised through alcohol taxation be directed to alcohol treatment services or prevention programs.

The obvious problem with recommending such an approach to States such as NSW, who wish to reduce their levels of alcohol related violence, is that the High Court decision in 1996 ruled that liquor licensing fees and levies were illegal under the terms of the Australian Constitution, and therefore a volumetric tax on alcohol can only be imposed at the Commonwealth level. However, given the high cost effectiveness of such a proposal, efforts to introduce it should be actively supported. It should be a priority for the Commonwealth and States to work together to implement such a tax at the Commonwealth level.

An alternative pricing measure which would be feasible for the States to implement is the imposition of minimum pricing for alcohol. This would typically involve governments legislating to set a minimum price below which a unit of pure alcohol cannot be sold to consumers. By reducing the availability of cheap alcoholic drinks and setting a lower bound on their affordability, minimum pricing policies can have significant impacts on alcohol consumption, particularly by those defined as 'hazardous drinkers' (who consume alcohol at levels that increase their risk of physical and psychological harm), who tend to buy the cheapest alcohol.⁶¹ Minimum prices also restrict the ability of the liquor industry to engage in pricing promotions.

While there is as yet relatively little real world experience of minimum pricing policies, this policy has been implemented in British Columbia, Canada. There, it has been shown that a 10 per cent increase in average minimum price for all alcoholic beverages was associated with reduced consumption of all alcoholic drinks by 3.4 per cent⁶² and a reduction of almost a third in deaths

⁵⁹ Markowitz, A., 'Criminal violence and alcohol beverage control: Evidence from an international study', (National Bureau of Economic Research, Working Paper 7481, 2000).

⁶⁰ See Wagenaar, A. C., M.J. Salois and K. A. Komro, 'Effects of Beverage Alcohol Price and Tax Levels on Drinking: A Meta-Analysis of 1003 Estimates from 112 Studies', *Addiction*, 104(2): 179–190, 2009 which reviewed 1003 estimates from 112 studies and found that on average a 10 per cent increase in the retail price of alcohol reduced consumption by 4.4 per cent. See also Fogarty, J., 'The Nature of the Demand for Alcohol: Understanding Elasticity', *British Food Journal* 108(4): 316–332, 2006 and Gallet, C. A., 'The demand for alcohol: a meta-analysis of elasticities', *Australian Journal of Agricultural and Resource Economics* 51(2): pp. 121–135, 2007.

⁶¹ Kerr, W. and T. Greenfield, 'Distribution of alcohol consumption and expenditures and the impact of improved measurement on coverage of alcohol sales in the 2000 National Alcohol Survey', *Alcohol Clin Exp Res* 2007: 31: 1714-22; Meir, P., R. Purshouse and A. Brennan, 'Policy options for alcohol price regulation: the importance of modelling population heterogeneity', *Addiction* 2010: 105: 383-93 and Record, C. and Day, C., 'Britain's Alcohol Market: How Minimum Alcohol Prices Could Stop Moderate Drinkers Subsidising Those Drinking at Hazardous and Harmful Levels', *Clinical Medicine* 9:5, pp.421-5, 2009.

⁶² Stockwell, T., et al. 2012, 'Does minimum pricing reduce alcohol consumption? The experience of a Canadian province', *Addiction*, 107(5): 912-920

wholly attributable to alcohol.⁶³ Minimum pricing has been criticized as being likely to impose financial hardship on low income consumers, however some recent studies concluded that its greatest impact would be on 'high risk' drinkers (who are the ones in greatest need of intervention) while it would have little effect on low income but moderate drinkers.⁶⁴ It is worth noting that while the Australian National Preventive Health Agency recommended against the introduction of a floor price for alcohol, this recommendation was directed at the Commonwealth government, and one of the reasons for its recommendation was that the Commonwealth has the option of introducing a volumetric tax which can also bring in revenue.⁶⁵ These considerations do not apply to the NSW government.

At the same time there are limits to how far the price of alcohol can be raised to discourage or reduce consumption because too high price rises may inadvertently create incentives to engage in illicit/home production of alcohol. This is why physical availability measures, such as licensing restrictions, are also important.

Treatment services

In addition to measures aimed at addressing easy access to alcohol, whether physically or financially, the provision of appropriate treatment services and/or interventions such as education campaigns aimed at people engaged in habitual risky drinking can also be a highly effective means of reducing alcohol consumption and associated problems.⁶⁶ Studies have found that both computer-assisted⁶⁷ and non-computer assisted⁶⁸ therapist brief interventions have been effective in reducing emergency department (ED) visits due to alcohol. Cognitive behavioural therapy has also

⁶³ Zhao, J. et al 2013, 'The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002-09', *Addiction*, 2013 Jun; 108(6):1059-69. doi: 10.1111/add.12139. Epub 2013 Mar 21. Indirect evidence is also available from a study of Scotland's recent legislation which prohibits pricing promotions for alcoholic products. The legislation led to a 4 per cent decrease in wine sales and a 8.5 per cent drop in sales of pre-mixers compared to England and Wales where the legislation did not apply - see NHS Health Scotland 2013 'The impact of the Alcohol Act on off-trade alcohol sales in Scotland'.

⁶⁴ Holmes, J. et al, 'Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study', *Lancet* February 10, 2014 [http://dx.doi.org/10.1016/S0140-6736\(13\)62417-4](http://dx.doi.org/10.1016/S0140-6736(13)62417-4); Sheron, N. et al 2014, 'Impact of minimum price per unit of alcohol on patients with liver disease in UK', *Clinical Medicine* 2014 Vol 14, No 4: 1-7.

⁶⁵ Australian National Preventive Health Agency 2013, 'Exploring the public interest case for a minimum (floor) price for alcohol'.

⁶⁶ Kaner, E. F. S., Dickinson, H. O., Beyer, F. R., Pienaar, E. D., Schlesinger, C., Campbell, F., Saunders, J. B., Burnand, B., & Heather, N. (2009), 'The effectiveness of brief alcohol interventions in primary care settings: A systematic review', *Drug and Alcohol Review*, 28, 301-323; Moyer, A., Finney, J. W., Swearingen, C. E., & Vergun, P. (2002), 'Brief interventions for alcohol problems: a meta-analytic review of controlled investigations in treatment seeking and non-treatment-seeking populations', *Addiction*, 97, 279-92; Ballesteros, J., Duffy, J. C., Querejeta, I., Arino, J., & Gonzalez-Pinto, A. (2004a), 'Efficacy of brief interventions for hazardous drinkers in primary care: Systematic review and metaanalyses', *Alcoholism, clinical and experimental research*, 28, 608-18

⁶⁷ Cunningham, R.M., et al., 'Brief motivational interviewing intervention for peer violence and alcohol use in teens: one-year follow-up', *Pediatrics*, 2012. 129(6): p. 1083-90.

⁶⁸ Walton, M.A., et al., 'Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: a randomized controlled trial', *Jama*, 2010. 304(5): p. 527-35.

been found to be effective in reducing risks of committing assault in the six months after treatment⁶⁹, as has an outpatient treatment programme involving individual and group therapy sessions.⁷⁰

Data requirements

A significant challenge in the delivery of appropriate treatment services is in 'case finding', that is, being able to provide the services to those who need them. There is a significant lack of data that can be used to ensure the provision of these services is targeted appropriately. A more focused and cooperative approach to collecting and using data is required; one that supports better collaboration across government and non-government agencies. For instance, all injuries presenting to emergency departments which are alcohol related should be identified as such. This would require a concerted effort by hospitals to accurately diagnose and record alcohol related presentations. Better data will also support improvements to the design of the interventions as well as ongoing evaluation on their effectiveness. The capacity to provide appropriate levels of alcohol treatment services can also be enhanced by workforce strengthening to build the capacity of specialist and generalist health services in screening, early intervention and treatment of alcohol use disorders.

More generally, having appropriate systems and infrastructure in place to collect and analyse data is essential for the formulation and implementation of evidence based policy to address alcohol related harms. In addition to better documenting harms from alcohol consumption, detailed data about the volume of alcohol sales is also important to good policy formulation. For instance it can help in identifying emerging trends in use and harms and identifying 'hot-spot' communities and regions where pro-active intervention is needed. It can also assist in decision making processes regarding licensing.

In light of these considerations, the federally funded National Alcohol Sales Data Project (NASDP) run by the WA Drug and Alcohol Office and the National Drug Research Institute at Curtin University is a very important initiative for advancing evidence based alcohol policy. The NASDP aims to construct an ongoing, regularly updated, national database of standardised alcohol sales data, which includes all Australian states/territories. However, so far only Queensland, Western Australia, the Northern Territory and the ACT have signed up to this project. Participation by all State and Territories in this project is crucial for facilitating nationally consistent data collection on alcohol consumption which can then be disaggregated and compared. It is important for the NSW government to sign up to this project as well if the NASDP's objective is to be achieved.

Other measures including comprehensive community level interventions

In addition to the measures already discussed, there may be significant returns to State governments from putting in place better infrastructure and data systems to support policies and their implementation. For instance, agencies are using data on assaults recorded in emergency departments to design effective interventions aimed at reducing alcohol-related or nightlife assaults, injury or violence.⁷¹

⁶⁹ Sitharthan T et al. 'Cue exposure in moderation drinking: a comparison with cognitive-behavior Therapy', *Journal of Consulting and Clinical Psychology*, 1997, 65:878–882

⁷⁰ O'Farrell TJ et al. 'Partner violence before and after individually based alcoholism treatment for male alcoholic patients', *Journal of Consulting and Clinical Psychology*, 2003, 71:92–102

⁷¹ Droste, N., P. Miller, and T. Baker, 'Review article: Emergency department data sharing to reduce alcohol-related violence: A systematic review of the feasibility and effectiveness of community-level interventions', *Emerg Med Australas*, 2014. 16(10): p. 1742-6723.

In contrast, Responsible Service of Alcohol (RSA) requirements and voluntary Liquor Accords, which are not backed up by enforcement but are solely limited to voluntary industry initiatives, tend to be highly ineffective, both in the short and long term.^{72 73} Furthermore, the evidence supporting measures such as the risk-based licensing (RBL) system introduced in the ACT⁷⁴ and the publication of a list of the top 100 licensed premises in terms of recorded assault incidents⁷⁵ should be interpreted with caution as their effectiveness may have been attributable to greater police visibility and mandatory RSA training associated with their introduction.

State governments could better support local communities in implementing appropriate customised packages of comprehensive interventions to address alcohol-related problems in their localities. There is growing evidence from overseas jurisdictions (and some mixed evidence from Australia) that such comprehensive interventions at the community level can achieve reductions in alcohol-related harms:

- The Stockholm Prevents Alcohol and Drug Problems (STAD) project in Sweden reported a 29 per cent reduction in violent crime through a combination of responsible beverage service training and existing licensing legislation⁷⁶. This was a multicomponent program based on community mobilization, training in responsible service policies and stricter enforcement of existing alcohol laws.
- The Sweden Trelleborg Project which addressed youth drinking and related harm through a combination of community and school policies on alcohol and drug management and enhanced enforcement activity for off-licensed alcohol retailers led to reductions in related violence and accidents.⁷⁷
- A US initiative combining community and media mobilization, responsible beverage service; strengthened licensing legislation and increased enforcement of under-age and drink-driving laws was associated with reductions in alcohol consumption, assaults and road traffic crashes.⁷⁸
- In Australia a recent evaluation of the Alcohol Action in Rural Communities (AARC) project, reported an estimated 40 per cent reduction in alcohol-related verbal abuse in the intervention relative to the control communities and an estimated 32 per cent reduction in

⁷² Room R, Babor T and Rehm J. 'Alcohol and public health', *The Lancet*, 365, 519-30, 2005; Ker, K. and P. Chinnock 2006, 'Interventions in the alcohol server setting for preventing injuries', *Cochrane Database of Systematic Reviews*, Apr 19(2), CD005244.

⁷³ National Drug Research Institute. *Restrictions on the sale and supply of alcohol: evidence and outcomes*. Perth: National Drug Research Institute, Curtin University of Technology, 2007. Available from: www.ndri.curtin.edu.au/pdfs/publications/R207.pdf

⁷⁴ Matthews, R. and T. Legrand 2013, 'Risk-Based Licensing and Alcohol-Related Offences in the Australian Capital Territory', FARE.

⁷⁵ Moffatt, S., & Weatherburn, D. (2011), 'Trends in assaults after midnight', (Bureau Brief No. 59). Retrieved from NSW Bureau of Crime Statistics and Research website: [http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/bb59.pdf/\\$file/bb59.pdf](http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/bb59.pdf/$file/bb59.pdf)

⁷⁶ Wallin E, Norström T, Andréasson S. 'Alcohol prevention targeting licensed premises: a study of effects on violence', *Journal of Studies on Alcohol*, 2003, 64:270–277

⁷⁷ Stafström M, Östergren P. 'A community-based intervention to reduce alcohol-related accidents and violence in 9th grade students in southern Sweden: the example of the Trelleborg Project', *Accident Analysis and Prevention*, 2008, 40:920–925

⁷⁸ Holder HD et al. 'Effect of community-based interventions on high-risk drinking and alcohol-related Injuries', *Journal of the American Medical Association*, 2000, 284:2341–2347

alcohol-related street offences though it found no statistically significant reduction in alcohol-related assaults.⁷⁹

- However another study nested within the previous AARC study which focused on the impact of multi-component interventions on weekends identified as 'historically problematic' detected a small, but statistically significant effect on alcohol-related sexual assaults on problematic weekends.⁸⁰ It also detected a statistically significant reduction in alcohol-related assaults on non-problematic weekends.⁸¹

⁷⁹ Shakeshaft, A.; Doran, C.; Petrie, D.; Breen, C.; Havard, A.; Abudeen, A.; Harwood, E.; Clifford, A.; D'Este, C.; Gilmour, S.; et al. 'The Alcohol Action in Rural Communities (AARC) Project. Working with Communities to Select, Implement and Measure the Impact of Strategies to Reduce Alcohol-Related Harm', Available online: <http://www.fare.org.au/research-development/featured-research/alcohol-action-in-rural-communities/> (accessed on 13 August 2013).

⁸⁰ Navarro, H., A. Shakeshaft, C. Doran and D. Petrie 2013, 'Does Increasing Community and Liquor Licensees' Awareness, Police Activity, and Feedback Reduce Alcohol-Related Violent Crime? A Benefit-Cost Analysis', *Int. J. Environ. Res. Public Health* 2013, 10, 5490-5506; doi:10.3390/ijerph10115490

⁸¹ Navarro, H., A. Shakeshaft, C. Doran and D. Petrie 2013, 'Does Increasing Community and Liquor Licensees' Awareness, Police Activity, and Feedback Reduce Alcohol-Related Violent Crime? A Benefit-Cost Analysis', *Int. J. Environ. Res. Public Health* 2013, 10, 5490-5506; doi:10.3390/ijerph10115490

4. Summary and recommendations

While it may be too early for a full and rigorous assessment to be made of recent liquor licensing reforms, the statistical trends so far are encouraging. The reductions in levels of alcohol related violence on licensed premises in the Kings Cross area and in Sydney LGA over the April 2013 to March 2014 period is promising.

Though this may attest to the effectiveness of earlier closing times for licensed establishments within the defined Sydney CBD Entertainment Precinct where these tighter restrictions have been enforced, this does not necessarily mean that a precinct by precinct approach is the best way of addressing alcohol related harms such as violence.

Instead, a better approach would be for the broader application of earlier closing times for licensed establishments and takeaway bottle shops across the State. This should be combined with measures to reduce the affordability of alcohol, greater cooperation between NSW and other governments to institute more wide-ranging pricing and advertising reforms, and facilitating the ability of communities to implement comprehensive interventions tailored to address their alcohol related problems.

Accordingly we have the following recommendations:

- ***Recommendation 1: The NSW government consider extending the current 3am closing times for licensed establishments in the Sydney CBD Entertainment Precinct across the rest of Sydney and the State.***
- ***Recommendation 2: Local health services are supported in their efforts to limit liquor outlet density and oppose inappropriate license applications based on the available evidence.***
- ***Recommendation 3: The NSW government legislate to introduce a minimum price per standard drink for alcoholic drinks.***
- ***Recommendation 4: The NSW government work with other States and Territories and the Commonwealth government to introduce a volumetric tax on all alcoholic drinks.***
- ***Recommendation 5: Improve diagnosis and documentation of alcohol related presentations in hospitals, to support the design and targeting of alcohol treatment services such as brief interventions.***
- ***Recommendation 6: The NSW government to ensure that there is appropriate funding for alcohol treatment services including through investing in workforce development.***
- ***Recommendation 7: Communities are supported to implement appropriate customised packages of comprehensive interventions to address alcohol-related problems in their localities.***
- ***Recommendation 8: The NSW government work with other States and Territories and the Commonwealth government to further limit the impact of advertising and sponsorship of alcohol.***
- ***Recommendation 9: The NSW government to facilitate a culture change around alcohol use through broader community education measures and promoting wider public debate about the impacts of alcohol consumption. This should be aimed at***

enhancing understanding that alcohol related problems go well beyond the impacts on crime statistics.

- ***Recommendation 10: The NSW government to participate in the federally funded National Alcohol Sales Data project run by the WA Drug and Alcohol Office and the National Drug Research Institute at Curtin University.***