

**Submission
No 29**

**INQUIRY INTO STRATEGIES TO REDUCE ALCOHOL
ABUSE AMONG YOUNG PEOPLE IN NSW**

Organisation: Police Association of New South Wales

Date received: 1/03/2013

Police Association of NSW



Inquiry into Strategies to Reduce Alcohol Abuse Among Young People in NSW

Police Association of New South Wales Submission to the Standing Committee on Social Issues Inquiry into strategies to reduce alcohol abuse among young people in NSW

March 2013

Version Control

Purpose To provide the Standing Committee on Social Issues the Police Association of NSW' response regarding the Inquiry into strategies to reduce alcohol abuse among young people in NSW.

Document Control

Version Number V0.1
Release date March 2013
Copies Public
Confidentiality Non-confidential
Release Restrictions Nil
File Name
File Location TRIM – Research - Current
File Reference Number
Author Vicki Sokias, Research and Resource Centre
Status (Draft/Out of Draft) Out of Draft

Inquiry into Strategies to Reduce Alcohol Abuse among Young People in NSW

Police Association of New South Wales Submission to the Standing Committee on Social Issues Inquiry into Strategies to Reduce Alcohol Abuse among Young People in NSW

NSW Health statistics, showed that the number of 15 to 17 year olds attending NSW emergency departments for acute alcohol problems had risen from 5768 in 2001 to 9080 to 2011...from Sydney, Jan 27 AAP, "NSW govt anti-binge drinking ad criticised

Introduction

The following Police Association submission is in response to the Standing Committee on Social Issues inquiry into strategies to reduce alcohol abuse among young people in NSW. The Police Association's considerations in preparing this submission have been based around its latest campaign, titled, "Last Drinks". The Association is currently leading a coalition of emergency services workers, including Doctors, Nurses and Paramedics to address the alarming increase in alcohol-related violence. The Association is also a founding member of the NSW ACT Alcohol Policy Alliance, a coalition of 31 health, community, law enforcement, and emergency services and research organisations working to promote evidence-based actions to prevent alcohol-related harms in NSW and the ACT. In addition, the Association's submission is informed by way of a number of research reports by consulting committees, academics, legislative inquiries and policy and legal documents on youth and alcohol abuse and its impacts on police. The Police Association's submission is divided into seven (7) parts in answer to the Standing Committee's terms of reference (and as far as they relate to police) which are:

- The effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict alcohol advertising and promotion;
- The effectiveness of alcohol harm minimization strategies targeted at young people;
- Measures to minimize the impact of alcohol in the workplace;
- The effectiveness of measures to reduce drink driving;
- Measures to reduce alcohol related violence, including in and around licensed venues;
- Measures to address the impact of alcohol abuse on the health system;
- And other related matter.

Alcohol is the most widely used drug in Australia and a serious public health problem. Alcohol consumption is second only to tobacco as a preventable cause of death and hospitalisation in Australia. The consequences of harmful consumption include fatal road accidents and injuries, bicycle accidents, incidents involving pedestrians, falls, fires, drowning, sports and recreational injuries, overdose, assault, violence and intentional self-harm, suicide, and serious long term health problems¹. Excessive alcohol also has a direct link to diseases like cancers, stroke,

¹ National Health and Medical Research Council (NHMRC) 2009, Australian Guidelines to reduce health risks from drinking alcohol, NHMRC, Canberra and Chikritzhs T, Catalano P., Stockwell TR, Donath S, Ngo HT, Young DJ and Matthews S 2003, Australian Alcohol Indicators, 1990-2001; patterns of alcohol use and related harms for Australian states and territories. National Drug Research Institute and Turning Point Alcohol and Drug Centre Inc, National Drug Research Institute, Perth. Available from: <http://ndri.curtin.edu.au/localdocs/pdf/naip/naipaifullreport.pdf>

heart attack and liver cirrhosis. Alcohol affects everyone - adults, children, family, friends, associates, colleagues and complete strangers. Alcohol is the drug of choice among youth. Many young people are experiencing the consequences of drinking too much, at too early an age.

"Unfortunately, the age that kids are starting to drink is getting younger. The average age at which young people now start drinking is 15.5 years and more than a quarter of our 14-19 year olds are putting themselves at risk of alcohol-related harm at least once a month. These are disturbing statistics which need to be turned around" From DrinkWise Australia, Media Release, 7 December 2012.

Young people are in the front line of exposure to the risks of excessive alcohol consumption and as mentioned already, heavy drinking is associated with injuries in many settings. The National Drug Strategy 2010-2015 highlights that drinking alcohol in adolescence can be harmful to young people's physical and psychosocial development. Alcohol-related damage to the brain can impair memory and verbal skills, hamper the ability to learn, and lead to problems of alcohol dependence and depression. The social aspects of alcohol consumption by minors are complex. A minor may regard his or her first drink – or consumption of alcohol at a level that puts young people at risk – as a rite of passage; for that reason, ways of communicating the risk involved need to be explored².

Alcohol consumption in Australia

Research shows that 3494 Australians died in 2004/05 and over one million hospital bed days were directly attributable to alcohol consumption. Next to tobacco, excessive alcohol consumption is the highest risk factor.

It has been estimated that harm from alcohol was responsible for 3.2 per cent of the total burden of disease and injury in Australia in 2003. In 2004-2005, the social cost of alcohol abuse was estimated at \$15.3 billion. The Alcohol Education and Rehabilitation Foundation {AERF – now the Foundation for Alcohol Research and Education (FARE)} estimates that an additional \$14 billion per annum could be attributed to the tangible costs of harm to others and more than \$6 billion to intangible costs. This places the true annual cost of alcohol to society at around \$36 billion.

Current alcohol consumption levels in Australia are high by world standards (WHO 2008) with patterns of high risk drinking among young people and in some Indigenous communities of particular concern. Research shows that occasional or weekend excessive drinking poses the greatest risk in relation to alcohol-related violence, accidents and injury, thus contributing exponentially to the overall social costs of alcohol misuse in Australia.

On an international scale, and according to the World Health Organisation, harmful and hazardous alcohol use are risk factors both for being victimized and perpetrating youth violence. Youth violence takes many forms including bullying, gang violence, sexual aggression, and assaults occurring in streets, bars and nightclubs. The victims and perpetrators alike are young people, and the consequences of youth violence can be devastating. Across the world an average of 565 young people aged 10 to 29 die every day through interpersonal violence, and for each death there are an estimated 20 to 40 youths that

² Alcohol and other Drugs Council of Australia (ADCA) Submission to the New South Wales Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012.

require hospital treatment for a violence-related injury. The impact of youth violence reaches all sectors of society, placing huge strains on public services and damaging communities. Reducing harmful alcohol use and violence among young people should thus be considered a priority for policy makers and practitioners across a broad range of agencies, with public health professionals having a key role in leading partnerships and prevention.³

Statistics from the NSW Police Force reveal, in Australia, how young people and particularly those under the age of 18 are vulnerable to the damaging effects of alcohol. Alcohol is a key factor in the three leading causes of death among adolescents; unintentional injury, homicide and suicide. Over one in five (22%) of all hospitalization of young people aged 15-24 years old are alcohol related. Of all those hospitalized, 30% of young men and 23% of young women are hospitalized because of an alcohol related assault.⁴ As well as the serious and obvious health consequences of underage drinking, alcohol places the drinker and those around them at considerable risk of harm. Alcohol use, particularly excessive use can increase young people's risk of becoming a victim and/or an offender of alcohol related crime, often violent crimes such as sexual assault, physical assault, robbery, driving accidents, violence and antisocial behavior offences.⁵

Why do some adolescents drink?

As mentioned, alcohol is the drug of choice among youth. In January 2006, a US Department of Health & Human Services study published its results about underage drinking and why some adolescents choose to drink. According to the study, as children move from adolescence to young adulthood, they encounter dramatic physical, emotional, and lifestyle changes. Developmental transitions, such as puberty and increasing independence, have been associated with alcohol use. So in a sense, just being an adolescent may be a key risk factor not only for starting to drink but also for drinking dangerously.⁶

Risk-Taking

Research shows the brain keeps developing well into the twenties, during which time it continues to establish important communication connections and further refines its function. Scientists believe that this lengthy developmental period may help explain some of the behavior which is characteristic of adolescence—such as their propensity to seek out new and potentially dangerous situations. For some teens, thrill-seeking might include experimenting with alcohol. Developmental changes also offer a possible physiological explanation for why teens act so impulsively, often not recognizing that their actions—such as drinking—have consequences.⁷

³ World Health Organisation, Youth Violence and Alcohol, Alcohol and Violence, Centre for Public Health, 2012.

⁴ NSW Police Force, Alcohol, Young People and Alcohol, http://www.police.nsw.gov.au/community_issues/alcohol

⁵ NSW Police Force, Alcohol, Young People and Alcohol, http://www.police.nsw.gov.au/community_issues/alcohol

⁶ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006.

⁷ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

Expectancies

How people view alcohol and its effects also influences their drinking behavior, including whether they begin to drink and how much. An adolescent who expects drinking to be a pleasurable experience is more likely to drink than one who does not. An important area of alcohol research is focusing on how expectancy influences drinking patterns from childhood through adolescence and into young adulthood. Beliefs about alcohol are established very early in life, even before the child begins elementary school. Before age 9, children generally view alcohol negatively and see drinking as bad, with adverse effects. By about age 13, however, their expectancies shift, becoming more positive. As would be expected, adolescents who drink the most also place the greatest emphasis on the positive and arousing effects of alcohol.⁸

Sensitivity and Tolerance to Alcohol

Differences between the adult brain and the brain of the maturing adolescent also may help to explain why many young drinkers are able to consume much larger amounts of alcohol than adults before experiencing the negative consequences of drinking, such as drowsiness, lack of coordination, and withdrawal/hangover effects. This unusual tolerance may help to explain the high rates of binge drinking among young adults. At the same time, adolescents appear to be particularly sensitive to the positive effects of drinking, such as feeling more at ease in social situations, and young people may drink more than adults because of these positive social experiences.⁹

Personality Characteristics and Psychiatric Comorbidity

Children who begin to drink at a very early age (before age 12) often share similar personality characteristics that may make them more likely to start drinking. Young people who are disruptive, hyperactive, and aggressive—often referred to as having conduct problems or being antisocial—as well as those who are depressed, withdrawn, or anxious, may be at greatest risk for alcohol problems. Other behavior problems associated with alcohol use include rebelliousness, difficulty avoiding harm or harmful situations, and a host of other traits seen in young people who act out without regard for rules or the feelings of others (i.e. disinhibition).¹⁰

Hereditary Factors

Some of the behavioral and physiological factors that converge to increase or decrease a person's risk for alcohol problems, including tolerance to alcohol's effects, may be directly linked to genetics. For example, being a child of an alcoholic or having several alcoholic family members places a person at greater risk for alcohol problems. Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics themselves than are children who

⁸ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

⁹ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹⁰ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

have no close relatives with alcoholism. COAs also are more likely to begin drinking at a young age and to progress to drinking problems more quickly.¹¹

Research shows that COAs may have subtle brain differences which could be markers for developing later alcohol problems. For example, using high-tech brain-imaging techniques, scientists have found that COAs have a distinctive feature in one brainwave pattern (called a P300 response) that could be a marker for later alcoholism risk. Researchers also are investigating other brainwave differences in COAs that may be present long before they begin to drink, including brainwave activity recorded during sleep as well as changes in brain structure and function.¹²

Some studies suggest that these brain differences may be particularly evident in people who also have certain behavioral traits, such as signs of conduct disorder, antisocial personality disorder, sensation-seeking, or poor impulse control. Studying how the brain's structure and function translates to behavior will help researchers to better understand how predrinking risk factors shape later alcohol use. For example, does a person who is depressed drink to alleviate his or her depression, or does drinking lead to changes in his brain that result in feelings of depression?¹³

Other hereditary factors likely will become evident as scientists work to identify the actual genes involved in addiction. By analyzing the genetic makeup of people and families with alcohol dependence, researchers have found specific regions on chromosomes that correlate with a risk for alcoholism. Candidate genes for alcoholism risk also have been associated with those regions. The goal now is to further refine regions for which a specific gene has not yet been identified and then determine how those genes interact with other genes and gene products as well as with the environment to result in alcohol dependence. Further research also should shed light on the extent to which the same or different genes contribute to alcohol problems, both in adults and in adolescents.¹⁴

Environmental Aspects

Pinpointing a genetic contribution will not tell the whole story, however, as drinking behavior reflects a complex interplay between inherited and environmental factors, the implications of which are only beginning to be explored in adolescents. And what influences drinking at one age may not have the same impact at another. As Rose and colleagues show, genetic factors appear to have more influence on adolescent drinking behavior in late adolescence than in mid-adolescence.¹⁵

¹¹ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹² U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹³ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹⁴ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹⁵ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

Environmental factors, such as the influence of parents and peers, also play a role in alcohol use. For example, parents who drink more and who view drinking favorably may have children who drink more, and an adolescent girl with an older or adult boyfriend is more likely to use alcohol and other drugs and to engage in delinquent behaviors.¹⁶

Researchers are examining other environmental influences as well, such as the impact of the media. Today alcohol is widely available and aggressively promoted through television, radio, billboards, and the Internet. Researchers are studying how young people react to these advertisements. In a study of 3rd, 6th, and 9th graders, those who found alcohol ads desirable were more likely to view drinking positively and to want to purchase products with alcohol logos. Research is mixed, however, on whether these positive views of alcohol actually lead to underage drinking.¹⁷

What are the health risks?

Whatever it is that leads adolescents to begin drinking, once they start they face a number of potential health risks. Although the severe health problems associated with harmful alcohol use are not as common in adolescents as they are in adults, studies show that young people who drink heavily may put themselves at risk for a range of potential health problems. These risks have known to include brain effects, liver effects and growth and endocrine effects.¹⁸

UK Study

According to a UK study conducted in 2007, how a teenager copes with alcohol depends on their body size and shape, as well as what stage of puberty they're reached. In inexperienced hands, alcohol can be very dangerous. Young people are just starting to discover the effects of alcohol so it's easy for them to inadvertently drink an amount well beyond the recommended guidelines. In minor cases this will cause the slurring, staggering and sickness associated with being drunk. But the consequences can be much severe. Statistics show that around 5000 teenagers are admitted to hospital every year for alcohol-related reasons. The UK study goes onto report that teenagers who get drunk run other risks too;

- In a 2007 survey, one in five teenagers admitted to drink driving, while a third (32%) had been a passenger in a car with a driver who was drunk;
- Drinking alcohol can make teenagers forget all about safe sex. Statistics show that after drinking, 11% of young people engaged in unprotected sex in 2007. 11% again claimed to regret that sexual encounter.
- Alcohol plays a big part in antisocial behavior, crime and violence. A Home Office survey found that one in five (18%) 12-13 year olds and over a quarter (28%) of 14-15

¹⁶ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006

¹⁷ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006.

¹⁸ U.S. Department of Health & Human Services, Underage Drinking, Alcohol Alert, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Number 67, January 2006.

year olds caused damage while drinking, while one in 10 in 15-16 year olds said that drinking had led them to get in trouble with the police.¹⁹

Australian Study

In an Australian study in 2004, alcohol is a major contributing cause of death and hospitalization for young Australians (15-24 year olds). The majority of alcohol-related harms experienced by young people are caused by episodes of drinking to intoxication and are generally referred to as 'acute' (eg road injury, violent assault, suicide and drowning). In Australia young people aged between 15 and 24 years account for about 52% of all alcohol-related serious road injuries and 32% of all alcohol-attributable hospital admissions for injuries caused by violence.²⁰ The study (in summary) revealed the following;

- Over the last 10 years (1993-2002) an estimated 2,643 young people (aged between 15 and 24 years) died from alcohol-attributable injury and disease caused by risky/high risk drinking in Australia.
- Over 100,000 young people were hospitalized for alcohol-attributable injury and disease over a 9-year period (1993/94-2001/02).
- Following a period of national decline in death rates during the 1990s, in more recent years, several states/territories have begun to show increasing numbers of alcohol-attributable deaths.
- The most common causes of alcohol-attributable death for young people are road injury, suicide and violence.
- Male alcohol-attributable death rates are about 4 times greater than for females.
- Young indigenous Australians are more than twice as likely as their non-Indigenous counterparts to die from alcohol-attributable causes. Death rates among Indigenous youth have not improved in the last 8 years.
- Young people who live in non-metropolitan areas are at greater risk of alcohol-attributable death than city youth.²¹

a. The effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict advertising and promotion

It has been suggested that television programs and advertisements depicting or advocating alcohol use may encourage drinking among adolescent viewers. Alcohol use is frequently portrayed in both entertainment programming and advertising and alcohol is the most common beverage shown on television. Portrayals of alcohol use are particularly prevalent in prime-time programming, music videos, and during television coverage of college and professional sports events. Content analyses indicate that alcohol use is portrayed more frequently by more attractive, successful, and influential people in positive social context, often associated with sexually suggestive content, recreation, or motor vehicle use. In contrast, alcohol use is rarely portrayed in an unattractive manner or is associated with negative consequences.

¹⁹ Alcohol and Young People, Underage Drinking in the UK, Facts and Figures, Drinkaware, www.drinkaware.co.uk, 7 September 2009.

²⁰ Tanya Chikritzhs & Richard Pascal, Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990-2002, National Alcohol Indicators, National Drug Research Institute, Curtin University, WA, Bulletin No. 6, November 2004.

²¹ Tanya Chikritzhs & Richard Pascal, Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990-2002, National Alcohol Indicators, National Drug Research Institute, Curtin University, WA, Bulletin No. 6, November 2004

Exposure to such frequent positive portrayals of alcohol use in the absence of negative consequences may increase the likelihood of alcohol use.²²

Television and Music Video Study

In 1998, the Official Journal of the American Academy of Pediatrics, published a study, titled Television and Music Video Exposure and Risk of Adolescent Alcohol Use, in order to tackle the issue whether exposure to media portrayals of alcohol use may lead to increased drinking. To address the issue, the research examined prospectively the associations between media exposure and alcohol use in adolescents. During the 18-month follow-up, 36.2% of baseline nondrinkers began drinking and 50.7% of baseline drinkers continued to drink. Onset of drinking was significantly associated with baseline hours of television viewing. The study concluded that increased television and music video viewing are risk factors for the onset of alcohol use in adolescents. Attempts to prevent adolescent alcohol use should address the adverse influences of alcohol use in the media.²³

In the UK too, researchers discovered that viewers watching shows and films peppered with drinking scenes were likely to consume twice as much alcohol as those who watched 'dry' movies and programmes. Professor Rutger Engels, at Radboud University Nijmegen in the Netherlands, commented that this was the first experimental study to show a direct effect of exposure to alcohol portrayals on TV on viewers' immediate drinking behavior. The study clearly show that alcohol portrayals in films and advertisements not only affects people's attitudes and norms on drinking in society, but it might work as a cue that affects craving and subsequent drinking in people who are drinkers. According to the study's findings, it suggested as an idea (when portraying alcohol in movies) to explicitly warn people, and especially parents, that movies contain alcohol portrayals and that these alcohol portrayals affect drinking directly. Implications of these findings may be that, if moderation of alcohol consumption in certain groups is striven for, it may be sensible to cut down on the portrayal of alcohol in programmes aimed at these groups and the commercials shown in between. Another implication maybe that in situations in which this is possible, for example cinemas, availability of alcohol should be reduced when movies and commercials contain alcohol portrayal and individuals in a group at risk for problematic drinking are present.

National Summit, Canberra

In September 2012, The Australian Medical Association conducted a National Summit on Alcohol Marketing to Young People at Parliament House in Canberra, in association with the 70 member National Alliance for Action on Alcohol (NAAA). Leading public health and nongovernment organisations, law enforcement bodies, youth associations and experts in alcohol met to discuss the ubiquitous problem of young people and children being exposed to alcohol marketing (including in social media), and the policy and legislative reforms needed to curtail this. The Summit heard from a number of leading researchers and academics in the field, and also heard views from a panel of prominent Federal Parliamentarians with portfolio interests in the area. The AMA also released a major report Alcohol Marketing and Young People: Time for a new policy agenda. From the deliberations and points of view expressed at the Summit, there was a broad consensus about the following key findings:

²² Thomas N. Robinson, Helen L. Chen, Joel D. Killen, Television and Music Video Exposure and Risk of Adolescent Alcohol Use, Pediatrics, Official Journal of the American Academy of Pediatrics, 1998, 102; e54.

²³ Thomas N. Robinson, Helen L. Chen, Joel D. Killen, Television and Music Video Exposure and Risk of Adolescent Alcohol Use, Pediatrics, Official Journal of the American Academy of Pediatrics, 1998, 102; e54.

- Young people in Australia are regularly exposed to alcohol marketing in the traditional contexts of television, radio, print and billboard media, and also increasingly in new platforms for marketing and promotion through digital technologies and new social media such as Facebook and Twitter.
- Young people routinely encounter alcohol promotion and sponsorship as a feature of music and sporting events where it is presented as a normalised part of being healthy and having fun.
- Alcohol promotion affects young people's attitudes to alcohol and their consumption behavior, leading them to take up drinking and to drink more when they do.
- Young people are at particular risk of harm from alcohol use. If left unaddressed, continued irresponsible alcohol marketing to young people will serve to escalate those risks and harms.
- Today's media environment is radically different to when the current policy responses in Australia regarding alcohol advertising were put in place, with increasing take up of Pay TV, more free to air channels, the explosion of social media and the shift to online content.
- The current policy regime is totally inadequate in protecting young people from continued exposure to alcohol marketing. Industry self-regulation is deeply ineffective and has failed. It is time for a robust regulatory response that is independently and impartially applied, and which carries the force of meaningful sanctions.²⁴

The National Alliance for Action on Alcohol (NAAA), says there has been insufficient focus or discussion about action to reduce the toll of alcohol harm in the Australian community. NAAA recommends the establishment of a comprehensive framework to:

- ensure effective regulation of advertising and promotions for alcohol, including a special focus on minimising the exposure of children and young people to alcohol marketing and promotions;
- include the phasing out of alcohol sponsorship of music events to which children and young people may be exposed, and the prohibition of alcohol sponsorship of junior sports teams, clubs or programs;
- cover all forms of alcohol marketing and promotions, including point-of-sale promotions, print and media advertising, packaging, labelling, sponsorship, viral and internet campaigns.²⁵

Alcohol and other Drugs Council of Australia (ADCA)

ADCA is the national peak body representing the interests of the Australian non-government alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs by promoting evidence-based approaches. ADCA has long held the view that the Federal Government should regulate alcohol advertising and promotion - independent of the alcohol industry. Furthermore, restrictions should be imposed on the way alcoholic beverages are advertised and marketed, especially to young people. ADCA also believes that health warning and nutrition information labels should be mandatory for all alcoholic products and that advertisements for alcoholic beverages in any medium must

²⁴ National Summit on Alcohol Marketing to Young People, AMA, Canberra, 19 September 2012.

²⁵ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012.

include a series of warning messages about the potential harm like those introduced for the tobacco industry.²⁶

b. The effectiveness of alcohol harm minimization strategies targeted at young people

The Australian response to alcohol and drug problems is based on a harm minimisation model – incorporating supply reduction, demand reduction and harm reduction. Harm reduction is an approach to drug use and treatment which aims to reduce the harm from drugs without necessarily reducing consumption per se. Alternative approaches often focus on the supply side and reducing consumption – the Swedish system is one example. The United States, on the other hand, has consistently emphasised complete abstinence in its approach to drug and alcohol related harms, although the effectiveness of this strategy has been questioned. Australia's harm minimisation approach emerged in the 1970's when it was recognized that traditional approaches to drug problems were ineffective. The approach became increasingly popular with the emergence of the 'new public health' regime in the 1980's, which acknowledged the wider determinants of health and drug related harm. Key principles of the harm reduction approach are:

- The primary goal is reducing harm rather than drug use per se;
- There is acceptance that drugs are a part of society and will never be eliminated;
- Harm reduction should provide a comprehensive public health framework;
- Priority is placed on immediate (and achievable) goals; and
- Harm reduction is underpinned by values of pragmatism and humanism.

Harm reduction approaches target whole populations and high risk groups, such as youth. Strategies which alter the drinking environment fall into this category – for example, regulations which prohibit the service of alcohol to intoxicated people or youth, and training bar staff to manage patron aggression.

NSW/ACT Alcohol Policy Alliance (NAAPA)

In align with the above, in December 2012, a newly formed coalition of health, community, law enforcement, emergency services and research organizations has been formed with the objective of promoting evidence based solutions and actions to inform, reduce and prevent acute and chronic alcohol-related harms in NSW and ACT. NAAPA currently has 31 member organizations and includes among its members the Australian Medical Association (NSW), Police Association of NSW, the Cancer Council and the Foundation for Alcohol Research and Education (FARE).

According to NAAPA's policy priorities, effective interventions to reduce alcohol-related harms need to consider the range of harms that result from alcohol consumption, the various patterns of drinking and the environment in which alcohol is consumed. Policies also need to consider the impacts of both on-license (bars and clubs), as well as off-license (retailers and take-away outlets) premises. The ways that alcohol is sold, promoted and made available all contribute to the way that alcohol is consumed and the associated harms. Across Australia today alcohol is the most affordable that it has been in over three decades, it is more available than it ever has been and it is more heavily promoted.

State and territory governments have the opportunity to reduce alcohol-related harms because they are responsible for the development and enforcement of liquor licensing legislation, which

²⁶ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012

controls the number and types of liquor licenses available in each jurisdiction, as well as the way that alcohol is promoted. They also determine the extent to which the community is able to influence the number and type of licensed premises in their local areas and the accountability of liquor licensees.

State and territory governments are also responsible for the provision of a range of services relating to the consumption of alcohol including school and community education, enforcement, compliance, policing, healthcare provision and alcohol and drug services. NAAPA's policy priorities are focused on three areas where the NSW and ACT Governments can have the greatest influence in reducing alcohol-related harms. These are:

- Alcohol availability;
- Alcohol pricing and promotion; and
- Community engagement.

Relevant to the Standing Committee's inquiry into strategies to reduce alcohol abuse, NAAPA's policy action requirements have included the following;

- Establish and enforce 'saturation zones' which impose limitations on the provision of new licenses in areas that are identified as already having large numbers of licensed premises.
- Introduce 'cumulative impact' and 'cluster control' policies which prohibit new licenses from being granted within a specified distance of existing licensed premises.
- Introduce a 3am common closing time and 1am lock out for all pubs and clubs across NSW and the ACT.
- Impose a moratorium that prevents trading after midnight for new liquor licenses and existing licenses seeking extensions.
- Prohibit the harmful discounting and promotion of alcohol products at on-license and off-license premises, and ensures these measures are enforced.
- Prohibit the sale of shots, mixed drinks with more than 30mL of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10pm.
- Prohibit the sale of more than four drinks to any person at one time and implement and enforce a requirement to provide free water stations at every licensed premise.
- Prohibit the sale of alcohol mixed with energy drinks after midnight.
- Provide greater opportunities for people to engage with consultation processes for new liquor licenses or variations of licenses.
- Establish a service to support people and organizations that wish to raise concerns regarding new liquor licenses or changes to licenses.
- Develop effective public education campaigns to raise awareness of the risks associated with alcohol consumption, ways to avoid these risks and the liquor licensing laws.

Research suggests that an increase in the availability of alcohol leads to higher alcohol consumption and corresponding increase in alcohol related harm. In contrast, decreases in alcohol availability result in lower consumption and reductions in harm From ADCA, Inquiry into the Provision of Alcohol to Minors, August 2012.

NSW Police Force-Policing Alcohol Related Crime

As reported in the NSW Police Force Handbook, a high proportion of police work involves alcohol-related incidents.

The impact of alcohol misuse on assaults including domestic violence, street offences and property offences are a major concern for the police and the community. Alcohol misuse also leads to serious injuries and deaths through drink driving and road accidents.

NSW Police is committed to working in partnership with the community, other government departments, non government agencies and industry to promote safer community, minimizing alcohol-related crime and associated harm. NSW Police supports the harm minimization approach to alcohol-related incidents and is committed to ethical and respectful policing.

NSW Police will work closely with the industry to develop strategies to reduce alcohol-related incidents and associated harm including the promotion of responsible serving practices, restriction of extended trading and prevention of sales to underage people.²⁷

Working with Hotels and Clubs to Reduce Alcohol-related Crime, NSW Police Force, NSW Office of Liquor, Gaming and Racing, Auditor-General's Report Performance Audit

Both the NSW Police Force and NSW Office of Liquor Gaming and Racing (OLGR) regulate the liquor industry and work with licensees to minimize the harm caused by alcohol. This report explores how well they are working together and highlights some of the challenges they face in tackling this complex social issue. As mentioned, alcohol misuse has a significant impact on the community. It costs millions of dollars each day through lost labour, crime and health care.

Alcohol misuse is closely linked to crime and anti-social behavior. Excluding domestic violence incidents, almost one third of alcohol-related assaults occur on licensed premises such as hotels and clubs. According to the Auditor General's Report, there are three main ways to reduce alcohol-related crime on or near licensed premises. These are:

- Preventing patrons from reaching undesirable levels of intoxication, through the responsible service of alcohol (RSA)
- Introducing strategies that reduce the opportunity for crime such as extra transport at peak times and when premises close
- Responding to incidents after they occur to prevent them from escalating and to deal with offenders.

It is difficult to determine what works best to reduce alcohol-related crime. A key role is to ensure compliance with the liquor laws, including the Liquor Act 1982 (the Act). A key objective of the Act is harm minimisation. This refers to harm associated with alcohol misuse, such as violence and other anti-social behaviour. The Government recently reformed the State's liquor laws. Some of the key reforms include:

- the Licensing Court to be replaced with an administrative-based system
- the responsibilities of the Licensing Court and Liquor Administration Board to be transferred to a new authority
- expanded powers of the Director of Liquor Gaming and Racing such as imposing and varying licence conditions.

OLGR and Police must work with licensees to promote RSA and harm minimisation. Without this there will be limited impact on levels of intoxication which increases the risk of alcohol-related crime. The Audit found that both agencies assist and support licensees to meet RSA requirements. OLGR provides licensee self-assessments, runs workshops, and presents at liquor accords meetings, which are formal partnerships with licensees. Police also use liquor

²⁷ NSW Police Force, NSW Police Force Handbook, Version as at October 2012.

accords to discuss licensing issues, however they tend to educate mainly through enforcement. For example, police may discuss intoxication and RSA with licensees when responding to incidents or inspecting licensed premises.

The Audit made a number of recommendations designed to improve how Police and OLGR work with licensees to reduce alcohol-related crime. These included:

- developing a standard approach to enforcing the liquor laws
- delivering patron education campaigns
- removing barriers to working with licensees
- better guidance on how police should deal with breaches, and assist and support licensees on RSA
- better training for general duty police.²⁸

Aboriginal Strategic Direction 2012-2017, NSW Police Force

The Aboriginal Strategic Direction (ASD) is the overarching document which guides the NSWPF in its management of Aboriginal issues. It guides the NSW Police Force in its management of Aboriginal issues and seeks a level of ownership and involvement by Aboriginal people through a consultative and proactive approach. It is a living document that identifies where Police can have significant input in the decrease of the over-representation of Aboriginal people in the criminal justice system.

Aboriginal Australians continue to be the most disadvantaged group in the Australian society. The over-representation of Aboriginal people in the criminal justice system has been a challenge for policy makers and a source of advocacy and concern for many particularly the Aboriginal community themselves.

Young Aboriginal people are a particularly vulnerable group in the community. Local Area Commands (LAC's) are encouraged to include young Aboriginal people in the membership of Police Aboriginal Consultative Committees (PACCs). It is important that the views of young Aboriginal people be included in the planning process particularly in regard to Aboriginal Action Plans and diversionary programs.

According to the ASD document and in order to reduce community harm, Aboriginal people will be working in partnership with the NSW Police Force to appropriately address mental health and substance abuse issues and the link to crime and public disorder by pursuing the following;

- Reduction in Underage drinking by Aboriginal youth
- Increased participation in diversion programs
- Reduction in Alcohol-Substance fuelled violence
- Reduction in use of volatile substances

In order to achieve and implement the above initiatives, the NSW Police Force will;

- Identify underage drinkers
- Examine options for partnerships to target underage Aboriginal drinking
- Increased participation by Aboriginal people in diversion programs
- Police performing Licensing duties ensure consultation with Aboriginal community regarding decisions associated with Liquor Accord activities
- Enforce refusal of service to intoxicated persons provisions under the Liquor Act
- Review issues relating to volatile substance misuse (VSM).

²⁸ Auditor-General's Report Performance Audit, Working with hotels and clubs to reduce alcohol-related crime, NSW Office of Liquor, Gaming and Racing, NSW Police Force, April 2008

- Examine legislative options for improving police capacity to respond²⁹

c. Measures to minimize the impact of alcohol in the workplace

Guides such as WorkCover's Guide to Developing a Workplace Alcohol and other Drugs Policy are quite useful in trying to minimize the impact of alcohol in the workplace. The guide provides an overview of how to establish a policy for managing the misuse of alcohol and other drugs in the workplace. A single alcohol and other drug policy will not be suitable for all workplaces. Rather than advocate a particular approach, this guide includes information on a range of initiatives. Businesses can consider incorporating one or more of these into an alcohol and other drug policy that is suitable for their workplace. Employers, Managers, coordinators, supervisors, employees and self-employed persons all have a role to play in Work Health and Safety. For instance, an employer must ensure the health and welfare of all employees by providing, for example:

- a safe workplace environment, free of risks to health
- safe work systems and procedures
- information, instruction, training and supervision for all employees
- a process for consulting with employees, involving them in decisions and informing them of decisions that may affect their health and safety
- processes for identifying hazards, assessing risks and elimination or control of risks
- processes for regular review of risk control measures.

Managers, coordinators and supervisors

It is the employer's responsibility to ensure that managers, coordinators and supervisors are aware of and trained to undertake certain responsibilities with respect to OHS. Managers, coordinators and supervisors have a responsibility to ensure that premises, equipment or substances under their control, are safe and without risks to health. They are accountable for taking practical measures to ensure that:

- the OHS program is complied with, in the area under their control
- employees are supervised and trained to meet their requirements under this program
- identified hazards under their control are addressed
- employees and volunteers are consulted on issues that affect their health and safety
- any OHS concerns are referred to management.

Employees

It is the responsibility of each employee:

- to take reasonable care of the health and safety of others in the workplace
- to cooperate with employers in their efforts to comply with OHS requirements such as following procedures and participating in hazard identification and reporting
- to use equipment properly in order to provide for the health and safety of people in the workplace.

Self-employed persons

It is the responsibility of each self-employed person to take reasonable action to ensure that people are not exposed to foreseeable health or safety risks arising from the conduct of the self-employed person's undertaking.

All these must be taken into account when proposing measures to minimizing the impact of alcohol in the workplace.

²⁹ NSW Police Force, Aboriginal Strategic Direction 2012-2017.

d. The effectiveness of measures to reduce drink driving

Driving while either intoxicated or drunk is dangerous and drivers with high blood alcohol content or concentration are at greatly increased risk of car accidents, highway injuries and vehicular deaths. In 2008, the World Health Organisation compiled a report on strategies to reduce the harmful use of alcohol. On the topic of drink-driving policies and countermeasures, it listed as strategies aimed to reduce the harm associated with drink-driving can be broadly classified as follows:

- Deterrence, or direct measures that aim to reduce the likelihood of drink-driving occurring
- Indirect measures that aim to reduce the likelihood of drink-driving by reducing alcohol consumption, and
- Measures that create a safer driving environment in order to reduce the consequences and level of severity associated with impaired driver crashes.

The World health Organisation states that a body of research evidence exists that introducing a low limit for blood alcohol concentration reduces the harm. Young drivers are particularly at risk of death from alcohol-related traffic crashes, and many countries have lowered this limit for new and/or young drivers. The success of legislation as a deterrent, and reducing the incidence of drink-driving and its consequences, largely depends on its enforcement and the severity of penalties imposed on those caught driving over the limit. Consistent enforcement by the Police Force using random, targeted or selective breath-testing is essential and should be supported by sustained publicity and awareness campaigns.³⁰

The Avoidable Costs of Alcohol Abuse in Australia

In 2008 the Australian Government commissioned a study titled, "The Avoidable Costs of Alcohol Abuse in Australia and the Potential Benefits of Effective Policies to Reduce the Social Costs of Alcohol". This study identifies the interventions for which strong Australian or international evidence exists as to their potential benefits, and attempts to value these benefits in terms of the reduction in the social costs of alcohol abuse which it would be possible to achieve. In addition, a range of interventions is identified which the research literature has demonstrated to be effective but for which it did not prove possible to value the potential benefits. Interventions identified as being effective and whose benefits are quantifiable are:

- higher alcohol taxation, including differential tax rates on forms of alcohol which are particularly subject to abuse;
- partial or complete bans on the advertising and promotion of alcohol;
- measures to reduce drink driving—more intensive enforcement of random breath testing and lowering the legal blood alcohol concentration (BAC) level; and
- brief interventions by primary care physicians to reduce hazardous alcohol consumption.

Further interventions identified as being effective, but whose benefits could not be valued, were:

- control of drinking environments;
- alcohol ignition locks on vehicles driven by convicted drink-driving offenders;
- guidelines for low risk drinking; and
- standard drinks labeling and health warnings on drinks containers.

The objective of the present study is not to recommend the adoption of a particular set of alcohol policies. It is to consider from an economic perspective a range of policies which have been shown to be

³⁰ World Health Organisation, Sixty-First World Health Assembly, Provisional Agenda Item 11.10, Strategies to Reduce the Harmful Use of Alcohol, Report by Secretariat, A61/13, 20 March 2008

effective and to indicate, as far as the data allow, the economic benefits likely to flow from the implementation of these policies. The information is intended to assist in the development of evidence-based strategies for the reduction in the social costs of alcohol abuse in Australia.

According to the study, there is strong evidence that substantial reductions in social costs could be achieved by implementing, or improving the implementation of, a range of interventions which include:

- higher alcohol taxation, including differential tax rates on forms of alcohol which are particularly subject to abuse;
- partial or total bans on alcohol advertising and other forms of promotion;
- a lower BAC drink driving limit;
- greater enforcement of the BAC limit; and
- much greater investment in brief interventions to reduce alcohol abuse.

There is also strong, but less quantifiable, evidence that resources should also be devoted to:

- control of drinking environments;
- alcohol ignition locks;
- guidelines for low-risk drinking; and
- standard drinks labeling and health warnings.³¹

e. Measures to Reduce Alcohol related violence, including in and around licensed venues

Sydney's Kings Cross has long been known as a hotspot for alcohol-related violence, but the recent tragic death of teenager Thomas Kelly has really thrown the area's issues into the public spotlight. Kings Cross is certainly not alone – alcohol-related violence is an issue right across the state and the country – but the recent tragedy has highlighted just how serious the issue is in the Cross, and how strong the community push to something to fix it is. The focus now needs to be on how we put measure in place to minimize the chances of something like this happening again. From Police News, September 2012

The consequences of youth violence are far reaching, affecting the health and well being of victims, relationships with family and friends, levels of fear within communities, and pressure on health and other public services. For victims, alcohol-related violence can be more likely to result in physical injury, with alcohol consumption often leading to more severe injury. Further, victims of violence during adolescence report higher levels of alcohol consumption in later life. Health and criminal justice surveys frequently show young people to account for the largest proportion of treatment demands and criminal justice responses for alcohol-related violence with substantial economic costs. For instance, in the United States, the costs of violent crime related to harmful alcohol use among youth were estimated at US \$29 billion in 1996. In England and Wales, violent crime is estimated to cost £24.4 billion annually (approximately US \$44 billion; including medical treatment, criminal justice, lost earnings and physical and emotional costs to victims. Half of this violence is alcohol-related and half is committed by youths aged 16-24.³²

³¹ David J Collins (Macquarie University), Helen M Lapsley (University of Queensland and University of NSW), The Avoidable Costs of Alcohol Abuse in Australia and the potential benefits of effective policies to reduce the social costs of Alcohol, 2008

³² World Health Organisation, Alcohol and Violence, Youth violence and alcohol, 2006.

Police Association of NSW

For many years the Association has been concerned about the rising levels of alcohol-related violence directed at our members when dealing with the effects of intoxicated persons in and around late trading (early morning) licensed venues. The following facts and figures are able to be found in the Police Association's journal articles, Police News, May 2010 edition as well as the Last Drinks Campaign website www.keepourcops.org.au. It is clear that early morning alcohol-related violence mainly occurs where extended late trading licensed premises are concentrated and is the major cause of injury and hospital admissions in areas surrounding the same "hotspots". The recent analysis by the Bureau of Crime Statistics and Research of the Newcastle s104 Liquor Administration Board Decision of March 2008 that reduced trading hours to 3:30 am, introduced lockouts after 1:30 am and imposed restrictions on the sale of hi volume alcoholic drinks after 10:00 pm, provides impressive evidence that the incidence of alcohol related assaults can be significantly reduced by the introduction of a suite of modest measures aimed at reducing access to and the availability of alcohol. The Newcastle decision produced large reductions in assault rates by 37% by reducing the available time to consume alcohol in the late trading premises by bringing forward closing time by one and a half hours. This is not only an Occupational Health and Safety issue for doctors, nurses, ambulance paramedics, health workers and police, but a matter of vital public interest in decreasing the risk of assault for members of the public, releasing emergency services workers for other duties and reducing the substantial costs associated with treatment of alcohol related assault victims.

"When a suite of modest measures, including reduced trading hours, lock-outs and restrictions on high alcohol-content drinks were introduced in Newcastle the number of after dark assaults dropped by 37 per cent. They have been trialled voluntarily at other places and have worked really well." From Sydney, Jan 27 AAP. NSW govt anti-binge drinking ad criticized.

The Background

Record numbers of police officers are being subjected to violent assault from intoxicated offenders, especially in the early hours of the morning. Far more disturbing is the number of other frontline emergency services workers who are also the subject of alcohol fuelled assaults – ambulance officers, nurses and doctors who are simply attempting to give assistance and care to those who have been injured as a result of the effects of alcohol. In October 2009, the LHMU (representing ambulance officers in Queensland) reported:³³ "Alcohol fuelled violence continues to see paramedics put at risk across Queensland. Assaults have increased in excess of 50% since 2002, becoming increasingly violent with perpetrators resorting to the use of weapons in some cases. It is a sad indictment that in 2008-09, 107 assaults were reported against paramedics who for six years in a row have been identified as society's most trusted professionals." In 2008-09, 120 paramedics were assaulted in NSW - up more than 60 per cent on 2006-07 figures. In December 2009, the Australian reported:³⁴ "Public hospitals should introduce "panic buttons" in emergency wards to help nurses combat an increasing number of assaults from drunk and drug-affected patients. The Australian Nursing Federation said its members were being scratched, hit, kicked, bitten, verbally abused and spat at by patients.....As drug and alcohol abuse spills from the streets and into our emergency rooms and hospitals, you find a growing number of people who seem to believe they can get away with violent and aggressive behavior against nursing staff who are caring for them."

³³ <http://www.lhmu.org.au/news/ambulance-officers-at-risk-as-fuelled-violence-continues>

³⁴ <http://www.theaustralian.com.au/news/nation/nurses-want-protection-from-violent-patients/story-e6frg6nf-1225807510989>

In 2005, the Medical Journal of Australia reported that "two Australian studies found that over 60 percent of nurses had experienced violence in the workplace in the recent past ...the experience of violence at work seems to be a universal experience for ED (Emergency Department) nurses, with almost 90 percent experiencing physical intimidation or assault at some point in their career....Up to 50 percent of episodes are associated with alcohol or drugs, and the timing of violence is almost certainly related to social patterns of use of such substances, with violence occurring more commonly during the evening shift and at weekends."³⁵ From January 2008 to December 2008, there were 2,855 assaults against police according to the NSW Bureau of Crime Statistics and Research (BOCSAR). Of these, the NSW Police Force estimates that close to 70 percent were alcohol-related. During the same period, 6,370 non-domestic assaults against members of the public were recorded as occurring inside licensed premises. This number represents 15 percent of all recorded non-domestic assaults in NSW. Another 19,456 non-domestic assaults occurred in public places, retail areas or car parks. Given that many recorded non-domestic assaults happen shortly after patrons have left licensed premises, it is reasonable to assume that a number of these latter assaults are also linked to licensed premises. 56 percent of all liquor offenses in NSW (10,185) in 2008 occurred on licensed premises – a number that would indicate a serious failing of the licensees to take the responsible service of alcohol laws seriously. A further 6,955 liquor offenses occurred outdoors – some, no doubt as a result of the sale of alcohol from licensed premises. From 2004 to 2008 there has been an alarming growth in the number of alcohol-related non-domestic violent incidents – an average annual increase of 6.4 percent, from 15,398 in 2004 to 19,735 in 2008.

These numbers confirm what is already known – that a great deal of violence occurs in and around licensed premises.³⁶ Research also shows that the peak time for violent offending is weekend nights and the peak location is in and around pubs and clubs.³⁷ These trends are not unique to NSW or Australia, and research consistently shows that alcohol is strongly associated with violent crime. There is evidence to show that Australia has high levels of violence compared with other countries.³⁸ In an international victim survey (of violence in general) in 2000, the following question was asked: "...Have you over the past five years ever been personally attacked or threatened by someone in a way that really frightened you, either at home or elsewhere, such as in a pub, in the street, at school, on public transport, on the beach or at your workplace?" The results appear to show a disturbing trend in violent behavior in Australia.

Australia showed the highest rate (6.4) of victimisation of violence of any of the countries that were in the survey. Given that Australia is a per capita high consumer of alcohol, the combination of proclivity to violence and availability of alcohol is a minefield for emergency workers. With the exception of a significant research paper by BOCSAR which will be referred to later, there is a dearth of recent research throughout the world on the impact of opening hours on violent crime. Nevertheless, in a review of international research on the impacts of changes to trading hours of licensed premises³⁹, the authors concluded: "Although further well-controlled studies are needed, it is concluded that the balance of the present evidence (taking into account the relative reliability of the studies and their outcomes) suggests that under most circumstances, increasing trading into the early hours for on-premise liquor consumption licenses will result in increased alcohol use and related harms such as violence.....It can be concluded

³⁵ Kennedy, MP "Violence in emergency departments: unreported, unconstrained and unconscionable" MJA 2005: 183(7) 362-365

³⁶ Graham, K et al. 1980 "Aggression and Barroom Environments", Journal of Studies on Alcohol, vol. 41, pp277-92

³⁷ Finney, A 2004 "Violence in the night-time economy: key findings from the research" Home Office, UK

³⁸ Institute of Alcohol Studies, Factsheet "Alcohol and Crime" 24th July 2007

³⁹ Stockwell, T & Chikritzhs, T 2009 "Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking" Crime Prevention and Community Safety Vol 11, no 3, 153-170

overall that studies with stronger designs were more likely to find positive relationships between changes in on-premise trading hours and rates of alcohol consumption and related harms.” In a 2002 study of Perth hotels during the period 1991 to 1997: “45 (24%) of the 188 hotels meeting study criteria were granted an extended trading permit for 1 AM closing, whereas the rest continued to close at midnight. After controlling for the general trend in assaults occurring throughout Perth hotels, there was a significant increase in monthly assault rates for hotels with late trading following the introduction of extended trading permits. This relationship was largely accounted for by higher volumes of high alcohol content beer, wine and distilled spirits purchased by late trading hotels. Conclusions: Late trading was associated with both increased violence in and around Perth hotels and increased levels of alcohol consumption during the study period. It is suggested that greater numbers of patrons and increased levels of intoxication contributed to the observed increase in violence and that systematic planning and evaluation of late trading licenses is required.”⁴⁰

Costs

In July 2006, the NSW Government published a Factsheet ‘The costs and scope of alcohol-related crime’. The Factsheet summarised the current research as to the estimated costs of alcohol-related crime.⁴¹ Two significant sources for the Factsheet were the work of Collins & Lapsley (2000)⁴² and Poynton et al (2005)⁴³. Collins and Lapsley estimated that Australia wide the costs of alcohol related crime in 1998-99 were approximately 1.7 billion dollars. Part of this estimate was composed of estimates of the costs in terms of police resources of 648 million dollars and of criminal court resources of 113 million dollars. The general nature of these police and criminal courts resource estimates is open to some question, given that they were based upon detainee survey data from just four sites throughout Australia when making assumptions about what proportion of each crime type involved alcohol. Collins & Lapsley acknowledged that there was not sufficient data available to attempt to estimate the costs of alcohol related property crime. Also, given that only a given proportion of total crimes committed get reported to or detected by police, these cost estimates are necessarily underestimates of the true level of alcohol-related costs.

In 1993 Ireland and Thommeny⁴⁴ found that 90 percent of all calls for police service between 10 pm and 2 am were alcohol related and 73 percent of all assaults were alcohol related. Chikritzhs et al. (2003)⁴⁵ reported that between 1993–4 and 2000–01 there were 76,115 hospitalisations in Australia as a result of alcohol-attributable assaults. Poynton et al. estimated that the cost of treating alcohol-related injuries and alcohol intoxication cases at Sydney’s St Vincent’s Hospital Emergency Department is at least 1.4 million dollars and taking into account other costs such as inpatient costs the full cost to the Hospital may be as high as 3.2 million dollars per year.

⁴⁰ Chikritzhs, T & Stockwell, T 2002 “The impact of Later Trading Hours for Australian Public Houses (Hotels) on Levels of Violence” J. Stud. Alcohol 63: 591-599

⁴¹ <http://www.alcoholinfo.nsw.gov.au>

⁴² Collins, D.J. & Lapsley, H. M. 2002, “Counting the cost: estimates of the social costs of drug abuse in Australia in 1998-9”. National Drug Strategy Monograph Series no. 49. Commonwealth Department of Health and Ageing, Canberra

⁴³ Poynton, S., Donnelly, N., Weatherburn, D., Fulde, G., & Scott L. 2005, The role of alcohol in injuries presenting to St Vincent’s Hospital Emergency Department and the associated short-term costs, Sydney

⁴⁴ Ireland, C. S. & Thommeny, J. L. (1993). The crime cocktail: Licensed premises, alcohol and street offences. Drug and Alcohol Review, 12, 143-150.

⁴⁵ Chikritzhs, T., Catalano, P., Stockwell, T., Donath, S., Ngo, H., Young, D., et al. (2003). Australian alcohol indicators: Patterns of alcohol use and related harms for Australian states and territories 1990-2001. Perth, WA: National Drug Research Institute.

The Newcastle Trial

In March 2008, as a result of a complaint against four Newcastle hotels and growing community concern about alcohol-related violence in and around the Newcastle CBD, the NSW Liquor Administration Board (LAB) imposed a number of restrictions on 14 licensed premises in Newcastle. The most significant of these restrictions were:

1. The imposition of a lockout from 1am for all 14 hotels; and
2. Bringing forward the closing time to 3am for the 11 premises that were previously licensed to trade until 5am and to 2:30am for the three premises that had previously been licensed to trade until 3am.

A number of additional restrictions were imposed on all 14 hotels:

3. A requirement that licensees produce a Plan of Management within six weeks of the ruling;
4. A requirement that licensees arrange for independent audits to be carried out on a quarterly basis to ensure compliance with this Plan of Management;
5. A requirement that licensees employ a supervisor to be on the premises from 11pm until closing with the sole purpose of monitoring responsible service of alcohol;
6. A prohibition on the sale of shots, mixed drinks with more than 30ml of alcohol, ready mixed drinks stronger than 5 per cent alcohol by volume after 10.00pm;
7. A prohibition on the sale of more than four drinks to any patron at one time and a requirement to provide free water stations on every bar;
8. A requirement that licensees ensure patrons not stockpile drinks;
9. A requirement that the sale of alcohol cease 30 minutes prior to closing time;
10. A requirement that licensees notify all staff members of these restrictions within 14 days;
11. A requirement that each of the licensees enter into an agreement to share a radio network to enable management and security of each hotel to communicate with one another.

Such restrictions on licensed premises were unheard of in NSW and rare throughout the world.⁴⁶

BOCSAR undertook an evaluation of the trial. The evaluation aimed to assess:

1. Whether the trading hour restrictions had any impact on the total number of alcohol-related assaults in and around the Newcastle CBD;
2. Whether there was any geographic displacement of alcohol-related assaults to areas neighboring the Newcastle CBD; and
3. Whether the restrictions had any impact on the time of day upon which assaults were recorded as occurring in the Newcastle CBD.

The closest major centre of licensed premises to the Newcastle CBD is Hamilton, a suburb some 4 kilometers away. No restrictions were placed on Hamilton licensed premises and data from Hamilton were compared to the Newcastle CBD for the study period (from 1 April 2004, before the trial, to 31 March 2009). The results were spectacular. Assaults after dark fell by 29 per cent (133 per year) in Newcastle.

Recorded crime and linking data revealed a significant reduction in alcohol-related assaults in the Newcastle CBD but not in Hamilton. There was no evidence of any geographic displacement of assaults to other licensed premises or neighboring areas. This is an important result, as an argument against reducing opening hours is that assaults will simply be displaced to other locations where the restrictions do not apply. All data sources revealed a significant decrease in the proportion of assaults occurring after 3am in the intervention site but not in the comparison sites. Collectively, the data provides strong evidence that the restricted availability of alcohol reduced the incidence of assault in the Newcastle CBD. It must be kept in mind that these outcomes occurred from a mere 2 hour change in closing hours (from 5 am to 3 am). For most patrons, this was not a significant imposition. The Newcastle trial gives us the

⁴⁶ Jones, C et al. 2009 "the impact of restricted alcohol availability on alcohol-related violence in Newcastle, NSW" Crime and Justice Bulletin No137 NSW Bureau of Crime

first and best reliable evidence that a reduction in opening hours can have a significant impact on violence in the early hours of the morning.

Subsequent Studies

Effects of restricting pub closing times on night-time assaults in an Australian City

In 2008 research was conducted by Kypros Kypri, Craig Jones, Patrick McElduff and Daniel Barker regarding the NSW judiciary restriction of pub closing times to 3am (and later to 3.30am) in Newcastle in which the researchers sought to determine whether the said restrictions reduced the incidence of Police – recorded assaults. The researchers adopted a non-equivalent control group design in which the CBD was the intervention area and a nearby area with similar characteristics served as the control area. Hamilton was selected as a control area because, like the CBD, it was considered an entertainment precinct and included several late trading pubs of similar character to those in the CBD, and because closing times were not curtailed. It would also be subject to similar economic, transport and climatic conditions, all of which are known to affect drinking behavior in public locations. In addition to the changes in closing hours, licensees were required to adopt a plan of management; were subject to compliance audits; had to have a dedicated responsible service of alcohol officer from 11 p.m. until closing; could not serve shots after 10 p.m.; had to cease selling alcohol 30 minutes prior to closing; could not permit stockpiling of drinks; had to adopt shared radio procedures; and all staff had to be notified of the conditions.

As already mentioned, data was collated in the form of police-recorded assaults in the CBD before and after the restriction and compared with those in Hamilton. The findings included that in the CBD recorded assaults fell from 99.0 per quarter before the restriction to 67.7 per quarter afterward. In the same periods in Hamilton, assault rates were 23.4 and 25.5 per quarter. The relative reduction attributable to the intervention was 37% and about 33 assault incidents were prevented per quarter. Therefore, the research indicates that a restriction in pub closing times to 3/3.30 am in Newcastle, NSW, produced a large relative reduction in assault incidence of 37% in comparison to a control locality. Furthermore, when the data was analysed separately by time of incident, effect estimates were markedly larger for assaults occurring between 3 am and 6 am. The restriction in closing time appears to have produced a reduction in assault incidence against a backdrop of a stable trend in the control area. The research indicates that in practice it is rare for physical availability to increase without also increasing the promotion of alcohol eg happy hour, advertising etc. The research also indicates factors not related directly to alcohol consumption which affect the incidence of assault, eg overcrowding, social deprivation and patron mix. The research suggests that by restricting closing times, the intervention, may have reduced the number of people coming into the CBD and thereby reduced the likelihood of aggressive interactions between patrons within, outside and travelling between licensed premises. Also, there does not appear to have been geographic displacement to Hamilton ie an increase in assaults as a consequence of patrons either moving to Hamilton from the CBD after 3.30 am closing or choosing to frequent Hamilton pubs instead of those in the CBD⁴⁷.

Research evidence for reducing alcohol-related harm and impact of Newcastle s104 licensing conditions, 2008-2011

The Hunter New England Health and Associate Professor John Wiggers (Hunter New England Population Health Director from the University of Newcastle, School of Medicine and Public Health) conducted further evaluation in the effectiveness of Newcastle licensing restrictions (introduced in 2008), to determine if the initial benefits were maintained after three years and whether there were broader benefits in terms of reductions in anti-social behavior and emergency department presentations. Wiggers utilized the same analytical procedures as in the previous evaluations (see above). Briefly, the research findings showed

⁴⁷ Kypri, K, Jones, c, McElduff, P & Barker, D (2011) Effects of restricting pub closing times on night-time assaults in an Australian City, Addiction Research Report, doi:10.1111/j.1360-0443.2010.03125.x

significant reductions in alcohol-related problems. Wiggers' findings are consistent with evidence that show that late night trading is a significant determinant of alcohol-related crime. His findings included;

- A 35 per cent reduction in night-time non-domestic assaults requiring police attention;
- A 50 per cent reduction in night-time street offences requiring police attention
- A 47 per cent reduction in assaults on 14 licensed premises requiring police attention

Also, in analyzing data from the four emergency departments in the Lower Hunter hospitals, Wiggins found that three years after the introduction of the conditions there was a 26 per cent reduction in night-time assault-related injury presentations to the hospitals.

Wiggins' also conducted a survey of the community as community attitudes were an important consideration to the development of public policy and sought to assess the extent of community support for the conditions. In a survey of 376 randomly selected Lower Hunter household members, the research found;

- Up to 94 per cent of community members were aware of the licensing conditions;
- Up to 77 per cent of community members supported the reduced trading hours conditions;
- About 80 per cent of community members supported the lock-out conditions; and
- Up to 89 per cent of community members supported the responsible service of alcohol conditions.

Wiggins' findings show that the initial reductions in alcohol-related harm have been maintained, that the benefits extend to reductions in anti-social behaviour and emergency department presentations, and that there is a high level of community support for the licensing conditions.

Other Trials of Reduced Or Increased Access to Alcohol

Brazil

In July 2002 alcohol sales were restricted in the city of Diadema (pop. 360,000) by prohibiting on-premises alcohol sales after 11 pm.⁴⁸ The researchers investigated, inter alia, whether limiting the hours of alcoholic beverage sales in bars had an effect on homicides in Diadema. They analysed data on homicides (1995 to 2005) from the Diadema police archives using log-linear regression analyses. The result was that the new restriction on drinking hours led to a decrease of almost 9 murders a month. Researchers concluded that introducing restrictions on opening hours resulted in a significant decrease in murders, which confirmed what was known from the literature: restricting access to alcohol can reduce alcohol-related problems. The results gave no support to the converse view that was promulgated in the UK to argue for the relaxation of licensing laws, that increasing availability will somehow reduce problems.

Alice Springs

In November, 2009, the Northern Territory government released the results of an Alcohol Management Plan introduced in Alice Springs in 2006. Sixty five percent of all assaults reported to police in Alice Springs are alcohol related. By reducing the supply of alcohol by 18% there has been a consequent 21% reduction in serious assaults in Alice Springs.⁴⁹

UK

At the end of 2005, the UK government relaxed licensing laws to allow 24 hour trading in licensed premises. In February 2008, the Daily Mail reported that there had been a 25 percent rise in serious

⁴⁸ Duailibi, S et al. "The Effect of Restricting Opening Hours on Alcohol-Related Violence" American Journal of Public Health Vol 97, No. 12

⁴⁹ NT Government media release, 24 November 2009, Minister for Alcohol Policy

violent offences in the early hours of the morning since the relaxation of trading hours.⁵⁰ A survey of 30 police forces showed that crimes between 3 am and 6 am were up by 22 percent. There was also a 25 percent increase in serious violent offences for the same time period.⁵¹ The Institute of Alcohol Studies in 2007 reported the following:⁵²

A minimum of 1 in 5 people arrested by police test positive for alcohol. An All Party Group of MPs investigating alcohol and crime was advised by the British Medical Association that alcohol is a factor in:

- *60-70% of homicides*
- *75% of stabbings*
- *70% of beatings*
- *50% of fights and domestic assaults*

In Scotland, a study of Accident & Emergency admissions found that at least 70 percent of cases of assault were possibly related to alcohol. Most of these assaults happened at the weekend and the majority involved people under 30.

Alcohol-related crime and drunken offenders place a huge burden on the police and other public services:-

- *from approximately 10.30pm to 3.00am the majority of arrests are for alcohol-related offences*
- *there is the potential for routine incidents of public nuisance to escalate to more serious, especially violent, offences*
- *dealing with intoxicated offenders can be difficult and time consuming. For example, they may have to be kept in cells long enough to sober up; while they are there the police have a duty of care and have to ensure the offender does not come to harm by choking on their own vomit. The offender may have to be checked every 15 minutes. Medical attention may be necessary.*
- *Female offenders need female police officers to attend certain procedures who may have to be taken off other duties.*
- *intoxicated prisoners can be disruptive, uncooperative and may present severe hygiene problems, urinating or defecating in their clothing during or after arrest.*

Queensland

On 16th March 2010, the Law, Justice and Safety Committee of the Legislative Assembly of Queensland released the final report of their inquiry into alcohol-related violence.⁵³ Among its 68 recommendations were the following:

- That standard on-premises trading hours be 10am to midnight.
- Maximum hours for detached bottle-shops are to be 10am to 9pm.
- Extended trading hours for venues outside special entertainment precincts to be no later than 1am Sundays to Thursdays and no later than 3am Fridays and Saturdays.
- Extended trading hours for venues in special entertainment precincts to be no later than 2am Sundays to Thursdays and no later than 4am Fridays and Saturdays.
- The current provisions for occasional extensions beyond these times on certain special event days such as New Year's Eve and local events should remain.
- That a 2am lockout apply to all licensed venues. (Earlier voluntary lockouts are to be still available.)

⁵⁰ www.dailymail.co.uk/news/article-518230

⁵¹ Hough, M et al., 2008, "The impact of the Licensing Act 2003 on levels of crime and disorder: an evaluation", Research Report 04, Home Office

⁵² Institute of Alcohol Studies, Factsheet "Alcohol and Crime" 24th July 2007

⁵³

<http://www.parliament.qld.gov.au/view/committees/documents/lcarc/reports/Report%2074.pdf>

The recommendations are yet to be accepted by the Queensland Government and implemented, but the Committee has accepted the research that links extended trading hours of licensed premises to increases in violent offending.

The Australian Hotels Association Arguments

The AHA has in recent times attempted to deflect attention from the results of the Newcastle trial and put forward a number of smokescreens. They argue that:

- The issue is not availability of alcohol, but personal responsibility for its use,
- Hotels are being placed into receivership because of the restrictions,
- We should be looking to illicit drugs as a cause of violence around licensed venues rather than alcohol, or
- There should be more 'booze buses' available to take intoxicated patrons home.

These are easily countered:

- The NRA defense (guns don't kill people, people kill people) is facile – especially when it can be shown that there is a clear link between the availability of alcohol and the incidence of violent offences. When someone is affected by alcohol, personal responsibility is eroded and the defence becomes "I don't remember". After the event, remorse is common.
- Hotels and other venues that need to rely on trading after 3am are effectively saying that they place profit before public safety, that they are happy to serve alcohol to patrons who are already intoxicated. These venues should not be operating if they can only turn a profit between 3am and 5am. This is a matter of public interest that goes to the quality of life that citizens expect.
- The Newcastle study clearly shows that the link to violence is the availability of alcohol, not illicit drugs. A call for drug testing is a coarse attempt to deflect attention from the real issues. The AIHW (2005)⁵⁴ reported that Australians were almost twice as likely to be physically or verbally abused or intimidated by an alcohol-affected person, than by a person affected by other drugs. The authors reported that in 2004 almost a quarter of Australians aged 14 or older were verbally abused, 4.4% were physically abused and 13% were put in fear by a person affected by alcohol. In all, almost a third of Australians aged 14 and over had experienced an alcohol-related incident of this type. Interestingly, of those who experienced these incidents, 58.5% reported that they had not themselves been using alcohol (or other drugs) at the time of the incident. Also, among this group 90% did not report these incidents to police. Even when they experienced physical abuse, almost 72% did not report it to the police.
- Although transport is an issue (there is very little after 3am), booze buses after 3 am are closing the gate after the horse has bolted. There are stories of booze buses in the Northern Beaches of Sydney transporting patrons from one venue at closing time to another venue that has longer trading hours.

The way forward

According to the Campaign's report, doctors, nurses, ambulance officers and police are fearful of dealing with the effects of intoxicated patrons of licensed premises late at night and in the early hours of the morning. They have been abused, intimidated, threatened, assaulted and injured in the course of their duties. They attend to the seriously injured, are forced to struggle to restrain both male and female intoxicated violent offenders who are no longer in control of themselves and (in the case of police) are required to attend time consuming and resource intensive Court proceedings. Police members are also forced to have to remove vomit, urine and excrement from intoxicated persons and off themselves, their clothing, equipment, vehicles and holding areas.

⁵⁴ Australian Institute of Health and Welfare. (2005) 2004 National Drug Strategy Household Survey: Detailed findings. Canberra: Australian Institute of Health and Welfare.

The public should be appalled that those frontline emergency services workers to whom they turn for assistance in genuine emergencies are spending so much time diverted to dealing with the impact of alcohol-fuelled violence. They should be dismayed at the amount of resources and tax dollars that are consumed in dealing with the effects of unrestricted access to alcohol. Doctors, nurses, ambulance officers and police pick up the pieces (often at cost to their own health) while hoteliers pocket the profits of the sale of alcohol. From Last Drinks campaign flyer

The Newcastle restrictions provide an evidenced base for the initiatives that reductions in alcohol related harms can be achieved to lessen the burden t placed on our emergency services workers. The Association does not wish to see responsible and law abiding hotels closed, nor prevent people from enjoying alcohol responsibly without causing undue disturbance to the neighbourhood. However, a relatively small reduction in trading hours (as in the Newcastle trial) and other modest measures does have a significant positive impact on the worst effects of alcohol fuelled violence and anti social behaviour and make life safer for both the police, other emergency and health workers, local residents and the public.

The Association proposes the following:

1. Extend the trial of reduced opening hours (maximum 3:00 am) across the state for a period of twelve months.
2. Impose a lockout from 1am for all hotels across the state (unless a current earlier lockout has already been imposed).
3. Develop a model management plan based on the Newcastle trial to be adopted by all licensed venues.
4. Prohibit the sale of shots, mixed drinks with more than 30mls of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10.00pm.
5. Engage BOCSAR to evaluate the impact of these measures on violent crime.

f. Measures to address the impact of alcohol abuse on the health system

The answer to this question was answered mostly in the above (ie Question e.) but to add to this – in a recent forum organized by the Sydney Morning Herald and held shortly after Thomas Kelly’s death, there was raised during the forum some thought-challenging questions regarding alcohol and violence. Despite there being no proof that alcohol played a part in 18-year-old Thomas Kelly’s murder, alcohol became the focus of community at the time and media debate - statistics (as depicted during the forum) showed that the alcohol issue is a key driver. For instance, the Kings Cross scenario holds a large number of licensed premises (200 in all) in that area and the NSW Government is undertaking an audit of all those licensed premises.

One very important question was asked during the forum, as a society has there been too much focus on deregulation of liquor licensed premises and not enough on the social implications of that decision to deregulate? Leading health policy advocates during the forum called for the federal government to get tough on alcohol, to introduce mandatory health warnings and to raise the minimum price of alcohol so a bottle of wine does not cost less than a bottle of water. They stated that it’s not only alcohol-fuelled violence: there is growing evidence of problems from long-term use of alcohol and disturbing new drinking trends where ambulance and nursing staff are not only doing alcohol-related work on Friday, Saturday nights, they’re now generally seeing it every night of the week, where they’re responding to

cases of people that are heavily intoxicated or people getting into fights as a result of alcohol. Hospitals are too struggling to keep up.

Professor Robin Room (from the Turning Point alcohol and drug service in Melbourne) informed the forum that there is a pattern going on among young adults and an increased number of people drinking very heavily, drinking 20 or more drinks on an occasion. Don Weatherburn states that there are proven ways to reduce alcohol-related harm; increase the price of alcohol, reduce the number of venues, and restrict trading hours.⁵⁵

Consumption of alcohol at harmful levels

The 2010 Australian Institute of Health and Welfare National Drug Strategy Household Survey, which interviewed more than 26, 000 respondents over the age of 12, revealed that one in five people over 14 consumed alcohol at a level that put them at risk of harm from alcohol-related disease or injury over their lifetime. The number of people drinking alcohol in risky quantities increased from 3.5 million in 2007 to 3.7 million in 2010.

Similarly, the National Preventative Health Taskforce 2009 "roadmap", *Australia: the healthiest country by 2020* observed that the occasional short-term consumption of alcohol at harmful levels is a prominent feature of Australia's drinking culture. One in five Australians (20,4 per cent) drink at short-term risky/high risk levels at least once a month. This equates to more than 42 million occasions of binge drinking in Australia each year.

The high cost of alcohol related harm to the community also raises the question of the adequacy of medical care in treating alcohol-related disorders. Care Track, a three year study by researchers from the universities of New South Wales and South Australia revealed that only 13 per cent of patients being treated for alcohol dependence received appropriate care, compared with 57 per cent of patients being treated for alcohol dependence received appropriate care, compared with 57 per cent of patients being treated for 21 other common conditions. The study involved more than 35, 000n encounters with health professionals in 107 general-practice clinics, 51 specialist practices and 33 hospitals. Care Track is a National Health & Medical Research Council (NHMRC) sponsored program.⁵⁶

Alcohol consumption by young people

The 2008 Australian Secondary Students Alcohol and Drug Survey provides interesting data on alcohol consumption by secondary school students aged 12-17 years. This survey reveals that at the time:

- 7% of 12 year olds and 41.4% of 17 year olds consumed alcohol in the past week;
- 28% of 12 year olds and 84.4% of 17 year olds consumed alcohol in the past year with on average, 60% of all students (12-17 year olds) drinking alcohol in the past year;
- 0.3% of 12 year olds and 18.4% of 17 year olds (nearly 1 in 5) drank at risky levels(defined at this time as 7 or more drinks for males and 5 or more drinks for females);
- Amongst those defined as 'current drinkers'(ie those students who drank alcohol in the preceding week), 12 year olds drank an average of 3.4 drinks per week and 17 year olds drank an average of 8.5 drinks per week;
- 34% of 12-17 year olds reported that parents were the source of alcohol;
- 38.8% of 12-15 year olds and 39.8% of 16-17 year olds got alcohol from their friends or someone else bought it for them;
- 65.6% of 12-17 year olds asked a friend 18 years or older to buy alcohol for them and 13% asked an older brother or sister;

⁵⁵ Di Martin, The Big Binge, Sunday 26 August, www.abc.net.au

⁵⁶ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012

- Both younger and older students drank less alcohol per week if they obtained their alcohol from their parents than if they obtained it by having someone else buy it for them;
- Among younger students, average weekly consumption of alcohol was also significantly lower if alcohol was obtained from parents than from friends, and
- Younger and older current drinkers drank significantly less alcohol per week if they consumed it at home than at a friend's place or at a party.⁵⁷

This data paints a disturbing picture of a level of drinking amongst young people that puts them at risk from harm. The current NHMRC alcohol guidelines are quite clear that young people under the age of 18 should not be drinking. Just as worrisome, the current guidelines define risky consumption as more than four standard drinks on any one occasion for both males and females, much lower than the 7 or more drinks for males and 5 or more drinks for females of the previous guidelines. This suggests that under the current guidelines, a much higher proportion of students would be drinking at risky levels.⁵⁸

Inquiry into Alcohol-Related Violence – Final Report, Queensland 2010

In March 2010, similar findings were related to the Legislative Assembly of Queensland of a Law, Justice and Safety Committee during an inquiry into alcohol-related violence when it was stated during that there had been a shift in the drinking culture, particularly in young people. The trend had shifted from having a drink as an element of socialization, to drinking alcohol solely to become intoxicated. There is a need to address this cultural shift. The increase in binge drinking has been significant in the young, including young females. Police statistics presented to the Committee by Professor Paul Mazerolle show that, of the violent crimes brought to the attention of the police, there has been a marked increase in Queensland between 1996-2006 of 60% for males, and 45% for females aged 10-14, and around 45% for males, and 50% for females aged 15 to 19⁵⁹. This correlates with anecdotal evidence to suggest that violence perpetrated by females is increasing at an alarming rate. This is by no means an issue only in Queensland; it is a national and international problem.

Attention was drawn to initiatives such as increasing awareness of standard drink measures. It seems there is a lack of understanding of the varying number of "standard drinks" in different alcoholic beverages, particularly cocktails and pre-mixed drinks, and an increase in patrons' recklessness as to the consequences of drinking to excess. Young people advised the Committee that many of their peers consumed alcohol on a regular basis, usually as a way of "fitting in", and with the full consent and support of their parents, often by way of purchase of alcohol.

The National Preventative Health Taskforce placed the long-term goal of reshaping Australia's drinking culture at the core of its recommendations. Measures to address alcohol-related violence must address this cultural shift in drinking behavior. Those measures must of necessity be long-term in nature. They will need to involve well thought-out and targeted social awareness campaigns⁶⁰. The core strategy aims at "de-normalising" intoxication and reducing the social acceptability of intoxication, so that⁶¹:

⁵⁷ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012

⁵⁸ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012

⁵⁹ Mazerolle P, Youth Violence Trends in Selected Jurisdictions in Australia (Police Statistics), Griffith University, July 2008.

⁶⁰ Legislative Assembly of Queensland, Law, Justice and Safety Committee, Inquiry into Alcohol-Related Violence-Final Report, Report No. 74, March 2010.

⁶¹ National Preventative Health Taskforce, Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action, Department for Health and Ageing, June 2009, at page 238

...Australia can shift towards a healthier and more sustainable drinking culture, one that does not forgo the enjoyment of safe, sensible and social drinking. A multi-pronged prevention strategy that includes a complementary set of actions is required to support this cultural shift, using economic levers such as taxation, legislative and regulatory measures, policing and law enforcement approaches, boosting support for local communities and individuals as well as increasing awareness and shifting attitudes in the general community.

Notably, the report states⁶²:

While alcoholism or alcohol dependence is often cited as the most serious alcohol problem, in Australia it is excessive single occasion drinking that produces far greater and wider-reaching impacts on the health, safety and wellbeing of individuals and communities.

The report recommended action in eight key areas in regard to alcohol. These include safety of drinkers and those around them, National Competition Policy, increasing public awareness, regulation of alcohol promotions, pricing and taxation, improving the health of Indigenous Australians, helping people make healthy choices, families and children, and strengthening the evidence base.

g. Any other related matter

The Role of Parents

It is relevant to note here the importance that parents play in shaping the attitudes of their children. This fact was also noted in the Queensland's Inquiry into Alcohol-Related Violence report as well. As the main role models in children's lives parents have a responsibility to ensure that their children do not develop risky drinking habits based on what their children learn from them. The Queensland's report states that the early onset of alcohol consumption can lead to alcohol-related problems and dependencies in later life. Binge drinking and excessive consumption are linked (though not the sole contributors) to alcohol-related violence in our society. The National Health and Medical Research Council (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol provide⁶³:

There is some evidence to suggest that the later adolescents delay their first alcoholic drink, the less likely they are to become regular consumers (Australian Institute of Family Studies 2004). In addition, various studies have shown that:

- *Those who first become drunk by 19 years are more likely to be alcohol dependent and heavy drinkers in later life (Hingson et al 2003)*
- *Drinking status at 16 years is a predictor of negative alcohol outcomes as a young adult (Wells et al 2004)*
- *Teens who were drinking by 14 years were more likely to experience alcohol dependence than their peers who did not drink alcohol until they were 21 years old (Hingson et al 2006; Toumbourou et al 2004)*

⁶² National Preventative Health Taskforce, Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action, Department for Health and Ageing, June 2009, at page 235

⁶³ National Health and Medical Research Council, Australian Guidelines to Reduce Health Risks from Drinking alcohol, Australian Government, February 2009, Canberra, pages 62-63.

- *Both age of drinking onset and feeling drunk during first alcoholic experience increased the odds of problem drinking into adulthood (Warner et al 2007) and this level of risk was higher in men than in women (Pitkanen et al 2005).*

“Secondary supply” is where a person other than the minor purchases or provides alcohol for a minor. This often occurs when the minor hosts or attends a party.⁶⁴ During the Queensland Committee’s school forum in Townsville, parents advised Committee members that they were often pressured by their teenage children to provide them with alcohol when attending parties. One parent recalled her daughters receiving several six-packs of alco-pop each for their 16th birthday – presumably with the full knowledge and consent of their parents who likely purchased the alcohol as a present.⁶⁵ The Committee was concerned at the permissive attitude of some parents towards their children’s alcohol consumption. Particularly as some research suggest that parents have a stronger influence in shaping their child’s attitude towards alcohol consumption than their peers. A recent study show that the children of parents who strongly disapprove of alcohol are more likely to abstain from heavy drinking when compared with children whose parents were less disapproving, or more permissive of alcohol. This remained so even when the children had friends who drink large quantities of alcohol.⁶⁶

DrinkWise

Several other studies also show that the attitudes and behaviors of parents regarding the consumption of alcohol affect their children’s drinking habits.⁶⁷ In 2007 DrinkWise Australia commissioned research for a targeted social marketing campaign as part of its charter to reduce alcohol-related harm through excessive alcohol consumption. Following their research DrinkWise focused their first social change campaign on parents. The DrinkWise campaigns were raised many times during the Queensland’s Committee Inquiry with generally positive feedback. They are seen by many as an exception to advertising campaigns failing to reach or influence their target market.

The National Health and Medical Research Council

The National Health and Medical Research Council: 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol are highly relevant in that they address minors’ consumption of alcohol, iterating that for children and young people less than 18 years of age, the safest option is to avoid drinking alcohol altogether. The guidelines make a particular point of drawing this to the attention of parents and carers.

- Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.
- For young people aged 15-17 years, the safest option is to delay the initiation of drinking for as long as possible.

The NHMRC bases its approach on evidence that the risk of accidents, injuries, violence and self harm are high among drinkers under 18 years. It warns of a direct link between earlier introduction to drinking

⁶⁴ In relation to the purchase of alcohol a minor is a person who has not attained the age of 18.

⁶⁵ This was stated by a mother of one of the Townsville School Forum attendees on 16 October 2009.

⁶⁶ Steven C. Martino, Phyllis L. Ellickson, Daniel F. McCaffrey, Multiple Trajectories of Peer and Parental Influence and Their Association with the Development of Adolescent Heavy Drinking, 2009, Addictive behaviors, vol. 34 (8) Aug. 2009, page 693.

⁶⁷ See for example Radecki, T.E., Parental role model: abstinence is best, The family transmission of alcohol abuse- 79 studies and counting (2007) and Toumbourou, J.W., Duff, C., and Bamberg, J., Family intervention in the prevention of drug related harm, (2003) Prevention research evaluation Report, 7, 1-14, cited in DrinkWise Social Marketing Fact Sheet (20 June 2008) available at: www.drinkwise.com.au

and more frequent and higher consumption of alcohol in adolescence, and the development of longer-term alcohol related harms in adulthood. Research also shows that rates of drinking at harmful levels among 12-17 year olds in Australia have doubled in the 20 years to 2007⁶⁸.

Secondary Supply of Alcohol

ADCA (as mentioned already) is the national peak body representing the interests of the Australian non-government alcohol and other drugs sector (AOD). ADCA in August 2012 during an Inquiry in NSW into the provision of alcohol to minors stated that laws differ in each State and Territory, in some cases inadequately and nearly always unevenly address the secondary supply of alcohol to minors.

ADCA in its submission to the NSW Inquiry proposes that secondary supply might also encompass the ways young people gain access to alcohol – other than when it is supplied directly by parents or guardians with their permission and supervision. It believes that secondary supply should be legislated against in all jurisdictions. Consistency across States and Territories would be beneficial with the introduction and enforcement of legislation accompanied by a comprehensive national communication and education campaign. ADCA holds an unwavering commitment to broader alcohol issues stemming from these three key points (ie Alcohol pricing and taxation; alcohol marketing and promotional strategies; Access and availability of alcohol, including outlet density). These issues have a direct bearing on the health and wellbeing of minors – and their ability to access alcohol. ADCA makes the following recommendations that:

- The New South Wales Government advocates for alcohol pricing reform, with the introduction of a volumetric-based tax in preference to the existing value-based regime, to reduce alcohol related harm
- NSW adopts a policy of collecting alcohol sales data to inform future policy decisions in this area, and encourage other State and Territory jurisdictions to follow suit
- NSW shows leadership in this matter and seek views/support from other jurisdictions, including the Commonwealth, on the introduction of nationally consistent legislation regarding access and supply of alcohol to minors
- NSW adopts a comprehensive public education campaign to accompany any new or amended secondary supply laws
- providing alcohol to minors without parental permission remains an administrative offence
- NSW includes in all new or amended legislation, measures that reduce pressure on minors to start drinking early, and provide parents with good reasons to resist supplying children alcohol for consumption without their supervision
- NSW authorities, in reviewing applications for liquor licences, consider current outlet densities and the potential for additional outlets to contribute to alcohol related harm
- NSW liquor licensing authorities shift the onus of proof to applicants to show that additional outlets will not result in additional harm or undesirable social effects
- alcohol promotions are phased out from times and placements with high exposure to young people aged up to 25 years
- alcohol sponsorship of music events to which children and young people may be exposed is phased out

⁶⁸ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012

- the NSW Government end alcohol sponsorship of sports teams, clubs or programs
- the NSW Government encourage alternative forms of sponsorship for sporting bodies, promoting the healthy aspects of sport and recreation, and
- the NSW Government monitors and evaluates the impact of alcohol marketing and promotions, particularly on young people, with the focus on new and emerging activities, including online and using social media, and recommends appropriate legislative and regulatory responses.⁶⁹

The quickest and most effective way to reduce alcohol-related harm is to increase the price of alcohol products and decrease the outlet numbers so that availability is reduced. Bob Batey, The Big Binge, ABC network, Broadcast, Sunday 26 August 2012.⁷⁰

“Grassroots Approach” to Alcohol Works, Police News, January 2012

Co-ordinated community action reduces excessive alcohol consumption and associated risks in rural communities, a ground-breaking NSW research program has shown. The Alcohol Action in Rural Communities project saw a 20% reduction in average alcohol consumption and a 33 per cent reduction in alcohol-related street offences in test communities. There was also a 30 per cent reduction in the number of residents drinking at levels placing them at high-risk of alcohol-related violence, accidents and injuries. The project (as recorded in the Police Association’s journal, the Police News) represents the largest and most rigorous evaluation of a community approach to reducing alcohol consumption and related risks ever undertaken anywhere in the world.

Comprising 13 evidence-based community-led interventions over a five-year period, the project involved 20 NSW rural communities – 10 experimental and 10 control. The experimental communities included Corowa, Forbes, Grafton, Griffith, Gunnedah, Inverell, Kempsey, Leeton, Parkes and Tumut. Interventions included high school-based interactive sessions on alcohol risks, improved GP prescribing of anti-alcohol medication and targeting high-risk weekends by local police. Report author, Associate Professor Anthony Shakeshaft, from the University of NSW’s National Drug and Alcohol Research Centre, said the project showed tailored community driven intervention worked in decreasing the negative impacts of alcohol in rural communities.

“There tends to be higher rates of drinking in rural areas and more harms, such as crashes involving drunk drivers,” Prof Shakeshaft told AAP. “By researching in these small communities we were also able to see the ripple effect of interventions over time in a more marked way than would be possible in a large city.” Mr Shakeshaft said the interventions had been inexpensive to implement, costing \$61, 000 per community, and had returned a cost benefit. “Our research estimates that for every \$1 spent on interventions the community gets about \$1.50 back,” he said.

Media – Last Drinks Campaign

“New research shows community support for alcohol bans to stop violence”, Source: www.streetcorner.com.au

In 2010 independent research conducted by Essential Research and commissioned by the Last Drinks coalition found that 85 per cent of people in NSW support a ban on the sale of alcohol after 3am to address alcohol-related-violence in the community. The Last Drinks coalition said that more than 10,000 people had signed a petition to see tougher licensing restrictions brought in to tack alcohol-related

⁶⁹ ADCA submission to the NSW Legislative Assembly Social Policy Committee Inquiry into the Provision of Alcohol to Minors, 10 August 2012.

⁷⁰ Di Martin, The Big Binge, www.abc.net.au, Sunday 26 August 2012.

violence and crime. The Australian Medical Association (NSW) said something needs to be done to cut down the number of glassings and head injuries often sustained by innocent people on a night out.⁷¹

Close the doors early on teenage binge drinking, The Australian, by Ross Fitzgerald, November 20, 2010

IN recent weeks, Sydney mayor Clover Moore has publicly taken on Kristina Keneally's NSW Labor government and the liquor industry calling for some restrictions on trading hours to clamp down on alcohol-fuelled violence.

As Moore rightly argues, a liquor licence should be regarded as a privilege, not a right. That's why she is attempting to wind back the opening hours of badly run premises where patrons are not safe, under-age drinking is rife, and violence and anti-social behaviour spills on to the streets.

In a nation where over-indulgence often seems acceptable and drunkenness is a rite of passage, this has caused a furor. Moore, who is also the feisty independent member for Sydney in the NSW Legislative Assembly, has experienced a vicious and protracted campaign against her plans to place restrictions on the sale of alcohol in the small hours in greater Sydney, a metropolis blighted by alcohol-induced violence and social problems.

Some think Moore's idea is just plain wowserism but the mayor has reputable research on her side. For example, it is indisputable that longer hours of the sale of alcohol result in more assaults and injury. There is incontrovertible evidence that for each hour clubs and pubs stay open after midnight, the number of assaults increases exponentially.

In a nutshell, restrictions on the opening hours of licensed premises produce a corresponding decrease in injury and crime.

At the moment we have a situation where a significant number of teenagers, and in particular young girls, are presenting at the emergency rooms of Sydney hospitals having been the subject of alcohol-related serious injury and sexual assault.

Misuse of alcohol can cause irreparable damage to the developing adolescent brain and teenagers and young adults need to be protected as much as possible from the injuries and harms associated with drinking alcohol. A restriction on the sale of alcohol is but one weapon in this fight.

It is not only experts on alcohol and other drugs in NSW who are concerned about over-long and 24-hour liquor outlets in places such as Sydney and Newcastle. The National Local Government Drug and Alcohol Advisory Committee and the Alcohol and Other Drugs Council of Australia have similar deep concerns.

But when dealing with the powerful Australian liquor industry we need to be extremely watchful and to present to the media and the general public the facts, for example, about the negative ramifications of longer opening hours.

Ian Webster, director of the Alcohol Education and Rehabilitation Foundation, is on Moore's side. "The international evidence and evidence from studies in Perth, Melbourne, Sydney and Newcastle is that extended hours of alcohol availability and the density of alcohol outlets leads to higher rates of harm to local communities, drinkers and strangers," Webster says.

A recent study commissioned by the AERF found the cost of alcohol's harm to others totalled more than \$20 billion annually. Deeply concerned about the increasing levels of alcohol-fuelled violence with which

⁷¹ www.streetcorner.com.au, New research shows community support for alcohol bans to stop violence, Police Association of NSW, 02/09/2010, Last Drinks coalition

their frontline members have to deal, representatives of police services and of Australia's medical and nurses associations have formed the Last Drinks Campaign.

Rather than cleaning up the mess afterwards, they want tougher licensing restrictions to prevent large-scale, alcohol-related violence from happening at all.

We're talking about a global pandemic of alcohol abuse here. The fact is that alcohol is the drug that causes the most harm and damage in Western societies, increasingly afflicting younger drinkers.

A particularly disturbing trend is an increase, among Australians aged 16 to 24, in out-of-control drinking, and especially of binge-drinking in teenage girls.

This problem is accentuated if, as so often happens, teenagers use other drugs including ecstasy, ice, cocaine and, especially, marijuana, which is cultivated hydroponically now and is much more potent than "the herb" of 20 or 30 years ago.

Despite all the advances in medicine and in the so-called "helping professions", few Australians understand that a significant number of teenagers who drink alcohol end up physically and psychologically damaged.

Yet in our society there is still enormous social and peer-group pressure on those who wish to avoid alcohol. This pressure is extremely strong on the young.

Alcoholism and drug addiction among the young is much more prevalent than most people in Australia realise.

Yet regretfully, these days cutting down or giving up is seen as too great a sacrifice to make and the idea of life-long abstinence as a therapeutic aim is regarded by many with horror.

Thankfully groups like the Salvation Army in treating alcoholics and other addicts still aim for complete abstinence rather than so-called "controlled" drinking or drug use, favoured by some misguided professionals.

In many centres across Australia, the Salvos' Bridge Program makes pivotal use of Alcoholics Anonymous, its meetings and its highly effective 12-Step Program of recovery.

Although, superficially, it may seem a useful strategy to suggest alcoholics and addicts should try to learn to control their usage, such an approach is an enormous waste of human and financial resources that causes, if not death, then often irreparable damage.

The truth is that an alcoholic's or an addict's best chance of recovery lies in practising total abstinence, which for most sufferers is the bedrock of a recovery which, in time, can lead to a useful and meaningful life.

Some might argue that everyone should be free to make their own choices about alcohol. Fine, but we need to protect young people as they develop into adults able to make such choices.

We need to put their well-being ahead of the profits of a billion-dollar industry and delay the use of alcohol by young people for as long as possible. Moore's campaign is one way to do that and research and expert opinion support her. So should we.

Kings Cross a late night bloodbath, by Vikki Campion, The Telegraph, November 26, 2010

SHOCKING statistics reveal up to 80 fights an hour during the average Friday night in Kings Cross.

| *The Sydney City Council report on anti-social behaviour after dark has found 200 brawls, arguments and cases of verbal abuse occur between midnight and 3am in Kings Cross - more than double the number of incidents on Oxford St, CBD South and The Rocks.*

Researchers spotted hundreds of people staggering, falling over, urinating, vomiting, drinking on the street and vandalising property.

"The number of people in these areas is equivalent to a major event every weekend," council late night manager Suzie Matthews said.

"That requires the co-ordination of police, emergency workers, transport, the liquor industry and Council to reduce anti-social behaviour."

The research, by Austraffic, found the most bad behaviour was recorded in the most crowded areas of Sydney - nine out of 10 of them were in Kings Cross

Concluding Comments

As one can see reducing harmful alcohol use and violence among young people should thus be considered a priority for policy makers and practitioners across a broad range of agencies, with public health professionals having a key role in leading partnerships and prevention.

This report has identified a range of factors that increase young people's risks of becoming both victims and perpetrators of youth violence (ie alcohol advertisements and promotion, alcohol availability, alcohol pricing). Levels of alcohol consumption among young people are strongly related to their risk of violence, with those who start drinking at an earlier age, drink frequently and drink large quantities at increased risk of being both perpetrators and victims. Much alcohol-related violence occurs at night, particularly at weekends and often takes place in and around drinking venues. Greater concentration of drinking establishments in an area is also associated with increased prevalence of violence. A range of prevention programmes that target parents and children from infancy to adolescence have shown success in reducing youth violence. Specifically for alcohol-related violence, interventions addressing access to alcohol can reduce both consumption levels and violence.

As noted in this report there is a host of recommendations proposed by the various other Associations/Forums/Organisations created to tackle the problem of alcohol and youth. These recommendations are focused mostly on three areas where the Government can have the greatest influence in reducing alcohol-related harm. These are;

- Alcohol availability
- Alcohol pricing and promotion and
- Community engagement

To repeat, the Association proposes the following:

- Extend the trial of reduced opening hours (maximum 3:00am) across the state for period of twelve (12) months.
- Impose a lockout from 1am for all hotels across the state (unless a current earlier lockout has already been used).
- Develop a model management plan based on the Newcastle trial to be adopted by all licensed venues.
- Prohibit the sale of shots, mixed drinks with more than 30mls of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10pm.
- Engage BOCSAR to evaluate the impact of these measures on violent crime.

Furthermore, NAAPA's policy action requirements into strategies to reduce alcohol abuse include the following:

- Establish and enforce 'saturation zones' which impose limitations on the provision of new licenses in areas that are identified as already having large numbers of licensed premises.
- Introduce 'cumulative impact' and 'cluster control' policies which prohibit new licenses from being granted within a specified distance of existing licensed premises.
- Introduce a 3am common closing time and 1am lock out for all pubs and clubs across NSW and the ACT.
- Impose a moratorium that prevents trading after midnight for new liquor licenses and existing licenses seeking extensions.
- Prohibit the harmful discounting and promotion of alcohol products at on-license and off-license premises, and ensures these measures are enforced.
- Prohibit the sale of shots, mixed drinks with more than 30mL of alcohol and ready mixed drinks stronger than five per cent alcohol by volume after 10pm.
- Prohibit the sale of more than four drinks to any person at one time and implement and enforce a requirement to provide free water stations at every licensed premise.
- Prohibit the sale of alcohol mixed with energy drinks after midnight.
- Provide greater opportunities for people to engage with consultation processes for new liquor licenses or variations of licenses.
- Establish a service to support people and organizations that wish to raise concerns regarding new liquor licenses or changes to licenses.
- Develop effective public education campaigns to raise awareness of the risks associated with alcohol consumption, ways to avoid these risks and the liquor licensing laws.

One last and important factor to note is evident in the World Health Organisation's public health approach and (perhaps to act as a guide) to violence prevention – WHO recommends a wide range of data and research is required to provide a better understanding of the extent, causes and risks of violence in order to implement effective interventions through collective action. For alcohol-related youth violence, priorities for public health include:

- Collecting and collating information on the levels and patterns of youth drinking, incidence of youth violence, and the involvement of alcohol in such violence;
- Promoting, conducting and evaluating research on the links between youth violence and alcohol consumption by both victims and perpetrators. This should improve understanding of the extent of the problem as well as risk and protective factors;
- Measuring and disseminating information on the health, economic and wider associated sociological costs of harmful use alcohol and violence;
- Developing, evaluating and widely implementing interventions that show promise in prevention.
- Promoting multi-agency partnerships to tackle youth violence by raising awareness of the links between the harmful use of alcohol and violence, the cyclical nature of violence and associated alcohol use, impacts on society and effective and cost-effective interventions.
- Advocating for whole systems approaches to alcohol and violence education in schools that incorporate parents, local services and communities.
- Advocating for policies to limit access to alcohol, age of initiation to alcohol, hazardous drinking and associated harms among young people.⁷²

⁷² World Health Organisation, Alcohol and Violence, Youth Violence and alcohol, 2006

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