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Alcohol Abuse

by

Talina Drabsch

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ISSN 1325-4456
ISBN 0 7313 1741 6

July 2003

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EXECUTIVE SUMMARY

This paper explores the issues surrounding alcohol abuse in light of the Government's announcement that an Alcohol Summit is to be held between 26 and 29 August 2003. The Summit is to be organised along similar lines to the Drug Summit and will focus on the development of strategies that minimise the harm associated with alcohol.

The paper begins by outlining some of the key terms used in relation to alcohol (section 2: pp 1-5). It then examines the role alcohol has played in Australian society, both historically and currently (section 3: pp 5-12). This is to highlight how certain drinking behaviours became established in Australian culture and how various meanings came to be attributed to its consumption. It notes the current drinking behaviour of Australians and the costs and benefits associated with the consumption of alcohol.

Section 4 (pp 12-16) outlines the size of alcohol-related problems. Alcohol abuse is a major cause of drug-related death, second only to tobacco. Statistics are provided on the number of Australians who misuse alcohol, the health issues that flow from this, and its effect on the number of road accidents and industry productivity.

Alcohol-related problems are further explored in section 5 (pp 16-23). The health implications of alcohol abuse, and the links between alcohol, other drugs, violence and homelessness are considered. The impact of alcohol misuse in the home and on the roads is noted.

The demographics of alcohol abuse are discussed in section 6 (pp 23-32) as the misuse of alcohol impacts on sectors of the community in different ways. This section considers the various experiences of alcohol in terms of age and gender. Particular groups mentioned include Aboriginal and Torres Strait Islanders, rural and urban regions, expectant mothers, the mentally ill and prisoners.

Section 7 (pp 32-66) outlines the strategies that have been developed to counteract the extent of alcohol-related harm in the community. It classifies them according to categories developed by the National Alcohol Strategy. They include: informing the community, protecting those at higher risk, preventing alcohol-related harm in young people, improving the effectiveness of legislation and regulatory initiatives, responsible marketing and provision of alcohol, pricing and taxation, promoting safer drinking environments, drink driving and related issues, intervention by health professionals, workforce development, and research and evaluation. Strategies that have been adopted to reduce alcohol related harm in general are also noted.

APPENDIX B traces the history of liquor regulation in New South Wales.

1 INTRODUCTION

On 9 March 2003, during the NSW election campaign, Premier Carr announced that a re-elected Labor government would convene a State summit on alcohol abuse.¹ Following the re-election of the Labor party on 22 March 2003, it was confirmed that an alcohol summit would be held between 26 and 29 August 2003, preceded by a special Youth Forum on Alcohol on 25 August 2003. The Summit is to be organised in a similar fashion to the Drug Summit and will involve key government agencies, health professionals, industry representatives and the community. Its focus will be on the reduction of liquor abuse problems in the community and the development of harm minimisation strategies.²

A background document for the summit says that to minimise the harm associated with alcohol, the community needs to become aware of and engage with the issues involved. It is therefore hoped that the Alcohol Summit will promote community understanding of alcohol-related harm, and subsequently alter the attitudes and behaviours of individuals so that alcohol-related harm is minimised.³ It is hoped this will be achieved by:⁴

- Creating a better understanding by Parliamentarians and the community of the causes, nature and extent of the alcohol abuse problem;
- Bringing together a range of experts and community representatives to produce a coordinated action plan that will combat the problems associated with alcohol abuse;
- Examining the existing approaches to the alcohol abuse problem and considering new ideas;
- Identifying ways to improve existing strategies that work and those that do not, and in particular, looking at:
 - the effectiveness of existing NSW laws, policies, programs and services;
 - the effectiveness of current resource allocations in the area of alcohol abuse;
- recommending a future course of action so that the best available strategies, both long and short term, are implemented to overcome alcohol abuse;
- developing future directions in prevention policy.

2 ALCOHOL RELATED TERMS

The following section explains and clarifies a number of terms associated with alcohol that will be used throughout this paper.

2.1 Alcohol

Alcohol has been defined as ‘a colourless volatile inflammable liquid forming the intoxicating element in wine, beer and spirits’.⁵ It depresses the central nervous system and

¹ Hon R Carr MP, Premier, ‘State Summit on Alcohol’, *Media Release*, 9/3/03

² NSW Department of Gaming and Racing, *Liquor and Gaming Bulletin*, April 2003, p 3.

³ NSW Alcohol Summit 03, www.alcoholsummit.nsw.gov.au Accessed 16 June 2003.

⁴ Ibid.

⁵ National Expert Advisory Committee on Alcohol, *Alcohol in Australia: Issues and Strategies*,

is used in alcoholic drinks to give a pleasant taste, to relax, reduce inhibitions and increase sociability.⁶ Alcohol is a drug and has been described as ‘the officially approved and “legitimate” method of artificially changing our moods and perceptions’.⁷

2.2 Intoxication

Intoxication is defined in a variety of ways. The National Health and Medical Research Council view it as a blood alcohol concentration that is elevated to the extent that a person cannot function within their normal range of physical and cognitive abilities.⁸ Whilst the *Liquor Act 1982* does not specifically define ‘intoxication’, the common law has accepted it to be ‘a state wherein there is, due to the effect of alcohol or drugs, a loss of self-control or judgment which is more than of minor degree’.⁹

2.3 Binge drinking

Binge drinking is an imprecise term thus the National Health and Medical Research Council prefer to avoid its usage. However, the Council notes that it generally refers to either a ‘bender’, in which an alcohol dependent person engages for days or weeks, or occasional bouts of heavy drinking by young or non-dependent people.¹⁰ Binge drinking may be seen as drinking that occurs at a hazardous level – five or more drinks for men, and three or more drinks for women.¹¹

2.4 Alcohol Dependence

The term ‘alcoholic’ is rarely used in modern studies, with a preference shown for the phrases ‘alcohol dependence’ and ‘alcohol abuse’. Alcohol dependence refers to situations where a person gives higher priority to drinking than other activities that were previously much more important to the person.¹² It is recognised by the American Psychiatric

Commonwealth Department of Health and Aged Care, Canberra, 2001, p 67.

⁶ *Black’s Medical Dictionary*, 38th ed, A & C Black, London, 1995.

⁷ Heather N, ‘Pleasures and Pains of Our Favourite Drug’, in Heather N, Peters T and Stockwell T (eds), *International Handbook of Alcohol Dependence and Problems*, John Wiley and Sons, Chichester, 2001, p 6.

⁸ National Health and Medical Research Council, *Australian Alcohol Guidelines: Health Risks and Benefits*, National Health and Medical Research Council, Canberra, 2001, p 27.

⁹ Ipp A-JA in *South Tweed Heads Rugby League Football Club Ltd v Cole* [2002] 55 NSWLR 113 at 128.

¹⁰ National Health and Medical Research Council, n 8, p 125.

¹¹ NSW Health Department, *Youth Alcohol Action Plan 2001-2005*, 2002, p 5. A copy of the plan may be downloaded from www.health.nsw.gov.au/public-health/dpb/publications

¹² National Health and Medical Research Council, n 8, p 27.

Association (APA) as an alcohol-use disorder.¹³ They note that an alcohol dependent individual may drink to relieve withdrawal symptoms, may devote substantial periods of time to obtaining and consuming alcohol and continue to use it despite such adverse consequences as depression, blackouts and liver disease.¹⁴ Alcohol dependence is also characterised by an awareness of a compulsion to drink and an increasing rigidity of drinking patterns.¹⁵

The National Health and Medical Research Council notes that a person with a severe alcohol dependence: regularly drinks above the guideline levels; finds it hard to limit the amount they drink; has a marked tolerance toward the effects of alcohol; and experiences physical and psychological withdrawal symptoms, such as tremors and anxiety, if he or she stops drinking for a few hours.¹⁶

Approximately, 4.1% of Australians are thought to be alcohol dependent.¹⁷ However, males are almost three times more likely to feature in this group, with 6.1% of males having a dependence on alcohol compared to 2.3% of females.

2.5 Alcohol Abuse

The American Psychiatric Association (APA) classifies alcohol abuse as a distinct alcohol-related disorder. Rather than providing a concrete definition, alcohol abuse is described in more general terms. The abuse of alcohol may cause:

- school or work performance to be affected;
- children and the home to not be adequately cared for;
- an intoxicated person to engage in such hazardous activities as driving or the operation of machinery;
- legal problems, for example, drink driving offences;
- an individual to continue to consume alcohol despite the knowledge that it is causing or threatens to create significant social or interpersonal problems.

Alcohol abuse is distinguished from alcohol dependence as the APA recommends that a diagnosis of alcohol dependence is more appropriate in circumstances where the use of alcohol is accompanied by evidence of tolerance, withdrawal or compulsive behaviour.¹⁸

¹³ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, American Psychiatric Association, Washington, 1995.

¹⁴ Ibid, p 200.

¹⁵ Lennane J, *Alcohol: The National Hangover*, Allen & Unwin, North Sydney, 1992, p 128.

¹⁶ National Health and Medical Research Council, n 8, p 27.

¹⁷ Proudfoot H and Teesson M, 'Who seeks treatment for alcohol dependence?', *NDARC Technical Report No 122*, 2001, p 23.

¹⁸ American Psychiatric Association, n 13, p 200.

2.6 Patterns of alcohol misuse

Black's Medical Dictionary describes three patterns of alcohol misuse:

1. Regular but controlled heavy intake;
2. Binge drinking; and
3. Dependence/alcoholism.

Regular but controlled heavy alcohol consumption causes mainly physical complications such as gastritis, peptic ulcer, liver disease, heart disease and impotence whereas binge drinking tends to result in social and occupational problems. Some view alcohol dependence as the most serious of the patterns as it can severely disrupt health and social stability.¹⁹ However, an enormous cost, including loss of life, can result from one off incidents of heavy drinking. It has been estimated that 67% of all alcohol-related potential years of life lost are due to a single episode of intoxication.²⁰

2.7 Standard Drink

A standard drink contains 10 grams of alcohol (12.5 millilitres). The National Food Authority has required all alcoholic beverage containers to state the approximate number of standard drinks per unit since December 1995.

2.8 Australian Alcohol Guidelines

The most recent guidelines published by the National Health and Medical Research Council distinguishes between the short-term and long-term risks associated with the excessive consumption of alcohol. The following guidelines apply to men over 60kg and women over 50kg, and define what is meant by low risk, risky and high risk drinking behaviour.

For risk of harm in the short-term:

	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
MALES On any one day	Up to 6 on any one day, no more than 3 days per week	7 to 10 on any one day	11 or more on any one day
FEMALES On any one day	Up to 4 on any one day, no more than 3 days per week	5 to 6 on any one day	7 or more on any one day

¹⁹ *Black's Medical Dictionary*, n 6.

²⁰ National Expert Advisory Committee on Alcohol, n 5, p 8.

For risk of harm in the long-term:

	Low risk (standard drinks)	Risky (standard drinks)	High risk (standard drinks)
MALES			
On an average day	Up to 4 per day	5 to 6 per day	7 or more per day
Overall weekly level	Up to 28 per week	29 to 42 per week	43 or more week
FEMALES			
On an average day	Up to 2 per day	3 to 4 per day	5 or more per day
Overall weekly level	Up to 14 per week	15 to 28 per week	29 or more per week

However, these guidelines do not apply to persons: with a condition made worse by alcohol; who are on medication; who are under the age of 18; who are pregnant; or who are about to engage in activities that involve risk or a degree of skill.²¹ The guidelines assume that men consume no more than two drinks in the first hour and only one per subsequent hour. It is recommended that women consume no more than one drink per hour.

3 WHAT IS THE ROLE OF ALCOHOL IN SOCIETY?

In order to fully understand the role of alcohol in contemporary society, it is necessary to consider its historical usage. This may highlight how drinking patterns became established in Australia and how various meanings came to be attached to the consumption of alcohol. A detailed chronology of liquor regulation in New South Wales is provided in Appendix B.

3.1 Historical role of alcohol

- Alcohol has played a major role in Australian society since European settlement in 1788. Rum became a form of currency in the early colony, as the official currency available post 1793 was insufficient for the demands of commerce. Accordingly, convicts were partly paid in rum, and spirits were also used as part of a barter system.²²
- A pattern of heavy drinking appears to have been established early on by two practices. The first was the concept of ‘shouting’, where members of a group would take turns to buy a round of drinks. The other was the pattern of ‘work and bust’, where a long period of hard work in the bush was followed by a drunken spree.²³

²¹ National Health and Medical Research Council, n 8.

²² Lewis M, *A Rum State: Alcohol and State Policy in Australia*, Australian Government Publishing Service, Canberra, 1992, p 6.

²³ *Ibid*, p 4.

- The urbanisation of Australia in the latter half of the nineteenth century appeared to influence Australian drinking habits as city working life permitted a more regular style of drinking.²⁴ The bourgeois values of industry, sobriety and frugality were of great influence and were reinforced by public education and the norms of suburban life.²⁵
- The early twentieth century saw the development of many alternatives to the local pub as a source of entertainment. As well as providing new leisure venues, the additional means of entertainment competed with alcohol for the household budget. By the 1920s and 1930s such attractions included the cinema, radio, sports, travel, motor vehicles and gambling.²⁶
- Fluctuations in the consumption of alcohol are common. However, there was a marked decrease in its consumption during both world wars and the Depression.²⁷ This would suggest that there is at least some relationship between the economic wellbeing of the community and per capita consumption of liquor. However, Lewis warns of the danger of seeing alcohol purely as a commodity as it is also imbued with many cultural values and associations.²⁸ Therefore, the level of its consumption is unlikely to be solely influenced by economic considerations.
- The role of alcohol changed markedly from the 1960s onwards.²⁹ Women came to play an increasing role in its consumption. They could drink at hotels without their reputation being threatened and pubs in turn became more women-friendly. There has been a substantial increase in both the number of women drinking and the amount they consume since the 1970s.
- Alcohol also became part of daily life for many adults as alcoholic beverages began to accompany meals. The daily consumption of alcohol appears to be linked with gender and age. Those over the age of 60 are the most likely to have a drink each day, with males in this age group being twice as likely as females to consume alcohol daily.³⁰ Alcohol has become increasingly available as it is sold by a wide range of outlets and is an important part of the restaurant industry.

²⁴ Ibid, p 10.

²⁵ Ibid, p 11.

²⁶ Ibid, p 12.

²⁷ National Expert Advisory Committee on Alcohol, n 5, p 1.

²⁸ Lewis, n 22, p 14.

²⁹ National Health and Medical Research Council, n 8, p 57.

³⁰ Australian Institute of Health and Welfare, *Statistics on drug use in Australia 2002*, Australian Institute of Health and Welfare, Canberra, 2003, p 12.

3.2 Role of alcohol in contemporary society

Alcohol is an intricate part of contemporary Australian culture. Premier Carr referred to the entrenchment of alcohol in Australian society at the 1995 Premier's Forum, highlighting the link between the historical role of alcohol and contemporary issues:

Our love affair with alcohol has its roots in the earliest days of the Australian colony when settlers were paid in rum... Drunkenness soon became part of life and we have been grappling with it ever since... How can we possibly be surprised at... excessive drinking when alcohol is so firmly embedded in our national psyche?³¹

3.2.1 Drinking status of Australians

The majority of Australians drink alcoholic beverages. However, the regularity with which Australians drink varies significantly. A study by the Australian Institute of Health and Welfare found that 57% of males and 39% of females over the age of 14 consumed alcohol at least once a week in 2001.³² An additional 29% of males and 40% of females would also drink but not every week. Therefore, 86% of males and 79% of females over the age of 14 are drinkers.

Each week a large proportion of Australians partake in an alcoholic beverage. The National Health Survey, conducted by the Australian Bureau of Statistics (ABS) across a sample of 17,918 private dwellings in Australia, found that 62% of adults had consumed alcohol in the previous week.³³ However, there was a distinct difference between the sexes, with males being significantly more likely to have had a drink. The Survey found that 71% of males had consumed alcohol in the previous week compared to 52% of females.

The prevalence of alcohol must not be overstated, as a number of Australians do not drink at all. The ABS study reported that 12% of males and 22% of females had either never consumed alcohol or had not done so in the previous 12 months.³⁴ Nevertheless, alcohol remains the Australian drug of choice, with 81.4% of males and 68% of females over the age of 14 approving its regular consumption by an adult.³⁵

The following table summarises the alcohol drinking status of Australians over the age of

³¹ NSW Health Department, *NSW Adult Alcohol Action Plan 1998-2002*, p ii. A copy of the plan may be downloaded from www.health.nsw.gov.au/pubs/index.html

³² Australian Institute of Health and Welfare, n 30, p xiv.

³³ Australian Bureau of Statistics, *National Health Survey, Summary of Results*, 4364.0, 2001, p 10.

³⁴ These results are very similar to the findings of the Australian Institute of Health and Welfare who based their study on the National Drug Strategy Household Survey 2001. The Survey found 14% of males and 21% of females to be either ex-drinkers or non-drinkers.

³⁵ Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed Findings*, Australian Institute of Health and Welfare, Canberra, 2002, p 8.

14 between 1991 and 2001 (figures are expressed as percentages):

Alcohol drinking status	1991	1993	1995	1998	2001
Daily	10.2	8.5	8.8	8.5	8.3
Occasional (a)					
Weekly	41.0	39.9	35.2	40.1	39.5
Less than weekly	30.4	29.5	34.3	31.9	34.6
Total occasional	71.4	69.4	69.5	72.0	74.1
All drinkers	81.6	77.9	78.3	80.5	82.4
Ex-drinker(b)	12.0	9.0	9.5	10.0	8.0
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6

(a) An occasional drinker is a person who drinks alcohol less than daily, that is, weekly or less than weekly.

(b) An ex-drinker has consumed at least a full serve of alcohol, but not in the last 12 months.

Source: Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2002*, Australian Institute of Health and Welfare, Canberra, 2003, p 11.

The table illustrates the shifts that have occurred in Australian drinking patterns between 1991 and 2001. Whilst the proportion of occasional drinkers increased in that period from 71.4% to 74.1%, the number of daily drinkers decreased by almost 2%, and the proportion of people to have never consumed a full serve of alcohol increased from 6.5% in 1991 to 9.6% in 2001.

Australia is one of the largest consumers of alcohol worldwide having been ranked in 19th position in 2001 in terms of per capita consumption of alcohol, with an average of 7.8L of pure alcohol per person.³⁶ However, in terms of beer consumption, Australia was in ninth place in 2000.³⁷ Australians, on average, drink 95 litres of beer, 19.7 litres of wine and 1.3 litres of pure alcohol from spirits every year.³⁸ In 1993/94 Australian households spent 2.2% of their total expenditure on alcohol, an average of \$908 per household.³⁹

3.2.2 Associated Benefits

The acceptance of alcohol by the Australian community may stem from the many benefits associated with its consumption. It is a means of relaxing and stimulating sociability and accordingly features at many social and business occasions. It plays a celebratory role, and is part of a number of cultural and religious ceremonies. Alcohol can also be of therapeutic value in times of stress. Licensed premises are often important meeting places for the community, particularly in rural areas where there are limited alternative venues. The social

³⁶ Australian Institute of Health and Welfare, n 30, p xv.

³⁷ Australian Department of Health and Ageing, 'Alcohol Facts and Figures', available from www.alcoholguidelines.gov.au/media.htm Accessed 1 May 2003.

³⁸ Australian Institute of Health and Welfare, n 30, p xv.

³⁹ NSW Office of Drug Policy, *NSW Alcohol Summit: Preliminary Background Paper*, NSW Office of Drug Policy, The Cabinet Office, April 2003, p 4.

and cultural importance of alcohol has been acknowledged by the NSW Government.⁴⁰

Moderate consumption of alcohol may have a positive impact on the health of a community. It has been shown to decrease the mortality rates associated with cardiovascular disease as well as providing protection against gallstones and the development of non-insulin dependent diabetes.⁴¹ It is also believed to prevent cognitive decline in the elderly.⁴²

3.2.3 *Economic value*

Alcohol is of substantial economic value to the community. The annual retail sales of alcoholic products total approximately \$13 billion.⁴³ Many industries thrive on the sale of alcohol, notably the liquor, hospitality and tourism industries. However, many other industries are also involved in the manufacture, distribution and advertising of alcoholic products. Accordingly, industries associated with alcohol, either directly or indirectly, are a source of employment for a substantial proportion of the population.

Alcohol-related taxes are a major source of revenue for the government with net government revenue associated with the sale of alcohol in 2000/01 totalling \$3.1 billion.⁴⁴ The following table lists government revenue from duty paid and state franchise fees related to the sale of alcohol in Australia between 1995/96 and 2001/02 (figures expressed in \$M). It reveals the increasing importance of alcohol as a source of revenue between 1995/96 and 2001/02:

Duty	1995-96 \$M	1996-97 \$M	1997-98 \$M	1998-99 \$M	1999-00 \$M	2000-01 \$M	2001-02 \$M
Excise							
Beer	864	870	882	873	878	1705	1654
Spirits (a)	201	163	142	144	150	201	101
Total excise	1065	1033	1024	1017	1029	1906	1756
Customs							
Beer	7	9	12	14	14	36	45
Wine	4	3	4	4	4	3	4
Spirits	565	645	717	720	751	1074	1062
Total customs	577	657	732	737	770	1113	1111
State franchise taxes (b)	735	774	532	921	973	97	na
Total	2377	2464	2288	2675	2772	3116	2867(c)

⁴⁰ Hon J Della Bosca MLC, *NSWPD*, 22/5/03, p 959.

⁴¹ National Expert Advisory Committee on Alcohol, n 5, p 6.

⁴² *Ibid.*

⁴³ *Ibid.*, p 17.

⁴⁴ Australian Institute of Health and Welfare, n 30, p 15.

- (a) There was a decrease in excise duty for spirits in 1996-97 due to a policy change which treated imported spirits for mixed drinks as customable rather than excisable.
- (b) On 5 August 1997 the High Court determined that State business franchise taxes are an excise and cannot be imposed by the States and Territories. Effective from 7 August 1997, the Commonwealth is collecting the tax on behalf of the States and Territories as an equivalent amount of additional tax.
- (c) Excludes State franchise taxes which were not available at the time of publication.

Source: Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2002*, Australian Institute of Health and Welfare, Canberra, 2003, p 15.

Alcohol is relatively easy to obtain, being widely available and distributed through a variety of outlets. Figures provided by the NSW Department of Gaming and Racing indicate that there are currently 12,220 licensed premises and registered clubs in NSW. This includes:⁴⁵

- 3632 restaurant licenses,
- 2053 hotel licenses,
- 1563 registered clubs,
- 1501 retail (bottleshop) licences,
- 986 function (permanent) licences,
- 493 vigneron licences,
- 469 wholesale licences,
- 408 restaurant licences with motel endorsement,
- 216 vessel licences,
- 179 caterer's licences,
- 141 Governor's licences,
- 95 nightclub licences,
- 84 theatre licenses,
- 90 motel licences,
- 67 section 18(4)(g) licences,
- 54 wine licences,
- 43 university/college licences,
- 35 aircraft licences,
- 29 brewer licences,
- 18 public hall licences,
- 20 auction licences,
- 11 airport licences,
- 8 licences – casino complex,
- 6 poker machines (no liquor licence),
- 2 community liquor licences, and
- 2 nightclubs with motel endorsement.

The total liquor licence grant fees collected in 2001/02 totalled \$2.1 million.⁴⁶ The Licensing Court granted 480 new liquor licences and certificates of club registration in 2001/02, 226 of which were for restaurants. As the population of NSW was approximately

⁴⁵ NSW Department of Gaming and Racing, *Industry Statistics at a Glance*, Department of Gaming and Racing, Sydney, February 2003, p 2.

⁴⁶ NSW Liquor Administration Board, *Annual Report 2001-2002*, p 28.

6,671,400 by the end of 2002,⁴⁷ there is almost a licensed premise for every 546 people residing in NSW. This may be of significance as an association has been found between the density of liquor outlets and the level of alcohol-related harm in the community.⁴⁸

3.2.4 Associated Costs

Whilst there are benefits associated with alcohol, it comes at enormous cost to the community, whether through long term complications associated with continual heavy liquor use, or short-term costs arising from an incident of intoxication. The cost to society of alcohol comes from alcohol related accidents (road and otherwise), falls, drowning incidents, suicides, the cost of treatment, loss of productivity especially due to employee absenteeism, and alcohol-related crime and violence. In 1998/99, the social cost of alcohol was thought to be \$7.6 billion, including:⁴⁹

- \$225 million – health (net);
- \$1.875 billion – road accidents;
- \$1.949 billion – production in the workplace;
- \$402.6 million – production in the home;
- \$1.235 billion – crime.

The social costs attributed to the misuse of alcohol represented 22% of the total cost of drug use (tobacco was responsible for 61.2% of the cost of drug abuse and 17.6% was caused by illicit drug use).⁵⁰ Over \$5.5 billion of the cost of alcohol misuse consists of tangible costs such as in the workforce, health care, road accidents, and crime.⁵¹ The remaining \$2 billion consists of such intangible costs as the loss of life and the pain and suffering caused by road accidents.

Much of the controversy surrounding the role of alcohol in society is derived from the innate tension between acceptance of its cultural role, the needs of the liquor, hospitality and tourism industries, its provision of revenue for the government, and the substantial social and personal costs associated with its misuse. Studies have shown that the revenue alcohol provides to governments in the form of taxation exceeds the costs of alcohol abuse borne by the public sector by more than \$1.7 billion.⁵²

⁴⁷ Australian Bureau of Statistics, *Australian Demographic Statistics*, 3101.0, 2003, p 1.

⁴⁸ National Expert Advisory Committee on Alcohol, n 5, p 34.

⁴⁹ Collins D and Lapsley H, *Counting the Costs: Estimates of the Social Costs of Drug Abuse in Australia in 1998-9*, Commonwealth Department of Health and Ageing, Canberra, 2002, p x.

⁵⁰ Ibid, p 59.

⁵¹ Ibid, p 59.

⁵² Ibid, p 65.

4 WHAT IS THE SIZE OF THE PROBLEM?

4.1 General

The problems attributable to alcohol are extensive and are not always immediately obvious. It is a major cause of drug-related death in NSW, second only to tobacco.⁵³ Despite the attention given to the problems associated with illicit drug use, alcohol is responsible for more deaths in the community, and is more costly. In 1998, a survey found that community awareness of the social problems associated with alcohol, such as violence and crime, vandalism and destruction of property, and its potential role in the breakdown of family life, had increased.⁵⁴

In concrete terms, it has been found that alcohol contributes to:⁵⁵

- 37% and 18% of all road injuries involving males and females respectively;
- 12% of male suicides;
- 8% of female suicides;
- 34% of injuries sustained as a result of a fall;
- 44% of injuries resulting from a fire;
- 34% of drowning incidents;
- 47% of assaults; and
- 16% of cases of child abuse.

Alcohol also features in homicides with 34% of offenders and 31% of victims being under the influence of alcohol at the time of the incident, and it is believed to play a role in about 50% of domestic physical and sexual violence cases.⁵⁶

The enormous cost associated with the abuse of alcohol is not restricted to Australia. The *Global Status Report* released by the World Health Organisation in 2001 found that 5% of all deaths involving people between the age of five and 29 worldwide could be attributed to alcohol.⁵⁷ They concluded that the burden of alcohol was actually greater than that of tobacco because of the loss of so many years of life as the major health problems associated with tobacco use tend to emerge in later years. It has been claimed that alcohol is the most harmful substance in the world if associated death, disability, suffering, and harm to a drinker's family, neighbours and society is considered.⁵⁸

⁵³ NSW Health, Drug Programs Bureau, 'Alcohol use in NSW', www.health.nsw.gov.au/public-health/dpb/d&interventions/alcoholNSW.htm Accessed 1 May 2003.

⁵⁴ Shanahan P and Hewitt N, *Developmental Research for a National Alcohol Campaign: Summary Report*, Commonwealth Department of Health and Aged Care, Canberra, 1999, p 9.

⁵⁵ National Health and Medical Research Council, n 8, p 32.

⁵⁶ *Ibid*, p 42.

⁵⁷ Jernigan D, *Global Status Report: Alcohol and Young People*, World Health Organisation, Geneva, 2001, p 1. A copy of the report may be downloaded from www.who.int/substance_abuse/pubs_alcohol.htm

⁵⁸ Heather, n 7, p 11.

4.2 Risky drinkers

Policy makers have increasingly focused on patterns of drinking in recent years in addition to the traditional concern with per capita consumption.⁵⁹ There has been a gradual recognition that a large proportion of the costs associated with the abuse of alcohol are a result of the way it is consumed on a single occasion, and not just the long-term effects of consistent heavy drinking.

Whilst alcohol consumption is a prevalent feature of Australian society, it needs to be stressed that a number of Australians either do not drink at all or consume alcohol at a rate that presents little risk to their health in the long term. The National Health Survey found that 12% of males and 22% of females either never consumed alcohol or had not had a drink in the last 12 months.⁶⁰ However, whilst 81% of male drinkers and 84% of female drinkers consumed alcohol at a low risk rate, 11% of adults still consumed alcohol at a risky or high-risk level, representing no change in such behaviour since 1989-90.⁶¹ The proportion of the population that consumes alcohol in a manner that threatens their health in the short term is cause for concern. 39% of males and 30% of females have consumed alcohol on at least one day in the last year in such a fashion as to put themselves at risk of short-term harm.⁶² When the results are limited to those between the ages of 20 and 29 years, the proportion of short-term hazardous drinkers increases to 64% of males and 57% of females.⁶³

An increasing concern in relation to the abuse of alcohol is the prevalence of excessive drinking amongst persons under the age of 18. An Alcohol Awareness Survey conducted for the Salvation Army consisted of random telephone interviews with 614 men and women over the age of 14. The survey found that 35% of males between the age of 14 and 19 had consumed 11 to 30 alcoholic drinks on one occasion. 22% of females of the same age had consumed between nine and 30 drinks.⁶⁴ However, another study has found that in terms of long-term harm, female teenagers are more likely than male teenagers to consume alcohol at risky or high-risk levels (14.6% of girls compared to 8.8% of boys).⁶⁵ Binge drinking behaviour is not limited to teenagers. The Alcohol Awareness Survey found that 54% of

⁵⁹ National Expert Advisory Committee on Alcohol, n 5, p 2.

⁶⁰ Australian Bureau of Statistics, n 33, p 10.

⁶¹ Ibid, p 10ff.

⁶² Australian Institute of Health and Welfare, n 30, p xiv.

⁶³ Ibid.

⁶⁴ Salvation Army, *Alcohol Awareness Survey*, 2002. Conducted for the Salvation Army by Roy Morgan Research. The results are available from www.salvationarmy.org.au/media/2002/020903_alcohol.asp

⁶⁵ Shand F et al, *The Treatment of Alcohol Problems: A Review of the Evidence*, Commonwealth Department of Health and Ageing, Canberra, 2003, p 6.

males and 19% of females between the ages of 20 and 24 were also binge drinkers.⁶⁶ Binge drinking appears to have become a routine and planned behaviour amongst Australian youth.⁶⁷ The Alcohol Awareness Survey concluded that, 'This generation of drinkers starts younger, drinks more and indulges in binge drinking to a greater extent than any previous generation'.⁶⁸

4.3 Health

One of the largest costs of the abuse of alcohol is in relation to the health of the population and the associated burden on the health system. In 1996, 4.9% of the total burden of disease and injury in Australia could be attributed to alcohol, with road traffic accidents and liver cirrhosis being the leading causes of death amongst this group.⁶⁹ However, the burden associated with alcohol is much greater amongst males than females. In 1996, 6.6% of the burden of disease and injury amongst males was alcohol related, compared to 3.1% for females.⁷⁰

In 1998, approximately 3271 deaths were the result of hazardous and harmful levels of drinking.⁷¹ However, for the same period it was estimated that overall 2371 deaths were avoided due to the health benefits associated with moderate alcohol consumption, for example, decreased risk of heart disease and stroke.⁷² Nevertheless the devastating effect of the early loss of life associated with hazardous alcohol consumption is shown by the fact that taking into consideration the number of deaths avoided, the potential years of life lost due to alcohol consumption still totalled 21,147.⁷³ This is because the positive health outcomes associated with alcohol largely apply to illnesses that occur at an older age. Therefore there are less potential years of life involved.

Excessive alcohol consumption burdens the health system in ways other than alcohol-related deaths. In 1997-98, a total of 71,422 hospital separations, which includes patients

⁶⁶ Binge drinking was defined as at least three times the rate of drinking that would keep an individual within a 0.05 blood alcohol content. Two drinks for the first hour and one drink thereafter for males, and one drink per hour for females, would roughly maintain a blood alcohol content of 0.05.

⁶⁷ Taylor J and Carroll T, 'Youth Alcohol Consumption: Experiences and Expectations', in Williams P (ed), *Alcohol, Young Persons and Violence*, Australian Institute of Criminology, Canberra, 2001, p 18.

⁶⁸ Salvation Army, n 64, p 2.

⁶⁹ National Expert Advisory Committee on Alcohol, n 5, p 7.

⁷⁰ Ibid.

⁷¹ Ridolfo B and Stevenson C, *The Quantification of Drug-Caused Mortality and Morbidity in Australia, 1998*, Australian Institute of Health and Welfare, Canberra, 2001, p xiii.

⁷² Ibid.

⁷³ Ibid.

who have been discharged, transferred or died, were attributed to the harmful and hazardous consumption of alcohol.⁷⁴

4.4 Road accidents

The problem of alcohol-related road fatalities and injuries is substantial with intoxication remaining one of the leading causes of fatal road accidents in Australia.⁷⁵ The annual cost to the community of alcohol-related road accidents has been estimated as \$1.34 billion.⁷⁶ Whilst the number of road fatalities attributed to alcohol significantly decreased from 44% of all road crash deaths in 1981 to 29% in 1992,⁷⁷ a substantial number of deaths and injury on the road are still alcohol related.

In 1992, 47% of male drivers in single vehicle fatalities were intoxicated and 42% of pedestrian fatalities in 1997 were alcohol related.⁷⁸ 26% of all drivers and motorcycle riders killed in a road accident in Australia in 1998 had a blood alcohol content of 0.05 or more.⁷⁹ Approximately 21% of driver fatalities in New South Wales involved a driver with a blood alcohol content of over 0.05.⁸⁰ 18% of fatally injured drivers and motorcycle riders in Australia in 1998 had a blood alcohol content of 0.15 or greater. Males and youth (15-24 years) are significantly over-represented in alcohol-related road injuries, respectively constituting 70% and 52% of the total.⁸¹

4.5 Work

The abuse of alcohol costs Australian industry a substantial amount every year. It has been estimated that the direct cost to industry from both drug and alcohol abuse is \$3.7 billion per annum.⁸² This figure includes the costs associated with injuries, absenteeism, lost production, workers' compensation and rehabilitation. The 1998 National Drug Household Survey revealed that one out of every 20 people who reported drinking alcohol in the previous year, had missed at least a day of school or work because of their drinking.⁸³

⁷⁴ Ibid, p xiv.

⁷⁵ Australian Transport Safety Bureau, *Alcohol and Road Fatalities: Alcohol and Road Fatalities in Australia 1998*, Australian Transport Safety Bureau, Canberra, 2001, p 1.

⁷⁶ Major C, 'One for the Road', *Connexions*, 20(4), August-October 2000, p 14.

⁷⁷ National Expert Advisory Committee on Alcohol, n 5, p 11.

⁷⁸ Ibid, p 12.

⁷⁹ Australian Transport Safety Bureau, n 75, p 1.

⁸⁰ Ibid.

⁸¹ Major, n 76, p 14.

⁸² WorkCover NSW, *Drugs, Alcohol and the Workplace: A Guide to Developing a Workplace Drug and Alcohol Policy*, WorkCover Authority of NSW, Sydney, 1995, p 4.

⁸³ National Health and Medical Research Council, n 8, p 33.

5 ALCOHOL RELATED PROBLEMS

The World Health Organisation has suggested that a distinction needs to be drawn between the problems associated with each of the following patterns of alcohol abuse:⁸⁴

- (i) regular consumption;
- (ii) dependence; and
- (iii) intoxication.

The following table summarises the possible consequences of the excessive consumption of alcohol for both the short and long term. The possible repercussions of intoxication are found in the column 'single-occasion use' whereas the problems associated with regular consumption and dependence would fall into the category of harms associated with long-term use.

Types of harm	Single-occasion use	Long-term use
Physiological	Fatal and nonfatal overdose	Mortality (eg liver cirrhosis) Morbidity (eg gastritis, pancreatitis)
Psychological and mental	Changed consciousness and control (hangover, suicide) injury to drinker	Dependence, depression
Immediate personal and social environment (behavioural aspect)	Severe family and workplace disruption, injury to others, violence	Disruption of social and economic relations
Wider social and cultural level (determined by societal reaction)	Criminal and informal sanctions	Stigmatisation; coercion to change; treatment; criminalisation of alcohol-related behaviour

Source: Spooner C and McPherson M, "In what ways do police contribute to the prevention and management of alcohol-related problems in NSW? An overview", *National Drug and Alcohol Research Centre Technical Report No 123*, 2001, p 12.

The above table illustrates the connection between an individual's abuse of alcohol and the disruption caused to the lives of their friends, family and work colleagues. It acknowledges that the harms associated with the abuse of alcohol are not limited to the individual drinker but may damage their immediate personal and social environment as well as impacting on the wider social and cultural level.

The consumption of alcohol is rarely an isolated activity. The following table highlights the various activities people have participated in whilst under the influence of alcohol. The combination of alcohol with these activities is inherently dangerous, as it can increase the risks already associated with the activities, such as drowning or being involved in a road

⁸⁴ Stockwell T, 'Do controls on the availability of alcohol reduce alcohol problems?', in National Centre for Research into the Prevention of Drug Abuse, *An Examination of the Appropriateness and Efficacy of Liquor Licensing Laws Across Australia*, National Symposium on Alcohol Misuse and Violence, Report No 5, July 1994, p 124.

accident.

Activities undertaken in the past 12 months while under the influence of alcohol, recent drinkers aged 14 years and over, by sex, Australia, 2001

Activity	Males	Females	Persons
Went to work	7.6%	2.9%	5.4%
Went swimming	8.4%	3.9%	6.2%
Operated a boat or hazardous machinery	3.2%	0.3%	1.8%
Drove a vehicle	20.9%	10.0%	15.6%
Created a disturbance, damage or stole goods	6.1%	2.8%	4.5%
Verbally abused someone	9.5%	5.1%	7.4%
Physically abused someone	2.0%	0.7%	1.4%
	(number)		
Went to work	508,600	181,900	690,500
Went swimming	562,100	244,600	806,700
Operated a boat or hazardous machinery	214,100	18,800	232,900
Drove a vehicle	1,398,500	627,200	2,025,700
Created a disturbance, damage or stole goods	408,200	175,600	583,800
Verbally abused someone	635,700	319,800	955,500
Physically abused someone	133,800	43,900	177,700

Source: Australian Institute of Health and Welfare, 2001 *National Drug Strategy Household Survey*, Australian Institute of Health and Welfare, Canberra, 2002, p 90.

The table reveals that males are far more likely than females to participate in the above activities whilst under the influence of alcohol. For example, 20.9% of male drinkers drove a vehicle in the last twelve months whilst under the influence of alcohol compared to 10% of female drinkers.

5.1 Health Issues

There are enormous health issues associated with the misuse of alcohol. However, different health issues result from the long-term abuse of alcohol as opposed to an incident of intoxication. The long-term regular consumption of alcohol can cause such complications as liver cirrhosis, cognitive impairment, damage to the pancreas, heart and blood disorders and ulcers.⁸⁵ It can lead to the development of the Wernicke-Korsakov syndrome characterised by tiny brain haemorrhages that result from a thiamine deficiency.⁸⁶ In order to reduce the incidence of this syndrome, a thiamine supplement has been added to bread-making flour since 1990, resulting in a 40% decrease in its prevalence since 1991.⁸⁷

Alcoholic liver cirrhosis and road crash injuries are the top two causes of alcohol-related deaths amongst males, representing 23% and 17% of alcohol-related deaths respectively.⁸⁸ Stroke, suicide and fall injuries are the next most common causes. The top two causes of

⁸⁵ National Health and Medical Research Council, n 8, p 30.

⁸⁶ National Expert Advisory Committee on Alcohol, n 5, p 11.

⁸⁷ Ibid.

⁸⁸ Ibid, p 7.

alcohol-related deaths among females are stroke and fall injuries at 35% and 15% respectively, followed by alcoholic liver cirrhosis, road crash injury and breast cancer.⁸⁹ Studies have indicated that the consumption of alcohol increases the risk of breast cancer and stroke.⁹⁰

The fact that a substantial number of heavy drinkers do not realise they are consuming alcohol at a hazardous rate is cause for concern. The 2001 National Drug Strategy Household Survey found that 56.4% of males who had consumed alcohol at either a risky or high risk level in the last year thought that drinking more than seven standard drinks would not put their health at risk in the short-term.⁹¹ 36% of the same group believed that consuming five or more drinks daily on a regular basis did not threaten a man's health in the long term.⁹² This would suggest that there is need for further community education regarding the health issues associated with the heavy consumption of alcohol.

5.2 Alcohol and Violence

Much research has been dedicated to the perceived link between alcohol and violence. Whilst alcohol cannot be said to cause violence, as not all violent incidents involve alcohol, nor does every person who consumes alcohol become violent, there does appear to be some relationship. Burns and Coumarelos found that: there is a correlation between the consumption of alcohol and crime rates; there is a high incidence and prevalence of alcohol abuse amongst offenders; a substantial number of offenders consumed alcohol before committing the offence; and many offences are committed on or near licensed premises.⁹³ Alcohol is perhaps best characterised as a risk factor for violence. Alcohol can lessen a person's inhibitions, and some may purposely consume alcohol to provide the necessary courage to commit a planned offence. However, the relationship between alcohol and violence appears to be concentrated amongst those who are young and male. It has been said that 'Being both young and male is... the most important predictor of being a victim or a perpetrator of violence, and of being *both* a victim and a perpetrator'.⁹⁴

Craze and Norberry have found a particular association between alcohol and such crimes against the person as serious assault, homicide, sexual assault and domestic violence.⁹⁵

⁸⁹ Ibid.

⁹⁰ Ridolfo and Stevenson, n 71, pages 21 and 24.

⁹¹ Australian Institute of Health and Welfare, n 35, p 10.

⁹² Ibid, p 11.

⁹³ Craze L and Norberry J, 'The objectives of liquor-licensing laws in Australia' in National Centre for Research into the Prevention of Drug Abuse, *An Examination of the Appropriateness and Efficacy of Liquor Licensing Laws Across Australia*, National Symposium on Alcohol Misuse and Violence, Report No 5, July 1994, p 38.

⁹⁴ Teece M and Williams P, 'Alcohol-Related Assault: Time and Place', *Trends and Issues in Crime and Criminal Justice*, No 169, October 2000, p 1.

⁹⁵ Craze and Norberry, n 93, p 39.

However, a number of other offences have also been found to be alcohol related. The following table reveals the number and rate of incidents of assault, offensive behaviour and malicious damage to property in NSW for 1999/00 and the proportion of which were recorded as being alcohol-related.

Offence type	Total incidents	Rate per population	100,000	Alcohol-related	Rate per population	100,000
Assault	60,142		940	13,910 (23%)		217
Offensive behaviour	9,591		150	5,531 (58%)		86
Malicious damage to property	92,841		1,451	5,903 (6%)		92

Source: Briscoe S and Donnelly N, 'Temporal and Regional Aspects of Alcohol-Related Violence and Disorder', *Alcohol Studies Bulletin*, Number 1, May 2001, p 4.

The table demonstrates that there is a particularly significant relationship between alcohol and offensive behaviour incidents, with 58% of these incidents being noted as alcohol related.

As previously mentioned, there is a relationship between licensed premises and violent incidents. A study by the NSW Police Service found that 77% of public order incidents (assaults, offensive behaviour and offensive language) were preceded by the consumption of alcohol and that 60% of alcohol-related street offences occurred on or near licensed premises.⁹⁶ Briscoe and Donnelly also found a relationship between assaults and licensed premises noting that 66.7% of assault incidents in licensed premises in NSW in 1999/00 were alcohol-related.⁹⁷ However, not all licensed premises are equally likely to experience a violent incident. They tend to be hotels and to have extended trading hours.⁹⁸

The following table illustrates the distribution of assault incidents on licensed premises in inner Sydney, Newcastle and Wollongong by type of licence between July 1998 and June 2000:

⁹⁶ Stockwell T, 'Alcohol, violence and licensed premises: the nature of the relationship' in National Centre for Research into the Prevention of Drug Abuse, *An Examination of the Appropriateness and Efficacy of Liquor Licensing Laws Across Australia*, National Symposium on Alcohol Misuse and Violence, Report No 5, July 1994, p 108.

⁹⁷ Briscoe S and Donnelly N, 'Temporal and Regional Aspects of Alcohol-Related Violence and Disorder', *Alcohol Studies Bulletin*, Number 1, May 2001, p 5.

⁹⁸ Briscoe S and Donnelly N, 'Assaults on licensed premises in inner-urban areas', *Alcohol Studies Bulletin*, no 2, October 2001, p 12.

Licence type	Sydney		Newcastle		Wollongong	
	Inner N	%	Inner N	%	Inner N	%
Hotel	871	75.5	229	77.6	120	60.6
Registered club	38	3.3	26	8.8	12	6.1
Restaurant	67	5.8	2	0.7	2	1.0
Nightclub	66	5.7	32	10.8	61	30.8
Casino	65	5.6	0	0.0	0	0.0
Other*	31	2.7	1	0.3	3	1.5
Unknown	15	1.3	5	1.7	0	0.0
Total	1153	100.0	295	100.0	198	100.0

Note: *Includes all off-licences, on-licences for motels, public halls, universities, colleges, vessels and functions, theatres and governor's licences.

Source: Briscoe S and Donnelly N, 'Problematic licensed premises for assault in inner Sydney, Newcastle and Wollongong', *The Australian and New Zealand Journal of Criminology*, vol 36 no 1, April 2003, p 22.

As can be seen by the table, almost 76% of assaults that took place on licensed premises in Sydney occurred in hotels, yet hotels represent less than 21% of all licensed premises.⁹⁹ Accordingly, a disproportionate number of assaults occur in hotels compared to other licensed premises.

Incidents also tend to be concentrated in particular hotels. Approximately 12% of hotels in inner Sydney account for almost 60% of assaults on hotel premises.¹⁰⁰ It is possible that particular features of these hotels contribute to the greater probability of a violent incident occurring on those premises. This idea is explored in section 7.7.4 – Environmental Design.

However, the location in which people are subjected to alcohol related violence is not limited to the local pub. The following table depicts the percentage of victims of all types of alcohol related violence in 1998 in Australia by type and location. It reveals that people also experience alcohol related violence in the home, on the street and at work.

	Home	Pub	Work	School	Street	Elsewhere
All	23.3	36.5	9.3	1.0	35.5	17.4
Verbal	24.4	41.1	10.6	0.9	34.1	16.6
Physical	31.3	35.9	8.4	0.7	28.1	12.0
Put in fear	26.3	30.0	10.0	1.4	43.1	19.1

Source: Teece M and Williams P, 'Alcohol-Related Assault: Time and Place', *Trends and Issues in Crime and Criminal Justice*, No 169, October 2000, p 3.

As well as the association between assaults and licensed premises, alcohol-related incidents tend to correlate with particular times. Briscoe and Donnelly found that alcohol-related assault incidents were most likely to occur on the weekends between 6pm and 3am, with a peak between midnight and 3am.¹⁰¹ The most likely time for an assault to occur on licensed

⁹⁹ Briscoe S and Donnelly N, 'Problematic licensed premises for assault in inner Sydney, Newcastle and Wollongong', *The Australian and New Zealand Journal of Criminology*, vol 36 no 1, April 2003, p 23.

¹⁰⁰ Briscoe and Donnelly, n 98, p 12.

¹⁰¹ Briscoe and Donnelly, n 97, p 6.

premises is between midnight and 3am on a Sunday morning.¹⁰² It is noteworthy that the peak time of such incidents corresponds with the closing times of numerous hotels and clubs.

However, caution needs to be exercised when interpreting statistics regarding alcohol-related offences. The statistical association between alcohol and violence may be overstated as intoxicated offenders are probably easier to apprehend and alcohol may have deliberately been consumed to provide courage to commit a *premeditated* offence.¹⁰³

5.3 Alcohol and the Home

The most common place for consuming alcohol is in the home.¹⁰⁴ Underage drinking is also most likely to occur at private parties.¹⁰⁵ This is of particular relevance in that drinking behaviours, whether healthy or unhealthy, are frequently learned in the family.¹⁰⁶ Consequently, older family members who regularly and excessively consume alcohol may have a negative impact on younger generations as unhealthy drinking behaviours are observed. Children may learn to associate alcohol with the relief of stress, or as a necessary part of a 'good time'. They may also believe that it is normal and okay to consume alcohol in large quantities so long as it occurs on isolated occasions.

The excessive consumption of alcohol can severely disrupt domestic life in other ways. Children may be neglected or experience abuse because of the effect of alcohol on other members of their family. It has been estimated that alcohol consumption is a cause of 16% of cases of child abuse.¹⁰⁷ Alcohol may also fuel violence in the home. 40% of domestic violence incidents attended by NSW Police in 1991 were recorded as alcohol-related.¹⁰⁸

Domestic life can also be disrupted if the level of expenditure on alcohol strains the financial resources of a family. This is likely to be a particular issue amongst low-income families where financial resources are already limited. Australian households spend 2.2% of total expenditure on alcohol every year.¹⁰⁹ For low-income families, this represents a substantial portion of their budget.

¹⁰² Briscoe and Donnelly, n 99, p 25.

¹⁰³ Stockwell, n 96, p 111.

¹⁰⁴ Australian Institute of Health and Welfare, n 35, p 30.

¹⁰⁵ *Ibid*, p 30.

¹⁰⁶ National Expert Advisory Committee on Alcohol, n 5, p 14.

¹⁰⁷ *Ibid*.

¹⁰⁸ *Ibid*.

¹⁰⁹ NSW Office of Drug Policy, n 39, p 4.

5.4 Alcohol and Homelessness

A disproportionate number of homeless people have an alcohol-use disorder – 49% of homeless men and 15% of homeless women in inner Sydney.¹¹⁰ The abuse of alcohol is believed to precipitate and perpetuate homelessness.¹¹¹ It is concerning that a significant co-morbidity has been found between alcohol use disorders and mental illnesses in the homeless population as the cumulative effect of these conditions increases the likelihood that homelessness is likely to become an entrenched feature of their lives.¹¹²

5.5 Co-morbidity with other drugs

Media reports of the problem of alcoholic drinks being ‘spiked’ with other drugs have featured in recent years. Four women were taken to hospital in Wollongong during the June long weekend in 2003 after their drinks were spiked with drugs whilst they frequented a bar.¹¹³ It was reported that Illawarra Health’s sexual assault unit counselled between 20 and 30 people in 2002 who were assaulted after having their drinks spiked.¹¹⁴ A card has now been made available that enables people to check if their drink has been spiked with drugs commonly used in spiking.¹¹⁵

Another concern is the relationship between the consumption of alcohol and the taking of other drugs. This relationship applies to drinkers of all ages. However, there is a particular concern regarding teenagers, who are more likely to engage in risk-taking behaviour when they have been drinking. Studies have found that many young people who drink excessively also report that they have taken other drugs.¹¹⁶

5.6 Drink Driving

Drink driving is a huge problem in NSW, with alcohol found to be a factor in about one in six fatal crashes.¹¹⁷ The probability of crashing rises exponentially with the amount of alcohol consumed. A blood alcohol content of 0.05 doubles the probability of crashing, by 0.08 it has increased to 7 times the probability of a person with no alcohol in their

¹¹⁰ National Expert Advisory Committee on Alcohol, n 5, p 15.

¹¹¹ Ibid.

¹¹² Ibid.

¹¹³ ‘Spiked drinks will kill: police’, *Illawarra Mercury*, 11 June 2003, p 1.

¹¹⁴ ‘Drink spiking a ‘massive problem’’, *Illawarra Mercury*, 22/4/03, p 3.

¹¹⁵ ‘New test to reveal whether your drink is spiked’, *Daily Telegraph*, 30/6/03, p 3.

¹¹⁶ Taylor and Carroll, n 67, p 26.

¹¹⁷ Roads and Traffic Authority, *Road Safety 2010: Drink Driving Action Plan 2002-2004*, p 2. A copy of the plan may be downloaded from www.rta.nsw.gov.au

bloodstream, and by 0.15, a person is 25 times more likely to crash.¹¹⁸ Alcohol affected drivers are also more likely to engage in risk taking behaviour. Drink drivers involved in fatal crashes are seven times more likely to have been speeding and to have failed to wear a seatbelt or helmet.¹¹⁹

Drink driving offences are one of the most common offences dealt with by NSW Local Courts, constituting 19.6% of cases finalised between 3 April 2000 and 2 April 2002.¹²⁰ In those two years, there were 8,743 cases involving low range offences, 21,701 cases of mid range offences and 9,331 cases of high range offences in New South Wales.¹²¹

6 THE DEMOGRAPHICS OF ALCOHOL ABUSE

Not all sectors of the community are equally affected by the abuse of alcohol. There is a tendency for those who abuse alcohol to be clustered within particular demographic groups. It has been found that those who are more likely to drink at risky or high levels have some form of tertiary qualification, are unemployed and live in rural or remote areas.¹²² The elderly and expectant mothers also need to take additional or different precautions in relation to alcohol.

6.1 Age

The prevalence of alcohol dependence decreases with age. 18-34 year olds are four times as likely as those over 50 years to be alcohol dependent.¹²³ A 35-49 year old is two and a half times more likely to be dependent on alcohol than a person aged over 50 years.¹²⁴

6.1.1 Youth

Section 114 of the *Liquor Act* prohibits the sale or supply of liquor to a person under the age of 18 years. Nevertheless, 47.1% of underage drinkers obtain alcohol from a shop or other retail outlet and 69.2% of drinkers between the ages of 14 and 17 usually obtain alcohol through a friend or a relative.¹²⁵ There are essentially two concerns related to the consumption of alcohol amongst this demographic group. The first relates to the prevalence

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Bayari C, 'Sentencing Drink-Driving Offenders in the NSW Local Court', *Sentencing Trends and Issues*, 27, March 2003, p 3.

¹²¹ Ibid.

¹²² Australian Institute of Health and Welfare, n 35, p 34.

¹²³ Proudfoot and Teesson, n 17, p 24.

¹²⁴ Ibid.

¹²⁵ Australian Institute of Health and Welfare, n 35, p 107.

of binge drinking amongst Australia's youth (including young adults to the age of 25). Secondly, there are issues particularly associated with underage drinking such as the provision of alcohol to minors by either licensed premises or through second party sales, drinking in public spaces, and the possession and use of false identification by minors.¹²⁶

A trend has emerged where young people commence drinking at an earlier age than the previous generation. The Ministerial Council on Drug Strategy found that not only are more young people drinking alcohol but they are also drinking at an earlier age and in an increasingly risky manner.¹²⁷ This is of some concern because there is evidence from the United States that the younger a person starts to drink, the higher the probability that person will experience alcohol related problems later in life.¹²⁸ A Global Status Report released by the World Health Organisation supports this finding. The Report acknowledges that 'research in developed countries has found early initiation of alcohol use to be associated with greater likelihood of both alcohol dependence and alcohol related injury later in life'.¹²⁹

Young people have given a variety of reasons for their desire to drink including: they want a new experience; it is part of socialising with friends; relaxation; peer group pressure; an attempt to drown problems; or they have low self-esteem.¹³⁰ Alcohol also plays a role as a rite of passage to adulthood.¹³¹ The cultural significance of alcohol to young people is cause for some alarm. Young people are by and large more at risk when drinking alcohol because they are generally physically smaller, lack experience with alcohol, are more willing to engage in risk-taking behaviour (the dangers of which are heightened by the effects of alcohol), and peer values and norms are often more influential than wiser guides.¹³² Teenagers appear to limit their perception of the negative consequences of excessive consumption of alcohol to violence, aggression, falling pregnant, and catching a sexually transmitted disease through unprotected sex and thus do not seem aware of the long-term threats to their health.¹³³ Not all adolescents view vomiting, hangovers and the loss of consciousness as dangerous consequences of drinking too much.¹³⁴

¹²⁶ Spooner C and McPherson M, 'In what ways do police contribute to the prevention and management of alcohol-related problems in NSW? An Overview', National Drug and Alcohol Research Centre Technical Report No 123, 2001, p 62.

¹²⁷ National Expert Advisory Committee on Alcohol, n 5, p 30.

¹²⁸ National Health and Medical Research Council, n 8, p 15.

¹²⁹ Jernigan, n 57, p ii.

¹³⁰ *Youth Alcohol Action Plan 2001-2005*, n 11, p 20.

¹³¹ *Adult Alcohol Action Plan 1998-2002*, n 31, p 1.

¹³² National Health and Medical Research Council, n 8, p 47.

¹³³ Taylor and Carroll, n 67, p 23.

¹³⁴ *Ibid.*

Binge drinking, defined as deliberate drinking to intoxication, is most common amongst teenagers.¹³⁵ However, it is a pattern of drinking that also persists in the 20 to 34 year age group. Alcohol consumption in Australia generally peaks in the 18 to 25 age bracket and it is this group that is most at risk for such alcohol related injuries as road accidents, violence, sexual coercion, fall injuries, drowning and suicide.¹³⁶ The prevalence of alcohol related injuries amongst the younger sector of the community is evidenced by the fact that people between the ages of 15 and 24 represented 52% of all serious alcohol related road injuries between 1990 and 1997.¹³⁷ A further 23% of all serious alcohol related road injuries were sustained by those between the ages of 25 and 34. Consequently, 75% of all serious alcohol related road injuries between 1990 and 1997 involved people under the age of 34.

The sheer extent of the number of underage drinkers may be seen in the development and marketing of alcoholic beverages that appear to target the teenage market. Just recently, 'Moo Joose', an alcoholic-flavoured milk, was banned because of a concern that its design was particularly attractive to teenagers. The Hon Grant McBride MP, Minister for Gaming and Racing, reportedly voiced concern that young people would 'blur the distinction between what is a milk product and what is an actual alcoholic product'.¹³⁸

6.1.2 Elderly¹³⁹

The elderly are another group who experience particular risks in relation to the consumption of alcohol. Whilst there are some health benefits associated with a low intake of alcoholic beverages, such as the prevention of cognitive decline and death from cardiovascular disease, some of the risks intrinsic to ageing may be heightened by the consumption of alcohol. This is related to the decrease in total body water with age that results in a positive correlation between age and the effects of alcohol. Accordingly, alcohol may increase the already heightened risk of falls and driving accidents among the elderly. Many older people are also on medication with which alcohol may interfere.

6.2 Aboriginal and Torres Strait Islanders

Whilst the proportion of Aboriginal and Torres Strait Islanders who drink alcohol is less than in the general community, those who do drink consume more alcohol on average than other Australians.¹⁴⁰ In contrast to the general population, the 25-34 years age group in the

¹³⁵ National Expert Advisory Committee on Alcohol, n 5, p 3.

¹³⁶ National Health and Medical Research Council, n 8, p 14.

¹³⁷ Ibid, p 47.

¹³⁸ 'Milky alcohol ban', *Sydney Morning Herald*, 7/6/03, p 13.

¹³⁹ National Health and Medical Research Council, n 8, p 49.

¹⁴⁰ The 2001 National Drug Strategy Household Survey found that 79% of Aboriginal and Torres Strait Islanders had consumed alcohol in the last 12 months compared to 83% of the non-indigenous population. However, 49% of Aboriginal and Torres Strait Islanders had consumed alcohol at a risky or high-risk level regarding short-term harm compared to 34% of the non-indigenous population. Source: Australian Institute of Health and Welfare, n 30,

Aboriginal community are most likely to consume alcohol in a hazardous manner, rather than those between the ages of 14 and 24.¹⁴¹

The problems associated with the abuse of alcohol amongst Indigenous Australians are complex and need to be viewed in the historical context of dispossession and the subsequent attempted destruction of Aboriginal culture. There was a prohibition on Aboriginal and Torres Strait Islanders consuming alcohol from the early nineteenth century. The prohibition laws began to be repealed in the mid twentieth-century beginning with Victoria in 1957.¹⁴² In New South Wales, the *Aborigines Protection (Amendment) Act 1963* removed section 9 from the *Aborigines Protection Act 1909*. Section 9 had made it an offence to supply alcohol to Indigenous Australians, unless they possessed an exemption certificate. It has been suggested that the right to drink consequently became a symbol of equality, citizenship and status.¹⁴³ However, the role of alcohol in the indigenous community should not be limited to a search for equality. Anthropological studies of the drinking habits of Indigenous Australians have also found that, 'Aboriginal drinking is expressive of a desire for... group membership, personal autonomy and reciprocity between family and friends'.¹⁴⁴ Therefore, any strategies to reduce the level of hazardous drinking in the indigenous community need to take account of the way these factors are connected.

The health complications usually attributable to hazardous alcohol consumption are exacerbated by the poor health and living standards of the Aboriginal community in general. The life expectancy of Aboriginal and Torres Strait Islanders is 20 years less than that of the general population.¹⁴⁵ This is due to a combination of high smoking rates, poor nutrition and living conditions, obesity and exposure to violence and environmental hazards.¹⁴⁶ It is also compounded by issues surrounding the lack of indigenous access to or use of the health system because of a lack of resources or the provision of culturally inappropriate services. The extent of alcohol abuse is also concerning as it is believed to contribute to the high indigenous suicide rate.¹⁴⁷

The Royal Commission into Aboriginal Deaths in Custody revealed the potentially

pages 48 and 51.

¹⁴¹ National Expert Advisory Committee on Alcohol, n 5, p 4.

¹⁴² Siggers S and Gray D, *Dealing with Alcohol: Indigenous Usage in Australia, New Zealand and Canada*, Cambridge University Press, Cambridge, 1998, p 48.

¹⁴³ National Expert Advisory Committee on Alcohol, n 5, p 1.

¹⁴⁴ Moore D, 'The Anthropology of Drinking', in Heather N, Peters T and Stockwell T (eds), *International Handbook of Alcohol Dependence and Problems*, John Wiley and Sons, Chichester, 2001, p 481.

¹⁴⁵ Australian Bureau of Statistics, *Measuring Australia's Progress*, 1370.0, Australian Bureau of Statistics, Canberra, 2002.

¹⁴⁶ National Health and Medical Research Council, n 8, p 51.

¹⁴⁷ Ibid.

devastating consequences of excessive alcohol consumption and the way it is policed. 67% of the 58 Aborigines who died in custody between 1980 and 1988 were detained for an alcohol-related offence or circumstances.¹⁴⁸ The following table reveals the number of deaths per jurisdiction.

Deaths in Police Custody, by Jurisdiction 1980-1988, where deceased detained for alcohol-related offence or circumstances*

	Alcohol-related Detentions	Detention for Other Offences	Uncertain	Total
NSW	7	2		9
VIC	1	2		3
QLD	14	1		15
WA	10	7	1	18
SA	2	3	1	6
TAS	1			1
NT	4	2		6
Total	39	17	2	58
Per cent	67.2%	29.3%	3.5%	100%

* This refers to offences for drunkenness or related offences, driving under the influence and being taken into protective custody whilst drunk.

Source: Royal Commission into Aboriginal Deaths in Custody, *Interim Report*, Australian Government Publishing Service, Canberra, 1988, p 25.

6.3 Rural v Urban Regions

6.3.1 General

Patterns of alcohol consumption differ between rural and metropolitan areas. Men in rural areas have reported consuming alcohol at a hazardous or harmful level at a much greater rate than in metropolitan areas.¹⁴⁹ The only exception was Tasmania which was found to be the only jurisdiction where the number of deaths resulting entirely from the excessive use of alcohol was higher in metropolitan as opposed to rural areas.¹⁵⁰

The following tables compare the local government areas in NSW with the highest assault rates for both metropolitan and non-metropolitan regions:

¹⁴⁸ Royal Commission into Aboriginal Deaths in Custody, *Interim Report*, Australian Government Publishing Service, Canberra, 1988, p 25.

¹⁴⁹ National Expert Advisory Committee on Alcohol, n 5, p 4.

¹⁵⁰ *Ibid*, p 7.

Top 10 NSW Local Government Areas ranked on assault rates (excluding Sydney metropolitan area), July 1999-June 2000

LGA	Population 1999	No of assault incidents	Assault rate per 100,000 population	% alcohol-related
Central Darling	2,390	271	11,339	62.7
Bourke	3,772	293	7,768	29.7
Brewarrina	2,197	165	7,510	52.7
Walgett	8,282	494	5,965	46.0
Junee	5,883	206	3,502	16.0
Coonamble	4,861	147	3,024	49.7
Moree Plains	15,110	418	2,766	33.7
Guyra	4,275	115	2,690	41.7
Wentworth	7,084	186	2,626	54.3
Lachlan	7,287	164	2,251	47.0

Top 10 Local Government Areas in Sydney metropolitan area marked on assault rates, July 1999-June 2000

LGA	Population 1999	No of assault incidents	Assault rate per 100,000 population	% alcohol-related
Sydney	22,719	1,768	7,782	27.1
South Sydney	85,659	2,288	2,671	22.7
Campbelltown	149,858	2,127	1,419	12.5
Blacktown	254,222	3,477	1,368	14.1
Botany Bay	35,952	453	1,260	11.7
Marrickville	79,685	968	1,215	13.9
Parramatta	145,530	1,607	1,104	15.6
Penrith	172,988	1,857	1,073	19.2
Leichhardt	61,980	592	955	16.6
Wyong	129,007	1,231	954	20.9

Source: Briscoe S and Donnelly N, 'Temporal and Regional Aspects of Alcohol-Related Violence and Disorder', *Alcohol Studies Bulletin*, Number 1, May 2001, p 4.

The tables indicate that assaults in local government areas with a high assault rate were more likely to be alcohol-related in the rural areas of New South Wales as opposed to the Sydney metropolitan region.

Technological developments have had a large impact on rural communities. Accordingly, rural and urban areas have become increasingly similar in terms of the number and types of outlets from which liquor may be purchased, the types of alcoholic drinks available, and increased access to ATMs and EFTPOS facilities.¹⁵¹ The hazardous consumption of alcohol in rural areas is a particular problem because many non-metropolitan regions are not as well resourced in terms of health services. The distribution of many services is not as wide, and the number of staff for the services that do exist is frequently limited. Specialists and other health services tend to be located in urban areas as government resources are prioritised on a per capita basis.¹⁵² Therefore people with alcohol use disorders in rural areas may receive

¹⁵¹ Williams P, 'Alcohol-related social disorder and rural youth', *Youth Studies Australia*, vol 20 no 3, September 2001, p 18.

¹⁵² National Expert Advisory Committee on Alcohol, n 5, p 42.

little assistance in terms of treatment. It also reduces the opportunity for early intervention by health professionals and the identification of potential health complications.

6.3.2 *Rural Youth*

The experience of alcohol is generally different for urban as opposed to rural youth in terms of the amount of alcohol consumed and its influence on other behaviours. In 1998 it was found that rural youth between the ages of 14 and 19 years were more likely than urban youth to have consumed alcohol (82% compared to 71.5%) and to have consumed it at a hazardous and harmful level (68.6% compared to 65.7%).¹⁵³ This pattern was repeated in the 20-24 year age bracket. Different alcohol-related social disorders prevail in various regions. Rural youth between the ages of 14 and 19 were less likely than their metropolitan counterparts in 1998 to verbally or physically abuse someone, steal property or cause a public disturbance whilst under the influence of alcohol.¹⁵⁴ Nonetheless they were more likely to damage property, drive a motor vehicle and operate hazardous machinery whilst intoxicated.¹⁵⁵ Whereas rural youth between the ages of 20 and 24 were less likely than urban youth of the same age to physically abuse someone, operate hazardous machinery or cause a public disturbance, they were more likely to verbally abuse someone, damage or steal property or drive a motor vehicle whilst intoxicated.¹⁵⁶

6.4 Gender

The consumption of, and hazards associated with, alcohol differs between the sexes. Men are generally more likely to drink alcohol, drink more of it and to start drinking at a younger age than women.¹⁵⁷ The effect of alcohol tends to be more pronounced in females as women are generally of a smaller body mass, have a higher percentage of body fat (fat does not absorb alcohol), and have a reduced ability to breakdown alcohol because of a smaller liver.¹⁵⁸ Women have also been found to be more susceptible to liver damage at a lower level of alcohol intake.¹⁵⁹

Whilst men tend to drink more alcohol, binge drinking is a common experience for many women. The 1996 Women's Health Australia study found that 70% of women reported binge drinking (defined as 5 or more drinks on one occasion) in their life, with 25% of these binge drinking at least once a week.¹⁶⁰ In NSW, whilst 82.6% of 18-23 year old women

¹⁵³ Ibid, p 4.

¹⁵⁴ Williams, n 151, p 17.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ National Expert Advisory Committee on Alcohol, n 5, p 2.

¹⁵⁸ National Health and Medical Research Council, n 8, p 45.

¹⁵⁹ Ibid.

¹⁶⁰ Jonas H, Dobson A and Brown W, 'Patterns of alcohol consumption in young Australian

were either non-drinkers or low-risk drinkers, 11.1% of young women were low intake, binge drink weekly drinkers and 4.7% were hazardous/harmful drinkers.¹⁶¹

The study also found that a number of characteristics were common to female non-drinkers. They tended to be married, pregnant, non-smokers, born in non-English speaking countries, live in the Northern Territory, and have lower levels of employment, education and private health insurance.¹⁶² Certain characteristics were also common to low intake/binge weekly and hazardous/harmful drinkers. They were more likely than non-risk drinkers to: be unmarried; live in shared accommodation, alone or with their parents; live in rural or remote areas; have had sexually transmitted infections; be either current smokers or ex-smokers; and to have used unhealthy weight-control practices.¹⁶³ The study concluded that the social conditions of young women are important determinants of the level and pattern of their alcohol consumption.¹⁶⁴ Therefore, effective strategies need to have considered the environmental factors of the target audience.

6.5 Expectant mothers

Particular risks are associated with the consumption of alcohol by a woman who is pregnant. Any alcohol in the mother's bloodstream may pass to the unborn child, or if they are breastfeeding, it may enter the breast milk. Possible harms that may eventuate include increased risk of miscarriage, congenital abnormalities, low birth weight and cognitive defects.¹⁶⁵ An unborn child may also develop foetal alcohol syndrome characterised by physical abnormalities, growth retardation and neurological dysfunction with developmental delay.¹⁶⁶

There is conflicting evidence as to what level of alcohol consumption presents a risk to the child. The National Health and Medical Research Council has concluded that, 'Overall, the most consistent evidence to date identifies an average of one standard drink per day as the level below which no discernible evidence has been found for harm to the unborn child'.¹⁶⁷ The overwhelming majority of pregnant women and breastfeeding mothers do monitor their intake of alcohol. In 2001, 36% of women who were pregnant at some point in the previous 12 months reported that they abstained from alcohol during their pregnancy and a further

women: socio-demographic factors, health-related behaviours and physical health', *Australian and New Zealand Journal of Public Health*, 24(2), April 2000, p 185.

¹⁶¹ Ibid, p 188.

¹⁶² Ibid, p 185.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ National Health and Medical Research Council, n 8, p 16.

¹⁶⁶ National Expert Advisory Committee on Alcohol, n 5, p 9.

¹⁶⁷ National Health and Medical Research Council, n 8, p 78.

59% reduced their alcohol intake.¹⁶⁸ For women who were breastfeeding in the same time period, 28% abstained from alcohol and a further 66% reduced their intake.¹⁶⁹

6.6 Mental Illness

Co-morbidity has been found between alcohol use disorders and other mental illnesses. Studies have found that 48% of females with an alcohol use disorder also have an anxiety, affective or drug use disorder (compared to 15% of females in general).¹⁷⁰ One third of males with an alcohol use disorder have been found to also have a mental health disorder (compared to 9% of males in general).¹⁷¹ People with a significant dependence on alcohol are more likely to have some form of mental illness. Whilst 11.8% of the general community is believed to misuse alcohol or depend on it some form, the proportion in community mental health groups increases to between 18.1% and 25.3%.¹⁷² There appears to be a strong relationship between alcohol use, anxiety and depression, and it has been known to increase the risk of suicide by people suffering from depression.¹⁷³ This is supported by research from the UK that identified a strong association between suicide and heavy drinking.¹⁷⁴ The abuse of alcohol can also worsen the symptoms of schizophrenia.¹⁷⁵ A further complicating factor associated with alcohol use amongst individuals with a mental illness stems from the capacity of alcohol to interfere with other medications used to control aspects of the mental illness. Accordingly, the risk of illness, injury or even death may be increased.¹⁷⁶

6.7 Prisoners

Whilst the figures on its prevalence differ, an association between the misuse of alcohol and prisoners has been noted. One report classified 32% to 50% of offenders as either alcohol dependent or heavy alcohol users prior to their incarceration.¹⁷⁷ The 2001 Drug Use Careers

¹⁶⁸ Australian Institute of Health and Welfare, n 30, p 55.

¹⁶⁹ Ibid.

¹⁷⁰ Teesson M et al, 'The Measurement of Outcome in Alcohol and Other Drug Treatment: A Review of Available Instruments', *NDARC Technical Report No 92*, 2000, p 6.

¹⁷¹ Ibid.

¹⁷² National Expert Advisory Committee on Alcohol, n 5, p 10.

¹⁷³ National Health and Medical Research Council, n 8, p 50.

¹⁷⁴ Turning Point, *Waiting for Change: Treatment Delays and the Damage to Drinkers*, Turning Point, London, 2003, p 13.

¹⁷⁵ National Health and Medical Research Council, n 8, p 51.

¹⁷⁶ National Expert Advisory Committee on Alcohol, n 5, p 11.

¹⁷⁷ Ibid, p 5.

of Offenders survey found 20% of male sentenced offenders to be alcohol dependent.¹⁷⁸ The table below records the proportion of male prisoners in correctional facilities in the Northern Territory, Queensland, Tasmania and Western Australia who used alcohol and/or illicit drugs at the time they offended.

Proportion of male prisoners who used alcohol and/or illicit drugs at the time of offence by age and type of offence, Australia, 2001 (%)

Type of offence	Age Group			Total
	18-24	25-39	40+	
Alcohol only				
Violent offences	16.4	22.8	17.9	20.1
Property offences	14.6	14.4	7.0	13.7
Other offences	16.4	25.3	21.4	22.1
All offences	15.9	21.9	17.8	19.4
Alcohol and illicit drugs				
Violent offences	27.1	17.9	7.3	17.2
Property offences	21.0	14.4	7.0	16.2
Other offences	21.9	12.6	3.2	12.6
All offences	24.2	16.0	6.2	15.9

Source: Australian Institute of Health and Welfare, *Statistics on Drug Use in Australia 2002*, Australian Institute of Health Welfare, Canberra, 2003, p 79.

Therefore, over 35% of male prisoners had either consumed alcohol, or a combination of alcohol and an illicit drug, when they committed the offence for which they were imprisoned.

7 STRATEGIES

As demonstrated by the extent to which alcohol-related problems pervade the community, all members of the community have an interest in the development of harm minimisation strategies. However, particular stakeholders include various governments (Federal, State and local), the liquor and hospitality industries, NSW Department of Gaming and Racing, Liquor Administration Board, Licensing Court of NSW, NSW Department of Health, general practitioners and other health professionals, NSW Police, NSW Treasury, NSW Department of Community Services, Roads and Traffic Authority, alcohol and other drug agencies, youth groups, parent and educational organisations, and various community and social welfare groups.

To be effective, a strategy for reducing the level of alcohol abuse in the community must address the various elements that influence the amount of alcohol consumed and the development of drinking behaviours. Some of these influences include:¹⁷⁹

- the fundamental role of alcohol in Australian community life;
- the fact that alcohol is generally the drug of choice for Australians but is rarely identified as a drug;

¹⁷⁸ Australian Institute of Health and Welfare, n 30, p xvi.

¹⁷⁹ Shanahan and Hewitt, n 54, p 10.

- the accessibility of alcohol, through an increased diversity and distribution of liquor outlets;
- The proliferation and greater palatability of different alcoholic beverages;
- The maintenance of alcohol's high profile through the influence of advertising, promotion and sponsorship, especially in relation to sport; and
- Greater access to finance through the development of ATM and EFTPOS technologies.

Various strategies have been employed by an assortment of agencies and organisations in order to counteract the problems associated with the abuse of alcohol. Generally, the strategies aim to reduce demand, reduce supply and/or reduce alcohol-related harm. Legislation has attempted to limit the availability of alcohol by the regulation of permissible trading hours, the imposition of a minimum age requirement and the prohibition of supplying alcohol to an intoxicated person. Prices have been controlled as the level of consumption apparently decreases as the price of an alcoholic beverage rises. Drink-driving laws have been enacted and policies have been developed regarding the responsible promotion and service of alcohol. There have been various educative and advertising initiatives. The role of the workplace and health professionals has also been recognised and harnessed. However, what is the most effective strategy is not certain. Nevertheless, efforts to understand the benefits and disadvantages of various strategies should encourage the most efficient allocation of resources.

It is arguable that the greater the level of community support for various initiatives, the easier it will be to achieve the desired outcome. The following table indicates the level of community support found to exist for various measures designed to reduce alcohol-related problems:

Support for measures to reduce the problems associated with excessive alcohol use, persons aged 14 years and over, by drinking status, Australia, 2001 (%)

Measure	Abstainers/low-risk drinkers	Risky/high-risk drinkers
Increasing the price of alcohol	29.1	5.7
Reducing the number of outlets that sell alcohol	38.3	11.8
Reducing trading hours for pubs and clubs	42.3	15.2
Raising the legal drinking age	51.5	25.1
Increasing the number of alcohol-free events	76.0	48.3
Increasing the number of alcohol-free dry zones	74.5	50.1
Serving only low-alcohol beverages at sporting events	73.8	46.7
Limiting TV advertising until after 9.30pm	76.1	57.7
Banning alcohol sponsorship of sporting events	53.3	27.2
More severe penalties for drink driving	91.0	80.5
Stricter laws against serving drunk customers	90.2	75.6
Restricting late night trading of alcohol	63.3	28.9
Strict monitoring of late night licensed premises	80.0	60.0
Increasing the size of standard drink labels on alcohol containers	73.4	58.2
Adding information on the national drinking guidelines to alcohol containers	77.6	59.5

Source: Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey*, Australian Institute of Health and Welfare, Canberra, 2002, p 93.

The table illustrates that overall there is substantially less support amongst risky/high risk drinkers than abstainers/low risk drinkers for initiatives designed to counteract problems associated with the consumption of alcohol. Nevertheless, all people, regardless of their drinking status, were generally consistent in what initiatives had their greatest or least amount of support. Accordingly, the most supported initiatives were the introduction of more severe penalties for drink driving, followed by stricter laws against serving drunk customers, strict monitoring of late night premises and adding information on the national drinking guidelines to alcohol containers. The least popular strategy amongst all types of drinkers was an increase in the price of alcohol. However, abstainers/low risk drinkers were five times more likely to support such a move than risky/high risk drinkers. Reducing the number of outlets that sell alcohol and limiting the trading hours of pubs and clubs also failed to win much support.

The National Alcohol Strategy has identified eleven key strategy areas for reducing the burden of alcohol abuse:¹⁸⁰

1. Informing the community.
2. Protecting those at higher risk.
3. Preventing alcohol-related harm in young people.
4. Improving the effectiveness of legislation and regulatory initiatives.
5. Responsible marketing and provision of alcohol.
6. Pricing and taxation.
7. Promoting safer drinking environments.
8. Reducing drink driving and related issues.
9. Intervention by health professionals.
10. Workforce development.
11. Research and evaluation.

These strategies form part of the overall aim of the National Alcohol Strategy ‘to build a healthier and safer community by minimising alcohol-related harm to the individual, family and society, while recognising the potential social and health benefits from alcohol’.¹⁸¹ The following sections explore the various initiatives that exist within each of these strategy areas.

7.1 Informing the Community

7.1.1 Australian Alcohol Guidelines

Numerous initiatives have sought to educate the community as to the harms associated with the abuse of alcohol in order to encourage the responsible consumption of liquor. The National Health and Medical Research Council has published drinking guidelines (see section 2.8) so that:¹⁸²

¹⁸⁰ Ministerial Council on Drug Strategy, *National Alcohol Strategy: A Plan for Action 2001 to 2003-04*, 2001, p 9.

¹⁸¹ National Expert Advisory Committee on Alcohol, n 5, p 7

¹⁸² *Ibid*, p 19.

- Australians might make informed choices about their drinking;
- Health professionals might provide evidence-based advice on drinking and health; and
- Individual and population health might be promoted and harm from alcohol minimised.

7.1.2 National Alcohol Campaign¹⁸³

The National Alcohol Campaign was launched by the then Minister for Health and Aged Care, Dr Michael Wooldridge, on February 2000. The campaign focused on the drinking behaviours of Australia's youth and provided associated information and support for parents. The aim of the campaign was to 'assist all sections of the community, in particular young people, to develop understanding, attitudes and behaviours enabling them to minimise, and if possible avoid alcohol-related harm'. It sought to do this through television and print advertisements, a print resource card, a brochure for parents and an internet site. For further information see section 7.3.3.

7.1.3 Drug Action Week¹⁸⁴

Drug Action Week was held 23 – 28 June 2003. It is an initiative of the Alcohol and Other Drugs Council of Australia and consists of a national week of activities designed to raise awareness about issues related to alcohol and other drugs. It also seeks to promote the achievements of those who work to reduce alcohol-related harm.

7.1.4 Drink Check Education Program

Another educational initiative is the Drink Check Education Program run by the Manly Drug Education and Counselling Centre in conjunction with Manly Council.¹⁸⁵ The program involves community educators attending various pubs and clubs with a member of the NSW Police Service to educate patrons about alcohol.

7.1.5 'Schoolies Week'

The prevalence of alcohol in 'Schoolies Week' celebrations following the conclusion of the Higher School Certificate each year has alarmed parts of the community. As a result, the Department of Education and Training distributed an *End of Year Celebration Package* to NSW government schools in 2002.¹⁸⁶ Included in the package was information on laws

¹⁸³ National Drug Strategy Campaigns, 'National Alcohol Campaign', www.nationaldrugstrategy.gov.au/campaigns/alcohol.htm Accessed 13 May 2003.

¹⁸⁴ For further information see: Alcohol and Other Drugs Council of Australia, 'Drug Action Week 23-28 June 2003', www.adca.org.au/policy/drug_action_week.htm Accessed 17 June 2003.

¹⁸⁵ Manly Drug Education and Counselling Centre, 'Programs', www.mdecc.org.au/programs.htm Accessed 18 June 2003.

¹⁸⁶ Hon J Watkins MP, Minister for Education and Training, 'Watkins urges HSC students to

relating to underage drinking and proof of age cards, and a driver's guide to staying under .05.

7.1.6 NSW Schools

Drug and alcohol education is part of the curriculum for years 7-10 secondary school students. The syllabus for Personal Development, Health and Physical Education published by the Board of Studies includes a component on 'The decisions people make about drug use are individual and result in different outcomes'.¹⁸⁷ The suggested content includes: exploration of the reasons why people use drugs; the prevalence and patterns of adolescent drug use; choices relating to drug use; influences on decisions to use or not to use drugs; and strategies to minimise harm.

7.2 Protecting Those At Higher Risk

7.2.1 Indigenous communities

Due to the devastating effect of alcohol abuse on the Aboriginal and Torres Strait Islander community, a number of districts have sought to restrict the provision of alcohol to the indigenous population in the area. Needless to say, such moves have been the centre of much controversy.

D'Abbs has identified three models of alcohol restriction:¹⁸⁸

1. Community control model
2. Statutory control model
3. Complementary control model

The community control model, as the name suggests, enables the local community to retain control over the practice of restrictive service of alcohol. Under such a model, Aboriginal communities might be able to establish their own by-laws regulating the supply of alcohol but little support is provided for these laws.¹⁸⁹ For example, section 7(1)(g) of the *Aboriginal Communities Act 1979 (WA)* provides that 'The council of a community to which this Act applies may make by-laws relating to the community lands of the community for or with respect to the prohibition, restriction or regulation of the possession, use or supply of alcoholic liquor or deleterious substances'.

In contrast, the statutory control model enables local councils to apply to have certain areas

celebrate safely at Schoolies' Week', *Media Release*, 15/11/02.

¹⁸⁷ NSW, Board of Studies, *Years 7-10 Personal Development, Health and Physical Education Syllabus*, Board of Studies, 2001, p 62.

¹⁸⁸ Referred to in Siggers S and Gray D, 'Supplying and Promoting "Grog": The Political Economy of Alcohol in Aboriginal Australia', *Australian Journal of Social Issues*, 32(3), August 1997, p 228.

¹⁸⁹ *Ibid.*

declared dry.¹⁹⁰ For example, section 45D of the *Summary Offences Act* (NT) prohibits the consumption of alcohol within two kilometres of licensed premises. The complementary control model is a combination of the above models, enabling both community and statutory control of the restrictive practices.¹⁹¹ For example, section 74 of the *Liquor Act 1979* (NT) empowers the Liquor Commission to declare a restricted area. Section 76 details the application process for having an area declared restricted and section 95 provides an inspector with powers of search and seizure in relation to the restricted area.

However, the success of such strategies relies upon popular community support, evidence that consumption is based more on opportunity than compulsion, and that alternative sources of alcohol are limited.¹⁹² These strategies also fail to address the underlying problems that contribute to the excessive consumption of alcohol.

7.2.2 *Other Groups*

Many of the strategies appropriate for protecting those at higher risk are discussed as part of other sections, for example, section 7.3 – Preventing Alcohol-Related Harm in Young People. Educational and legislative initiatives, and intervention strategies by health professionals can be applied to those with a greater risk of complications arising from the misuse of alcohol. Some strategies simply need to be tailored to particularly impact on those groups principally affected by alcohol abuse. For example, it has been found that ‘the greatest impact on rates of alcohol-related social disorder in rural regions would flow from the promotion and observance of responsible service practices in pubs and clubs, the early identification of multiple and repeat offenders, and their diversion into appropriate treatment and education programs’.¹⁹³

7.3 Preventing Alcohol-Related Harm In Young People

7.3.1 *Legislative Measures*

The main laws with regard to alcohol and minors can be found in sections 113 to 117J of the *Liquor Act*. A minor is defined in section 4 as a person under the age of 18 years. The Act includes various laws controlling minors’ access to licensed premises; allows licensees, clubs and their staff to ask younger patrons for proof of age (section 117A); and provides for offences that will encourage compliance and assist police in enforcing the laws in relation to underage drinking. Accordingly, it is an offence:

- For a minor to use false evidence of age to obtain entry to or obtain liquor from licensed premises (section 113);
- To sell or supply liquor to a minor (section 114). It is irrelevant whether this took

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

¹⁹² National Expert Advisory Committee on Alcohol, n 5, p 33.

¹⁹³ Williams, n 151, p 113.

place on licensed premises or not.

- To fraudulently manufacture, tamper with or lend proof of age cards (sections 117EB-ED). The *Liquor Amendment Act 1999* inserted sections 117EA-ED into the Act following concern over the number of second-issue proof of age cards throughout NSW.¹⁹⁴

Section 117I of the *Liquor Act* prohibits the sale of undesirable liquor products. An undesirable liquor product may be one whose packaging consists of designs, motifs or characters that are likely to be attractive to minors. It may be an alcoholic product that could be confused with soft drinks or confectionary, or it may be that the product has a special appeal to minors.

The following products have been declared to be undesirable liquor products by section 86D of the *Liquor Regulation 1996*:

- (a) alcoholic iceblock – a product that is sold in an individual package or individual packages for consumption in frozen form and that, at 20° Celsius, contains more than 1.15% ethanol by volume.
- (b) A product that is sold in an aerosol container for consumption by humans and that, at 20° Celsius, contains more than 1.15% ethanol by volume.
- (c) any milk product that is sold or supplied under a name that consists of, or includes, the words “Moo Joose” and that, at 20° Celsius, contains more than 1.15 per cent ethanol by volume.

Prior to 2000, the Government permitted self-regulation of the liquor industry in this area. However, following concerns that community demands were not being met, the *Liquor and Registered Clubs Legislation Amendment Act 2000* inserted section 117I (undesirable liquor products) into the Act.¹⁹⁵ Nevertheless, section 117I(4) requires the Minister to consult with relevant liquor industry representatives and the manufacturer of the product in question before making a recommendation that a product be classified as an undesirable liquor product.

Technological developments have resulted in a new concern regarding the provision of alcohol to persons under the age of 18. Section 128 of the *Liquor Act – sale of liquor through internet or by other communication media* – was inserted into the Act by the *Liquor and Registered Clubs Legislation Amendment Act 2001*. It provides that it is an offence for any person to deliver liquor sold via remote means to a minor, or for a minor to take delivery of liquor ordered by remote sale.

The consumption of liquor by minors is also regulated by the *Summary Offences Act 1988*. Section 11 of the Act prohibits the possession or consumption of liquor by a minor in a public place. The Act empowers police to seize the liquor in particular circumstances. However, the maximum penalty for an offence under section 11 is only \$20.

¹⁹⁴ Hon J Face MP, *NSWPD*, 26/10/99, p 1990.

¹⁹⁵ Hon J Face MP, *NSWPD*, 21/6/00, p 7310.

7.3.2 *Youth Alcohol Action Plan*

The Government of NSW has developed a Youth Alcohol Action Plan that adopts a harm minimisation approach to the consumption of alcohol by minors.¹⁹⁶ It recognises that young people do and will drink alcohol, therefore, its main focus is to minimise the associated harms. A copy of the strategies contained in the Youth Alcohol Action Plan is attached as Appendix A. The strategies are designed to:

- Reduce alcohol consumption and frequency of intoxication among young people;
- Reduce alcohol-related crime, violence, underage drinking and antisocial behaviour;
- Reorient programs to be responsive to young people; and
- Develop supportive communities for young people.

7.3.3 *National Alcohol Campaign*

The National Alcohol Campaign launched in 2000 was designed to encourage adolescents to consider the possible negative consequences of drinking, and so increase the motivation to avoid these behaviours.¹⁹⁷ The Campaign also sought to model and promote ways of avoiding these harms and to encourage parents to become involved in reducing harmful teenage drinking. The Campaign has achieved some success in this regard as it was found that 88% of teenagers and 81% of parents were aware of the campaign and its message, with 75% of teenagers reporting that they had thought about their drinking choices, 80% had considered the benefits of not drinking too much, and 90% had thought about the negative consequences of drinking too much.¹⁹⁸

7.3.4 *NSW Department of Gaming and Racing*

The NSW Department of Gaming and Racing manages an underage drinking program that regularly reviews and educates the industry and community about underage drinking laws and strategies to prevent and reduce underage drinking.¹⁹⁹ The Program promotes alcohol free entertainment in licensed venues and administers the Proof of Age Card. The Department conducted a campaign on the issue of secondary sales, titled 'Why risk it?' in 2001/02. Licensed premises that participated in the scheme could display a sticker near the point of sale and place a flyer in the bag with each purchase that detailed the fines adults risked by supplying alcohol to minors.²⁰⁰ Nevertheless, prosecution of offences involving the supply of liquor to a minor appear to be rare. Statistics provided by the Judicial Commission of NSW for the period between January 1999 and December 2002 reveal that

¹⁹⁶ *Youth Alcohol Action Plan 2001-2005*, n 11, p 2.

¹⁹⁷ Carroll T et al, *Research Summary: Evaluation of the Launch Phase of the National Alcohol Campaign*, Department of Health and Aged Care, Sydney, 2000, p 1.

¹⁹⁸ *Ibid*, pp 10-11.

¹⁹⁹ NSW Department of Gaming and Racing, *Underage Drinking Prevention Program*, Industry Information Sheets, Department of Gaming and Racing, April 2003, p 1.

²⁰⁰ NSW Department of Gaming and Racing, *Annual Report 2001/02*, p 40.

NSW Local Courts only finalised five cases under s114(4) of the *Liquor Act* – obtaining liquor from licensed premises for a minor. 22 cases were finalised under s114(1) – licensee sell/supply alcohol to minor. 73% of these received a fine only, with a further 23% granted a section 10 dismissal.²⁰¹

7.3.5 *Role of Parents*

Parents are able to play a significant role in the development of children's drinking behaviour. Studies have shown that two-thirds of 15-17 year olds most recently consumed alcohol in a home.²⁰² There appears to be a growing, though reluctant, acceptance of the prevalence of underage drinking.²⁰³ This is evidenced by, amongst other things, the number of parents who supply their children with alcohol. 29% of 15-17 year olds reported that their parents had supplied the alcohol on the last occasion they had consumed an alcoholic beverage.²⁰⁴ Increased understanding amongst parents of the role they are able to play may be of significant impact, as:

Parents do not realise how significant they can be as an influence and do not recognise the opportunities they have to influence their children's drinking behaviour... It was clear that adolescents who had clearly presented guidelines and parameters responded well to such boundaries.²⁰⁵

Parents are able to play a role by introducing their children to alcohol in a gradual way. They can also establish 'rules' regarding its consumption. This is likely to be effective as it has been found that 'cultures that introduce young people to alcohol in a gradual and supported way within a family setting tend to avoid the acute problems experienced by many young people within Anglo-Celtic cultures when they start to drink'.²⁰⁶ Research has shown that strategies should take account of the fact that whilst peers become influential in determining the frequency and pattern of consumption, parents have the greatest influence over the actual initiation of alcohol use.²⁰⁷

7.3.6 *Guidelines for Hosting a Safe Party*

²⁰¹ Under section 10(1) of the *Crimes (Sentencing Procedure) Act 1999*, a court may make an order dismissing the relevant charge despite finding the defendant guilty of the offence.

²⁰² Taylor and Carroll, n 67, p 19.

²⁰³ Shanahan and Hewitt, n 54, p 14.

²⁰⁴ Taylor and Carroll, n 67, p 20.

²⁰⁵ Shanahan and Hewitt, n 54, p 30.

²⁰⁶ *Youth Alcohol Action Plan 2001-2005*, n 11, p 20.

²⁰⁷ Collins R and Bradizza C, 'Social and Cognitive Learning Processes', in Heather N, Peters T and Stockwell T (eds), *International Handbook of Alcohol Dependence and Problems*, John Wiley and Sons, Chichester, 2001, p 322.

There have been a number of media reports concerning violent incidents that have occurred either at, or following, a teenage party where alcohol has been consumed.²⁰⁸ The NSW Police Service has published some guidelines for hosting a safe party, with a particular focus on minimising the harm associated with alcohol.²⁰⁹ Some suggestions include providing non-alcoholic drink alternatives, alerting other parents if alcohol is to be served, contacting the parents of teenagers under 18 years who consume alcohol so they can be collected, and registering the party with police so they can regularly patrol the area if possible. They also recommend that hosts have a planned response should a guest become drunk or sick. Hosts should also consider their role in controlling the consumption of alcohol/drugs at the party.

7.4 Improving The Effectiveness Of Legislation And Regulatory Initiatives²¹⁰

7.4.1 *Liquor Act 1982 and Registered Clubs Act 1976*

The main provisions regulating the supply of alcohol may be found in the *Liquor Act 1982*. The *Registered Clubs Act 1976* contains many similar provisions. However, as the *Registered Clubs Act* is primarily concerned with the regulation of clubs and their rules of management, this section will largely focus on the relevant provisions of the *Liquor Act*.

The purpose of the *Liquor Act* is to ‘regulate the sale and supply of liquor’ and ‘to regulate the use of premises on which liquor is sold’. Section 2A recognises that there are problems associated with the consumption of alcohol and accordingly ensures that the main principle underlying the *Liquor Act* is harm minimisation (see also section 3 of the *Registered Clubs Act 1976*).

Section 2A

A primary object of this Act is liquor harm minimisation, that is, the minimisation of harm associated with misuse and abuse of liquor (such as harm arising from violence and other anti-social behaviour). The court, the Board, the Director, the Commissioner of Police and all other persons having functions under this Act are required to have due regard to the need for liquor harm minimisation when exercising functions under this Act. In particular, due regard is to be had to the need for liquor harm minimisation when considering for the purposes of this Act what is or is not in the public interest.

However, section 2A is a recent addition to the *Liquor Act*, having been inserted into the Act by the *Liquor and Registered Clubs Legislation Amendment Act 1996*. It was a result of the Premier’s Forum on Alcohol and the Community in 1995, where government,

²⁰⁸ For example, ‘The teenage wasteland’, *Sydney Morning Herald*, 17/6/03.

²⁰⁹ NSW Police On-Line, ‘Hosting a Party? Tips on How to Host a Safe Party NSW Police’, www.police.nsw.gov.au Accessed 23 June 2003.

²¹⁰ For a history of the regulation of liquor in New South Wales see Appendix B.

community and industry representatives endorsed a harm minimisation approach to alcohol. The Hon J Face MP recognised the importance of the amendments in his Second Reading Speech, as ‘for the first time – the licensing laws will be amended to directly acknowledge the level of harm that is related to alcohol consumption in our community’.²¹¹ It was believed that the practical effect of section 2A would be to ‘re-orientate the law so that the harm associated with the misuse and abuse of liquor will be a factor in decisions made by the Licensing Court, the Liquor Administration Board, the Director of Liquor and Gaming, the Commissioner of Police, and others with specific functions’.²¹² Accordingly, the *Liquor and Registered Clubs Legislation Amendment Act 1996* also strengthened provisions in relation to the responsible service, supply, promotion and consumption of liquor.

The *Liquor Act* sets out the structure of the Licensing Court of New South Wales in Part 2 and the Liquor Administration Board in Part 4. Part 3 establishes a scheme for the regulation of liquor licences. The Act provides for various classes of licences, their attached conditions and duration, relevant trading hours, and the procedure regarding the application for, and grant of, liquor licences.

The Licensing Court has jurisdiction over applications for the grant of new licences, the transfer of licences, breaches of licences, and complaints and disciplinary proceedings against licensees, whether they come under the *Liquor Act 1982* or the *Registered Club Act 1976*.²¹³ An applicant for a hotelier, restaurant, nightclub, caterer or motel licence is required to complete a Liquor Administration Board approved Licensee’s course. The course consists of modules on liquor law and the responsible service of alcohol, and outlines the scope of relevant trading entitlements and disciplinary provisions for non-compliance. Liquor licences have historically been used to collect government taxes and minimise social disorder associated with alcohol, however, a new objective of fostering the tourism industry has emerged.²¹⁴

Part 8 of the *Liquor Act* specifies a number of offences in relation to the supply of liquor. It is an offence under s125 for a licensee to permit intoxication, or for liquor to be sold or supplied to an intoxicated person, on licensed premises. In the event that an intoxicated person is found on licensed premises, the licensee is taken to have permitted intoxication unless he or she can prove that:

- the intoxicated person was asked to leave;
- the police were contacted, or an attempt was made to contact them, for assistance in removing the intoxicated person;
- the intoxicated person was refused alcohol after the licensee or his or her staff became aware that the person was intoxicated; or

²¹¹ Hon R Face MP, *NSWPD*, 18/10/95, p 1989.

²¹² *Ibid*, p 1990.

²¹³ NSW Liquor Administration Board, n 46, p 21.

²¹⁴ National Centre for Research into the Prevention of Drug Abuse, *An Examination of the Appropriateness and Efficacy of Liquor Licensing Laws Across Australia*, National Symposium on Alcohol Misuse and Violence, Report No 5, July 1994, p 5.

- all other reasonable steps to prevent intoxication were taken.

Section 44A of the *Registered Clubs Act 1976* contains similar requirements in respect of club premises.

However, it appears that there have only been a small number of prosecutions. This may be due to: the difficulty in establishing guilt; the frequent development of a close relationship between police and licensees; limited police resources; poor knowledge and understanding of liquor laws; ambivalence about interfering with people's enjoyment; and a concern to protect the commercial viability of licensed premises.²¹⁵ The *Liquor Act* is problematic in that it does not define 'intoxication'. Intoxication may not always be obvious, such as in the case of the 'quiet drunk', whereas a naturally more vivacious person may be mistakenly assessed as having had too much to drink. Despite these difficulties, there is much community support for the provision of stricter laws regarding the service of alcohol to intoxicated persons. 90.2% of abstainers/low-risk drinkers would support such an initiative, as would 75.6% of risky/high-risk drinkers.²¹⁶

A recent study indicates that the deterrent effect of section 125 appears to be slight as the self-regulation by licensees and their staff in regard to the intoxication of customers appears to be limited. The study found that only 10% of drinkers showing signs of intoxication (loss of coordination, slurred speech, staggering or falling over, spilling drinks, loud or quarrelsome behaviour) in licensed premises were subjected to a responsible service initiative from a staff member.²¹⁷ Alcohol was reportedly still served to well over half of noticeably intoxicated customers. The poor use of responsible service initiatives is illustrated in the table below:

Reactions of licensed premises staff to respondents who reported two or more signs of intoxication		
Staff reaction when showing 2 or more signs of intoxication	N	%
Refused to serve me any more alcoholic drinks	3	2.4
Asked me to leave the premises	7	5.5
They called the police	1	0.8
Advised me on or organised transport home	8	6.3
Suggested I buy low or non-alcoholic drinks	3	2.4
Suggested I buy some food	3	2.4
Suggested that I stop drinking	5	3.9
They continued to serve me alcoholic drinks	76	59.8
None of the above	40	31.5
Respondent refused to answer question	0	0.0

Source: Donnelly N and Briscoe S, 'Young adults' experience of responsible service practice in NSW', *Alcohol Studies Bulletin*, Number 3, July 2002, p 11.

However, the study separated the observations of intoxicated patrons from those who were sober. There appears to be a substantial difference between observations of the groups

²¹⁵ Ibid, p 9.

²¹⁶ Australian Institute of Health and Welfare, n 35, p 93.

²¹⁷ Donnelly N and Briscoe S, 'Young adults' experience of responsible service practice in NSW', *Alcohol Studies Bulletin*, Number 3, July 2002, p 1.

regarding the responsible service practices employed by staff. Accordingly, the above results need to be tempered by the table below:

Reactions of licensed premises staff to patrons who were observed by others to be intoxicated

Staff reaction to others showing signs of intoxication	N	%
Refused to serve them any more alcoholic drinks	31	31.0
Asked them to leave the premises	24	24.0
They called the police	3	3.0
Advised them on or organised transport home	6	6.0
Suggested they buy low or non-alcoholic drinks	7	7.0
Suggested they buy some food	3	3.0
Suggested that they stop drinking	18	18.0
They continued to serve them alcoholic drinks	26	26.0
None of the above	29	29.0
Respondent refused to answer question	0	0.0

Source: Donnelly N and Briscoe S, 'Young adults' experience of responsible service practice in NSW', *Alcohol Studies Bulletin*, Number 3, July 2002, p 12.

Accordingly, patrons who were not intoxicated observed that intoxicated patrons were refused service of alcoholic beverages 31% of the time compared to the 2.4% observed by intoxicated patrons. Intoxicated patrons were asked to leave almost one quarter of the time, but 26% were still provided with alcoholic beverages. Section 125 prohibits the presence of intoxicated patrons on licensed premises. Even considering the more conservative results of the second table, over 75% of intoxicated patrons are permitted to remain on the premises.

Other offences stipulated by the *Liquor Act* include the sale of liquor outside trading hours (s119) or without a licence (s122), and the sale of stolen goods and possession, use or sale of drugs on licensed premises (s125E). Offences that specifically relate to minors are contained in Part 7A of the Act and are discussed in section 7.3.1.

The penalties that may be inflicted for a breach of the Act range in severity. Section 143A provides that the following penalties, in addition to a fine, may be applied by the court in event of a breach:

- The licensee or manager may be reprimanded;
- The licence may be made conditional, suspended for up to 12 months or even cancelled;
- The licensee may be disqualified from holding a licence for a period;
- The manager's approval may be withdrawn or the manager may be disqualified from holding approval; or
- The court can give such directions as it sees fit regarding the exercise of the licence.

Accordingly, the court is able to exercise a substantial amount of discretion when determining the appropriate penalty for a breach of the *Liquor Act*. An added incentive for a licensee to ensure that the conditions of their licence are not breached may be found in section 144 which enables a licensee to be held liable for the act of an employee.

7.4.2 Civil Remedies

A licensee who continues to serve an intoxicated customer who later injures either his/herself or another person may be at risk of civil liability. The following cases illustrate that whilst there are criminal consequences for continuing to serve an intoxicated patron, the civil outcome may be more catastrophic for the licensee. Accordingly, the civil law has the potential to encourage compliance with the *Liquor Act*.

Johns v Cosgrove (1997) 27 MVR 110²¹⁸

This Queensland case examined the question of whether a publican owed a duty of care to a grossly intoxicated patron to ensure that the patron was not exposed to injury because of his gross intoxication. The plaintiff, Mr Johns, was a regular at the hotel where he was drinking prior to being struck by a vehicle on his way home. Accordingly, it was found that hotel staff knew that he would have to navigate two major roads before arriving home. The court held the publican to be negligent as it was reasonably foreseeable that Mr Johns would injure himself subsequent to leaving the hotel because of his intoxicated state. Nonetheless, 45% contributory negligence was apportioned to Mr Johns because he became deliberately intoxicated and also knew that he would need to negotiate dangerous traffic on his way home.

The major impact of the decision in *Johns v Cosgrove*, as noted by Hoyne, is that it was the first Australian decision to impose liability on the licensee when the injury occurred away from the hotel premises.²¹⁹ Hoyne also notes the potential difficulties the case presents to licensees of premises on busy city streets.²²⁰ For example, licensees of pubs and clubs in inner Sydney are usually located on main roads. There are many practical complications with ensuring that every patron leaving the premises has the ability to safely cross the city streets.

Desmond v Cullen (2001) 34 MVR 186

In this case, the appellant was the driver of a car that collided with an intoxicated pedestrian walking the 700 metres between the hotel at which he had been drinking and his home. The driver sought indemnity or contribution from the respondent publican. The NSW Court of Appeal held that whilst the licensee owed a duty of care to patrons of the hotel that was not confined to the physical premises of the hotel, the evidence in the case did not establish any breach of this duty. This was because a causative link between the pedestrian's injury and his intoxication was not established. However, Spigelman CJ noted at 187 that whilst, 'It is not necessary in the present case to identify the duty owed by a licensee of a hotel to patrons

²¹⁸ The case was overturned on appeal because of a finding that the plaintiff had used fraudulent witnesses. However, the substance of the case is not affected for this paper's purposes.

²¹⁹ Hoyne M, 'One for the road: Liability of servers of alcohol', *Law Institute Journal*, 72 (4), April 1998, p 48.

²²⁰ *Ibid*, p 47.

of the hotel... I am prepared to assume that the scope of the duty extends to an obligation to refuse to continue to serve a client of the hotel, when that client passes a certain state of inebriation, a state perhaps not capable of definition, but capable of assessment’.

South Tweed Heads Rugby League Football Club Ltd v Cole [2002] 55 NSWLR 113

The plaintiff in this case was struck by a car and badly injured after leaving a licensed club at which she had become grossly intoxicated. She claimed that both the driver of the car and the club had been negligent. It was argued that the club was negligent in allowing her to continue to drink when she was clearly intoxicated and for subsequently failing to provide her with safe and adequate transport home. The court considered the Queensland decision of *Johns v Cosgrove* but did not follow it. They held that ‘no duty of care is owed by the licensee when that person is, or thereby becomes, intoxicated and subsequently suffers injury contributed to by that intoxication’.²²¹ Nevertheless, the court noted that a different result might eventuate in other circumstances, for example, ‘where a person is so intoxicated as to be completely incapable of any rational judgment or of looking after himself or herself, and the intoxication results from alcohol knowingly supplied by an innkeeper to that person for consumption on the premises, the scope of the duty of care of the innkeeper will be extended to require reasonable steps to be taken for the protection of the intoxicated person’.²²² It was noted that a different outcome might also result if injury was sustained by a third person.

Some of the practical difficulties associated with monitoring the behaviour of intoxicated patrons were noted by the court who also stressed that a person should carry personal responsibility for the voluntary act of drinking.²²³ Heydon JA noted the difficulties that would be associated with a duty of care to not serve intoxicated customers so as to prevent them injuring themselves:²²⁴

- It might call for the constant surveillance and investigation by the publicans of the condition of customers which could be regarded as impertinent and an invasion of privacy;
- It would be likely to have an inflammatory effect on publican-customer relations and on good order in the hotel or club;
- Such activities would grossly impede on the efficient operation of the hotel business;
- Such a duty would possibly oblige publicans to refuse to allow an intoxicated patron to leave the premises raising such issues as false imprisonment, assault and battery.

Ipp A-JA also noted the difficulties associated with ascertaining the level of intoxication

²²¹ At 113.

²²² At 113.

²²³ At 114.

²²⁴ At 116.

presented by silent and immobile drinkers, and discerning whether someone was drunk or merely excited.²²⁵ Further complications arise when drinks are purchased and supplied by a sober person to an intoxicated friend.

The duties of a licensee will be clarified by the High Court in due course as it has granted Ms Cole the right to appeal the decision.²²⁶ Kirby J has indicated that an issue to be considered by the court is whether the employees of the club had a duty to ensure that the Ms Cole was not supplied further alcohol, even if that was from a third party.

7.4.3 *Inebriates Act 1902*

The *Inebriates Act 1912* provides ‘for the care, control and treatment of inebriates’. An inebriate is defined in section 2 as ‘a person who habitually uses intoxicating liquor or intoxicating or narcotic drugs to excess’. The Act empowers a judge or magistrate to commit an inebriate into treatment for a period of up to 12 months, following the application of the person or a spouse, parent, sibling, child, business partner or member of the police force (section 3). There are numerous critics of the Act. McKey notes that the Act appears to have been designed to protect society against antisocial behaviour in addition to providing for the care of an inebriated person.²²⁷ Others have suggested that it is ‘outdated, patriarchal, ineffective and an invasion of civil liberties’.²²⁸ The Legal Aid Commission and Law Society have argued that the Act should be repealed because it ‘allows for the administrative detention of a person without criminal conviction’.²²⁹ Recommendation 54 of the NSW Law Reform Commission’s sentencing report suggests that so much of the Act as relates to sentencing should be repealed.²³⁰ Nevertheless, Hunter Area Health Services’ Strategic Plan for Drug and Alcohol Services has concluded that:

The (Inebriates) Act is often the only lifeline or option open to families and non-government organisations who are no longer able to cope with the alcohol abuse and associated behaviours. Whilst an individual may voluntarily admit for detox due to medical reasons, they are often, due to their cognitive deficits in no position to be able to make informed life choices such as seeking rehabilitation. It may be seen that engagement with the individual is brought about through punitive measures, however, some would view this as preferable to no contact with the individual, the result being a far greater social and economic cost to the

²²⁵ At 141.

²²⁶ ‘Court to rule if drunks can sue’, *The Australian*, 23/6/03, p 6.

²²⁷ McKey J, ‘NSW Inebriates Act: out of date and out of place?’, *Connexions*, 17(1), December 1996/January 97, p 10.

²²⁸ *Ibid.*

²²⁹ NSW Law Reform Commission, *Sentencing*, Report 79, 1996, para 10.18.

²³⁰ *Ibid.*

community.²³¹

7.5 Responsible Marketing And Provision Of Alcohol

7.5.1 *Commercial Television Code of Practice*

There are restrictions on when and where alcoholic products may be advertised as well as the manner in which they are presented. The *Broadcasting Services Act 1992* enables the television industry to establish its own guidelines in the form of a code of practice. Section 123 of the Act outlines matters to be taken into account when developing a code. The Australian Broadcasting Authority (ABA) registered the *Commercial Television Industry Code of Practice* in April 1999. Two of the Code's objectives are to 'regulate the content of commercial television in accordance with current community standards' and to 'provide uniform, speedy and effective procedures for the handling of viewer complaints about matters covered by the Code' (Clause 1.1). According to clause 6.7 of the Code, commercials which directly advertise alcoholic drinks may only be broadcast in M, MA or AV classification periods or, if accompanying a live broadcast of a sporting event, on weekends and public holidays. Such commercials may not be broadcast during periods classified as 'C' (Children's). A 'direct advertisement for alcoholic drinks' is defined in clause 6.9 as 'a commercial broadcast by a licensee that draws the attention of the public, or a segment of it, to an alcoholic drink in a manner calculated to directly promote its purchase or use'. It does not include a program sponsorship announcement, a commercial for a licensed restaurant or a commercial for a company whose activities include the manufacture, distribution or sale of alcoholic drinks so long as attention is not drawn to an alcoholic product in order to directly promote its purchase or use.

Section 44 of the *Broadcasting Services Act 1992* empowers the ABA to impose a condition on a television licence that requires the licensee to comply with the Code of Practice. There is a significant financial incentive for the television industry to comply with the code as section 142 provides that a penalty of 20,000 penalty units may be imposed on a licensee who refuses to comply with a condition of the Code.

7.5.2 *Alcohol Beverages Advertising Code*

The Alcohol Beverages Advertising Code was established in 1998 and is a self-regulating advertising code. It was developed in consultation with key alcohol beverage manufacturing and marketing industry associations; advertising, media and consumer bodies; relevant government departments; and the Australian Consumers Association and the Australian Competition and Consumer Commission.²³² It requires that alcoholic beverages are to be advertised in such a way that:

- A mature, balanced and responsible approach to the consumption of alcohol is presented;

²³¹ Quoted in McKey, n 227, p 12.

²³² Distilled Spirits Industry Council of Australia Inc, 'Issues', www.dsica.com.au/sections/issues/adv.html Accessed 26 May 2003.

- They do not have a strong or evident appeal to children or adolescents;
- Do not suggest that the consumption or presence of alcohol creates or contributes to a significant change in mood or environment;
- Does not depict a direct association between the consumption of alcohol and the operation of a motor vehicle, boat or aircraft, engaging in sport or a potentially hazardous activity. An exception is provided for low alcohol beverages.

The Alcohol Advertising Pre-vetting System uses a panel to evaluate advertisements for beer and spirits at the storyboard stage in light of the Code, audience expectations and community standards.²³³

7.5.3 *Television Programmes*

The portrayal of alcohol in television programs may affect the drinking behaviours of some members of community, as television can influence what is considered to be 'normal'. A study into the frequency with which alcohol is portrayed in 'The Secret Life of Us' found that 100% of the characters drank regularly.²³⁴ It was also noted that the second series failed to convey the negative consequences of excessive alcohol consumption and statements such as 'You need a drink' and 'Let's get drunk' were common responses to troubled characters.²³⁵

A study conducted by Parsons, Rissel and Douglas into the way alcohol is portrayed on prime time television noted the potential dangers. They concluded that:

an uncritical observer of Australian soap operas might reasonably conclude that alcohol is everywhere, is there to be drunk, is used and accepted by all ages and both sexes (though mostly males) and is rarely associated with any negative consequences. These messages seem consistent with Australian social norms.²³⁶

7.5.4 *Responsible Service Practices*

Responsible service practices are an integral part of the grant of a licence. Section 47A of the *Liquor Act* provides that a court is 'to refuse an application for a licence unless satisfied that practices will be in place at the licensed premises as soon as the licence is granted that ensure as far as reasonably practicable that liquor is sold, supplied and served responsibly on the premises and that all reasonable steps are taken to prevent intoxication on the premises, and those practices will remain in place'. Section 9(2B) of the *Registered Clubs*

²³³ Ibid.

²³⁴ Roberts G, 'Alcohol Portrayal in "The Secret Life of Us"', *Alcohol Marketing and the Media: Challenges for Health Promotion*, Australian Drug Foundation Seminar, 9 April 2003. A copy of the presentation may be downloaded from www.adf.org.au

²³⁵ Ibid.

²³⁶ Parsons S, Rissel C and Douglas W, 'Alcohol portrayal in Australian prime time television in 1990 and 1997', *Australian and New Zealand Journal of Public Health*, 23(1), February 1999, p 71.

Act also ensures that the grant of a licence is conditional on the demonstration of satisfactory responsible service practices. Evidence of: the completion of approved responsible service courses; written house policies regarding responsible service practices; the display of signs such as ‘No more. It’s the law.’; the availability of low-alcohol beer and non-alcoholic beverages; participation in local liquor consultative committees and industry associations; the availability of food wherever liquor is consumed; and procedures to arrange safe transport for patrons upon departure may be accepted by the Licensing Court in satisfaction of the responsible service requirements.²³⁷

Section 125C of the *Liquor Act* enables the development of regulations that provide for the responsible service of alcohol. Regulations can: restrict or prohibit promotions that could result in the misuse or abuse of liquor; set standards for the sale and service of liquor so as to prevent its misuse or abuse; and to require training in the responsible service and promotion of liquor.

The NSW Liquor Industry has developed a code of practice (attached as Appendix C) regarding the responsible promotion of liquor products. The Code essentially deems a number of practices to be unacceptable as they are seen to encourage the excessive and irresponsible consumption of alcohol. Whilst compliance with the Code is voluntary, the Department of Gaming and Racing monitors advertised promotions and will forward letters of caution if the promotion may be in contravention of the Code.²³⁸ The Licensing Court of NSW also imposes the Code as a standard harm minimisation requirement of liquor licences and certificates of registration.²³⁹

7.6 Pricing And Taxation

The fluctuation of the price of alcoholic beverages appears to impact per capita consumption of alcohol. Therefore, increasing the price of alcohol is one method of reducing alcohol-related problems as ‘research consistently supports the efficacy of price controls and higher legal drinking ages as a means of reducing overall consumption and alcohol problems’.²⁴⁰ However, the National Centre for Research into the Prevention of Drug Abuse is careful to note that whilst ‘there is no strong link between rates of violent deaths and either availability or per capita consumption’ there is ‘evidence linking both price and legal drinking age with problems of intoxication in general, particularly with traffic accidents and drunkenness arrests’.²⁴¹ Nevertheless, any increase in the price of

²³⁷ Licensing Court of NSW, *Harm Minimisation and Responsible Service of Alcohol*, Practice Direction 1/97. A copy of the practice direction may be downloaded from www.dgr.nsw.gov.au

²³⁸ *NSW Adult Alcohol Action Plan 1998-2002*, n 31, p 23.

²³⁹ *NSW Liquor Industry’s Code of Practice: Responsible Promotion of Liquor Products*, NSW Department of Gaming and Racing, 2002.

²⁴⁰ National Centre for Research into the Prevention of Drug Abuse, n 214, p 11.

²⁴¹ *Ibid.*

alcoholic beverages is likely to be met with substantial community opposition as only 29.1% of abstainers/low-risk drinkers and 5.7% of risky/high-risk drinkers support the use of price as a measure to reduce alcohol-related problems.²⁴² Alteration of the price of alcohol has the potential to significantly affect a large number of Australian businesses as so many industries are directly or indirectly involved in the manufacture, distribution and advertising of alcoholic products. It could also be argued that increasing the price of alcohol disproportionately affects the lower socio-economic sector of the community.

7.7 Promoting Safer Drinking Environments

7.7.1 Alcohol Free Zones

One strategy for regulating drinking environments has been to declare particular zones to be alcohol free. Sections 642 to 649 of the *Local Government Act 1993* contain a number of provisions in regard to street drinking. Section 644B allows the establishment of an alcohol free zone in council areas following public consultation on the proposal. Section 642 empowers a police or enforcement officer to warn persons in an alcohol free zone that the consumption of alcohol in that area is prohibited. The officer may then confiscate the liquor if a person attempts to drink it after receiving a warning. However, the maximum penalty provided by section 64 is 0.2 penalty units.

7.7.2 Intoxicated Persons Act 1979

The *Intoxicated Persons Act 1979* provides for the care and detention of intoxicated persons. An 'intoxicated person' is defined in section 3 as 'a person who appears to be seriously affected by alcohol or another drug or a combination of drugs'. A police officer is empowered to detain an intoxicated person in the event that the person is behaving in a disorderly manner or is likely to cause injury to another person or to damage property (section 5). An intoxicated person may also be detained if they are in need of physical protection by reason of their intoxication. However, the Act stresses that the primary responsibility of the officer is to release the intoxicated person into the care of a willing responsible person. A responsible person may be a friend or family member, or they may be a representative of a welfare facility or alcohol or other drug rehabilitation service (section 3). Nevertheless, an intoxicated person may be detained at a police station or detention centre whilst the police attempt to locate a responsible person, or in the event that one cannot be found.

7.7.3 Liquor Accords

Another strategy for encouraging safer drinking environments is the use of liquor accords. A liquor accord 'is the formalisation of a coordinated and co-operative approach by the liquor industry and other stakeholders to deal with alcohol related problems in a local area'.²⁴³ Liquor accords are supported by the NSW Department of Gaming and Racing, the

²⁴² Australian Institute of Health and Welfare, n 35, p 93.

²⁴³ NSW Department of Gaming and Racing, 'Liquor Accords Overview', www.dgr.nsw.gov.au Accessed 27 May 2003.

NSW Police Service and the liquor industry.

Some reasons for establishing an accord include:²⁴⁴

- The community is concerned about alcohol related anti-social behaviour;
- The community seeks to proactively reduce the likelihood of alcohol related anti-social behaviour; and
- The community wishes to incorporate the liquor accord strategy into other community initiatives such as road safety, safe city and community policing programs.

Some of the benefits of a liquor accord as noted by the Department of Gaming and Racing include:²⁴⁵

- Reduction in complaints received by the Department.
- Reduction in the number of reports to police and adverse media reports concerning alcohol related incidents, including antisocial behaviour, street incidents, and malicious damage.
- Reduction in road trauma directly related to alcohol abuse.
- Increases in number of staff trained in the responsible service of alcohol.
- Licensees and club secretaries being better informed of their legislative obligations.
- Enhanced community cooperation and understanding of the various roles and resources of government agencies.
- Giving the community a say in various controls and strategies that affect their community.
- Improved local amenity.

Section 104E of the *Liquor Act 1982* specifically authorises, for the purposes of the *Trade Practices Act 1974* (Cth) and the *Competition Code of NSW*, a local liquor accord to regulate trading hours and to restrict the public's access to licensed premises before the time at which trading is required to cease under the relevant licence. This is to ensure that the liquor accord will not be found to breach the restrictive trade practices provisions of the *Trade Practices Act*. There are currently over 40 liquor accords in operation throughout NSW.²⁴⁶

In September 2002, a local liquor accord was launched in Manly in response to numerous community concerns about the level of alcohol abuse and related safety threats in Manly.²⁴⁷ The accord essentially prohibits entry to licensed premises after 2am, with an exception for local hospitality workers who are able to produce special identification from their

²⁴⁴ Ibid.

²⁴⁵ Ibid.

²⁴⁶ NSW Health, Drug Programs Bureau, 'Alcohol use in NSW', www.health.nsw.gov.au/public-health/dpb/d&ainterventions/alcoholNSW.htm Accessed 1 May 2003.

²⁴⁷ NSW Department of Gaming and Racing, n 2, p 7.

employers. Some of the positive outcomes associated with this particular accord are:²⁴⁸

- An improvement in the behaviour of patrons outside the venues;
- A reduction in the movement of people between licensed premises open late at night, and the number of people arriving in Manly late at night;
- High visibility policing;
- Reduction in problems associated with people attempting to gain entry to pubs and clubs;
- Local industry support; and
- Overwhelmingly positive feedback from the local community and patrons.

7.7.4 *Environmental Design*

Licensed premises are able to enhance the relative safety of their particular environment. Characteristics common to licensed premises with high levels of assault include: low comfort; a predominantly young, male crowd; high boredom; loud music; aggressive bouncers; confrontational staff; discounted drinks; high levels of intoxication; lack of food; poor ventilation, lack of cleanliness, a hostile atmosphere, overcrowding and inadequate numbers of bar staff.²⁴⁹ Homel has examined the role that environmental design can play in the relationship between alcohol and violence. He uses the ideas inherent in situational crime prevention, which is based on the notion that much crime is opportunistic and unplanned. Homel suggests that the modification of the physical aspects of licensed premises might result in a decrease in alcohol-related crime.²⁵⁰ He has suggested:²⁵¹

- the physical environment can be used to promote expectations about behaviour, such as the use of attractive and well-maintained furnishings;
- avoiding physical environment features that irritate or frustrate people, for example, ensure the convenient location of bathrooms, bars and dancefloors;
- minimising provocation related to games and entertainment, for example, the use of informal rules for games of pool;
- use of safer glassware and other harm reduction strategies;
- encouraging eating with drinking;
- creating a social atmosphere with clear limits, for example, the use of dress standards;
- discouraging drinking to intoxication;
- fostering a positive social atmosphere to reduce boredom;
- employing trained staff with a non-confrontational attitude; and

²⁴⁸ Ibid.

²⁴⁹ Briscoe and Donnelly, n 99, p 30 and National Health and Medical Research Council, n 8, p 43.

²⁵⁰ Homel R, 'Alcohol and other drugs and crime: Public policy as prevention', Briefing for Santa Barbara Fighting Back, 8 December 1997. A copy may be downloaded from the website for the Crime Prevention Division of the Attorney-General's Department, www.lawlink.nsw.gov.au/cpd.nsf/pages/presentation4

²⁵¹ Homel R et al, *Preventing Violence: A Review of the Literature on Violence and Violence Prevention*, A Report prepared for the Crime Prevention Division of the NSW Attorney General's Department, 1999, p 11ff.

- developing policies to keep out aggressive people.

Other strategies that have been proposed to reduce the level of alcohol-related violence in licensed premises include:²⁵²

- Appropriate training of licensee and security staff;
- Sensitive community policing;
- Provision of sufficient late night public transport;
- Management of the way people leave the premises to avoid sudden crowding on the streets; and
- Provision of non-alcoholic beverages.

It has been suggested that the ‘reduced acceptance and encouragement of drinking at excessive levels should see a reduction in alcohol-related crime’.²⁵³

7.8 Drink Driving And Related Issues

7.8.1 Legislation

Part 2 of the *Road Transport (Safety and Traffic Management) Act 1999* contains relevant provisions regarding alcohol and drug use. Section 9 of the Act provides that it is an offence for a person to drive, or attempt to drive, or to occupy the seat next to a learner driver, with a prescribed concentration of alcohol (PCA) in his or her blood. A special range PCA of more than 0.02 but less than 0.05 applies to special category drivers (includes learner drivers, first year provisional drivers, and drivers under the age of 25 who have held a licence for less than three years). For other drivers, a low range PCA is greater than or equal to 0.05 but less than 0.08, a mid range PCA is greater than or equal to 0.08 but less than 0.15, and a high range PCA is greater than or equal to 0.15.

Section 12 prohibits the use or attempted use of a vehicle whilst under the influence of alcohol or any other drug. The police are empowered to conduct random breath tests (s13) and may arrest a person in the event of a failed breath test (s14). Division 4 of Part 2 specifies the requirements for blood analysis following an accident. A medical practitioner (or a registered nurse in the event a doctor is not available) is required to take a blood sample for analysis from a patient of at least 15 years who attends or is admitted to hospital following a road accident. It is an offence to either fail to take a blood sample (s 21) or to hinder or obstruct a health professional from taking a blood sample (s 22).

Section 24 of the *Road Transport (General) Act 1999* enables a court to disqualify a person from holding a licence if convicted of an offence under the road transport legislation. Section 30 provides that a habitual traffic offender (defined in section 28 as a person who has committed three or more relevant offences within a five year period) may be disqualified from holding a driver licence for a period of five years.

²⁵² National Health and Medical Research Council, n 8, p 43.

²⁵³ *Youth Alcohol Action Plan 2001-2005*, n 11, p 17.

The following table summarises the maximum penalties and disqualification periods for PCA offences:

PCA offence	Fine (penalty units)	Imprisonment (months)	Disqualification period
Special range (first offence)	10	No	Automatic 6 months Minimum 3 months
Special range (second or subsequent offence)	20	No	Automatic 12 months Minimum 6 months
Low range (first offence)	10	No	Automatic 6 months Minimum 3 months
Low range (second or subsequent offence)	20	No	Automatic 12 months Minimum 6 months
Mid range (first offence)	20	9	Automatic 12 months Minimum 6 months
Mid range (second or subsequent offence)	30	12	Automatic 3 years Minimum 12 months
High range (first offence)	30	18	Automatic 3 years Minimum 12 months
High range (second or subsequent offence)	50	24	Automatic 5 years Minimum 2 years

Source: Bayari C, 'Sentencing Drink-Driving Offenders in the NSW Local Court', *Sentencing Trends and Issues*, 27, March 2003, p 2.

The most common sentences imposed by NSW Local Courts for an offence under section 9 of the *Road Transport (Safety and Traffic Management) Act 1999* are fines and/or driving disqualification, constituting 63.1% of the sentences imposed.²⁵⁴ Statistics provided by the Judicial Commission reveal that of offences finalised in NSW Local Courts between December 1999 and December 2002:

- 67% of section 9(1)(a) offenders (a special category driver with a PCA of more than 0.02 but less than 0.05 – special range PCA) received a fine, and 22% received a section 10 bond;
- 57% of section 9(2)(a) offenders (a driver with a PCA greater than or equal to 0.05 but less than 0.08 – low range PCA) received a fine, and 29% received a section 10 bond;
- 65% of section 9(3)(a) offenders (a driver with a PCA greater than or equal to 0.08 but less than 0.15 – mid range PCA) received a fine and 20% received a section 10 bond; and
- 62% of section 9(4)(a) offenders (a driver with a PCA greater than or equal to 0.15 – high range PCA) received a fine and 10% received a section 10 bond.

Section 9(3)(a) and 9(4)(a) offenders may be sentenced to a maximum term of imprisonment for nine or 18 months respectively. If it is a second or subsequent offence the

²⁵⁴

Bayari, n 120, p 1.

maximum term of imprisonment increases to 12 months or two years, depending on whether the offence is in the mid or high range.

Drink driving is one area where statutory regulation appears to have been effective. There was a substantial decrease between 1981 and 1998 in the number of fatally injured motorists with a blood alcohol content of .05 or more. Random breath testing was introduced in NSW in 1982. The effectiveness of utilising a number of strategies is evident, as this decrease is believed to be due not only to stronger legislation and enforcement in this area, but also to high profile media and education campaigns designed to change public attitudes to drink driving.²⁵⁵ Surveys conducted by the Roads and Traffic Authority in NSW reveal a change in behaviours associated with drink driving since the introduction of random breath testing.²⁵⁶ People are now more likely to monitor the number of drinks they are consuming rather than just judging the extent to which their behaviour has been affected. They are more likely to both arrange a lift should they be planning to drink and to support initiatives such as random breath testing. However, some have suggested that the community has grown complacent about the dangers of drink driving, as the 1998 National Household Survey revealed that the number of men who admitted to drink driving had doubled and the proportion of women who had similarly offended had increased from 7 to 10%.²⁵⁷ Nevertheless, this complacency is possibly limited as there has been a recent decrease in high range PCA offences in NSW. The proportion of PCA offences that were in the high range category fell from 34% to 23.5% between a 1995 study and a subsequent study in 2003.²⁵⁸

Drink driving is an area where a high level of community support exists for the development of strategies to discourage its incidence. The 2001 National Drug Strategy Household Survey revealed that 91% of abstainers/low-risk drinkers and 80.5% of risky/high-risk drinkers supported the imposition of more severe penalties for drink driving.²⁵⁹ Accordingly, it appears that the community increasingly appreciates the extent to which road accidents are alcohol-related and subsequently views drink driving as criminal behaviour.

Random breath testing is theoretically based on the concept of deterrence, both specific (where an individual offender is punished) and general (where drivers refrain from drink driving because the perceived risk of being caught and punished is too high).²⁶⁰ The immediate 25% reduction in the number of drink driving related accidents following the

²⁵⁵ Australian Transport Safety Bureau, n 75, p 1.

²⁵⁶ Austroads, *Drink-Driving Enforcement – Issues in Developing Best Practice*, Austroads, Sydney, 2003, p 6.

²⁵⁷ Major, n 76, p 14.

²⁵⁸ Bayari, n 120, p 3.

²⁵⁹ Australian Institute of Health and Welfare, n 35, p 93.

²⁶⁰ Austroads, n 256, p 3.

introduction of random breath testing in 1982 is evidence of its deterrent effect.²⁶¹ However, random breath testing is not without its disadvantages. The main disadvantage is that it is extremely resource-intensive if it is to be effective. Accordingly, 'for the perceived risk of detection to be maximised, random breath testing must be conducted in a highly visible manner, be unpredictable with regard to location, be impossible to evade once seen, must give the impression of being ubiquitous, and must be well publicised'.²⁶² 2.1 million drivers in NSW were subject to a random breath test in 1997/98, approximately half of all drivers.²⁶³

Random breath testing has not been as successful in rural areas. This may be the result of closer communities who alert each other to the location of RBT units, or it may be that drink driving is more difficult to police in these areas due to fewer resources and the need to cover greater distances. Nor does random breath testing deter all drivers from drink driving. Some drivers continue to drink and drive even if they have been previously convicted. Research has found that 40% of drink drive offenders have offended on a prior occasion, and 30% of third-time offenders were unlicensed at the time.²⁶⁴

Certain demographic groups are disproportionately represented amongst drink driving offenders. Strategies are likely to be more effective if they are particularly targeted toward these groups. Men represent 84% of all PCA offenders, and the majority of female offenders that do exist tend to be charged with lower range PCA offences.²⁶⁵ Younger drivers are another group as 60% of offenders are between the age of 22 and 44 years.²⁶⁶ Nevertheless, there is a need to also develop some initiatives that target older drivers. Whilst younger drivers may be more likely to offend, older drink drivers tend to commit offences in the higher range categories.²⁶⁷

7.8.2 Drink Driving Action Plan

The Roads and Traffic Authority has developed a Drink Driving Action Plan. It aims to reduce the number of alcohol-related road accidents by:²⁶⁸

- Educating the community about drink driving issues, through public education campaigns and by specifically targeting young drivers;
- Reducing the incidence of offending by high-alcohol and recidivist drink drivers

²⁶¹ Roads and Traffic Authority, n 117, p 4.

²⁶² Austroads, n 256, p 3.

²⁶³ Ibid, p 6.

²⁶⁴ Roads and Traffic Authority, n 117, p 3.

²⁶⁵ Bayari, n 120, p 4.

²⁶⁶ Ibid.

²⁶⁷ Ibid, p 5.

²⁶⁸ Roads and Traffic Authority, n 117.

through the implementation of an alcohol interlock program²⁶⁹ for repeat/high range drink drive offenders;

- Providing a road environment that reduces the incidence and severity of drink driving crashes through the use of roadside signs warning of the likelihood of police detecting drink drivers;
- Influencing vehicle design and technology to minimise the incidence and severity of drink drive crashes;
- Working with NSW Police to enhance random breath testing;
- Working with the liquor and hospitality industries to deter drink driving by their patrons; and
- Informing the community about alternatives to drinking and driving.

7.8.3 *Other Initiatives*

The Manly Drug Education and Counselling Centre conducts a drink-driving program in conjunction with the Dee Why Probation and Parole Service.²⁷⁰ The program consists of a six-week course for drink drivers who have offended on multiple occasions and have been ordered to attend such a program by the court. The course is educative and attempts to challenge the attitudes and beliefs of offenders. It was found that despite most participants' initial belief that the course would be a waste of time, by the end 'most participants had made a complete paradigm shift to the point where some wanted to become educators themselves and give something back to the community'.²⁷¹

Another initiative designed to discourage drink driving is the Summer Bus service that runs between Wollongong and the CBD during the holiday season. It is believed that 'the availability of a low cost, safe and accessible way to get home after a night out at local pubs and clubs has really changed the way people, and particularly young people, think about drinking and driving'.²⁷²

7.9 **Intervention By Health Professionals**

The short-term harms associated with alcohol abuse have increasingly gained attention in addition to the traditional focus on health complications associated with the long-term abuse of alcohol. This attention is certainly warranted. The majority of alcohol-related harms are the result of a particular occasion where alcohol was excessively consumed.²⁷³ These harms affect more people than those due to the long-term abuse of alcohol.

²⁶⁹ An alcohol interlock program involves the fitting of a special device to a car. The driver's breath is analysed upon entering the car which is prevented from starting in the event that alcohol is detected.

²⁷⁰ Major, n 76, p 15.

²⁷¹ Ibid.

²⁷² Marianne Saliba MP, 'On the road again with the late night summer bus', *Media Release*, 30/9/02.

²⁷³ National Expert Advisory Committee on Alcohol, n 5, p 23.

Health professionals can play a particularly important role in the reduction of alcohol-related harms. Many alcohol-dependent individuals are reluctant to seek help, either because they do not recognise that they have a problem or because they think they can manage their problem themselves. This presents a substantial practical difficulty in altering the behaviours of those who misuse alcohol. The important role of general practitioners (GPs) is increasingly being realised, as it has been estimated that 32% of patient encounters with general practitioners are with adults considered to be drinking at risk levels.²⁷⁴ This presents an important opportunity for intervention. These opportunities extend to other professionals in the health system from whom help may be sought. Whilst general practitioners have the most contact with alcohol dependent people as 21.8% seek help from a GP, 12.1% see a mental health specialist and 10.3% seek help from another type of professional.²⁷⁵ Even the simple task of providing patients with a brochure on the misuse of alcohol may be worthwhile, as self-guided materials have proved to be effective in reducing the excessive consumption of alcohol.²⁷⁶

Health professionals have the opportunity to intervene at three stages:²⁷⁷

1. Primary intervention – where the focus is on early intervention and the identification of problems.
2. Secondary intervention – when specialised treatment programs are used to manage medical complications caused by drinking.
3. Tertiary intervention – where the focus changes to the long-term rehabilitation of problematic drinkers.

The benefits of primary intervention strategies are many. They usually require fewer resources, they may be used in a health care as opposed to a specialist setting, and, importantly, they may prevent the onset of an actual physical dependence on alcohol.²⁷⁸

A variety of treatment services have been established to assist both those with a dependence on alcohol and those who use it in a hazardous manner. Some approaches to treatment include:²⁷⁹

- *brief interventions and motivational training* – such treatment is thought to be suited to an individual who has a high alcohol intake but is not actually dependent on alcohol. It involves the individual drinker recognising that they have a problem, being committed to changing their behaviour, and subsequently reducing the

²⁷⁴ Ibid, p 16.

²⁷⁵ Proudfoot and Teesson, n 17, p 30.

²⁷⁶ Shand, n 65, p 50.

²⁷⁷ National Expert Advisory Committee on Alcohol, n 5, p 40.

²⁷⁸ Ibid.

²⁷⁹ Brown J, 'The Effectiveness of Treatment', in Heather N, Peters T and Stockwell T (eds), *International Handbook of Alcohol Dependence and Problems*, John Wiley and Sons, Chichester, 2001, p 498ff.

amount they drink. Treatment usually involves some form of skills training to facilitate the development of healthy drinking habits;

- *social skills training* – treatment focuses on the development of interpersonal skills, communication skills, skills for coping with stressful life events, and skills for dealing with drinking cues;
- *community reinforcement* – the individual’s access to activities that are more rewarding than drinking is increased;
- *behaviour contracting* – drinking goals are expressly stated as are the behaviours required to achieve those goals;
- *relapse prevention*; and
- *aversion therapies* – such therapies are designed to produce an aversive reaction to alcohol through the development of a conditioned response to cues associated with drinking. They may involve the use of electric shock, chemical agents or imaginal techniques.

There is a need for diversity amongst available treatment services. The reasons for, and causes of, alcohol abuse are many and varied and need to be catered for. A UK study has recommended that treatment for alcohol abuse needs to include a range of services that together provide advice and information, detoxification, individual counselling, group work therapy, structured day programmes, intensive community based residential rehabilitation, relapse prevention programmes and aftercare.²⁸⁰ Residential programs are best suited to individuals with a serious dependence on alcohol, who have relapsed on prior occasions, have a comorbid mental illness, and those whose social network and support is limited.²⁸¹

Individuals with a severe dependence on alcohol need to be supervised when undergoing detoxification, as it can present a serious threat to their health. The severity of withdrawal symptoms experienced differs according to the characteristics of the individual but symptoms include seizures, delirium, hallucination and Wernicke-Korsakoff’s syndrome.²⁸² Detoxification has been qualified as ‘not a treatment for alcohol dependence in itself. It is more appropriately regarded as a process that aims to achieve a safe and humane withdrawal from alcohol’.²⁸³ Nevertheless, detoxification may be used as a starting point to encourage individuals to access programs that assist with rehabilitation.

Health professionals need to be equipped to deal with the co-morbidities that may exist between an alcohol use disorder and other illnesses. There is a particular need to take account of the co-morbidity between alcohol use disorders and other mental illnesses as one condition may exacerbate the other. General practitioners play an especially important role in this regard as most individuals with both a mental illness and substance abuse problem visit their GP.²⁸⁴ Particular care needs to be taken with such individuals as they generally

²⁸⁰ Turning Point, n 174, p 5.

²⁸¹ Shand et al, n 65, p 38.

²⁸² Ibid, p 25.

²⁸³ Turning Point, n 174, p 11.

²⁸⁴ National Expert Advisory Committee on Alcohol, n 5, p 28.

experience a higher relapse rate than other drinkers.²⁸⁵ Treatment services for alcohol abuse should therefore be coordinated with other agencies in the fields of mental health and social welfare to increase the effectiveness of treatment.²⁸⁶

GPs also need to be adequately equipped to identify alcohol dependence among older people. It is relatively easy for the alcohol dependence to remain undiagnosed as some of its symptoms (depression, insomnia, poor nutrition, frequent falls) may be mistaken for the effects of ageing.²⁸⁷

The relative effectiveness of intervention and the treatment of alcohol dependent people has been debated. There is some question regarding its success in the long-term. Studies have shown that one third of patients will abstain from alcohol for over a year, one third reduce their level of consumption, and one third do not alter their drinking habits.²⁸⁸ A gender difference also emerges in the relative effectiveness of strategies as whilst women tend to do slightly better in the first 12 months after treatment, the outcomes for men are generally better in the longer term.²⁸⁹ The most effective strategies are obviously ones that establish lifelong healthy drinking habits.

7.10 Workforce Development

Employers have a general duty under occupational health and safety legislation to ensure their employee's safety. Section 8 of the *Occupational Health and Safety Act 2000* (NSW) provides that 'An employer must ensure the health, safety and welfare at work of all the employees of the employer'. This duty includes 'ensuring that any premises controlled by the employer where the employees work... are safe and without risks to health'. Section 20 of the Act also requires an employee to 'take reasonable care for the health and safety of people who are at the employee's place of work and who may be affected by the employee's acts or omissions at work'. Alcohol affected employees potentially endanger fellow employees, particularly if they are required to operate dangerous machinery. Between three and 11% of workplace injuries and fatalities are thought to be alcohol or drug related.²⁹⁰ Therefore, there is a need to develop strategies to prevent alcohol related harm occurring in the workplace.

WorkCover NSW has produced a guide for developing a workplace drug and alcohol policy. It suggests that the policy should form part of an organisation's overall occupational health and safety strategy and be primarily concerned with prevention, counselling and

²⁸⁵ Turning Point, n 174, p 14.

²⁸⁶ Ibid, p 5.

²⁸⁷ National Expert Advisory Committee on Alcohol, n 5, p 28.

²⁸⁸ Teesson, n 170, p 7.

²⁸⁹ Shand, n 65, p 90.

²⁹⁰ NSW Office of Drug Policy, n 39, p 2.

rehabilitation.²⁹¹ As the excessive consumption of alcohol has contributed to a large proportion of industrial accidents, lost productivity and employee absenteeism, a number of workplaces have developed drug and alcohol policies. The NSW Police Service's Drug and Alcohol Policy requires that police have a blood alcohol content of 0.02 or less whilst on duty.²⁹² It also prohibits the consumption of alcohol on police premises, other than at approved social functions, and alcohol is not to be taken onto police premises unless it is connection with police duties.²⁹³

Drug and alcohol testing is a statutory requirement in a number of industries, for example, s42 *Rail Safety Act 2002* (NSW), s211A *Police Act 1990* (NSW), Schedule 1 *Marine Safety Act 1998* (NSW), s101Q *Defence Force Discipline Act 1982* (Cth). Walker and Sack note that drug and alcohol testing raises a number of privacy issues including the lack of any free consent to the tests, the intrusion of physical privacy necessary for testing to occur, and the potential threat to information privacy through the use and disclosure of test results.²⁹⁴ They conclude that the safety risks presented must be 'real, substantial, foreseeable and direct in order to justify drug testing'.²⁹⁵

There are strategies other than policies and testing that can minimise the level of alcohol related harm in the workplace including:²⁹⁶

- General promotion of safe alcohol and drug use;
- The provision of confidential treatment and rehabilitation programs; and
- Adopting such preventive mechanisms as eliminating unreasonable shift schedules and not providing free or subsidised alcohol.

7.11 Research And Evaluation

A number of organisations (both government and non-government) have been established for the purposes of providing further research into drug and alcohol use. This section provides a brief overview of just some of the bodies that exist. Website addresses are provided should further information be required.

Alcohol and Other Drugs Council

The Alcohol and Other Drugs Council is the peak national non-government organisation for the alcohol and other drugs sector. It collaborates with the government, non-government, business and community sectors 'to promote evidence-based, socially just, approaches

²⁹¹ WorkCover NSW, n 82, p 6.

²⁹² NSW Police Service, *NSW Police Service Handbook*, 1999, p A-8.

²⁹³ Ibid.

²⁹⁴ Walker R and Sack B, 'Drug and Alcohol Testing', *Journal of Occupational Health and Safety*, 19(2), 2003, p 116.

²⁹⁵ Ibid.

²⁹⁶ Ibid, p 119.

aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nations’.

www.adca.org.au

Alcohol Education and Rehabilitation Foundation

The Alcohol Education and Rehabilitation Foundation was established in 2001 and is responsible for the operation of a strategic grants program. Funding is particularly provided to groups in the areas of treatment and rehabilitation, scholarship and workforce development, research, and prevention and public education.

www.aerf.com.au

Australian Drug Foundation

The Australian Drug Foundation is an independent, non-profit organisation that works to prevent and reduce alcohol and drug problems in the community. Their focus is on research, information, community development and education, and advocacy. One of their priority issues for 2001-2003 is the harm experienced by young people through the heavy and unsafe use of alcohol.

www.adf.org.au

Australian National Council on Drugs

The Commonwealth Government established the Council in 1998 as its principal advisory body on drug policy. Its role is to ensure that policies, strategies and directions in the alcohol and drug field are consistent with the National Drug Strategy. It also seeks to build co-operative partnerships between various sectors. One of their current projects is to identify and map indigenous drug and alcohol programs that exist in Australia so that the most effective programs can be promoted as a model.

www.ancd.org.au

National Drug and Alcohol Research Centre

The Centre is funded by the Commonwealth Government as part of the National Drug Strategy and is situated at the University of New South Wales. It encompasses a number of disciplines and its mission statement expresses the desire ‘by research and related activities to contribute to the minimisation of alcohol and other drug use in Australia by increasing the effectiveness of the Australian treatment response to drug-related problems’.

<http://ndrac.med.unsw.edu.au/ndarc.nsf>

National Drug Research Institute

The National Drug Research Institute is the sister school to the National Drug and Alcohol Research Centre. Its mission is ‘to conduct and disseminate high quality research that contributes to the primary prevention of harmful drug use and the reduction of drug related harm’. In contrast to the focus of the National Drug and Alcohol Research Centre which is on treatment, the Institute concentrates on research that evaluates the preventive potential of legislative, fiscal, regulatory and educational interventions.

www.ndri.curtin.edu.au

National Health and Medical Research Council

The Council is a national organisation that draws together all components of the health

system. They foster medical research and training, and public health research. Drug and substance abuse is one area in which they provide information.

www.health.gov.au/nhmrc

7.12 Strategies Adopted By Particular Organisations

The following section describes a number of general strategies that have been implemented by both government and non-government organisations. The strategies have been designed to reduce the amount of overall harm attributable to alcohol.

7.12.1. Government

The role of the Government of NSW, as identified by the National Alcohol Strategy, is to:²⁹⁷

- Establish an appropriate public policy framework to deal with alcohol related harm in such areas as housing, domestic violence, school based education, criminal justice, juvenile justice and liquor licensing;
- Develop and implement an alcohol action plan based on local priorities;
- Enforce laws regarding the consumption and availability of alcohol;
- Implement harm reduction strategies to prevent drink driving;
- Design, develop and implement public information and education programs aimed at reducing alcohol-related harm;
- Provide public sector health services or fund community based organisations to provide programs to prevent and treat alcohol dependence and problem drinking;
- Develop effective and comprehensive professional education and training, research and evaluation strategies in close cooperation with other jurisdictions so as to achieve consistency;
- Ensure that alcohol treatment services are provided in a manner consistent with the principles and intent of the National Alcohol Strategy;
- Analyse and monitor patterns of alcohol use and alcohol related harm; and
- Monitor outcomes, report on performance at state level and contribute to cross-jurisdictional and national surveys and research.

The NSW Government formulated the Adult Alcohol Action Plan for 1998-2002.²⁹⁸ The aim of the Plan is 'to reduce the adverse social, economic and health consequences of alcohol use for both the community and the individual'.²⁹⁹ It focuses on alcohol-related issues in the areas of health, crime and the community. The Plan identifies current initiatives, the issues involved, specific commitments for action and outcomes to be achieved.

A specific plan has also been developed in relation to the alcohol problems associated with

²⁹⁷ National Expert Advisory Committee on Alcohol, n 5, p 20.

²⁹⁸ A copy of the plan may be downloaded from www.health.nsw.gov.au/pubs/index.html

²⁹⁹ Adult Alcohol Action Plan, n 31, p 1.

youth. The Youth Alcohol Action Plan encompasses the following key initiatives:³⁰⁰

- Local long-term drug and alcohol action plans to be developed by area health services;
- Western Sydney Treatment Service for youth rehabilitation;
- Additional drug and alcohol counsellors in rural area health services;
- Detoxification units and multipurpose drug and alcohol services;
- Development of a website for young people by the Office of Children and Young People in the Cabinet Office;
- Kids Help Line (Ph: 1800 551 800) provides an information and counselling service;
- Provision of a Family Drug Information Kit;
- Customised accredited courses in TAFE training;
- NSW Youth Alcohol Grants 2001-2002: provides up to \$250,000 in the form of one-off grants for local, regional or state-wide primary prevention projects.

On 31 March 2003, NSW Police announced plans to develop an alcohol action plan that would include:³⁰¹

- Developing a comprehensive alcohol policy;
- Conducting extensive research into clear links between alcohol and domestic violence and street related crime;
- A state wide review of the enforcement of licensing breaches;
- Compulsory training and education of all police on alcohol related crime;
- Improved management of large events to reduce alcohol related crime;
- Extensive police participation in community alcohol and school education campaigns;
- Developing a strategy to minimise the incidence of alcohol abuse, violence and anti-social behaviour for under age drinkers, such as a safe party kit for adolescents;
- Expansion of the RBT program; and
- Developing an alcohol-related crime reduction strategy to be implemented through Police Citizen Youth Clubs.

7.12.2 Non-Government Organisations

Alcoholics Anonymous³⁰²

Alcoholics Anonymous is an international organisation that seeks to support individuals with a drinking problem. It originated in the USA in 1935 and was introduced to Australia in 1942 by Dr Minogue, Father Dunlea and Archie McKinnon.³⁰³ It is described as ‘a

³⁰⁰ Youth Alcohol Action Plan, n 11, p 13.

³⁰¹ NSW Police, ‘NSW Police Commissioner to Launch Alcohol Action Plan’, 31/3/03, www.police.nsw.gov.au Accessed 13 June 2003.

³⁰² Unless otherwise stated, information about Alcoholics Anonymous is taken from the Alcoholics Anonymous – Australia website, www.alcoholicsanonymous.org.au Accessed 13 June 2003.

³⁰³ Lennane, n 15, p 134.

fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism'. The only requirement of membership is a desire to stop drinking. Its primary purpose is 'to stay sober and help other alcoholics to achieve sobriety'. It does not solicit members, conduct research, provide welfare, follow up or try to control its members. Group attitudes and principles may be found in 'The Twelve Traditions of Alcoholics Anonymous'. 'The Twelve Steps of Alcoholics Anonymous' suggests a program of recovery which includes the person admitting to the control of alcohol over his or her life, and committing to overcoming and making amends for their shortcomings as related to alcohol.

Initiatives such as Alcoholics Anonymous have been questioned in recent years as they require members to abstain from alcohol. Many health professionals now express a preference for treatments that present patients with a choice between abstinence and the development of safer drinking habits.³⁰⁴

8 CONCLUSION

The burden of alcohol-related harm on the community is substantial. There is continued impetus for the most effective strategies to be developed so as to minimise this harm. The Adult Alcohol Action Plans lists a number of factors by which the success of that particular plan can be measured. However, these factors could be used to evaluate the success of other initiatives. Marks of success (as specified by the Adult Alcohol Action Plan) would include:³⁰⁵

- A reduction in the level of alcohol-related mortality in NSW;
- A reduction in the level of alcohol-related morbidity in NSW;
- An increase in awareness of what constitutes a standard drink, and what levels of consumption are defined as low-risk, hazardous or harmful consumption in NSW;
- A decrease in the number of people drinking at hazardous/harmful levels in NSW;
- A reduction in the number of people reporting binge-drinking practices in NSW;
- A reduction in the level of alcohol-related road trauma in NSW;
- A reduction in the level of alcohol-related violence in NSW;
- A reduction in the level of alcohol-related crime in NSW;
- An increase in the number of licensed premises adopting responsible service practices;
- A reduction in the extent of alcohol-related harm in Aboriginal and Torres Strait Islander communities;
- An increase in the proportion of the eligible population involved in treatment programs; and
- An increase in the number of general practitioners who deliver effective early interventions.

It has been said that the real issue is 'how best to develop an effective system of alcohol

³⁰⁴ National Expert Advisory Committee on Alcohol, n 5, p 41.

³⁰⁵ Adult Alcohol Action Plan, n 31, p 36.

regulation at the national and local level that facilitates pleasurable low-risk use, minimises harm to health and sustains a major industry'.³⁰⁶ There are no certain answers and many competing interests as alcohol brings benefits to the community as well as harms. However, there is a need for individuals to be more aware of the way alcohol can be misused and the implications for their health. The community in general needs to become more aware of the costs of alcohol abuse. Family members, peers, health professionals and others need to be reminded of the role they are able to play in minimising alcohol related harm in the community. They need to be equipped so that this role is performed in an effective manner.

³⁰⁶

Stockwell T, 'Editor's Introduction: Prevention of Alcohol Problems', in Heather N, Peters T, and Stockwell T (eds), *International Handbook of Alcohol Dependence and Problems*, John Wiley and Sons, Chichester, 2001, p 681.

APPENDIX A:

NSW Health, 'Implementation – an overview', *Youth Alcohol Action Plan 2001-2005*, pp 33-36

Section 5 Implementation – an overview

Inter-agency and local area policy action

Consistent with the whole of government approach adopted in the NSW Drug Summit Government Plan of Action, implementation of the NSW Youth Alcohol Action Plan 2001-2005 Plan will occur across agencies and at local area level. While some agencies have lead responsibility, given particular expertise or administrative facility, implementation of programs and projects remains a Whole-of-Government responsibility.

The Youth Alcohol Advisory Committee will advise on implementation of the Plan and represented agencies will continue to report to Government on progress of their programs through the Senior Officers' Coordinating Committee on Drugs.

An overview of Government actions to date follows the implementation plan.

Summary of key activities

1. Young people, alcohol & health

Policy direction	Reduce the incidence of acute harms and death associated with alcohol
Statement of action	Reduce alcohol consumption and frequency of intoxication among young people

Initiatives	Agency responsible	Timeframe
NSW Youth Alcohol Grants	NSW Health	2001-2002
Family Drug Information Kit	Premier's Department	2001-2002
Local Long Term Drug & Alcohol Action Plans	NSW Health – Area Health Services	Ongoing
Additional D&A Counsellors within rural Area Health Services	NSW Health	Commenced 2000
Western Sydney Treatment Service	NSW Health & Department of Juvenile Justice	Commenced July 2000/Ongoing
Detoxification units and multipurpose drug and alcohol services	NSW Health	2001-2005
Customised Accredited Courses in TAFE	Department of Education and Training	Ongoing
Training for Juvenile Justice Staff	Department of Juvenile Justice	Ongoing

2. Young people, alcohol and the law

Policy direction	Support legislative or policy strategies to reduce acute alcohol-related harm and underage drinking
Statement of action	Reduce alcohol-related crime, violence, underage drinking and antisocial behaviour

Initiatives	Agency responsible	Timeframe
Drink Drive Prevention Strategy	Roads and Traffic Authority & NSW Health	2001
Other Roads and Traffic Authority Initiatives – targeted drink driving and speeding operations; fixed speed cameras; and the Traffic Offenders Program	Roads and Traffic Authority	Ongoing
Juvenile Justice Counsellors (10)	Department of Juvenile Justice	Dec 2000- Jun 2003
Enhancement of Specialist Support Services	Department of Juvenile Justice	Jul 2001 - Jun 2003
Parent Line – 132055	Department of Community Services	Commenced 1994
Website for Families www.community.nsw.gov.au/document/parent/title.htm	Department of Community Services	Commenced 1999 – ongoing updating
YWCA Big Brother/Big Sister Mentoring Project	Attorney General's & Department of Juvenile Justice	Commenced 1999
Culturally-Specific Mentoring Programs	Department of Juvenile Justice	Ongoing
Public Space	NSW Police & Youth Action Policy Association	2001- 2002
'Police and Young People Working Toward a Safer Community'	NSW Police	2001
Youth Drug Court	Attorney General's, NSW Health, Department of Juvenile Justice, Department of Community Services, Department of Education and Training	2000/01 - 2001/02
NSW Strategy to Reduce Violence Against Women	Attorney General's	Ongoing
The Safer Communities Development Program	Crime Prevention Division - Attorney General's	Ongoing
NSW Proof of Age Cards Scheme	Department of Gaming and Racing	Ongoing
Underage Drinking Program	Department of Gaming and Racing	Ongoing
Responsible Service of Alcohol Program	Department of Gaming and Racing	Ongoing
Young People and the Liquor Laws – Webpage	Department of Gaming and Racing	Ongoing
Implementation of Routine Screening for Domestic Violence	NSW Health	Ongoing

3. Young people, alcohol and culture

Policy direction	Ensure that all programs, services and initiatives involve young people in the planning, delivery and evaluation of services
Statement of action	Reorient programs to be responsive to young people

Initiatives	Agency responsible	Timeframe
PLAY NOW/ACT NOW cd	NSW Health & MusicNSW	2002
PLAY NOW/ACT NOW video	NSW Health & MetroScreen	2002
NSW Drug and Alcohol Training Taskforce	Department of Education and Training & NSW Health	2002
Department of Community Services Drug and Alcohol Training Team	Department of Community Services	Commenced 2000
Participation by Young People Kit	The Commission for Children and Young People	Released July 2001
Peer Education Program on Polydrug Use	NSW Health	Early 2001
School-Link	Department of Education and Training	Ongoing
One-Stop-Shop service delivery model for young people in rural and remote areas	NSW Health & Department of Community Services	2000/01 - 2002/03
Getting it Right	The Australian Association for Adolescent Health	Early 2001
Youth Health Partnership Project (pilot)	NSW Health (Northern & South Eastern Sydney)	Completed 1999/2000
INDENT	MusicNSW	2001 - 2003

4. Young people, alcohol and communities

Policy direction	Work with existing programs and services to support children and young people through transition periods
Statement of action	Develop supportive communities for young people

Initiatives	Agency responsible	Timeframe
One-Stop-Shop service delivery model for young people in rural and remote areas	NSW Health and Department of Community Services	2000/01 - 2002/03
Program to Support Transition from Primary to Secondary School	Department of Education and Training and Department of Community Services	2001 - 2004
Piloting of Peer Drug Education Models for Schools	Department of Education and Training and Department of Community Services	2001 - 2002
Access to information and support services for young people and carers	Department of Community Services	Commenced April 2000
Website for young people www.youth.nsw.gov.au	Office of Children and Young People	Ongoing
Getting It Together Projects	Department of Community Services	Commenced July 2000
Kids Help Line	NSW Health	Until 2004
Licensing Accords funding	NSW Health	2001/02
NSW Parenting Campaign	Department of Community Services	Commenced 1999
Joint Forum of Staff working in Child Protection and Alcohol and Other Drugs	Department of Community Services	April 2001
Short Course on Substance Using Parents and Child Protection	Education Centre Against Violence	Ongoing
The NSW Government's Youth Partnerships Initiative	Premier's Department	1999/2000 – 2000/01
Community Drug Action Teams	NSW Premier's Department	Ongoing
NSW Universities Drug and Alcohol Survey 2001	NSW Health	2001/2002

APPENDIX B: History of Liquor Regulation in New South Wales

This timeline has been updated by Talina Drabsch and is reproduced from Briefing Paper No 5/96, *Liquor Regulation in New South Wales*, by Marie Swain, pp 4-10. Some of the detail on the early history is taken from 'Policing the licensing laws in NSW', *NSW Police News*, September 1981, pp 19-33

1792	<p>At a time when the settlement was in desperate need of food, an American ship, the <i>Port Jackson</i>, sailed into Sydney carrying food and a quantity of spirits. As the sale of the food was dependent upon the purchase of the spirit cargo, the Lieutenant Governor, Major Grose, was compelled to meet the full purchase demands. The Crown thus became the first supplier of liquor in the new colony.</p> <p>The New South Wales Corps (later known as the Rum Corps) landed in Sydney Cove. The activities of the NSW Corps soon turned to rum trading rather than soldiery and attempts to control the traffic in liquor proved ineffective.</p>
1795	Governor Hunter decreed that no spirits could be landed without official consent and the distillation of spirits on shore was totally prohibited. However spirits continued to be brought ashore in large amounts and illegal stills were set up.
1796	A licensing system, permitting honorary bench magistrates to grant licences was introduced.
1810	Governor Lachlan Macquarie arrived in Sydney to take control of the colony. At the time of arrival, Sydney had 75 'licensed houses' and a population of 6,156. These premises were not hotels as we know them today but simply shops from which alcohol could be purchased.
1825	Magisterial authority to issue licences was centralised. From this date, only police magistrates could recommend the granting of licences to liquor houses, with the Colonial Treasurer becoming the final authority as to the granting or refusing of any such application.
1830	<p>The <i>Publicans Licensing Acts Consolidation Act</i> was passed. This Act regulated the accommodation and standard of licensed houses and provided:</p> <ul style="list-style-type: none"> ▪ That liquor licences were to be granted by a central authority and not at random by local authorities; ▪ That the number of liquor licences were to be controlled; ▪ That trading hours were to be specified; ▪ That subsidiary types of licences were to be granted; and ▪ That police were to supervise all licensed premises to ensure the proper administration of the liquor laws.
1862	The <i>Police Regulation Act</i> , which amalgamated the various police bodies throughout the State, was passed. The effect of this was to bring the administration of liquor generally under the control of police authority.
1882	The <i>Licensing Act</i> , which created Licensing Districts, Special Licensing Courts and Licensing Inspectors, was introduced.
1888	The Report of the Intoxicating Drink Inquiry Commission, which examined topics such as the consumption of liquor in New South Wales; drunkenness as a national evil; repressive measures and the closing of public houses on Sundays and business hours on weekdays, was tabled. Amongst its recommendations were: extension of the franchise for 'local option' voting to the Parliamentary elector with the

	<p>rearrangement of licensing districts to correspond with electoral districts; a statutory number of liquor licences to be set, in the ratio of one per 80 electors in Sydney and one per 100 in the rest of New South Wales; and no relaxation of the prohibition of Sunday trading.¹</p>
1898	<p>The <i>Liquor Act 1898</i>, which consolidated the former Acts, provided that in every municipality a local option vote should be taken every three years, at the election of the aldermen in which the ratepayers were permitted to vote either ‘yes’ or ‘no’ on two questions: (i) whether any new publicans’ licences should be granted during the coming three years in the municipality or ward in question; and (ii) whether any removals of publicans’ licences should be allowed within the same period. Over 55% of the votes polled were required to make the vote operative in the negative.</p> <p>The results of the polls showed that:</p> <p style="padding-left: 40px;">only a small number of electors voted, and it was evident that very little interest was taken in the matter, except by the extreme advocates of temperance, on the one hand, and those interested in the drink traffic on the other, while the general public was apathetic on the subject.²</p>
1906	<p>The <i>Liquor Amendment Act 1905</i> came into force altering the legal age limit for drinking liquor to 18 years and freezing the issue of any new liquor licences. It also brought about changes to the ‘local options’ provisions. These included: holding the poll every three years at the general State elections; extending the provisions to wine shops and clubs; requiring additional resolutions to be submitted to voters – there would be four in total – (i) that the number of existing licences shall continue; (ii) that the number of existing licences shall be reduced; (iii) that no licences be granted in the electorate and (iv) that licences be restored; and altering the amount of votes needed for their implementation – resolutions (i) and (ii) would be carried by a simple majority of the votes but resolutions (iii) and (iv) would not be carried unless 60% of people voted in their favour, and at least 30% of electors must vote. If resolution (ii) were passed, a special court would decide which premises were to be closed and the best conducted hotels would be given preference over the others. Provision was also made for electors to vote for one resolution only.³</p> <p>According to Rydon and Spann:</p> <p style="padding-left: 40px;">when the Bill was introduced in 1905 it provided that local option polls would have no effect unless 50% of electors voted, and that a 66% majority would be necessary to bring in ‘no licence’. All the temperance organisations objected and the percentages were eventually lowered to 30% and 60%, respectively. Although the vote in the Legislative Assembly took place along non-party lines, the most outspoken advocates of the temperance view were members of the Liberal and Reform Association and those supporting the</p>

¹ Borchardt DH, *Checklist of Royal Commissions, Select Committees of Boards of Inquiry*, La Trobe University Library Publication No 7, 1975, p 127.

² Anderson HCL, *The Official Year Book of New South Wales 1905-1906*, p 738.

³ Ibid.

	United Licensed Victuallers' Association, (who objected to the proposals) were predominantly Labor. ⁴
1912	The <i>Liquor Act</i> , which consolidated all liquor legislation into one Act, was introduced. This Act clearly defined the responsibilities and powers of police, the rights and duties of licensees, the privileges of citizens and the limitations of Court authority.
1916	A referendum was held to determine closing hours (choice between 6 pm, 7 pm, 8 pm, 9 pm, 10 pm and 11 pm) for licensed premises. Overwhelming support for 6 pm.
1919	The Licenses Reduction Board was established. This body rationalised the number of publicans' licences throughout the State and paid compensation to those affected by the forced surrender of a licence.
1923	The Licenses Reduction Board and the Licensing Court were amalgamated.
1946	<p>Repeal of the 'local options' provisions, which gave the inhabitants of any district the right to control the liquor traffic in their District. In the Second Reading speech to the <i>Liquor (Amendment) Bill</i>, the then Premier said:</p> <p style="padding-left: 40px;">Ever since 1920 the local option provisions of the <i>Liquor Act</i> have been suspended. During the intervening twenty-six years many Governments of varying political opinions have held office but none has done anything about those local option provisions. The Government has decided that they shall be repealed.⁵</p>
1947	A referendum was held to determine whether closing hours for licensed premises should remain at 6 pm, or be extended to 9 pm or 10 pm. The majority continued to support 6 pm closing.
1954	Following the increase in the 'sly grog' trade, which developed during the war, the Royal Commission on Liquor Laws in New South Wales was set up in 1951 under Mr Justice Maxwell. The final Report was presented to Government in 1954. The principal terms of reference of this Royal Commission were to enquire into, and report on, (i) the ownership, financial interests in, and control of hotels generally; (ii) the 'tied house' system of the liquor trade (ie the ownership and control of hotels by brewery companies); (iii) the desirability of re-introducing the 'local option' provisions repealed in 1946; (iv) the desirability of providing for additional club licences; (v) whether provisions of the <i>Liquor Act</i> were adequate in regard to the supply of accommodation and meals by hotelkeepers; and (vi) whether the distribution of liquor was being carried out reasonably, having regard to the quantities available and the requirement of the interests affected. ⁶

⁴ Rydon J and Spann R, 'New South Wales Politics 1901-1910', in *Sydney Studies in Politics*: 2, FW Cheshire, 1962, p 64.

⁵ Hon W McKell, MP, *NSWPD*, 9 April 1946, p 3226.

⁶ Horner FB, *The Official Year Book of New South Wales*, No 55, 1957, p 608.

	<p>From the proceedings before the Royal Commission, Mr Justice Maxwell found ‘alcohol was being diverted from licensed hotels to illegal venues; illicit sales through the city’s nightclubs; dummy ownership of regular hotels and systematic police corruption at the highest levels’.⁷ Some of the recommendations made in the Report were: section 41 of the <i>Liquor Act</i>, which made it an offence for any person to have an interest in more than one licence, should be repealed; the re-introduction of the ‘local options’ provisions was not considered desirable; it was suggested that applicants for removal of hotel licences should provide affidavits disclosing the persons directly or indirectly interested in the removal and the class of objectors should be widened; consideration should be given to the question of ‘staggered’ and later closing hours for hotels in the metropolitan area, without increasing the total hours of trading and the hours during which restaurants and night clubs may serve liquor with meals should be lengthened.⁸ Conditions associated with 6 pm closing were described as deplorable, particularly the encouragement of the sly-grog trade at black market rates. It was thought that adoption of extended trading hours would result in greatly improved conditions.⁹</p> <p>As a result of the Maxwell inquiry, a number of amendments were made to the <i>Liquor Act</i>: a Superintendent of Licensing was created and more precise responsibilities were placed upon District Licensing inspectors. The rationalisation of publicans’ licences through the Licenses Reduction Board was also eased. It was now possible for the Board to issue a fresh licence in the case of a non-renewal, cancellation or surrender of a publican’s licence.</p> <p>In November 1954 the question of closing hours for licensed premises was again put to a referendum. This time the majority supported extension of closing hours to 10 pm. This result and the findings of the Royal Commission were incorporated in an extensive amendment of the <i>Liquor Act</i>, passed by the Parliament in December 1954.</p>
1969	<p>A referendum was held to determine whether Sunday trading on licensed premises should be extended to the general public between 12 noon and 6.30pm. (At the time ‘resident hotel guests, bona fide travellers and club members’ were able to drink liquor on licensed premises at any hour on Sundays). The proposal was not supported.</p>
1976	<p>Control of clubs was removed from the <i>Liquor Act</i> and brought within the scope of a separate Act, the <i>Registered Clubs Act</i>.</p>
1978-1979	<p>The Select Committee of the Legislative Assembly upon Liquor Trading was set up to examine the current liquor trading hours. After examining the evidence, the Committee concluded that social, health and accident problems associated with alcohol arise from individual alcohol consumption and that these problems would not necessarily increase if licensing hours were varied. However it stressed the importance of continuing education about alcohol abuse and support for preventative and rehabilitation programmes. Suggestions made included: optional</p>

⁷ Hickie D, *The Prince and the Pauper*, Angus & Robertson, 1985, p 100.

⁸ Horner FB, *ibid*.

⁹ Borchardt DH, *op cit*, p 334.

	<p>Sunday trading be permitted for hotels, restaurants, and sports and entertainment bodies between 12 noon and 10 pm, and for retail liquor stores between 12 noon and 8 pm; weekday trading be from 10 am to 11 pm and 8 am and 8 pm respectively.¹⁰</p> <p>Based on these recommendations, provision for Sunday trading was made in the <i>Liquor (Amendment) Act 1979</i>.</p>
1981	<p>Commission of Inquiry into the New South Wales Police Administration (the Lusher Report). In his findings Mr Justice Lusher recommended that a government authority, other than police, be responsible for supervisory control of the liquor industry. This finding would appear to have been based on operational considerations more than any other factor.</p>
1982	<p>The cornerstone piece of legislation governing the regulation of the liquor industry, the much amended <i>Liquor Act 1912</i>, was repealed and substituted by the Liquor Bill 1982. While one of its main aims was to simplify the Act itself, it also introduced a number of reforms: the abolition of the Licenses Reduction Board; the reallocation of functions between the Licensing Court and the newly established Liquor Administration Board; the introduction of a simplified licence classification system; provision for disciplinary proceedings to be taken during the currency of the licence for a breach of a licensee's legislative obligations; a more rational appellate process and a new approach to the problem of underage persons on licensed premises.</p>
1989	<p>A Discussion Paper, <i>A Review of the Liquor Laws in New South Wales</i>, was prepared by the Chief Secretary's Department. Proposals made in this Paper addressed: general issues involving all licences; issues involving specific licence types; and issues involving assessment of licence fees and penalty provisions.</p>
1990	<p>The Liquor (Amendment) Bill and Registered Clubs (Amendment) Bill were introduced and passed. One of the major objectives of these Bills was '...to simplify the administration and enforcement of the State's liquor laws by decentralising, reallocating and eliminating various functions of the licensing police'.¹¹ Not only did this amendment give effect to the earlier recommendation made in the Lusher Report, but it was also in keeping with the policy of community-based policing organised along regional lines. The effect of the amendments was to abolish the licensing police as a central branch, although the police generally would continue to play a role in enforcing the liquor laws. Regional commanders would be able to initiate disciplinary proceedings against licensees and launch prosecutions before the Licensing Court. To assist in this function, the Police Department set up the State Licensing Investigative Group, which was to have responsibility for complex investigations; the investigation of organised crime in the ownership and operation of licensed premises; and reporting on fitness of individuals applying for, or with an interest in, licensed premises.¹²</p> <p>The <i>Liquor (Miscellaneous Amendments) Act 1990</i> introduced new restrictions to curb under-age drinking and stronger penalties for juveniles who break the under-</p>

¹⁰ Borchardt DH, *Checklist of Royal Commissions, Select Committees of Parliament and Boards of Inquiry*, La Trobe University Library Publication No 30, 1986, p 230.

¹¹ Hon G West MP, *NSWPD*, 3 April 1990, p 1495.

¹² *Ibid*, p 1496.

	age drinking laws. This legislation paved the way for the introduction of a voluntary, government sponsored proof-of-age card.
1993	The <i>Liquor and Registered Clubs (Amendment) Acts</i> introduced what was known as the 'integrity package'. The main objectives of this legislation were: to increase the integrity and security of the machine gaming industry by tightening controls over various aspects of machine gambling in hotels and clubs, and over licensed machine gaming personnel; to increase the penalties relating to machine gaming; to introduce restrictions on the employment in the liquor and gaming industries of key officials and former key officials of the Police Service and Chief Secretary's Department; to tighten controls over underage drinking; and to prohibit the acceptance of benefits linked to purchase of goods and services in clubs.
1996	A number of legislative packages containing liquor licensing reforms were passed throughout 1996 in the areas of harm minimisation, enforcement, nightclub licences and alcohol-free entertainment and recreational opportunities for persons under the age of 18. The <i>Liquor and Registered Clubs Legislation Amendment Act</i> is of particular significance as it introduced the concept of harm minimisation into the <i>Liquor Act 1982</i> and the <i>Registered Clubs Act 1976</i> . Harm minimisation consequently became a primary object for both statutes and is to guide decisions made by the Licensing Court, the Liquor Administration Board, the Director of Liquor and Gaming, the Commissioner of Police and others with specific functions. ¹³ The Act is also important as it specified the requirements for responsible service training.
1997	The NSW Government ceased collection of business franchise fees for liquor (as well as tobacco and petroleum) following the decision of the High Court in <i>Ha v State of New South Wales; Walter Hammond & Associates v State of New South Wales</i> (1997) 189 CLR 465. ¹⁴ They are now collected by the Federal Government and reimbursed to New South Wales.
1998	The <i>Liquor Amendment (Restaurants and Nightclubs) Act 1998</i> amended the <i>Liquor Act</i> so that up to 30 per cent of seats in a licensed restaurant could be used for the consumption of liquor without being accompanied by a meal.
1999	Some of the changes made by the <i>Liquor Amendment Act 1999</i> were: ¹⁵ <ul style="list-style-type: none"> ▪ A new community liquor licence for rural communities that had lost their local hotel was introduced. The licence authorises the sale of liquor for consumption on or off the premises; ▪ Extended liquor trading during the Millennium New Year celebrations period; ▪ Small restaurants and cafes could apply for a liquor licence as the requirement that a restaurant must have at least 50 seats to be licensed was removed; ▪ Nightclubs were permitted to trade on a Sunday night for the same hours as a

¹³ Hon J Face MP, *NSWPD*, 18 October 1995, p 1989.

¹⁴ For further information see Briefing Paper No 16/97, *The Future of State Revenue: the High Court Decision in Ha and Hammond* by Gareth Griffith.

¹⁵ NSW Department of Gaming and Racing, *Legislation Bulletin*, December 1999. The bulletin is available from www.dgr.nsw.gov.au

	<p>Saturday night when the following Monday is a public holiday;</p> <ul style="list-style-type: none"> ▪ A nightclub could operate as a ‘dine or drink’ venue during restaurant trading periods; ▪ Important changes were made to caterer’s licences so that food of a nature and quantity consistent with the responsible sale, service and supply of liquor must be provided.
2000	<p><i>Liquor and Registered Clubs Legislation Amendment Act 2000</i> This Act:¹⁶</p> <ul style="list-style-type: none"> ▪ Extended liquor trading to accommodate Millennium and Centenary of Federation celebrations; ▪ Confirmed that members of liquor accords can voluntarily reduce liquor trading and impose limits on access after a certain time; ▪ Introduced a new liquor licence for special events that only remains in force for the day/s when the special event is held; ▪ Allowed regulations to be made that make undesirable liquor products unlawful; ▪ Enabled extended trading hours during the Olympic and Paralympic Games.
2001	<p>The <i>Liquor and Registered Clubs Legislation Amendment Act 2001</i>:¹⁷</p> <ul style="list-style-type: none"> ▪ Applied liquor harm minimisation requirements to ‘approved managers’ of licensed premises; ▪ Allowed additional controls to be prescribed for applications by hoteliers to sell liquor at functions away from their hotel premises; ▪ Regulated ‘remote’ sales of liquor over the telephone, by facsimile, by mail order or through the internet. <p>The <i>Liquor and Registered Clubs Legislation Further Amendment Act 2001</i>:¹⁸</p> <ul style="list-style-type: none"> ▪ Allowed liquor to be sold and supplied on licensed vessels while berthed at certain wharves to be prescribed by the regulations, prior to and at the end of the voyage; ▪ Empowered the Director of Liquor and Gaming to prohibit undesirable liquor promotions that are attractive to minors.
2002	<p><i>Liquor Amendment (Special Events Hotel Trading) Act 2002</i> This Act amended the <i>Liquor Act 1982</i> to enable hotel trading until midnight during the 2002 FIFA World Cup soccer final and until midnight on a Sunday on which an event of State, national or international significance is held.</p>
2003	<p>The NSW Government is to hold an Alcohol Summit between 26 and 29 August. The Summit is to involve key government agencies, health professionals, industry and community representatives and is to focus on the reduction of liquor abuse problems in the community and the development of harm minimisation strategies.</p>

¹⁶ NSW Department of Gaming and Racing, *Legislation Bulletin*, July 2000. The bulletin is available from www.dgr.nsw.gov.au

¹⁷ NSW Department of Gaming and Racing, *Legislation Bulletin*, December 2001. The bulletin is available from www.dgr.nsw.gov.au

¹⁸ NSW Department of Gaming and Racing, *Legislation Bulletin*, December 2001. The bulletin is available from www.dgr.nsw.gov.au

APPENDIX C:
NSW Liquor Industry's Code of Practice: Responsible Promotion of Liquor Products

Our venue supports the...

New South Wales Liquor Industry's

Code of Practice

RESPONSIBLE PROMOTION OF LIQUOR PRODUCTS

Licensees and registered club managements have a responsibility to ensure that patrons do not become intoxicated on their premises and to prevent intoxicated persons from entering or remaining on licensed or club premises.

This Code of Practice for Responsible Promotion of Liquor Products for licensed and registered club premises provides a framework of practices which are considered acceptable and reasonable, subject to controls being in place, to prevent the intoxication of patrons and, in all other respects, the premises being properly conducted. The Code highlights those practices which are discouraged as not being in the public interest.

UNACCEPTABLE PRACTICES

1. Drinks that offer alcohol in non standard measures and/or by virtue of their emotive titles, such as “laybacks” - “shooters” - “slammers” - “test tubes” - “blasters”, and their method of consumption encourages irresponsible drinking habits and are likely to result in rapid intoxication.
2. Drink cards that provide a multiple of free drinks, extreme discounts or discounts of limited duration on a given day or night and / or have the capacity to be readily stockpiled by patrons or transferred to other patrons. In other words the drink card must not, by design or potential misuse, create an incentive for patrons to consume liquor more rapidly than they otherwise might.
3. Any labelling or titling of promotions that may encourage patrons to consume liquor irresponsibly and excessively to an intoxicated state.
4. The refusal to serve half measures of spirits on request or provide reasonably priced non-alcoholic drinks.
5. Any promotion that encourages a patron to consume liquor excessively - “all you can drink offers” - “free drinks for women” - “free drinks for women all night” - “two for one” - and to consume it in an unreasonable time period.

ACCEPTABLE PRACTICES

1. The traditional “happy hour” during or immediately following normal daytime working hours.
2. A complimentary standard drink upon arrival.
3. Promotions involving low alcohol beer where it is clear from the advertising and promotional material that it is a low alcohol beer promotion.
4. The advertising of a consistent price of a particular type or brand of liquor across the entire trading hours of a premises on a given day or night, providing the price is not so low that it will, in itself, encourage the excessive consumption of alcohol and intoxication.
5. Promotion of particular brands of liquor that provide incentives to purchase that brand by virtue of a consistent discounted price, offer of a prize etc. but does not provide any particular incentive to consume that product more rapidly than a patron’s normal drinking habit.

The Licensing Court of NSW imposes the Code of Practice as a standard liquor harm minimisation condition on liquor licences and certificates of registration.

