FACULTY OF HEALTH

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

9 March 2016

Professor Kypros Kypri

Centre for Clinical Epidemiology and Biostatistics
School of Medicine and Public Health

HMRI Building
Newcastle NSW 2305

Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

To Whom it May Concern

RE: Inquiry into the need for a nationally-consistent approach to alcohol-fuelled violence

In relation to part a(ii), I attach a list of articles, along with the slides I presented to the Queensland Parliament on giving evidence in its recent enquiry on trading hours. The research evidence supports a nationwide limit of no later than 2am for 'last drinks' in licensed premises, and 10pm closure of off-license outlets. There is no evidence that requiring premises to close is necessary to achieve reductions in violence. The key to effectiveness is earlier cessation of alcohol consumption. The evidence does NOT support the use of lockouts.

In relation to b(i), there is not good evidence that training of bar staff in the "responsible service of alcohol" is effective in preventing service of intoxicated patrons. This is not because service staff fail to learn from the training but because the conditions in which they are expected to make judgements about patrons, the pressure from patrons, and financial imperatives, make it unlikely that even well trained servers will consistently comply with the desired practices. What evidence does exist on service practices shows that regular, intense police enforcement is necessary to maintain compliance with liquor laws, i.e., that RSA alone is ineffective. See for example:

Wagenaar AC, Toomey TL, Erickson DJ. Preventing youth access to alcohol: outcomes from a multi-community time-series trial. Addiction. 2005 Mar;100(3):335-45.

In relation to b(ii), the balance of evidence is that education and social marketing campaigns are not effective in modifying drinking behaviour, at least not without substantial improvement in the regulation of the availability and promotion of alcohol. For a review, see:

Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K. Alcohol : no ordinary commodity : research and public policy (Second Edition). 2nd ed. Oxford: Oxford University Press; 2010.

In relation to c, I recommend you consider creating a quasi-independent alcohol control authority funded with a hypothecated tax (i.e., a levy on alcoholic beverages) to provide advice to government, enforce existing regulations, and fund policy relevant research on the epidemiology and prevention of alcohol-related harm. A good model is Thailand's Health Promotion Foundation (ThaiHealth), established in 2001 with a 2% levy on alcohol and tobacco products, and widely regarded to have been highly effective in reducing behavioural risk factors including harmful

alcohol consumption, and traffic injury. ThaiHealth is governed by a Board chaired by the Prime Minister rather than being part of the health bureaucracy. This quasi-independence and cross-government positioning have been cited as key to its success.

Adulyanon, S., Funding health promotion and disease prevention programmes: an innovative financing experience from Thailand. WHO South-East Asia Journal of Public Health, 2012. 1(2): p. 201-207

Please feel free to contact me if you require further information.

Sincerely,

Kypros Kypri, PhD
National Health and Medical Research Council Senior Research Fellow