15 April 2014

Premier of Queensland
By email: premiers.master@premiers.qld.gov.au

Dear Premier,

Queensland Government ‘Safe Night Out Strategy’

We support effective action by governments at all levels to reduce and prevent harm from alcohol and welcome the opportunity to provide feedback on the Queensland Government’s ‘Safe Night Out Strategy’.

The McCusker Centre is an independent organisation committed to reducing harms from alcohol among young people. The work of the McCusker Centre aims to raise awareness of the magnitude of alcohol-related harms among young people, the evidence-based approaches we know can work, other options and the need to act without delay.

We welcome the concerns expressed about alcohol problems by the Queensland Government, and the intention to take effective action.

We have reviewed the Queensland Government’s ‘Safe Night Out Strategy’. While we appreciate the good intentions and expressions of concern, our conclusion is that at this stage, and in its current form, the draft Action Plan lacks the evidence-based approaches needed to be effective in preventing harm from alcohol. We outline a number of key principles below which we believe would strengthen the approach of the Queensland Government to reducing harm from alcohol.

1. **A comprehensive approach to preventing harm from alcohol is required**
   Harm from alcohol is entirely preventable. We believe the focus of the Action Plan should be on preventing harms caused by alcohol and minimising the impact of alcohol in the community. The current focus of the Action Plan appears to be on responding to problems after they happen. Such action should be seen as part of a comprehensive approach, rather than in isolation.
A prevention-focused action plan to address harm from alcohol should be pro-active, comprehensive, evidence-based and include population-level approaches (rather than solely targeted approaches).

A comprehensive suite of population level approaches is required; there is no single ‘magic bullet’ that will change the drinking culture and address the wide range of harms from alcohol.

We note that the draft Action Plan has a particular focus on alcohol-related violence. While we acknowledge that this is an important area of harm and one that is of great concern to the community, we believe the Action Plan should take a broader approach to preventing the full range of short- and long-term harms associated with alcohol.

2. **Governments have important roles within a whole-of-community approach**

We recognise the important roles for individuals, health organisations, licensees, businesses and others, but these do not detract from the roles of government in regard to alcohol, which include regulating how alcohol is sold and marketed, and public education about drinking guidelines and alcohol-related harms.

The public health and law enforcement burdens caused by alcohol are far too great to leave to individual or corporate responsibility.

3. **Alcohol policies should be based on the best-available evidence and expert recommendations**

Approaches to reducing and preventing harm from alcohol should be informed by the best available evidence and recommendations of health and law enforcement groups.

There is now a well-developed evidence-base for what will work to prevent harm from alcohol, and this should form the basis of approaches to changing the drinking culture. This evidence base points to important areas for action by governments at all levels.

We do not in this submission address a range of important alcohol-related issues ranging from drink-driving to FASD – we assume that they are being considered elsewhere by the Queensland Government.

The five-point plan proposed by the Queensland Coalition for Action on Alcohol offers a comprehensive, evidence-based strategy to support state-level action on the availability, price and promotion of alcohol in Queensland. A summary of the plan is noted below (a more detailed version is available at [www.qcaa.org.au](http://www.qcaa.org.au)):

- Wind back late night trading hours and continue the moratorium on late night trading;
- Control the density of licensed premises;
- Prevent the harmful discounting and promotion of alcohol;
- Enforce responsible service of alcohol requirements; and
- Collect data on alcohol sales, consumption and harms.
Evidence from the evaluation of liquor restrictions in Newcastle, New South Wales provides important guidance for other jurisdictions seeking to reduce harm from alcohol, including violence.\(^1\) This evidence points to the importance of reducing the availability of alcohol through reduced trading hours.

The ‘roadmap for action’ and recommendations of the National Preventative Health Taskforce\(^2\) set out a comprehensive approach to preventing harm from alcohol, formed on the basis of key evidence, consultation and expert advice. While the key focus of the Taskforce’s report was on national activity, the strategy also provides useful guidance on effective approaches at the state level.

Good-quality evidence and expert recommendations, including from the sources noted above, should form the basis of the Queensland Government’s Action Plan. We urge the Government to amend its draft Action Plan to include approaches to reducing the availability of alcohol through reduced trading hours and effective controls on outlet density. Appropriately addressing these areas will confirm that the Queensland Government is genuine in its intention to act on harm from alcohol and move towards a safer drinking culture.

4. **Vested interest groups should not be involved in the development of alcohol policies**

   Approaches to addressing harm from alcohol should be based on the best available evidence, and should not be guided by opinion or interests that might be influenced by profit.

   Your letter inviting our feedback on the ‘Safe Night Out Strategy’ (dated 27 March 2014) indicates substantial consultation with industry groups in the development of the draft Action Plan:
   
   “The Queensland Government has also been consulting with the liquor, hospitality and tourism industries on these matters through initiatives like the expert panel on red tape reduction for liquor and gaming.”

   This level of consultation with industry is of concern to us. We support the position of the World Health Organization (WHO), encapsulated in the recent statement from the WHO Director-General, Dr Margaret Chan, that “In WHO’s view, the alcohol industry has no role in formulating policies, which must be protected from distortion by commercial or vested interests”.\(^3\)

   Preventing harm to the community should come before the interests of the liquor, hospitality and tourism industries. Action on alcohol should be informed by evidence-based approaches and the best advice of health and law enforcement authorities, not the interests and perspectives of the alcohol and related industries.

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1 Kypri K, McElduff P, Miller P. Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. Drug and Alcohol Review. 2014.
3 Chan M. WHO’s response to article on doctors and the alcohol industry. BMJ. 2013; 346.
5. **Enforcement strategies should be part of a comprehensive approach**

We support the appropriate resourcing of police to effectively enforce liquor licensing laws, including the responsible service of alcohol, but caution that enforcement strategies must be part of a comprehensive approach, rather than the central approach.

The draft Action Plan has a substantial focus on “tougher penalties” for individuals; however, we are not convinced of the evidence-base for this approach as an apparent answer to the problems causing so much community concern. We believe that a prevention focus guided by the best available evidence alongside any other measures deemed appropriate on the basis of the best evidence would better achieve the Government’s stated aim of improving the safety of Queenslanders.

6. **Curbs on alcohol advertising and promotion**

There is overwhelming evidence on the impact of alcohol advertising and promotion in the community in general and on young people in particular. Alcohol advertising is pervasive, normalising drinking behaviours and drowning out efforts to educate the community or specific target groups. Young people are heavily exposed to alcohol promotion through virtually every possible medium – television, sports sponsorship, music sponsorship, billboards, online promotion, print media and others. We would urge strongly that as part of the Queensland Government’s approach there be a focus on reducing exposure to alcohol promotion. There is clear action a State Government can take in this important area, without waiting for action at the national level.

7. **Alcohol education approaches should be part of a comprehensive approach**

We support regular, well-resourced, evidence-based alcohol and other drug education for all school students. Teachers should be well supported to deliver comprehensive alcohol and other drug education with appropriate teacher training, professional development and access to high quality resources.

There is little evidence that one-off alcohol education sessions, including those delivered by an outsider who visits the school, provide benefit in terms of behavioural change.

Education approaches, including those delivered within schools, should be part of a broader, multifaceted approach which addresses the full range of influencing factors, including alcohol availability, price and promotion. It will also be important to ensure strong, research-based public education which, importantly, should be free of all alcohol industry influences.

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**Conclusion**

We urge the Queensland Government to strengthen the draft Action Plan by adopting a prevention focus based on the best available evidence and expert guidance from health and law enforcement authorities. Vested interest groups, including the alcohol and related industries, should not be given the opportunity to weaken strategies to preventing harm from alcohol.

The five-point plan developed by the Queensland Coalition for Action on Alcohol provides a comprehensive, evidence-based strategy which, if implemented, would achieve the Government’s aim of improving the safety of Queenslanders.

The Action Plan should be independently and comprehensively evaluated to inform future approaches in this area.

Yours sincerely,

PROFESSOR MIKE DAUBE AO  
DIRECTOR, MCCUSKER CENTRE FOR ACTION ON ALCOHOL AND YOUTH