

The Licensing Officer  
Office of Liquor Gaming and Racing  
PO Box 819  
Maroochydore QLD 4558

Dear Sir

**Objection to extended trading hours at *Villa Noosa Hotel*, Noosaville  
License 79913  
Application 639605/LAB01**

I, **Ronald Gordon Meikle**, Medical Practitioner of 39 The Anchorage,  
Noosaville, 4566 , lodge the following objection to the proposed extension of  
trading hours at the Noosa Villa hotel complex Noosaville pursuant to section 119  
Liquor Act ( Qld) 1992 .

The applicant wishes to change the trading hours to 5am daily and is making  
application pursuant to the *Liquor Act 1992* .

The terms of appeal as defined in the *Liquor Act 1992, Section 119* state that the  
grounds of appeal are that

- (a) if the application were granted—undue offence,  
annoyance, disturbance or inconvenience to persons  
who reside or work or do business in the locality  
concerned, or to persons in or travelling to or from an  
existing or proposed place of public worship, hospital or  
school is likely to happen; or  
(b) if the application were granted—the amenity, quiet or  
good order of the locality concerned would be lessened  
in some way.*

This appeal seeks to make an application under both terms (a) and (b).  
Amenity is taken to mean *pleasantness, agreeableness, a desirable facility, a civility* (SOD  
Fifth edition Oxford Press 2002

### **SUMMARY**

- *There is incontrovertible evidence that alcohol is already a serious problem in the Noosa environs and creates serious social problems and costs. It damages amenity. There is no evidence that these risks can be mitigated*
- *There is unequivocal evidence that longer trading hours correlate with increased violence, personal harm and drink driving. Total alcohol consumed on licensed premises correlates with increases in public*

*drunkenness, disruption of peace and good order, undue annoyance and disturbance.*

- *There is documented evidence that the risks of violence, injury, drink driving, self harm and anti-social behaviour cannot be sufficiently mitigated by in-house hotel controls and practices to justify the extension of trading hours*
- *The whole of the Noosa population is going to have its already strained medical services further compromised by increasing demand for alcohol related trauma services if this application were granted.*
- *Such an impact will fall on all the citizens unfairly. Making the right to appropriate health care subordinate to the demands of irresponsible alcohol use is unconscionable. The power to prevent this consequence lies with the Office of Liquor Gaming and Racing.*
- *There is no demonstrable benefit from allowing this application*

### **THE SCOPE OF THE OBJECTION**

This objection is based on the social cost of an extension of trading hours in the absence of any demonstrable need or benefit. It is a huge cost which has to be borne by all the community. It is not borne by the licensee.

As this objection will demonstrate, there is a proven cost in personal injury, death, disability, health damage, law and order, and willful damage. This cost is not a matter of speculation but has been the subject of well controlled research published in refereed journals. This research shows that

- Extended trading hours increases violence at a hotel and its environs
- Extended hours increase drunkenness
- Extended hours result in greater alcohol consumption in a risky, binge drinking manner
- Extended trading hours no matter how well controlled increase violence in the home
- There is a demonstrable increase in drunken driving which has a measurable cost.
- Work absenteeism is increased at significant individual and societal cost.
- There is a significant cost of anti-social behaviour such as graffiti, violence and noise

It is argued by the applicant that there is a need for this increased trading to recoup revenue lost through licensing fees. This seems a disingenuous argument when the increased licensing fee relates to the application for extended hours for which there is no imperative.

I would argue that for a small cohort in the community who wish to drink and gamble between 1 and 5 am it is unreasonable to expect that all the community has to pay the cost when it is avoidable.

This is a cost which far outweighs the benefit and the application should be denied.

The applicant will argue that the venue is well managed with appropriate staff training, that there is appropriate signage, there is free water, security, lighting, a no-glass policy and available public transport. While there is some evidence that some of these strategies mitigate risks, this mitigation is small. ( Victorian survey) and there is ample evidence that despite this, the problems remain.

**There is no evidenced based argument that will support the view that such an extension in trading hours will do other than impact adversely on this community. Violence has its best correlation with the volume of alcohol sold not the method of its sale. This violence includes domestic and road violence. None of this is mitigated in any significant way by in-house hotel measures.**

A special circumstance could arise in Noosa. With other hotels closing earlier, it is probable that groups of drinkers will re-locate to Villa Noosa in the early hours of the morning. This will increase traffic in the area. It has the potential to see groups, even gangs, arriving under the influence of drugs and alcohol and starting confrontations. It may well attract people from outside Noosa who will inevitable bear the cost of these adverse events.

From a medical perspective it needs to be noted that Noosa has a very limited Emergency facility and the nearest Emergency Department with comprehensive facilities is at Nambour. This is recognized as being inadequate for current demand (average Emergency waiting time 7 hours source Sunshine Coast Daily). That these facilities can be spared a further influx of injuries lies in the hands of the Commission.

**Not to deny the application is to act in concert against the whole community in respect of medical services.**

Noosa has a unique demographic. This is even more so in Noosaville where the average age is xxx and there is strong commitment to an environment which respects property, respects nature and respects each other's right to quiet enjoyment. This special amenity is widely recognized. When a community

shares an ethos which rejects late night pub drinking and its consequences, then the Commission should respect that right by exercising its power to refuse this application.

## **EVIDENCE TO SUPPORT THE OBJECTION**

### **1 ALCOHOL CAUSES DEATH**

1.1 Alcohol consumption accounted for 3.3 per cent of the total burden of disease and injury in Australia in 2003; this disease burden affected 4.9 per cent of males and 1.6 per cent of females.

1.2 In Australia:

1. Alcohol is second only to tobacco as a preventable cause of drug-related death and hospitalisation
2. Between 1992 and 2001, more than 31,000 deaths were attributed to risky or high-risk alcohol consumption
3. in the eight years between 1993–94 and 2000–01, over half a million completed hospital episodes were associated with alcohol
4. While the number of emergency department presentations caused by alcohol is largely unknown apart from the St Vincent's Data ( *infra vide* ), it is likely to account for a large proportion of presentations
5. Alcohol accounts for 13 per cent of all deaths among 14–17-year-old Australians — it has been estimated that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes
6. Alcohol is also a significant contributor to premature death and hospitalisation among older Australians — among 65-74-year-olds, almost 600 die every year from injury and disease caused by drinking above the NHMRC 2001 guideline levels, and a further 6,500 are hospitalised.

### **2 SO WHAT ARE THE COSTS?**

In Australia, the direct cost to the community from legal and illicit drug use during 1998–1999 was estimated to be at \$34.5 billion with alcohol accounting for approximately \$7.59 billion (Collins & Lapsley 2002).

### 3 PROBLEMS RELATING TO HOTELS

One-third of all alcohol sold in Australia is consumed at licensed premises (Lang et al. 1992). While most of this alcohol is consumed in moderation and at safe levels, licensed premises can be associated with risky drinking patterns.

In their paper investigating several pubs and clubs in Victoria, many problematic issues were identified .

These are:

- Significant levels of intoxication
- Issues of staffing
- loud noise,
- glassware,
- traffic flow/crowding and permissive atmospheres
- Drug-related activity
- drink promotions encouraging speed drinking together with competitions which have drink rewards
- The non-availability of free water

Further issues are outlined in the National Drug Strategy 2004–2009 (Intergovernmental Committee on Drugs and the Australian National Council on Drugs 2004),.

*Alcohol consumption in licensed venues is correlated with high levels of alcohol-related problems such as violence, intoxication, property damage, road trauma and other accidents.*

While alcohol does not always result in violence, crime and disorder, and not all licensed premises are associated with harm” (Doherty & Roche 2003, p. 18) the two together have been associated with a significant amount of public disorder, violence, crime, intoxication and amenity issues (Banfield, Mallick & Duff 2005).

According to Doherty and Roche (2003), licensed premises are strongly associated with risky drinking patterns. Stockwell, Lang and Rydon (1993) found that one in four patrons exiting licensed premises have a blood alcohol level of 0.10mg/100ml.

One in ten patrons leaves licensed premises with a blood alcohol level of 0.15mg/100ml or above. As such, alcohol is considered as one of the main drugs of concern in the National Drug Strategy 2004–2009 (Intergovernmental Committee on Drugs and the Australian National Council on Drugs 2004) in Australia.

More recently there has been the development of a specific Australian National Alcohol Strategy 2006–2009 (Ministerial Council on Drugs 2006). In Victoria, the recent *Inquiry into strategies to reduce harmful alcohol consumption* (Drugs and

Crime Prevention Committee 2006) made a series of specific recommendations. These ought to be implemented before any extension of hours is contemplated

Alcohol consumption within licensed premises is seen as particularly problematic for young people. Lindsay (2005b) found that young people consume between 7.3 and 8.2 drinks on an average night out in licensed venues and as many as 10.8 alcoholic drinks on some occasions (men up to 12.4 drinks). **This is the very market being targeted in this application. This increases the harm.**

These figures are well above the National Health and Medical Research Council recommended suggested daily level of no more than six standard drinks a day for men and four standard drinks a day for women (National Health and Medical Research Council 2001). These recommendations have since been revised downwards.

## **5. SERVICE PRACTICES**

Serving practices are a core issue contributing to alcohol-related harm. Irresponsible Service practices are linked to intoxication and research suggests that “as the number of signs of intoxication increases, so does the likelihood of continued alcohol service” (Donnelly & Briscoe 2002, p. 1). It has been found that between 47% and 79% of venues served semi-intoxicated patrons despite some servers expressing concerns that the semi-intoxicated patron had had too much to drink (Lenk, Toomey & Erickson 2006; Wallin, Gripenberg & Andreasson 2002).

**The continued service of an obviously intoxicated person is a very strong and independent predictor of alcohol related harm (Lang et al. 1995) including violence, drink-driving and injury.**

**There is evidence that late-night licenses can contribute to significant increases in levels of intoxication and incidents of assault. For example, elevated levels of consumption of alcohol are correlated with the extended amount of time available for drinking (Chikritzhs & Stockwell 2002). Drummond noted that, in examining evidence from Western Australia, Ireland and Iceland, “*extending licensing hours increases the number of people drinking more for longer, which results in more violence and disorder*”.**

In short, no alleged controls on serve to intoxicated people seems to mitigate this risk. This is the very behaviour that the Noosaville area wishes to curtail because it comes at a high social and real cost to the community without any advantage.

This application is being made in the light of a growing body of research evidence suggesting that licensed venues have a role in contributing to alcohol-related harms at both the individual and social levels.

## 6 KEY AREAS OF HARM

A review of the literature has found four key areas of harm:

- community safety, property damage and amenity;
- road trauma and other accidents
- intoxication; ( see above)
- violence

### 6.1 AMENITY

While most licensed premises cause few problems for the community, and arguably they can play a role in enhancing the overall amenity, there are some venues that are a source of considerable concern and social disruption (Doherty & Roche 2003). In the *Liquor Control Reform Act, 1998* amenity is defined as “the quality that the area has of being pleasant and agreeable”.

Factors that can be taken into account when considering amenity include parking facilities, traffic movement and density, noise levels, the possibility of nuisance or vandalism and the harmony and coherence of the environment.

**Stevenson (1996) found that total alcohol sales at licensed venues are correlated with the rate of malevolent damage to property and amenity.**

**This is what the applicant is arguing i.e. that there needs to be higher sales volume over extended hours when there is NO evidence that mitigation measures can control the collateral damage.**

**Graffiti and broken windows are the most commonly reported property damage/vandalism related offences, while vomit and urine on the pavement, walls and shop fronts of buildings and businesses are the most commonly reported amenity-related offences (Banfield, Mallick & Duff 2005).**

Shepherd (1998), in reviewing the literature on bar-glass injury found that glassware left lying around venues is a major cause of bar-injuries with 75% of injuries occurring on the face. He further suggested that glassware generates amenity concerns, creating an untidy venue as well as having the capacity to be used as a weapon.

### 6.2 SELF HARM AND INJURY TO OTHERS (Scope of Alcohol-Related Injuries, Hospitalisations and Deaths)

Alcohol is a significant contributing factor in road trauma and other accidents. For example, 30% of driver fatalities in Victoria were alcohol-related in 2005, a 4%

increase on the previous five-year average of 26%. Furthermore, there was a 5% increase in alcohol-related pedestrian fatalities to 36% (Transport Accident Commission 2006, 15 September). High prevalence of excessive drinking especially among young people is correlated with a high level of road trauma. Young people aged 15 to 24 years account for 52% of alcohol-related serious road injury occurrences on Australian roads (Chikritzhs et al. 2000).

**An analysis of hospital emergency room presentations and place of last drink data reveals the extent of the association between alcohol, licensed venues, road trauma and other accidents.**

**For example, a Queensland study carried out on the Gold Coast noted that 38% of male assault victims and 17% of female assault victims that presented to triage staff had been attacked at a nightclub or bar (Campbell & Green 1997). A similar study carried out in Sydney found that over 42% of respondents had been assaulted just outside or inside hotels, clubs or nightclubs (Jochelson 1997). Another Perth study used data on drink-driving offences, alcohol-related traffic accidents and the number of assault charges to emphasise that patrons of hotels, taverns and nightclubs had a higher probability of being involved in confrontations that ended in alcohol-related harms (Stockwell, Somerford & Lang 1992).**

- Based on aetiological fractions developed for an Australian population, English et al (1995) estimated that 47% of all perpetrators of assault and 43% of all victims of assault were intoxicated prior to the event.

Chikritzhs et al (2000a) estimated that in Australia, 3,290 Australians died from high risk consumption of alcohol in 1997.

Alcohol related assaults were a leading cause of death, disease or injury for women and road injuries were a leading cause of death, disease or injury in males. Nationally, males accounted for over 70 percent of the deaths attributable to alcohol.

- It was also estimated that high-risk drinking was responsible for 72,302 hospitalisations and 403,795 days spent in hospital beds in Australia (Chikritzhs et al., 2000a).

Each person who died prematurely from an alcohol-caused condition lost, on average, 19 years of life.

Across the two audits, 14 per cent (191) of the eligible injury cases presenting to the Emergency Department involved injuries that had been incurred as a result of interpersonal violence. Eighty per cent of these assault patients were male and 69 per cent were under the age of 35 (28.3% were less than 25 years old). Slightly more patients sought treatment for an assault-related injury in the January/February audit.

### 6.3 THE ESTIMATED COSTS

Chikritzhs et al (2000b) estimated that, in Australia in 1997, 418 persons died from a road injury attributable to alcohol and 7,789 persons had to be hospitalized for a total of almost 45,000 bed days. This translates to over 17,000 person-years of life lost from alcohol-related road fatalities. The total economic cost in 1997 was estimated to be 1.3 billion dollars, including costs for years of life lost and hospitalisations.

**Estimates for Queensland are that fatal crashes cost > \$700, 000/crash while crashes resulting in hospitalization cost >\$150, 000/crash. • Poynton et al (2005) estimated that the cost of treating alcohol-related injuries and alcohol intoxication cases at Sydney's St Vincent's Hospital Emergency Department is at least \$1.4 million and taking into account other costs such as inpatient costs the full cost to the Hospital may be as high as \$3.2 million per year.**

### 6.4 ALCOHOL RELATED CRIME.

Estimates of the costs of alcohol-related crime for Australia have been provided by Collins and Lapsley (2002) using a number of secondary data sources. They estimated that Australia wide the costs of alcohol related crime in 1998/99 were approximately 1.7 billion dollars.

- Part of this estimate was developed by allocating estimates of the costs in terms of police resources of 648 million dollars and of criminal court resources of 113 million dollars.
- The general nature of these police and criminal courts resource estimates is open to some question, given that they were based upon detainee survey data from just four sites throughout Australia when making assumptions about what proportion of each crime type involved alcohol. Collins & Lapsley (2002) acknowledged that there was not sufficient data available to attempt to estimate the costs of alcohol related property crime. Also, given that only a given proportion of total crimes committed get reported to or detected by police, these cost estimates are necessarily underestimates of the true level of alcohol-related costs.
- A BOCSAR study, published in late 2006, provided costing estimates for the total time that is spent by NSW Police dealing with all duties, including both reactive and proactive tasks, associated with alcohol.

Whatever the analysis, crime against property is related to drinking late at night and the longer the drinking hours the greater the crime levels.

## **6.5 COSTS AND SCOPE OF DRINK DRIVING**

Chikritzhs et al (2000b) estimated that, in Australia in 1997, 418 persons died from a road injury attributable to alcohol and 7,789 persons had to be hospitalized for a total of almost 45,000 bed days. This translates to over 17,000 person-years of life lost from alcohol-related road fatalities. The total economic cost in 1997 was estimated to be 1.3 billion dollars, including costs for years of life lost and hospitalisations.

- Drink driving offences also place a substantive economic burden on the criminal court system. It is of note that in 2004 almost one fifth of persons charged in NSW Criminal Local Court matters appeared for a drink driving charge (Statistical Services Unit, BOCSAR 2005).

Fact Sheet: The Costs and Scope of Alcohol-Related Crime NSW Office of Drug and Alcohol Policy | July 2006

**NOOSA HAS NO CAPACITY TO DEAL WITH FURTHER ALCOHOL RELATED TRAUMA, NEITHER DOES NAMBOUR HOSPITAL (AMA PUBLIC COMMENTARY). IT FOLLOWS THAT A DECISION TO EXTEND TRADING WOULD BE A WILLFUL IMPOST ON THE SAFETY AND AVAILABILITY OF MEDICAL RESOURCES TO THE REMAINDER OF THE COMMUNITY. THIS IS UNCONSCIONABLE  
THE CRITICAL NATURE OF MEDICAL SERVICES AFTER HOURS MUST BE RECOGNISED**

### **SUMMARY**

- *There is incontrovertible evidence that alcohol is already a serious problem in the Noosa environs and creates serious social problems and costs. It damages amenity. There is no evidence that these risks can be mitigated*
- *There is unequivocal evidence that longer trading hours correlate with increased violence, personal harm and drink driving. Total alcohol consumed on licensed premises correlates with increases in public drunkenness, disruption of peace and good order, undue annoyance and disturbance.*
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- *The whole of the Noosa population is going to have its already strained medical services further compromised by increasing demand for alcohol related trauma services if this application were granted.*
- *Such an impact will fall on all the citizens unfairly. Making the right to appropriate health care subordinate to the demands of irresponsible alcohol use is unconscionable. The power to prevent this consequence lies with the Office of Liquor Gaming and Racing.*
- *There is no demonstrable benefit from allowing this application*

Yours faithfully

**R G MEIKLE**  
MB ChB DDR FRANZCR  
39 The Anchorage, Noosaville, 4566

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