

The social harms associated with the sale and supply of packaged liquor in Victoria

Full report



Turning Point
Alcohol & Drug Centre



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Executive summary

Alcohol consumption has a range of benefits and harms for individuals, families, communities and society as a whole. Research has found that immediate, short-term harms from alcohol supply include acute effects on individuals, such as risk of injury and violence. Social harms from alcohol impact the broader community and include alcohol-related litter, reduced perceptions of safety and public drinking (WHO Europe, 2009; DCPC, 2006). Research has also found that longer-term harms include chronic disease such as stroke, heart attack, cancer and mental illness, and associated lost economic productivity (DCPC, 2006).

Over three quarters (78%) of all alcohol in Australia is bought as packaged liquor for off-premises consumption (Euromonitor International, 2012). Despite the inherent contribution this supply makes to the harms of alcohol consumption, there has been little research examining packaged liquor supply and its consumption and consequences. This paucity of evidence makes it difficult for police and policy makers to develop effective, intelligence-led responses mitigating the harms of packaged liquor.

The social harms associated with the sale and supply of packaged liquor in Victoria report presents a State-wide overview of packaged liquor supply, utilisation and associated short-term harms in Victoria. The report comprises five components documenting the contribution of packaged liquor to short-term alcohol-related harms:

1. Introduction

This section summarises the background to liquor licensing in Victoria and relevant research investigating packaged liquor, community environments and health outcomes.

2. Burden of short-term harm attributable to the consumption of packaged liquor in Victoria

This section provides an estimate of the short-term harms associated with packaged liquor in Victoria, based upon a secondary data analysis of existing whole-of-population health surveys and ambulance attendance data.

3. Packaged liquor consumer beliefs, attitudes and behaviours

This section summarises the findings of a survey of 2,008 Victorians who consume packaged liquor, including data on consumption, purchasing, perceived community impact, exposure to alcohol advertising promotions and secondary supply of alcohol to minors.

4. The current environmental context of packaged liquor sales

This section documents the contemporary environment where packaged liquor is sold in Victoria, based upon audits of 12 entertainment precincts in metropolitan and regional Victoria, and qualitative interviews conducted with 12 local governments, 11 liquor accord members and 48 packaged liquor retailers.

5. Conclusions and opportunities for further research

This section summarises the key findings regarding the short-term harms, including community impacts, of packaged liquor in Victoria, and highlights general conclusions and potential areas for further research.

Key findings

1. There is a significant burden of short-term harm associated with consumption of packaged liquor in Victoria

Data from the packaged liquor consumer beliefs, attitudes and behaviours survey show that over half (59%) of those purchasing packaged liquor consume at levels that would put them at risk of alcohol-related injury on a single drinking occasion at least once a year.

Secondary data analysis of whole-of-population health surveys showed that at a population level, short-term alcohol-related harms were more strongly associated with on-premises trade than that of packaged liquor. However, there is also evidence presented in subsequent sections that consumption of alcohol purchased from packaged liquor outlets makes a significant contribution to the harms associated with on-premises trade, for example through 'pre-loading', or drinking packaged liquor before attending an on-premises venue. It is also important to note that these analyses did not assess long-term harms associated with chronic alcohol consumption.

2. Young people and disadvantaged groups may bear a disproportionately large part of this burden of short-term harm

In the local government interviews, young people were commonly cited as a group that use packaged liquor in a manner that may seem harmful to the broader community. Many councils described groups of young people drinking in public spaces such as shopping centres and parks, emphasising that this can appear threatening to other users of these spaces, reducing perceptions of safety. Similarly, pre-loading was described as a problem behaviour associated with young people. However, in some instances young people were described as a vulnerable community group in relation to the use of packaged liquor.

Additionally, during the interviews there was an emphasis placed upon the impact of packaged liquor on disadvantaged community members. Broadly, it was felt that packaged liquor may have a negative impact on vulnerable or disadvantaged groups. Further, some councils suggested that public, daytime drinking could be a source of tension among different community groups, and also present particular health problems for the individual drinker.

3. Community members perceive greater harms in neighbourhoods with higher densities of packaged liquor outlets

Survey data showed that packaged liquor outlets can be perceived as detracting from neighbourhood amenity.

Almost one in three (30%) of survey respondents felt that there were either major or minor problems associated with the current number of packaged liquor outlets operating in their neighbourhoods.

The proportion of respondents reporting that there were problems associated with packaged liquor in their neighbourhood increased with reported outlet density. Respondents who identified six or more packaged liquor outlets within two kilometres of their homes were significantly more likely to suggest that this was 'too many' when compared to those with less than six outlets in their neighbourhood.

Conclusions and opportunities for further research

There are several limitations to the analysis presented in this report. The secondary data analyses and survey data are based on participant self-reporting and recollection of drinking occasions and as such are subject to potential reporting bias, particularly in under-estimation of alcohol consumption. Interview data is inherently subjective and described participants' perceptions of reality, rather than reality itself.

This report indicates that packaged liquor makes a significant contribution to short-term alcohol-related harms experienced in Victoria. When combined, data from the secondary data analyses and survey of packaged liquor consumers suggest that – rather than ascribe finite levels of alcohol-related harm to a particular segment of liquor licensed trade – packaged liquor outlets and on-premises venues may both be utilised by alcohol consumers, and subsequently co-contribute to levels of alcohol-related harm. This study found, in particular, that the sale and supply of packaged liquor:

- a) contributes to short-term acute harm and to individual and community-level harms, although is not as strongly associated with short-term harm as on-premises trade;
- b) can detract from amenity in entertainment precincts and contribute to patron intoxication in licensed venues; and
- c) may exacerbate pre-existing issues in communities experiencing significant social disadvantage.

As the impacts from packaged liquor outlets vary by location, including entertainment precincts neighbourhoods and disadvantaged areas, initiatives mitigating the short-term harms of alcohol consumption may need to account for varying community needs. Future research could further explore this distinction and also consider:

- the impact of the trade of packaged liquor on disadvantaged communities and groups;
- whether packaged liquor outlets and licensed venues are actually used in tandem by alcohol consumers, particularly those who may drink to excess and experience harm from their drinking;
- routine data collection in emergency and criminal justice settings to assess the relationship between the source of alcohol consumed and acute harms;
- exploring the links between the regular utilisation of packaged liquor outlets and long term health impacts, such as chronic disease; and
- collecting more data on detritus counts and licensed premises trading hours to provide an estimate of peak dispersal times and the impact of alcohol-related trade in entertainment precincts, for better planning for night-time economies.

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Section 1

Introduction to the social harms associated with the sale and supply of packaged liquor in Victoria

Acknowledgements

The work presented in this report was funded by the VLEDF and the Office of Liquor, Gaming and Racing. The online survey data collection was prepared and conducted by Research Now. The secondary data collection and analysis of harm indicators based upon NDSHS, VYADS and GENACIS population surveys was completed by Turning Point Alcohol & Drug Centre. National Field Services completed the observational fieldwork and qualitative interviews with licensee forum members and packaged liquor retailers. The City of Melbourne, City of Yarra, City of Port Phillip, City of Stonnington, Maribyrnong City Council, Hobson's Bay City Council, City of Greater Geelong, Frankston City Council, Shire of Nillumbik, Shire of Yarra Ranges, City of Ballarat and Maroondah City Council facilitated the contact with licensee forum members, as well as providing detailed interview data regarding packaged liquor availability and use in the local context.

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Packaged liquor in Victoria

Alcohol consumption has a range of benefits and harms for individuals, families, communities and society as a whole. Research has found that immediate, short-term harms from alcohol supply include acute effects on individuals, such as risk of injury and violence. Social harms from alcohol impact the broader community and include alcohol-related litter, reduced perceptions of safety and public drinking (WHO Europe, 2009; DCPC, 2006). Research has also found that longer-term harms include chronic disease such as stroke, heart attack, cancer and mental illness, and associated lost economic productivity (DCPC, 2006).

Over three quarters (78%) of all alcohol in Australia is bought as packaged liquor for off-premises consumption (Euromonitor International, 2012). Despite the inherent contribution this supply makes to the harms of alcohol consumption, there has been little research examining packaged liquor supply and its consumption and consequences. This paucity of evidence makes it difficult for police and policy makers to develop effective, intelligence-led responses mitigating the harms of packaged liquor.

The social harms associated with the sale and supply of packaged liquor in Victoria report presents a State-wide overview of packaged liquor supply, utilisation and associated short-term harms in Victoria. The report comprises five components documenting the contribution of packaged liquor to short-term alcohol-related harms and provides information that may assist the Office of Liquor, Gaming and Racing in the development of evidence-based policy to prevent and minimise harm associated with packaged liquor.

Alcohol-related harm in Victoria

Although many Victorians enjoy alcohol responsibly, there is growing evidence that alcohol consumption is a significant contributor to the overall burden of disease in Victoria, with 3.2% of all disease burden attributable to alcohol (Department of Human Services, 2001). The short- and long-term health effects of alcohol consumption are considerable and include motor vehicle injuries, alcohol poisoning, injuries from falls and assault and deliberate self-harm, cardiovascular disease, liver disease, cancer, diabetes and mental illness (NHMRC, 2009). Given the contribution to the supply of alcohol in Australia made by the utilisation of packaged liquor outlets (discussed previously), it is reasonable to assume that packaged liquor contributes significantly to the short- and long-term health impacts of alcohol in Victoria.

Victoria recorded the largest increase in the number of alcohol-related hospitalisations from 1995/96 to 2004/05 across all Australian states, with total numbers increasing from 11,571 to 23,144 during this time (Pascal, Chikritzhs & Jones, 2009; NDRI, 2009). Alcohol-related harms can disproportionately affect specific population subgroups. On average, one in four persons hospitalised aged between 15 to 24 years occurs because of alcohol (NHMRC, 2009). In terms of alcohol-related violence, in 2006/07 half of all assault victims and offenders were aged 25 years or younger, with males constituting 90% of offenders and 65% of victims (VicHealth, unpublished). Approximately one-quarter of all family violence incidents attended by Victoria Police are reported as 'definitely involving alcohol', with the majority of victims 25 years or older, three-quarters of which are female (ibid).

The liquor licensing context in Victoria

Fewer new liquor licences have been granted in recent years in Victoria, while enforcement of liquor licence requirements is increasing. The majority of new liquor licences granted in Victoria are on-premises licences, a category that extends to bars, restaurants, cafes and nightclubs; however, 60% of these licences are held by restaurants. General liquor licences include pubs, hotels and taverns. These liquor licences have been decreasing, while on-premises liquor licences have been increasing over the last few years. Liquor licensing enforcement has been strengthened to reduce alcohol-related violence and anti-social behaviour in and around licensed venues. There has been a subsequent increase in the number of infringements issued to licensees (Department of Justice, 2011c).

In 2010–2011, packaged liquor licences had the greatest number of compliance issues compared to other liquor licence types. There were over 455 licensing compliance issues recorded for packaged liquor retailers, compared to 175 for general liquor licence holders and 170 for renewable limited licences (Department of Justice, 2011c).

During the same period (July 2010 to February 2011), 26% of all licensed premises inspections were packaged liquor retailers, followed by general licensed premises (17%) and restaurant and cafe licensed premises (14%). Likewise, packaged liquor licensees recorded the largest portion of compliance issues (32%) of all liquor licences, followed by general licences (13%) and restaurant and cafe and on-premises licences (10% each) (Department of Justice, 2011a).

Between September 2010 and April 2011 there were an additional 23 packaged liquor licences operating in Victoria (up from 1,917 to 1,940) (Department of Justice, 2011a). From 8 April 2011, the Victorian Planning Scheme requires that applicants for a packaged liquor licence must have a planning permit or written permission from the local council before lodging a new application (Department of Justice, 2011b).

Background

International and Australian research indicates that the presence of a packaged liquor outlet in a neighbourhood may be associated with increased numbers of assaults, domestic violence and health problems, such as alcohol-related chronic disease. Further, there is evidence to suggest that packaged liquor outlets are associated with different consumer behaviours than other liquor outlet types, positively associated with higher alcohol consumption rates amongst young people, violence in residential locations and, in a US study, child physical abuse (Freisthler, Midanik & Gruenewald, 2004). Packaged liquor outlets in the US, New Zealand and Australia are typically located with greater frequency in lower socioeconomic communities, potentially exacerbating already existing health inequalities (Livingston, 2011b; Bluethenthal et al., 2008; Huckle et al., 2008).

Packaged liquor, negative health outcomes and violence within the community

Recent research from the US and Australia has shown that higher densities of packaged liquor outlets have been associated with detrimental health outcomes and violence. In a US study, sexually transmitted infections (STI), liver problems and experienced violence were positively associated with the clustering of packaged liquor outlets (Theall et al., 2009). In two Australian studies, assault and alcohol-related disease have been found to rise with higher packaged liquor outlet densities. Using Victorian Police assault data, Livingston found that the density of packaged liquor outlets correlated with assaults in disadvantaged and advantaged suburbs, though this relationship did not extend to central, inner urban or fringe suburbs (Livingston, 2008).

However, an analysis of alcohol-related hospital admissions found that there was a stronger association between packaged liquor outlets and assault than previously thought, as well as with rates of alcohol-related chronic disease (Livingston, 2011c). As hospital admissions data is based upon postcode of residence, it may represent a more complete picture of the impact of packaged liquor outlets on neighbourhood health.

An analysis of the effects of alcohol outlet clustering on neighbourhood childhood neglect and physical abuse in the US explored this relationship further. Rates of child physical abuse rose with higher packaged liquor outlet densities, while rates of child neglect were associated with a greater density of bars (Freisthler, Midanik & Gruenewald, 2004). This study suggests behavioural associations attached to different alcohol outlet types. In this instance, greater access to off-premises alcohol may have led to greater alcohol consumption in the home, which was associated with higher rates of child physical abuse.

Assault, packaged liquor outlets and residential locations

Australian research has indicated that there may be a link between packaged liquor and anti-social behaviours. In their study of violence in the night-time economy, Chikritzhs and Liang found that the average sales volume per packaged liquor outlet was significantly associated with assault, with this relationship strongest in residential locations. For every additional 10,000 litres of pure alcohol sold from a packaged liquor outlet, the risk of violence on residential properties increased by 26% (Chikritzhs & Liang, 2010). In an analysis of liquor licence densities and domestic violence, general and on-premise liquor licences were found to have small effects on domestic violence rates, whereas an increase of one packaged outlet per 1,000 residents was associated with a concomitant increase of 1.36 in the domestic violence rate. (Livingston, 2011a: 922).

Both studies cited above suggest that packaged liquor outlets increase the chance of violence occurring in the home. Furthermore, findings from the Australian Institute of Criminology study into alcohol use and recorded offences on a Friday or Saturday night found that of those who had been charged with assault during this period, half had consumed their last drink in a residential location. 39% of those charged with disorderly conduct on a Friday or Saturday night also consumed their last drink in a private residential location. In both instances, offenders aged between 19 and 25 were more likely to have had their last drink in a licensed premise (Sweeney & Payne, 2011a; Sweeney & Payne, 2011b).

Packaged liquor and young people

Young people are a particularly vulnerable group within the community in terms of alcohol consumption, harm and packaged liquor outlet densities. Although binge drinking rates have been declining amongst this group, the amount of young people (aged 16–24) drinking at extremely high-risk levels has risen from 26% in 2002 to 42% in 2009 (VDAPC, 2009). Research looking at the incidence of high-risk drinking amongst young people showed that packaged liquor outlet density was an important contributor to alcohol consumption rates. In a postcode with 200 young high-risk drinkers (from a population of 1,000 young people), an additional packaged liquor outlet would be expected to result in an additional six young people drinking at high-risk levels (Livingston, Laslett & Dietze, 2008).

A similar study conducted in Auckland, New Zealand found that packaged liquor outlet density was the biggest predictor of teenage alcohol consumption rates, followed by neighbourhood deprivation and ethnicity (Huckle et al., 2008). In a US study, alcohol-related harms (accidents, traffic crashes and assaults) were analysed against alcohol outlet densities among populations of youth (18–20) and young people (21–29). All three alcohol-related harms were associated with packaged liquor outlet density for those aged between 18 and 20 and, to a lesser extent, those aged 21 to 29. However, the latter group also recorded more assaults in areas with a high density of bars, and more traffic crashes in the presence of a higher density of restaurants (Gruenewald et al., 2010).

Both of the studies cited above indicate that packaged liquor outlet density can have a negative impact upon the health and safety of young people in the community. Further, as suggested earlier, the presence of a packaged liquor outlet in a community has a different behavioural association to other alcohol-related outlets, facilitating greater alcohol consumption among young people.

Socioeconomic determinants of alcohol-related harms

The role of alcohol availability in socioeconomically deprived communities has been the focus of several studies. A study of alcohol-related detritus in a medium-sized town in Scotland found there was a greater prevalence of detritus in comparatively deprived residential areas hosting a packaged liquor outlet, irrespective of overall outlet density (Forsyth & Davidson, 2010). Research conducted in Dunedin, New Zealand showed that poorer communities in urban settings had greater access to alcohol, as measured by travel distance, compared to affluent neighbourhoods. However, the same pattern did not hold for rural areas (Hay et al., 2009).

As cited previously, it was also found that area deprivation and packaged liquor outlet density was an influence on teenage alcohol consumption (Huckle et al., 2008). In the USA, areas with high proportions of family poverty also had more alcohol retail outlets per roadway mile, consistent with previous findings that have shown that poorer communities have less access to large retailers, instead having many smaller retailers selling alcohol within a neighbourhood (Bluthenthal et al., 2008). In Victoria, packaged liquor outlets are more prevalent in socioeconomically disadvantaged rural and regional areas across Victoria and suburbs in metropolitan Melbourne. The heightened exposure to alcohol availability in disadvantaged communities in Victoria may exacerbate pre-existing health inequalities (Livingston, 2011b).

The research presented here suggests that packaged liquor may impact upon the community in detrimental ways. Assaults, domestic violence and high-risk alcohol consumption amongst young people have been recorded where there have been a higher density of packaged liquor outlets. Further, the concentration of packaged liquor outlets in socioeconomically disadvantaged communities may locate these negative attributes in areas that already experience health inequalities.

Research methods

A multifaceted research strategy was developed to assess the social harms associated with the sale and supply of packaged liquor across Victoria. The first component of this research involved a secondary analysis of the National Drug Strategy Household Survey (NDSHS), Victorian Youth Alcohol and Drug Survey (VYADS) and Gender, Alcohol and Culture: An International Study (GENACIS) data as well as private resident alcohol-related ambulance attendances from 2005/06 to 2009/10 to assess the extent to which alcohol-related short-term harm in the community may be attributable to packaged liquor.

The second component of the research involved an online survey of 2,000 Victorians conducted by Research Now. Respondents were invited to participate if they had purchased packaged liquor in the previous 12 months. Responses were controlled to ensure proportionate weighting across age and gender demographics. The survey was in field from July to August 2011.

The final part of the research was undertaken to assess the impact of packaged liquor in entertainment precincts across Victoria. Twelve entertainment precincts were selected based on social demographic criteria developed by Livingston (2008). Auditors from National Field Services collected data in these precincts on alcohol-related detritus, business trading hours, amenity impacts and any observed anti-social behaviours.

In addition to the environmental audits, interviews were completed with 12 local governments, 48 packaged liquor retailers (four in each local government area) and 11 liquor accord members (or other community interest groups). The interviews with local government were conducted by Victorian Health Promotion Foundation (VicHealth) staff. The remaining interviews were conducted by National Field Services, and then coded by VicHealth staff.

Further methodological detail is contained in the following sections of the report.

Report summary

The social harms associated with the sale and supply of packaged liquor in Victoria report comprises five components:

1. Introduction

This section summarises the background to liquor licensing in Victoria and relevant research investigating packaged liquor, community environments and health outcomes.

2. Burden of short-term harm attributable to the consumption of packaged liquor in Victoria

This section provides an estimate of the short-term harms associated with packaged liquor in Victoria, based upon a secondary data analysis of existing whole-of-population health surveys and ambulance attendance data.

3. Packaged liquor consumer beliefs, attitudes and behaviours

This section summarises the findings of a survey of 2,008 Victorians who consume packaged liquor, including data on consumption, purchasing, perceived community impact, exposure to alcohol advertising promotions and secondary supply of alcohol to minors.

4. The current environmental context of packaged liquor sales

This section documents the contemporary environment where packaged liquor is sold in Victoria, based upon audits of 12 entertainment precincts in metropolitan and regional Victoria, and qualitative interviews conducted with 12 local governments, 11 liquor accord members and 48 packaged liquor retailers.

5. Conclusions and opportunities for further research

This section summarises the key findings regarding the short-term harms, including community impacts, of packaged liquor in Victoria, and highlights general conclusions and potential areas for further research.

The purpose of these components is to fill an existing knowledge gap in Victoria, examining the extent to which packaged liquor markets contribute to excessive alcohol consumption and short-term harms. This report will provide decision makers with a detailed account of the impact of packaged liquor on the Victorian population, packaged liquor drinkers and communities, which host an array of businesses and packaged liquor outlets.

Section 2

Burden of short-term harm attributable to the consumption of packaged liquor in Victoria

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Social Harms of Packaged Liquor: Secondary Data Analysis is a Turning Point Alcohol & Drug Centre project funded by VicHealth

Chapter 1: Introduction

Background

Alcohol is the most widely used drug in Victoria. Despite its popularity and widespread use, consumption of alcohol can also lead to dependence, injury and disease. The extent of alcohol-related injury and disease is directly associated with the pattern of drinking and the amount of alcohol consumed, as well as the specific circumstances in which alcohol consumption occurs (Lang, 1993).

The majority of Victorians consume alcohol within 'safe' levels. However, 'risky' drinking is also common, and is more prevalent among younger adults. There are also differences in alcohol consumption according to sex, with alcohol use higher among males.

Literature review

The literature review relevant to this component of *The social harms associated with the sale and supply of packaged liquor in Victoria* is contained in the introduction to the whole report.

Objectives

The purpose of this study is to examine the harms associated with packaged liquor by combining two key components incorporating secondary analysis of survey and surveillance data.

Rationale

The analysis of existing data regarding patterns of use of packaged liquor and associated harms will contribute to the broader program of work being undertaken by VicHealth by contextualising and complementing the data collected through the population survey being undertaken.

Chapter 2: Methods

Four key data sources were utilised to enable exploration of the relationship between packaged liquor and alcohol-related harms. These included three sources of survey data: National Drug Strategy Household Survey (NDSHS), Victorian Youth Alcohol and Drug Survey (VYADS) and Gender, Alcohol and Culture: An International Study (GENACIS); as well as routinely collected data derived from ambulance attendances. The details of these data sources are outlined below.

National Drug Strategy Household Survey (NDSHS)

Survey methods

The drop and collect version of the NDSHS asks questions on where you 'usually' drink alcohol, allowing multiple responses. Included across the response categories for these questions are two 'on-premise' options (restaurants/cafes, raves/dance parties and licensed premises) and a range of settings where packaged liquor would be consumed (e.g. at home, at a friend's house, at parties etc.). The surveys also collect a range of information on alcohol-related problems, including perpetration and victimisation of violence, high-risk behaviours and absenteeism from work. Thus, data from respondents who only drink in off-premise settings could be used to estimate essentially a minimum proportion of harm attributable to alcohol from packaged liquor outlets across the domains of harm included in the NDSHS survey. Unfortunately, there are no drinkers reporting consumption only in on-premise venues, limiting the range of analyses possible with the NDSHS data.

Data analysis and statistical methods

This study includes data for the 2007 NDSHS. All data analysis was completed on drinkers only (i.e. those that had drunk alcohol in the last 12 months). All statistical analysis was undertaken using SPSS and logistic regression models were developed in a forward stepwise pattern. The dependent variable used to analyse the NDSHS data was whether the drinker experienced a particular short-term harm or not. Four harms were categorised from the NDSHS survey questions and included:

- high-risk behaviour (going to work, going swimming, operating a boat, driving a motor vehicle and operating hazardous machinery)
- perpetrator of violence (creating public disturbance, damaging property, stealing money, verbally abusing someone and physically abusing someone)
- victim of violence (a person under the influence of alcohol verbally abused you, physically abused you or put fear in you)
- absenteeism from work (last 3 months – days missed of work because of alcohol).

Drinkers were categorised into where they usually drink alcohol at off-premise locations and not at licensed premises (pubs/clubs) or rave party/concert. This variable was labelled 'packaged liquor' and was used to determine the odds ratios of packaged liquor for each short-term harm experienced.

A drinking frequency variable was calculated based on how often (i.e. daily, weekly, monthly, etc.) the respondent drank certain numbers of standard drinks (i.e. 1 or 2, 3 or 4, 5 or 6, 7–10, 11–19, 20+) in the previous 12 months.

The drinking frequency variable was categorised into five categories to account for low, medium, high and very high-risk drinkers. These were:

- low-risk drinkers – all drinking occasions = never greater than 5 or more drinks
- occasional risky drinkers – all drinking occasions = only monthly has 5 or more drinks
- regular risky drinkers – all drinking occasions = 5 or more drinks more often than monthly
- occasional very risky drinkers – all drinking occasions = greater than 20 drinks less than 6 times per year
- regular very risky drinkers – all drinking occasions = greater than 20 drinks more than 6 times per year.

The survey included questions on the short-term harms experienced in the last 12 months while under the influence of alcohol. A regression model was conducted for each harm including the net negative harm (i.e. any of the harms) and was adjusted for age, gender, region, main language spoken and drinking frequency.

Victorian Youth Alcohol and Drug Survey (VYADS)

Survey methods

The data in this section of the study came from the 2009 VYADS conducted by the Victorian Drug and Alcohol Prevention Council to provide trends in alcohol and drug use among young people in Victoria. Computer-assisted telephone interviews (CATI) were conducted with households selected at random from landline telephone numbers listed in the Electronic White Pages for Victoria. Households with at least one resident aged between 16 and 24 were admitted to the sample. Where there was more than one appropriately aged resident in a household, one was randomly selected to complete the survey. Parental permission was required for participants aged 16–17 years.

Data analysis and statistical methods

All data analysis was completed on drinkers only (i.e. those that had drunk alcohol in the last 12 months). All statistical analysis was undertaken using SPSS software and logistic regression models were developed in a forward stepwise pattern. The dependent variable used to analyse the VYADS data was whether the drinker experienced a particular short-term harm or not (e.g. public disturbance while under the influence of alcohol). Drinkers were categorised into where they usually drink alcohol at off-premise locations and not at licensed premises (pubs/clubs) or rave party/concert. This variable was labelled 'packaged liquor' and was used to determine the odds ratios of packaged liquor for each harm experienced.

A drinking frequency variable was calculated based on how often (i.e. daily, weekly, monthly, etc) the respondent drank certain numbers of standard drinks (i.e. 1 or 2, 3 or 4, 5 or 6, 7–10, 11–19, 20+) in the previous 12 months. This variable enabled the calculation of whether a drinker was always an off-premise drinker, mostly an off-premise drinker or mostly an on-premise drinker in order to determine the lower and upper bounds of the contribution of packaged liquor for each alcohol-related short-term harm.

The drinking frequency variable was categorised into five categories to account for low, medium, high and very high-risk drinkers. These were:

- low-risk drinkers – all drinking occasions = never greater than 5 or more drinks
- occasional risky drinkers – all drinking occasions = only monthly has 5 or more drinks
- regular risky drinkers – all drinking occasions = 5 or more drinks more than monthly
- occasional very risky drinkers – all drinking occasions = greater than 20 drinks less than 6 times per year
- regular very risky drinkers – all drinking occasions = greater than 20 drinks more than 6 times per year.

The survey included questions on the short-term harms experienced in the last 12 months while under the influence of alcohol. A regression model was conducted for each harm including the net negative harm (i.e. any of the harms) and was adjusted for age, gender, region, main language spoken and drinking frequency.

Gender, Alcohol and Culture: an International Study (GENACIS)

Survey methods

This study, funded by the Australian National Health and Medical Research Council (NHMRC), comprises the Australian arm of an international study of drinking patterns. In addition to questions about alcohol, the survey includes questions on related topics such as health, relationships, domestic violence, and sexual attitudes and behaviours.

The Australian arm of the study was conducted in Victoria and the purpose was to collect data on drinking patterns and problems, and related issues amongst adult Victorians. The remainder of the results refer to the Victorian sample (Australian arm).

The study collected a random sample of adults aged 18 years and over residing in Victoria in 2007. Interviews were conducted in English only owing to financial constraints of the study. Only those residents in private dwellings were included. Data collection was via computer-assisted telephone interviewing (CATI). A sample size of 2,500 respondents was set, stratified by metropolitan (Melbourne Statistical Division) and non-metropolitan location. The geographic distribution of the sample was such that 50% of interviews were to be undertaken within the Melbourne Statistical Division and 50% throughout the rest of Victoria.

Survey questions included demographics including gender, age, work status and experiences, health status and experiences, family relationships and social networks, intimate relations and sexuality. Drinking variables included questions in relation to how often you usually drink, where you usually drink, what you usually drink, how many standard drinks you've drunk on a single occasion and how often you binge drink. Other questions in relation to drinking included any harmful effects of drinking, any influences on drinking, cutting down or quitting drinking, experiences while drinking, and any health effects after drinking.

Data analysis

All data analysis was completed on drinkers only (i.e. those that had drunk alcohol in the last 12 months).

A liquor source variable was calculated based on how often (i.e. daily, 3–4 times a week, 1–2 times a week, 1–3 times a month, 7–11 times a year, 3–6 times a year and 1–2 times a year) the respondent drank at each venue. For each packaged venue (home, friend's home, workplace) and each on-premise venue (bar, pub, club, restaurant) the frequency of drinking was converted into the number of days of drinking per year. For packaged venues the number of days of drinking per year was added together into one packaged liquor variable and for on-premise venues the number of days of drinking per year was added together to give one on-premise variable. The proportion of on-premise to packaged liquor drinking days was determined to give the categories packaged only, mostly packaged, only/mostly on-premise and equally packaged/on-premise.

For the variables 'influenced to drink more by others' and 'influenced to drink less by others', the categories were not changed for analysis and included spouse/partner, child, female family member, male family member, work/study colleague, female friend/acquaintance, male friend/acquaintance, doctor/health care worker.

Questions in relation to harmful lifestyle effects of drinking included the responses 'on work', 'on household chores', 'on marriage/relationships', 'on other family relationships', 'friendships/social life', 'on physical health', and 'on finances'. For ease of analysis, 'work' and 'household chores' were grouped together, 'marriage/relationships' and 'other family relationships' were grouped together and all other categories remained the same.

Ambo Project

This project was established as part of a collaboration between the Melbourne Metropolitan Ambulance Services (MAS), now Ambulance Victoria (AV), and Turning Point Alcohol & Drug Centre in 1997, and is funded by the Mental Health and Drugs Division of the Department of Human Services. The purpose of the project was to develop a mechanism for the surveillance of heroin overdose events through an audit of cases attended by ambulance in Melbourne and to analyse these events for surveillance reports. Approval was originally granted by the MAS Medical Standards Committee, and from mid-1998 onwards data collection was expanded to include an audit of ambulance attendances at drug-related events in addition to heroin (e.g. benzodiazepines, alcohol, ecstasy, amphetamines).

The ongoing surveillance of drug-related events attended by ambulance in metropolitan Melbourne project uses information derived from Patient Care Records (PCRs). These data are routinely collected by AV ambulance paramedics in the course of their normal duties and contain information on the time and date of attendance, patient condition, demographic details, location of attendance (e.g. postcode level), the treatment provided, and the outcome of the attendance (e.g. transported to hospital/left in care of friends etc.).

From late 2007 the project team has received electronic Victorian Ambulance Clinical Information System (VACIS) PCRs on a monthly basis from a secure, password-protected AV website and has been analysing these records for the project.

Data analysis for the project consists of detailing the trends and characteristics of alcohol and drug-related ambulance attendances, such as psychostimulant, benzodiazepine, antidepressant and analgesic-related attendances, in addition to heroin overdose attendances. The results of these analyses have been presented in a series of surveillance reports, refereed journal articles and other publications, such as the *Victorian Drug Statistics Handbook* and the *Victorian Alcohol Statistics Handbook*, and in responses to ad-hoc requests for information by local governments, other researchers and media.

Chapter 3: National Drug Strategy Household Survey

Introduction

Since 1985, the *National Drug Strategy Household Survey* (NDSHS) has been conducted every three years by market research companies on behalf of the Commonwealth of Australia. The 1985 NCADA survey was based on a national quota sample. The 1988, 1991 and 1993 NCADA surveys employed a systematic random sample of households in all urban centres. The 1995, 1998, 2001, 2004 and 2007 NDSHS surveys employed a stratified, multi-stage random sample design. The 1998 and 2001 NDSHS sampled people aged 14 and over. The 2004 and 2007 NDSHS sampled people aged 12 years and over or 14 years and over as specified. Approximately 5,500 respondents were surveyed in 2001. In 2004, 6,313 Victorians responded to the NDSHS, with 4,842 respondents surveyed in 2007.

Methods

The drop and collect version of the NDSHS asks questions on where you 'usually' drink alcohol, which included responses categories for 'on-premises' facilities (restaurants/cafes, raves/dance parties and licensed premises) and packaged liquor facilities (e.g. at home, at a friend's house, at parties etc). The survey also collected a range of information on alcohol-related problems, including perpetration and victimisation of violence, high-risk behaviours and absenteeism from work. Data from the 2007 survey was analysed and is reported in the results section below. More detailed methods are outlined in the Methods section (see chapter 2).

Results

All cases

Of the 4,842 NDSHS participants surveyed in 2007, 3,927 (81%) were drinkers of alcohol (i.e. consumed alcohol in the last 12 months). The remaining results were analysed using this subset of drinkers. There were 1,743 (44%) males and 2,184 (56%) females (Table 1).

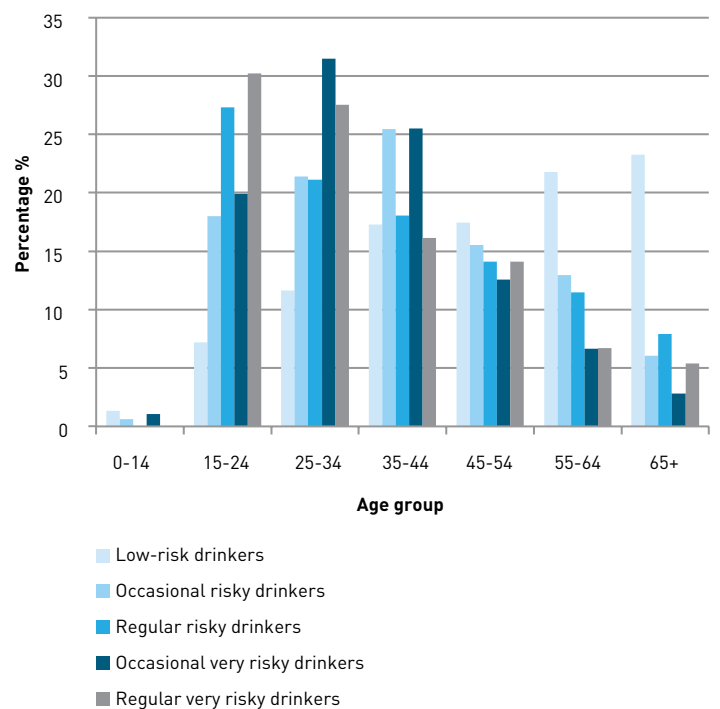
Table 1: Age and gender for all drinkers in 2007 NDSHS (not weighted)

Age group	Gender		Total
	Male	Female	
0-14	21	22	43
15-24	200	253	453
25-34	241	367	608
35-44	300	443	743
45-54	287	362	649
55-64	339	384	723
65+	355	353	708
Total	1743	2184	3927

The majority (92%) spoke English as their main language. Over two-thirds (69%) resided in a 'major city' (including Geelong), with 26% residing in 'inner regional' and the remaining 5% from outer regional or remote locations.

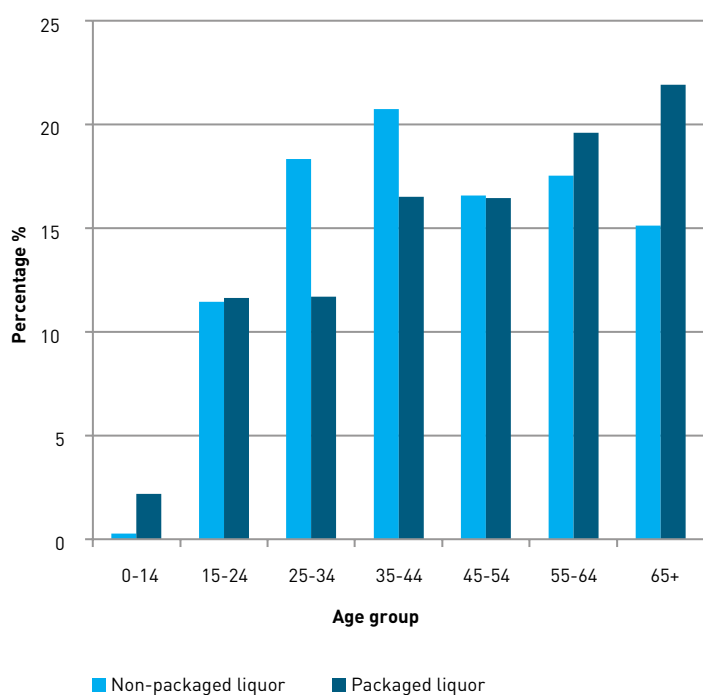
Figure 1 shows the percentage of drinking behaviour by age group. The greatest proportion of regular very risky drinkers was for those aged 15-24 years (30%). Occasional very risky drinkers were most common in those aged 25-34 years (32%). Regular risky drinkers were most frequent in those aged 15-24 years (27%). Occasional risky drinkers were most common amongst those aged 35-44 years (26%). Low-risk drinkers were most common in those aged 65+ years (23%) (Figure 1).

Figure 1: Percentage of drinking behaviour by age group for all drinkers in 2007 NDSHS



There were 1,684 participants (43% of drinkers) who usually drank packaged liquor. Figure 2 shows the percentage of packaged liquor and non-packaged liquor drinkers by age group. The highest percentage for packaged liquor drinkers was for those aged 65+ years (22%), followed by those aged 55–64 years (20%) and those aged 35–44 years (17%) (Figure 2).

Figure 2: Percentage of all drinkers in 2007 NDSHS by their source of liquor for each age group



Undertaking risky behaviour

There were 668 respondents (17% of drinkers surveyed) involved in undertaking risky behaviour while intoxicated, which includes going to work, going swimming, operating a boat, driving a motor vehicle or operating hazardous machinery.

Table 2: Gender by age group for drinkers undertaking risky behaviour

Age group	Gender		Total
	Male	Female	
0-14	0	3	3
15-24	59	55	114
25-34	93	61	154
35-44	95	71	166
45-54	60	47	107
55-64	48	28	76
65+	41	7	48
Total	396	272	668

Figure 3 shows the percentage of participants undertaking risky behaviour while under the influence of alcohol by age group and drinking frequency. Regular very risky drinkers involved in risky behaviour were mostly aged 15–24 years and 25–34 years (30% each). Occasional very risky drinkers undertaking risky behaviour were most frequently aged 25–34 years (33%), followed by 35–44 years (30%). Regular risky drinkers also taking part in risky behaviours were most commonly aged 25–34 years (27%). Occasional risky drinkers involved in risky behaviour were mainly aged 35–44 years (27%). Low-risk drinkers undertaking risky behaviour while under the influence of alcohol were mostly aged 35–44 years (24%).

Figure 3: Percentage of participants undertaking risky behaviour while under the influence of alcohol by drinking frequency and age group (n=668)

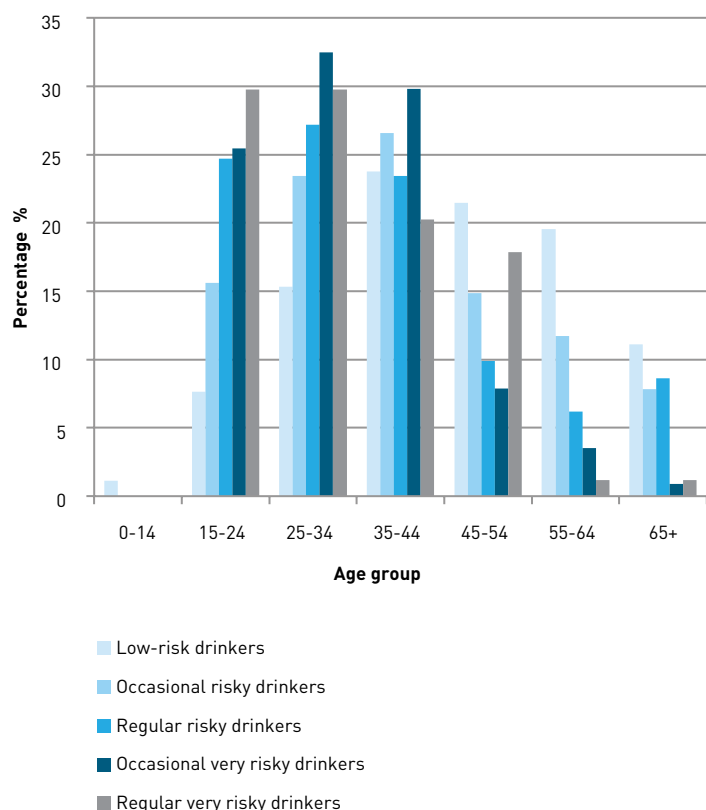


Figure 4 shows the percentage of respondents undertaking risky behaviour while under the influence of alcohol by type of liquor used. The highest percentage of participants using packaged liquor and undertaking risky behaviour was for those aged 35–44 years (23%), followed by those aged 25–34 years (21%) and 45–54 years (20%).

Figure 4: Percentage of respondents undertaking risky behaviour while under the influence of alcohol by liquor type

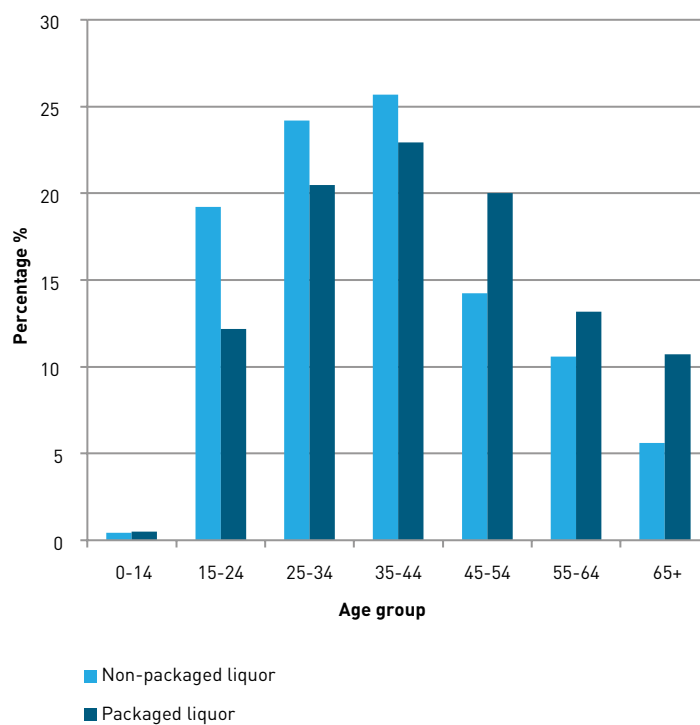


Table 3 shows the results of the binary logistic regression model for drinkers undertaking risky behaviour while under the influence of alcohol. The dependent variable was whether risky behaviour was undertaken or not undertaken. The regression model accounted for source of alcohol, age groups, main language spoken, drinking behaviour and region.

The odds ratio for packaged liquor being used by those undertaking risky behaviour was 0.630 (37% less likely than non-

packaged liquor) and this was statistically significant (Table 3). Those aged 0–14, 15–24, 45–54, 55–64 and 65+ years were all less likely (55%, 15%, 17%, 40% and 60% respectively) to undertake risky behaviour than those aged 25–34 years (reference category) (Table 3), which was only statistically significant for those aged 55–64 and 65+ years. Those aged 35–44 years were as likely as those aged 25–34 years to undertake risky behaviour while under the influence of alcohol, although this was not statistically significant (Table 3).

Table 3: Binary logistic regression model for drinkers undertaking high-risk behaviour while under the influence of alcohol (dependent variable is risky behaviour – yes/no)

		Frequency	Percent of surveyed drinkers	Odds ratio	Significance	95% confidence
Source of liquor	Packaged liquor	1632	41.6	.630	.000	[0.52–0.77]
Age group	0–14	43	1.1	.452	.202	[0.13–1.53]
	15–24	436	11.1	.850	.301	[0.62–1.16]
	25–34	587	14.9	1	.000	(–)
	35–44	729	18.6	1.04	.799	[0.79–1.36]
	45–54	638	16.2	.830	.224	[0.62–1.12]
	55–64	710	18.1	.599	.002	[0.43–0.83]
	65+	687	17.5	.405	.000	[0.28–0.59]
Main language spoken	English	3620	92.2	1.430	.141	[0.89–2.30]
Drinking behaviour	Low-risk drinker	2700	68.8	1	.000	(–)
	Occasional risky drinker	488	12.4	2.773	.000	[2.16–3.55]
	Regular risky drinker	223	5.7	4.444	.000	[3.25–6.08]
	Occasional very risky drinker	279	7.1	5.206	.000	[3.92–6.92]
	Regular very risky drinker	140	3.6	11.728	.000	[8.04–17.10]
Region	Major cities	2656	67.6	1	.030	(–)
	Inner regional	986	25.1	.745	.008	[0.60–0.93]
	Outer regional	188	4.8	.933	.756	[0.60–1.44]

Perpetrator of violence

There were 261 (7% of drinkers) participants who reported being the perpetrator of violence while under the influence of alcohol, which included creating public disturbance, damaging property, stealing money, verbal abuse and physical abuse. The majority were male (58%) and those aged 15–24 years (43%) (Table 4).

Table 4: Age and gender for participants perpetrating violence while under the influence of alcohol

Age group	Gender		Total
	Male	Female	
0–14	3	4	7
15–24	60	52	112
25–34	35	27	62
35–44	26	13	39
45–54	13	7	20
55–64	8	4	12
65+	6	3	9
Total	151	110	261

Figure 5 shows the percentage of survey participants who perpetrated violence while under the influence of alcohol by age group and drinking behaviour. Those aged 15–24 years who inflicted violence on someone or something while under the influence of alcohol were most frequent for regular very risky drinkers (43%), occasional very risky drinkers (42%), regular risky drinkers (51%), occasional risky drinkers (40%) and low-risk drinkers (39%). Those aged 25–34 years who perpetrated violence while under the influence of alcohol were second most frequent in each of the drinking behaviour categories, with the exception of occasional very risky drinkers, which was shared with those aged 35–44.

Figure 5: Percentage of respondents who perpetrate violence while under the influence of alcohol by age group and drinking behaviour (n=261)

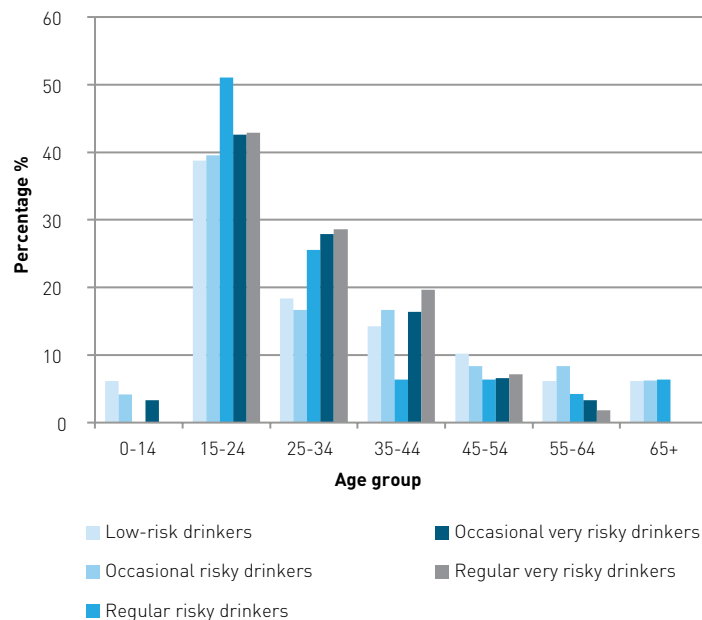
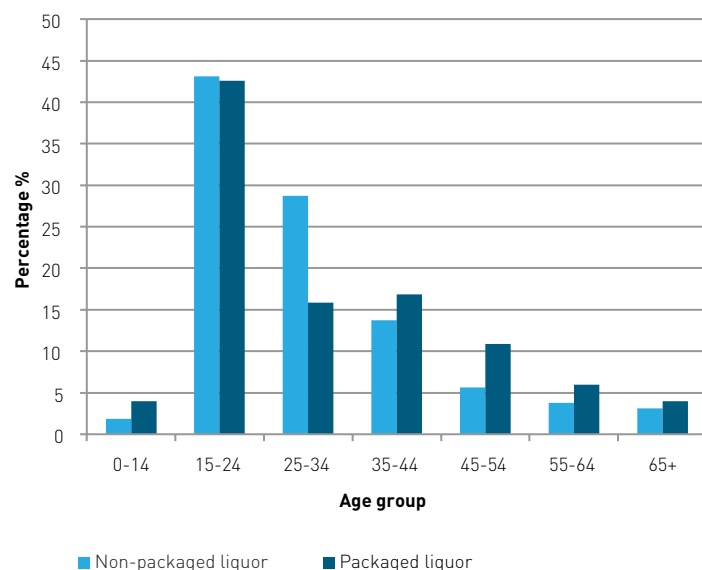


Figure 6 shows the percentage of survey participants who perpetrated violence while under the influence of alcohol by age group and liquor type. Participants aged 15–24 years were most frequent for perpetrating violence while under the influence of alcohol from using packaged liquor (43%), followed by those aged 35–44 years (17%) and 25–34 years (16%) (Figure 6).

Figure 6: Percentage of liquor type for respondents who perpetrated violence while under the influence of alcohol by age group (n=261)



The odds ratio for packaged liquor being used by those engaging in violent behaviour was 1.11 (11% more likely than non-packaged liquor), although this was not statistically significant (Table 5).

Those aged 0–14 and 15–24 years were both more likely (by 4.5 and 2.8 times respectively) than those aged 25–34 (reference category) to perpetrate violence while under the influence of

alcohol than those not under the influence of alcohol. Those aged 35–44, 45–54, 55–64 and 65+ years were all less likely (39%, 57%, 68% and 70% respectively) than those aged 25–34 to perpetrate violence while under the influence of alcohol, and these were all statistically significant (Table 5).

Table 5: Logistic regression model for survey participants who perpetrated violence while under the influence of alcohol (dependent variable is perpetrator of violence – yes/no)

		Frequency	Percent of surveyed drinkers	Odds ratio	Significance	95% confidence
Source of liquor	Packaged liquor	1632	41.6	1.11	.515	[0.82–1.49]
Age group	0–14	43	1.1	4.482	.002	[1.73–11.60]
	15–24	436	11.1	2.764	.000	[1.90–4.02]
	25–34	587	14.9	1.000	.000	[–]
	35–44	729	18.6	.606	.027	[0.39–0.95]
	45–54	638	16.2	.427	.002	[0.25–0.74]
	55–64	710	18.1	.318	.001	[0.17–0.61]
	65+	687	17.5	.299	.001	[0.14–0.63]
Main language spoken	English	3620	92.2	1.706	.204	[0.75–3.89]
Drinking behaviour	Low-risk drinker	2700	68.8		.000	[–]
	Occasional risky drinker	488	12.4	4.332	.000	[2.81–6.69]
	Regular risky drinker	223	5.7	9.628	.000	[6.05–15.32]
	Occasional very risky drinker	279	7.1	10.401	.000	[6.75–16.03]
	Regular very risky drinker	140	3.6	24.185	.000	[14.94–39.15]
Region	Major cities	2656	67.6		.118	[–]
	Inner regional	986	25.1	.700	.043	[0.50–0.99]
	Outer regional	188	4.8	.776	.490	[0.38–1.59]

Victim of violence

There were 897 survey participants (23% of drinkers) who reported being a victim of violence while under the influence of alcohol. Most were female (53%) and were aged 25–34 years (21%), followed by those aged 35–44 years (20%) (Table 6).

Table 6: Frequency of participants victimised by violence while under the influence of alcohol by gender and age group (n=897)

Age group	Gender		Total
	Male	Female	
0–14	5	5	10
15–24	84	99	183
25–34	81	107	188
35–44	86	98	184
45–54	65	76	141
55–64	74	65	139
65+	30	22	52
Total	425	472	897

Figure 7 shows the percentage of survey participants who were a victim of violence while under the influence of alcohol. Regular very risky drinkers, regular risky drinkers and occasional risky drinkers who were victims of violence while under the influence of alcohol were most frequent for those aged 15–24 years (37%, 36% and 27% respectively). Occasional very risky drinkers who were a victim of violence while under the influence of alcohol were most frequent for those aged 25–34 years (31%). Low-risk drinkers who were a victim of violence while under the influence of alcohol were primarily aged 55–65 years (22%), followed by those aged 45–54 years (20%).

Figure 7: Percentage of participants who were a victim of violence while under the influence of alcohol by age group and drinking behaviour (n=897)

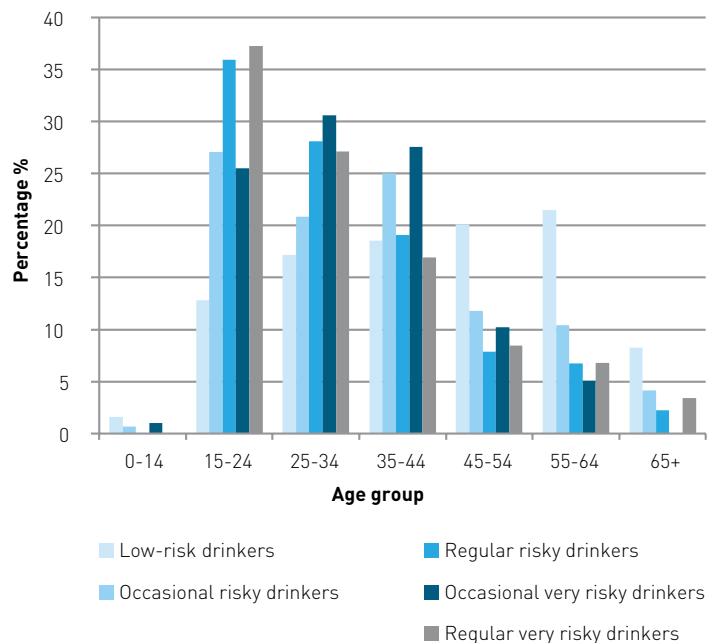
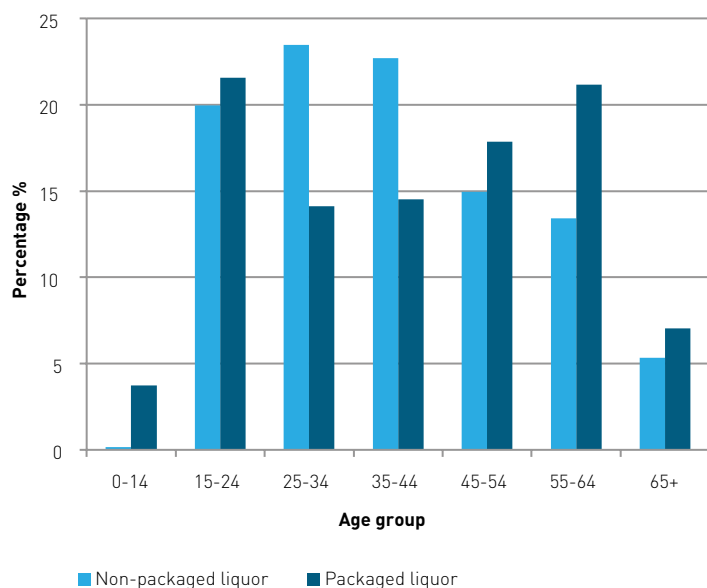


Figure 8 shows the percentage of survey respondents who were a victim of violence while under the influence of alcohol by age group and liquor source. Victims of violence while under the influence of alcohol sourced from packaged liquor were mostly aged 15–24 years (22%), followed by those aged 55–64 years (21%) and 45–54 years (18%).

Figure 8: Percentage of respondents who were a victim of violence while under the influence of alcohol by age group and liquor source (n=897)



The odds ratio for packaged liquor being used by those being a victim of violence was 0.437 (56% less likely than non-packaged liquor), and this was statistically significant (Table 7). Those aged 0–14 and 15–24 years were both more likely (by 19% and 63% respectively) than those aged 25–34 years to be a victim of violence while under the influence of alcohol than those not under the

influence of alcohol. Those aged 35–44, 45–54, 55–64 and 65+ years were all less likely (21%, 29%, 35% and 77% respectively) than those aged 25–34 to be a victim of violence while under the influence of alcohol, and most of these were statistically significant except for those aged 35–44 years (Table 7).

Table 7: Logistic regression for participants who were victims of violence while under the influence of alcohol (dependent variable is victim of violence – yes/no)

		Frequency	Percent of drinkers	Odds ratio	Significance	95% confidence
Source of liquor	Packaged liquor	1632	41.6	.437	.000	(0.37–0.52)
Age group	0–14	43	1.1	1.191	.646	(0.57–2.51)
	15–24	436	11.1	1.632	.000	(1.25–2.13)
	25–34	587	14.9	1.000	.000	[-]
	35–44	729	18.6	.788	.059	(0.62–1.01)
	45–54	638	16.2	.707	.010	(0.54–0.92)
	55–64	710	18.1	.648	.001	(0.50–0.85)
	65+	687	17.5	.232	.000	(0.16–0.34)
Main language spoken	English	3620	92.2	1.525	.040	(1.02–2.28)
Drinking behaviour	Low-risk drinker	2700	68.8		.000	[-]
	Occasional risky drinker	488	12.4	1.292	.029	(1.03–1.63)
	Regular risky drinker	223	5.7	1.900	.000	(1.40–2.572)
	Occasional very risky drinker	279	7.1	1.585	.001	(1.20–2.10)
	Regular very risky drinker	140	3.6	1.765	.003	(1.21–2.58)
Region	Major cities	2656	67.6		.320	[-]
	Inner regional	986	25.1	1.098	.314	(0.92–1.32)
	Outer regional	188	4.8	.816	.325	(0.54–1.22)

Absenteeism from work

There were 65 survey participants (2% of drinkers) who were absent from work due to the influence of alcohol. Most were male (59%) and were aged 15–24 years (42%), followed by those aged 25–34 years (22%).

Regular very risky drinkers, occasional very risky drinkers and regular risky drinkers who were absent from work due to the influence of alcohol were primarily aged 15–24 years (75%, 36% and 58% respectively). Occasional risky drinkers who were absent from work due to the influence of alcohol were equally aged 25–34, 35–44 and 45–54 years (25% each). Low-risk drinkers who were absent from work due to the influence of alcohol were mostly aged 15–24 years (31%).

Drinkers who were absent from work due to the influence of alcohol sourced from packaged liquor were mostly aged 45–54 years (31%) followed by those aged 15–24 years (23%).

Summary

There were 3,927 survey participants in the 2007 NDSHS who drank alcohol in the last 12 months (categorised as drinkers). More than two-fifths (1,684, 43%) of drinkers usually drank packaged liquor (i.e. not at a restaurant/licensed premises or rave/dance party) with the highest frequency being for those aged 65+ years.

There were 668 survey participants (17% of drinkers) who undertook a high-risk behaviour such as driving a car or going swimming while under the influence of alcohol. The most frequent age group for drinkers undertaking a high-risk behaviour while under the influence of alcohol sourced from packaged liquor was 35–44 years.

There were 281 survey participants (7% of drinkers) who perpetrated violence while under the influence of alcohol with the most frequent being for those aged 15–24 years, 'overall' and those sourcing their alcohol from packaged liquor. The odds were 11% more likely for those using packaged liquor to perpetrate violence while under the influence of alcohol compared to non-packaged liquor.

There were 897 survey participants (23% of drinkers) who reported being a victim of violence while under the influence of alcohol. The majority of these were female and aged 25–34 years. The odds were 56% less likely to be a victim of violence under the influence of alcohol sourced from packaged liquor than non-packaged liquor.

There were 65 survey participants (2% of drinkers) who were absent from work due to the influence of alcohol and most were male. Drinkers who were absent from work due to the influence of alcohol which was sourced from packaged liquor were mostly aged 45–54 years.

Chapter 4: Victorian Youth Alcohol and Drugs Survey

Introduction

The most recent wave of the Victorian Youth Alcohol and Drug Survey (VYADS) provides data on frequency of drinking on-premises versus off-premises. This survey collected data from 5,001 Victorians aged between 16 and 24. As with the NDSHS data, VYADS includes a range of measures of alcohol-related short-term harms, including the perpetration of a range of criminal behaviours (physical violence, property damage, public disturbance, drink-driving and stealing), attendance at work or school while under the influence of alcohol and experiences of a physical injury while drinking. These data can provide a similar means of estimating a lower bound of the contribution of packaged liquor to alcohol-related harm via the data on young people who never drink at licensed venues. Due to the richer data on frequency of drinking in on-premises settings, a more robust upper estimate can also be derived using the full range of drinking occasions reported by respondents.

Methods

The data in this section of the study came from the 2009 VYADS conducted by the Victorian Drug and Alcohol Prevention Council to provide trends in alcohol and drug use among young people in Victoria. Computer assisted telephone interviews (CATI) were conducted with households selected at random from landline telephone numbers listed in the Electronic White Pages for Victoria. Households with at least one resident aged between 16 and 24 were admitted to the sample and parental permission was received for residents aged 16 to 17.

Drinkers were categorised into where they usually drink alcohol at off-premises locations and not at licensed premises (pubs/clubs) or rave party/concerts. The survey included questions on the harms experienced in the last 12 months while under the influence of alcohol and this data was analysed and is reported in the results section below

Further methods are reported in Chapter 2.

Results

All cases

Out of the 5,001 youth surveyed in 2009, 4,349 (87%) drank alcohol in the last 12 months. All further results were analysed using this subset of drinkers. There were 2,196 (51%) females and the most frequent age group was those aged 18–21 years (n=2,321, 53%) (Table 8). The majority (69.5%) of participants resided in a metropolitan region.

Table 8: 2009 VYADS participants by gender and age group

	Frequency	Percent	Total	Total percent
Male 16–17	559	12.9	2153	49.5
Male 18–21	1153	26.5		
Male 22–24	441	10.1		
Female 16–17	562	12.9	2196	50.5
Female 18–21	1168	26.9		
Female 22–24	466	10.7		
Total	4349	100.0	4349	100.0

Overall, approximately 40% of the drinkers in the survey population were considered to be 'low-risk drinkers' (i.e. never drank more than 5 drinks in the previous 12 months) or 'occasional risky drinkers' (i.e. drank more than 5 drinks on a monthly basis) (Table 9). The remaining 60% were considered 'regular risky drinkers' (i.e. more than 5 drinks more frequently than monthly), 'occasional very risky drinkers' (i.e. more than 20 drinks less than 6 times in the last 12 months) and 'regular very risky drinkers' (i.e. more than 20 drinks more than 6 times in the last 12 months) (Table 9).

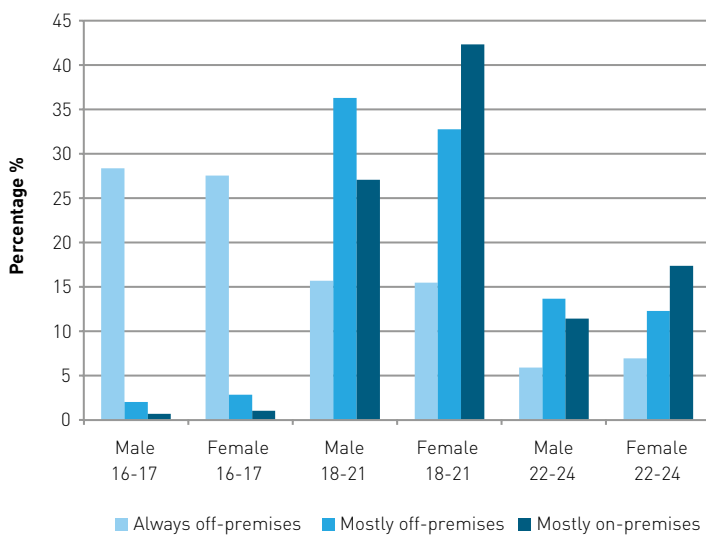
Table 9: Frequency and percent of drinkers aged 16–24 categorised by level of drinking

	Frequency	Percent
Low-risk drinkers	926	21.3
Occasional risky drinkers	892	20.5
Regular risky drinkers	469	10.8
Occasional very risky drinkers	1346	30.9
Regular very risky drinkers	716	16.5
Total	4349	100

Amongst drinkers aged 16–24 years, 42% (n=1,839) experienced short-term harm while under the influence of alcohol (i.e. net negative harm). The harms included public disturbance, stealing something, damage to property, driving a vehicle, verbal abuse, physical abuse, being injured and attending work/school.

Almost 42% of drinkers always drank off-premises, 45% mostly drank off-premises and the remaining 13% were mostly on-premises drinkers. Figure 9 shows the proportion of drinkers drinking off-premises or on-premises for each gender and age group. Both males and females aged 16–17 most frequently drank off-premises. Males aged 18–21 and 22–24 were most frequently ‘mostly off-premises’ drinkers. Females aged 18–21 and 22–24 were most frequently considered ‘mostly on-premises’ drinkers.

Figure 9: Proportion of off-premises and on-premises drinkers by gender and age group



Net negative short-term harms (experienced any harm while under the influence of alcohol)

Of those who experienced a net negative short-term harm (n=1,839), most were male (59%, n=1,084), and were aged between 18–21 years (57%, n=1,042) (Table 10).

Overall, the majority (80%) of drinkers who experienced a net negative harm while under the influence of alcohol were regular risky, occasional very risky or regular very risky drinkers, with the remaining 20% being medium or low drinkers (Table 10).

The majority (56%, n=1,020) of drinkers who experienced a net negative short-term harm were categorised as mostly off-premises drinkers followed by 33% (n=597) who were always off-premises drinkers (Table 10). The remaining 12% of drinkers experiencing a net negative harm while under the influence of alcohol were mostly on-premises drinkers (Table 10).

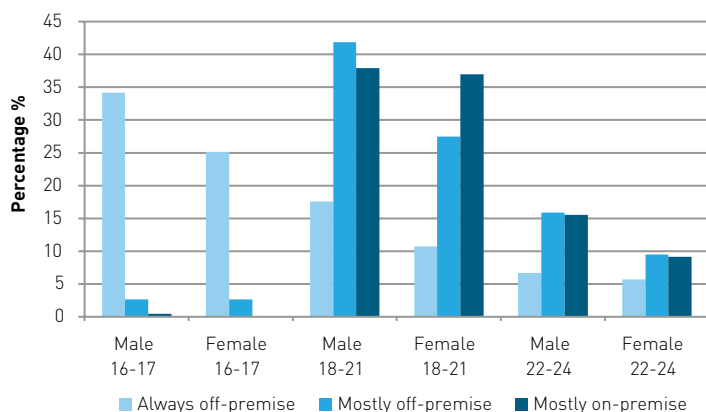
Table 10: Characteristics of drinkers aged 16–24 who experience short-term harm while under the influence of alcohol (n=1,839)

	Frequency	Percent	
Age and gender	Male 16–17	232	12.6
	Male 18–21	615	33.4
	Male 22–24	237	12.9
	Female 16–17	177	9.6
	Female 18–21	427	23.2
	Female 22–24	151	8.2
LGA region	Inner Melbourne	619	33.7
	Outer Melbourne	643	35.0
	Large region centre	178	9.7
	Rural city or shire	399	21.7
Language	English	1745	94.9
	Non-English	94	5.1
Drinker category	Low-risk drinker	119	6.5
	Occasional risky drinker	252	13.7
	Regular risky drinker	251	13.6
	Occasional very risky drinker	681	37.0
	Regular very risky drinker	536	29.1
Alcohol source	Always off-premises	597	32.5
	Mostly off-premises	1020	55.5
	Mostly on-premises	219	11.9
Odds ratio (harm while under influence of packaged liquor)		0.665 *	

*= statistically significant p<0.05

Figure 10 shows the proportion of drinkers experiencing short-term harm who drank off-premises or on-premises for each gender and age group. Both males and females aged 16–17 most frequently drank off-premises. Males aged 18–21 and 22–24 were most frequently ‘mostly off-premises’ drinkers, followed closely by ‘mostly on-premises’ drinkers. Females aged 18–21 were most frequently considered ‘mostly on-premises’ drinkers, while females aged 22–24 years were most frequently considered ‘mostly off-premises’ drinkers, followed closely by ‘mostly on-premises’ drinkers.

Figure 10: Drinkers who experienced harm while under the influence of alcohol by gender and age group



The odds of experiencing a net negative short-term harm while under the influence of alcohol was 0.665 [0.56–0.79 95% C.I.], which is 34% less likely for packaged liquor drinkers compared with non-packaged liquor drinkers, and this was statistically significant (Table 10).

Individual short-term harms

Table 11 shows the estimated lower and upper bounds of the contribution of packaged liquor [i.e. off-premises drinking] for each alcohol-related short-term harm and also includes the proportion of harm experienced by mostly on-premises drinkers. For each harm recorded by respondents, the lower bound is approximately one-third (~30%) and the upper bound is approximately two-thirds (~60%) (Table 11). The proportion of harm experienced by mostly on-premises drinkers is approximately 8–13% (Table 11).

Table 11: Proportions for the contribution of packaged liquor for each alcohol-related harm

	Always off-premises (%)	Mostly off-premises (%)	Mostly on-premises (%)
Public disturbance	31.9	59.3	8.8
Stolen something	31.3	60.7	8.0
Damage property	37.8	54.8	7.4
Driven vehicle	23.1	63.4	13.5
Been injured	33.7	56.2	10.1
Verbally abuse someone	34.8	54.5	10.7
Physically abuse someone	36.5	53.8	9.6
Attend work school	25.6	60.7	13.7
Arrested drink driving	23.7	62.9	13.4
Arrested drunk behaviour	33.3	55.3	11.4

Public disturbance

There were 431 self-reported public disturbance incidents by participants who were under the influence of alcohol. The majority were aged 18–21 years (53%), with the remainder fairly evenly distributed between those aged 16–17 years and 22–24 years (26% and 21% respectively (Table 12). Almost 70% were male and the majority (66%) were in the metro region (Table 12). Over 40% were considered regular very risky drinkers (i.e. >20 drinks more than 6 times in 12 months) (Table 12).

Two-fifths of males aged 16–17 years who were involved in a public disturbance while under the influence of alcohol were always off-premises (40%) (data not shown). Almost 50% of males aged 18–21 involved in a public disturbance while under the influence of alcohol were mostly off-premises. Females of the same age were frequently mostly on-premises drinkers (26%).

The odds of public disturbance while under the influence of alcohol was 0.662 [0.49–0.90 95% C.I.], which is 34% less likely to occur when using packaged liquor than drinking on-premises (Table 12). This was statistically significant.

Table 12: Characteristics of participants involved in public disturbance while under the influence of alcohol (n=431)

	Frequency	Percent	
Age and gender	Male 16–17	71	16.5
	Male 18–21	162	37.6
	Male 22–24	62	14.4
	Female 16–17	42	9.7
	Female 18–21	67	15.5
	Female 22–24	27	6.3
LGA region	Inner Melbourne	153	35.5
	Outer Melbourne	132	30.6
	Large region centre	42	9.7
	Rural city or shire	104	24.1
Language	English	415	96.3
	Non-English	16	3.7
Drinker category	Low-risk drinkers	14	3.2
	Occasional risky drinkers	42	9.7
	Regular risky drinkers	44	10.2
	Occasional very risky drinkers	136	31.6
	Regular very risky drinkers	195	45.2
Alcohol source	Always off-premises	137	31.8
	Mostly off-premises	255	59.2
	Mostly on-premises	38	8.8
Odds ratio (harm while under influence of packaged liquor)	0.662 *		

*= statistically significant p<0.05

Stole something

There were 151 incidents where the participant reported stealing something while under the influence of alcohol. Most were aged 18–21 (53%) and were male (70%) (Table 13). The majority were in the metro (63%) region (Table 13). Almost 50% were regular very risky drinkers (Table 13). More than 90% were either always off-premises drinkers or mostly off-premises drinkers (31% and 60% respectively) (Table 13).

The survey participants that were always off-premises drinkers and were involved in stealing something while under the influence of alcohol were mostly males aged 16–17 (47%), followed equally by males 18–21, females 16–17 and females 18–21 (17% each) (data not shown). Those that were mostly off-premises drinkers and were involved with stealing something while under the influence of alcohol were mostly males aged 18–21 (43%), followed by males 22–24 (21%).

The odds ratio of stealing something while under the influence of alcohol was 0.651 (0.40–1.06 95% C.I.) for packaged only liquor, although this was not statistically significant (Table 13).

Table 13: Characteristics of participants involved in stealing something while under the influence of alcohol (n=151)

		Frequency	Percent
Age and gender	Male 16–17	27	17.9
	Male 18–21	55	36.4
	Male 22–24	23	15.2
	Female 16–17	13	8.6
	Female 18–21	25	16.6
	Female 22–24	8	5.3
LGA region	Inner Melbourne	49	32.5
	Outer Melbourne	47	31.1
	Large region centre	8	5.3
	Rural city or shire	47	31.1
Language	English	146	96.7
	Non-English	5	3.3
Drinker category	Low-risk drinkers	5	3.3
	Occasional risky drinkers	11	7.3
	Regular risky drinkers	14	9.3
	Occasional very risky drinkers	48	31.8
	Regular very risky drinkers	73	48.3
Alcohol source	Always off-premises	47	31.1
	Mostly off-premises	91	60.3
	Mostly on-premises	12	7.9
Odds ratio (harm while under influence of packaged liquor)		0.651	

Damaged property

There were 299 reported incidents where the participant damaged property while under the influence of alcohol. Most were aged 18–21 (49%) followed by those aged 16–17 (35%) (Table 14). The majority were male (73%) and in the metro region (66%) (Table 14). Over 70% were either occasional very risky drinkers or regular very risky drinkers (33% and 46% respectively) (Table 14).

Over half (51%) of participants that were always off-premises drinkers were males aged 16–17, followed by females aged 16–17 (26%) (data not shown). The participants that were mostly off-premise drinkers were primarily male aged 18–21 (51%), followed by males aged 22–24 (18%).

The odds ratio of damaging property while under the influence of alcohol for drinkers who usually drink packaged liquor was 0.637 (0.44–0.91 95% C.I.) and this was statistically significant (Table 14).

Table 14: Characteristics of respondents involved in damaging property while under the influence of alcohol (n=299)

		Frequency	Percent
Age and gender	Male 16–17	72	24.1
	Male 18–21	109	36.5
	Male 22–24	38	12.7
	Female 16–17	33	11.0
	Female 18–21	38	12.7
	Female 22–24	9	3.0
LGA region	Inner Melbourne	103	34.4
	Outer Melbourne	95	31.8
	Large region centre	25	8.4
	Rural city or shire	76	25.4
Language	English	284	95.0
	Non-English	15	5.0
Drinker category	Low-risk drinkers	10	3.3
	Occasional risky drinkers	30	10.0
	Regular risky drinkers	23	7.7
	Occasional very risky drinkers	99	33.1
	Regular very risky drinkers	137	45.8
Alcohol source	Always off-premises	113	37.8
	Mostly off-premises	164	54.8
	Mostly on-premises	22	7.4
Odds ratio (harm while under influence of packaged liquor)		0.637 *	

*= statistically significant p<0.05

Driven a vehicle

There were 416 participants who reported driving a vehicle while under the influence of alcohol. Most were aged 18–21 (51%), followed by those aged 22–24 years (38%) (Table 15). Most were male (68%) and in a metro area (66%) (Table 15). One-third were occasional very risky drinkers (33%) and another third were regular very risky drinkers (37%) (Table 15).

Participants that were always off-premises drinkers were most frequently aged male 18–21 (24%), followed equally by males aged 16–17 years and males aged 22–24 years (20% each) (data not shown). Those that were mostly off-premises drinkers were mostly males aged 18–21 years (39%), followed by males aged 22–24 years (30%).

Of the 416 participants who reported driving a vehicle while under the influence of alcohol, 96 (23%) used packaged liquor. The odds ratio for driving a vehicle under the influence of packaged liquor was 0.682 (0.51–0.91 95% C.I.) which was statistically significant (Table 15).

Table 15: Characteristics of respondents who drove a vehicle while under the influence of alcohol (n=416)

		Frequency	Percent
Age and gender	Male 16–17	26	6.3
	Male 18–21	147	35.3
	Male 22–24	111	26.7
	Female 16–17	19	4.6
	Female 18–21	67	16.1
	Female 22–24	46	11.1
LGA region	Inner Melbourne	129	31.0
	Outer Melbourne	147	35.3
	Large region centre	47	11.3
	Rural city or shire	93	22.4
Language	English	396	95.2
	Non-English	20	4.8
Drinker category	Low-risk drinkers	30	7.2
	Occasional risky drinkers	45	10.8
	Regular risky drinkers	48	11.5
	Occasional very risky drinkers	138	33.1
	Regular very risky drinkers	155	37.3
Alcohol source	Always off-premises	96	23.1
	Mostly off-premises	263	63.2
	Mostly on-premises	56	13.5
Odds ratio (harm while under influence of packaged liquor)		0.682 *	

*= statistically significant p<0.05

Been injured

There were 829 participants who reported being injured while under the influence of alcohol. Most were aged 18–21 (58%), followed by those aged 16–17 years (26%) (Table 16). Most were male (54%) and in the metro area (66%) (Table 16). Approximately 70% were either occasional very risky drinkers or regular very risky drinkers (both 35%) (Table 16).

Those that were always off-premises drinkers were mostly males aged 16–17 (35%) followed by females aged 16–17 years (30%) (data not shown).

There were 279 (34% of the total 829) participants who were injured while under the influence of alcohol from packaged liquor. The odds ratio for being injured while under the influence of packaged liquor was 0.730 (0.58–0.91 95% C.I.) which was statistically significant (Table 16).

Table 16: Characteristics of participants who were injured while under the influence of alcohol (n=829)

		Frequency	Percent
Age and gender	Male 16–17	117	14.1
	Male 18–21	252	30.4
	Male 22–24	78	9.4
	Female 16–17	99	11.9
	Female 18–21	225	27.1
	Female 22–24	58	7.0
LGA region	Inner Melbourne	274	33.1
	Outer Melbourne	274	33.1
	Large region centre	80	9.7
	Rural city or shire	201	24.2
Language	English	794	95.8
	Non-English	35	4.2
Drinker category	Low-risk drinkers	41	4.9
	Occasional risky drinkers	91	11.0
	Regular risky drinkers	110	13.3
	Occasional very risky drinkers	293	35.3
	Regular very risky drinkers	294	35.5
Alcohol source	Always off-premises	279	33.7
	Mostly off-premises	466	56.2
	Mostly on-premises	84	10.1
Odds ratio (harm while under influence of packaged liquor)		0.730 *	

*= statistically significant p<0.05

Verbally abused someone

There were 843 participants who reported verbally abusing someone while under the influence of alcohol. The majority were male (63%) and were aged 18–21 years (56%) (Table 17). Most (68%) were in the metro region, divided fairly equally between inner Melbourne (32%) and outer Melbourne (36%) (Table 17). Most (71%) were high-risk drinkers, divided fairly equally between occasional very risky drinkers (36%) and regular very risky drinkers (35%) (Table 17).

Drinkers who always drank off-premises were primarily males aged 16–17 (38%), followed by females aged 16–17 years (26%) (data not shown).

From the 843 participants who reported verbally abusing someone while under the influence of alcohol, 293 (35%) used packaged liquor. The odds ratio of verbally abusing someone while under the influence of packaged liquor was 0.848 (0.68–1.05 95% C.I.), although this was not statistically significant (Table 17).

Table 17: Characteristics of respondents who verbally abused someone while under the influence of alcohol (n=843)

		Frequency	Percent
Age and gender	Male 16–17	128	15.2
	Male 18–21	302	35.8
	Male 22–24	100	11.9
	Female 16–17	85	10.1
	Female 18–21	169	20.0
	Female 22–24	59	7.0
LGA region	Inner Melbourne	270	32.0
	Outer Melbourne	305	36.2
	Large region centre	88	10.4
	Rural city or shire	180	21.4
Language	English	805	95.5
	Non-English	38	4.5
Drinker category	Low-risk drinkers	33	3.9
	Occasional risky drinkers	98	11.6
	Regular risky drinkers	107	12.7
	Occasional very risky drinkers	305	36.2
	Regular very risky drinkers	297	35.2
Alcohol source	Always off-premises	293	34.8
	Mostly off-premises	458	54.3
	Mostly on-premises	90	10.7
Odds ratio (harm while under influence of packaged liquor)		0.848	

Physically abused someone

There were 197 people who reported physically abusing someone while under the influence of alcohol. Most were male (68%) and were aged 18–21 years (52%) (Table 18). Two-thirds (61%) were in the metro region (Table 18). Almost half (49%) were considered as regular very risky drinkers, and about one-quarter (27%) were considered occasional very risky drinkers (Table 18).

Participants who always drank off-premises were mostly males aged 16–17 years (40%), followed by females aged 16–17 years (26%) (data not shown). Participants who mostly drank off-premises were males aged 18–21 years (47%), followed equally by males aged 22–24 years and females aged 18–21 years (19%) each (data not shown).

From the 197 participants who reported physically abusing someone while under the influence of alcohol, 72 (37%) used packaged liquor. The odds ratio of physically abusing someone under the influence of alcohol is 0.794 (0.52–1.20 95% C.I.), although this was not statistically significant (Table 18).

Table 18: Characteristics of respondents who reported physically abusing someone while under the influence of alcohol (n=197)

		Frequency	Percent
Age and gender	Male 16–17	37	18.8
	Male 18–21	69	35.0
	Male 22–24	27	13.7
	Female 16–17	22	11.2
	Female 18–21	34	17.3
	Female 22–24	8	4.1
LGA region	Inner Melbourne	47	23.9
	Outer Melbourne	74	37.6
	Large region centre	25	12.7
	Rural city or shire	51	25.9
Language	English	183	92.9
	Non-English	14	7.1
Drinker category	Low-risk drinkers	9	4.6
	Occasional risky drinkers	19	9.6
	Regular risky drinkers	20	10.2
	Occasional very risky drinkers	53	26.9
	Regular very risky drinkers	97	49.2
Alcohol source	Always off-premises	72	36.5
	Mostly off-premises	106	53.8
	Mostly on-premises	19	9.6
Odds ratio (harm while under influence of packaged liquor)		0.794	

Attended work or school

There were 583 people who reported attending work or school while under the influence of alcohol. Two-thirds (61%) were male and a large majority were aged 18–21 (66%). The majority were in the metro region (71%), with an even distribution between inner Melbourne (36%) and outer Melbourne (36%).

Participants who always drank off-premises were primarily males aged 16–17 years (35%), followed by females aged 16–17 years (22%) and males 18–21 years (21%). Participants who were mostly off-premise drinkers were mostly males aged 18–21 years (47%), followed by females aged 18–21 years (28%).

Of the 583 participants who reported attending work or school while under the influence of alcohol 149 (26%) used packaged liquor. The odds ratio of attending work or school while under the influence of packaged liquor is 0.553 (0.43–0.72 95% C.I.), and this was statistically significant.

Table 19: Characteristics of respondents who attended work or school while under the influence of alcohol (n=583)

		Frequency	Percent
Age and gender	Male 16–17	66	11.3
	Male 18–21	235	40.3
	Male 22–24	56	9.6
	Female 16–17	42	7.2
	Female 18–21	147	25.2
	Female 22–24	37	6.3
LGA region	Inner Melbourne	209	35.8
	Outer Melbourne	207	35.5
	Large region centre	48	8.2
	Rural city or shire	119	20.4
Language	English	556	95.4
	Non-English	27	4.6
Drinker category	Low-risk drinkers	29	5.0
	Occasional risky drinkers	59	10.1
	Regular risky drinkers	62	10.6
	Occasional very risky drinkers	220	37.7
	Regular very risky drinkers	213	36.5
Alcohol source	Always off-premise	149	25.6
	Mostly off-premise	353	60.5
	Mostly on-premise	80	13.7
Odds ratio (harm while under influence of packaged liquor)		0.553 *	

*= statistically significant p<0.05

Summary

Amongst drinkers aged 16–24 years, 42% experienced short-term harm while under the influence of alcohol. The lower bound contribution of packaged liquor was approximately 30% and the upper bound was approximately 60%. Of those experiencing harm, most were male (59%) and were aged 18–21 years (57%).

For young (16–24 years) drinkers, the overall risk of alcohol-related short-term harm (any negative harm) while under the influence of alcohol was 34% less likely for packaged liquor than non-packaged liquor. This is consistent with the findings for each individual harm, which generally showed that alcohol from on-premises sources had a greater relative contribution to short-term harms.

Chapter 5: GENACIS – Gender, Alcohol and Culture: an International Study

Background

The goal of the GENACIS (Gender, Alcohol and Culture: an International Study) project was to develop a better understanding of the patterning of alcohol consumption and of the relation of these patterns to problems in social relationships, particularly in couples and the family. These patterns were studied using the data collected from a random sample of the Victorian population. Data were collected regarding demographic characteristics of participants, alcohol consumption patterns, locations of alcohol use and also alcohol-related harms. The frequency of drinking in different environments was queried: at a party or celebration, in the respondent's home, in a friend's home, at the respondent's workplace, in a bar/pub/disco, and in a restaurant. Thus respondents can be classified according to their frequency of drinking on- and off-premises. Frequencies of drinking with different types of companions, and at different times of the day and week, are also available for analysis.

Through analysis of these data, harms of consumption by those consuming primarily packaged liquor, those primarily drinking on-premises and those doing both will be explored.

Methods

The Australian arm of the GENACIS study collected a random sample of adults 18 years and over residing in Victoria in 2007. Interviews were conducted in English only owing to financial constraints of the study. Only those residing in private dwellings were included. Data collection was via computer assisted telephone interviewing (CATI). A sample size of 2,500 respondents was set, stratified by metropolitan (Melbourne Statistical Division) and non-metropolitan location.

Further methods are included in the methods section of this report (see Chapter 2).

Results

All cases

Of the 2,483 GENACIS respondents surveyed, there were 2,076 (84%) who drank alcohol (i.e. have drunk alcohol in the last 12 months). The remaining results were analysed using this subset of drinkers. There were 888 (43%) males and 1,188 (57%) females (Table 20).

Table 20: Age and gender for all drinkers in 2007 GENACIS survey (not weighted)

Age group (years)	Male	Female	Total
18-24	77	116	193
25-34	132	179	311
35-44	185	294	479
45-54	182	252	434
55-64	164	181	345
65+	148	166	314
Total	888	1188	2076

The majority (54%) resided in 'major cities of Australia', with 37% residing in 'inner regional Australia' and the remaining 9% residing in 'outer regional Australia' or 'remote Australia' (data not shown).

Figure 11 shows the percentage of participants' liquor source for the previous 12 months for each age group. Those aged 18-25 years mainly sourced their alcohol either from on-premises facilities (i.e. bar, pub, club, hotel, restaurant) or equally from packaged (i.e. home, friend's home and work) and on-premises facilities. As age increased the source of alcohol was more frequently from packaged liquor facilities, than on-premises facilities (Figure 11). Those aged 65 years or more frequently sourced their alcohol from packaged liquor facilities only (Figure 11).

Figure 11: Percentage of liquor source used by respondents over previous 12 months for each age group (n=2,076)

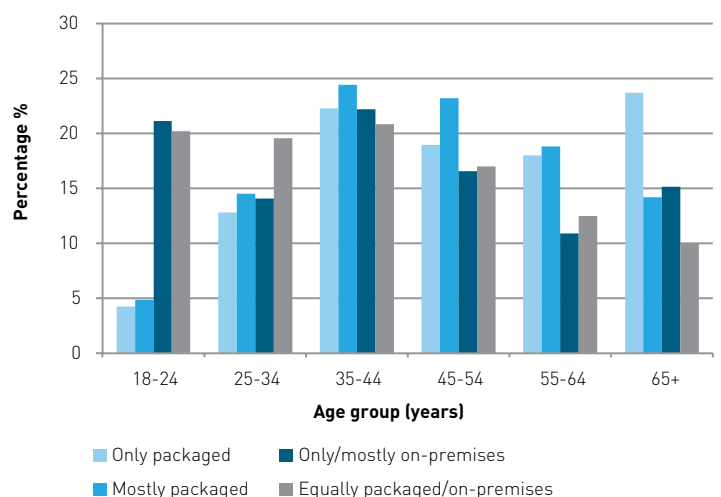
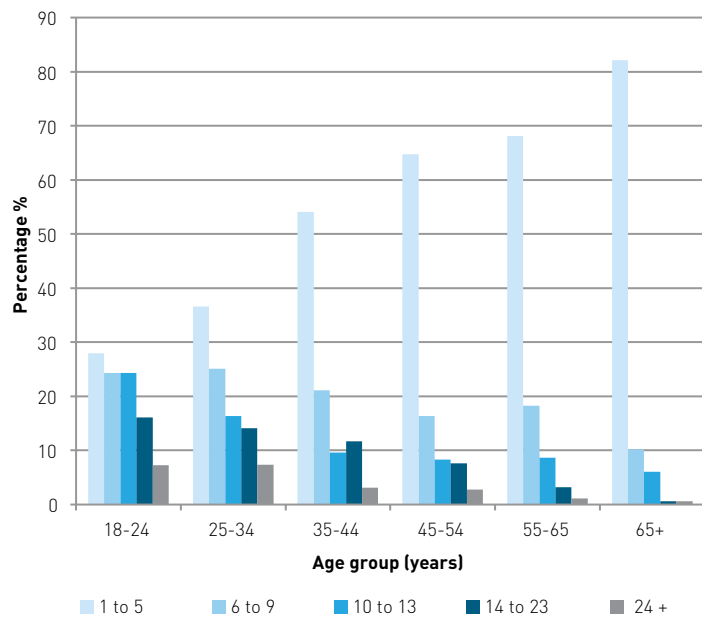


Figure 12 shows the percentage of drinking behaviour (maximum drinks drunk on a single occasion in the last 12 months) for each age group. The percentage of those drinking 1 to 5 standard drinks on a single occasion in the last 12 months increased with each age group to over 80% for those aged 65+. The highest percentage who drank 6–9 drinks on a single occasion was for those aged 25–34 years (25%), followed by 18–24 years (24%) and 35–44 years (21%). Those drinking 10–13 standard drinks on a single occasion were most frequently aged 18–24 years (24%) followed by those aged 25–34 years (16%). Respondents who drank 14–23 standard drinks on a single occasion in the last 12 months were most frequently aged 18–24 years (16%) followed by those aged 25–34 years (14%). Survey respondents who drank 24 or more standard drinks on a single occasion in the last 12 months were most frequently aged 18–24 years and 25–34 years (7% each).

Figure 12: Percentage of the maximum number of standard drinks drunk on a single occasion for each age group (n=2,076)



Binge drinking

There were 847 (41% of drinkers) respondents who reported binge drinking (6 or more drinks on a single occasion). Table 21 shows the frequency of survey respondents who reported binge drinking by gender and age group. Most (60%) were male and approximately a quarter (26%) were aged 35–44 years, followed by those aged 25–34 years (23%) (Table 21).

Table 21: Frequency of respondents who reported binge drinking (6 or more drinks on a single occasion) for each age group and gender

Age group (years)	Male	Female	Total
18–24	66	69	135
25–34	100	94	194
35–44	117	103	220
45–54	104	43	147
55–64	80	19	99
65+	43	9	52
Total	510	337	847

Figure 13 shows the percentage of respondents for each liquor source by the frequency of their binge drinking (6 or more standard drinks on a single occasion). Those drinking packaged liquor only most frequently undertook binge drinking ‘less than monthly’ (50%), or ‘monthly’ (30%). Those drinking ‘mostly packaged’ liquor undertook binge drinking most frequently ‘less than monthly’ (47%), or ‘monthly’ (29%), followed by ‘weekly’ (21%). Those who only or mostly drank at on-premises facilities mainly drank ‘less than monthly’ (44%), followed by ‘monthly’ (32%) and ‘weekly’ (24%). Respondents that equally drank at packaged and on-premises facilities mainly drank ‘less than monthly’ (54%) followed by ‘weekly’ (24%).

Figure 13: Percentage of respondents for each liquor source by frequency of binge drinking (n=847)

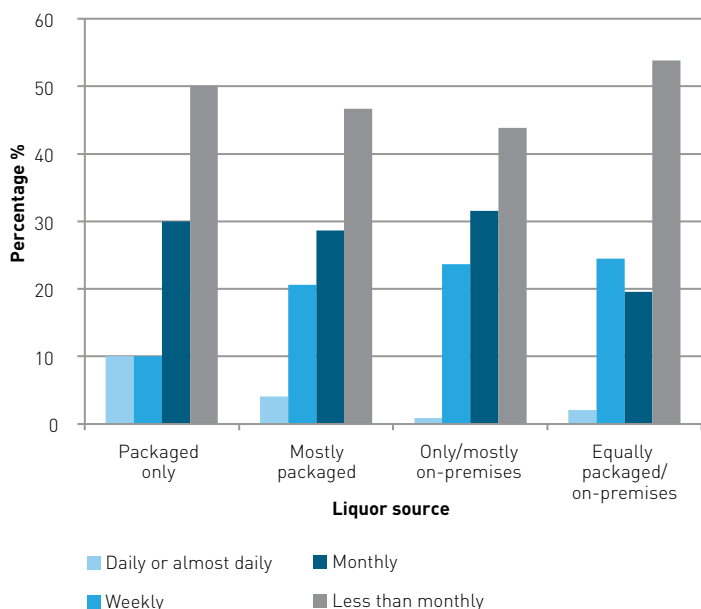


Figure 14: Percentage of respondents for each social harm by frequency of binge drinking (n=847)

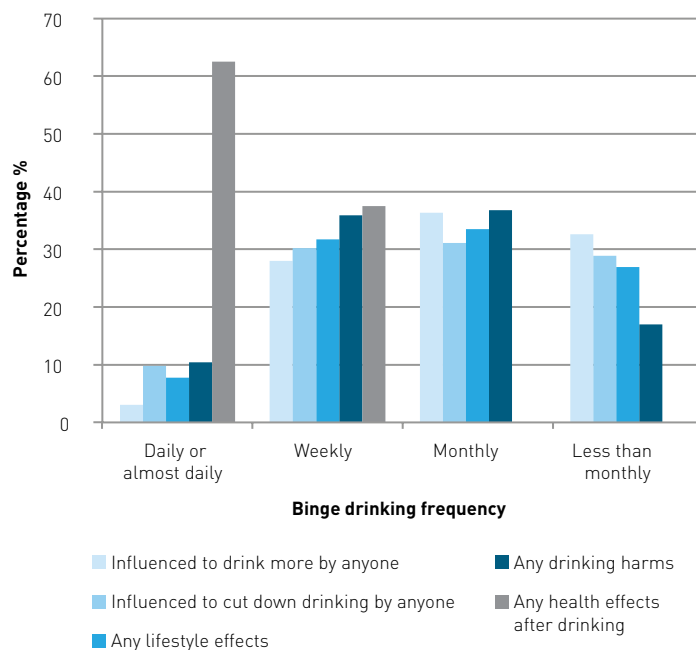


Figure 14 shows the percentages for each social harm by frequency of binge drinking. Those that were influenced to drink more by anyone, including a spouse, family member, work colleague or friend occurred most frequently in those binge drinking 'monthly' (36%).

Experiencing any drinking harms, including trouble with the law about drink driving, an illness preventing them from working, losing or nearly losing their job, people criticising their drinking, a partner threatening to leave, losing friendships, or getting into a fight was most frequent for monthly binge drinkers (37%) (Figure 14).

Those who binge drank on a weekly or daily basis most frequently encountered health effects after drinking, including slurred speech, headache/nausea, drinking more to get over effects, feeling sick or shaking, not able to stop drinking once started, failing to do what was expected of them, drinking in the morning after a heavy drinking session, or feeling guilt or remorse or unable to remember what happened (38% and 63% respectively) (Figure 14).

Respondents who experienced any lifestyle effects such as work problems, marriage or relationship problems, friendship or social life problems, physical health issues or financial problems were approximately 30% for those who binge drank weekly or monthly (Figure 14).

Influenced to drink or drink more by others

There were 343 survey respondents (16% of drinkers) who were influenced by others (including spouses, family members, work colleagues, and friends) to drink or drink more. Table 22 shows the frequency of survey participants who were influenced by others people to drink or drink more by gender. Most (61%) were female (Table 22). Survey participants were predominantly influenced to drink or drink more by friends/acquaintances/colleagues as opposed to spouses/family members (Table 22).

Table 22: Frequency of respondents who were influenced to drink or drink more by others for each age group and gender

	Male	Female	Total
Spouse/partner	12	31	43
Child/children	3	4	7
Female family member	4	14	18
Male family member	15	10	25
Work/study colleague	29	29	58
Female friend/acquaintance	18	75	93
Male friend/acquaintance	52	47	99
Total	133	210	343

Figure 15 illustrates the percentage of respondents who were influenced by others (spouse, children, family member, work colleague, friend/acquaintance) to drink or drink more for each age group. Female and male 'friends/acquaintances' or 'work colleagues' were the most frequent people to influence respondents to drink or drink more for each age group, except for those aged 55–64 years where a spouse or partner most frequently (33%) influenced respondents (Figure 15).

Figure 15: Percentage of respondents who were influenced by particular people to drink or drink more for each age group (n=343)

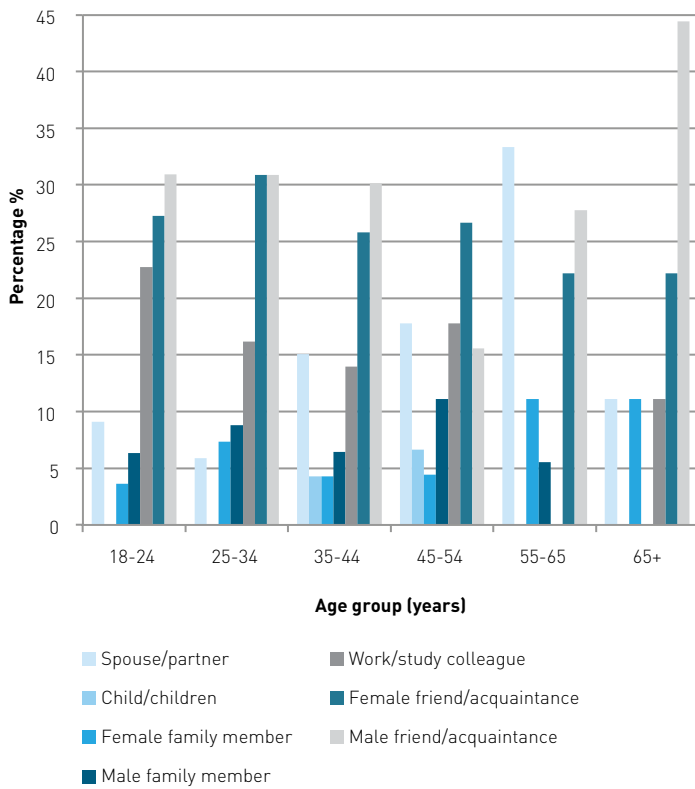


Figure 16 shows the percentage of respondents who were influenced by others to drink or drink more for each liquor source used. Female and male 'friends/acquaintances' most frequently influenced respondents for each liquor source. More than 20% of respondents who equally used packaged and on-premises facilities were influenced to drink or drink more by work or study colleagues. Twenty per cent of respondents who drank packaged liquor only were influenced to drink or drink more by female family members.

Figure 16: Percentage of respondents who were influenced by particular people to drink or drink more during the previous 12 months for each liquor source (n=343)

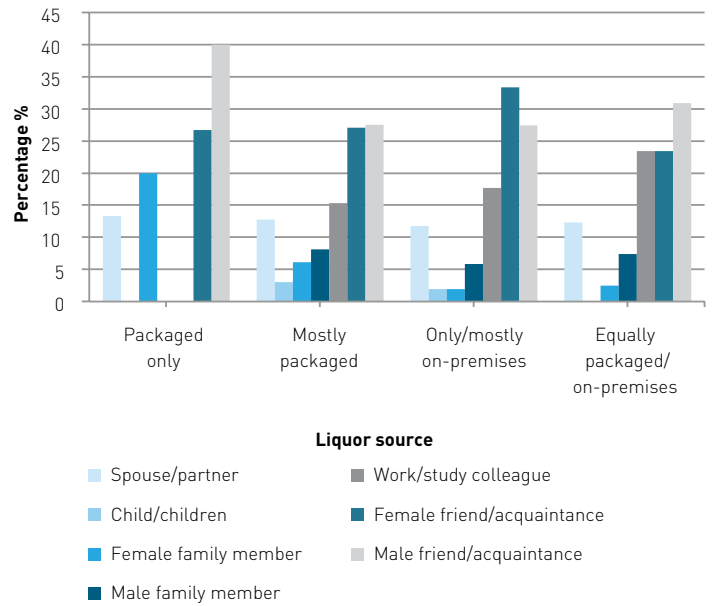
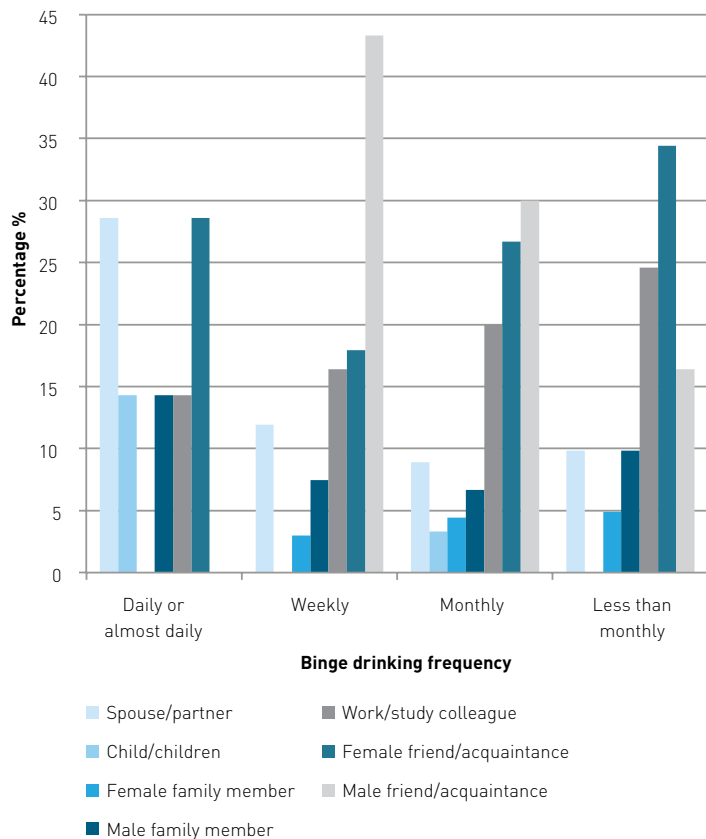


Figure 17 shows the percentage of respondents who were influenced by others to drink or drink more by binge drinking frequency. Respondents who binge drank on a daily or almost daily basis were most frequently influenced to drink or drink more by spouses/partners and female friends/acquaintances. Those binge drinking on a weekly or monthly basis were mostly influenced to drink or drink more by male friends/acquaintances followed by female friends/acquaintances. Those binge drinking on a less than monthly basis were mostly influenced to drink or drink more by female friends/acquaintances followed by work/study colleagues.

Figure 17: Percentage of respondents who were influenced by particular people to drink or drink more during the previous 12 months by binge frequency (n=343)



Attempt by others to influence you to drink less or cut down

There were 379 survey respondents (18% of drinkers) where an attempt was made by others (spouse, child, family member, colleague, friend, or doctor) to influence them to drink less or cut down. Most (57%) were male and were mostly frequently influenced by spouses/partners or female family members (31% and 18% respectively) (Table 23).

Table 23: Frequency of respondents who were influenced by others to drink less or cut down by age group and gender

	Male	Female	Total
Spouse/partner	94	50	144
Child/children	17	18	35
Female family member	40	44	84
Male family member	16	16	32
Work/study colleague	6	9	15
Female friend/acquaintance	21	20	41
Male friend/acquaintance	18	10	28
Doctor or health worker	51	28	79
Total	263	195	458

Figure 18 shows the percentage of respondents who were influenced by others to drink less or cut down for each age group. Those aged 18–24 years were mostly influenced to drink less or cut down by female family members (33%) followed by female friends/acquaintances (20%). Those aged 25–64 years were mostly influenced to drink less or cut down by spouses/partners. A doctor or health worker was least likely to influence a respondent aged 18–24 years (7%) to drink less or cut down and most likely to influence a respondent aged 65 years or more (42%) to drink less or cut down.

Figure 18: Percentage of respondents influenced by others to drink less or cut down for each age group (n=458)

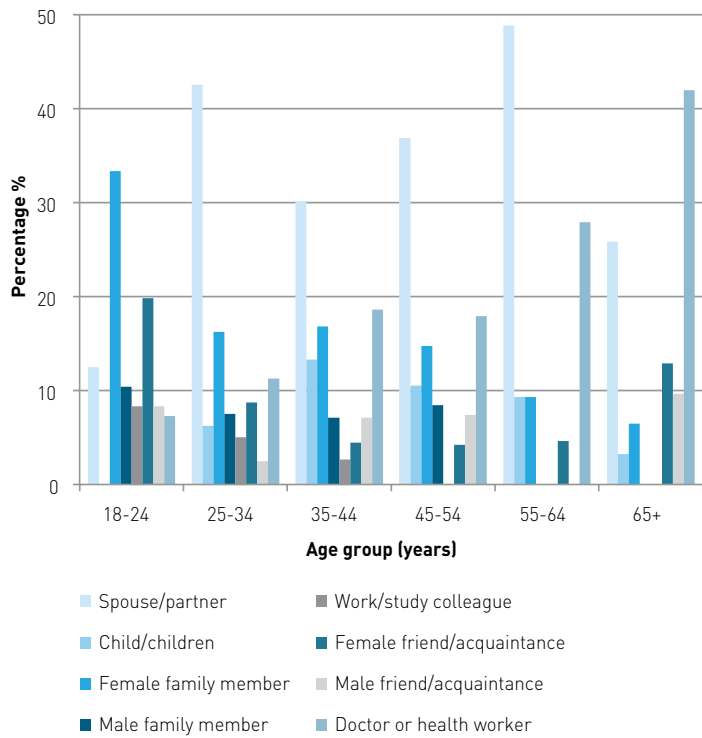


Figure 19 demonstrates the percentage of survey respondents who were influenced by family, friends or colleagues to drink less or cut down their drinking for each liquor source. Spouses/partners and female family members were the most frequent people that influenced respondents to drink less or cut down for those who drank 'mostly packaged' liquor, 'only/mostly on-premises' liquor and 'equally packaged/on-premises' liquor. Respondents who drank packaged liquor only were mostly influenced by their spouse/partner (28%) to drink less or cut down, followed by their children or female family members (22% each).

Figure 19: Percentage of respondents who were influenced by particular people to drink less or cut down their drinking for the previous 12 months for each liquor source (n=458)

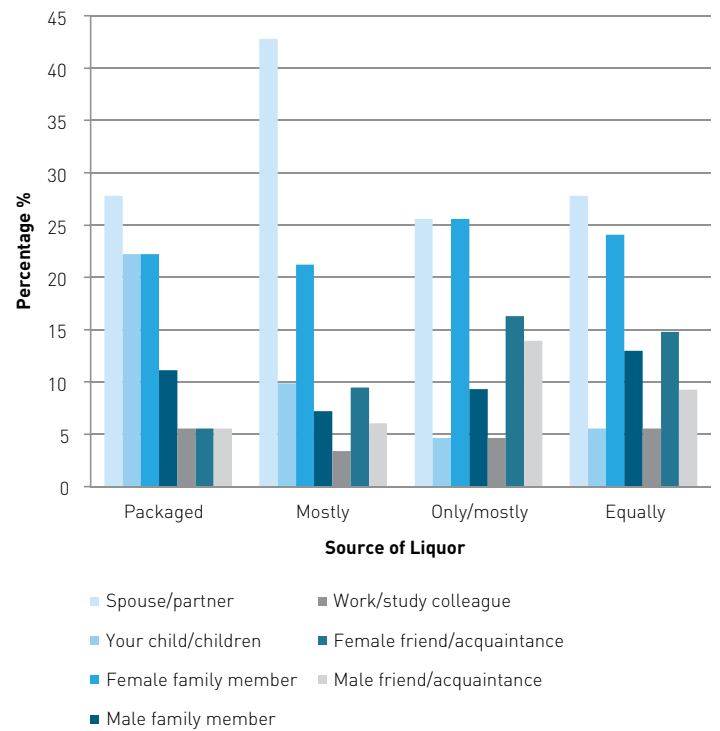
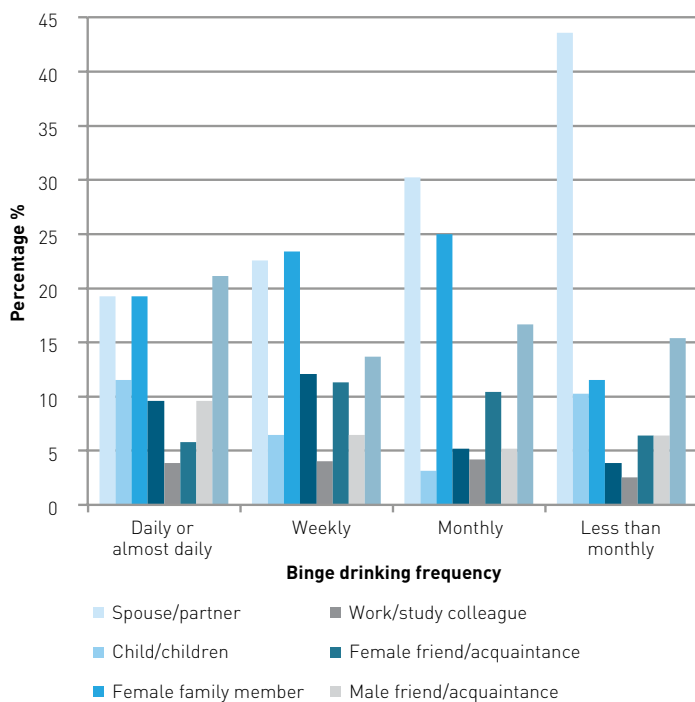


Figure 20 shows the percentage of respondents influenced by others to drink less or cut down by binge drinking frequency. Respondents drinking on a daily or almost daily basis were most frequently (21%) influenced by a doctor or health care worker to drink less or cut down followed by spouse/partner and female family member (19% each). Those drinking on a weekly or monthly basis were mostly influenced to drink less or cut down by spouse/partners or female family members. Respondents drinking on a less than monthly basis were mostly influenced to drink less or cut down by spouses/partners (44%) or doctors/health workers (15%).

Figure 20: Percentage of respondents influenced by others to drink less or cut down by binge drinking frequency (n=458)



Harmful lifestyle effects of drinking

There were 202 survey respondents (10% of drinkers) who reported harmful lifestyle effects of their drinking on work/home duties, marriage/family relationships, friendships/social life, physical health or finances. The majority (54%) were female and most respondents' drinking primarily affected their finances (38%) (Table 24).

Table 24: Frequency of harmful lifestyle effects due to respondents' drinking by gender

	Male	Female	Total
Work/home duties	15	26	41
Marriage/family relationships	8	9	17
Friendships/ social life	4	8	12
Physical health	31	25	56
Finances	34	42	76
Total	92	110	202

Table 25 shows the frequency of respondents' drinking effects on lifestyle factors for each age group. More than 70% of respondents' drinking habits had effects on lifestyle factors in those aged 18 to 44 years, with the most frequent age group being 35-44 years (26%) (Table 25). Finances were the predominant lifestyle factor affected in the younger age groups, with 51% of 18-24 years old affected and 44% of 25-34 years olds (Table 25). Those aged 35-44 years mostly (32%) had physical health effects from their drinking habits (Table 25).

Table 25: Frequency of harmful lifestyle effects due to respondents' drinking by age group (years)

	18-24	25-34	35-44	45-54	55-64	65+	Total
Work/home duties	4	11	13	7	4	2	41
Marriage/family relationships	3	3	6	3	1	1	17
Friendships/social life	6	1	3	1	1	0	12
Physical health	8	12	17	12	6	1	56
Finances	22	21	14	8	6	5	76
Total	43	48	53	31	18	9	202

Figure 21 illustrates the percentage of respondents who reported harmful lifestyle effects from their drinking by each liquor source. Respondents who drank 'mostly packaged' liquor, 'only/mostly on-premises' liquor or 'equally packaged/on-premises' liquor were mostly affected by finances (36%, 43%, 39% respectively), followed by physical health (30%, 24%, 21% respectively) due to their drinking (Figure 21). Respondents who drank 'packaged-only' liquor were also mainly affected by finances (40%), followed equally by physical health, friendships/social life and work/home duties (20% each).

Figure 21: Percentage of respondents reporting harmful lifestyle effects due to respondents' drinking for each liquor source (n=202)

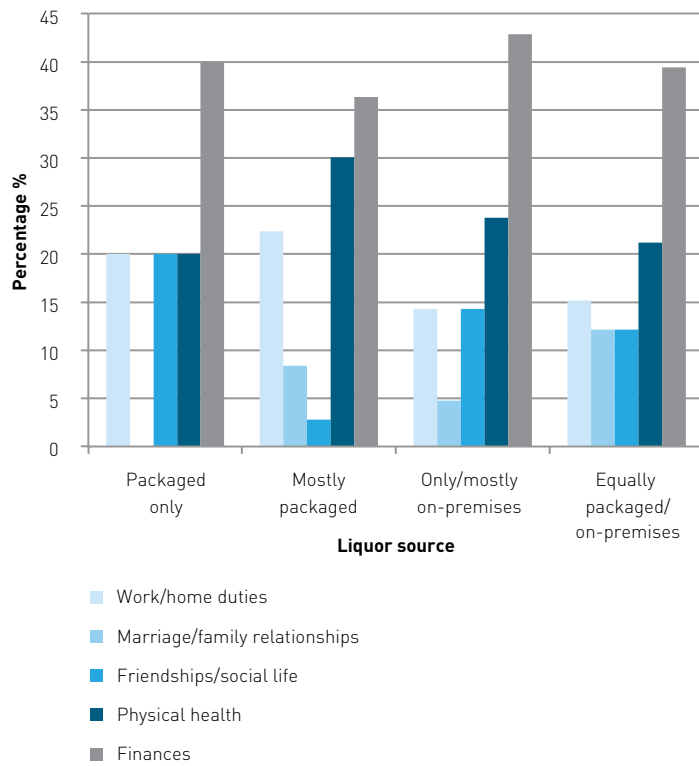
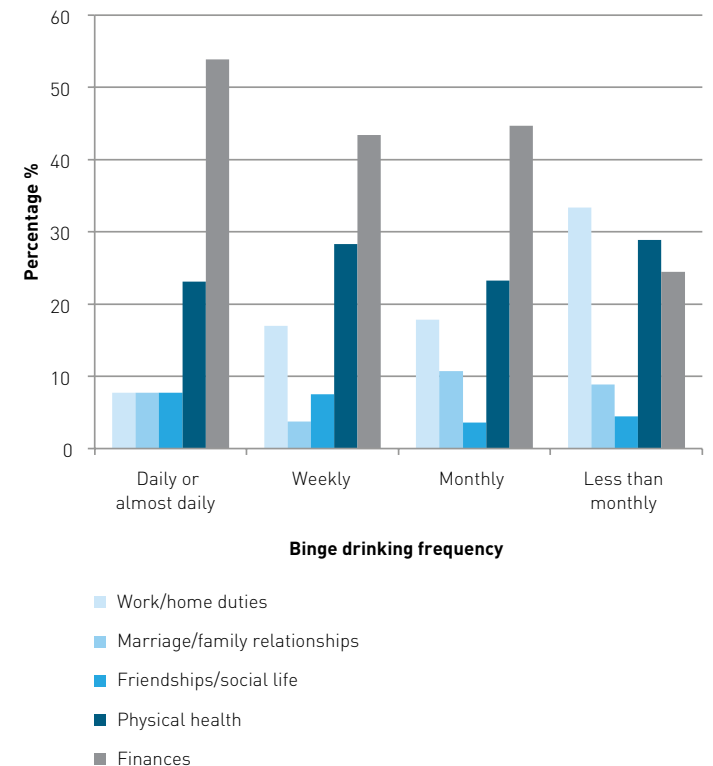


Figure 22 shows the percentage of harmful lifestyle factors experienced by survey respondents due to their drinking habits by their binge drinking (6 or more drinks on a single occasion) frequency. Respondents binge drinking on daily, weekly or monthly basis mostly experienced effects on their finances (54%, 43% and 45% respectively) and physical health (23%, 28% and 23% respectively). Respondents binge drinking on a 'less than monthly' basis reported their drinking having effects on 'work/home duties' (33%), followed by 'physical health' (29%) and 'finances' (24%).

Figure 22: Percentage of harmful lifestyle effects experienced by respondents due to their drinking habits by binge drinking frequency (n=202)



Harmful health effects after drinking

There were only 8 (0.4% of drinkers) respondents who reported any short-term harmful health effects after drinking such as drinking more to get over effects, feeling guilt or remorse or unable to remember what happened. Most (62%) were male and half reported needing to drink more to get over the effects of drinking (Table 26).

Table 26: Frequency of harmful health effects after drinking by gender

	Male	Female	Total
Drank more, not able to stop	4	0	4
Felt guilt or remorse	1	1	2
Unable to remember	0	2	2
Total	5	3	8

Table 27 shows the frequency of short-term harmful health effects reported by respondents for each age group. Most (37%) were aged 45–54 years, followed by those aged 25–34 years and 35–44 years (25% each).

Figure 23 illustrates the percentage of respondents reporting harmful health effects due to their drinking by liquor source. Respondents drinking ‘packaged only’ liquor equally reported feeling guilt or remorse (50%) and being unable to remember what happened during or after drinking (50%). Respondents drinking ‘mostly packaged’ liquor predominantly reported drinking more to get over the effects of drinking (67%).

Table 27: Frequency of harmful health effects after drinking by age group

	18–24	25–34	35–44	45–54	55–64	65+	Total
Drank more, not able to stop	1	1	1	1	0	0	4
Felt guilt or remorse	0	1	0	1	0	0	2
Unable to remember	0	0	1	1	0	0	2
Total	1	2	2	3	0	0	8

Figure 23: Percentage of respondents reporting harmful health effects due to their drinking by liquor source (n=8)

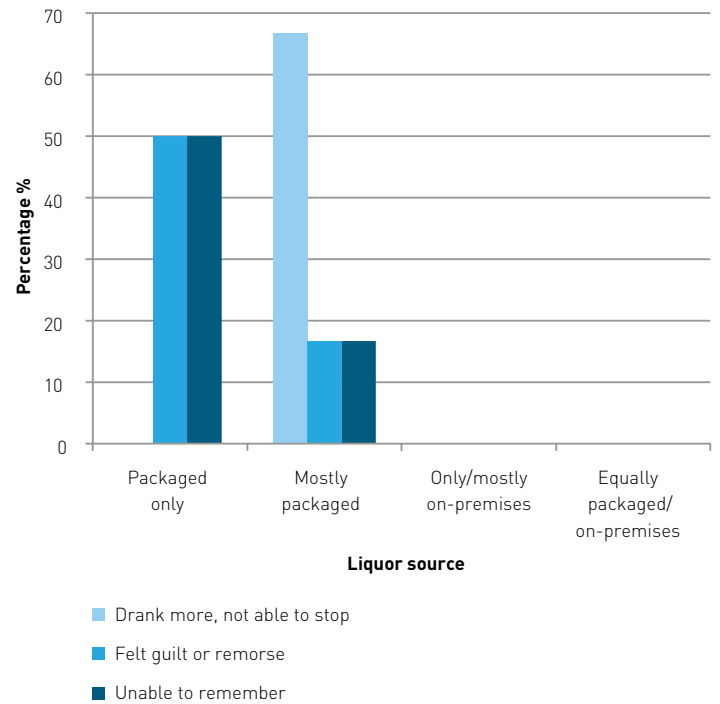
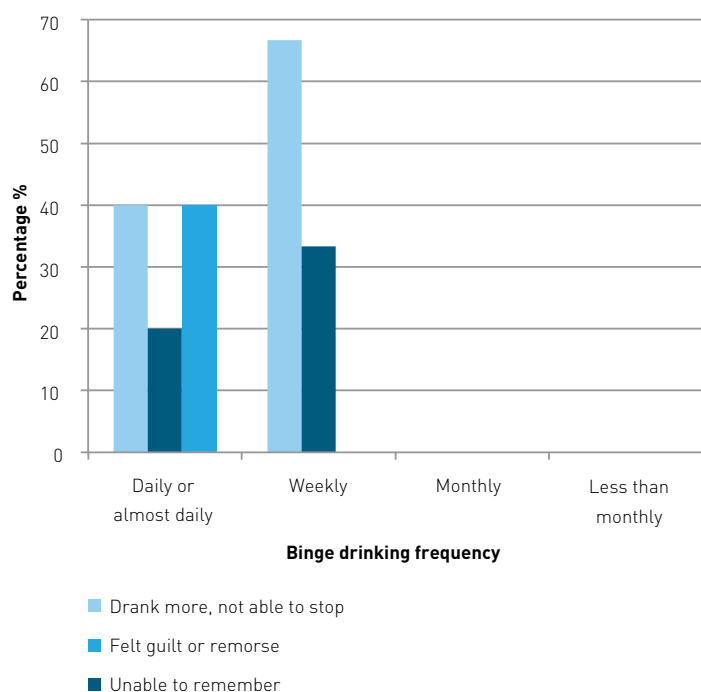


Figure 24 illustrates the percentage of respondents reporting harmful health effects due to their drinking by binge drinking frequency. Respondents binge drinking on a daily or almost daily basis equally reported drinking more to get over the effects of drinking (40%) and being unable to remember what happened during or after drinking (40%). Respondents binge drinking on a weekly basis predominantly reported drinking more to get over the effects of drinking (67%).

Figure 24: Percentage of respondents who reported harmful health effects due to their drinking by binge drinking frequency (n=8)



Being injured or inflicting injury as a result of drinking

There were 275 respondents (13% of drinkers) who reported ever being injured themselves or injuring someone else as a result of their drinking. The majority (79%) reported being injured or inflicting injury, but not in the previous 12 months of being surveyed (Table 28). A little over half (51%) were male (Table 28).

Table 28: Frequency of survey participants injured or inflicting injury as a result of their drinking by gender

	Male	Female	Total
Yes, during the last year	25	33	58
Yes, but not in the last year	116	101	217
Total	141	134	275

Table 29 shows the frequency of survey participants who reported ever being injured themselves or injuring someone else as a result of their drinking for each age group. The majority (73%) of participants being injured or inflicting injury as a result of their drinking were aged 18 to 44 years, with those aged 25–34 years predominating (30%) (Table 29). In all age groups except those aged 18–24 years, respondents reported being injured or inflicting injury but not in the last year (of being surveyed). Those aged 18–24 years mostly (60%) reported being injured or inflicting injury in the 12 months (of being surveyed) (Table 29).

Table 29: Frequency of participants injured or inflicting injury as a result of their drinking by age group

	18–24	25–34	35–44	45–54	55–64	65+	Total
Yes, during the last year	30	13	7	4	1	3	58
Yes, but not in the last year	20	71	60	39	19	8	217
Total	50	84	67	43	20	11	275

Figure 25 shows the percentage of respondents who reported being injured or inflicting injury as a result of their drinking by liquor source. For each liquor source the majority of respondents reported being injured or inflicting injury as a result of their drinking, but not in the last year (of being surveyed).

Figure 25: Percentage of respondents injured or inflicting injury as a result of their drinking by liquor source (n=275)

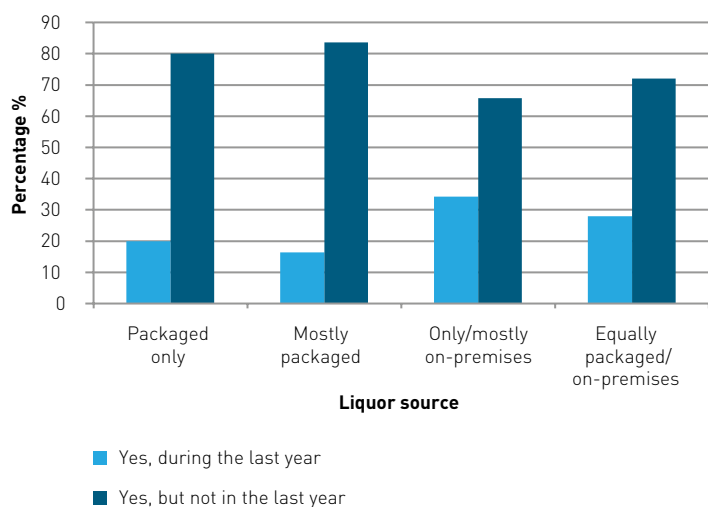
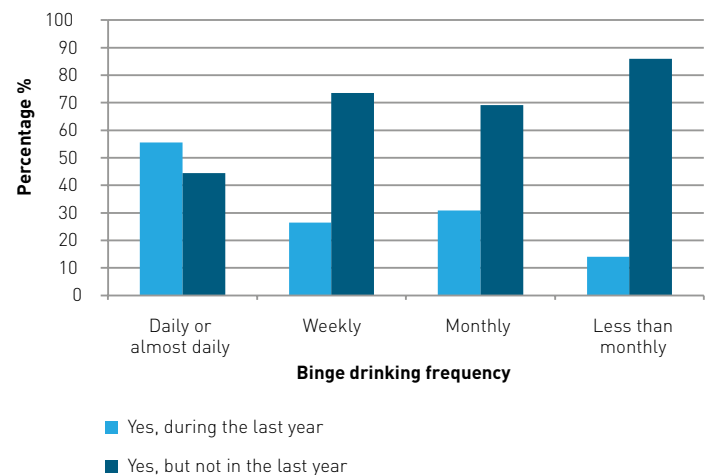


Figure 26 shows the percentage of respondents who reported being injured or inflicting injury as a result of their drinking by binge drinking frequency. Respondents binge drinking daily or almost daily reported being injured or inflicting injury most frequently in the previous year (to being surveyed). Respondents binge drinking on a 'weekly', 'monthly' or 'less than monthly' basis reported being injured or injuring someone else as a result of their drinking but not in the previous year (to being surveyed).

Figure 26: Percentage of respondents injured as a result of drinking by binge drinking frequency



Summary

There were 2,076 GENACIS survey participants who had drunk alcohol in the previous 12 months and the majority (57%) were female and were mostly aged 35–44 years (23%) followed by 45–54 years (21%). There were 847 (41%) binge drinkers (who drank 6 or more standard drinks on a single occasion) and most were male (60%).

There were 343 (16%) survey respondents who were influenced by others (spouse, family member, work colleague, or friend) to drink or drink more, mostly by friends/acquaintances or work/study colleagues.

There were 379 (18%) participants who were influenced by others (spouse, family member, work colleagues, friend or doctor) to drink less or cut down, mostly by spouse/partners or female family members. Those aged 18–24 years were mostly influenced to drink less by a female family member. Those aged 25–64 years were mostly frequently influenced to drink less by their spouse/partner and those aged 65 years or more were influenced to drink less most frequently by a doctor or health care worker.

There were 202 (10%) survey respondents who experienced harmful lifestyle effects due to their drinking. The majority experienced lifestyle effects due to their drinking during the ages 18–44 years and mostly experienced financial effects (38%) and physical health effects (28%).

Only 8 (0.4%) survey participants reported experiencing harmful health effects as a result of their drinking and 50% of these were for 'drinking more to get over the effects'.

There were 273 (13%) survey participants who reported being injured or inflicting injury on others while drinking, with the majority (79%) responding yes, but not in the last year (of being surveyed). Those aged 18–24 years were the only age group to report being injured or inflicting injury predominantly (60%) during the previous year (of being surveyed).

Chapter 6: Alcohol-related ambulance attendances

Introduction

The *Ambo Project: Drug and Alcohol-related Ambulance Attendances* (formerly known as the *Surveillance of Drug Related Events Attended by Ambulance in Melbourne* project) collates information from alcohol and other drug-related non-fatal attendances by ambulance paramedics in metropolitan Melbourne. The data are obtained from the patient care records that are completed by the attending paramedics for every incident that they attend and for which they provide a service. These are coded and entered by specifically trained project staff into a database which contains information including demographic and location characteristics, clinical signs, treatment details and outcomes. Drug involvement in the attendance is determined by paramedic clinical assessment and information available at the scene, and cases are included where the drug played a causal role in the reason for the ambulance attendance.

In October 2006, data collection changed from a paper-based system to an electronic patient care record, with processes developed to ensure consistency in data availability and coding over time. The dataset currently comprises over 195,000 records where alcohol or other drugs have been involved in ambulance attendances, and includes data from June 1998. Alcohol intoxication currently accounts for more than one-third of attendances each year. The location of attendances is a key characteristic included in data collected that will enable analysis of patterns of alcohol-related harm associated with packaged liquor. Through analysis of Ambo data we will be able to estimate the proportion of alcohol-related attendances attributable to on-premises alcohol consumption compared with the remainder, presumed to be primarily involving consumption of packaged liquor.

Methods

Turning Point Alcohol & Drug Centre and Ambulance Victoria run a collaborative project funded by the Victorian Department of Health that collects and analyses ambulance patient care records on drug-related attendances (Dietze et al. 2000).

Data have been collected since November 1997. Data for 2005/06, 2006/07, 2007/08, 2008/09, 2009/10 are presented in this section of the report. Ambulance Victoria provides electronic data to Turning Point Alcohol & Drug Centre from the Victorian Ambulance Clinical Information System (VACIS). Only alcohol-related ambulance attendances are used for this study. Data presented here is not standardised by age or estimated resident population of local government areas.

Further methods can be found in Chapter 2.

Results

Table 30 shows the alcohol-related private residence ambulance attendances by gender and financial year. For each financial year, male patients were more commonly attended (approximately 60%) compared with females for alcohol-related ambulance attendances for private residence only, which would most likely be the result of packaged liquor (Table 30).

Table 30: Alcohol-related, private residence, ambulance attendances by gender and financial year (percentages shown in brackets)

	2005/06	2006/07	2007/08	2008/09	2009/10
Male	1220 (58.8%)	1478 (61.9%)	1606 (62.9%)	1915 (61.5%)	1638 (59.9%)
Female	854 (41.2%)	908 (38.1)	949 (37.1%)	1199 (38.5%)	1098 (40.1%)
Total	2074 (100)	2386 (100)	2555 (100)	3114 (100)	2736 (100)

Table 31 shows alcohol-related, private residence, ambulance attendances by age group and financial year. For 2005/06 and 2007/08, those aged 45–54 years represented the most common age group (23% and 20% respectively) for alcohol-related ambulance attendances for private residence only (Table 31). For 2006/07, 2008/09 and 2009/10, those aged 25 years or under were most common (22.6%, 23% and 27.1% respectively) for alcohol-related ambulance attendances for private residence only (Table 31).

Table 31: Alcohol-related, private residence, ambulance attendances by age group and financial year (% of total in brackets)

Financial Year	Age Group						Total
	<25	25–34	35–44	45–54	55–64	65+	
2005/06	396 (19.4)	312 (15.3)	429 (21.1)	469 (23.0)	259 (12.7)	172 (8.4)	2037 (100)
2006/07	531 (22.6)	316 (13.5)	455 (19.4)	465 (19.8)	323 (13.8)	255 (10.9)	2345 (100)
2007/08	477 (19.1)	378 (15.1)	473 (18.9)	499 (20.0)	337 (13.5)	335 (13.4)	2499 (100)
2008/09	710 (23.0)	447 (14.5)	579 (18.7)	605 (19.6)	409 (13.2)	342 (11.1)	3092 (100)
2009/10	736 (27.1)	348 (12.8)	494 (18.2)	479 (17.7)	358 (13.2)	296 (10.9)	2711 (100)

Table 32 shows the proportion of private residence alcohol-related ambulance attendances compared with all alcohol-related ambulance attendances by LGA and financial year. The financial year 2005/06 had the highest total proportion (48%) of alcohol-related private residence ambulance attendances compared with the four other financial years (Table 32).

For 2005/06, the LGA with the highest proportion of alcohol-related private residence ambulance attendances was in Nillumbik (85.7%), followed by Whittlesea (72.6%), Casey (69.9%), Cardinia (68.8%) and Bayside (66.7%) (Table 32).

For 2006/07, the LGA with the highest proportion of alcohol-related private residence ambulance attendances was in Casey (66.9%), followed by Mornington Peninsula (66.8%), Nillumbik (65.5%) and Knox (63.8%) (Table 32).

For 2007/08, the highest proportion of alcohol-related private residence ambulance attendances were in Manningham (70.1%), Banyule (67.6%), Bayside (65.2%) and Melton (63.3%) (Table 32).

For 2008/09, the highest proportion of alcohol-related private residence ambulance attendances was in Nillumbik (64.9%), followed by Hobson's Bay (64.3%), Manningham (64.1%), Melton (64.1%) and Casey (63.6%) (Table 32).

For 2009/10, the highest proportion of alcohol-related private residence ambulance attendances were in Nillumbik (73.8%), Manningham (65.4%), Mornington Peninsula (63.7%), Glen Eira (61.6%) and Melton (60.9%) (Table 32).

Table 32: Alcohol-related, private residence, ambulance attendances by LGA as a proportion of all alcohol-related ambulance attendances

LGA	2005/06 (%)	2006/07 (%)	2007/08 (%)	2008/09 (%)	2009/10 (%)
Banyule (C)	64.2	62.5	67.6	60.9	58.8
Bayside (C)	66.7	63.6	65.2	54.4	53.1
Boroondara (C)	49.6	45.9	45.6	59.2	57.2
Brimbank (C)	64.1	55.6	59.7	56.6	54.8
Cardinia (S)	68.8	46.3	54.3	58.2	60.0
Casey (C)	69.9	66.9	56.9	63.6	59.5
Darebin (C)	66.5	51.8	49.6	52.3	52.5
Frankston (C)	54.5	56.6	56.9	57.3	53.6
Glen Eira (C)	49.1	51.8	60.7	62.6	61.6
Greater Dandenong (C)	56.9	50.7	53.7	42.8	47.8
Hobson's Bay (C)	61.5	55.2	53.7	64.3	51.8
Hume (C)	62.6	55.7	56.5	56.3	60.3
Kingston (C)	47.3	55.3	52.0	48.8	46.3
Knox (C)	65.6	63.8	61.0	56.1	56.1
Manningham (C)	63.3	63.5	70.1	64.1	65.4
Maribyrnong (C)	65.2	44.2	54.6	50.0	32.6
Maroondah (C)	47.4	45.0	51.3	45.5	39.9
Melbourne (C)	10.1	11.0	11.5	10.6	10.9
Melton (S)	62.8	61.1	63.3	64.1	60.9
Monash (C)	40.3	53.2	51.6	56.0	52.6
Moonee Valley (C)	49.6	39.7	51.9	47.6	52.9
Moreland (C)	53.7	55.6	57.6	56.6	53.4
Mornington Peninsula (S)	66.1	66.8	61.9	61.8	63.7
Nillumbik (S)	85.7	65.5	55.1	64.9	73.8
Port Phillip (C)	33.0	25.9	28.7	30.6	35.9
Stonnington (C)	38.9	36.3	36.9	35.1	35.2
Whitehorse (C)	59.8	49.3	57.7	57.8	60.7
Whittlesea (C)	72.6	59.5	61.5	58.2	54.6
Wyndham (C)	60.7	57.8	56.3	55.8	59.3
Yarra (C)	35.2	28.9	29.7	25.7	27.8
Yarra Ranges (S)	61.1	54.3	62.3	58.7	60.2
Total	47.5	43.2	45.0	45.2	44.3

Figure 27 and Figure 28 illustrate the alcohol-related ambulance attendances in total and for private residences only for each financial year. For 2005/06 private residence alcohol-related ambulance attendances were primarily concentrated (100 or more) in the southern metropolitan regions (Figure 27).

Figure 27: Alcohol-related attendances by LGA – 2005/06

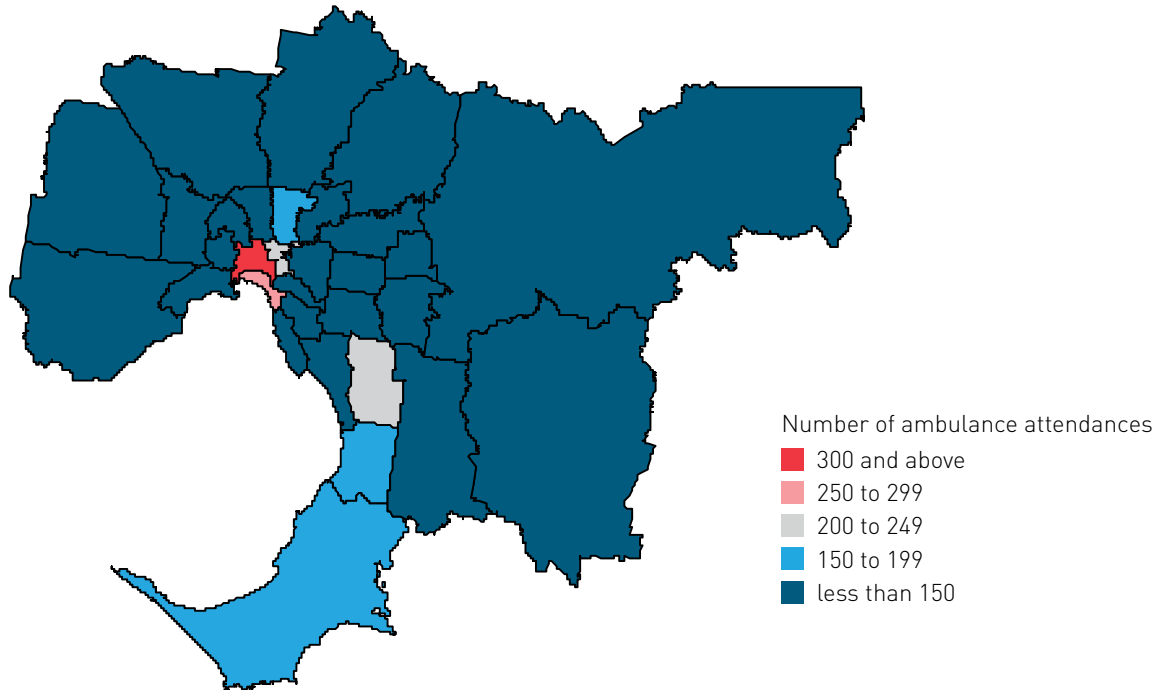
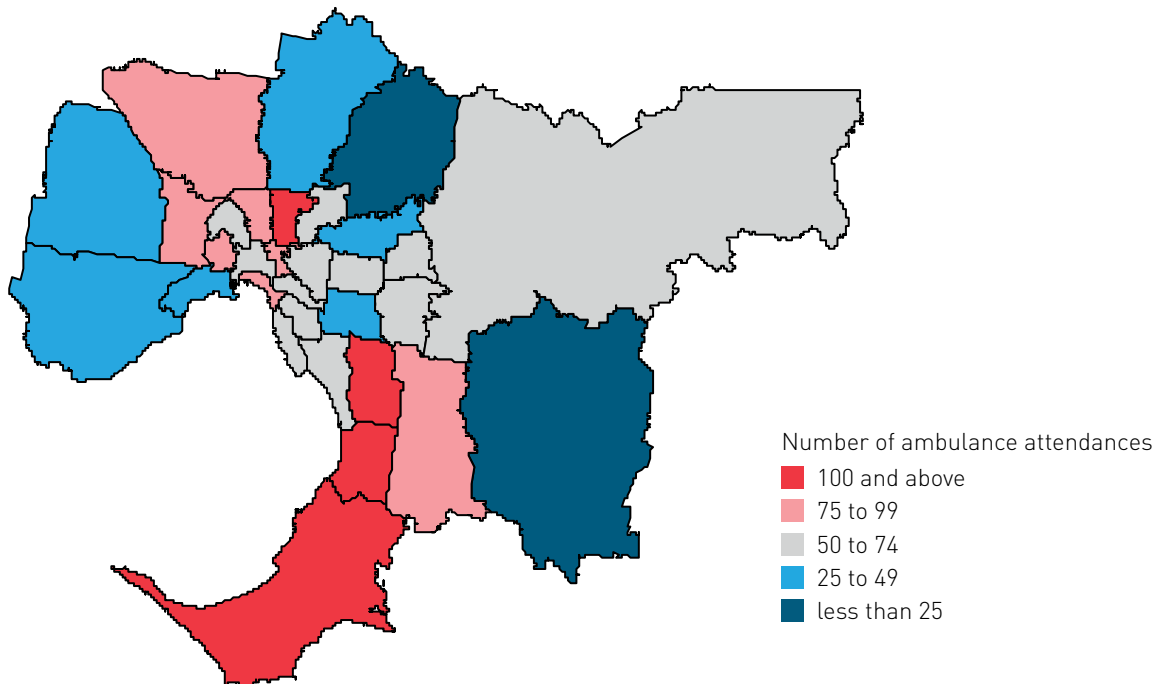


Figure 28: Alcohol-related attendances – private residences by LGA 2005/06



For 2006/07 private residence alcohol-related ambulance attendances were most frequent (100 or more) in the southern and 'former' northern metropolitan regions (Figure 30).

Figure 29: Alcohol-related attendances by LGA 2006/07

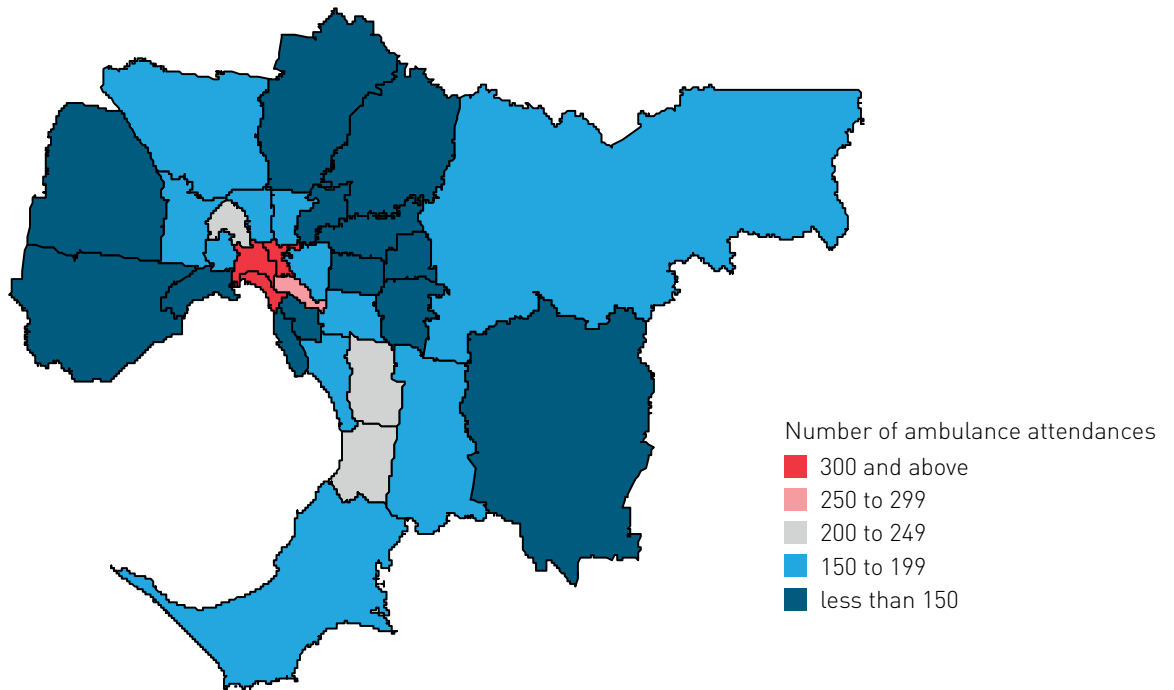
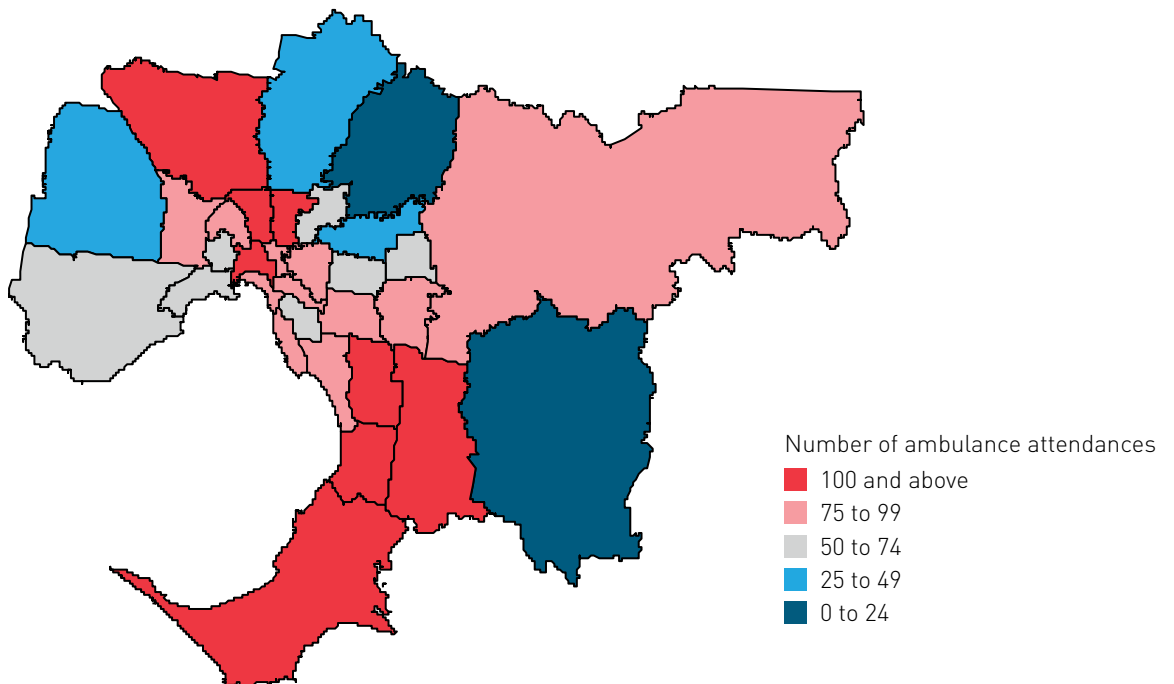


Figure 30: Alcohol-related attendances – private residence by LGA 2006/07



For 2008/09 private residence alcohol-related ambulance attendances were most frequent (100 or more) in the southern, eastern and 'former' northern metropolitan regions (Figure 34).

Figure 33: Alcohol-related attendances by LGA 2008/09

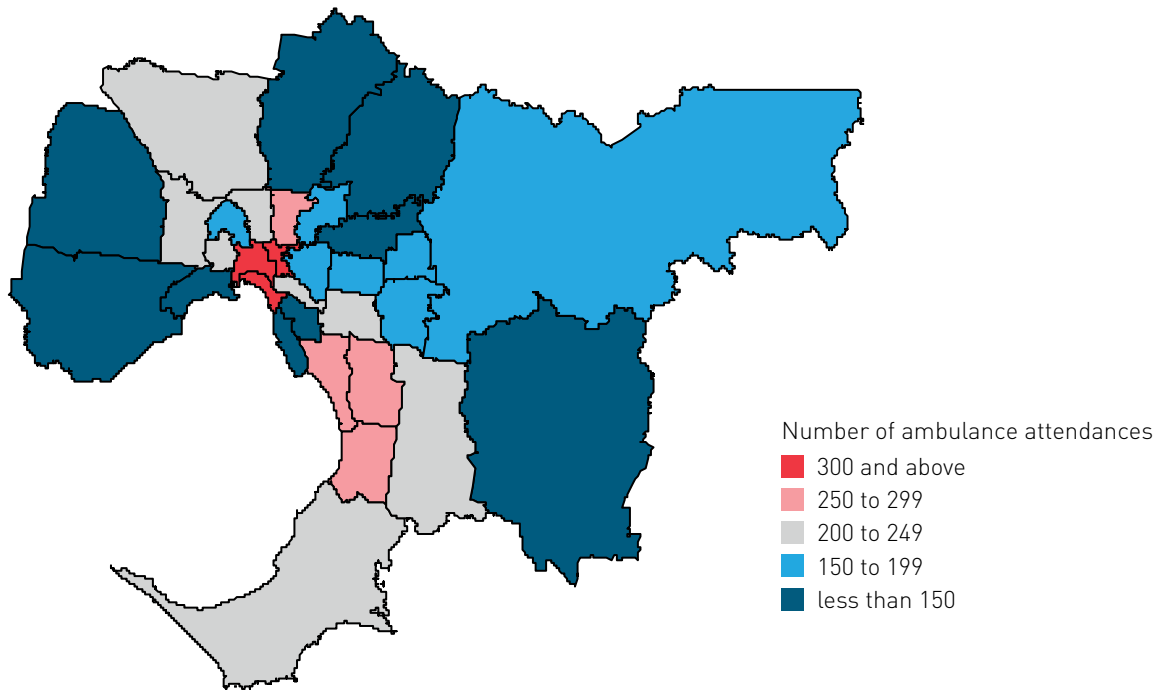
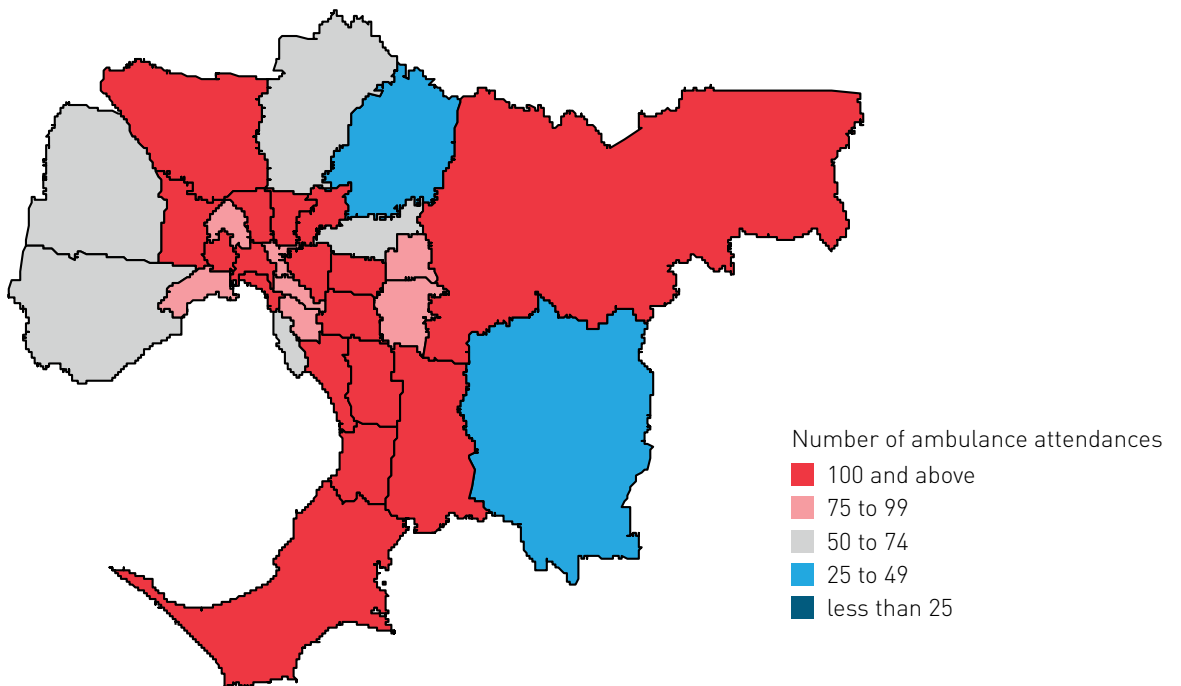


Figure 34: Alcohol-related attendances – private residences by LGA 2008/09



For 2009/10 private residence alcohol-related ambulance attendances were most frequent (100 or more) in the southern, eastern and 'former' northern metropolitan regions (Figure 36).

Figure 35: Alcohol-related attendances by LGA 2009/10

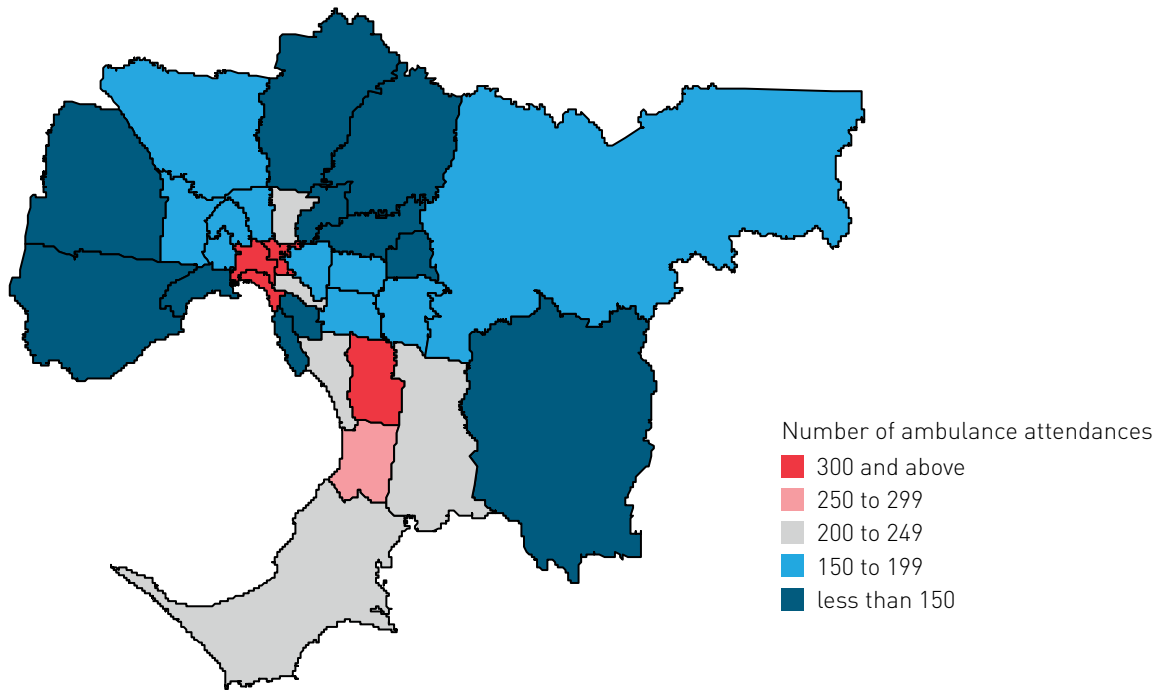


Figure 36: Alcohol-related attendances – private residences by LGA 2009/10

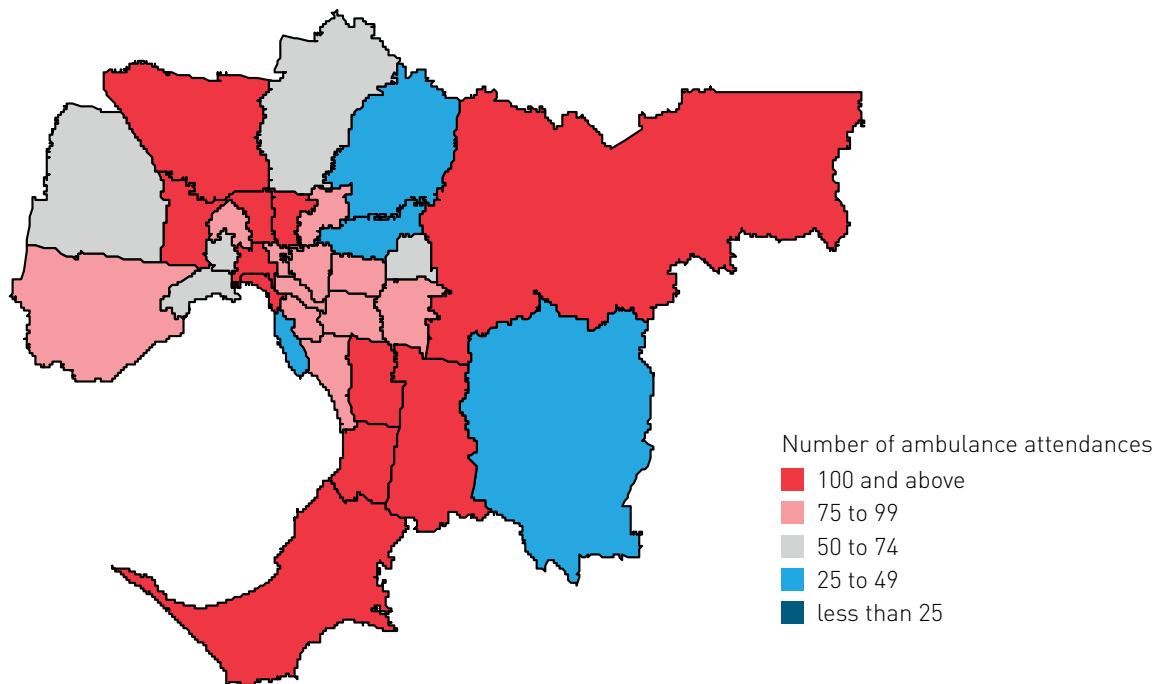


Figure 37 and Figure 38 illustrate the alcohol-related ambulance attendances in total and for private residences only for the financial year 2005/06 by postcode.

Figure 37: Alcohol-related attendances by postcode – 2005/06

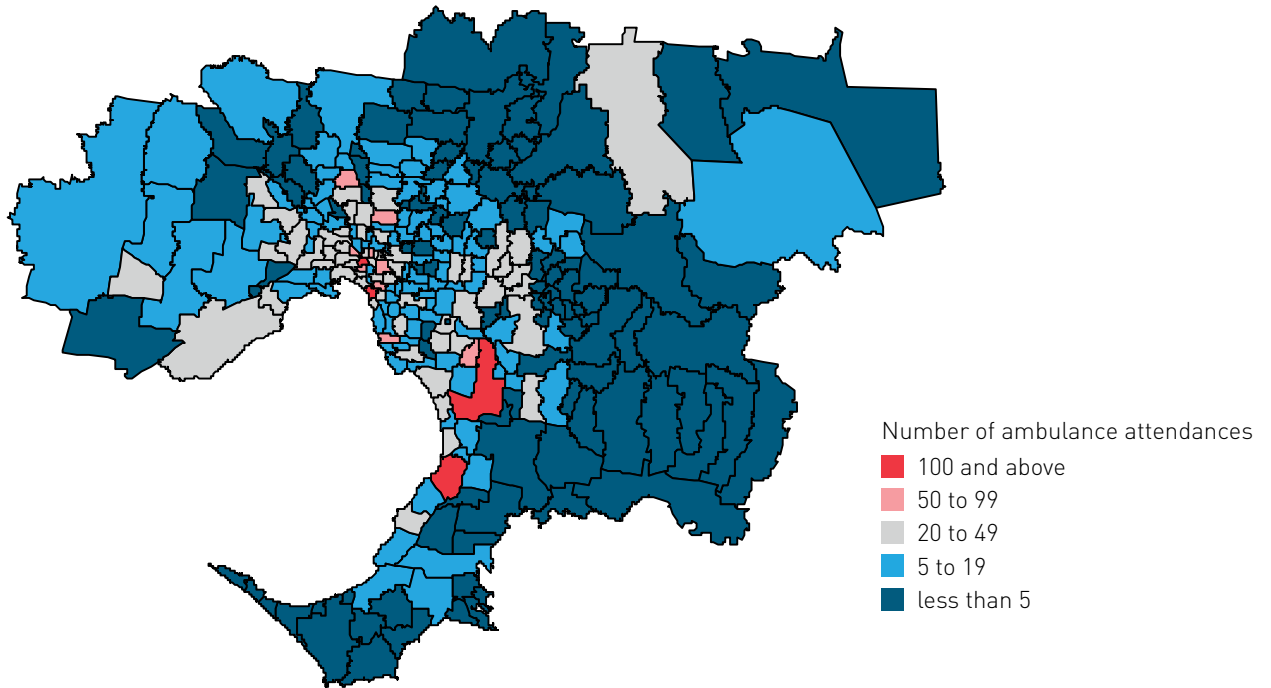


Figure 38: Alcohol-related attendances – private residences by postcode – 2005/06

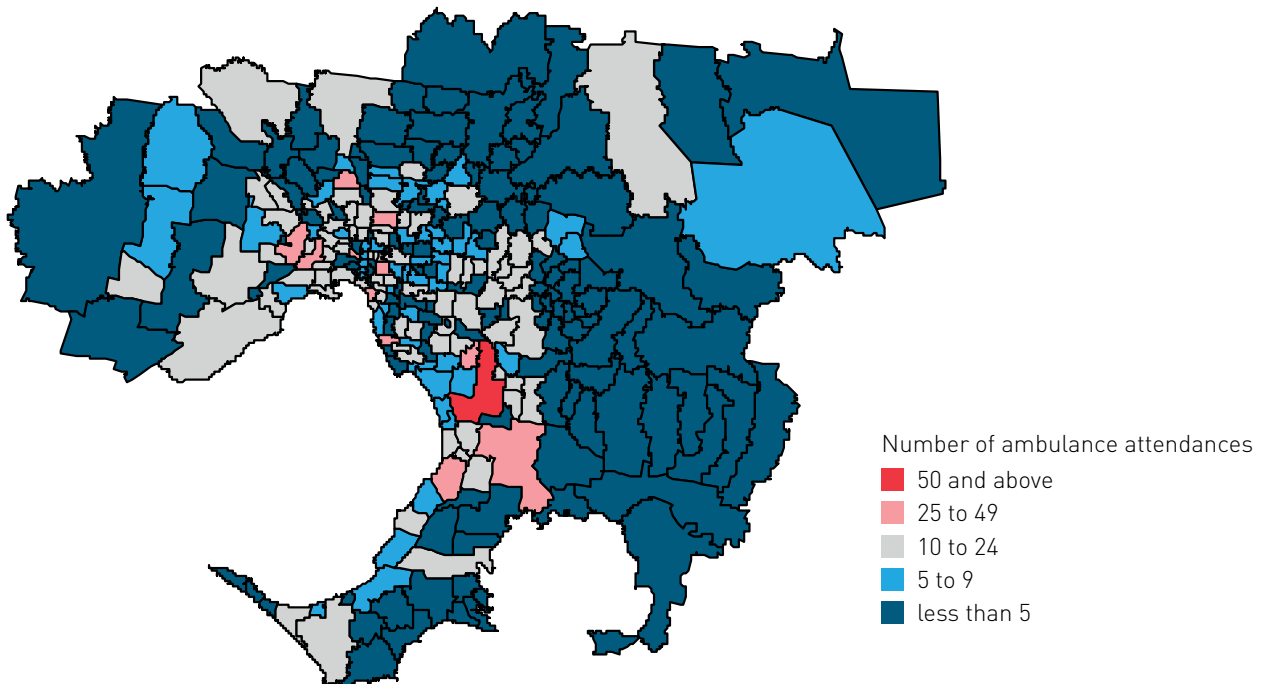


Figure 39 and Figure 40 illustrate the alcohol-related ambulance attendances in total and for private residences only for the financial year 2006/07 by postcode.

Figure 39: Alcohol-related attendances by postcode – 2006/07

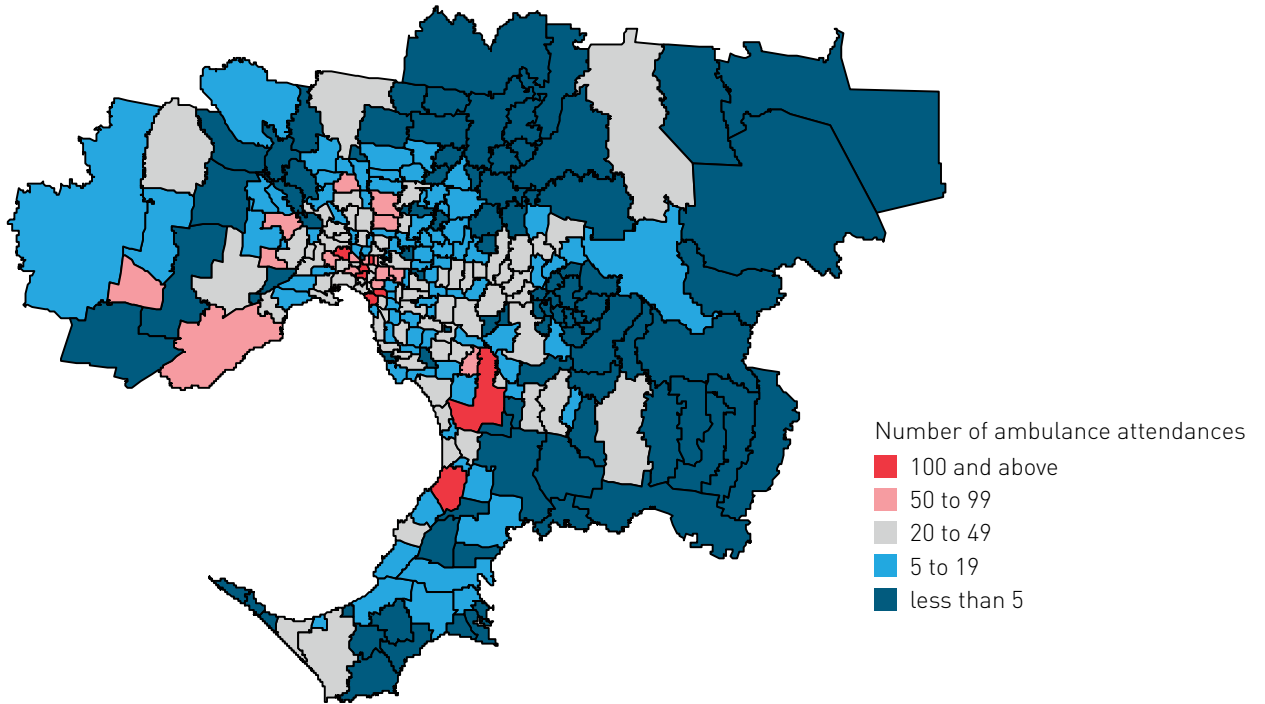


Figure 40: Alcohol-related attendances – private residences by postcode – 2006/07

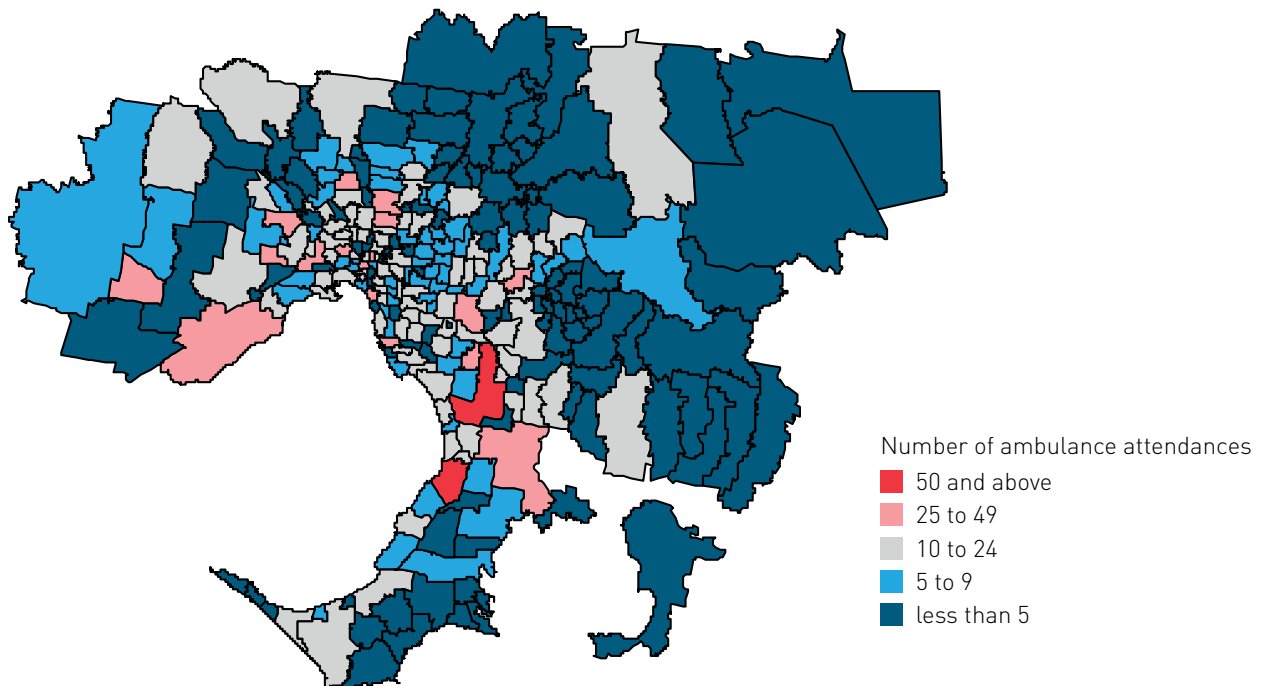


Figure 41 and Figure 42 illustrate the alcohol-related ambulance attendances in total and for private residences only for the financial year 2007/08 by postcode.

Figure 41: Alcohol-related attendances by postcode – 2007/08

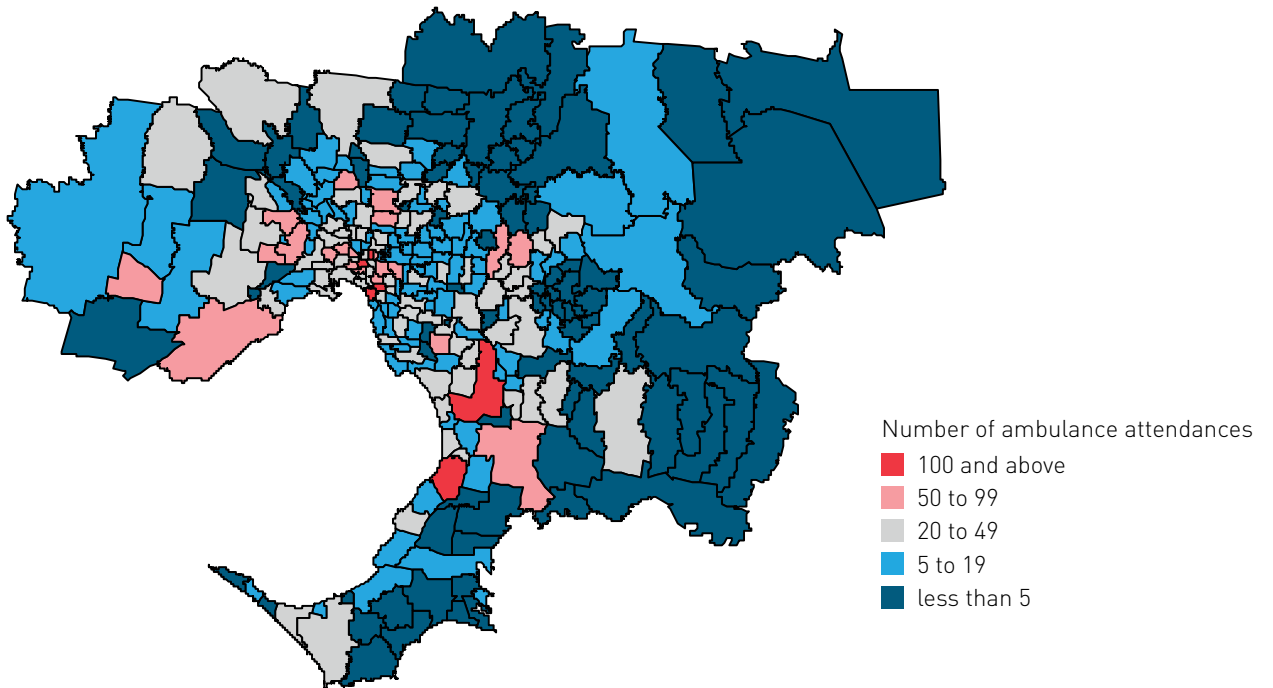


Figure 42: Alcohol-related attendances – private residences by postcode – 2007/08

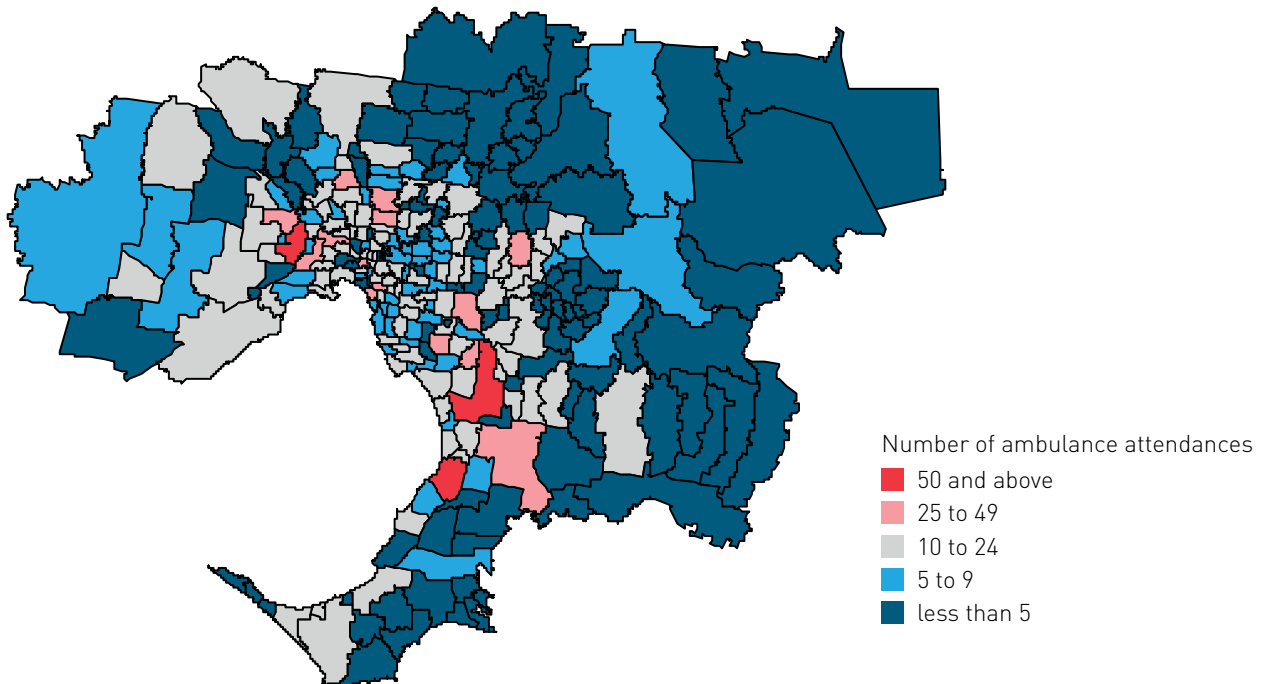


Figure 43 and Figure 44 illustrate the alcohol-related ambulance attendances in total and for private residences only for the financial year 2008/09 by postcode.

Figure 43: Alcohol-related attendances by postcode – 2008/09

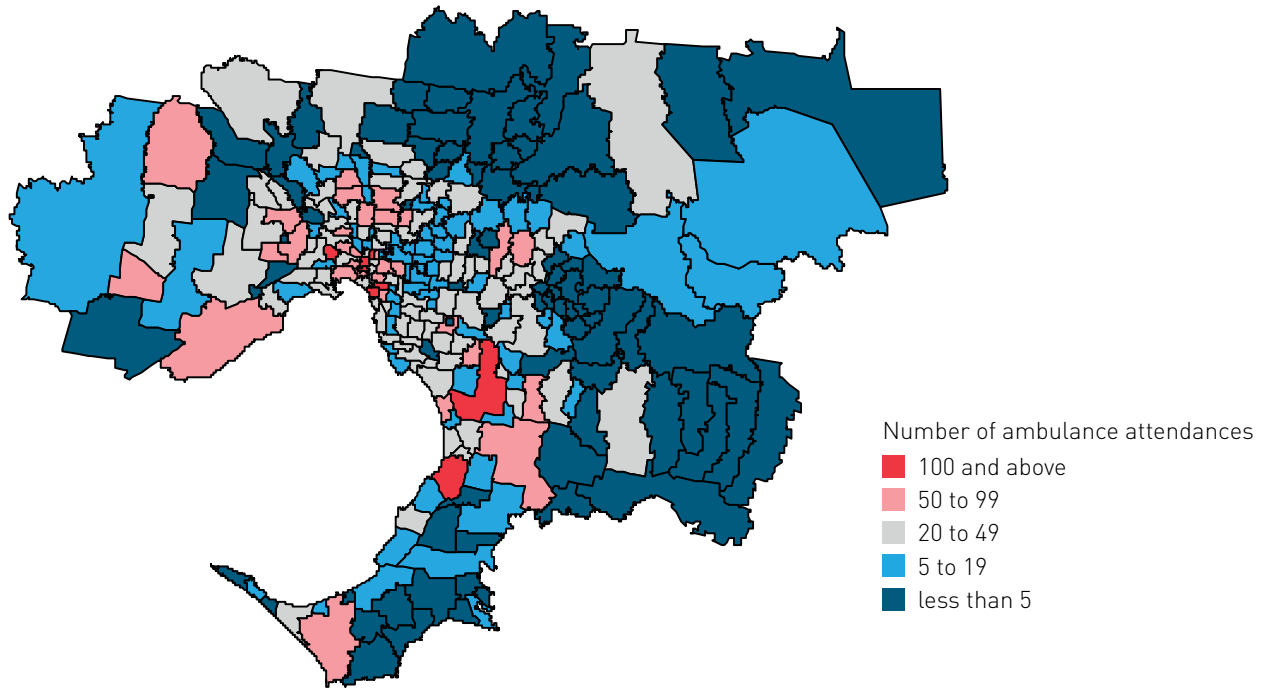


Figure 44: Alcohol-related attendances – private residences by postcode – 2008/09

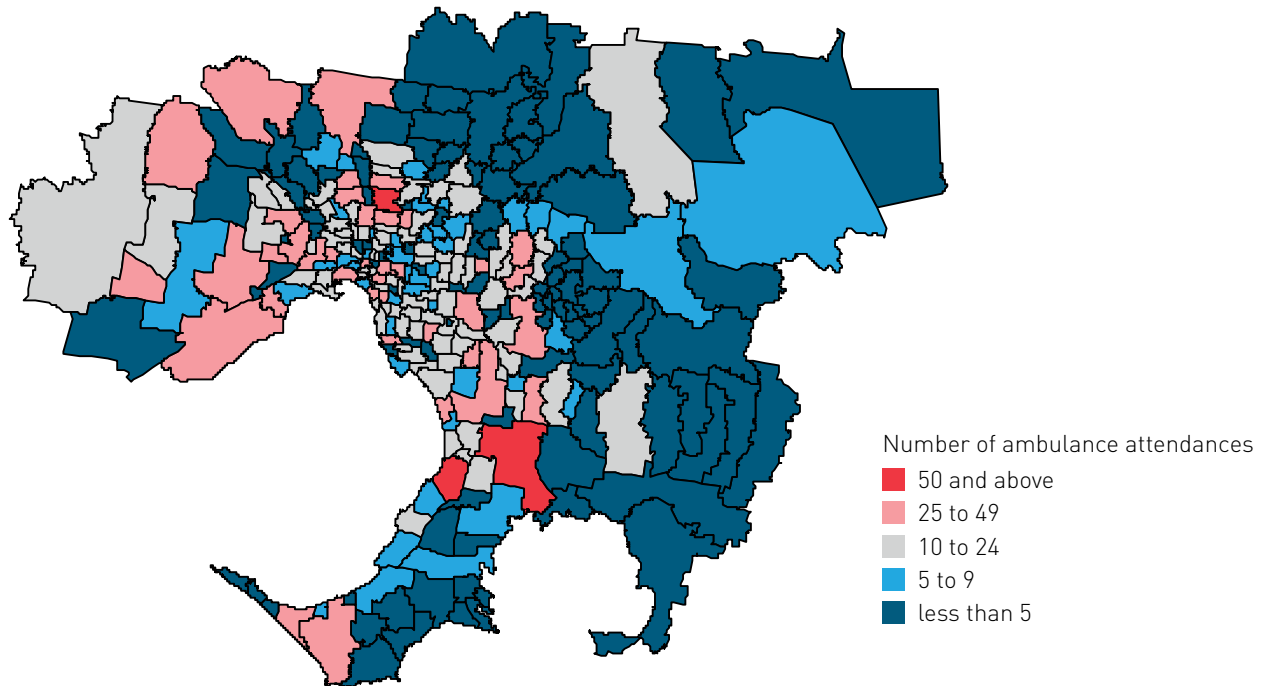


Figure 45 and Figure 46 illustrate the alcohol-related ambulance attendances in total and for private residences only for the financial year 2009/10 by postcode.

Figure 45: Alcohol-related attendances by postcode – 2009/10

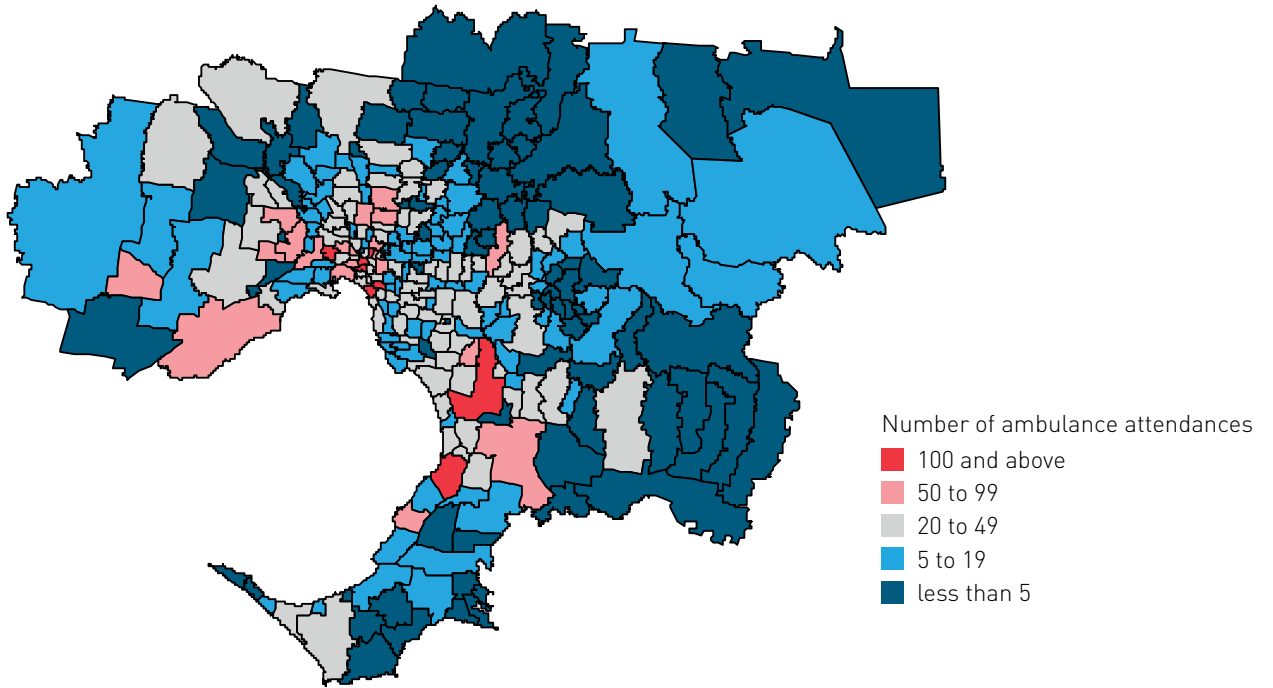
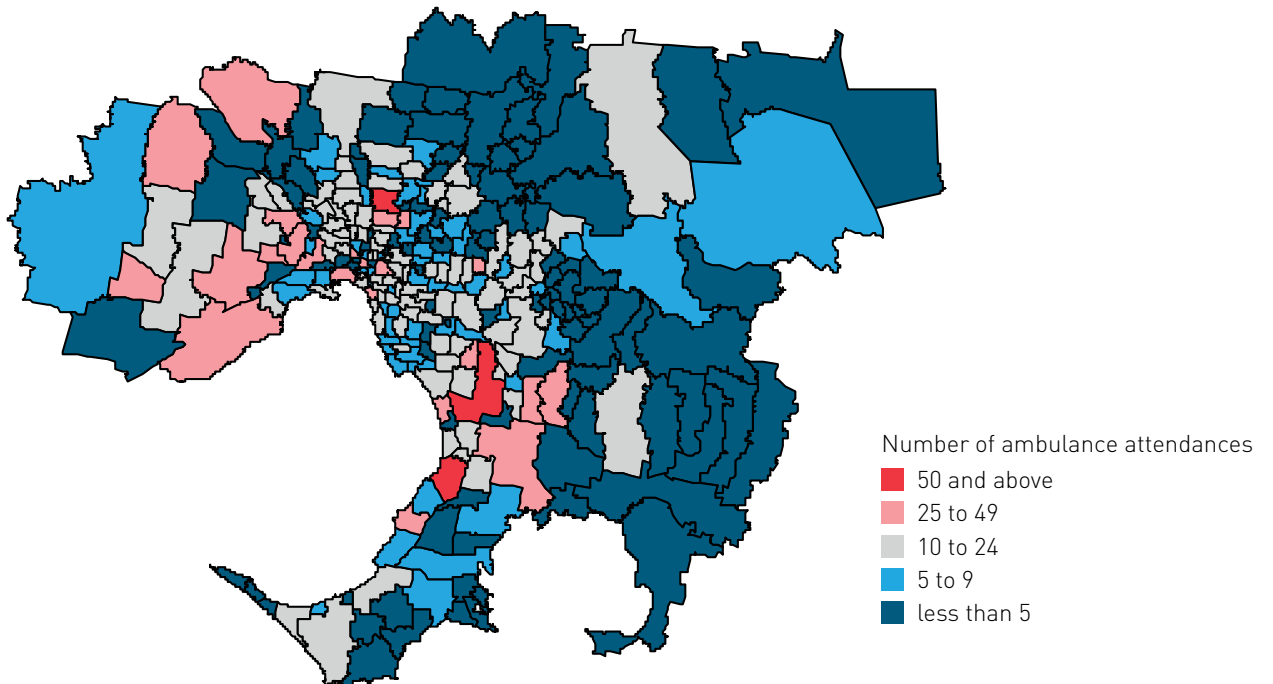


Figure 46: Alcohol-related attendances – private residences by postcode – 2009/10



Summary

Private residence (most likely due to packaged liquor) alcohol-related ambulance attendances were most common among males across the five financial years from 2005/06 to 2009/10. For 2005/06 and 2007/08 financial years, those aged 45–54 years were most frequent for private residence alcohol-related ambulance attendances. For 2006/07, 2008/09 and 2009/10, those aged under 25 years were most frequent for private residence alcohol-related ambulance attendances. In 2005/06, 2008/09 and 2009/10, the LGA most frequently attended by ambulance for alcohol-related private residence attendances was Nillumbik. In 2006/07 the most frequent LGA attended was Casey and in 2007/08 the most frequent LGA attended for alcohol-related private residence attendances was Manningham.

The LGA maps of alcohol-related private residence ambulance attendances showed they were primarily for the southern metropolitan region in 2005/06. In 2006/07 and 2007/08 alcohol-related private residence ambulance attendances were most frequently in the southern and 'former' northern metropolitan regions. In 2008/09 and 2009/10 alcohol-related private residence ambulance attendances were most frequently in the southern, eastern and 'former' northern metropolitan regions.

Chapter 7: Conclusions and discussion

From each of the three surveys (NDSHS, VYADS and GENACIS) the majority of people (81%, 87% and 84% respectively) were drinkers (i.e. drank alcohol in the previous 12 months) and were therefore included in the data analysis.

Of drinkers from the NDSHS, 43% usually drank packaged liquor, with the highest frequency being for those aged 65 years or older. Less than 20% of drinkers engaged in high-risk behaviours such as driving a car or going swimming while under the influence of alcohol. Those undertaking high-risk behaviours while under the influence of alcohol sourced from packaged liquor outlets were most frequently aged 35–44 years. The odds of packaged liquor being used by those undertaking risky behaviours were 37% lower than for non-packaged liquor. Only a small percentage of drinkers (7%) perpetrated violence while under the influence of alcohol with the greatest proportion being for those aged 15–24 years. Those perpetrating violence while under the influence of alcohol were 11% more likely to engage in this behaviour when using packaged liquor compared to non-packaged liquor, although this was not statistically significant. Of drinkers, 23% reported being a victim of violence while under the influence of alcohol, with the majority being female and aged 25–34 years. The odds of being a victim of violence while under the influence of alcohol sourced from packaged liquor compared to non-packaged liquor was 56% less likely.

The short-term harms surveyed and analysed in the NDSHS that were less likely to be as a result of packaged liquor compared with non-packaged liquor included high-risk behaviours such as going to work, going swimming or driving a car. It is not surprising that the majority of harms were less likely to be involved with packaged liquor considering that most of these behaviours would not occur inside or outside a packaged liquor venue (e.g. going to work or driving a car).

Of drinkers from the VYADS, approximately half were female. Approximately 40% of drinkers were considered 'low-risk' drinkers. Amongst drinkers aged 16–24 years, 42% experienced short-term harm while under the influence of alcohol. Of those experiencing short-term harm, most were male (59%) and were aged 18–21 years (57%). For young (16–24 years) drinkers, the overall risk of alcohol-related short-term harm (any negative harm) while under the influence of alcohol was 34% less likely for packaged liquor than non-packaged liquor. This is consistent with the findings for each individual harm, which generally showed that alcohol from on-premises sources had a greater relative contribution to short-term harms.

As with the NDSHS, the short-term harms surveyed and analysed in the VYADS included public disturbance, stealing something, damage to property, driving a vehicle, verbal and physical abuse, being injured and attending work/school. The majority of these harms, behaviours or acts of violence are most likely to be conducted in an outdoor area not associated with packaged liquor (i.e. public disturbance, driving a vehicle, attending work/school).

Of GENACIS survey drinkers, the majority (57%) were female and were mostly aged 35–44 years. There were 847 (41%) binge drinkers (drank 6 or more standard drinks on a single occasion) and most were male (60%).

Survey respondents who were influenced by others to drink more were mostly done by friends/acquaintances or work colleagues; and respondents who were influenced to drink less by others were mostly influenced by spouses/partner, family members or a doctor. As age increased participants were more frequently influenced by a doctor or health care worker to drink less. The majority of harmful lifestyle effects experienced as a result of their drinking were mostly financial and physical health effects.

When survey participants were asked if they were injured or inflicted injury while drinking, the majority responded 'yes, but not in the last year'.

Strengths and limitations

This study is the first study to use national survey data from multiple sources to analyse the short-term harms associated with packaged liquor. Also this is the first study to include two components – a secondary data analysis and surveillance data component.

A limitation to the survey data used is that the majority of questions relating to harms were in regard to harms that would primarily occur in a public place. Likewise, these survey data are based upon participant self-reporting and recollection of drinking occasions and as such are subject to potential reporting bias, particularly in under-estimation of alcohol consumption. Also, it was not possible to conduct statistical analysis involving risk modelling of the GENACIS survey data because the responses did not allow for calculating a single variable for packaged and non-packaged sources of liquor.

This study examined the short-term harms associated with packaged liquor compared with non-packaged liquor. Overall, this study found that these harms were not increased when packaged liquor was used. Further analysis could include combining survey data from previous NDSHS and VYADS surveys to give more statistical power. A call back survey component could be added to the GENACIS survey, to ask additional questions of the original survey participants on their packaged liquor drinking behaviours and harms.

Importantly, there is a need to explore the role of packaged liquor in short-term harms by targeting settings in which alcohol-related harms are usually recorded. The low numbers of self-reported harms within survey data limits its utility in exploring the relationship between the source of alcohol consumed and acute harms. One option for addressing this issue would be to develop strategies to gather data in emergency and criminal justice settings that could capture consumption patterns prior to engaging in a high-risk behaviour resulting in harm.

Section 3

Packaged liquor consumer beliefs, attitudes and behaviours

Victorian Health Promotion Foundation (VicHealth) 2012

Introduction

Currently in Australia about 1 in 5 people aged 14 years or older are at risk of harm from alcohol-related disease or injury over their lifetimes due to the level of risky alcohol consumption patterns (AIHW, 2010). The data presented in this report is based upon packaged liquor consumption only, and provides an estimate of the proportion of packaged liquor purchasers who consume packaged liquor at harmful levels.

In addition to packaged liquor consumption, the research presented in this report attempts to understand the dynamics of alcohol purchasing and behaviours. To this end, respondents were also asked to record their usual time of packaged liquor purchasing, the criteria they use to select a packaged liquor outlet and their frequency of purchase. This combined with data regarding the usual place of consumption will provide decision makers with insight into the behaviours associated with packaged liquor consumption.

This is complemented by data analysing neighbourhood characteristics associated with packaged liquor outlets, such as community attitudes toward packaged liquor, and whether there is a density threshold at which respondents felt that were too many outlets within an area. Respondents then were questioned in relation to the effects of promotional activities regarding packaged liquor on consumer behaviour.

Lastly, respondent attitudes toward secondary supply to minors were gauged in the final section of the survey. The data from this section of the report provides a snapshot of how those who had purchased packaged liquor in the previous year felt about supplying alcohol to young people at a time when the Victorian Parliament was passing legislation to prevent the supply of alcohol to minors without a parent's permission in the home.

Methods

The social harms associated with the sale and supply of packaged liquor in Victoria online survey was administered by Research Now between 21/7/2011 and 4/08/2011. Research Now collected responses from participants reflecting ABS demographics according to age and gender, to ensure a cross section of the population was represented in the survey. There were a total of 2,544 responses, with 536 screened out when asked if they had purchased packaged liquor in the previous 12 months, leaving 2,008 to complete the survey. This highlights that 21% of the sample had not purchased packaged liquor in the past 12 months. Due to the sample methodology all responses reported here cannot be generalised to the Victorian population and have not been treated as a representative sample of all Victorians; rather this data may provide insight into the attitudes and behaviours of Victorians who have purchased packaged liquor in the previous 12 months.

Statistical differences within data were determined when statistical results produced p-values of 0.05 or less. Except where

otherwise noted, the data presented in this report was cross tabulated and checked for significance.

The data regarding packaged liquor consumption has been coded to be consistent with that presented in the Secondary Data Analysis provided by Turning Point Alcohol & Drug Centre, the first part of *The social harms associated with the sale and supply of packaged liquor in Victoria* report. A definition of terms is provided below, and will be used throughout the remainder of this report.

Risky consumption variable

- Low-risk drinkers – all drinking occasions = never greater than 5 or more drinks.
- Occasional risky drinkers – all drinking occasions = 5 drinks or more no more than monthly (i.e. less than 12 times per year).
- Regular risky drinkers – all drinking occasions = 5 or more drinks more frequently than monthly (i.e. 12 or more times per year).
- Occasional very risky drinkers – all drinking occasions = greater than 20 drinks less than 6 times per year.
- Regular very risky drinkers – all drinking occasions = greater than 20 standard drinks more often than 6 times per year.

Many questions allowed multiple responses, such as those regarding alcohol purchasing times. This is noted throughout the report where this is the case.

Packaged liquor-related short-term harm

Throughout this section of the report, packaged liquor-related harms were grouped according to a number of short-term harms: having experienced verbal abuse, physical abuse, having been in fear or having experienced no harm at all. Subsequently, harms were reported where there was an increased likelihood of experiencing a particular short-term harm (e.g. verbal abuse was more likely than physical abuse, having been in fear or reporting no harm at all). The exception is the first chapter, where short-term harms are reported individually, by location of incident and by main perpetrator.

Limitations

This is a purposive (or convenient) sample of Victorians who have nominated that they have purchased packaged liquor in the last 12 months. As such, these results have to be read with some caution. It may be the case that as a sample of Victorians who are more likely to consume alcohol, the responses contained in this survey may reflect more relaxed attitudes toward alcohol than would be held in the general population. Further, this survey is based upon self-reporting and recollection of drinking occasions. As such there is an element of interpretation to responses and the potential for unreliability.

Respondents were also not asked about their experience of all possible alcohol related harms – injury and illness were not included, rendering this analysis to specific short-term harms only.

Chapter 8: Packaged liquor consumption and associated harms

Summary

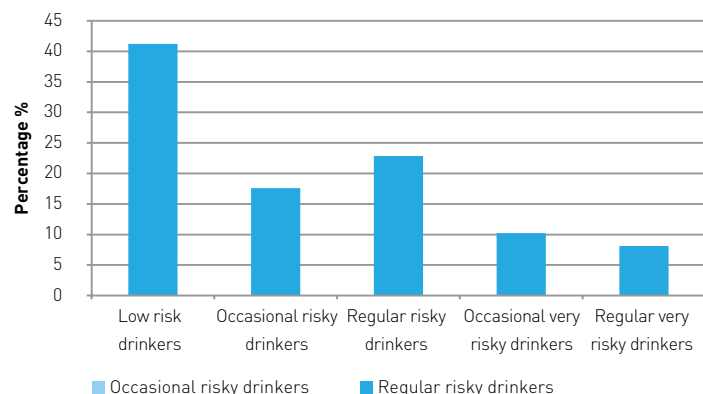
The first section of this report presents data on packaged liquor consumption and associated short-term harm. Key points are highlighted below:

- 59% of respondents who have purchased packaged liquor in the previous 12 months drink at levels that would put them at an increased risk of injury according to the National Health Medical Research Council’s (NHMRC) Australian Guidelines to Reduce Health Risks from Drinking Alcohol (NHMRC, 2009). This is based upon packaged liquor only, indicating that levels of overall alcohol consumption may actually be higher.
- Risky packaged liquor consumption is associated with frequency of purchase, with 79% of regular very risky drinkers purchasing packaged liquor on a weekly or more frequent basis.
- Regular very risky drinkers were also more likely to travel 1 kilometre or less to a packaged liquor outlet, compared to other packaged liquor drinkers.
- Frequency of packaged liquor purchase is related to how quickly the alcohol was subsequently consumed. 44% of respondents who purchased packaged liquor on a daily basis drank the majority of their purchase within two hours, while 48% of those who purchased 3–4 times a week did so over a day. Packaged liquor drinkers who purchased 1–2 days a week were more likely to consume their purchase over a week (42%).

Packaged liquor consumption in Victoria

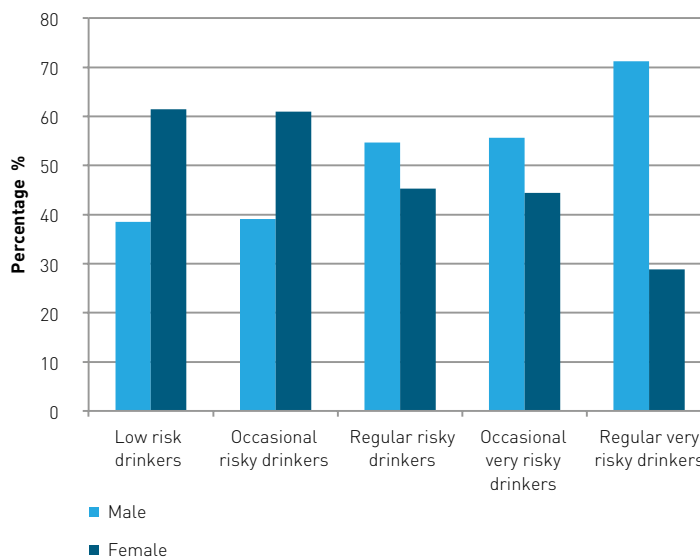
Packaged liquor drinkers who consume less than 5 standard drinks on all drinking occasions made up 41% of the total sample (Figure 47 below). Just under a fifth of respondents were categorised as ‘occasional risky drinkers’ (18%), while ‘regular risky drinkers’ comprised 23% of the total sample. Occasional very risky drinkers and regular very risky drinkers were the two smallest risk-based consumption categories, with 10% and 8% of respondents falling into these groupings.

Figure 47: Percentage of respondents by level of packaged liquor consumption



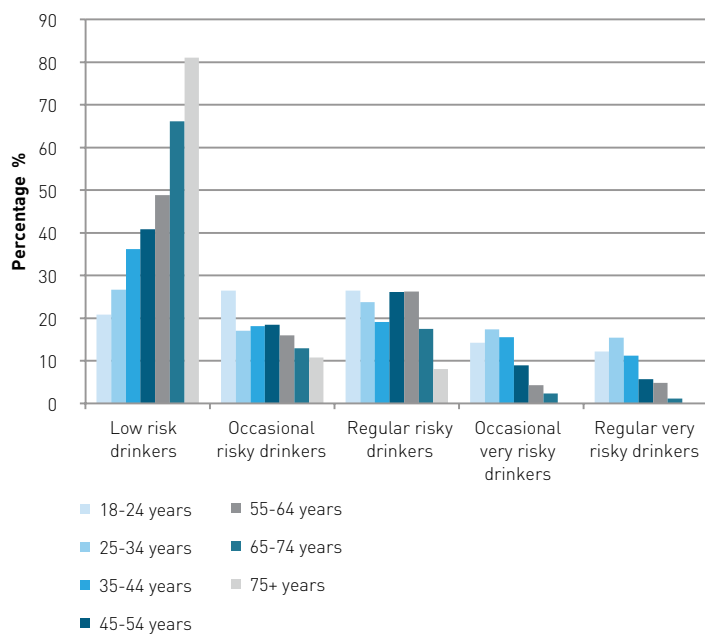
When this data is disaggregated by gender in Figure 48 below a pattern emerged in which females appeared less likely to engage in higher risk packaged liquor consumption, and males significantly more likely to engage in riskier consumption. Males were significantly more likely to drink at regular very risky levels (71%) than any other risky drinking category. Further, males were also more likely to drink at occasional very risky (56%) or regular risky levels (55%) than either occasional risky (39%) or low-risk (39%) levels. Correspondingly, females were significantly more likely to drink at low-risk (62%) or occasional risky (61%) levels than regular risky (45%), occasional very risky (44%) or regular very risky (29%) levels.

Figure 48: Percentage risky packaged liquor consumption by gender



When risky drinking status was reviewed by age, the likelihood of drinking at low-risk levels increased significantly with age. To this end, 81% of those aged 75 or over were low-risk drinkers, compared to those aged 65–74 (66%), 55–64 (49%), 45–54 (41%), 35–44 (36%), 25–34 (27%) and 18–24 (21%), displayed in Figure 49 below.

Figure 49: Risky packaged liquor consumption by age group



Behaviours related to consumption

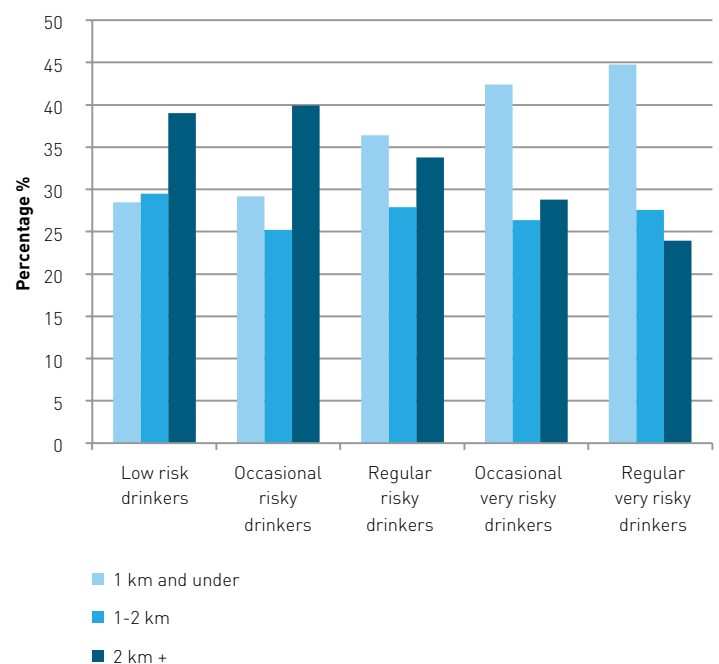
Respondents were asked how far they usually travel to purchase liquor from a packaged liquor outlet, as displayed in Table 33 below. The highest proportions of respondents usually travelled 1–2 kilometres (28%) or 2 kilometres or more (36%) to purchase packaged liquor.

Table 33: Distance usually travelled to packaged liquor outlet

Distance travelled	Percentage of respondents
Under 100 metres	4%
100–250 metres	5%
250–500 metres	5%
500 metres–1 kilometre	19%
1–2 kilometres	28%
2 kilometres +	36%
Not applicable – home delivery	1%
Don't know	3%

This data was then grouped into the following three categories; under 1 km, 1–2 km and 2 km or more to offer greater statistical power. When this was separated by risky drinking status, regular very risky drinkers (45%) were significantly more likely to travel 1 kilometre or less than low-risk (29%) or occasional risky drinkers (29%), displayed in Figure 50 below. Occasional very risky drinkers (42%) were also more likely to travel this distance to purchase packaged liquor than low-risk drinkers. Correspondingly, low-risk drinkers (39%) were more likely to travel 2 km or more when compared to regular very risky drinkers (24%). These findings were significant. This data suggests that respondents who were heavy consumers of packaged liquor were also likely to travel shorter distances to make their purchase.

Figure 50: Distance from usual packaged liquor purchasing site



As can be seen in Table 34 below, respondents with riskier drinking patterns tended to report more frequent packaged liquor purchasing. For instance, 21% of regular very risky drinkers purchased alcohol at least 3-4 days per week, compared with 8% of occasional very risky drinkers, 6% of regular risky drinkers and 1% of occasional risky and low-risk drinkers, respectively. Further, regular very risky drinkers (42%), occasional very risky drinkers (34%) and regular risky drinkers (29%) were significantly more likely to purchase 1-2 days a week than occasional risky (13%) and low-risk drinkers (10%).

Likewise, 39% of low-risk drinkers purchased packaged liquor less often than monthly, compared to 28% of occasional risky drinkers, 11% of regular risky drinkers, 10% of occasional very risky drinkers and 1% of regular very risky drinkers.

Respondents were also asked how long after their purchase they would consume the majority of the alcohol bought. As displayed in Table 35 below, riskier levels of consumption were generally associated with shorter periods prior to drinking, with 44% of regular very risky drinkers consuming their purchase on the same day, compared to 26% of occasional very risky drinkers, 21% of regular risky drinkers, 17% of occasional risky drinkers and 10% of low-risk drinkers. Greater proportions of low-risk drinkers (57%) and occasional risky drinkers (54%) consumed their purchase over 'no particular period' compared to regular risky drinkers (35%), occasional very risky drinkers (26%) and regular very risky drinkers (9%).

Table 34: Frequency of packaged liquor purchase by level of risky consumption (%)

	Low-risk drinkers	Occasional risky drinkers	Regular risky drinkers	Occasional very risky drinkers	Regular very risky drinkers
Every day	0	0	1	2	6
5-6 days a week	1	1	2	3	10
3-4 days a week	1	1	6	8	21
1-2 days a week	10	13	29	34	42
2-3 days a month	24	32	34	30	16
About 1 day a month	26	25	17	14	4
Less often than once a month	39	28	11	10	1

*Due to rounding error not all categories add up to 100%

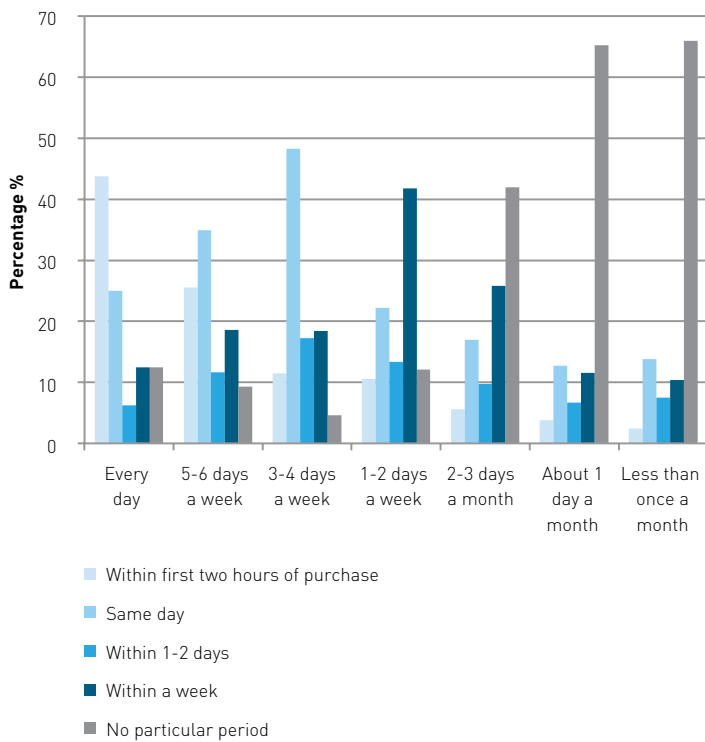
Table 35: Speed of packaged liquor consumption and risky drinking status (%)

	Low-risk drinkers	Occasional risky drinkers	Regular risky drinkers	Occasional very risky drinkers	Regular very risky drinkers
Within first two hours	4	4	7	14	15
Same day	10	17	21	26	44
Within 1-2 days	9	7	13	10	11
Within a week	20	19	25	24	22
No particular period	57	54	35	26	9

*Due to rounding error not all categories add up to 100%

When frequency of packaged liquor purchase and consumption were reviewed in Figure 51 below, it was found that the more regularly a person bought packaged liquor, the shorter the period of time before they begin drinking. For instance, 44% of those that purchased packaged liquor every day would consume their purchase within two hours, which was significant when compared to those who purchased 2–3 days a month (6%), about 1 day a month (4%) or less than monthly (2%). However, 66% of those who purchased packaged liquor less than monthly and 65% of those who purchased once a month would usually consume their purchase over 'no particular period' compared to 42% of those purchasing 2–3 days a month, 12% of those purchasing 1–2 days a week, 5% of those purchasing 3–4 days a week and 13% of those purchasing every day.

Figure 51: Frequency of packaged liquor purchase and consumption

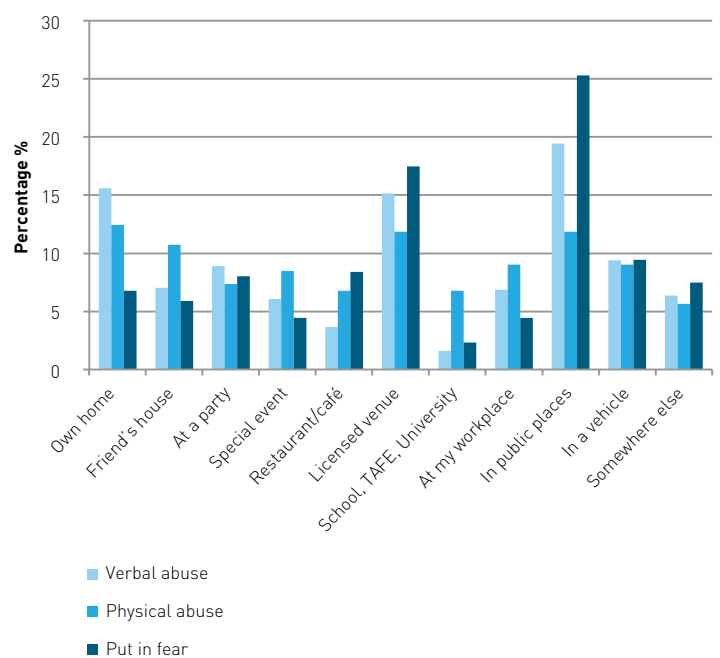


Short-term harms related to consumption

Respondents were asked whether any person affected by packaged liquor had verbally or physically abused them or had made them fearful at any time in the previous 12 months. These questions were based upon those contained in the National Drug Strategy Household Survey (AIHW, 2010). Respondents could also select that they had experienced none of these packaged liquor-related harms. For each type of harm, respondents could answer where the incident(s) took place and who had been responsible for the harm. Multiple responses were recorded where more than one incident took place.

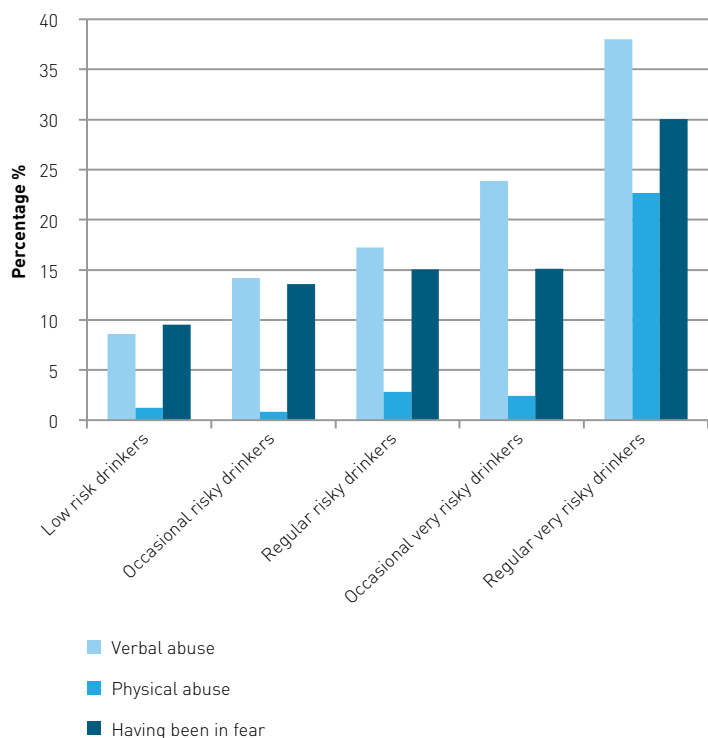
A total of 311 respondents recorded experiencing verbal abuse (16% of all respondents), 276 had been in fear (14%) and 68 had experienced physical abuse (3%). This data was then analysed by the percentage of respondents experiencing a particular harm by the setting in which the incident occurred (detailed in Figure 52 below). Higher proportions of respondents had reported experiencing verbal abuse or feeling in fear in public places than in any other setting (19% and 25% respectively). The home emerged as a site where physical abuse was reported most (12%), followed by public places and licensed venues (both 12%). The home was also the second-most highly reported setting for verbal abuse (16%), followed by licensed venues (15%).

Figure 52: Percentage of respondents reporting short-term harm by primary setting where the incident occurred



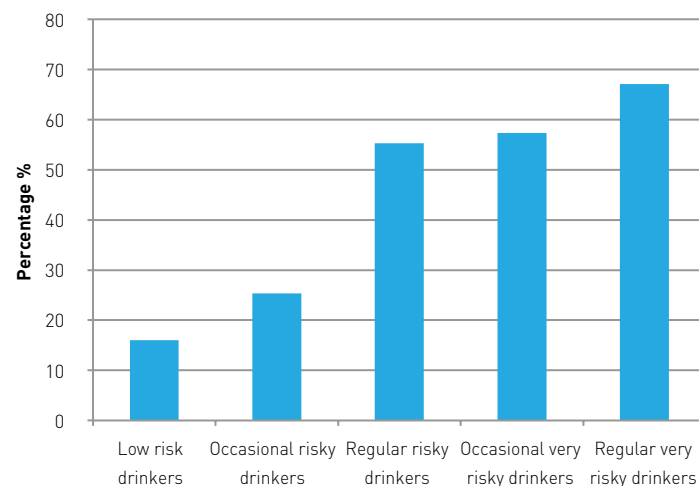
As Figure 53 below shows, regular very risky drinkers were generally more likely to experience short-term harm compared to less risky drinkers. For instance, 38% of regular very risky drinkers reported experiencing verbal abuse compared to 17% of regular risky drinkers, 14% of occasional risky drinkers and 9% of low-risk drinkers, which was significant. It was also more likely that occasional very risky drinkers (24%) would report verbal abuse than low-risk drinkers (9%). Physical abuse was significantly more likely to be reported by regular very risky drinkers (23%), than occasional very risky drinkers (2%), regular risky drinkers (3%), occasional risky drinkers (1%) and low-risk drinkers (1%). A similar pattern was evident among respondents reporting having been in fear, with regular very risky drinkers (30%) more likely to report this than occasional risky drinkers (14%) and low-risk drinkers (10%).

Figure 53: Percentage of respondents reporting packaged liquor-related short-term harm by risky drinking category



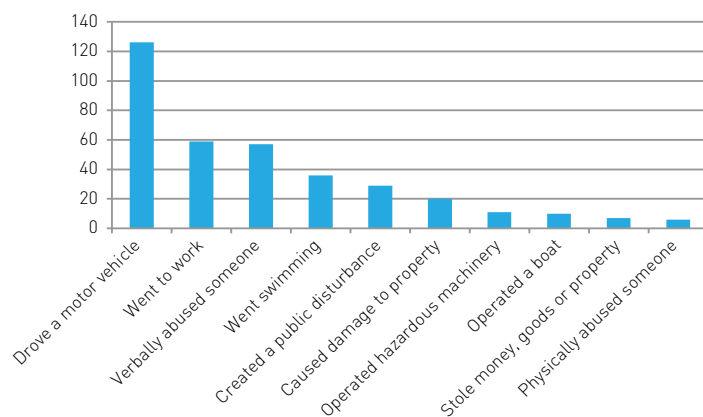
Respondents who had experienced a packaged liquor-related harm in the previous 12 months were also asked whether they had been drinking alcohol at the time the incident took place. As Figure 54 displays below, those that consumed packaged liquor at riskier levels were more likely to have been drinking when a harmful incident occurred. Regular very risky (67%), occasional very risky (58%) and regular risky drinkers (55%) were significantly more likely to have been drinking at the time of an incident, compared to occasional risky (25%) and low-risk drinkers (16%).

Figure 54: Percentage of respondents who had also consumed packaged liquor when harmful incident occurred, by risky drinking status



When respondents were asked about the activities they had engaged in under the influence of packaged liquor in the previous 12 months, 226 of the 2,008 participants indicated that they had behaved in ways that would have put them or others at risk. From this group, 126 respondents had driven a motor vehicle under the influence of packaged liquor during this time, 59 had gone to work and 57 had verbally abused someone (Figure 55).

Figure 55: Activities undertaken while under the influence of packaged liquor (n=226)



Discussion

41% of respondents who had purchased packaged liquor in the past 12 months were low-risk drinkers, and did not consume 5 or more standard drinks on any one occasion in the past 12 months. However, this still means that a majority (59%) of those who have purchased packaged liquor in the previous 12 months had consumed packaged liquor at levels that would place them at a greater risk of injury, as described in the NHMRC guidelines.

The data presented here showed that regular very risky drinkers travelled less distance to purchase packaged liquor, compared with low-risk and occasional risky drinkers. This does not appear to be consistent with the findings from Kavanagh & Krnjacki (2011), showing that there was no increased likelihood of excessive alcohol consumption based upon proximity to a packaged liquor outlet. However, it may be that rather than proximity to a packaged liquor outlet determining an individual's consumption patterns, risky drinkers may be more likely to travel to the nearest available packaged liquor outlet to purchase liquor compared to other drinkers, although more research would be required to assess this in more detail.

Excessive packaged liquor consumption was associated with an increased likelihood of short-term harm. Verbal abuse, physical abuse and having been in fear were generally more likely to be experienced by those that drunk at regular very risky levels than those who drank at low risk, or occasional risky levels.

Chapter 9: Packaged liquor purchasing behaviours

Summary

Purchasing behaviour related to packaged liquor consumption, and more generally alcohol consumption, has been an under-researched area. The results from the online survey for *The social harms associated with the sale and supply of packaged liquor in Victoria* report provide a unique insight into alcohol purchasing behaviours by analysing data related to where packaged liquor is bought, where it is consumed and the factors that drive the purchase location.

Where appropriate, respondents were invited to select multiple responses to these questions. Respondents could select multiple days regarding when they would usually purchase packaged liquor, but only the main time of purchase for that day. Similarly, respondents were able to select more than one site where they usually consumed packaged liquor in the previous 12 months. The intention behind this data complexity is to provide an insight into the actual behaviour of packaged liquor consumers, who may purchase and drink packaged liquor on a number of days and locations. The results from these survey questions were cross-referenced with respondent risky drinking status and experienced packaged liquor-related harm. Findings include:

- Friday and Saturday were the most popular days for purchasing packaged liquor. The most frequent purchasing periods were between 5:01 pm and 11:00 pm followed by 12:01 pm and 5:00 pm.
- Regular very risky drinkers were more likely than any other category of risky drinker to purchase packaged liquor on a Monday, Tuesday, Wednesday, Thursday or Sunday.
- Low-risk drinkers were more likely to drink packaged liquor at a home with meals or for a party or at a BYO restaurant, whereas riskier drinking was more often associated with drinking prior to going to a licensed venue or after having been at one.
- Drinking packaged liquor prior to going to a licensed venue, between venues, after having been at a venue or in public space were all associated with an increased likelihood of packaged liquor-related harms.

Time and day of packaged liquor purchase

There were 5,441 responses recorded for time and day of purchase for packaged liquor. Table 36 below shows that the more popular times for purchasing packaged liquor were between 12:01 and 5:00 pm (30%) and 5:01 pm and 11:00 pm (33%). Surprisingly, 17% of responses were for purchase hours between 01:01 am and 6:00 am, not hours usually associated with the sale and trade of packaged liquor. This last finding may be an effect from the survey question, as no option was provided for purchasing between the hours of 6:01am and 9:00am.

Table 36: Time of usual purchase by number of responses (n=5,441)

Time of purchase	Number of responses
9:01 am – 12:00 pm	842 (16%)
12:01 – 5:00 pm	1627 (30%)
5:01 – 11:00 pm	1775 (33%)
11:01 – 01:00 am	277 (5%)
01:01 – 3:00 am	292 (5%)
3:01 – 6:00 am	628 (12%)

Saturdays were the most popular day for purchasing packaged liquor, with 71% of respondents indicating that they shop for liquor on this day. Fridays and Thursdays were the next most popular days (64% and 36% respectively), followed by Sunday (31%). Comparatively fewer respondents shopped for packaged liquor on any of the first three days of the week with 21% of respondents shopping on a Monday, 22% on a Tuesday and 26% on Wednesday (Table 37).

Table 37: Day of purchase (n=5,441)

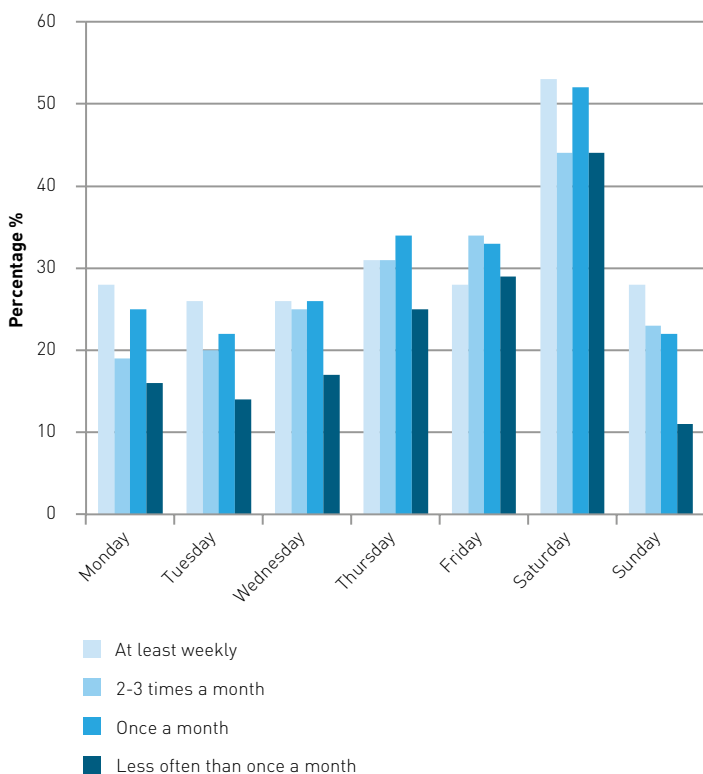
Day of purchase	Number of respondents who purchased on this day
Monday	423 (21%)
Tuesday	438 (22%)
Wednesday	523 (26%)
Thursday	713 (36%)
Friday	1,289 (64%)
Saturday	1,430 (71%)
Sunday	625 (31%)

Frequency of packaged liquor purchase

The following section reviews respondent frequency of packaged liquor purchase by the most popular purchasing periods (9:00 am–12:00 pm, 12:01 pm–5:00 pm and 5:01 pm–11:00 pm). Generally, more frequent packaged liquor purchasing seemed to be associated with weekday purchasing across all purchase periods with this association strongest for the hours between 5:01 pm and 11:00 pm.

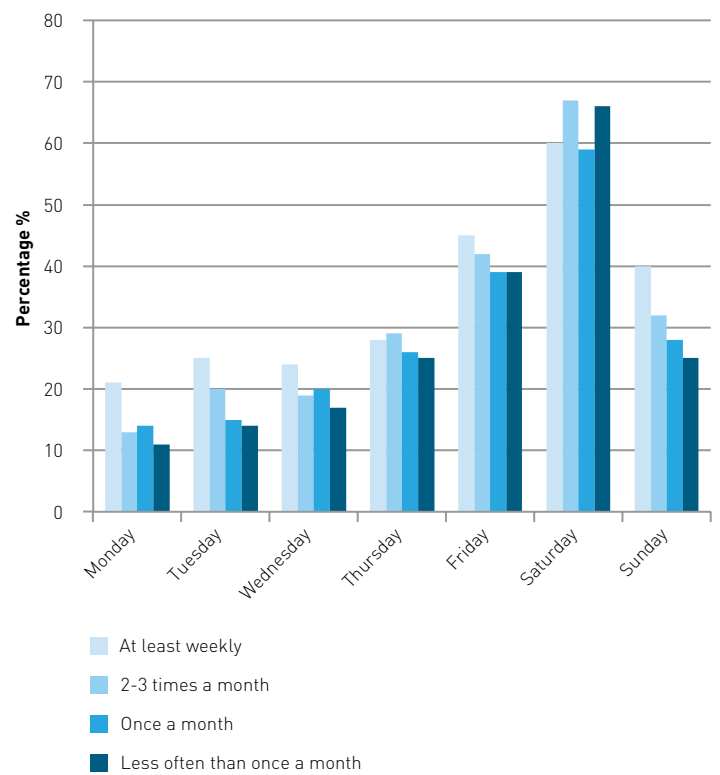
As shown in Figure 56 below, purchasing on a Monday between 9 am and 12 pm was more likely to be done by those who shopped on a weekly basis (28%) than those who shopped less often than monthly (16%), with similar results shown for purchasing at this time on Tuesday. Similar results were evident for Sunday purchasing, with those shopping on a weekly (28%), 2–3 times a month (23%) and monthly (22%) basis more likely to shop on this day between 9:00 am and 12:00 pm than those who purchased less often than monthly (11%).

Figure 56: Proportion of respondents purchasing packaged liquor between 9 am and 12 pm (%)



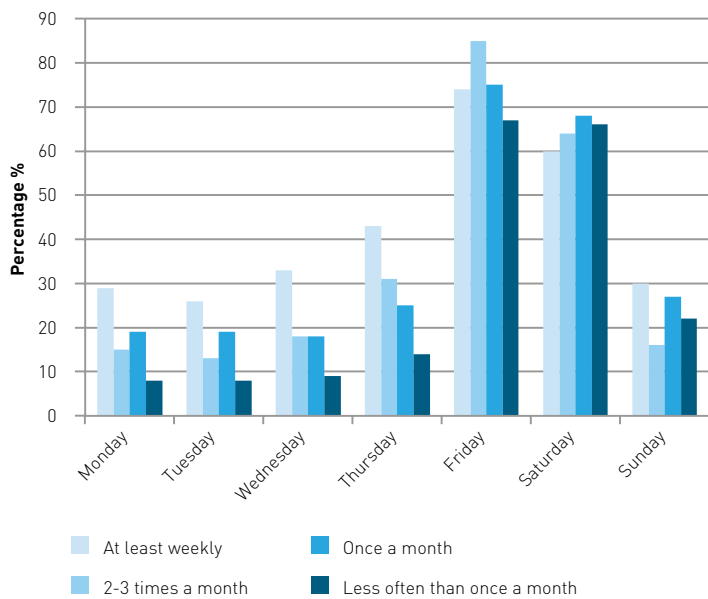
A similar pattern to that described in the previous section was evident for weekly purchasing between 12:01 pm and 5:00 pm on Monday, Tuesday and Sundays. For instance, 25% of those purchasing on a weekly basis did so on a Tuesday between 12:01 pm and 5:00 pm compared to 15% of those who purchased monthly, and 14% who purchased less often than monthly, as displayed in more detail in Figure 57 below.

Figure 57: Proportion of respondents purchasing packaged liquor between 12 pm and 5 pm (%)



Purchasing packaged liquor on the first four days of the week (Monday, Tuesday, Wednesday and Thursday) between 5:01 pm and 11:00 pm was generally more likely to occur on a weekly basis, than less often. Reviewing the data in Figure 58 (below) revealed that 33% of those purchasing on a weekly basis did so during this period on Wednesdays, compared to 18% of those who purchased 2–3 times a month, 18% of those purchasing monthly and 9% of those purchasing less often, which was significant. Interestingly, the same pattern was not evident for purchasing during this period on a Friday or Saturday. It was more likely that those who purchased packaged liquor 2–3 times a month (85%) would purchase at this time, compared to weekly (74%), monthly (75%) or less frequent purchasing events (67%). There was no significant variation found for purchasing at this time on Saturdays.

Figure 58: Proportion of respondents purchasing packaged liquor between 5 pm and 11 pm (%)



Risky consumption and packaged liquor purchasing

All risk categories had the highest percentage of people purchasing packaged liquor on Fridays and Saturdays, as displayed in Table 38 below.

Regular very risky drinkers were more likely than any other category of drinker to purchase packaged liquor on a Monday, Tuesday, Wednesday, Thursday or Sunday. Occasional risky drinkers and regular risky drinkers were also more likely to purchase packaged liquor on a Sunday than low-risk drinkers. These findings were significant.

Low-risk drinkers were less likely than those belonging to all other risk categories to purchase packaged liquor on a Friday or Saturday. Regular very risky drinkers and occasional very risky drinkers were significantly more likely to purchase on a Friday than regular, occasional or low-risk drinkers. Purchasing on a Saturday was more likely to be done by regular very risky drinkers than low or occasional risky drinkers, which was significant.

Consumption by time of purchase

For the earlier purchasing period (9:00 am–12:00 pm) it appeared that proportionately more regular very risky drinkers would purchase at this time than less risky drinkers. For instance, 10% of regular very risky drinkers had purchased at this time on a Monday, compared to 5% of low-risk drinkers, 4% of occasional risky drinkers, 4% of regular risky drinkers and 3% of occasional very risky drinkers. Similar results were evident for the same period on Tuesday. However, these findings were not significant.

Similarly, purchasing events between 12:01–5:00 pm appeared to be more popular with regular very risky drinkers than other drinkers on Monday, Tuesday, Wednesday, Thursday and Sunday. However, the only significant variation in purchasing behaviour and risky drinking status was among occasional very risky drinkers (34%) who were more likely to purchase at this time on Saturdays than low-risk drinkers (21%).

Table 38: Risky drinkers who purchased packaged liquor by day of the week (%)

Day of the week	Low-risk	Occasional risk	Regular risk	Occasional very risky	Regular very risky
Monday	16	16	23	25	48
Tuesday	17	15	25	27	46
Wednesday	20	18	31	32	53
Thursday	27	31	41	39	68
Friday	50	68	72	81	85
Saturday	60	75	79	82	86
Sunday	23	29	36	37	58

*The percentages of each risky drinking category do not equal 100% due to respondents in each category purchasing on more than one day.

Regular very risky drinkers were generally more likely to purchase packaged liquor between 5:01 pm and 11:00 pm on Mondays, Wednesdays and Thursdays, compared to low-risk and occasional risky drinkers. For instance, 23% of regular very risky drinkers purchased at this time on a Monday, compared to 5% of occasional risky drinkers and 4% of low-risk drinkers. However, purchasing on Fridays between 5:01 pm and 11:00 pm was more likely to be done by occasional very risky drinkers (45%) than occasional risky drinkers (31%), and low-risk drinkers (20%). Further, regular very risky drinkers (42%), regular risky drinkers (40%) and occasional risky drinkers (31%) were also more likely to purchase at this time than low-risk drinkers. Similarly, regular very risky drinkers (37%), occasional very risky drinkers (36%) and regular risky drinkers (33%) were all more likely than low-risk drinkers (17%) to purchase during this period on a Saturday.

Packaged liquor-related short-term harm and time of purchase

As was evident from the analysis of time of purchase and risky drinking status, there was limited variation in reported packaged liquor-related short-term harm in the earlier purchasing periods (9:00 am–12:00 pm, 12:01–5:00 pm). For instance, 34% of respondents reporting verbal abuse had purchased packaged liquor between 9:00 am and 12:00 pm on a Sunday, which was significantly more likely than respondents who had reported no short-term harm (20%), with no further significance found.

Likewise, there did not appear to be any greater likelihood of experiencing short-term harm associated with purchasing packaged liquor between 12:01 pm and 5:00 pm on weekdays. Further, 42% of respondents who had not experienced short-term harm reported purchasing at this time, significantly more than those who had experienced physical abuse (24%) on Fridays. However, on Saturdays those reporting verbal abuse (56%), being in fear (63%), or not reporting harm (64%) were more likely to purchase during this period compared to those who had experienced physical abuse (36%).

Purchasing between 5:01 pm–11:00 pm on weekdays had the strongest association with packaged liquor related short-term harm. For instance, those who had reported verbal abuse (29%), physical abuse (40%) and having been in fear (28%) usually purchased during these times on a Wednesday, compared to 20% of those who had reported no harm. A similar pattern was evident for Mondays, Tuesdays and Thursdays. There was no significant variation found regarding the likelihood of short-term harm and purchasing during this period on Fridays. 65% of those who had not experienced harm purchased during these hours on a Saturday, significantly more than those who had been in fear (51%).

Usual site of packaged liquor consumption

In the second section of the online survey, respondents were asked where they on average had consumed packaged liquor in the previous 12 months. Multiple responses were allowed for each of the options outlined below:

- at a home with meals
- at a home for a party, celebration
- at a home before going out to a licensed premise, such as a pub, hotel or nightclub
- inside or nearby licensed premises, or while moving from one licensed premise to another
- at a home after going out to a licensed premise
- at a BYO restaurant
- in a car or on public transport
- in a public park or space
- other (please specify).

The majority of responses indicated that packaged liquor purchasers most commonly drank at home with meals or at a home for a party or celebration, as displayed in Table 39 below.

Table 39: Site of public liquor consumption

Where packaged liquor is usually consumed	Percentage of responses
In a car or on public transport	3%
In a public park or space	3%
Other (please specify)	6%
At a home after going out to a licensed premise	14%
At a home before going out to a licensed premise, such as a pub, hotel or nightclub	21%
Inside or nearby licensed premises, or while moving from one licensed premises to another	22%
At a BYO restaurant	36%
At a home for a party, celebration	66%
At a home with meals	82%

Usual site of consumption and frequency of purchase

Activities that included the consumption of packaged liquor in public space or going to a pub, bar or hotel were associated with weekly packaged liquor purchasing. These activities include:

- drinking packaged liquor prior to going out
- moving from one licensed premises to another
- at a home after being at a licensed venue
- in a car or on public transport
- in public space.

Regarding the first of these, 37% of respondents who purchased packaged liquor on a weekly basis also consumed packaged liquor prior to going out to a licensed venue, compared to 21% of those who purchased 2–3 times a month, 14% who purchased on a monthly basis and 9% who purchased less than monthly.

Consumption of packaged liquor at a home with meals, for a party or celebration or at a BYO restaurant was generally more likely for those purchasing packaged liquor on a weekly, 2–3 times a month or monthly basis than any less than this. For example, most of those purchasing packaged liquor on a weekly basis consumed their purchase with meals (87%), a similar proportion to those purchasing 2–3 times a month (85%) and monthly (85%) which was significantly more than those purchasing less than monthly (70%).

Risky consumption and usual site of consumption

Drinking packaged liquor prior to going to a venue, between venues and after having been at a venue tended to be associated with riskier drinking. Regular very risky drinkers (47%), occasional very risky drinkers (43%) and regular risky drinkers (34%) were more likely than occasional risky drinkers (16%) and low-risk drinkers (5%) to consume packaged liquor prior to going out to a licensed venue. Similarly, regular very risky drinkers (34%) were more likely than regular risky drinkers (19%), occasional risky drinkers (12%) and low-risk drinkers (4%) to consume packaged liquor after having been to a licensed venue. It was also more likely that occasional very risky drinkers (31%) would engage in this activity than occasional risky drinkers and low-risk drinkers.

Regular risky drinkers (85%), occasional very risky drinkers (87%) and low-risk drinkers (82%) were all more likely to drink at home with meals than regular very risky drinkers (74%). It was also significantly more likely that occasional very risky drinkers would select this than occasional risky drinkers (80%).

Occasional risky drinkers (71%), regular risky drinkers (73%) and occasional very risky drinkers (76%) were all more likely than low-risk drinkers (57%) to consume packaged liquor at a home for a party or celebration. Further, occasional very risky drinkers (76%) were more likely than regular very risky drinkers (63%) to consume packaged liquor in these setting.

Lastly, it was more likely that regular risky drinkers (45%) than low-risk drinkers (33%) would usually consume packaged liquor at a BYO restaurant, with no further significance found.

Packaged liquor-related short-term harm and usual site of consumption

Of all sites of packaged liquor consumption, the experience of short-term harm was most strongly associated with drinking prior to, during and after going to a licensed premise. For instance, 37% of respondents reporting verbal abuse, 44% of those reporting physical abuse and 33% of those reporting having been in fear had consumed packaged liquor prior to going to a licensed premise, compared to 17% of those who had not reported packaged liquor related harm.

Likewise, 42% of those reporting verbal abuse, or having been in fear, respectively, usually consumed packaged liquor at a BYO restaurant compared to 34% of respondents who had not experienced harm in the previous 12 months.

Interestingly, there was limited significance found for the likelihood of experiencing short-term harm when packaged liquor was consumed in a private space. There was no significant variation found for experienced packaged liquor-related harm and consuming packaged liquor at home with meals. Although, proportionately more respondents had experienced verbal abuse (73%) compared to no harm (64%) at a home for a party, or celebration.

Purchasing hours and usual site of consumption

For the earlier purchasing periods, (9:00 am–12:00 pm and 12:01 pm–5:00 am) there was generally limited variation in the likelihood of one activity being associated with time of purchase compared to another. Respondents who consumed packaged liquor in public spaces (46%) were more likely to have purchased between 12:01–5:00 pm on a Saturday than those who consume at home with a meal (27%). Similarly 37% of this group purchased at this time on a Sunday, compared to those who purchased their packaged liquor to have at home with a meal (14%), at a party (15%), at a BYO restaurant (17%) or in 'other' circumstances (10%).

Interestingly, purchasing packaged liquor between 5:01–11:00 pm on Friday and Saturday evenings was more likely to be associated with drinking associated with a night out, or drinking on transport or in public space than drinking in a home with a meal, for a party or at a BYO restaurant. For instance, 70% of those who usually consumed packaged liquor in a car or on public transport purchased during these hours on a Friday, significantly more than those who:

- Consumed at home with meals (30%)
- Consumed at a home for a party (35%)
- Between venues (50%)
- After venues (48%)
- BYO (35%)
- Other (25%).

Further, respondents who had consumed packaged liquor prior to going to a licensed venue (56%), between venues (50%), after having been at venues (48%) or in public space (62%) were significantly more likely to purchase during this period than those who usually consumed packaged liquor at home with meals (30%), at a home for a party (35%), at a BYO restaurant (35%) or other (25%).

Criteria for selecting a packaged liquor outlet

Establishing the criteria with which packaged liquor outlets are selected by customers may provide decision makers with a more nuanced understanding of the behaviours and practices that accompany risky drinking and packaged liquor-related harm. Respondents were given a range of criteria in relation to selecting a packaged liquor outlet. Multiple responses were allowed for each of the options outlined below:

- large range of products available
- how close it is to home
- how close it is to work
- where I shop for other household items
- cheaper price/special offer or discounts
- drive-in facility
- it is the only nearby takeaway site
- speciality/boutique products available
- other (please specify).

The majority of responses indicated that packaged liquor purchasers most commonly selected packaged liquor outlets according to the price (which possibly includes the availability of discounts), followed by proximity to home and the range of products available, as displayed in Table 40 below.

Table 40: Criteria used by respondents to select a packaged liquor outlet

Criteria	Responses
Large range of products available	46%
How close it is to home	47%
How close it is to work	5%
Where I shop for other household items	29%
Cheaper price/special offer or discounts	69%
Drive-in facility	6%
It is the only nearby takeaway site	3%
Speciality/boutique products available	7%
Other (please specify)	2%

Criteria for selecting an outlet and frequency of purchase

Criteria that emphasised the accessibility of packaged liquor, such as an outlet's proximity to work or home tended to be associated with weekly packaged liquor purchasing. Weekly purchasers (9%) were more likely to nominate an outlet's proximity to work than respondents purchasing 2–3 times a month (4%), monthly (5%) or less often than monthly (4%). Likewise, weekly purchasers (52%) were more likely to nominate an outlet's proximity to home as criteria for selecting an outlet than those who purchased monthly (44%) or less often (43%).

Factors concerning the availability of packaged liquor (i.e. range of products available or cheap prices and discounts) were not as strongly associated with more frequent packaged liquor purchasing than those concerning the accessibility of packaged liquor. For instance, weekly (46%), 2–3 times a month (52%) and monthly (47%) purchasers were more likely to select the range of products available than those who purchased less often than monthly (39%). Similarly, those who purchased 2–3 times a month (75%) were more likely to nominate cheap prices or discounts than those who purchased on a weekly (69%), monthly (69%) or less than monthly basis (62%).

Risky consumption and criteria used to select an outlet

There was limited significance found for criteria used to select an outlet and risky drinking status. Those that were influenced in their choice of packaged liquor outlet by the large range of items available were significantly more likely to be regular risky drinkers (50%) or occasional very risky drinkers (52%) than regular very risky drinkers (35%). Likewise, an outlet being close to home was more likely to be associated with occasional very risky drinkers (54%) than regular very risky drinkers (48%). Stores offering cheaper or discounted offers were significantly more likely to attract regular risky drinkers (78%) than low-risk (64%), occasional risky (71%) or regular very risky drinkers (63%). There was no other significant variation found for drinking categories and the basis for packaged liquor outlet selection.

Packaged liquor-related short-term harm and criteria for selecting an outlet

Packaged liquor related short-term harm was associated with criteria that indicated that alcohol accessibility (i.e. outlet proximity to work or home) was a deciding factor in selecting a packaged liquor outlet. For instance, 10% of those reporting verbal abuse, 18% reporting physical abuse and 11% reporting having been in fear selected outlet proximity to work, compared to 4% of respondents who had not experienced harm. Likewise, those that had experienced verbal abuse (54%) or having been in fear (55%) were more likely to have selected proximity to home as a deciding factor in their purchasing than those who had not reported packaged liquor-related short-term harm (44%).

Beyond this there were limited association between criteria to select a packaged liquor outlet and short-term harm.

Discussion

This section of *The social harms associated with the sale and supply of packaged liquor in Victoria* report attempts to provide a detailed account of purchasing behaviours related to time and day of purchase, risky packaged liquor consumption and related short-term harms and site of consumption. While there are some strengths and limitations associated with this account, the data presented in this section of the report does reveal that there are particular days and times associated with riskier packaged liquor consumption, experienced harm and other drinking behaviours.

Time and day of purchase

Unsurprisingly, Fridays and Saturdays were the most popular days to purchase packaged liquor; likewise purchasing packaged liquor between 12:01 pm and 5:00 pm and 5:01 pm and 11:00 pm.

Generally, purchasing packaged liquor on a Sunday, Monday, Tuesday or Wednesday was associated with more frequent (weekly) purchasing events. Likewise, regular very risky drinkers were more likely to purchase packaged liquor between 5:01 pm and 11:00 pm on Mondays, Wednesdays and Thursdays, compared to low-risk and occasional risky drinkers, whereas it was more likely that most risky drinking categories would purchase compared to low-risk drinkers. Further, respondents who had experienced harm in the previous 12 months appeared more likely to purchase during these hours on these days.

Site of consumption

Drinking packaged liquor prior to, during and after going to a licensed venue was associated with more frequent packaged liquor purchasing (at least weekly), as was drinking in a car, transport or in public space.

Respondents purchasing packaged liquor between 5:01 pm and 11:00 pm on Fridays and Saturdays were more likely to drink packaged liquor prior to, during, after going to a licensed venue, on transport or in public space than they were to drink at home with meals, for a celebration and BYO restaurants.

It was generally more likely that riskier drinkers would consume packaged liquor prior to, during and after going to a licensed premise. Consumption of packaged liquor in private settings revealed a different association with risky drinking status. For instance, regular very risky drinkers appeared to be less likely than other drinkers to consume packaged liquor at home with meals, and low-risk and regular very risky drinkers were less likely to drink packaged liquor at home for a party or celebration. Interestingly, of all sites of packaged liquor consumption, the experience of harm was most strongly associated with drinking prior to, during and after going to a licensed premise.

Criteria used to select an outlet

The criteria used to select a packaged liquor outlet often reflected a respondent's behaviour related to packaged liquor. Outlet proximity to home or work were associated with more frequent (weekly) purchasing, whereas the availability of a range of products or discounts tended to be associated with a range of purchasing frequencies (weekly, 2–3 times a month, and monthly).

There were limited associations found between risky drinking status and criteria used to select an outlet. Interestingly, regular very risky drinkers appeared less likely to select criteria compared to other risky packaged liquor consumers. Conversely, packaged liquor-related short-term harm was associated with criteria that indicated that alcohol accessibility (i.e. outlet proximity to work or home) was a deciding factor in selecting a packaged liquor outlet.

Chapter 10: Packaged liquor outlet densities and amenity impacts

Summary

The concentration of packaged liquor outlets in the community has been a growing area of concern for researchers, health professionals and policy makers alike. International and Australian research indicates that the presence of a packaged liquor outlet in a neighbourhood may be associated with increased numbers of assaults, domestic violence and health problems, such as alcohol-related chronic disease (Theall et al., 2009). In particular, Australian research has shown that rates of assault and alcohol-related disease rise with higher packaged liquor outlet densities (Livingston, 2008; Livingston, 2011c). Other studies have shown that the volume of sales from a packaged liquor outlet is associated with assault in residential locations (Chikritzhs & Liang, 2010). Further, studies conducted in the US, New Zealand and Australia found that packaged liquor outlets were located in lower socioeconomic communities with greater frequency, potentially exacerbating already existing health inequalities (Hay et al., 2009; Bluethenthal et al., 2008; Livingston, 2011b).

The results from the online survey for *The social harms associated with the sale and supply of packaged liquor in Victoria* report add to this body of research by investigating community perceptions and attitudes towards neighbourhood packaged liquor environments. This approach, looking at community perceptions and attitudes, is not found in the literature on outlet density.

Respondents were asked to identify the number of packaged liquor outlets within 2 kilometres of their homes and report any associated alcohol-related harms or amenity impacts. Results were further analysed with risky drinking status and packaged liquor-related harm. In particular, the following research indicates that:

- 30% of respondents felt that there were problems associated with the current number of packaged liquor outlets in their neighbourhood.
- 19% of respondents felt that there were 'too many' outlets in their neighbourhoods.
- When three to five packaged liquor outlets were reported in a neighbourhood, respondents were more likely to report having 'too many' outlets within 2 kilometres of their homes than either the 'right amount' or 'too few'.
- When three or more packaged liquor outlets were present in a neighbourhood proportionately more respondents felt that there were associated problems with this compared to those reporting 'no problems' or being uncertain.
- Those that had reported 'serious' or 'minor' problems were more likely to experience verbal or physical abuse, or being put in fear than no packaged liquor-related harms at all.
- A majority of survey participants (72%) felt that the community should have more input into the location of packaged liquor outlets within their neighbourhoods. However, only 31% would ever consider lodging an objection to local government regarding an application.

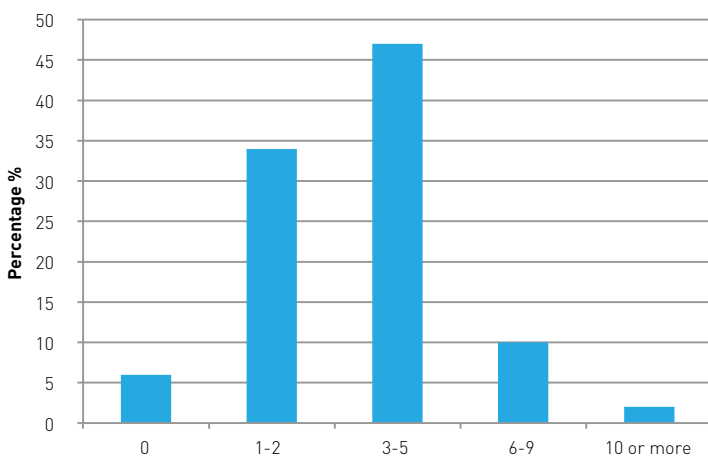
Neighbourhood packaged liquor outlet densities

Respondents were asked a variety of questions regarding the number of packaged liquor outlets within 2 kilometres of their homes and any associated amenity impacts. Although there are some limitations with this approach, such as the potential for misjudging a 2-kilometre distance, the data from the following questions provide an estimate of the possible impacts of packaged liquor outlets in neighbourhood locations. Respondents were asked:

- The number of packaged liquor outlets within 2 km of their homes.
- Whether respondents felt that there were any associated problems with having a certain number of packaged liquor outlets within this area.
- If yes, what would these impacts were.
- Whether respondents felt that there were too many, the right amount or not enough packaged liquor outlets within their area.
- Do you think the community should have more input into decisions made by local councils about whether new packaged liquor outlets are established and where they are located?
- Would you ever consider lodging an objection with state or local government in relation to an application for a new packaged liquor outlet in your area?

As Figure 59 below indicates, 47% of respondents identified 3–5 packaged liquor outlets in their immediate neighbourhood, the largest share of responses. A further 34% identified 1–2 outlets, followed by 10% living near 6–9 outlets within a 2-kilometre radius of their homes.

Figure 59: Packaged liquor outlets within a 2-km radius of a respondent's home



19% of respondents believed there were 'too many' packaged liquor outlets in their neighbourhood, 68% reported that the number of outlets was 'about right', 10% of respondents were unsure when asked, and 3% wanted more packaged liquor outlets in their area.

Packaged liquor outlets and risky drinking status and short-term harm

When a cross-tabulation analysis was undertaken to assess whether there was a relationship between the number of packaged liquor outlets within a 2-kilometre radius of a survey participant's home and level of risky drinking no significant associations were found.

When self-reported packaged liquor outlet densities were analysed against the experience of packaged liquor-related short-term harm, there was no significant variation observed. That is, it was no more likely that a respondent who reported living in a neighbourhood where there were between three and five outlets would have experienced one short-term harm over any other (verbal or physical abuse, feeling fearful) or not have experienced a harm at all.

Perceptions of the 'right' amount of packaged liquor in neighbourhoods

Data presented in Table 41 below indicates that the more packaged liquor outlets a respondent identified in their neighbourhood, the more likely they were to feel that there were 'too many'. For instance, 57% of respondents with 10 or more outlets and 41% of those with 6 to 9 outlets near their homes felt that this was 'too many', compared to those who had 3 to 5 outlets (23%), 1 to 2 outlets (5%) and 0 outlets (10%). An overwhelming majority (83%) of those who had 1 to 2 outlets in their neighbourhoods felt that this was the 'right amount', compared to those who had no outlets (68%), 3 to 5 outlets (64%), 6 to 9 outlets (44%) and 10 or more (29%).

Table 41: Percentage of respondents reporting too many, the right amount or not enough packaged liquor outlets in their neighbourhoods against the reported number

	0	1 to 2	3 to 5	6 to 9	10 or more	Other
Too many	10%	5%	23%	41%	57%	14%
Not enough	8%	4%	2%	1%	2%	0%
Right amount	68%	83%	64%	44%	29%	14%
Don't know	13%	7%	10%	14%	12%	71%
Other	2%	0%	0%	0%	0%	0%

Perceptions of neighbourhood packaged liquor densities, risky drinking and short-term harm

Just under a quarter (25%) of low-risk drinkers felt that there were too many packaged liquor outlets in their immediate area, proportionately more than occasional risky drinkers (15%), regular risky drinkers (16%), occasional very risky drinkers (12%) and regular very risky drinkers (17%). Conversely, proportionately more regular very risky drinkers (14%) reported that there were not enough packaged liquor outlets within 2 kilometres of their homes, compared to occasional very risky drinkers (6%), regular risky drinkers (2%), occasional risky drinkers (1%) and low-risk drinkers (1%). However the only significance found was for regular risky drinkers who were more likely to report having the 'right amount' of outlets than low-risk or regular very risky drinkers.

Including packaged liquor-related harm in the analysis showed that the experience of short-term harm varied according to whether respondents felt that there were 'too many', 'too few' or the 'right amount' of outlets in their neighbourhoods. It was more likely that those reporting having been in fear (25%) had felt that there were 'too many' outlets in their neighbourhoods compared to respondents reporting no harm (18%). Interestingly, reporting 'too few' outlets in a neighbourhood had the strongest association with packaged liquor related short-term harm. For instance, those who had reported physical abuse (22%), verbal abuse (7%) and being in fear (5%) were more likely to have selected 'too few' outlets, compared to those who had reported no harm (2%). Lastly, reporting no harm (69%) was more likely for those who felt they had the 'right amount' of outlets, than those who had reported verbal abuse (63%), physical abuse (47%) or having been in fear (60%). Reporting verbal abuse was also more likely than physical abuse for this group.

Amenity impacts, risky alcohol consumption and short-term harm

Respondents were also asked if they thought there were any problems with hosting packaged liquor outlets in the immediate (2 kilometre) area, of which 39% were unsure and 31% thought there 'no problems'. A further 24% felt that there were 'minor problems', with less (6%) believing there 'major problems' with the existing concentration of packaged liquor outlets in their neighbourhoods.

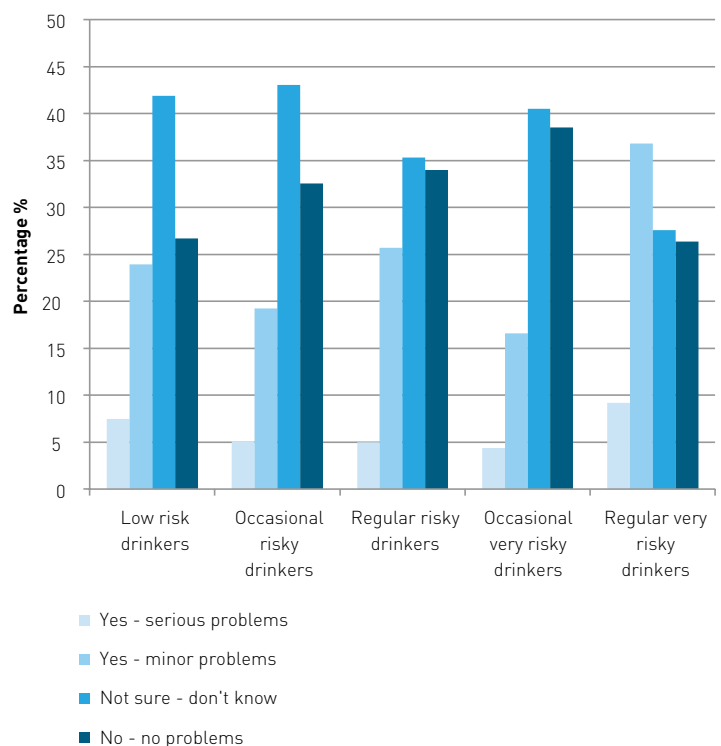
When the neighbourhood problems data was analysed against the number of packaged liquor outlets reported in a neighbourhood, the proportion of respondents reporting problems tended to increase according to the number of packaged liquor outlets identified. As Table 42 below details, those living in neighbourhoods with 3 to 5 outlets or 10 or more were significantly more likely to nominate minor problems (30% and 43% respectively) compared to those living in areas with either no packaged liquor outlets (10%) or 1 to 2 outlets (15%).

Table 42: Percentage of respondents reporting problems by number of packaged liquor outlets within 2 km of their homes

	0	1 to 2 outlets	3 to 5 outlets	6 to 9 outlets	10 or more	Other
Yes serious	6%	3%	7%	12%	14%	0%
Yes minor	10%	15%	30%	28%	43%	29%
Not sure	36%	42%	39%	35%	31%	57%
No problems	48%	39%	24%	25%	12%	14%

When perceptions of neighbourhood outlet densities were analysed by risky drinking status, regular very risky drinkers (37%) were significantly more likely than occasional risky (19%) or occasional very risky drinkers (16%) to report 'minor problems' (Figure 60). Low-risk (42%) and occasional risky drinkers (43%) were also more likely to be unsure regarding neighbourhood impacts from packaged liquor outlets than regular very risky drinkers (26%), which was significant.

Figure 60: Percentage of risky drinkers that identified serious or minor problems, uncertainty or no problems with the packaged liquor outlet densities in their neighbourhoods

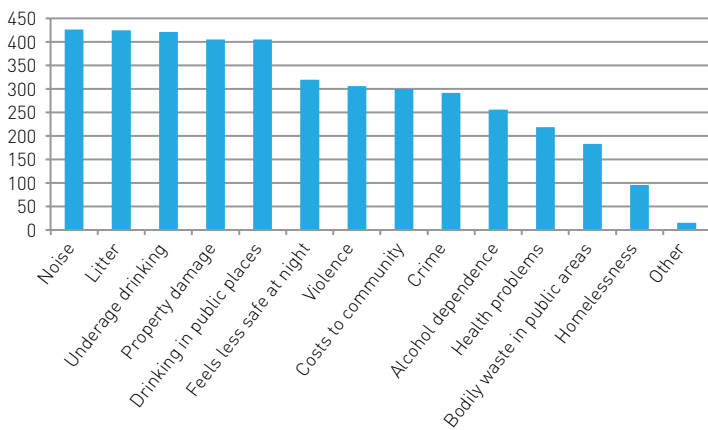


Generally those that had experienced packaged liquor-related harm were significantly more likely to report either serious or minor neighbourhood problems than those who had not. For instance, 34% of respondents reporting verbal abuse, 44% of those reporting physical abuse and 35% reporting having been in fear felt that there were minor problems associated with hosting packaged liquor outlets in their neighbourhoods, compared to 21% of respondents who had not experienced harm.

Correspondingly, 33% of respondents who had reported no harm also had no problems with hosting packaged liquor outlets in their neighbourhoods, significantly more than those who had experienced verbal abuse (25%), physical abuse (15%), or having been in fear (19%).

When respondents (n=605) were asked what problems were associated with hosting packaged liquor outlets in an area, the most popular responses were noise, litter, underage drinking, property damage and public drinking. Respondents were allowed to select multiple answers. The full range of responses is detailed in Figure 61 below.

Figure 61: Number of responses for each listed packaged liquor-related harm



A majority of survey respondents (72%) supported the community having more input into liquor licensing decisions regarding the location of packaged liquor outlets in their neighbourhoods. A minority (13%) were not supportive of this, or were unsure (14%). However, there was less support for lodging an objection to a packaged liquor licence, with 31% of respondents indicating they would consider doing so, compared to 40% who would not. A further 29% were unsure about lodging an objection.

Discussion

The more packaged liquor outlets a respondent identified in their neighbourhood, the more likely they were to report hosting 'too many' outlets, or serious or minor problems associated with this. Further, 72% of survey participants supporting more community involvement in the location of packaged liquor outlets is indicative of this. Previous studies into neighbourhood packaged liquor outlet densities showed that hosting 3 to 4, or 8 or more outlets within a 1-kilometre road network was associated with drinking at levels of short-term harm on a weekly basis (Kavanagh & Krnjacki, 2011).

However, there was no significant correlation observed in the current study between neighbourhood outlet densities and self-reported packaged liquor consumption patterns, which is surprising given the findings from the research cited previously. This may be due in part to the data presented in the current report being focused upon packaged liquor consumption only, rather than general alcohol consumption. To this end, a low-risk or occasional risky packaged liquor drinker may actually drink at much riskier levels when all alcohol consumption is considered. Being limited to respondents who had purchased packaged liquor in the last 12 months also meant that the drinkers in this data set are not representative of the general population. Perceptions regarding the desirable number of packaged liquor outlets in a neighbourhood, or any perceived problems with hosting a particular outlet density may be more pronounced if this data were based upon a sample of the general Victorian population.

Chapter 11: The effect of alcohol promotions on packaged liquor purchasing

Summary

The amount and type of alcohol a person purchases can be influenced by a variety of factors, including the type of packaged liquor outlet, its proximity to other utilities or home, or the offer of price promotions and deals. This section of the online survey sought to establish the extent to which packaged liquor sale promotions influence purchasing behaviour and, consequently, packaged liquor consumption and harm. The key findings for this section of the report include:

- The experience of packaged liquor-related harm was associated with the extent to which alcohol promotions influenced purchasing decisions.
- Packaged liquor promotions were more likely to inform the purchasing decisions of younger groups (18–24 and 25–34 years of age) than older groups.
- Special markdowns and 2-for-1 offers were more likely to inform purchasing decisions when compared to other promotional activities.

Special discounts, promotions and purchasing decisions

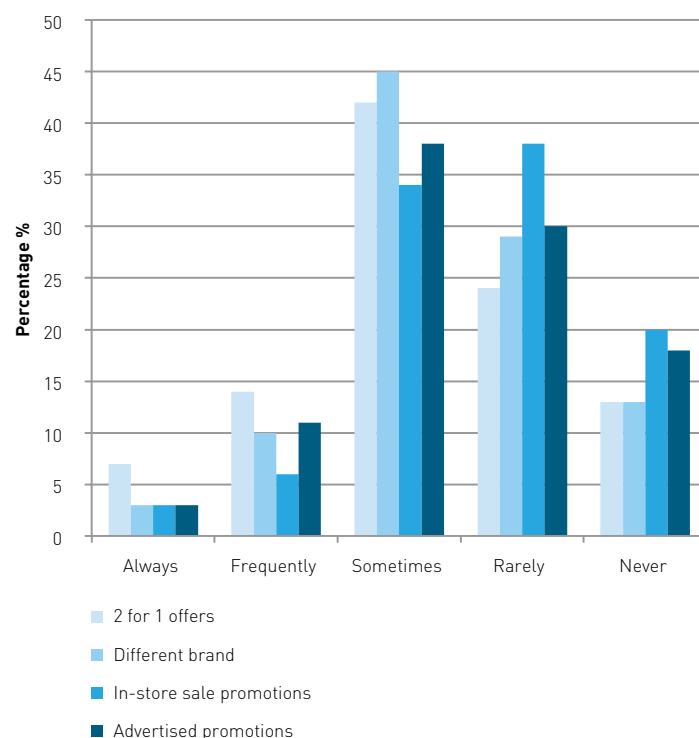
The first four questions aimed to establish whether the type or amount of alcohol purchased could be mediated by discount offers and whether respondents were influenced more by in-store or print promotions. Specifically, these questions asked:

- Do special offers or discounts at packaged liquor outlets (such as 2-for-1 offers) make you more likely to increase the amount of alcohol you purchase?
- Do special offers or discounts at packaged liquor outlets make you more likely to purchase a different brand of alcoholic beverage than you would usually buy?
- Are your purchasing decisions at packaged liquor outlets influenced by in-store sale promotions (such as competitions, free giveaways, etc.)?
- Are your purchasing decisions at packaged liquor outlets influenced by promotions advertised in newspapers and shopping catalogues, or on television, radio and other media?

All questions had the same response range (always, frequently, sometimes, rarely, never). The proportion of responses for each question can be seen in detail in Figure 62 below.

Respondents were generally influenced by promotions only 'sometimes' rather than on any more frequent basis. For instance, 42% of respondents would increase the amount of alcohol they purchased 'sometimes' if a special offer such as 2-for-1 deal was offered, compared to 'rarely' (24%), 'frequently' (14%), 'never' (13%) and 'always' (7%). Similar patterns were observed for discounts that would encourage purchasing a different brand or purchasing decisions based upon mixed media advertising. However, 38% of respondents were 'rarely' influenced by in-store sales promotions, compared to 'sometimes' (34%), 'never' (20%), 'frequently' (6%) or 'always' (3%).

Figure 62: Percentage to which respondents reported being influenced in their purchasing decisions by promotions



In Table 43 below, responses were grouped (i.e. always/frequently, sometimes, rarely/never) to provide an account of which promotions were most likely to influence packaged liquor purchasing decisions. As can be seen below, respondents were more likely to be always/frequently influenced by 2-for-1 offers than the other three promotions. Further, in-store sale promotions appeared to be the least likely to influence purchasing decisions, followed by promotions in newspapers and media.

Age

Special offers (such as 2-for-1 offers) were more influential with younger cohorts. Respondents aged 18–24 (31%) were more likely to be 'frequently' influenced by the offer of a discount than those aged 25–34 (23%), 35–44 (15%), 45–54 (10%), 55–64 (9%) and 65 or over (6%). Similar results were observed for promotions that encouraged the purchase of a different brand, and in-store promotions, but not for print promotions.

Purchasing behaviours

More frequent packaged liquor purchasing was associated with being 'always' or 'frequently' influenced by promotions. For instance, 11% of respondents who purchased on a weekly basis were 'always' influenced by special offers, such as 2-for-1 discounts, compared to those who purchased 2–3 times a week (6%), once a month (6%) or less often (4%). Likewise, 15% of respondents who purchased on a weekly basis were 'frequently' influenced by discounts on a different brand, compared to 11% of those who purchased 2–3 times a month, 7% of monthly purchasers and 5% of those that purchased less frequently.

Risky consumption and packaged liquor promotions

There was limited variation in risky drinking status and the likelihood of being influenced by packaged liquor special offers and discounts to change purchasing behaviour overall. A notable exception however were discounts offering a 2-for-1 deal. Regular very risky drinkers (21%) were more likely than low-risk drinkers (4%) to be 'always' influenced by this type of promotion. Likewise regular very risky drinkers (28%) and occasional very risky drinkers (27%) were more likely than low-risk drinkers to be

influenced 'frequently'. Conversely, 28% of low-risk drinkers and 28% of occasional risky drinkers were 'rarely' influenced by 2-for-1 deals, compared to 10% of regular very risky drinkers. Likewise, 21% of low-risk drinkers were 'never' influenced by this type of promotion compared to 8% of occasional risky drinkers, 7% of regular risky drinkers and 4% of regular very risky drinkers.

Beyond this there was only very limited significant variation according to likelihood or discounts or promotions influencing purchasing based upon risky drinking status.

Packaged liquor-related short-term harms and packaged liquor promotions

Reporting packaged liquor related short-term harm was generally more likely than reporting no harm when respondents were 'always' or 'frequently' influenced by packaged liquor promotions. The data collected for assessing the extent to which special offers such as 2-for-1 offers influenced purchasing revealed that 11% of those who had reported verbal abuse, 22% reporting physical abuse and 11% who had been in fear were always influenced by these promotions, compared to 6% of those who had not experienced harm. Likewise, reporting verbal abuse (24%), physical abuse (37%) or having been in fear (25%) was more likely to be associated with being 'frequently' influenced by these types of promotions than reporting no harm (12%). Similar patterns were evident for promotions for a different brand of alcohol and in-store promotions. For purchasing based upon promotions in newspapers or catalogues this pattern was only evident for those who were 'frequently' influenced by these promotions.

Overall, respondents who were 'rarely' or 'never' influenced by these types of promotions were generally less likely to have reported short-term harm in the last 12 months. For example, respondents who had selected these options when asked about the extent to which in-store promotions influenced their decision making, 40% of those who had reported no harm selected 'rarely' compared to 31% of those who had been in fear, 19% who had reported physical abuse and 29% of those who had reported verbal abuse. A similar pattern was evident for those who had selected 'never' for this type of promotion.

Table 43: Popularity of discounts and promotions

	2-for-1 offers	Different brand of alcoholic beverage	In-store sale promotions	Advertised promotions
Always/frequently	21%	13%	9%	14%
Sometimes	42%	45%	34%	38%
Rarely/never	37%	42%	57%	49%

Types of discounts

In the next section of the survey respondents were asked whether the following types of discounts or special offers influenced the type or amount of alcohol they bought:

- standard markdown/reduced price
- '2-for-1' deal offering an additional unit of the same item free of charge
- deal offering an additional unit of a different alcoholic item free of charge (e.g. free bottle of wine when a slab of beer is purchased)
- offer of a free non-alcoholic gift or promotional item
- a competition offering a prize for the winning entry
- frequent flyer or other reward points
- other (please specify).

Figure 63 shows that standard markdowns and 2-for-1 specials were generally more likely to influence packaged liquor purchasing decisions than the offer of an additional unit of a different alcohol item, non-alcoholic gift, entry into a competition or frequent flyer points. Respondents were significantly more likely to be 'always' influenced by standard markdowns (10%) than the offer of an additional unit of another alcohol item (3%), non-alcoholic gift (2%) or entry into a competition (2%). The same was true with 2-for-1 deals (8%) when compared to the offer of a non-alcoholic gift or entry into a competition.

25% of respondents were influenced by standard markdowns 'frequently', significantly more than for 2-for-1 specials (19%), deals offering an additional unit of a different alcohol item (7%), deals offering a non-alcoholic gift (5%), entry into a competition (4%) or frequent flyer points (7%). Similarly, 2-for-1 deals were more likely to influence packaged liquor shoppers' decision making on a 'frequent' basis compared to the remaining four promotion types. Further, both of these promotions were significantly more likely to motivate purchasing patterns 'sometimes' rather than any of the other packaged liquor promotional activities.

The offer of additional frequent flyer points was more likely than other promotions to 'never' influence purchasing decisions.

Figure 63: Packaged liquor discount choices by popularity

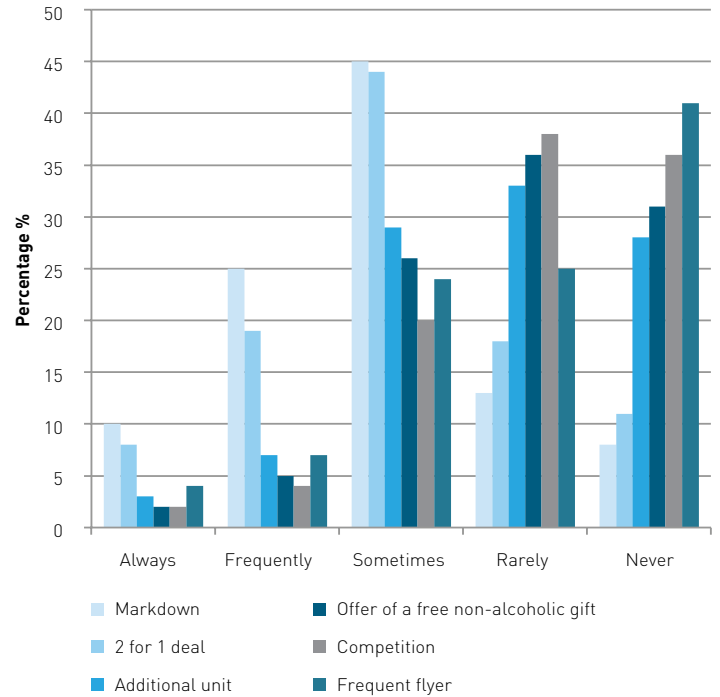


Table 44 below shows that a standard markdown or reduced prices and 2-for-1 deals were more influential than other types of promotions. For instance, standard markdown/reduced prices were more popular (as measured by always/frequently) than any of the other promotion types. 2-for-1 deals were also more popular than the remaining items. Both of these items were also more likely to influence respondents in their purchasing sometimes, compared to the other types of promotions. Competitions offering a prize for a winning entry were the least popular option of the promotions (measured by rarely/never) followed by an offer of a free non-alcoholic gift or frequent flyer points.

Table 44: Popularity of each promotion

	Standard markdown/reduced price	'2-for-1' deal	Additional unit of a different alcoholic item	Offer of a free non-alcoholic gift	A competition offering a prize for the winning entry	Frequent flyer or other reward points
Always/frequently	34%	28%	10%	7%	6%	11%
Sometimes	45%	44%	29%	26%	20%	24%
Rarely/never	21%	28%	61%	66%	74%	65%

Age

Generally younger respondents were more likely to be influenced 'frequently' by all of the discount options with the exception of those offering entry into a competition or frequent flyer rewards. When considering standard markdowns/reduced price, 36% of those aged 18–24 and 32% of those aged 25–34 were 'frequently' influenced by this type of promotion significantly more than those aged 35–44 (22%), 45–54 (22%), 55–64 (21%) and 65 or older (22%). Likewise, older respondents were usually more likely to select 'never' being influenced for a given discount. This association was strongest for discounts offering a free non-alcoholic item, with 50% of those aged 65 or older selecting this option, which was more likely than for those aged 18–24 (19%), 25–34 (15%), 35–44 (25%), 45–54 (32%) and 55–64 (38%).

Purchasing behaviours and type of discount

More frequent purchasing of packaged liquor (i.e. weekly, 2–3 times a month) was associated with being influenced 'always' or 'frequently' by the six types of promotions mentioned earlier, although the strength of this association varied between promotions. Regarding standard markdowns/discounts, 16% of respondents who purchased on a weekly basis were influenced by these types of discounts 'always', compared to those who shopped 2–3 times a month (11%), monthly (6%) or less often than monthly (5%). Likewise, 33% of those who purchased on a weekly basis selected 'frequently' for this type of promotion, compared to 25% of those who purchased 2–3 times a month, 25% who purchased monthly and 15% who purchased less often.

Purchasing decisions that were 'rarely' or 'never' influenced by the two more popular promotions (i.e. standard markdown/reduced price, and '2-for-1' deal offering an additional unit of the same item free of charge) were associated with less frequent purchasing. For instance, 18% of those who purchased less often than monthly were 'rarely' influenced by standard markdowns, compared to those who purchased once a month (12%), 2–3 times a month (11%), or on a weekly basis (10%). Similarly, 13% of respondents who purchased less often than monthly were 'never' influenced by this type of promotion, compared to those who purchased once a month (9%), 2–3 times a month (5%), or on a weekly basis (4%).

For the remaining promotions, less frequent purchasing was associated with 'never' being influenced for promotions. For instance, 40% of those purchasing less often than monthly were 'never' influenced by deals offering a free non-alcoholic gift or promotional item, compared to monthly (31%), 2–3 times a month (26%) and weekly purchasers (18%).

Risky consumption and type of discount

Across the six promotions, it was generally more likely that low-risk drinkers would select 'rarely' or 'never' to describe the degree to which promotions influenced their purchasing, with limited significant differences observed for other risk-based categories. For promotions offering a 2-for-1 deal, 61% of those who selected 'never' were low-risk drinkers, compared to those who selected 'rarely' (48%), 'sometimes' (43%), 'frequently' (27%) or 'always' (25%). Regular very risky drinkers were generally more likely to select 'always' being influenced by promotions, such as promotions offering an additional unit of a different type of alcohol, entry into a competition, or the offer of frequent flyer points than 'rarely' or 'never'. Concerning the latter, 28% of respondents who selected 'always' were regular very risky drinkers, compared to those who selected 'frequently' (16%), 'sometimes' (9%), 'rarely' (7%) or 'never' (6%). Regarding promotions offering a 2-for-1 deal it was also more likely that those who selected 'always' (21%) would be regular very risky drinkers, compared to those who had selected 'never' (3%).

Packaged liquor-related short-term harm and type of discount

Packaged liquor-related short-term harm was generally more likely to be reported by those who were 'always' or 'frequently' influenced by these promotions with some exceptions. For example, 14% of those reporting verbal abuse, 22% reporting physical abuse and 13% of those who reported having been in fear were always influenced by standard markdowns compared to 9% of respondents reporting no harm. Likewise, 32% of those reporting verbal abuse, 40% of those reporting physical abuse and 34% of those reporting having been in fear selected 'frequently', compared to 23% no harm. Interestingly, there was a higher likelihood of harm for those who were 'sometimes' influenced by a deal offering an additional unit of a different alcoholic item free of charge (e.g. free bottle of wine when a slab of beer is purchased). For instance, 39% of those reporting verbal abuse, 50% reporting physical abuse and 35% reporting having been in fear selected this option, compared to 27% reporting no harm.

When respondents selected 'rarely' or 'never' it was less likely that they would have reported packaged liquor related harm for the following 12 months, for the promotions listed below:

- Standard markdown/reduced price
- 2-for-1 deal offering an additional unit of the same item free of charge
- Deal offering an additional unit of a different alcoholic item free of charge.

For instance, 34% of those who had not experienced harm were 'rarely' influenced by a deal offering an additional unit of a different alcoholic item free of charge compared to those that had reported verbal abuse (25%), physical abuse (13%) or having been in fear (28%). A similar pattern was also evident for those who had selected 'never' for this type of promotion.

Discussion

The research on packaged liquor promotions shows that younger groups were significantly more likely to incorporate packaged liquor promotions into their purchasing decision making. Further, the results also indicate that the experience of packaged liquor-related short-term harm was more likely when packaged liquor purchasing was informed by promotions on a more regular basis. Given this finding, it is surprising that there was not more variation found between type of promotional activity, extent of influence and risky drinking status. A possible explanation for this could be that the efficacy of alcohol promotions lies in either being appealing to all drinkers (from low to regular very risky drinkers), or to specific sub-groups of the population based upon age and gender. For instance, recent studies have shown that youth exposure to alcohol advertising and promotions will increase the likelihood of a young person's alcohol initiation; or where alcohol consumption has already taken place, increase the amount consumed (Anderson et al., 2009a). Further, a cumulative effect has been noted for alcohol advertising, where young people who are exposed to a greater availability of alcohol advertising are likely to drink greater amounts of alcohol well into their 20s, compared to those who are not exposed by the same quantity of alcohol advertisements (Anderson et al., 2009b).

Chapter 12: Secondary supply in Victoria – attitudes among packaged liquor consumers

Summary

The online survey of packaged liquor drinkers featured a section on secondary supply in Victoria. The questions contained in this section sought to establish the viewpoints of packaged liquor consumers on their attitudes toward young people drinking, and the conditions under which it would be acceptable for young people to consume alcohol prior to their 18th birthday. Key findings are detailed below:

- Generally, respondents were supportive of young people drinking prior to their 18th birthday (55%), provided this was done with parental or adult consent, or only on special occasions. However, 40% of respondents did not support allowing young people under the age of 18 drinking under any circumstances.
- Those that did not support anyone under the age of 18 drinking alcohol were significantly more likely to be a parent of a young person this age.
- More liberal attitudes toward supplying alcohol to young people prior to their 18th birthday tended to be associated with risky levels of packaged liquor consumption.
- Of all respondents, 31% were parents of a child under the age of 18, and 19% (n=119) of these had supplied their child or children with alcohol.
- Parents of a dependent child under 18 who responded to this survey were more likely to purchase packaged liquor on a more frequent basis and spend more on each purchasing occasion than other survey respondents.
- 21% of respondents had supplied alcohol to a minor (n=414). Those aged between 25 to 34 and 35 to 44 were the least likely to do this.
- The most popular items bought for young people under the age of 18 were pre-mixed spirits (31%), bottled wine (27%) and regular strength beer (21%).
- The majority of respondents supplied either less than 1 standard drink to a minor (37%) or 1 to 2 standard drinks (35%). Where supply exceeded 5 standard drinks it was more likely to be supplied by those aged 25–34.
- Of those that supplied alcohol to a young person under 18, 90% were present at the time of consumption. Those aged 25–34 were significantly more likely to be absent than any older groups.

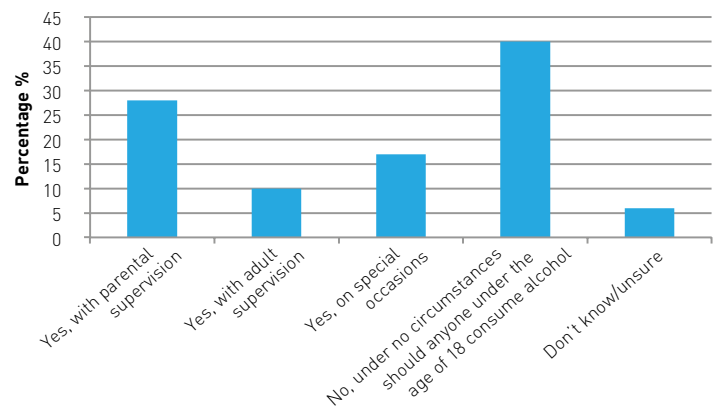
Conditions on alcohol supply: should young people (under 18) consume alcohol?

The first question of this section asked respondents whether a young person should consume any alcohol at all before 18 years of age, with the following response range:

- Yes, with parental supervision
- Yes, with adult supervision
- Yes, on special occasions
- No, under no circumstances should anyone under the age of 18 consume alcohol
- Don't know/unsure.

40% of respondents nominated 'no, under no circumstances'. 'Yes, with parental supervision' was the second-most popular response with 28% of survey participants agreeing with this statement. However, combining the responses for any of the options that would allow underage alcohol consumption (albeit under specific circumstances) showed that 55% of respondents were broadly supportive of allowing young people to consume alcohol prior to the age of 18 in one form or another.

Figure 64: Percentage of respondents asked if a young person should consume any alcohol before the age of 18



Younger people (18–24), and those that consumed a greater amount of alcohol on a weekly basis tended to be more supportive of young people aged below 18 consuming alcohol under specific circumstances.

Respondents who supported alcohol supply to minors with parental supervision were significantly more likely to be 18–24 (32%) or 45–54 (32%) than 25–34 (23%) or 35–44 (25%). Similarly, 18–24-year-olds (18%) were proportionately more supportive of alcohol being supplied under adult supervision when compared to those aged 25–34 (13%), 35–44 (10%), 45–54 (10%), 55–64 (9%) or 65 or more (4%). Only 12% of 25–34-year-olds supported alcohol supply to minors on special occasions, significantly less than those aged 18–24 (22%), 25–34 (18%) and over 65 (19%). Likewise, 18–24 year olds were the least likely group to endorse restricting alcohol to minors with only 21% supporting this compared to those aged 25–34 (39%), 35–44 (44%), 45–54 (40%), 55–64 (41%) and 65 or older (43%).

Those who felt that young people should not have alcohol prior to the age of 18 (40%) or who were unsure (6%) were significantly more likely to be parents of someone under the age of 18. However, survey participants without children under the age of 18 were significantly more likely to believe that minors should have alcohol only on special occasions.

Viewed in terms of risky alcohol consumption, support varied according to the conditions under which a minor could consume alcohol. 26% of regular very risky drinkers supported the consumption of alcohol by young people provided there was adult supervision compared to low-risk (5%) or occasional risky drinkers (9%). Not allowing a young person to drink alcohol under any circumstances was significantly more likely amongst low-risk drinkers (52%) than occasional risky (31%), regular risky (30%), occasional very risky (27%) or regular very risky drinkers (38%).

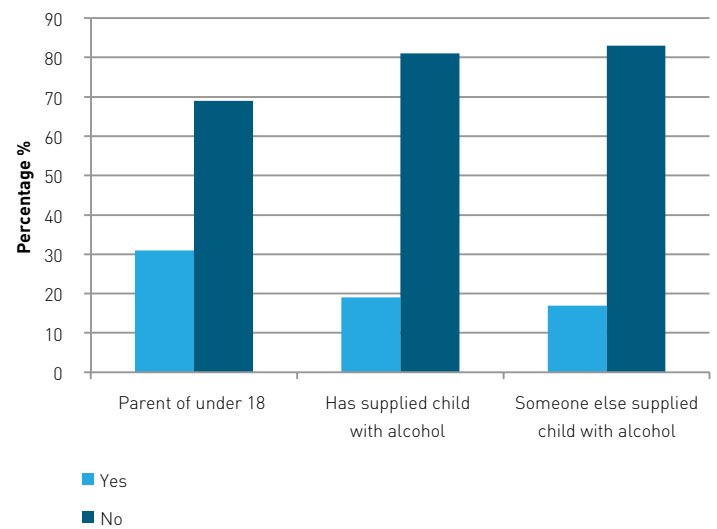
Supplying young people with alcohol

Further questions focused on respondents who were parents of young people aged under 18, and whether they, or another adult, had purchased alcohol for their children. These questions are detailed further below:

- Do you have dependent children under the age of 18?
- Have you supplied any of your children under the age of 18 with alcohol before?
- Have any of your children under the age of 18 to the best of your knowledge been supplied with alcohol by someone other than you or your partner? This could be from another adult or through other means?
- To the best of your knowledge, who supplied your child/children with alcohol?

A total of 627 respondents (31%) were parents of a dependent child or children under the age of 18. Of these, 119 had supplied their child with alcohol before (19% of parents), and 106 were aware that someone else had supplied their child with alcohol on a previous occasion (17% of parents). This is displayed in Figure 65 below.

Figure 65: Percentage of respondents who are parents, and have supplied alcohol to their child, or been aware that alcohol has been supplied



Parents of a dependent under the age of 18 were significantly more likely to purchase packaged liquor more frequently and spend more on each occasion than those who were not. 40% of respondents who purchased packaged liquor on a weekly basis were parents of a dependent, compared to 30% of those who purchased 2–3 times a month, 27% for once a month purchasing and 27% who purchase on a less frequent basis than this. This finding was significant. Those without dependent children were more likely to spend less than \$20 on each purchasing occasion (79%) compared to those spending \$21–40, \$41–60 or \$61 or more (67%, 65% and 66% respectively).

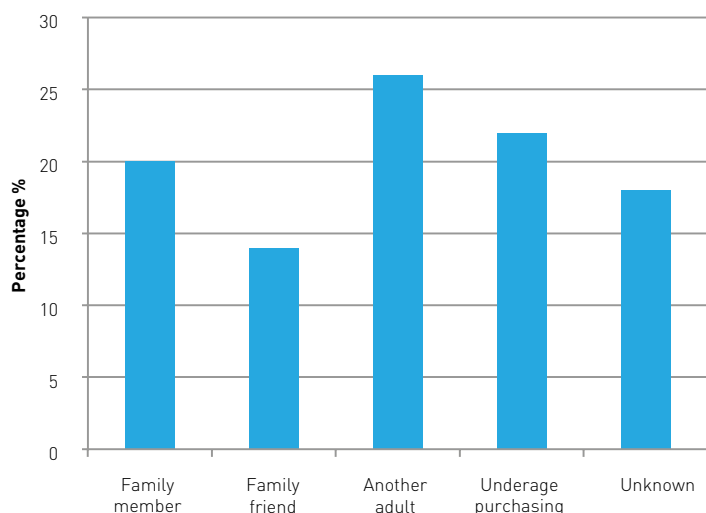
Of the 627 respondents who had dependent children under the age of 18, 37% were low-risk drinkers, 17% were occasional risky drinkers, 23% were regular risky drinkers, 12% were occasional risky drinkers and 11% were regular very risky drinkers.

As shown earlier, 119 respondents had supplied their child or children with alcohol before, or 19% of the respondents with dependents. Further analysis revealed variation by gender and risky drinking status. Parents who had supplied their children under the age of 18 with alcohol were significantly more likely to be male (i.e. 23% cf. 16%) and to purchase their alcohol as a part of a weekly shop (i.e. 25% cf. 16%).

37% of regular very risky drinkers had supplied their children with alcohol, significantly more than low-risk drinkers (12%). Correspondingly, low-risk drinkers (88%) were more likely to report that they would not supply their dependent children with alcohol than either regular risky (79%) or regular very risky drinkers (62%).

Respondents were also asked whether their child or children had been supplied with alcohol by someone other than the respondent or their partner. Approximately 17% of parents with dependent children participating in the survey thought that their child/children had been supplied with alcohol. When this was reviewed by risky drinking status, it was found that low-risk drinkers with dependents were significantly more likely to report that their children under the age of 18 had not, to the best of their knowledge, consumed alcohol (87%) than either regular risky (78%) or regular very risky drinkers with dependents (74%). When these respondents were asked about the source of alcohol supply to their child or children, another adult was the most popular response (26%), followed by underage purchasing (22%) and family member (20%). This can be seen in more detail in Figure 66 below.

Figure 66: Perceived source of alcohol for children (n=106)



Type and quantity of alcohol purchased for young people by all respondents

The following questions were asked of all respondents:

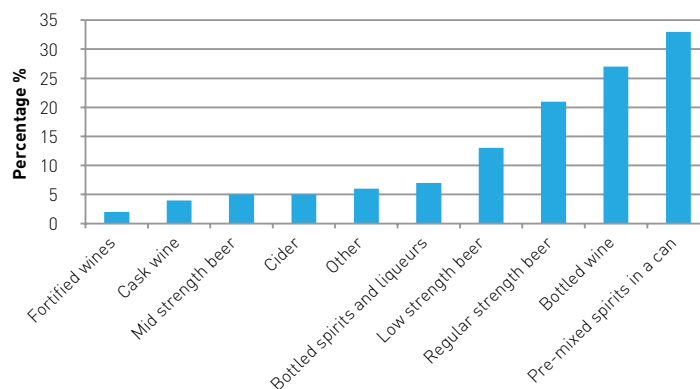
- Have you supplied any young people under the age of 18 with alcohol before?
- On the last time you supplied a young person under the age of 18 with alcohol, what type of alcohol did you give them?
- On the last time you supplied a young person under the age of 18 with alcohol, how many standard drinks of this type of liquor did you provide to them?
- Were you present when the young person/young people consumed the alcohol you supplied?

When all respondents were asked whether they had supplied any young person under the age of 18 with alcohol, a total of 414 (21%) responded that they had. There was no significant variation in gender for purchasing; however when it came to age, those aged 18–24 (26%), 45–54 (21%), 55–64 (28%), 65+ (24%) were more likely to supply alcohol to a minor compared to those aged 25–34 (14%) or 35–44 (14%).

Those who had not supplied any young people with alcohol were more likely to be low-risk drinkers (84%) than regular (77%) or occasional very risky drinkers (69%). Likewise, it was more likely that occasional risky drinkers (79%) would be in this group than occasional very risky drinkers (69%). Those who had supplied a young person with alcohol were more likely to be occasional very risky drinkers (31%) than low-risk drinkers (16%). These findings were significant.

The three most popular items bought for people under the age of 18 were pre-mixed spirits (33%), bottled wine (27%) and regular strength beer (21%), displayed in more detail in Figure 67 below.

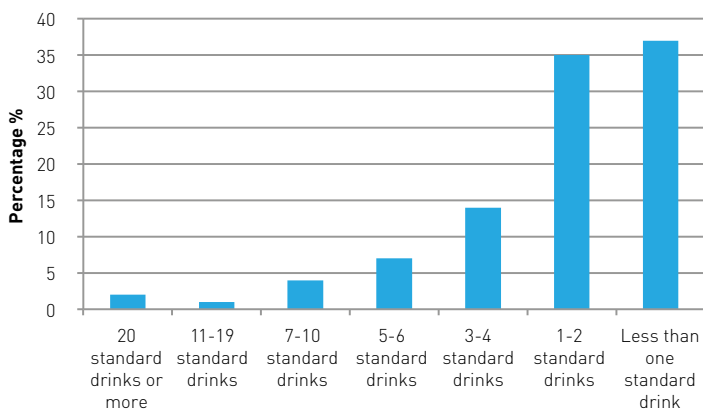
Figure 67: Type of alcohol bought for minors by adult respondents (n=414)



There were differences found for type of alcohol purchased for a minor by age and gender. Males were significantly more likely than females to buy bottled wine (i.e. 33% cf. 22%) and regular strength beer (i.e. 30% cf. 13%). It was more likely that females would purchase pre-mixed spirits (i.e. 43% cf. 21%) and bottled spirits and liqueurs (i.e. 9% cf. 4%) than males. 10% of respondents aged 18–24 who had supplied alcohol to a minor were generally more likely to have bought cask wine, significantly more than those aged 25–34 (0%), 44–54 (1%) or 55–64 (2%). However, older groups, such as those aged 55–64 (40%) or 65 and older (58%) were more likely to purchase bottled wine on behalf of minors than those aged 18–24 (10%), 25–34 (16%), 35–44 (16%), 45–54 (10%). Purchasing premixed spirits for minors was comparatively popular for those aged 18–24 (56%), 25–34 (47%), 35–44 (37%), 45–54 (51%) compared to those aged 55–64 (16%) and 65 or older (7%).

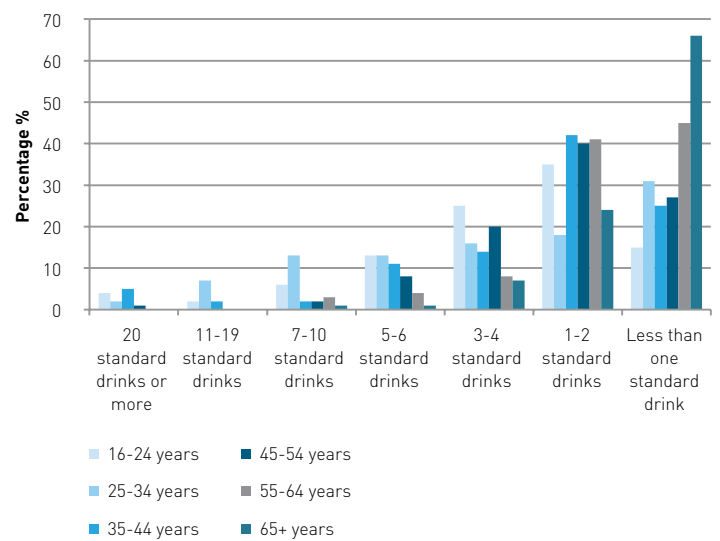
Generally very small proportions of respondents who had purchased alcohol for a minor bought an excessive amount. 2% of respondents supplied 20 standard drinks or more, and 1% had supplied between 11 and 19 standard drinks. Supplying between 7–10 standard drinks and 5–6 standard drinks to a minor was also relatively low with only 4% and 7% of respondents doing this, respectively. As can be seen in Figure 68 below, for those that supplied packaged liquor to minors, supplying less than 1 standard drink (37%) or 1–2 standard drinks (35%) were the more popular options.

Figure 68: Number of standard drinks supplied to minors on each purchasing occasion



When alcohol was purchased for a person under the age of 18, younger respondents tended to supply greater quantities than older respondents. For instance, 13% of 25–34 year olds who had purchased on behalf of a minor had supplied 7–10 standard drinks, significantly more than those aged 35–44 (2%), 45–54 (2%), 55–64 (3%) or those 65 and over (1%). This is shown in greater detail in Figure 69 below.

Figure 69: Amount of alcohol supplied to minors by age group of purchaser



An overwhelming majority of respondents were present when the alcohol they supplied to a minor was consumed (i.e. 90% cf. 10%). All respondents aged 65 or older were present when young people had been supplied with alcohol, which was a significantly higher proportion than for those aged 18–24 (81%), 25–34 (76%), 35–44 (91%) and 45–54 (89%).

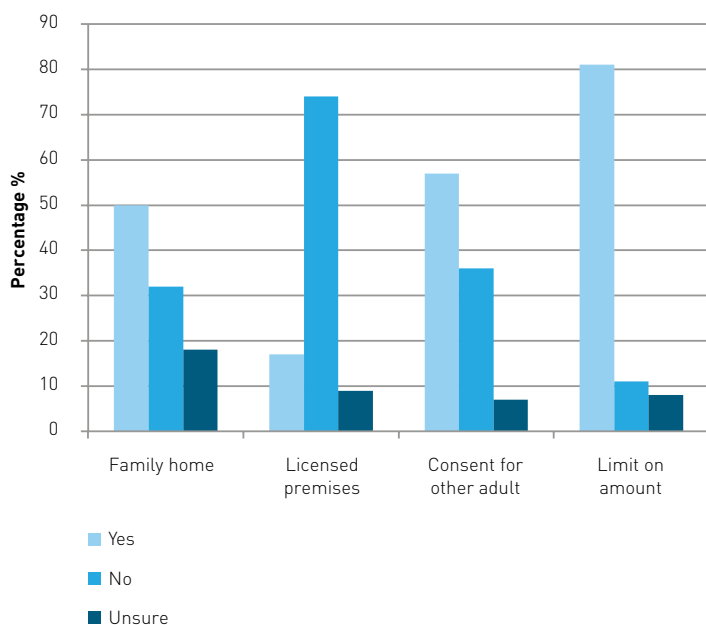
Establishing the conditions under which young people under 18 years of age can drink alcohol

The remaining questions in the survey looked at respondents' attitudes toward the conditions under which it would be appropriate to allow minors to consume alcohol and were asked of all respondents. The following questions were asked:

- Do you think that parents should be able to supply alcohol to their own children under the age of 18 in the family home?
- Do you think parents should be able to purchase alcohol for their own children who are under the age of 18 at licensed premises?
- Do you think that a parent should have to give consent for their child who is under 18 to be provided with alcohol in a private residence by another adult?
- Do you think there should be a limit placed upon the amount of alcohol a parent is able to supply to a child under the age of 18?

Figure 70 below shows the amount of support or otherwise for each question. Of all responses, the most outright support was for limiting the amount of alcohol a parent can supply to a child under the age of 18, with 81% agreeing. There was a similar weight of sentiment against allowing parents to purchase alcohol for their children under the age of 18 in licensed premises, with 74% disagreeing. 50% of respondents agreed that parents should be able to supply alcohol to their own children under the age of 18 in the family home. When it came to other adults providing children under the age of 18, 57% of respondents agreed that parents should have to give consent for other adults to provide their children with alcohol.

Figure 70: Circumstances in which under 18s can drink alcohol



Support for parents supplying alcohol to under 18s in the family home was strongest amongst 18 to 24-year-olds (63%), who were significantly more likely to support this than those aged 25–34 (44%), 35–44 (42%), 55–64 (50%) and 65 or older (49%) age brackets.

Although there was limited support for parents supplying their children with alcohol in licensed premises, where support did exist it was primarily amongst younger people. Respondents aged 18–24 (38%) were significantly more likely to support supplying minors with alcohol in licensed premises than those aged 25–34 (38%), 35–44 (19%), 45–54 (16%) 55–64 (17%) and 65 or older (15%). Similarly, disagreement with this question was strongest amongst those aged 65 or over, compared to all younger age groups, which was significant.

Older age groups were more likely to support parental consent being mandatory for another adult to supply alcohol to a minor. Those aged 65 or older (62%) were significantly more likely than those aged 25–34 (51%) or 35–44 (54%) to support parental consent being mandatory for another adult to supply alcohol to their children. Those aged 45–54 (59%) and 55–64 (59%) were also significantly more likely than 25–34 year olds to support this.

Of all of these questions, support was strongest for a limit being placed on the amount a parent is able to supply to a young person (81% overall). Support for this increased with age. For instance, those aged 65 and over (90%) were significantly more likely to support this than respondents aged 18–24 (75%), 25–34 (73%), 35–44 (79%), and 45–54 (83%). Further, respondents aged 45–54 (83%) and 55–64 (85%) were significantly more likely than respondents in the 18–24 and 25–34 age brackets to support a limit.

Discussion

19% of parents with children under the age of 18 and 21% of general survey participants had supplied a minor with alcohol. Most of the survey participants who had done so supplied only one or two standard drinks, and were present when it was consumed. When this was broken down further, 37.7% of regular very risky drinkers supplied their child or children under the age of 18 with alcohol, compared to 11.8% of low-risk drinkers.

These findings suggest that parental alcohol consumption may influence the extent to which children are supplied with packaged liquor by either parents or others. Although recently introduced secondary supply legislation may reduce the supply of alcohol to young people, the attitudes and behaviours of parents regarding alcohol also appear to influence a child's exposure to alcohol.

Further work in this area could involve research regarding the influence of alcohol in the home, attitudes of parents toward alcohol consumption and the drinking behaviours of young people.

Chapter 13: Conclusions and opportunities for further work

The online survey component indicates that the current packaged liquor environment may contribute to a range of harms, including ill health, experienced harms to people and broader environmental problems across Victoria. In particular, a majority (59.4%) of those who had purchased packaged liquor in the last 12 months also consumed packaged liquor at levels that would put them at greater risk of alcohol-related illness and injury according to national alcohol guidelines (NHMRC, 2010). Further, those that drank at riskier levels generally experienced proportionately more packaged liquor-related short-term harms such as verbal abuse, physical abuse and having been in fear.

Behaviours such as drinking before going to a licensed venue, at licensed venues or after having been to one, in public space or in a car or public transport were associated with riskier levels of packaged liquor consumption, and experienced short-term harms. These activities were also significantly more likely to be associated with purchasing packaged liquor between the hours of 5:01 pm and 11:00 pm on Friday and Saturday evenings than other days and times of the week. Potentially, this suggests that packaged liquor outlets that trade during these hours have opportunities to mitigate alcohol-related harms borne by the broader community.

It was also found that purchasing packaged liquor on a weekly or more frequent basis was associated with riskier levels of packaged liquor consumption and further, the more often a respondent purchased packaged liquor, the shorter the period before they started consuming their purchase. Typically, shopping for packaged liquor on a weekly or more frequent basis was associated with purchasing on weekdays between the hours of 5:01 pm and 11:00 pm. There were no significant associations found between the number of reported packaged liquor outlets within 2 kilometres of a respondents' home and risky drinking status. However, the data did indicate that the more packaged liquor outlets a respondent identified within 2 kilometres of their home, the more likely they were to report this as 'too many'.

Likewise, respondents hosting between 3 and 5 or 10 or more outlets within their neighbourhoods were more likely to report minor problems associated with the trade of packaged liquor compared to those who identified 1 or 2 outlets operating in their area, or none. Overall 72% of survey participants supported the community having more input into liquor licensing decisions regarding the location of packaged liquor outlets in their neighbourhoods.

The efficacy of packaged liquor promotional activities appears to be strongest with young people and regular very risky drinkers. Packaged liquor promotions that increased the amount of alcohol that could be purchased without increasing an intended spend (such as price discounting or 2-for-1 deals) were more effective with these groups. Further, those that were more often influenced by promotional activities were also more likely to have experienced packaged liquor-related harms.

Only a fifth (21%) of respondents had purchased packaged liquor for a minor in the previous 12 months. However, more than a third (38%) of regular very risky drinkers had supplied their child or children under the age of 18 with alcohol, compared to 12% of low-risk drinkers. Further, the children of regular very risky drinkers were also more likely to have been supplied alcohol from someone other than their parents (26%) compared to those of low-risk drinkers (14%). This data suggests that the extent of parental alcohol consumption may be associated with the extent to which children are either supplied with packaged liquor by parents or others.

This research displays the interaction between packaged liquor purchasing and drinking behaviour and suggests that there are particular purchasing periods which are associated with riskier drinking behaviours. In particular, riskier drinkers were often motivated in their purchasing decisions by the accessibility of alcohol.

Section 4

The current environmental context of packaged liquor sales

Victorian Health Promotion Foundation (VicHealth) 2012

Introduction

The third component of *The social harms associated with the sale and supply of packaged liquor in Victoria* report focuses upon the impacts of packaged liquor on Victorian communities. Previous sections of this report have focused upon population-level packaged liquor short-term harms, and the drinking behaviours of those who purchase packaged liquor. The current section details the impacts associated with packaged liquor in 12 entertainment precincts by providing a detailed account of local licensing contexts. Fieldwork was undertaken in these entertainment areas, collecting data on the businesses operating at night and day, the amount of alcohol-related detritus (litter) found during the data collection, and any recorded amenity impacts. The fieldwork is complemented by stakeholder interviews with local government, liquor accord members and packaged liquor retailers.

Method

Entertainment precinct selection

The fieldwork component of *The social harms associated with the sale and supply of packaged liquor in Victoria* project focuses upon 12 entertainment precincts across Victoria. Entertainment precincts were selected based upon the co-location of packaged liquor stores, hotels, restaurants and other businesses, parks and transport hubs (as sites for public drinking). Ten of these entertainment precincts were identified using a typology of suburb characteristics established by Livingston in his report *A Longitudinal Analysis of Alcohol Outlet Density and Assault* (2008). This is illustrated in Table 45 below:

Table 45: Entertainment precinct typologies

Suburb characteristics	Entertainment precincts studied
Central suburbs – High population density, moderate Socio-Economic Index For Areas (SEIFA), high public housing, high liquor licensing, high mobility	CBD, Fitzroy
Inner urban suburbs – High SEIFA, high population density, moderate liquor licensing, high mobility	St Kilda, Prahran
Advantaged suburban – High SEIFA and moderate population density	Croydon, Williamstown
Fringe – Low population, low density, high SEIFA, low mobility, low liquor licensing	Lilydale, Diamond Creek
Disadvantaged suburban – High population, low SEIFA, low liquor licensing, low mobility	Frankston, Footscray

*Based upon 2003 Australian Bureau of Statistics Socio-Economic Indexes for Areas

The original study conducted by Livingston (2008) was confined to metropolitan Melbourne; however, the current fieldwork observational study was expanded to include the Victorian regional cities of Ballarat and Geelong. Although there are some demographic variances between the two communities, both communities have well-developed entertainment precincts with high levels of liquor licensing. These differences are noted and elaborated upon in Table 46 below. Despite these differences between the two postcode areas, both will be referred to as regional cities throughout the remainder of this report.

Table 46: Regional city entertainment suburb characteristics

Suburb characteristics	Entertainment precincts studied
Regional cities – High liquor licensing, moderate SEIFA, moderate to high population	Ballarat
Regional cities – High liquor licensing, low SEIFA, low to moderate population	Geelong

Data collection

Alcohol-related detritus counts have been used as a measure of neighbourhood incivility in previous research, although this has been primarily in residential areas (Forsyth & Davidson, 2010). In these studies, fieldworkers were given detailed maps of residential areas with packaged liquor outlets and then recorded alcohol-related detritus found, by marking the location on a map.

For the current study, fieldworkers were given maps with a 1-kilometre walking route through an entertainment precinct. Each precinct was selected on the basis of having four packaged liquor outlets within this area and having the most overall liquor licences compared to other areas with similar suburb characteristics (for example, Footscray and Frankston meet these criteria compared to other socially disadvantaged suburbs). The fieldwork teams counted the amount of alcohol-related detritus, and confirmed it by alcohol branding, street location and proximity to licensed businesses. In addition to this, the businesses operating in each entertainment centre were counted, to provide further context of the liquor licensing environment.

In the original study, fieldwork was conducted during daylight hours (9:30 am and 5:30 pm); however, due to the focus on entertainment precincts, fieldwork was conducted in each area twice, once at night (between 9:00 pm and 12:00 am) and on the following day (between 9:00 am and 12:00 pm) (Forsyth & Davidson, 2010). Fieldworkers were also asked to record other known determinants of amenity and alcohol-related harm, such as overall streetscape cleanliness (and associated impacts such as graffiti and property damage), the mix of businesses in an area, and

congregation points and public drinking (Doherty & Roche, 2003). Data collection also included recording the trading hours of open businesses. Fieldwork took place from July to September 2011.

Stakeholder interviews

Interviews with local government representatives, liquor accord members and packaged liquor retailers were conducted between July and September 2011. These stakeholders were asked between five and seven questions regarding the impact of packaged liquor on the immediate area, strategies to reduce alcohol-related harms and who should be responsible for managing these issues (the full set of questions is detailed in the following sections of this report). No time limit was placed upon response times for each question. Generally most interviews ranged from 30 to 60 minutes. Local governments were represented by between one and four staff members for the interviews, interviews were conducted by a staff member from the Victorian Health Promotion Foundation (VicHealth). Interviews with liquor accord members and packaged liquor retailers were conducted via computer assisted telephone interviewing (CATI) by National Field Services.

Local governments that hosted an entertainment precinct were contacted for interview. Each local government decided on who would best represent council views on packaged liquor and alcohol more generally. Liquor accord members were approached by local government during accord meetings for participation in the study. Packaged liquor retailers were cold-called based upon liquor licensing details and business phone numbers found online.

There were a total of 12 local government interviews, 11 accord member interviews and 48 packaged liquor retailer interviews.

Limitations

Alcohol-related detritus

There were several variables impeding the full collecting of alcohol-related detritus data. Data was collected during winter, rather than summer when it could be expected to find more alcohol-related detritus. Further, lack of visibility at night, ensuring the safety of data collectors and area street cleaning schedules would all have impacted upon the amount of detritus found.

Liquor licensing

Entertainment precincts were selected according to the amount of packaged liquor outlets operating within a 1-kilometre walking route in the area. When fieldworkers arrived at some sites there were less packaged liquor stores operating than were thought based upon liquor licensing data.

Stakeholder interviews

It was difficult to get members of liquor accords to partake in the interviews, which was reflected in the poor response rate. A limitation of the packaged liquor retailer interviews was that some of those interviewed were not store owners or managers, may not have worked at night, or worked at the store for long, possibly reducing their capacity to comment upon packaged liquor impacts, particularly at night.

Likewise, the data presented in this report from the stakeholder interviews does reflect interview content, but may not be exhaustive. The views presented here may be those that are most pressing or pertinent for each local government, accord member or packaged liquor retailer. Using the former as an example, many local governments have local laws regarding the consumption of alcohol in a public place; however, not all local governments may describe this as a strategy to reduce the harms associated with packaged liquor. Further, the content presented here was true at the time of writing; however, this may change over time as different alcohol-related harm reduction strategies are adopted, or when legislative change occurs at a state or federal government level. Further, qualitative interview data is inherently subjective and describes participants' perceptions of events. The content presented in this report from the stakeholder interviews reflects the opinions of those interviewed rather than those of the author, VicHealth or the Victorian Department of Justice.

Chapter 14: Alcohol-related detritus in the 12 entertainment precincts

Introduction

Entertainment precinct audits were undertaken within 12 Victorian municipalities from July to September 2011. A substantial range of data was collected in the entertainment precincts in each local government area, including the type and amount of alcohol-related detritus found and businesses open at night, and then on the following day. This data complements a larger body of work that establishes the extent of packaged liquor impacts on local environments. Several themes emerged from this research:

- Generally, areas with more licensing activities at night recorded more alcohol-related detritus, such as the central and inner city areas.
- Regional, fringe, disadvantaged areas and the advantaged suburb of Croydon all recorded more detritus the following day than that recorded at night.
- Pre-mixed drinks were the most commonly found detritus items, followed by spirits.
- Where amenity impacts were recorded by auditors at night, 76% occurred in close proximity to an on-premises licensed venue, compared to 46% near packaged liquor outlets. Packaged liquor was present either as detritus or being consumed in 54% of recorded amenity impacts.

Summary

A total of 173 alcohol-related detritus items were found during the night-time audits of the 12 entertainment precincts. As Table 47 displays below in more detail, the central (Melbourne, Fitzroy), and inner city (Prahran, St Kilda) experienced the most visible alcohol-related refuse of all areas studied at night. When auditors collected data on litter the following day, the results were much more varied, with 134 items found by the data collectors. More alcohol-related detritus was found in Lilydale and Prahran, followed by Diamond Creek. The advantaged suburbs, Croydon and Williamstown, had the least detritus found during the day of all areas studied.

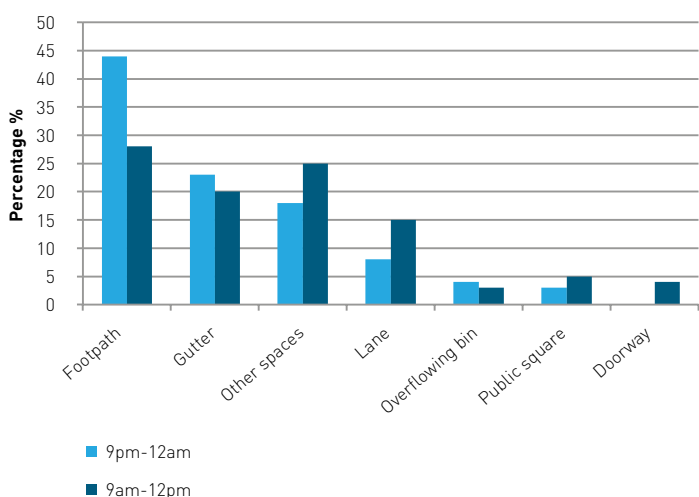
Table 47: Amount of alcohol-related detritus found by location

Study area	Litter count (9 pm – 12 am)	Litter count (9 am – 12 pm)
Melbourne	41	8
Fitzroy	34	10
St Kilda	16	10
Prahran	24	16
Williamstown	8	6
Croydon	4	7
Lilydale	11	16
Diamond Creek	7	14
Frankston	10	12
Footscray	5	13
Geelong	7	10
Ballarat	6	12

Of the 173 items found during the night audits, 163 were identifiable by type of alcohol. Pre-mixed spirits in either a bottle or can were the most commonly found items of detritus, comprising 47% of all detritus recorded at night. This was followed by bottles of spirits (29%), other items (12%) and beer cans and stubbies (7%). Bottles and casks of wine were the least commonly found items (2% and 1% respectively). A similar pattern was evident during the daytime audits with 55% of all detritus being pre-mixed spirits, followed by bottled spirits (29%). Bottled wine and 'other' were the next most frequently recorded items (5% and 6% respectively). Cask wine and beer stubbies and cans were the least commonly found items (both 2%).

Alcohol-related detritus was also recorded by location. During the night audits, 148 items were recorded by location, with slightly less (138) recorded during the day audits. The majority of the alcohol-related detritus found at night was on footpaths (44%), followed by gutters (23%) and other spaces (18%). Laneways, overflowing bins and public squares or space had less detritus (8%, 4% and 3% respectively). The daytime audits revealed that just over a quarter of the detritus found during the day was on a footpath (28%). A further 25% of the detritus found at this time was in 'other' public spaces, followed by 20% in gutters, 15% in laneways, 5% in public squares or spaces, 4% in doorways and 3% from overflowing rubbish bins. This is shown in more detail in Figure 71 below.

Figure 71: Percentage of detritus found by location during night and day audits



The data found during the night and day audits could reflect general visibility, council cleaning schedules and the safety of auditors and may not be a definitive account of alcohol-related detritus impacts on the community. What the data presented here indicates though is that alcohol-related detritus is a visible presence in all of the study areas at either day or night, and in some instances, more so during the day. Notably, whether at night or during daylight hours, alcohol-related detritus was more commonly found on footpaths than other community spaces.

During the observational studies, auditors also recorded any impacts upon amenity within an entertainment precinct (listed in Table 48 below). Overall, 41 impacts were recorded during night audits, with 11 occurring in Fitzroy, six in Prahran and five in Melbourne. Only 17 incidents were recorded during the daytime studies, with Geelong and Prahran experiencing three recorded amenity impacts each.

Table 48: Amenity impacts recorded during the night and day audits

Amenity impacts	9 pm – 12 am	9 am – 12 pm
Anti-social behaviour	4	0
Bodily waste	3	3
Concealed area/lack of visibility	1	0
Congregation points	10	2
Drinking in public spaces	5	0
Graffiti	6	0
Noise – Environment	3	5
Noise – Venue	6	5
Overflowing bin	3	1
Vandalism	0	1

At night, over three-quarters (76%) of recorded amenity impacts occurred in close proximity to a licensed venue such as a pub/hotel, bar or nightclub, compared to 46% for packaged liquor outlets. Packaged liquor was present (either as detritus or being consumed) in 54% of these impacts. During the day over half of the recorded amenity impacts occurred in close proximity to a licensed venue (53%), compared to a packaged liquor outlet (24%). Packaged liquor was present either as detritus or being consumed in five recorded instances (29%).

During the night and day audits the number of packaged liquor outlets trading was recorded. When an outlet was open, data collectors recorded the trading hours of the outlet on Fridays and Saturdays. There was a total of 28 open outlets recorded during the night audits (9:00 pm –12:00 am) and 37 counted during the day audits (9:00 am –12:00 pm). Overall, 43 venues were counted in the entertainment precincts, open or closed. Table 49 below displays the trading hours of the packaged liquor outlets that were counted during the day audits. As more outlets were visibly trading during the day, this provides the most detailed account of packaged liquor outlet trading hours. At 9:01 pm on a Friday or Saturday, based upon trading hour data, almost half of all packaged liquor outlets that were open throughout the day had ceased trade.

Table 49: Number of outlets operating by trading hour data, collected during the day audits

Closed by:	Friday	Saturday
4:01 pm	37	37
5:01 pm	36	36
6:01 pm	35	35
7:01 pm	35	32
8:01 pm	34	29
9:01 pm	19	19
10:01 pm	11	12
11:01 pm	1	1

In the previous section of this report, the hours between 5 pm and 11 pm were the most popular period for purchasing packaged liquor. The data presented above shows that by 9 pm almost half of the packaged liquor outlets trading during the day audits had closed. This suggests that packaged liquor outlets may experience a concentration of trade between the hours of 5 pm and 9 pm, particularly in areas with less developed entertainment precincts.

The following section provides an account of the number of businesses and packaged liquor outlets operating in each entertainment precinct during the night audits, as well as showing the proportion of businesses that were alcohol-related in the night-time economy. This analysis is based upon business' counts taken during the night audits, and was coded into categories, including 'alcohol', 'food' and 'retail'. Services that were open

during the audit such as health care and police were removed from the analysis, as these are not business orientated, and are not likely to add to amenity issues in an entertainment precinct. The packaged liquor trading hours shown for each audited entertainment precinct in the following pages are based upon the trading hours of those outlets open during each of the night audits.

Central

Unlike almost all other areas studied, Fitzroy had more businesses trading at night (46) than during the day (40). The study area in Melbourne hosted the busiest trade of all entertainment precincts, with 60 businesses recorded open at night, rising to 75 the following day. Businesses selling alcohol formed a greater proportion of trade in Fitzroy at night (open at 7 pm) and during the day (open at midday) (46% and 18%) compared to Melbourne (28% and 11%). The night trade in both study areas is displayed in Table 50 below.

Seven alcohol outlets and three food outlets traded until 3:00 am within the Fitzroy study area, with one convenience store trading all night. However, in the Melbourne fieldwork area eight alcohol-related outlets traded until 3:00 am, with one continuing until 5:00 am. Three food outlets and two convenience stores traded on a 24-hour basis.

Four packaged liquor outlets were operating during the night audit in Fitzroy, with one trading until 10:00 pm and the remaining three closing at 11:00 pm. Three packaged liquor outlets traded in Melbourne until 10:00 pm in the study area, with one continuing until midnight. Only one outlet was operating the following day in Fitzroy, whereas four were operating in Melbourne.

Table 50: Night audit data collected in the Fitzroy and Melbourne study areas

Night trade	Fitzroy (Friday 9:00 pm – 12:00 am)			Melbourne (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	46	4	46%	60	4	28%
9:01 pm – 11:00 pm	46	4	46%	56	4	30%
11:01 pm – 1:00 am	17	0	65%	37	1	35%
1:01 am – 3:00 am	12	0	67%	25	0	32%
3:01 am –	1	0	0%	11	0	9%

Inner city

The inner city areas of Prahran and St Kilda had 22 and 29 businesses open at night respectively, rising to 62 and 51 on the day following the studies. Likewise, in Prahran the proportion of businesses selling liquor went from 59% at night to 19% during the day when compared to other businesses, and from 45% to 15% in St Kilda. The night trade in each study area is shown in more detail in Table 51 below.

Both inner city areas studied remained active until the early morning on both nights. In Prahran eight venues traded until 3:00 am, with three of these closing at 5:00 am. One food outlet and a convenience store were also open during this time. In St Kilda, six alcohol-related venues traded until 3.00 am, as did two food outlets. A convenience store continued trading throughout the night.

Two of the packaged liquor outlets in Prahran traded until 9:00 pm, with the other two closing at 11:00 pm. All four were trading on the following day. There were also four packaged liquor stores operating in St Kilda, with one closing at 10:00 pm and the remainder at 11:00 pm. Four were operating the following day, and one outlet was closed during both the night and day audits.

Advantaged suburban

There were nine and 18 businesses counted at night in Croydon and Williamstown respectively, rising to 47 and 54 the following day(s). In both cases outlets selling liquor had a proportionately larger share of all trade at night than on the following day. This dropped from 11% of trade at night in Croydon to 4% and from 28% to 15% in Williamstown. In Croydon, there was no alcohol-related activity occurring after 9:00 pm, with one food outlet remaining open until midnight. The Williamstown entertainment precinct had only two outlets open after midnight, both serving alcohol until 2:00 am. Table 52 below details the number of businesses operating at night, and the proportion that were alcohol related.

In both Croydon and Williamstown there was only one packaged liquor outlet operating during the time of the audits. In Croydon the one packaged liquor outlet open at night closed at 9 pm, and in Williamstown the sole outlet ceased trade at 10 pm. However, trading hour data collected during the audit would suggest that usually there would be four outlets trading, with one closing at 7 pm, two closing at 9 pm, and the last ceasing trade at 10 pm. Only one packaged liquor outlet was open in Croydon the following day, whereas there were four packaged liquor outlets open the following day in Williamstown.

Table 51: Night trade in the Prahran and St Kilda study areas

Night trade	Prahran (Friday 9:00 pm – 12:00 am)			St Kilda (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	22	4	59%	29	4	45%
9:01 pm – 11:00 pm	20	2	55%	29	4	45%
11:01 pm – 1:00 am	12	0	75%	18	0	44%
1:01 am – 3:00 am	10	0	80%	12	0	58%
3:01 am –	6	0	67%	11	0	55%

Table 52: Night trade in the Croydon and Williamstown study areas

Night trade	Croydon (Friday 9:00 pm – 12:00 am)			Williamstown (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	9	1	11%	18	1	28%
9:01 pm – 11:00 pm	7	0	0%	17	1	29%
11:01 pm – 1:00 am	1	0	0%	5	0	60%
1:01 am – 3:00 am	0	0	0%	2	0	100%
3:01 am –	0	0	0%	0	0	0%

Disadvantaged suburban

On the Friday when fieldworkers conducted an audit of Footscray nine businesses were open. However, a total of 78 were open in the same area on the following Saturday. There was no variation in the number of businesses operating at night or day in Frankston with 25 stores open on the Saturday night and 25 on the Sunday. Alcohol-related trade had a more visible presence in Footscray, but not in Frankston at night. Businesses selling alcohol made up 22% of the night-time related trade in Footscray, but only 6% of the day trade. In Frankston 28% of businesses trading at day or night were primarily trading alcohol. The night trade in both areas is shown in more detail in Table 53 below.

Alcohol-related trade was the only activity occurring after midnight, until 2 am, in Footscray. In Frankston there were three venues operating past midnight selling liquor, and one selling food. One venue continued trade until 4 am, with the food outlet operating on a 24-hour basis.

The one open packaged liquor outlet in Footscray closed at 10 pm. On the following day there were four packaged liquor outlets trading in the study area, with each closing at 5 pm, 6 pm, 9 pm and 10 pm. There were two recorded in the study area in Frankston, one closed at 9 pm and the other at 11 pm. There were three packaged liquor outlets trading the following day.

Table 53: Night trade in the Footscray and Frankston study areas

Night trade	Footscray (Friday 9:00 pm – 12:00 am)			Frankston (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	9	1	22%	25	2	28%
9:01 pm – 11:00 pm	8	1	25%	22	1	18%
11:01 pm – 1:00 am	2	0	50%	9	0	44%
1:01 am – 3:00 am	1	0	100%	4	0	75%
3:01 am –	0	0	0%	2	0	50%

Table 54: Night trade in the Diamond Creek and Lilydale study areas

Night trade	Diamond Creek (Friday 9:00 pm – 12:00 pm)			Lilydale (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	23	3	17%	15	2	27%
9:01 pm – 11:00 pm	22	2	14%	14	1	21%
11:01 pm – 1:00 am	2	0	0%	5	0	40%
1:01 am – 3:00 am	0	0	0%	1	0	100%
3:01 am –	0	0	0%	0	0	0%

Fringe

There were 23 businesses operating in Diamond Creek on the Friday night audit, and 40 counted the following day. Likewise, there were 15 operating in Lilydale on Saturday night and 16 on the Sunday. In Diamond Creek, alcohol-related businesses comprised 17% of the night trade and 15% of the day trade. In Lilydale, 27% of trade was related to alcohol on a Saturday night, rising to 38% on the Sunday.

Table 54 below provides an account of the number of businesses operating in each study area at night, and the proportion that were alcohol-related.

Trading activity in the entertainment precincts of the fringe suburbs was minimal, with all alcohol-related trade ceasing in Diamond Creek at 11 pm, and 3 am in Lilydale. One takeaway food venue continued operating in Diamond Creek after 11 pm. There were three open packaged liquor outlets in Diamond Creek, with each closing at 9 pm, 10 pm and 11 pm. In Lilydale there were two, closing at 9 pm and 10 pm respectively. In Diamond Creek there were five packaged liquor outlets operating during the second audit and four operating in Lilydale.

Regional

A total of 21 businesses were operating in the fieldwork area of Ballarat on a Friday night when the study was undertaken, compared to 69 on the following day. During the day, alcohol accounted for 12% of all trade-related activity, but between 7 pm and 9 pm this rose to 38%. Likewise, food-related businesses had a 35% share of trade within the study area during the day, rising to 43% at night, declining after 9:00 pm.

In Geelong, 16 businesses were recorded operating at night and 27 during the day. As occurred in Ballarat, alcohol and food-related trade formed a higher proportion of trade activities at night. Alcohol-related trade activity made up 25% of the businesses counted on a Saturday night, but only 4% of the trade on the following Sunday. Likewise food-related activity comprised 56% of the night-time trade, dropping to 44% during the day. There were no open packaged liquor stores recorded in the Geelong study area, despite liquor licences listed in the area.

The number of businesses operating at night in the study areas and the proportion that were alcohol-related are displayed in more detail, in Table 55 below.

The two packaged liquor outlets recorded operating in the Ballarat study area closed at 9:00 pm. From midnight the only trade-related activities occurring within the study area were alcohol-related. On the second day of the audit there were three packaged liquor outlets trading. There were two packaged liquor licences active in the Geelong study area; however, neither were reported operating at night or during the day of the audits. From 1:00 am onwards the main trading activities in Geelong were alcohol-related and convenience shopping, with two of the alcohol-related trading continuing until 5:00 am and 7:00 am respectively. The two convenience stores were open 24 hours.

Discussion

The variables involved in this study such as visibility, street cleaning schedules and ensuring the personal safety of data collectors may not allow for a comprehensive comparison of areas, but to observations that may lead to further work or considerations on the dynamics between packaged liquor outlets in entertainment precincts.

Areas associated with greater liquor licence densities and later trading such as central and inner city areas generally had more alcohol-related detritus found at night. However, this was not predicted by the amount of businesses serving alcohol operating at night, or the amount of businesses trading at this time. For instance, St. Kilda had more trading activity at night than Prahran, where more alcohol-related businesses and detritus were found, suggesting that alcohol-related trade might predict the amount of detritus found. However, Fitzroy had more activity occurring at night than Prahran, but less alcohol-related trade, yet still recorded more detritus. Likewise, an equal number of detritus items were found in Geelong and Diamond Creek at night, despite businesses generally closing earlier in the latter. This may be due in part to the variables discussed previously.

Pre-mixed and bottled spirits were the most commonly found alcohol-related detritus items at night or during the day. Amenity impacts occurred in close proximity to a licensed venue more often than a packaged liquor outlet. However, packaged liquor was either present or being consumed in 54% of recorded amenity impacts.

Table 55: Night trade in the Ballarat and Geelong study areas

Night trade	Ballarat (Friday 9:00 pm – 12:00 am)			Geelong (Saturday 9:00 pm – 12:00 am)		
	No. business trading	No. packaged liquor trading	% Alcohol-related	No. business trading	No. packaged liquor trading	% Alcohol-related
7:01 pm – 9:00 pm	21	2	38%	16	0	25%
9:01 pm – 11:00 pm	19	0	32%	14	0	29%
11:01 pm – 1:00 am	9	0	56%	7	0	57%
1:01 am – 3:00 am	1	0	100%	6	0	67%
3:01 am –	0	0	0%	4	0	50%

Results from this research also indicate that some packaged liquor outlets choose to close earlier than the time issued on packaged liquor licences (11 pm), particularly outside of central and inner city areas. Based upon trading hour data collected during the audits there were a total of 43 packaged liquor outlets counted during the night and day audits. Of these, 37 were recorded operating during the day audits, prior to 5 pm. By 9 pm this number had dropped to 19 trading on either a Friday or Saturday night. Data collected from open packaged liquor outlets during the night audits (Friday and Saturday nights) showed a similar pattern, with 28 outlets open at the start of the audits (9 pm), with only 20 operating after this time, across all areas.

Overall, the current findings reveal promising areas for future work. In particular, the detritus counts suggest a correlation between entertainment precinct utilisation and the amount of detritus found. However, further examination would consider possible fluctuations in the presence of alcohol-related litter and day of the week and time, seasonality and the use of licensed premises in an area. These leads on to a related point: data from the entertainment precinct audits revealed that many packaged liquor licensees close earlier than the trading hours on their licence. Establishing the extent to which this was true of all liquor licences, accounting for seasonality, would be useful, as this may establish peak dispersal times from venues and allow for better planning for night-time economies. Lastly, the data revealed that amenity impacts occurred more often in proximity to a licensed venue, as opposed to a packaged liquor outlet, suggesting further work is required to establish the nuances between packaged liquor and other licensing activity.

Chapter 15: Local government interviews

Introduction

Local government interviews were undertaken with 12 Victorian municipalities from July to September 2011. The interviews inform a broader body of work studying the impact of packaged liquor on local environments, and are complemented by interviews with licensee forum members, packaged liquor retailers and fieldwork conducted in 12 entertainment precincts. Several themes emerged consistently from the interviews, detailed further below.

- Generally, packaged liquor was not seen to be wholly attributable to amenity impacts, or anti-social behaviour. However, packaged liquor was frequently described as a licensing activity that may aggravate pre-existing issues regarding alcohol-related harms within a municipality.
- Although public drinking had occurred in most municipalities, public drinking cultures were associated with communities experiencing significant social disadvantage, as was the case with Frankston City Council, Maribyrnong City Council and to a lesser extent the City of Greater Geelong and the City of Ballarat.
- 11 of the 12 councils interviewed viewed packaged liquor outlets, consumption and associated amenity impacts as an area of future concern.
- Young people were the most commonly cited population group in relation to the impact of packaged liquor. Mostly this was understood in terms of public drinking, pre-loading and a loss of perception of safety. However, young people were also identified as a vulnerable population group.

Interview schedule

The following interview schedule was devised by members of Victorian Health Promotion Foundation (VicHealth) and the former Responsible Alcohol Victoria (RAV) (now the Office of Liquor, Gaming and Racing) and utilised for each of the interviews:

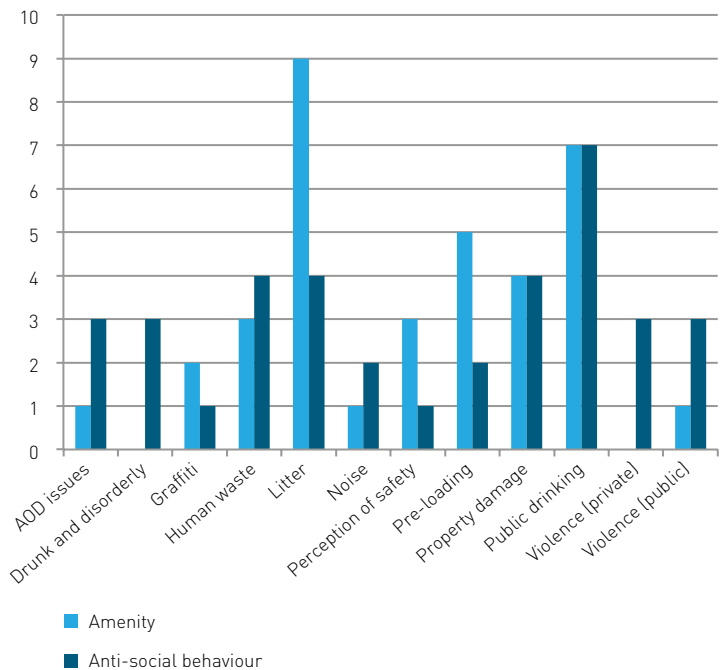
1. What kind of amenity impacts (i.e. impacts on community space) are associated with the sale and supply of packaged liquor in the local government area?
2. What kind of alcohol-related anti-social behaviour or harms have been associated with the sale and supply of packaged liquor in the local government area?
3. What Council strategies are in place to manage these impacts?
4. What are the costs and resource impacts associated with managing these amenity and safety issues?
5. Does the Council have any future concerns in relation to amenity or harm from the sale of packaged liquor?
6. Who do you think should be responsible for managing and preventing amenity impacts?
7. What changes would enable you to take greater responsibility to manage amenity impacts?

Amenity and anti-social impacts associated with packaged liquor

Summary

A range of impacts (amenity and anti-social behaviours) related to packaged liquor were mentioned by council officers during the local government interviews. Overall, some of the same issues were raised concerning amenity and anti-social impacts during these interviews. For example, public drinking was discussed as both an amenity and anti-social behaviour impact related to packaged liquor. This may be due to public drinking being seen as an issue that simultaneously detracts from the pleasantness of an entertainment precinct, impacting upon amenity, but is also seen as a source of aggressive or threatening behaviour in public space. The most commonly cited amenity and anti-social behaviour impacts are shown in more detail in Figure 72 below.

Figure 72: Number of amenity and anti-social behaviour impacts related to packaged liquor in the 12 entertainment precincts



However, most councils indicated there was difficulty attributing particular harms to the consumption of packaged liquor as opposed to the sale of alcohol in on-site venues.

Councils took particular care to emphasise that there are some communities within their municipalities that may be at greater risk of packaged liquor-related harm, and that the type and character of community harms related to packaged liquor may vary according to licensing activity, demography and the provision of services.

15.1 Amenity and anti-social behaviour impacts

Central

Melbourne

For officers from the City of Melbourne, amenity and anti-social behaviour impacts arise from the co-location of packaged liquor outlets, takeaway food outlets and transport hubs. Council officers drew a distinction between areas such as Little Bourke Street and Flinders and Elizabeth Streets where there are congestion points, bottle shops, food outlets, bars and transport hubs and areas with a supermarket and attached bottle shop closing at 11 pm.

'So the impact, depending upon where the packaged liquor outlet is and what is going on specifically, in terms of a capital city, and whether the packaged liquor outlet is in a particular lane or street will influence amenity.'

Further, for the City of Melbourne, trading hours are also an important consideration, as there is one bottle shop trading past regular packaged liquor trading times.

'The hours of operation also come into consideration; as it is an entertainment precinct, later packaged liquor trading may impact upon amenity and present opportunities for pre-loading.'

Street drinking, waste such as broken bottles, litter and bodily fluids were cited as anti-social behaviours associated with packaged liquor in the City of Melbourne, as was the issue of young people loitering with bottles, an issue which can be quite threatening to other community members. Drunk and disorderly behaviour and assaults are also anti-social impacts that occur in the entertainment precincts in the City of Melbourne, although officers stressed that the actual location of this is hard to determine due to the lack of geographical specificity in assault data. However, it is suspected that these impacts occur in areas where there is congestion.

Further, special consideration has to be given to areas that are used by vulnerable groups within the community. The City of Melbourne has food and youth vans operating on Swanston and Flinders Streets where a lot of this activity occurs. In this context a recent application for a packaged liquor outlet on Swanston Street was objected to by City of Melbourne on the grounds that there are disadvantaged groups that use the area, and that allowing another packaged liquor outlet to open may have had a negative impact on these groups.

Yarra

Generally, similar issues were raised by officers at the City of Yarra regarding the impact of packaged liquor on amenity and anti-social behaviour as those raised by the City of Melbourne. In the City of Yarra these impacts were related to congregation points and transit routes. Anecdotally, it is known that young people come into the Yarra entertainment precincts and drink publicly at night, leaving litter behind on their way home after a night out,

and reducing perceptions of safety. However, in relation to amenity impacts, it is 'hard to assess what is due to packaged liquor outlets in Yarra, as opposed to that brought in from other areas' according to Council officers. Further, the Council has noted an increase in the prevalence of amenity and anti-social behaviour along transit routes that pass through the municipality from major event venues in Melbourne, suggesting that although alcohol consumption may have occurred elsewhere, some of the amenity impacts occur in the City of Yarra after the event.

There was also a distinction made between night and daytime public drinking. The former is attributed to drinking in parks, litter and pre-loading while the latter was associated with disadvantaged groups. This can accentuate the tensions between different community members: for example, residents in one area complained about the opening time of a hotel bottle shop as it attracted heavy drinkers to their neighbourhood, according to officers from the Council.

Inner city

Stonnington

Litter, property damage and violence were mentioned by Council officers as amenity and anti-social behaviour impacts that were associated with packaged liquor in the City of Stonnington. Congregations of people drinking in public can be detrimental to perceptions of safety and amenity, which was a core concern for the council. The Chapel Street entertainment precinct has a concentration of late night trading activity, which can attract people who drink in public spaces and on transport prior to entering a venue. There can be violence associated with this activity; however, the extent to which packaged liquor is attributable was difficult for council officers to gauge. Likewise, the council has heard concerns from residents of Toorak Village where people often drink in their cars and in public space and leave behind litter and smashed bottles. Cato Street car park in Prahran is also another site where some of these issues are located.

Although some of the anti-social behaviour impacts were related to the entertainment precincts, some public drinking occurs in public parks near social housing, where it is more likely to be residents rather than visitors drinking.

St Kilda

Amenity and anti-social behaviour impacts occur more frequently in the entertainment precincts of the City of Port Phillip as opposed to residential areas, although it is difficult to distinguish which of these may be attributable to packaged liquor.

'The focus of anti-social behaviour for police and Council really is around the activity centres rather than areas such as Elwood, Middle Park or Ripponlea.'

Data from local police concerns late night trading, and from that perspective suggests that these venues may be more of a cause of harms experienced in the area than other trading activity.

Anecdotally there is evidence that packaged liquor does have an impact within the City of Port Phillip's entertainment precincts, with both police and liquor accord members concerned about pre-loading and public drinking in areas like car parks and secluded areas. Litter, bottles and broken glass can be found in these areas where people may congregate and drink, though there is a local law that comes into effect between 9 pm and 9 am, suggesting that some of this litter may be due to daytime drinking.

This may reflect different patterns of behaviour associated with packaged liquor purchasing and consumption within the municipality. According to Council officers there are people residing in the municipality with chronic health conditions, who may be accessing packaged liquor outlets during the day. Conversely, there are also people who travel into the entertainment precincts at night who may use these outlets prior to going into an onsite venue.

'Different demographics tend to gravitate to different issues: travellers might head to a packaged liquor outlet before heading out, likewise those in rooming houses would be more likely to use packaged liquor outlets than use a late night trading venue.'

Advantaged suburban

Croydon

For officers from Maroondah City Council, the amenity and anti-social impacts varied according to location. In Ringwood, packaged liquor-related litter is an ongoing problem in the suburb's parks particularly around Ringwood Lake. Rangers at the lake collected up to 120 stubbies each weekend over the previous six weeks. Eight rubbish bins had also been set alight. Council also receives complaints from businesses trading in the area regarding the litter and bodily waste left from late night trading venues.

A lot of alcohol and drug-related issues have been located in and around Main Street, Croydon, which has recently seen an additional packaged liquor outlet open. The addition of this outlet has exacerbated some of these issues, which also include the congregation of groups of young people around the packaged liquor outlets, according to Council officers. However, there are a number of support groups and youth services operating in Croydon, with a youth space about to be built. Whether those services will be able to mitigate some of these issues is hard to assess.

There has also been an ongoing project occurring in Bayswater North (Bayswater North Community Renewal) which has been working to address the high number of young people drinking in parks and associated anti-social behaviours.

Williamstown

Officers from Hobson's Bay City Council indicated that the multiple alcohol-free zones in Williamstown have been driven by police as a response to public drinking issues in the area. Further, packaged liquor litter is a visible presence in the beaches within the municipality. Council officers felt that it was difficult to disentangle which amenity and anti-social behaviours may be due to packaged liquor, as opposed to other liquor licensing activity and social issues in the area.

More broadly, Council officers highlighted significant health and social issues impacting upon populations within the municipality that may be exacerbated by the sale and supply of packaged liquor. Amongst these, high rates of violence against women, diabetes, mental health issues and disengaged young people are of concern to Council, as is the role of alcohol, and more specifically packaged liquor, in influencing these negative health and social outcomes.

Disadvantaged suburban

Footscray

The impact of packaged liquor is felt differently across the Maribyrnong City Council municipality. In particular, council officers described Braybrook as an area with a significant pocket of intergenerational disadvantage and high levels of public housing. There has been a long history of public drinking and associated alcohol-related amenity impacts, despite there being only one packaged liquor outlet in the nearby shopping strip. Because there are no other alcohol outlets nearby it focuses these problems in the area. The high rates of public drinking in Braybrook are accentuated by the low level of activities for young people to engage in. Subsequently there are associated amenity impacts such as property damage and displays of violence. Some of these issues are seasonal and occur around summer holidays; however, the changing community demography makes these behaviours difficult to predict.

Footscray is a centre of activity within the municipality, with public drinking common, although fluctuating a little by season despite being a non-drinking zone. Council officers suggested that there is almost a 9:00 am to 5:00 pm Monday to Friday 'public drinking culture' with amenity impacts such as yelling, broken glass, litter and public urination evident. Urban space such as parks can be contested, as these are seen as sites for packaged liquor consumption. However, it can be quite difficult drawing a distinction between amenity impacts that are due to alcohol use and those that are due to drug use. This last issue was expanded upon further, with Council officers stressing that in some situations, packaged liquor may not be the whole issue, but may be one variable impacting upon individual health and wellbeing outcomes.

Due in part to the proliferation of public drinking there is an emerging view that one way of reducing these impacts is to reduce the community amenities that may attract public drinking, such as water fountains in parks, which is another downside to the impact of packaged liquor on amenity, according to one Council officer.

Maribyrnong City Council is also dealing with the amenity and anti-social behaviour impacts that arise from activities and events that attract people from outside of the municipality. Council officers explained that the Spring Racing Carnival, St Jerome's Laneway Festival and venues such as the Angler's Tavern often draw an affluent crowd into the area which leaves concomitant packaged liquor-related litter around transport hubs. These events are also seasonal, with the municipality having to deal with these issues more during the warmer months.

Frankston

For officers from Frankston City Council, the amenity and anti-social behaviour impacts related to packaged liquor were quite pronounced. In particular, a public drinking culture had developed in Frankston, with daytime drinking a visible presence. Issues related to this were public displays of violence, alcohol and other drug issues and drunk and disorderly behaviour. According to Council officers, nine out of 10 times packaged liquor was present in altercations between people in public space. One officer described this further:

'We've seen an increase in domestic violence in the street which is often associated with packaged liquor... Both [people] are usually alcohol affected, though the male will usually still have a few cans left on him.'

Currently, there is a local law operating that bans open containers of alcohol in the central activity centre of Frankston aimed at reducing the consumption of alcohol in public space. Despite the local law, problems persist. Community members are fed up with the public drinking culture in Frankston, where there is a perception that this is driving investment away from the CBD. This has also had an impact upon community perceptions of safety. For Council a further concern is alcohol-related self-harm, in which people drink to the point of passing out in public areas and are injured in the process.

Licensed premises have experienced negative impacts from the drinking culture in Frankston. A number of packaged liquor outlet retailers have experienced theft and threatening behaviour, with some store managers allowing this to happen rather than intervening for fear of being assaulted. Pre-loading is an issue that has been raised through the local liquor accord, as late night traders are aware that patrons have been drinking prior to arriving at a venue.

However, Frankston City Council is acting on these issues, aiming to put a cap on the number of packaged liquor outlets operating in the central area and is also currently developing a packaged liquor policy.

Fringe

Diamond Creek

Broken bottles and litter were the more common amenity impacts reported in Nillumbik Shire Council, particularly in parks. In Diamond Creek there have been instances of anti-social behaviour, particularly around the train station and a McDonald's restaurant, where community members have raised concerns regarding safety in that area. It was the view of the Council officer that the impact of packaged liquor would not be as pronounced in Nillumbik as in other areas due to the area being semi-rural, with limited public transport. Further it was suggested that much of the consumption of packaged liquor would occur in private homes for parties, making public impacts less likely. The other context of packaged liquor-related harm is pre-loading. Young people travel long distances to get into the city, and often begin drinking prior to leaving the municipality.

Lilydale

Amenity and anti-social behaviour related to packaged liquor in the Shire of Yarra Ranges varies according to area. In Belgrave, the primary impacts from alcohol were due in part to the operation of late trading venues, and concerned noise, litter and mess left after trade, whereas in Lilydale the impacts were more varied. Public drinking is one particular impact that occurs in Lilydale, as are the issues associated with being an 'end of the line' town, where people disembark after having been drinking. According to one Council officer, in Lilydale:

'there will be people who have clearly bought from a packaged liquor outlet and are clearly inebriated, so there is a bit of a sense of vulnerability for other groups. I have seen drunkenness in the area around the train station, but no incidents.'

With regards to packaged liquor, underage drinking in public was a particular problem in Mooroolbark, where packaged liquor outlet staff and other customers were intimidated by groups of young people. There are designated alcohol-free zones across the municipality though these do not encompass entire townships, but specific areas.

Regional Geelong

Litter, graffiti, property damage, violence and assault, vandalism, waste and noise were amenity and anti-social behaviours associated with packaged liquor; however, due to the variety of liquor licences operating in parts of the City of Greater Geelong, the extent to which packaged liquor is wholly attributable to these impacts was hard to assess. This is also true of some of the social impacts that relate to packaged liquor. For City of Greater Geelong officers,

'social impacts are the big unknown, but anecdotally we know there are impacts on drink driving and domestic violence, alcohol-related co-morbidities, ambulance attendances and what we see in emergency units.'

Pre-loading was also cited as a problem for the late night traders, as there are many patrons turning up to venues already quite intoxicated. However, there are also unique issues occurring in the CBD during the day, where groups of young people affected by alcohol and potentially other drugs congregate at the mall during the day.

Council has noted that there are also some suburbs where clustering of packaged liquor outlets is beginning to occur, with a concomitant increase in public alcohol consumption.

Ballarat

For officers from the City of Ballarat it was difficult to draw a distinction between alcohol-related harms from packaged liquor outlets as opposed to other licensed businesses. However, due to the cheaper price on alcohol from packaged liquor outlets, it was felt that packaged liquor would contribute substantially to harm, as one officer stated below.

'The difficulty is actually separating packaged liquor from going into a licensed venue, because amenity impacts are from all of it, however there is no doubt that packaged liquor would be contributing a very large component, probably due to price. If the aim is to get an effect, you can do that much more cheaply by buying packaged liquor, then you can supplement that by going out and then the usual amenity impacts occur, such as anti-social behaviour, litter and bodily fluids.'

The amenity impacts that are due to packaged liquor are quite visible in the CBD of Ballarat. Alcohol-related litter has been seen near packaged liquor outlets operating in the CBD, and despite a local law prohibiting open containers of alcohol, pre-loading is not uncommon. In particular, council officers mentioned that pre-loading occurs in taxis when young people are driven into the CBD on a weekend evening. Taxi drivers feel intimidated by the behaviour, and allow it to happen. Subsequently, alcohol-related litter is often left on the street as a result of passengers disembarking, with some taxi operators left to clean up the litter. Further, pre-loading is referred to as a problem by late night traders, who are aware of a greater number of patrons trying to enter venues already intoxicated. Packaged liquor consumption occurs near the Ballarat train station close to some of Ballarat's late night trading venues. The congregation of large numbers of intoxicated people may also deter older residents from using public space at night.

However, not all of these issues are confined to the CBD of Ballarat. Recently the Council received an application for a co-location of a drive-through carwash and packaged liquor outlet in an area of the city that has pockets of community disadvantage. There is a concern that anti-social behaviours such as family violence may be more likely to occur as a consequence of packaged liquor in the home, with statistics indicating that Ballarat has a high incidence of family violence.

15.2 Strategies, costs and resources

Summary

Initiatives undertaken by local governments to reduce the impact of packaged liquor, or more broadly alcohol, were characterised by collaboration with other stakeholders and agencies, such as Victoria Police or local traders. However, there was also a consistent theme that there was insufficient research or data on packaged liquor to be able to mitigate the potential harms arising from it.

Almost all councils nominated service area costs, i.e. waste collection, social services and local laws enforcement as cost impacts associated with managing the packaged liquor-related amenity and safety issues identified in the interviews. However, no council suggested that any of these costs were due to packaged liquor only. Staffing costs were the next most frequently mentioned impact, with nine councils referring to this. Representatives from the City of Melbourne, City of Ballarat, Frankston City Council and Maribyrnong City Council detailed specific alcohol-related costs to Council. The City of Melbourne incurred just over \$1,000,000 in alcohol-related costs in the previous financial year; this figure was \$445,953.63 for the City of Ballarat. Maribyrnong suggested that a portion of the \$1.1 million spent on CCTV in the Footscray CBD could be associated with managing harms due to alcohol, while Frankston City Council officers maintained that the Street Watch Program was a response to public drinking and safety issues with a cost of \$371,000.

Both Frankston City Council and Maribyrnong City Council discussed issues related to public alcohol consumption and loss of business investment in their CBD areas respectively. The City of Port Phillip had commissioned work to establish the alcohol-related costs borne by Council.

Central

Both of the central local governments included in the research had some initiatives in place to manage the impacts associated with packaged liquor within their municipalities. In partnership with Victoria Police, City of Melbourne are steering a packaged liquor accord within the municipality. Although only fledgling, two meetings have occurred so far, with more planned. Eventually, the packaged liquor accord will be combined with the regular liquor accord, with separate packaged liquor meetings and strategies occurring when necessary.

The City of Yarra has a local law (local law 8) which bans public drinking in parks within the City of Yarra between 9 pm and 9 am, 'it is in effect a ban on public drinking', according to one Council officer, and can result in a warning from police. The local law also aims to reduce drinking in public spaces at night prior to going to a venue, rather being aimed at long-term, daytime drinkers. For instance, there is a Memorandum of Understanding between the City of Yarra and police that the enforcement of the local law should not have an impact upon socially disadvantaged groups,

rather those that will leave an amenity impact upon the area. For Council, the local law is used 'as a way of dealing with anti-social behaviour prior to going into an entertainment precinct, this is the activity that the police are interested in'. This is also used as a mechanism for engagement with the public on this issue; the police are not interested in upsetting people who are not causing any trouble.

The City of Melbourne also has a range of strategies aimed at reducing the impact of alcohol more broadly. There is a liquor accord operating that focuses on late night trading licences in addition to the one focusing on packaged liquor. There is also the City Licensing Approvals Forum, established to facilitate knowledge exchange between police, Consumer Affairs Victoria and representatives from health and planning from the City of Melbourne. The forum provides an opportunity for stakeholders to engage with a licensee applicant and address any issues arising from this, or apply conditions to the licence where necessary.

Beyond this, the City of Melbourne has a range of mechanisms through which the Council can provide guidance to licensees about how to run a safe venue, including fact sheets for licensed premises, highlighting Council expectations of the management of licensed venues. In addition to this, Council promotes the Responsible Practice Guidelines for Licensed Premises as well as an internal Licensees Policy, which is used to guide planning decisions regarding liquor licence applications and amenity.

Although it is broader in scope than just alcohol-related harms management, the City of Melbourne's 24-hour city policy aims to inculcate a safe and vibrant night-time culture that offers more than just the consumption of alcohol. According to Council officers:

'The policy aims to manage the impact of the predominance of alcohol-related entertainment and the kind of activities that go on at night. We are actively encouraging arts and cultural activities to exist in the night-time (economy), to complement the existing entertainment offering, which by and large involves alcohol.'

The City of Yarra is also engaged in work aimed at minimising the impact of alcohol, through work looking at cumulative impact and liquor accords, where there are more initiatives aimed at better onsite regulation and supervision, including refusal of service for drunk patrons.

Other initiatives mentioned that have some bearing upon packaged liquor or alcohol-related harms were the Outdoor Café Guide, which would have some impact upon the trade of licensed premises in the City of Melbourne, as well as Street Compliance Officers. Likewise, officers from the City of Yarra cited maintenance and waste as an area of harms management:

'lessening the impact of the night-time economy so that it does not bear upon amenity and other businesses trading during the day.'

Both municipalities had local laws operating regarding the consumption of alcohol in public space.

Alcohol-related costs borne by the City of Melbourne in one financial year were just over \$1,000,000. These costs involved staffing related to waste management and clean up, planning officers, enhancing taxi ranks, legal compliance and alcohol policy development, as well as costs related to the development of resources for assessing licensed premises. Likewise, in the City of Yarra, costs to council from alcohol were related to wages for council staff and the clean-up of entertainment precincts; however, the economic benefit to the municipality of having over 600 licensed premises operating would need to be accounted for also.

Inner city

A local law is operating within the City of Port Phillip that prohibits open containers of alcohol in public space, which local police would like to see enhanced. The Council has begun to develop some specific packaged liquor strategies including developing information posters on drinking in public within the municipality, motivated in part by the number of tourists who come to the area and consume alcohol in public spaces such as the beach. Packaged liquor retailers are also part of the local liquor accord, although this is voluntary.

Both inner city municipalities had a range of measures in place to reduce alcohol-related impacts on the community. In the City of Stonnington there is increased signage regarding the local law where there are known problems within the community as well as an increased CCTV presence, particularly around Chapel Street and Toorak Village. Further, the council has provided a code of conduct and posters to be placed in licensed venues in these areas. The City of Stonnington has also engaged in research into reducing alcohol-related impacts in these entertainment precincts. Based on the findings of this research, Council has amended the local planning scheme to cap the number of liquor licences authorising trade after 1:00 am and with a patron capacity exceeding 200 in the Chapel Street precinct.

The City of Stonnington also coordinates the liquor licensing accord with Victoria Police, as well as a Community Safety Committee which meets every three months with representatives from the Council and police. This committee convenes prior to the meeting of the liquor licensing accord to inform the direction of the latter.

There was also an emphasis from the Council on the impact of alcohol upon young people. Council youth services have produced a project that aims to reduce binge drinking amongst young people (2009), and subsequently are now contributing to the Trinity Handbook, which provides information to parents regarding alcohol and young people. The program works through three schools per year. The code of conduct referred to previously

came out of the binge drinking initiative, as did the wording for the posters provided to venues. Subsequent to this, Council youth services had begun to work more closely with Odyssey House. Alcohol is a big part of the municipal public health plan for Stonnington and it also details some of the work undertaken in the reducing binge drinking and Trinity handbook campaigns.

Aside from the local law mentioned earlier, the City of Port Phillip has also engaged consultants to provide research on the cumulative impacts associated with liquor in the four activity centres in the local government area (Port Melbourne, South Melbourne, Balaclava and St Kilda). Further, the Council has a Memorandum of Understanding with local police regarding knowledge sharing concerning alcohol-related impacts to the community. Street maintenance and waste disposal were also seen as alcohol-related impact mitigation, particularly around the beach, and street cleaning where litter is primarily associated with packaged liquor.

For the City of Port Phillip, alcohol-related costs incurred by council were related to waste management, planning and enforcement as well as costs related to the running of the local liquor accord. The Council commissioned research on cumulative impacts which included an assessment of alcohol-related costs to Council. Cost centres mentioned by representatives from the City of Stonnington included support for the local liquor accord, educational services, waste management, repair of outdoor infrastructure, local laws, youth officers and a portion of the costs related to CCTV implementation.

Advantaged suburban

For the representatives from Hobson's Bay City Council, reducing packaged liquor-related harm is done by responding to packaged liquor applications through social impact assessments. However, the Council would like more data to inform decision making on issues like this and other alcohol-related harms data such as volumetric sales data from packaged liquor outlets. For Council, the efficacy of using social impact assessments is reduced when responding to packaged liquor applications as a means for reducing community harms from alcohol, due to the lack of this kind of data. The council have also introduced alcohol-free zones within the municipality, which would reduce the consumption of packaged liquor in shared public spaces.

More generally, Hobson's Bay City Council and Maroondah City Council have adopted approaches that are more collaborative and holistic, and indicate a burgeoning awareness of alcohol as a core area of concern to the community. Maroondah City Council is developing an alcohol policy, and is engaged in a range of activities that support community and stakeholder coordination in the provision of services around alcohol and other drugs in areas like Croydon and Ringwood. Other examples of this include groups such as 'Maroondah Partners in Community Safety', a group

comprised of traders, police, Council and Swinburne University. Maroondah City Council is also a part of the Eastern Metropolitan Region Alcohol and Drug Strategy Group, an alcohol flagship for the eastern region. One of Maroondah's councillors also sits on the National Local Government Drug and Alcohol Advisory Committee (NLGDAAC). Despite these initiatives, representatives from the Council stressed that objecting to a packaged liquor licence was not an effective method of reducing alcohol-related harm in the community due to the high costs associated with the objection.

Hobson's Bay City Council view their alcohol-related harm mitigation strategies in a similar way, seeing the provision of social services and engagement with community stakeholder groups as a key way of tackling alcohol-related harms. An example of this is an arrangement between the Council and traders in Altona, where each party pays half the costs of maintaining a security presence in the area. More broadly, alcohol and drug-related issues are a new area of focus for the Council; previously other social issues have taken precedence.

For Maroondah City Council, costs incurred relating to alcohol include those associated with waste management, community preventative health services and staffing across a variety of departments. Objecting to a liquor licence was noted as being too costly for the Council to consider. Similar costs were mentioned by officers from Hobson City Council, including clean-up costs associated with graffiti and litter. Also, a number of preventative initiatives were mentioned including the creation of alcohol-free zones and signage, enforcement and community development costs.

Disadvantaged suburban

Both Maribyrnong City Council and Frankston City Council have local laws regarding the public consumption of alcohol within their municipalities. For representatives of Maribyrnong City Council this is focused on anti-social behaviour rather than actual consumption, or whether the substance being used was licit or illicit. There was some ambiguity regarding the impact of this approach expressed by Council officers, with concern about the efficacy of the local law in reducing harms. Frankston City Council has invested in significant signage regarding their local law, as the consumption of packaged liquor is one of the biggest problems occurring on Frankston streets. Packaged liquor retailers in Frankston have also started a radio tree system to alert other retailers of any problems that are occurring in the area.

In addition to the local law, Maribyrnong City Council has a packaged liquor licensee forum, but it has been inactive for the previous two years. Further, there is a problem in which only the stores that are run well attend, rather than some of the retailers that may benefit from more support. The liquor accord operating in Frankston City Council also has packaged liquor outlet operators attending, but the primary focus of the accord is the late night trading venues.

There is a significant language barrier for some retailers operating in the Maribyrnong local government area, making comprehension of the requirements of Responsible Serving of Alcohol or a packaged liquor licence difficult. However, Maribyrnong City Council does have a public drinking strategy that is:

'quite holistic, it focuses upon advocacy and harm minimisation, it has the advocacy arm, the law enforcement arm and partnerships. It's simple things like putting community infrastructure such as a public drinking fountain (in a park where alcohol consumption occurs regularly) and running a packaged liquor accord, to advocating for more controls around the legislation.'

The strategy developed in part from anxieties felt by councillors concerning the public consumption of alcohol in the local government area, determining the direction of the strategy.

Although packaged liquor licence applications are now assessed through the planning scheme at Maribyrnong City Council, there are still some problems gauging the likely amenity and anti-social impacts posed by a particular bottle shop. Recently, Council approved a packaged liquor application on the grounds that it would 'enhance the economic diversity of the area', highlighting a tension between public health and economic development, and between 'good' and 'bad' packaged liquor outlets. One officer explained:

'if you sell alcohol with other items that we shop for such as food then that's ok, rather than traditional bottle shops. One of the problems with our approach is that it is universal as we don't get data around point of sale regarding how much a venue may actually sell. With Electronic Gaming Machines we now get venue data for the first time. So that we can now tailor and target strategies around this, because we don't have the same kind of information (regarding packaged liquor) we end up having to take up a generic or universally applied position'.

It was suggested by Council officers that having access to volumetric sales data may alleviate some of these tensions.

Lastly, Frankston City Council has a number of programs that aim to increase community safety within the area and reduce the harm from alcohol. One of these, the Street Watch Program, has Council officers working in Frankston CBD mostly around issues of business compliance. Their presence and visibility on the streets of Frankston has aided police responses to alcohol-related harm issues while increasing the feeling of safety within the area. This group has meetings with Victoria Police once a week to discuss emerging issues in the Frankston CBD.

Representatives from Maribyrnong City Council identified a number of alcohol-related cost impacts associated with council staffing and services. One equivalent of a full-time position from the Health and Safety team is dedicated to alcohol-related issues and another two full-time positions are dedicated to perceptions

of safety in Footscray. Cleaning was mentioned as a cost impact, although no specific figure was mentioned. \$70,000 was spent in 2009/10 and 2010/11 on community works and public space, \$20,000 was spent on research by the Burnet Institute, and \$50,000 given to local non-government organisations for youth engagement aimed at reducing recidivism. A loss of investment in businesses in Footscray was also discussed as a cost impact for council.

Frankston City Council also cited loss of investment as a cost impact, as well as \$1,000 for management of the liquor accord, and \$370,000 for the Street Watch Program operating in the Frankston CBD. Further costs related to council staffing and local law signage.

Fringe

The two shire councils involved in the research had different levels of investment in alcohol-related harm reduction strategies. Nillumbik Shire Council did not have a specific strategic focus on alcohol, but instead advocated for increased Nightrider, transport and taxi accessibility throughout the shire. Yarra Ranges Shire Council has had two alcohol and drug strategies over the last nine years, both of which have been targeted toward specific age groups. There is currently a new strategy being developed which will focus on key population groups, rather than specific areas such as packaged liquor. The minimisation of alcohol-related harm will be a key area of the strategy.

Yarra Ranges Shire is also planning a series of liquor licensing accords to reflect the different communities throughout the municipality, with an active accord already working in Belgrave, and others planned for Lilydale, the Dandenong Hills, and the Yarra Valley (metro, hills, wineries). Every few years the accords will be brought together to discuss more general issues. It is expected that there will be similar problems encountered in each area but that unique approaches may be required to respond to these issues, depending upon community infrastructure and needs. For instance, Belgrave and Lilydale have more frequent transport and a greater population compared to the Dandenong Hills and Yarra Valley.

Both councils have focused some of their alcohol harm reduction strategies in sporting clubs, with Nillumbik Shire Council providing guidance on liquor licensing to clubs through council leisure services and programs. Some of these issues can be linked to packaged liquor, through older members supplying to younger members on club grounds. Some clubs have developed positive mentoring programs, in which older members of the club pick up younger members from a night out in the city. Yarra Ranges Shire Council also works with recreational clubs on initiatives such as the 'Look after your mates' and Good Sports programs, with the Council at one point supporting a rewards program for clubs participating in the latter.

In the Shire of Yarra Ranges the alcohol-related costs discussed were rubbish collection, street cleaning, property damage and Council insurance. Although outside of Council remit, there are also staffing costs for local police regarding alcohol-related harms management. There were no significant costs associated with alcohol reported for the Shire of Nillumbik.

Regional

The City of Ballarat and City of Greater Geelong both use the planning process to monitor the number of packaged liquor outlets in their respective municipalities; however, both have encountered significant issues in doing so. An attempt to object to an application for an online distribution centre for packaged liquor in Wendouree West was unsuccessful, despite the outlet being close to a school, and located in a socially disadvantaged area of the City of Ballarat. Officers from the City of Greater Geelong also emphasised that planning was central to their efforts in reducing the social harms associated with packaged liquor. While planning can consider potential amenity impacts with any new packaged liquor licence application, and subsequently place restrictions such as reduced trading hours or appropriate signage on the licence, it is still difficult to prove distinct social harms for packaged liquor and cumulative impact. Further, at the time of the interview, the Department of Planning and Community Developments' Practice Note 61, *Licensed premises: Assessing cumulative impact* had yet to be tested against a packaged liquor outlet. Further, the notion of clustering would only apply to the CBD in the City of Greater Geelong, despite other suburban areas beginning to develop clusters of outlets. Lastly, with regards to public drinking, officers from the City of Greater Geelong have to continually work on strategies to reduce the public consumption of alcohol by young people in public space, such as shopping centres in the CBD.

One of the principle mechanisms both regional cities use to reduce alcohol-related harms in their entertainment precincts are the local liquor accords. In the City of Greater Geelong the liquor accord has trialled ID scanning upon entering a venue, and radio trees between venues amongst other initiatives aimed at ensuring the safety of patrons in the night-time economy. Further both cities have productive partnerships with local police, particularly with regards to liquor licensing in their night-time economies. This was exemplified by Operation Eureka, in which the City of Ballarat, Victoria Police, the Country Fire Association and the former Liquor Licensing Victoria audited five late night trading venues in Ballarat, with infringements recorded for two venues.

Both councils have a range of strategies concerning alcohol-harm reduction and community safety, health and wellbeing. CCTV is seen by each local government as a core component of their community safety efforts. Further, officers from the City of Ballarat cited waste collection and maintenance, a designated

driver program and safe taxi ranks as services and programs that reduce alcohol-related harms, while being beneficial to the whole community generally. Education campaigns such as the 'Smart Ask and Smart Answer' campaign were mentioned also, as was council-funded research into alcohol-related harm and licensed premises within the local government area. Through the operation of local law 15, which prohibits open alcohol containers in public space or cars, the council has collected 13,000 infringements each year.

Officers from the City of Greater Geelong referred to a number of resource impacts associated with alcohol management. Staffing is a core cost related to the development and implementation of alcohol harm reduction strategies, co-ordinating with other stakeholders, enforcing local laws and providing staff to register community complaints. More generally, there were costs associated with clean-up, such as removing litter and repairing broken infrastructure.

Over a financial year the City of Ballarat had incurred a total cost of \$445,953 on alcohol-related issues. This was broken down further according to cost area. Costs associated with managing the night-time economy were the most significant item (\$129,000), followed by waste clean-up (\$117,520). Property repair of council owned assets and community safety activities were the next most expensive items (\$64,500 and \$55,252.13). Productivity losses due to alcohol-related productivity losses cost (\$34,135.39). Health promotion activities related to alcohol cost \$28,254, data mapping and research \$7,970, local laws and enforcement \$5,322.01, strategic planning \$1,952.40 and the assessment of licensed premises \$1,627. Costs associated with managing the local liquor accord totalled \$420.70.

15.3 Ongoing concerns and further considerations

Summary

Local council interviews provided representatives with an opportunity to express future concerns about the ongoing management of packaged liquor harm and amenity impacts. Presently, the consumption and supply of alcohol is regulated at both the state and local government levels through the *Liquor Control Reform Act 1998*, the grant of liquor licences, planning permits for the supply of liquor and local laws relating to licensed premises and the public consumption of alcohol. Interviews covered matters including future management practices, regulatory needs and perceived responsibilities.

Almost all councils stated that they had concerns in relation to amenity or harm from packaged liquor. Half of all councils interviewed took a holistic view of the future of alcohol management, contending that the responsibility for managing and preventing amenity and harm impacts should be shared by government, community, service providers and alcohol retailers and producers.

Council representatives expressed that further evidence, research and data would be necessary to support councils to assume greater responsibility in managing and preventing amenity impacts due to alcohol. Further legislative change and work on cumulative impact to ensure applicability to packaged liquor outlets would also be beneficial.

Central

Officers from the City of Melbourne expressed the view that managing and preventing amenity impacts should be a shared responsibility between City of Melbourne, liquor licensees, the Department of Justice, Victoria Police and community members in relation to alcohol harm reduction. There should also be a greater role for the alcohol industry to assume some responsibility for these impacts.

Some specific legislative changes would enable the City of Melbourne to take on a greater responsibility in managing these impacts. Council now has a licensed premises policy that can guide council liquor licence objections where appropriate. However, Council has found that cumulative impact arguments are difficult to mount due to a lack of clarity around its meaning in practice. Furthermore, due to its 24-hour mixed use zone, the City of Melbourne is exempt from the amendment in planning clause 52.27 that requires a planning permit for the sale of liquor (though the local licensed premises policy includes some similar controls). There is therefore no opportunity to refuse a planning permit on the basis of cumulative impact in this particular zoning context. Officers expressed that the inclusion of a mechanism for cumulative impact assessment in state liquor legislation would enable a deeper consideration of the issues as they relate to alcohol.

A number of supermarket chains are expected to introduce new outlets or extended trading hours within the city. Officers from the City of Melbourne noted that they would consider objecting to packaged liquor licence applications as appropriate. The concentration of alcohol-related issues in the area would be a core consideration.

Council also expressed interest in applying an additional waste charge on trade that impacts upon amenity, such as litter from takeaway food outlets. Such an approach could also be applied to packaged liquor, as they may produce waste through the sale of their product.

Officers from the City of Yarra said that the assessment and consideration of packaged outlet applications is an ongoing concern. Council is monitoring an emerging issue in the municipality, the home delivery of alcohol with food. The hidden or private harms associated with packaged liquor is an area of interest, although this is a new policy area generally, and at this stage Council does not have sufficient data or evidence to inform decision making. Council will aim to strike a balance between the expectations of the community and amenity impacts from alcohol.

Yarra officers contended that the responsibility for managing amenity impacts should be based upon whole-of-government approaches and involve the private sector. Council understands that there are a number of drivers behind why people drink and that enforcement alone or single-issue approaches would not deal with the social issue of problem drinking. Officers expressed that greater resourcing would be beneficial for managing amenity impacts associated with the sale and supply of packaged liquor. This may include the provision of or access to the relevant data rather than relying on anecdotal sources of evidence to inform decision making.

Inner city

Packaged liquor is an area of future concern for representatives from the City of Stonnington, particularly in regards to the consumption of alcohol by young people. As a result, the alcohol saturation study that has taken place in the municipality will be expanded to include packaged liquor, in future.

Council officers expressed the view that everyone should be responsible for managing and preventing amenity impacts as a broader societal change regarding attitudes toward excessive drinking is needed. Further, officers felt that more work around responsible serving in venues and packaged liquor outlets may be one mechanism for supporting this.

Changes that would benefit the City of Stonnington would include greater enforcement of standards regarding the purchase of alcohol, with Council officers suggesting that this could be supported by early education regarding alcohol use, with the aim of changing harmful alcohol drinking cultures.

Packaged liquor and associated harms such as daytime drinking and alcohol-related chronic health conditions are an ongoing concern for officers from the City of Port Phillip. Officers questioned the extent to which these issues may be exacerbated by retail price reductions on alcohol in the local context. Council officers stressed that it was difficult to assess how behaviours associated with packaged liquor purchasing and consumption vary across the municipality.

Officers from the City of Port Phillip viewed the responsibility of managing and preventing amenity impacts holistically, suggesting that everyone should have a role in reducing these impacts including packaged liquor outlet retailers, the Department of Justice, Victoria Police, Council and state government. However, for Council to assume greater responsibility in managing amenity impacts there would need to be more accessible research regarding amenity impacts and harms related to packaged liquor, according to Council officers. This could also be supported by providing councils with more enforcement and legislative powers.

Advantaged suburban

Maroondah City Council officers voiced a range of concerns regarding packaged liquor, including the potential for harm through the co-location of packaged liquor outlets in close proximity to under-staffed community and residential services. As reducing the harm from alcohol is in line with the objectives contained in the Maroondah Municipal Public Health Plan, Council officers would not like to see more packaged liquor outlets within the community and have adopted an internal process for reviewing liquor licences. This will be supported by a Council liquor licensing strategy, currently being developed.

Council officers suggested that everyone should be involved in managing and preventing amenity impacts, but that local government needs more guidance on utilising cumulative impact assessments, and more guidance from the Department of Justice. It was also suggested that businesses should also be encouraged to take more responsibility for the negative impacts of their trade.

More research identifying the main issues relating to amenity impacts and effective strategies to respond to them would enable Maroondah City Council to take on a greater responsibility for managing these impacts, according to Council officers.

While the issue of packaged liquor-related harms and amenity impacts are emerging ones for Hobson's Bay City Council, some councillors would happily extend the existing alcohol-free zones to encompass the whole municipality. Concerns concerning alcohol-related harms were raised; however, currently there is limited evidence on the social costs of alcohol in the local context for Council officers to utilise.

Hobson's Bay City council officers suggested that managing amenity impacts should be the responsibility of the police, retailers, Council and the community, but also the state and federal governments regarding education campaigns to curb youth drinking. It was also suggested that for Council to assume greater responsibility in managing amenity impacts, further resourcing and the availability of data to inform decision making would be required.

Disadvantaged suburban

Maribyrnong City Council is expecting a concomitant increase in liquor licences and residential densities within central Footscray as well as the emergence of a late night precinct. Consequently, the role of packaged liquor in the municipality is of concern to Council. However, there is not a shared view on packaged liquor across Council, with officers suggesting that some are concerned about the social and health impacts associated with packaged liquor, and others the economic benefits associated with a greater number of liquor licences.

Council officers expressed the view that Victoria Police, Council and the Department of Justice are all responsible for managing amenity impacts. Further, it was suggested that there is a significant cost burden associated with objecting to a liquor licence for Council, limiting the usefulness of this as a means for reducing liquor licence densities. It was generally felt that the state should have a role in managing the density of alcohol-related outlets; however, officers noted that currently councils are responsible for service costs associated with alcohol trade, suggesting that a whole-of-government approach may be more appropriate to manage the overall amenity impacts.

A number of actions were noted by Council officers that would enhance the capacity of Council to manage amenity impacts. One of these would be a compulsory requirement upon packaged liquor licence applicants to provide a social impact statement and business management plan to Council prior to trade. Further, Council officers felt that in its current form Practice Note 61 regarding cumulative impact applies to hotels rather than packaged liquor outlets. Lastly, it was suggested that applying a cap on the number of packaged liquor outlets in the same manner as occurred with electronic gaming machines would also assist council in managing these impacts.

Frankston City Council officers were concerned that intoxication had become a part of street culture within the municipality. Subsequently, Council would aim to object to any new outlets in areas where this issue is often located. In terms of managing and preventing amenity impacts, Council officers had a holistic view of how responsibility should be shared, suggesting that councils, state government, police and service providers should all be

involved in managing these impacts. Further, it was suggested by the officers that as these issues are community issues, there needs to be some ownership of them by the broader community and that there should be a greater role played by alcohol outlets and distributors.

Currently, the costs associated with objecting to a liquor licence are prohibitive and subsequently reduce the capacity of Frankston City Council to effectively manage and prevent amenity impacts. Without Victoria Police, and significant resourcing and research, Council officers felt that objecting to a liquor licence was too onerous a task.

Fringe

For Nillumbik Shire Council, alcohol planning came under broader community resiliency work, and packaged liquor was not a specific concern. The Council Health and Wellbeing Plan does not focus on alcohol and drug consumption per se, but on supporting well-engaged, informed, educated communities that are able to support each other, and subsequently are less susceptible to stressors and alcohol and drug-dependent behaviours. However, there may be some work relating to alcohol in the next youth policy adopted by Council. As discussed previously, alcohol consumption in the Shire of Nillumbik is more likely to occur in private spaces, making legislative change less important in managing the amenity impacts associated with alcohol. The community more broadly has a role to play in managing these impacts by supporting young people and ensuring that when they drink, they do so in safe environments.

Yarra Ranges Shire Council officers aired concerns about packaged liquor in the municipality and would consider objecting to future packaged liquor outlets. Council officers felt that responsibility for managing and preventing amenity impacts should be borne by all in the community, but also suggested that all three levels of government should co-ordinate responsibilities in this area. Further it was stressed that local government requires clear guidelines about actions that can be taken to reduce amenity impacts. An example provided concerned Practice Note 61, with officers suggesting that local governments were unsure on how to demonstrate cumulative impact. Partnership approaches between state and local government may bridge some of these issues. Lastly, it was the view of those representing Council that individual businesses selling alcohol could take more responsibility in managing the amenity impacts that are associated with their trade.

Council officers noted that a lot of experienced alcohol-related harms in the municipality occur in private homes and are hard to measure, let alone respond to. For Council to assume a greater responsibility in reducing or preventing these amenity impacts, and inculcating community behaviour change, further resourcing or social marketing would be needed.

Regional

The City of Ballarat is concerned about amenity and harm in relation to the sale of packaged liquor. However, this tends to be in a reactive capacity, responding to issues in the community regarding alcohol. Within Council it has been recommended that a policy be developed to be incorporated into the City of Ballarat Strategic Plan to deal with these issues. In the past the City of Ballarat has been quite vocal about anti-social behaviour and alcohol, although there is a limited understanding regarding what Council can do to reduce these impacts.

It was the view of officers from the City of Ballarat that local government is generally well placed to respond to issues arising in the local context regarding alcohol, but that state and federal governments can assist the management of these issues through more responsive regulatory and pricing actions, such as reducing alcohol access and applying volumetric taxation to alcohol productions.

Officers from the City of Ballarat had specific suggestions that would enable Council to assume more responsibility in managing amenity impacts. To this end, both health and amenity should be considered in the planning process, prior to a packaged liquor licence being granted.

The City of Greater Geelong representatives have future concerns regarding packaged liquor and are developing a local policy around licensed venues and packaged liquor. However, there are a number of impediments to Council taking as active a role in this area as would be desired. One of those cited by Council officers was the role of the Victorian Civil and Administrative Tribunal (VCAT) in overturning local government objections to liquor licences. Furthermore, the cost and resource impacts associated with lodging a liquor licence objection were viewed as an impediment to being able to manage and prevent amenity impacts in the local government area. In addition to this, Council officers also noted that amenity considerations do not account for social impacts. In Geelong there are clusters of packaged liquor outlets emerging in low Socio-Economic Status (SES) communities which may exacerbate existing health and social issues experienced in these areas.

It was the view of Council officers that responsibility for managing the amenity impacts associated with alcohol should be shared, with a broad range of stakeholders. More specifically, the state government plays a role through policy, education and enforcement while the broader community can convey their expectations regarding liquor. However, the role of licensed venues is complicated by the different levels of regulation applied to liquor licences, according to Council officers. Late night and on-premises liquor licences can control the drinking environment through responsible service of alcohol and other controls, such as not serving shots after a certain time. However, the consumption

of packaged liquor is largely unregulated, insofar as the quantity of alcohol purchased by an individual cannot be controlled; as such, packaged liquor outlets are a bigger concern for Council than other licensed premises in this regard.

For officers from the City of Greater Geelong, better policy direction from the state government would enable Council to take a more active role in managing and preventing amenity impacts. This could involve funding of evaluations to monitor the impact of alcohol harm reduction initiatives, or guidelines around social impact assessments, with consistent application across the state. Addressing gaps in Planning Note 61 concerning cumulative impact so that it is more applicable for packaged liquor outlets would also enable Council to assume more responsibility in managing and preventing amenity impacts.

Discussion

Packaged liquor was generally seen as a licensing activity that could exacerbate existing alcohol-related harms within a municipality, rather than being a wholly attributable cause of those issues. Pre-loading and public drinking were commonly described impacts. Although the context varied, these issues were present in almost all municipalities. However, public drinking cultures could be said to exist in municipalities that hosted socially disadvantaged communities. For these communities the accessibility of alcohol presented by packaged liquor outlets is a problem, irrespective of outlet densities or entertainment precincts. In many instances, these communities were removed from the core entertainment precinct in a municipality, such as Braybrook within Maribyrnong City Council.

Almost all councils listed packaged liquor as an area of future concern, particularly in relation to consumption and associated amenity impacts. This was particularly true of young people, who were viewed as a problem due to public drinking and threatening behaviour, but also seen as a vulnerable group.

Local laws were commonly cited as strategies to reduce packaged liquor-related harms, though the intent of these laws varied between municipalities. In Yarra and Maribyrnong, local laws were used as a mechanism to reduce anti-social behaviour, rather than to impact upon socially disadvantaged groups or to reduce consumption.

Liquor accords were operating in most municipalities, with some having specific packaged liquor accords. However, as representatives from Maribyrnong City Council made clear, it is often only the well-run stores that attend.

Chapter 16: Liquor accord member interviews

Introduction

Liquor accords are voluntary agreements that operate between police, local government, community stakeholders, health agencies and liquor licensees. The accords are primarily focused upon reducing the harm from alcohol, often in regards to the operation of licensed venues in the night-time economy (Graham & Homel, 2008).

Liquor accord interviews were undertaken from July to September 2011. Recruitment for this occurred through local government involvement, with representatives introducing the study and inviting participation at liquor accord meetings. Requests for interviews with accord members received a low response rate. A total of 11 members were interviewed, of which 10 operated or owned a licensed venue. Due to this, the results cannot be applied to specific community contexts, and can only provide an unrepresentative sample of views, largely reflecting the views of those operating a licensed venue. The interviews were conducted by National Field Services via computer assisted telephone interviewing (CATI). Issues raised include:

- Litter, property damage and vandalism were core concerns related to the sale of packaged liquor for those interviewed. Pre-loading, the practice of drinking prior to going to a licensed venue, was an issue for some accord members, as patrons were often intoxicated before they arrived at a venue.
- Some accords have instigated several measures to reduce alcohol-related harms including not serving alcoholic shots after 1:00 am, only allowing one drink per person in the last hour of service and instigating a minimum price on alcohol, negotiated at 75% of the floor price of alcohol.
- There was a view amongst some accord members that late night trading venues had a disproportionate share of regulation applied to their trade, compared to packaged liquor outlets.
- Those interviewed felt that police should be the most responsible for managing and preventing amenity impacts, followed by councils.

The following interview schedule was devised by members of Victorian Health Promotion Foundation (VicHealth) and the former Responsible Alcohol Victoria (RAV) (now the Office of Liquor, Gaming and Racing) and was utilised for each of the interviews:

1. What kinds of amenity impacts (i.e. impacts on community space) are associated with the sale of packaged liquor in the local government area?
2. What kind of alcohol-related anti-social behaviour or harms have been associated with the sale of packaged liquor in the local government area?
3. What strategies has the accord considered and implemented to manage these impacts?
4. Can you describe any particular amenity issues or instances of alcohol-related anti-social behaviour?
5. Does the accord have any future concerns in relation to amenity (impacts on community space) or harm from the sale of packaged liquor?
6. Who do you think should be responsible for managing and preventing amenity impacts?
7. What changes would enable you to take greater responsibility to manage amenity impacts?

Liquor accord member interviews

Generally, amenity impacts attributed to packaged liquor were either physical or behavioural issues. Litter was a core concern for those interviewed, followed by property damage and vandalism. However, pre-loading (or the practice of drinking prior to going to a licensed venue) was an issue for some accord members, resulting in intoxicated people walking through activity centres. Members also cited public drinking and behaviour that is threatening to others, such as loudness, congregation, playing loud music and drinking in cars. For one trader, a distinction was made between the regulation that covers late night trading and the lack of regulation covering the trade of packaged liquor, noting that late night trading venues take a disproportionate share of the blame for alcohol-related amenity impacts compared to packaged liquor retailers.

Some respondents were reluctant to attribute anti-social behaviour to packaged liquor, instead indicating that issues arise from a mixture of alcohol, drugs and congregation points around late night food outlets. Another respondent indicated that anti-social behaviour is 'gang'-related. One stated that 'you can't just focus on packaged liquor', while another mentioned property damage as an anti-social impact but was uncertain as to whether this was attributable to alcohol. Beyond this, there were a broad range of behaviours associated with the sale and supply of packaged liquor. One trader described minors consuming packaged liquor in public and loitering, with another raising underage consumption of packaged liquor as a concern. Another retailer was concerned with pre-loading, while noise, public urination and vomiting were also associated with packaged liquor to some degree. Further, one accord member reflected on a 2:30 am lockout operating at the time of the interview, and said that local police statistics had shown that assault had actually gone up in this time, despite the compliance of late night trading venues.

A number of initiatives were described by the accord members interviewed. Four late night traders from the City of Ballarat liquor accord were interviewed, who between them mentioned a raft of initiatives aimed at reducing many of these anti-social and amenity impacts. The accord had agreed that participating venues would not serve alcoholic shots after 1:00 am and that venues

would only serve one drink per person in the last hour of service. Further, participating venues had also instigated a minimum price on alcohol, negotiated at 75% of the floor price of alcohol. In effect this meant that venues that would normally sell a pot of beer for \$4 could not sell the same item for under \$3 during happy hours or other promotions. However, there was also some concern raised about the 2:30 am lockout in the area, with traders noting that it had increased assaults and cab waiting times. Other initiatives described by other liquor accord members were venue ID scans upon entry, reducing cheap drink advertising in venues and radio trees between venues. Further, positive relationships with police occurred in a number of accords, with police providing accords with information related to the night-time economy.

Public excrement (urine and vomit) were mentioned commonly as amenity issues. Public displays of aggression were the next most frequently cited issue, followed by public drinking. Two accord members mentioned the lack of available taxis as an issue that enflamed aggressive behaviour and congregation points, while another suggested that the lack of public toilets was a reason for the amount of public urination they had witnessed.

A distinction was made by some that the initiatives and regulation of late night trading venues compared to that of packaged liquor outlets was an area of particular concern in terms of amenity and harm from packaged liquor. One example illustrating this was the price undercutting occurring in packaged liquor outlets compared to the self-imposed floor price on alcohol offered by the late night trading venues. Others felt that there should be no more late night trading venues operating in their area, while another suggested a freeze on packaged liquor outlets. There were also some concerns regarding young people drinking in public space and in one instance stealing from packaged liquor outlets.

Generally, there was a view that the police should be the group most responsible for managing and preventing amenity impacts, with opinion oscillating between whether police should patrol more frequently, or focus on enforcement and fines. Local government was also mentioned as a body that should be responsible for these impacts, particularly around offering training for accord members, enforcement of packaged liquor outlet conditions and providing community facilities and infrastructure such as transport, better lighting and public toilets.

There was not a strong sentiment amongst those interviewed that there would be particular changes that would enable each to take a greater responsibility in managing amenity impacts. This should not be too surprising as generally liquor accord members could be expected to have taken on more responsibility in managing alcohol-related harms through venue management strategies. Aside from this, greater police presence or resourcing was the primary change mentioned by the respondents. Other suggestions included educational campaigns around responsible alcohol consumption, making all venues and retailers selling alcohol join their local accord and maintaining and enforcing Responsible Serving of Alcohol guidelines.

Discussion

Some liquor accord members regard packaged liquor as a serious issue in their community, and are undertaking efforts to reduce the associated amenity and anti-social behaviour impacts. Further, significant concern was expressed surrounding the amount of packaged liquor people drink in public spaces and before entering a licensed venue. From these, concerns arose regarding the issue of regulation of the night-time economy. In particular, some accord members felt there was too much emphasis on regulating late night trading venues compared to packaged liquor outlets, in terms of the alcohol-related harms and impacts that are attributable to these venues.

Whether there are opportunities to treat these issues through licensing accords is debatable. In terms of reducing alcohol-related harms such as emergency department attendances, research has indicated that liquor accords may not be the most effective mechanism for harm reduction. Rather, whole-of-community approaches aimed at reducing alcohol consumption may be more effective (Miller et al. 2011). However, based upon the interview data, liquor accords seem to be more effective as a forum in which local stakeholders can get together and discuss issues related to liquor licensing and share knowledge regarding alcohol-related harms within their communities. It is clear from the interviews that many initiatives are being trialled with varying successes. What is less clear is the extent to which this knowledge is being shared and encouraged amongst other accords.

Chapter 17: Packaged liquor retailer interviews

Introduction

Packaged liquor retailer interviews were undertaken within 12 Victorian municipalities from July to September 2011. The interviews inform a broader body of work studying the impact of packaged liquor on local environments, and are complemented by interviews with local government representatives, licensee forum members and fieldwork conducted in 12 entertainment precincts. The interviews were conducted by National Field Services via CATI. Several themes emerged consistently from the interviews:

- 44% of packaged liquor retailers identified customer intoxication as an issue dealt with regularly, with 13% having had to eject customers or refuse service.
- Litter was the most frequently mentioned amenity and safety impact, with 30% of interviewees citing this.
- 117 management strategies regarding amenity and safety were mentioned throughout the course of the interviews, 13% of which were related to Responsible Service of Alcohol training, and 10% related to cleaning up the immediate area.
- The police (28%) followed by the council (20%) were the most frequently cited groups who should take responsibility for managing amenity impacts.

The following interview schedule was devised by members of Victorian Health Promotion Foundation (VicHealth) and the former Responsible Alcohol Victoria (RAV) (now the Office of Liquor, Gaming and Racing) and utilised for each of the interviews:

1. To what extent have you had to deal with drunkenness or alcohol-related anti-social behaviour around or nearby your premises?
2. To what extent have you had to deal with drunkenness or alcohol-related anti-social behaviour in your premises?
3. Please describe any observable amenity or safety impacts associated with the sale of liquor in the immediate local area.
4. Describe any management strategies you have in relation to amenity or safety impacts associated with the sale of liquor.
5. Who do you think should be responsible for managing and preventing amenity impacts?
6. What changes would enable you to take greater responsibility to manage amenity impacts?

Four packaged liquor outlet interviews were conducted in each area. Where possible interviewees were selected from the area in which fieldwork had taken place. However, it was not always possible to get enough responses from within this area. Where this has occurred, interviews were also conducted with packaged liquor retailers in the remainder of each local government area as shown in Table 56 below.

Table 56: Number of interviews in study and local government areas

	In study area	In local government area
Fitzroy	3	1
Melbourne	2	2
Prahran	3	1
St Kilda	3	1
Croydon	3	1
Williamstown	3	1
Footscray	2	2
Frankston	3	1
Diamond Creek	3	1
Lilydale	3	1
Ballarat	3	1
Geelong	1	3

Limitations

Some staff and retailers only operate or work during the day. This may limit their knowledge or experience of alcohol-related impacts, particularly those related to the night-time economy.

Summary

The extent to which retailers had dealt with drunkenness or alcohol-related anti-social behaviour varied considerably. While some were able to identify a measurable impact, such as dealing with anti-social behaviour on a weekly, monthly or yearly basis, many more described occasional impacts, or were unable to do so at all. An example of this can be seen from the comments provided by one of the retailers in the Footscray study area. With regards to alcohol-related anti-social behaviour, the retailer stated:

'I hear a lot of it going on but I don't actually see it because of where we are located.'

In the same interview, the retailer was unable to identify observable amenity or safety impacts, but knew that public drinking occurred. This perception informed the attitude of the respondent to the area:

'I try not to walk around the streets in Footscray. I've not seen drinking in the streets but I know it happens.'

Other retailers were able to specify particular impacts. One retailer interview from Melbourne stated that:

'...the only alcohol-related problem is with people urinating on our front steps. We've installed bright lights out the front and it's been cut down significantly. It used to happen most weekends now it only happens every 5–6 weeks'.

Further, this particular business was only open during business hours, with the retailer describing the area as 'like a zoo' after hours.

Fifty-five items were identified describing the type of issues retailers dealt with regularly in their stores. Of these, 44% identified customer intoxication as an issue dealt with regularly, with 13% of retailers reporting that they had to eject customers or refuse service. Smaller minorities of retailers had dealt with theft (11%), verbal abuse (9%), threatening behaviour (7%). Only 4% of retailers could not name any alcohol-related anti-social impacts that had occurred around their premises.

The frequency of in-store alcohol-related anti-social behaviour varied considerably. Two retailers in the study area of Williamstown could not recall there having been any in-store anti-social behaviour. Further, one retailer in the study area of Geelong could only recall 'barring one person in the last two years', while one retailer in the City of Port Phillip local government area suggested that refusal of service would occur once a year. However, one retailer in the study area of Fitzroy had ejected four people from the store in a seven-month period.

Over 90 amenity or safety impacts based on the sale of liquor were described by the packaged liquor retailers as affecting their neighbourhoods. Litter was the most frequently mentioned amenity and safety impact, with 30% of responses. Graffiti (18%), public drinking (17%), loitering (6%), urination (5%) and vomit (4%) were the next most frequently cited alcohol-related neighbourhood impacts.

When strategies to manage amenity and safety impacts were discussed, packaged liquor retailers had a diverse range of mechanisms for dealing with these impacts, with 117 strategies mentioned. Of these, 13% mentioned Responsible Service of Alcohol training, the highest proportion for any item, followed by cleaning up the store and the immediate area (10%), contacting or maintaining a relationship with local police (9%), refusal of service (7%), keeping an incident register (6%) and ID checks and customer service strategies (5% for both). However, there were some quite distinct management strategies, with one retailer refusing to stock Ready To Drink spirits (RTDs) and cask wine, as it was felt that these products attracted a rogue clientele. Other management strategies included installing additional outdoor lighting to prevent litter and urine and closing earlier than 11, to avoid dangerous trading conditions.

The police (28%) followed by the council (20%) were the most frequently cited groups who should take responsibility for managing amenity impacts. Store owners and staff were also cited (17%), as was the community or the individual (11%). However, when retailers were asked what changes would allow them to take greater responsibility for managing amenity impacts, the most common response was 'don't know' or equivalent (18%), followed by police-initiated action (13%) and liquor licensing law enforcement (10%). The view that retailers should not be responsible for managing amenity impacts was held by 8% of those interviewed.

Individual area determinants on impacts

Central

The retailers in Fitzroy and Melbourne described a variety of impacts related to drunkenness nearby their stores, more so than the other areas studied. In Fitzroy, three of the retailers associated these impacts with Friday and Saturday nights and bars in the nearby area. Public drunkenness was an issue for these retailers, and one retailer reported dealing with aggressive patrons every few months. Two of the CBD stores interviewed closed earlier, one at 6 pm the other between 9 pm and 10 pm. The latter found that they experienced more issues in the last hour of service. One store owner had to clean urine from the front of their store every 5–6 weeks, while another regularly got underage people coming in trying to buy alcohol. One retailer also had to contend with groups of young people coming into the store and trying to rob it on a regular basis.

In Fitzroy, intoxication of customers and occasional ejection or refusal of service were the main issues dealt with in stores. While similar issues were noted with some of the Melbourne retailers, theft by young people and identification checking and refusal of service were also mentioned. In Fitzroy the most frequently cited amenity impacts were litter, followed by graffiti and people loitering near the store. For one store, people urinating nearby was an issue, while public drinking was for another. For retailers in Melbourne there was no single primary amenity impact, with litter, urinating or drinking in public space, graffiti, theft and homelessness all mentioned.

Inner city

Although infrequent, a variety of anti-social impacts were described by packaged liquor retailers in Prahran. One retailer only worked during the day, and had not experienced any impacts. One retailer regularly had to deal with finding urine or vomit out the front of their store on a weekend, which was associated with the store's closeness to nightclubs. Another retailer was concerned about public intoxication and obnoxious behaviour related to drugs and alcohol. The retailer outside of the study area only mentioned the occasional refusal of service as a major issue. Three of the retailers in St Kilda had experienced regular anti-social behaviour

impacts related to alcohol, due in part to store proximity to other late night trading venues. For these three, anti-social behaviour was associated with public drinking, including leaving litter behind and being 'loud and obnoxious'. The other retailer mentioned noise associated with the restaurants on Acland Street, but did not indicate that this was due to alcohol per se.

Intoxication of customers was a core issue dealt with by the majority of retailers in both Prahran and St Kilda. In addition to this, two retailers had experienced threatening behaviour, with one of these in Prahran having had death threats on more than one occasion. Further, theft was an issue for one retailer in St Kilda. One of the retailers near the nightclubs in Prahran closes at 6 pm, and subsequently avoids some of in-store alcohol-related anti-social behaviour problems.

Litter and graffiti were the most commonly cited amenity impacts related to alcohol in both areas. Public drinking and intoxication were the next most commonly cited impacts, followed by physical abuse. One retailer in St Kilda closes at 10 pm, missing some of the amenity impacts associated with late night trade, such as nightclubs. Three retailers had seen physical abuse occurring in their area, though for one this had lessened after the installation of security lights. One retailer had also been charged with assault after trying to eject a customer from the outlet.

Advantaged suburban

The extent to which packaged liquor retailers in socially advantaged areas had to respond to drunkenness or anti-social behaviour related to alcohol was limited when viewed against those described by retailers in the socially disadvantaged areas. In Hobson's Bay, packaged liquor retailers were affected by anti-social behaviour on an infrequent basis. Two of the retailers in the study area described issues that they had seen on the street, but that had not affected them directly, such as an intoxicated person walking past the store on occasions or loud patrons at a nearby hotel. The other retailer in the study had customers who had 'had a few' but not enough to qualify as intoxicated. Further, occasionally this store experienced customers arguing nearby, but whether alcohol was involved was questionable. The experience in Maroondah was similar, however, stores here generally had to deal with intoxicated customers more, with one outlet doing so on a weekly basis.

When issues arose in store, retailers in Maroondah described having dealt with anti-social behaviour more often than their counterparts in Hobson's Bay. Retailers have had to deal with intoxication, verbal abuse and threatening behaviour, with two having to call police on occasion. The four retailers interviewed in Hobson's Bay did not experience impacts to this extent, with two stores describing one incident each, and the others unable to describe any.

The only amenity impact described by a retailer in Hobson's Bay was having too many liquor outlets, with 'six to eight' outlets in a 1.5 kilometre stretch. Retailers in Maroondah had experienced a range of amenity impacts, each describing public drinking as a problem, and a further two expressing concern about litter. One retailer closes their store at 7:00 pm and does not 'walk around the street', so sees less of these impacts. Another retailer also recalled seeing people drinking in cars.

Disadvantaged suburban

Only three of the eight retailers interviewed reported having to deal with alcohol-related anti-social behaviour around or nearby their premises. However, two of the retailers in Frankston were in shopping centres and were not affected by outside issues, and also had access to shopping centre security. Another was outside the study area, and could not describe any alcohol-related anti-social behaviour impacts experienced. A similar story was recounted by the two retailers interviewed in the study area in Footscray. Both stated that there were no issues associated with alcohol in their immediate area. One retailer reported seeing people 'who had been drinking, but nothing serious', while the other could hear a lot of what was going on but not see due to location (in the shopping centre). This respondent could hear 'people getting attacked or abusing each other in the shopping centre' but was not sure whether it was alcohol or drug-related. This same respondent does not walk around the streets in Footscray, but is aware that street drinking occurs.

Fringe

Few anti-social behaviours associated with alcohol were cited in Diamond Creek, with one retailer suggesting that 'less than 2%' of their time was spent on dealing with these impacts around their store. Other retailers mentioned experiencing minors trying to purchase alcohol and the occasional need to refuse service. Impacts varied considerably for retailers in and around Lilydale. For some, these impacts were associated with events, or specific times such as weekends or race days. For another the issue was viewed as a problem for the community rather than a specific outlet. When particular issues were mentioned, intoxicated customers, underage purchasing and people drinking in car parks and aggressive behaviour on weekends were listed.

In Diamond Creek retailers had dealt with underage customers, refusal of service as well as threatening behaviour and verbal abuse. Although there were not many incidents that occurred in store for the retailers in and around Lilydale, those that were mentioned included theft, customer intoxication and underage attempts at purchasing liquor. The most commonly mentioned amenity impacts for the two areas were litter, public drinking and young people loitering.

Regional

Packaged liquor retailers in the City of Ballarat described a greater and more frequent variety of alcohol-related impacts nearby or around their stores than their counterparts within the City of Greater Geelong. For the latter, intoxication, public drinking and theft were issues raised, although with a varying frequency, from 3–4 times a year, monthly and weekly for three of the four retailers. One of these had previously experienced more of these issues, but after deciding to close two hours earlier had witnessed a reduction in these impacts. In Geelong only one retailer described frequent issues such as drug and alcohol-related anti-social behaviour, which they associated with their proximity to a nearby housing estate. In both cities, in-store anti-social behaviour was associated with intoxicated customers, refusal of service and barring some customers.

Commonly cited amenity impacts for the retailers in the City of Ballarat were litter, graffiti, noise, public drinking and cleaning up vomit. With the exception of the latter the same impacts were cited by retailers in Geelong, although one retailer also mentioned public urination and physical and verbal abuse. Retailers also associated verbal abuse with nearby homes.

Discussion

The extent of alcohol-related anti-social behaviour and amenity impacts appears to relate to the location of a packaged liquor store in an entertainment precinct and the trading hours of each store. Retailers from stores in shopping centres tended to experience less of these harms, as did retailers who were outside of an entertainment precinct. Further, some retailers indicated that they made a business decision to close earlier than the trading hours authorised on their licence, avoiding some of the issues that affect other retail outlets. Some others that trade up until 11:00 pm have management strategies for later trading, such as having more staff on at night.

A range of management strategies are adopted by packaged liquor retailers, including Responsible Serving of Alcohol training, cleaning up the surrounding area and keeping incident logs.

In terms of responsibility for amenity and anti-social behaviour impacts, retailers would prefer greater enforcement and management of entertainment precincts conducted by police or councils. The extent to which retailers should take responsibility is mixed, with some supporting this and others subscribing to the view of alcohol-related harms as a community or individual problem. Throughout the interviews there was no consideration of the sale of packaged liquor as having an impact upon the community beyond the immediate vicinity of the store.

The interviews demonstrate that there are amenity impacts associated with packaged liquor outlets, regardless of whether these relate to packaged liquor consumption, and that this can impact upon individual stores in terms of clean-up (litter and bodily waste) and safety (threatening behaviour and congregation). There may be opportunities to reduce these problems from a liquor licensing perspective. For example, packaged liquor licence applicants may be encouraged to install basic safety devices such as security lights, and consider their trading hours, particularly when located in an entertainment precinct.

Through liquor licensing or accord membership, packaged liquor outlet operators could be encouraged to keep incident logs, recording not only in-store aggression, but other impacts such as bodily waste, litter and graffiti. Incident logs may provide one form of routine data collection, and could be shared with councils, police and state government to monitor local alcohol environments and provide an ongoing needs assessment mechanism.

Conclusions

Data collected from the entertainment precincts and local government, liquor accord and packaged liquor retailer interviews suggest that the packaged liquor market in some areas is having an effect on amenity and the incidence of anti-social behaviour. Areas that have traditionally been associated with lower levels of liquor licensing report a substantial amount of alcohol-related detritus, and amenity and anti-social behaviour impacts. This suggests that packaged liquor is a problem for all communities, not only those areas that host more liquor licences trading at night.

Based on the interviews with local government representatives, it appears that socially disadvantaged communities suffer disproportionately from packaged liquor proliferation, despite the absence of a developed entertainment precinct. Both the data collection and packaged liquor retailer interviews show that some retailers make a conscious decision to close earlier, in some instances to avoid anti-social behaviour and amenity issues.

There is a tension between the perceived responsibility of late night traders, and the responsibilities of packaged liquor retailers. Some accord members felt that they were taking responsibility for some of the alcohol-related impacts borne by the community, but that price cutting by packaged liquor retailers was effectively undercutting this work. Further, the data collection and interviews reveal that packaged liquor outlets, directly or indirectly, may be responsible for many felt amenity impacts, such as litter, bodily waste, property damage and loud behaviour.

Section 5

Conclusions and opportunities for further research

Chapter 18: Overview, conclusions and discussion

The secondary data analysis assessing the burden of short-term harms attributable to the consumption of packaged liquor in Victoria showed that these harms were more strongly associated with on-premises trade than for packaged liquor. However, data from the survey of packaged liquor consumer beliefs, attitudes and behaviours and local stakeholder interviews suggest that the sale and supply of packaged liquor may be problematic for some individual drinkers and sections of the community, rather than uniformly felt. In addition, some of the data presented throughout this report suggests that the harms from alcohol experienced across the population may be attributable to consumer interactions with both packaged liquor outlets and on premises venues (such as pubs, clubs and bars).

The secondary data analysis indicated that, overall, short-term alcohol-related harms were not increased when packaged liquor was used, relative to alcohol sourced from on-premises locations. The analysis of the NDSHS data revealed that 43% of respondents usually drank packaged liquor, with the highest frequency being for those aged 65 and over. Less than 20% of respondents engaged in risky behaviours. Those that did were most frequently aged between 35 and 44 years. The odds of packaged liquor being used by those who had engaged in risky behaviour were 37% lower than for non-packaged liquor. However, the greatest proportion of those who were perpetrators of violence under the influence of alcohol were aged between 15 and 24 years of age. It was 11% more likely that this behaviour would occur under the influence of packaged liquor than non-packaged liquor, although this was not statistically significant. Similarly, the VYADS data showed that for young drinkers aged 16–24 years, the overall risk of alcohol-related short-term harm (any negative harm) while under the influence of alcohol was 34% less likely for packaged liquor than non-packaged liquor.

Alcohol-related ambulance attendance data showed that in the years 2005/06 and 2007/08, those aged 45–54 years of age presented most frequently for attendances from a private residence. However, in other years (2006/07, 2008/09 and 2009/10) those aged under 25 were the most frequent age group presenting. Nillumbik Shire Council and the City of Casey had the highest proportions of alcohol-related private residence ambulance attendances. As a proxy for packaged liquor consumption, private residence alcohol-related ambulance attendance data suggests that alcohol-related harms in suburban locations are more likely to have involved packaged liquor consumption than inner city areas, where there is a greater variety of liquor licensing.

The data from the packaged liquor consumer beliefs, attitudes and behaviours survey of people who had purchased packaged liquor in the previous 12 months revealed a stronger relationship between packaged liquor-related purchasing, consumption and individual and community-level harms. A majority of survey

participants (59%) drank at levels that would put them at greater risk of alcohol-related illness and harm according to national alcohol guidelines (NHMRC, 2010).

In addition, the experience of alcohol-related short-term harms such as verbal abuse, physical abuse and feeling fearful were likely to increase as the level of risky packaged liquor consumption increased.

Further, the data indicated that there were certain trading hours associated with increased packaged liquor consumption and associated behaviours and short-term harms. For instance, regular very risky drinkers were generally more likely to purchase packaged liquor on weekdays aside from Friday than all other risky drinking categories. When this was analysed by time of purchase, regular very risky drinkers were more likely to purchase between the hours of 5:01 and 11:00 pm, compared to low-risk and occasional risky drinkers. However, purchasing packaged liquor during these hours on a Friday or Saturday evening was less likely for low-risk drinkers compared to other risk categories. In addition, purchasing during this period was also associated with pre-loading (i.e. drinking packaged liquor prior to going to a licensed venue) or in public space or transport. Interestingly, the packaged liquor retailer interviews and entertainment precinct audits showed that some outlets choose to close earlier than 11:00 pm to avoid some of the amenity impacts associated with alcohol in the night-time economy.

Greater packaged liquor accessibility facilitated riskier consumption levels according to the survey data. Regular very risky drinkers were more likely to travel 1 kilometre or less to purchase packaged liquor. Likewise, this group was also more likely to select purchasing criteria based upon accessibility, such as an outlet's proximity to home or work. Generally, survey respondents were more likely to report hosting too many packaged liquor outlets in their neighbourhoods if there were 6–9 or 10 or more outlets identified within 2 kilometres of their homes, compared to those who identified less than 6 packaged liquor outlets. Likewise, minor problems associated with the trade of packaged liquor were more likely to be reported by those who identified 3–5 or 10 or more packaged liquor outlets in their neighbourhoods compared to those with less than 3 outlets within 2 kilometres of their homes.

The audit of local entertainment precincts and interviews with local stakeholders revealed a tension between the expected standards of operation for late night trading venues compared to packaged liquor outlets. In particular, the efficacy of initiatives run by liquor accords were seen to be impeded by price reductions on alcohol offered at packaged liquor outlets.

Packaged liquor related detritus was found in all entertainment precincts; those with a greater number of night-time trading venues, such as central and inner city areas, tended to record more than areas with lower numbers of venues operating late at night.

The local government interviews suggested that a range of harms experienced by the community may be associated with the trade of packaged liquor, however, determining discreet harmful impacts from this as opposed to other licensed trade was difficult, particularly in central and inner city areas. An example of this is the issue of 'pre-loading', highlighted by a number of councils, where young people consume (cheap) packaged liquor before going onto other licensed premises in entertainment precincts. However, many councils also stressed the impact of packaged liquor on young people more generally, disadvantaged groups and suburban areas away from entertainment precincts.

Opportunities for further research

The findings from this report present a number of opportunities for further research. The local government interviews revealed concern about the role of packaged liquor in exacerbating harms and issues among vulnerable and disadvantaged communities and groups. Previous research conducted by Livingston (2011b), found that packaged liquor outlets were more likely to be found in poorer communities across Victoria. This suggests that future research might focus on this issue and assess the relationship between alcohol accessibility via packaged liquor outlets and potential impacts on sub-groups of the population.

However, data collected from the packaged liquor consumer beliefs, attitudes and behaviours survey, stakeholder interviews and entertainment precinct audits suggest that attributing a particular portion of alcohol-related harm to either packaged liquor outlets or on-site premises such as pubs and bars is difficult. In particular, survey data revealed that pre-loading (i.e. consuming packaged liquor prior to going to a licensed venue) was associated with riskier levels of packaged liquor consumption and short-term harm. However, the entertainment precinct audits showed that amenity impacts were more frequently located near on-premises venues, rather than packaged liquor outlets. Likewise, local government interview data also indicated that distinguishing between the community impacts caused by on-premises venues and packaged liquor outlets was difficult. It would appear that further work is needed assessing how the two arms of the alcohol service industry interact, how they are used by alcohol consumers and whether there are particular uses that are more harmful than others.

This leads to a related point. A limitation of the secondary data analysis of the NDSHS, VYADS and GENACIS surveys was the generally low numbers of self-reported harms recorded, limiting the ability to explore the relationship between the source of alcohol consumed and acute harms. This could be overcome by targeting settings in which alcohol-related harms are usually recorded. One option for addressing this issue would be to develop strategies to gather data in emergency and criminal justice settings that could capture consumption patterns prior to engaging in a high-risk behaviour resulting in harm.

It is also worth noting that the analyses conducted for this report were primarily focused upon measuring the short-term impacts of packaged liquor, such as risk of injury. This is appropriate given the emphasis of this report on social harm. However, research conducted elsewhere has shown a relationship between the density of packaged liquor outlets in a neighbourhood and rates of chronic disease (Livingston, 2011c). Future research might build upon this and other research to assess whether there are links between the regular utilisation of packaged liquor outlets and long-term health impacts.

Lastly, the detritus counts suggest a correlation between entertainment precinct utilisation and the amount of detritus found. However, if future work were to repeat and expand upon this area of research, it would be worthwhile examining possible fluctuations in the presence of alcohol-related litter by time and day of the week, seasonality and the use of licensed premises in an area. Data from the entertainment precinct audits also revealed that many packaged liquor licensees close earlier than the trading hours on their licence. Establishing the extent to which this was true of all liquor licences, accounting for seasonality, would be useful, as this may show peak dispersal times from venues and allow for better planning for night-time economies.

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