A SAFE AND VIBRANT ADELAIDE
Future Directions for a Sustainable Night-Time Economy

Purpose
The Safe Communities, Healthy Neighbourhoods Senior Officers Group provides this submission to the Citizens’ Jury to inform their investigations into ‘how can we ensure we have a vibrant and safe Adelaide nightlife?’

The government is keen to make Adelaide one of the great small cities of the world, where more people choose to live, work, invest and spend time. Creating a safe and welcoming environment is key to achieving this vision.

To ensure a vibrant and safe Adelaide nightlife, the Safe Communities, Healthy Neighbourhoods Senior Officers Group recommends building on the integrated evidence based initiatives that have already been adopted to promote a responsible drinking culture while also encouraging a broader demographic of visitors be involved in culinary, entertainment, retail and cultural experiences not focussed on alcohol.

This submission will outline:

• projections for the city resident and visitor population
• effects of alcohol-related harm on the night time economy
• potential evidence-based initiatives to reduce alcohol-related harm
• recent government initiatives to reduce alcohol-related harm.

Projected growth for Adelaide city residents and visitors
The population growth and development of Greater Adelaide over the short and longer term is projected to be significant. Under the South Australian Government’s 30-Year Plan, development to accommodate growth will largely occur in the existing metropolitan footprint, and in particular, will be concentrated in medium and higher density ‘growth precincts’ located close to and linked with the Central Business District (CBD).

The CBD of Adelaide itself is identified as one such ‘growth precinct’ with an almost doubling of its residential population (from 22,000 currently to 42,000) sought by 2020. With a 33 per cent increase in the city’s residential population in the five years to the beginning of 2013, the significant residential growth of the city centre is on track to be achieved.

In addition to residential growth, the government is keen to encourage more visitors to the city centre for work and entertainment. The Adelaide Oval redevelopment will increase the numbers of people gathering in the city centre, with a likely influx of people following football and cricket matches entering en masse via the Riverbank precinct and west end of the CBD.

Redevelopment of the Riverbank precinct; side street and laneways activation; the anticipated burgeoning of Adelaide’s niche bar scene and a range of other initiatives under the South Australian Government’s Creating a Vibrant City priority are also designed to attract people and revitalise the city centre. Creating a safe and welcoming environment is an important part of attracting people to the city after dark.

Strategy, policy and programming to improve vibrancy and safety needs to consider and plan for this changing environment.
Alcohol-Related Harm and the Night-Time Economy

Alcohol misuse can have a variety of impacts on the lives of individuals, experiencing addiction, violence and health problems directly, and the broader community that must bear the costs on the State’s health infrastructure, criminal justice system, emergency services and productivity in general.

Currently 29.7% per cent of South Australians over the age of 15 years consume alcohol at least monthly at levels that pose a short-term risk, such as risk of injury or violence.\(^1\) In the 20–29 age group, the figure is approximately 48 per cent.\(^2\) Excessive consumption of alcohol can result in a range of health problems and this puts a significant strain on the State’s health system.

The relationship between excessive alcohol consumption, offending, public disorder and injuries is well established. As well as the detrimental effect to individuals, families, businesses and communities, the costs of policing, emergency services and health services must be met from the public purse. This means resources are stretched and may not be available to respond to other needs within the community.

There are approximately 12,500 hospital admissions and 600 deaths attributable to alcohol in South Australia per year.\(^3\) In South Australia in 2010–2011, alcohol was also the most common principal drug of concern for Drug and Alcohol Services South Australia, accounting for 55 per cent of all treatment episodes where clients were seeking treatment.\(^4\) Australian research also indicates that an estimated 53 per cent of injured persons presenting to hospital emergency departments between the hours of 10 pm and 7 am had consumed alcohol in the preceding six hours.\(^5\)

There is also increasing recognition of the substantial burden that alcohol intoxication generates in relation to violence in the home, violence and injuries on our streets, sexual assault, road trauma, crime and the associated pressures this places on our police and justice services. In 2010, more than 70,000 Australians were victims of alcohol-related assault, among which 24,000 were victims of alcohol-related domestic violence.\(^6\) According to South Australia Police data, 58 per cent of victim-reported crime was related to alcohol in the Adelaide CBD in 2008–2009.\(^7\)

A recent survey conducted by the Australian Bureau of Statistics estimates that across South Australia, 45.7 per cent of victims of physical assault and 52.6 per cent of victims of face-to-face threatened assault believe alcohol or another substance contributed to the most recent incident.\(^8\)

In the April 2013 Trends & Issues paper, ‘The societal costs of alcohol misuse in Australia’, the Australian Institute of Criminology states that the total costs to society of alcohol-related problems in 2010 for Australia was estimated to be $14,352b.\(^9\)

---

\(^1\) South Australian Health Omnibus Survey (2011 South Australian data, 15+ years).
\(^2\) Ibid.
\(^3\) Drug and Alcohol Services South Australia, analysis of SA hospitalisation data conducted using aetiological fractions developed by the National Drug Research Institute. 2012, Unpublished.
\(^5\) Evans, M., R. Pascal, and T. Chikritzhs, South Australian emergency department presentations as indicators of alcohol-related harm: feasibility study stage 2: final report. Prepared for Southern Adelaide Health Service Incorporated (acting through Drug and Alcohol Services South Australia). 2011, National Drug Research Institute Curtin University
\(^7\) Alcohol and Crime, South Australia Police, 2010, p. vi
The table below breaks this cost down for the criminal justice system (20.6%), the health system (11.7%), Australian productivity (42.1%) and traffic accidents (25.5%).

<table>
<thead>
<tr>
<th>Costs to society (%)</th>
<th>25.5 ($3,662b)</th>
<th>20.6 ($2,958b)</th>
<th>11.7 ($1,686b)</th>
<th>42.1 ($6,046b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Justice</td>
<td>25.5 ($3,662b)</td>
<td>20.6 ($2,958b)</td>
<td>11.7 ($1,686b)</td>
<td>42.1 ($6,046b)</td>
</tr>
<tr>
<td>Health System</td>
<td>25.5 ($3,662b)</td>
<td>20.6 ($2,958b)</td>
<td>11.7 ($1,686b)</td>
<td>42.1 ($6,046b)</td>
</tr>
<tr>
<td>Australian productivity</td>
<td>25.5 ($3,662b)</td>
<td>20.6 ($2,958b)</td>
<td>11.7 ($1,686b)</td>
<td>42.1 ($6,046b)</td>
</tr>
<tr>
<td>Traffic accidents</td>
<td>25.5 ($3,662b)</td>
<td>20.6 ($2,958b)</td>
<td>11.7 ($1,686b)</td>
<td>42.1 ($6,046b)</td>
</tr>
</tbody>
</table>

The paper notes that ‘the societal costs of alcohol . . . outweigh the revenue generated from alcohol taxation by a ratio of 2:1.’ It is recommended in the paper that the alcohol tax revenue be diverted to prevention programs to which patients or offenders who present at hospitals or courts for alcohol-related matters can be referred.

The National Drug Law Enforcement Fund released the findings of a significant research project in March 2013, titled *Patron Offending and Intoxication in Night-Time Entertainment Districts (POINTED)*, which involved interviewing almost 7,000 patrons between November 2011 and June 2012. A key finding of the study was that levels of intoxication increase throughout the night, with almost 30 per cent of 6,500 patrons tested after 1 am having a blood alcohol content (BAC) above 0.1. Pre-drinking (also referred to as pre-loading) was found to be a significant predictor of alcohol-related harm, with an average of 65 per cent of people reporting drinking before going out. Saving money was the main reason for this behaviour. Those who pre-loaded consumed on average five standard drinks of alcohol before going out and were more likely to have a higher BAC by the end of the night (on average a BAC of 0.068). Pre-loading was also associated with higher rates of aggression, alcohol-related accidents and drink-driving.

---

11 Ibid, p. 5.
12 Ibid.
15 A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Monograph Series No. 46, Canberra, 2013, pp 36–38.
16 Ibid, p. 37.
Energy drink use was found to be associated with increased experience of harm and alcohol consumption. Most energy drink users had, on average, exceeded the daily recommended dose of such beverages by 11 pm. Additionally, around one in six people reported using another drug other than alcohol during their night out. The main drugs reported to be used were cannabis, amphetamines and ecstasy.  

**Summary of Evidence-Based Approaches to Addressing these Issues**

In 2009, the World Health Organisation Regional Office for Europe, published a comprehensive report updating the global evidence-base on effective alcohol policies.\(^\text{18}\) The findings of the report are reflected in the World Health Organisation Global Strategy to Reduce the Harmful Use of Alcohol adopted by the 63\(^\text{rd}\) World Health Assembly on 20 May 2010. According to this report:

... there is a substantial evidence base on the effectiveness of different policies in reducing the harm done by alcohol. Essentially, those policies that regulate the environment in which alcohol is marketed (economic and physical availability) are effective in reducing alcohol-related harm. Enforced legislative measures to reduce drinking and driving are effective, as are individually-directed interventions to already-at-risk drinkers. On the contrary, the evidence shows that information and education-type programmes do not reduce alcohol-related harm, although they have a role in providing information, reframing alcohol-related problems, and increasing attention to and acceptance of alcohol on the political and public agendas.

According to the World Health Organisation\(^\text{19}\) and other key comprehensive reports\(^\text{20}\) on the evidence, the most effective strategies to reduce risky alcohol consumption are summarised in the following table:

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Strength of evidence (maximum of 3 stars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol taxation</td>
<td>***</td>
</tr>
<tr>
<td>Restrictions on density of outlets</td>
<td>***</td>
</tr>
<tr>
<td>Hours and days of sale restrictions</td>
<td>***</td>
</tr>
<tr>
<td>Minimum legal purchase age</td>
<td>***</td>
</tr>
<tr>
<td>Lowered blood alcohol concentration limits</td>
<td>***</td>
</tr>
<tr>
<td>Random breath testing targeting drink-driving</td>
<td>***</td>
</tr>
<tr>
<td>Minimum floor price per standard drink of alcohol</td>
<td>**</td>
</tr>
<tr>
<td>Enforcement of restrictions of sales to intoxicated and under-age people</td>
<td>**</td>
</tr>
<tr>
<td>Restrictions on the volume of commercial communications (alcohol marketing)</td>
<td>**</td>
</tr>
<tr>
<td>Public education campaigns</td>
<td>*/?</td>
</tr>
<tr>
<td>Staff training and house policies regarding responsible service</td>
<td>*/?</td>
</tr>
<tr>
<td>Secondary supply legislation</td>
<td>?</td>
</tr>
<tr>
<td>School-based education and information</td>
<td>0</td>
</tr>
</tbody>
</table>


\(^{18}\) World Health Organisation Regional Office for Europe, *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm*. 2009

\(^{19}\) Ibid.

**Key to the table above:**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Evidence of effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Lack of effectiveness</td>
</tr>
<tr>
<td>*</td>
<td>Limited effectiveness</td>
</tr>
<tr>
<td>**</td>
<td>Moderate effectiveness</td>
</tr>
<tr>
<td>***</td>
<td>High degree of effectiveness</td>
</tr>
<tr>
<td>?</td>
<td>No evidence available</td>
</tr>
</tbody>
</table>

**Potential Evidence-Based Initiatives**

The research on alcohol policy shows that using approaches that address risky alcohol consumption across the broad population can result in significant shifts in alcohol-related harms, including late-night violence. These strategies may only be slightly noticeable by the individual consumer but when extended across the community, can be effective in addressing a range of alcohol-related problems.

Based on the research in this area and examples of practice in other jurisdictions nationally and internationally, the following initiatives are considered evidence-based approaches in addressing alcohol-related harms that could be introduced at a state government level.

- Raising the minimum floor price
- Regulating discounting and gift promotions
- Reducing outlet density
- Restricting opening hours
- Amending age restrictions
- Introducing lockouts
- Strengthening enforcement
- Improving transport options
- Providing safer alternatives to glassware

These are discussed in more detail below.

**Minimum floor price**

A substantial body of empirical evidence demonstrates that increasing the price of alcohol can reduce per capita alcohol consumption and risky drinking.²¹ The National Preventative Health Taskforce, the Australian Medical Association and the World Health Organisation recommend consideration be given to raising the price of the cheapest forms of alcohol on the market, by setting a minimum floor price for alcohol.²²,²³,²⁴ This would not raise the price of every drink sold, only of those sold at below the minimum price set. A minimum floor price would impact on those

---


drinks currently sold at a low price relative to their alcohol content. Consequently it is likely that a large proportion of alcohol products would not change price.\(^\text{25}\)

The Scottish Government’s decision to introduce this measure has been influenced by compelling research findings from the University of Sheffield.\(^\text{26}\) The Sheffield study showed that a 50 pence minimum unit price was estimated to reduce consumption amongst harmful drinkers by 10.1 per cent compared to 3.8 per cent for moderate drinkers. The Sheffield study also estimated this policy would lead to 42,500 fewer crimes in the first year and over 10 years lead to 14,960 fewer deaths and 481,373 fewer hospital admissions.

Raising the floor price of alcohol is also supported by the findings of the recent Australian-based study *Patron Offending and Intoxication in Night-Time Entertainment Districts* (POINTED), which recommends the following:

- Proposal 2a: the most evidence-based measure to reduce alcohol consumption is to increase the price of alcohol through taxation (preferably based on volume and increasing according to beverage strength).
- Proposal 2c: State and local governments should investigate levies on each unit of alcohol sold by packed liquor outlets to recover costs associated with alcohol.\(^\text{27}\)

*Regulating discounting and gift promotions*

There is mounting evidence and concern about the impact of some promotional and discounting activity for alcohol. The United Kingdom Government has announced intentions to address this issue. This means that a bulk purchase will be the equivalent price of the single bottle multiplied by the number of bottles being purchased. This will not apply to the sale of alcohol products in bars and restaurants but aims to address bulk purchases from liquor stores and supermarkets which tend to encourage ‘pre-loading’ behaviour.

Bans on bulk-buys and the discounting of alcohol for multiple purchases are also supported by the findings of the Australian-based POINTED study:

- Proposal 2b: Regulatory measures should be implemented to reduce discount alcohol sales. In particular, bans on bulk-buys, two-for-one offers and other promotions based on price . . . \(^\text{28}\)

Bans on ‘happy hours’ exist in Ireland, Scotland and some US states. A mandatory code banning ‘all you can drink’ promotions exists in the UK. However, there has been little research into the effects of such regulations at a broad population level. This is an area that requires further research.

*Outlet density*

In recent years, numerous studies have demonstrated the relation between the number of liquor outlets in an area (outlet density) and violence.\(^\text{29,30,31}\) Research has shown that when numerous

---


\(^{27}\) A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Canberra, 2013, p. 86.

\(^{28}\) A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Canberra, 2013, p. 86.


licensed venues are co-located in close proximity, they tend to draw large numbers of potential perpetrators and victims into close contact with one another.\textsuperscript{32} Additionally, a large number of liquor stores in a given area has been shown to increase the violence in residential settings as well as in licensed venues.\textsuperscript{33} The Alcohol Working Group of the National Preventative Health Taskforce suggested restrictions on outlet density may be achieved by requiring minimum distances between outlets or by limiting the number of outlets, or particular types of outlets, in a particular location.\textsuperscript{34}

\textbf{Opening hours}

Based on the current available evidence, extended late-night trading hours for liquor licensees can lead to increased consumption and related harms. A notable study by Kypri and colleagues (2011) measured the impact of requiring hotels to close at 3 am in Newcastle, Australia in 2008.\textsuperscript{35} This closing time requirement resulted in a 37 per cent reduction in assaults. The Liquor Administration Board restricted opening hours of 14 pubs in the CBD of Newcastle from 5 am to 3 am, with a 1 am lockout, effective from 21 March 2008, which was later relaxed following pressure from hoteliers to a 3.30 am close with a 1.30 am lockout.\textsuperscript{36}

As illustrated in the graph below, the study of the Newcastle reforms in the CBD entertainment precinct measured against nearby Hamilton suggest that the drop in alcohol-related violence in the CBD was mainly attributable to the reduction in trading hours.\textsuperscript{37}

\begin{itemize}
\item \textsuperscript{31} Burgess, M. and S. Moffat, \textit{The association between alcohol outlet density and assaults on and around licensed premises}, in \textit{Crime and Justice Bulletin}. 2011, New South Wales Bureau of Crime Statistics and Research,
\item \textsuperscript{32} Liang W and Chikritzhs T (2011). Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. \textit{Drug and Alcohol Review} (September 2011), 30, 524–535
\item \textsuperscript{33} Ibid.
\item \textsuperscript{35} Kypros Kypri, Craig Jones, Patrick McElduff, Daniel Barker, ‘Effects of restricting pub closing times on night-time assaults in an Australian city’, \textit{Addiction} 2011 February; 106(2) pp303-310, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3041930/
\item \textsuperscript{36} Ibid.
\item \textsuperscript{37} Ibid.
\end{itemize}
Assaults per quarter, January 2001–September 2009, in Newcastle central business district (CBD) (intervention area) and Hamilton (control area)

The more recent POINTED study references these findings, and states that ‘ultimately, the most evidence-based approach to reducing intoxication levels is through closing venues earlier across the board.’ Furthermore, the study advises that: ‘Australian jurisdictions should consider imposing trading hour restrictions, applied consistently across regions to ensure businesses can compete on a level playing field’. 38

**Age restrictions**

In South Australia, it is illegal to purchase alcohol under the age of 18 years and it is illegal to supply alcohol to someone under 18 years, with the exception of supply by an adult in a private residence. Internationally, the age at which a person can legally purchase alcohol ranges from 16 to 21 years of age. While 18 years is the most common legal age for drinking, a large proportion of Canadian provinces, including Ontario and British Columbia, have a legal drinking age of 19. In the US, the legal drinking age is 21.

The research literature shows that drinking age legislation can have a substantial effect on drinking among young people and alcohol-related harm. 39 40 For example, US research found that increasing the legal purchase age from 18 to 21 resulted in a 14% reduction in frequency of alcohol consumption among senior school children and recent high school graduates and a 19% decrease in fatal crashes involving young drinking drivers. 41 42

---

38 A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Canberra, 2013, p. 86.
40 World Health Organisation Regional Office for Europe, Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. 2009
There is some evidence that supports the case for increasing the age at which a driver can legally have a measurable blood alcohol content.\textsuperscript{43} This means that for novice drivers up to a certain age, having a blood alcohol content above zero may result in loss of licence. In 2013, the New Zealand Government had a Bill before Parliament that proposed to split the purchase age to 18 years for on-licence premises such as bars and restaurants, and 20 years for off-licence premises such as liquor stores. However, this law was not passed in Parliament.

The research literature emphasises that the benefits of a drinking age restriction are only seen when there is a concerted enforcement arrangement.\textsuperscript{44}

\underline{Lockouts}

Late-night lockouts involve preventing patrons entering licensed premises one or two hours before closing time. Patrons who are already in a venue can remain until closing time but cannot leave and re-enter the premises. There is insufficient evidence to draw definitive conclusions about the efficacy of lockouts, primarily because this is a new tool and because lockouts are often one component of a multifaceted program.\textsuperscript{45}

While the evidence currently available on the impacts of lockouts at a population level is inconclusive, in September 2012 the Liquor and Gambling Commissioner imposed a number of conditions on the three late night venues in Gawler. These conditions included prohibiting patrons from entering or re-entering any venue after midnight on the Saturday and Sunday mornings. A preliminary four month review indicated a significant reduction in offending.

Following a successful 12-month trial period, Whyalla hotels and clubs have now adopted an ongoing voluntary 1 am lockout, with the doors closed to new patrons at that time. The trial saw a 45 per cent decrease in victim-reported crimes, in particular, assaults and property damage offences, within licensed premises and in the vicinity, compared to the previous three years. There was also a 50 per cent reduction in police attendances at reported incidents.

\underline{Enforcement}

A strong regulatory framework around the supply of alcohol and enhanced enforcement of laws and regulations by police, liquor licensing, municipal authorities, and others has been shown to be a powerful approach to reducing harms in the commercial drinking environment.\textsuperscript{46}

The three main policy approaches for modifying the commercial drinking environment relate to:

1. Enhancing the enforcement of existing laws and regulations.
2. Enhancing the operations of drinking establishments and individual employees at these establishments by implementing training or licensing programs.
3. A community approach directed toward a specific geographic entity.

Studies from the US, UK and New Zealand on the impact of enhanced enforcement programs have shown reductions in emergency department admissions, drink-driving and intoxication. However, these improvements were only sustained during the period of enhanced enforcement.


\textsuperscript{44} World Health Organisation Regional Office for Europe, \textit{Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm}. 2009


\textsuperscript{46} World Health Organisation Regional Office for Europe, \textit{Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm}. 2009
The effectiveness of enforcement depends on providing immediate and meaningful consequences for breaches and promoting the alcohol laws and the consequences of not complying with the laws.47

The POINTED study also calls for all Australian jurisdictions to implement stronger regulatory frameworks to enable regulatory bodies to better enforce the responsible service of alcohol:

Proposal 1a: Current regulatory and enforcement frameworks require further refinement and investment. In particular, responsible service of alcohol (RSA) measures are evidently insufficient and require more stringent regulation and more comprehensive and systematic enforcement regimes.48

**Transport**

Studies have also shown that providing late-night transport options which are easy to access is an important approach for dispersing crowds and reducing alcohol-related injuries.49

The POINTED study found that half of the people surveyed reported that they were going to catch a taxi home. The study strongly recommends focusing efforts on late-night transport infrastructure and identifies this as an area for further research.50

The recent West End Safety Trial (WEST) which ran from November 2011 to May 2012 in the Adelaide Central Business District included the implementation of after midnight bus services and managed taxi ranks. These services are continuing indefinitely.

**Glassware**

There is some evidence that bans on glassware, although preliminary at this stage, may reduce alcohol-related injury.51

**Recent Government Initiatives**

The Government has introduced several evidence-based initiatives to promote a vibrant and safe Adelaide nightlife (discussed below). It is recommended that consideration be given to building on these initiatives as new information becomes available, for example through evaluations and community engagement.

**Late Night Code of Practice**

A Late Night Code of Practice under the Liquor Licensing Act 1997 containing special measures aimed at curbing alcohol-related violence, anti-social behaviour, and addressing the increased risks associated with late night trading has been developed by the South Australian Liquor and Gambling Commissioner.

From 1 October 2013, depending on capacity and location, this code of practice will apply to late night venues, being venues that trade between 3 am and 7 am. Based on the evidence discussed above and following extensive consultation on the Code with industry and the community, the Code includes the following requirements:

---

48 A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Canberra, 2013, p. 86.
50 A/Prof Peter Miller, National Drug Law Enforcement Research Fund, Canberra, 2013, p. 88.
• CCTV recording entry and exits points for larger venues at all times
• After midnight, queues must be properly managed and in larger venues drink marshals and metal detectors must be available and a first aid officer must be on duty
• From 2am no liquor can be served on footpaths or in public outdoor areas
• From 3am no new entry or re-entry to venues
• After 4am no free liquor, no shooters and no beverages containing more than 45ml of spirits.
• Venues will be required to provide information about public transport after 9pm

While the Government was previously unsuccessful in introducing a mandatory three hour break in trading hours, the purpose of the Late Night Code of Practice is to enforce strict conditions on those venues trading between 3 am and 7am. The objective of the Late Night Code is to mandate a culture of responsible service and consumption of alcohol, to minimise the social and economic harm caused by excessive alcohol consumption, and to reduce the level of alcohol related violence that occurs in or in the vicinity of licensed premises.

**Community Education Campaign**
In September 2012 the Premier announced that a community education campaign to curb alcohol-fuelled violence would be run in partnership with non-government organisations, including the Sammy D Foundation.

The Sammy D Foundation is currently running a consultation and community engagement process to inform the campaign, including conducting a consultation questionnaire with young people.

The Government and Sammy D are now preparing the second phase of the project, which will comprise a public information campaign, shaped by the information gleaned from the surveys and consultation. The campaign is expected to be launched in September.

The Late Night Safety Working Group, and the Sammy D Foundation, are working to ensure that the campaign will be based on the best available evidence to ensure it has the maximum impact.

**Regulating discounts and floor price**
Through the *South Australian Alcohol and Other Drug Strategy 2011-2016* (Priority action 2.8), research is being commissioned to examine the feasibility and likely effects of introducing measures to prohibit excessive discounting of alcohol and the effect a minimum floor price for alcohol would have in South Australia.

**Amendments to the Liquor Licensing Act 1997 and review of the Code of Practice**
In 2010, a review of the *Liquor Licensing Act 1997* (the Act) and the Code of Practice was undertaken.

The review focused on measures to address alcohol-related crime and anti-social behaviour in and around licensed premises (particularly entertainment areas) and to promote the responsible service of alcohol.

Significant consultation was undertaken with industry and the general public in relation to the proposals that were put forward as part of this review. This included the release of two discussion papers, as well as the Liquor Licensing (Miscellaneous) Amendment Bill 2011 and a draft Code of Practice.

The *Liquor Licensing (Miscellaneous) Amendment Act 2011* was assented to on 3 November 2011 and a number of amendments to the Act took effect from 5 March 2012 including:
New expiable offence for offensive or disorderly behaviour
A new expiable offence for offensive or disorderly behaviour in or in the vicinity of a licensed premises was created.

The maximum penalty for this offence is $1250 with an expiation fee of $160. A Bill is currently in the South Australian Parliament proposing to increase this expiation fee to $500.

Without limiting the conduct that may constitute behaving in an offensive or disorderly manner, it may include the use of offensive language. This new offence does not apply to any behaviour involving violence.

Ability for the Liquor and Gambling Commissioner to issue a short term public order and safety notice
The Liquor and Gambling Commissioner now has the power to issue a short term public order and safety notice in respect of a licence.

A notice may be issued if the Commissioner considers that the notice is necessary or desirable to address an issue of public order and safety, or to prevent adverse consequences arising from an issue of public order and safety.

The Commissioner has the ability to issue such a notice at his or her discretion. The notice may affect licence conditions (including authorised trading hours), may require the licensed premises to be closed and remain closed for a specified period of time, or may suspend a licence.

A public order and safety notice may be imposed for a period of up to 72 hours.

Increased police powers
The powers of the police were extended to ensure that a senior police officer (that is, a police officer of or above the rank of inspector) can issue certain orders if the officer believes on reasonable grounds that it would be unsafe for members of the public to enter or remain on licensed premises, due to conditions temporarily prevailing there.

A senior police officer may, for example:

- order persons to leave the premises or part of the premises immediately;
- order the licensee to immediately remove persons from the premises or part of the premises;
- order the licensee to take other specified action to rectify the situation immediately or within a specified period; or
- if satisfied that the safety of persons cannot reasonably be ensured by other means, order the licensee to close the premises or part of the premises immediately and for such a period as the officer considers necessary (not exceeding 24 hours), to alleviate the danger.

When a senior police officer is satisfied that the danger has been alleviated, he or she may revoke an order.

Increased penalties
There are a number of offences under the Act where subsequent breaches are now subject to a higher maximum penalty. In many cases, the maximum penalty has been doubled.
It is intended that these increased penalties will serve as a deterrent to repeatedly offend against liquor licensing laws.

In addition to the amendments to the Act which took effect from 5 March 2012, a new General Code of Practice (the General Code) was developed and came into operation on 18 January 2013.

The General Code applies to all licensees and replaced the previous code of practice with which licensees were required to comply for many years.

The new General Code requires all staff involved in the service and supply of liquor to undertake mandatory RSA training and requires licensees to undertake a risk assessment of their operations. Licensees are now also required to have a written management plan in place to address the risks identified as part of conducting their business. The written management plan must contain the measures that licensees have implemented to ensure compliance with the General Code.

The General Code also includes requirements relating to:
- minors;
- promoting a responsible attitude towards the consumption of liquor;
- intoxication and disorderly, offensive, abusive or violent behaviour;
- disturbances;
- drink spiking; and
- induction and refresher training.

A separate Code of Practice for Party Buses is also being considered. The proposals under consideration include making water and non-alcoholic drinks available, no-go drop off zones and designated set-down points for passengers, such as locations near taxi-stands.

**Liquor Licensing (Miscellaneous) Amendment Bill 2013**

The Liquor Licensing (Miscellaneous) Amendment Bill 2013 was introduced to the SA Parliament on 5 June 2013. It proposes amendments to the Liquor Licensing Act 1997 (the Act) to better equip the Commissioner, his staff and police to address problem drinking and alcohol-related violence.

If passed, greater responsibility will be placed upon licensees to prevent excessive alcohol-consumption occurring on their premises. The Commissioner’s power to take action against licensees for inappropriate management of premises, or on public health or welfare grounds, will be strengthened and the objects of the Act will be amended to specifically address alcohol-related violence and property damage.

At the same time the Bill amends the Act to streamline administrative processes and to reduce red tape on both the Government and the liquor industry. The processes by which dry areas are declared and educational courses are exempt from the need to be licensed will be made less onerous. The requirement that a responsible person be approved will be made more flexible so that approval will apply industry-wide. The Bill also includes a number of minor technical amendments to the Act to improve the efficiency and effectiveness of liquor regulation.

**Small Venue Licenses**

The Small Venues Act amends the Liquor Licensing Act 1997 (the LLA) to provide for a new category of liquor licence aimed at providing flexibility to the owners of small venues and a new streamlined process for small venue licence applications.

The promotion of small venue culture is part of a cultural shift away from large licensed premises with a view to diversifying the demographic mix in the CBD. It is expected that small venues will appeal to closer-knit communities of people and will provide more harmonious, low-risk environments that contribute to a change in the drinking culture in the CBD. Furthermore, the small venues will help with the transition between day-time and night-time economies, having a positive influence on the demographics in the CBD entertainment precinct. While the small venue licences may contribute to an increase in the density of outlets, the strategy is accompanied by a stronger enforcement of conditions on the larger, higher risk venues trading late at night or 24 hours.

CCTV
Closed-Circuit Television (CCTV) and other surveillance technology plays an important role in making people feel safer, in enabling earlier intervention by police and security personnel, and in prosecuting offenders. The State Government and Adelaide City Council joined forces in October 2012 to develop a more integrated CCTV network in the Adelaide CBD. A review will map public cameras, identify hotspots in the city that most need to be under surveillance and look at how best to respond to a changing city environment. It is expected that the CCTV network may be expanded or stronger connections made between existing networks if any gaps are identified in coverage.

Adelaide After Dark Forum
The Adelaide After Dark forum held was held in Peel Street on 13 June 2013. This forum sought the views of creative young people as to how the city could be made more vibrant and safe. The results of the forum are the subject of a separate submission.

Conclusion
To ensure a vibrant and safe Adelaide nightlife, the Safe Communities, Healthy Neighbourhoods Senior Officers Group recommends building on the integrated evidence based initiatives that have already been adopted to promote a responsible drinking culture while also encouraging a broader demographic of visitors be involved in culinary, entertainment, retail and cultural experiences not focussed on alcohol.