



MEDIA RELEASE

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QCAA APPLAUDS GOVERNMENT ACTION ON TRADING HOURS

08 November 2015: The Queensland Coalition for Action on Alcohol (QCAA) has welcomed the announcement by the State Government to introduce a package of measures including sought after trading hour restrictions on pubs, clubs and bottle shops.

With new data highlighting extensive alcohol harms throughout the State, QCAA Chairman Professor Jake Najman says it is timely that the Palaszczuk Government is now moving swiftly to introduce the life saving measures.

Queensland Health data on alcohol-related emergency department presentations from Brisbane, the Gold Coast, Cairns, Townsville, Rockhampton and Mt Isa, shows a pattern of rising alcohol harms that extends beyond the major metropolitan regions in the south east of Queensland.

At Cairns Hospital, alcohol presentations have risen 35 per cent between 2009-10 and 2014-15 with the hospital recording the second highest number of alcohol-related presentations (950) in the State in 2014-15.

Welcoming the government announcement, Professor Najman says the latest data puts paid to industry efforts to suggest that regions such as Cairns are immune from alcohol harms.

“Data released today makes very clear that alcohol harms extend well beyond Brisbane and the Gold Coast. Across Queensland, alcohol-related emergency department presentations have risen over 24 per cent between 2009-10 and 2014-15. The package of measures announced today by the Palaszczuk Government which include state-wide trading hour restrictions will save lives throughout Queensland,” Professor Najman said.

Foundation for Alcohol Research and Education (FARE) Chief Executive, Michael Thorn believes Queensland can lead the country on alcohol policy reform.

“I applaud the Palaszczuk Government’s announcement on trading hour restrictions. Queensland can lead the country in embracing evidence-based measures that will reduce alcohol harms and build safer and healthier communities throughout the State,” Mr Thorn said.

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The Queensland Coalition for Action on Alcohol (QCAA) is a coalition of Queensland health and community organisations committed to reducing alcohol-related harm. QCAA identifies and prioritises actions needed to reduce alcohol harms and improve the health and wellbeing of Queenslanders and ensures that these actions are raised with decision makers. www.qcaa.org.au

Alcohol* related emergency department presentations

Facility	Alcohol presentations in 2014-15*	Percentage change from 2009-10 to 2014-15 (%)
Bundaberg Hospital	287	19.58
Caboolture Hospital	299	57.37
Cairns Hospital	950	34.56
Caloundra Hospital	183	63.39
Gladstone Hospital	127	-16.45
Gold Coast University Hospital	727	^
Gympie Hospital	84	-4.55
Hervey Bay Hospital	182	-21.21
Ipswich Hospital	292	3.18
Lady Cilento Children's Hospital	40	^
Logan Hospital	377	-9.59
Mackay Base Hospital	283	17.92
Maryborough Hospital	109	-21.58
Mater Children's Public Hospital	1	^
Mater Hospital Brisbane Public	26	-25.71
Mount Isa Base Hospital	374	1.63
Nambour Hospital	367	35.42
Princess Alexandra Hospital	761	41.98
Queen Elizabeth II Jubilee Hospital	227	20.11
Redcliffe Hospital	270	11.11
Redland Hospital	332	27.69
Robina Hospital	479	73.55
Rockhampton Hospital	472	12.92
Royal Brisbane & Women's Hospital	2,506	36.20
Royal Children's Hospital	5	-68.75
The Prince Charles Hospital	418	31.03
Toowoomba Hospital	261	8.30
Townsville Hospital	802	24.92
Queensland	11,241	24.09

Source: Emergency Department Information System. Data is sourced from an operational information system and is subject to change.

* Alcohol-related presentations indicate the principal diagnosis ICD.10 code for the patient's presentation was either: F10.0: alcohol intoxication, F10.3: alcohol withdrawal syndrome, F10.5: alcoholic hallucinosis, or K29.2: gastritis – alcoholic. Queensland Health facilities that provide emergency services keep statistics relating to emergency presentation by patients who may have ingested alcohol. These presentations could be identified by the principal diagnosis code assigned to the patients' record. However, presentations like these to emergency departments are mainly treated and diagnosed symptomatically – for example, a patient may present to an emergency department with head injuries from a fall they sustained whilst under the influence of alcohol. In this instance, the principal diagnosis on presentation may be trauma-specific, not alcohol-specific. Also, the patients' alcohol use may not be diagnosed in the emergency department, but instead identified from further investigations after the patient is admitted as an inpatient. In that case, alcohol use may not be recorded in the emergency department data.

^ Trend data for this time period was not available.

