



## MEDIA RELEASE

# POLL: OVERWHELMING MAJORITY OF ACT RESIDENTS SUPPORT 3AM LAST DRINKS

**16 June 2016:** New polling released today has shown that a majority of Canberrans, almost two thirds (65.5 per cent) of Australian Capital Territory (ACT) residents, support ending the sale of alcohol in clubs, bars and pubs after 3am.

The *2016 Australian Capital Territory Poll* revealed majority support for this measure among all age demographics – with 50.2 per cent of 18 to 34 year olds, 69.9 per cent of 35 to 50 year olds, 81.6 per cent of 51 to 65 year olds, and 71.3 per cent of those aged over 65 in favour of introducing 3am ‘last drinks’ to tackle alcohol-fuelled violence.

Significantly, those who support the modest reductions in trading hours outnumber those who oppose their introduction three to one.

Commissioned by the Foundation for Alcohol Research and Education (FARE) and conducted by market research specialist ReachTEL, the polling comes at a time when the ACT Government is looking to implement this measure as part of an overhaul of the ACT Liquor Act.

Released in April as part of its Liquor Act Review, the ACT Government’s [Building on liquor reform: White paper](#) outlines 21 measures for reducing alcohol-related harm. Among these is a proposal for 3am last drinks for all pubs, clubs and bars, or greatly increased licensing fees that would better reflect the significant costs to the community associated with late-night trading.

When asked about their perceptions of safety, two in every five ACT residents (39.9 per cent) say they believe Civic to be unsafe, or very unsafe on a Saturday night. The main reason for this concern was overwhelmingly people affected by alcohol, almost double the number who cited illicit drugs as a factor.

This comes as no surprise for those who work on the frontline, with emergency services reporting that alcohol harms in the ACT are extensive.

In the ACT each month, six people die and a further 189 are hospitalised as a result of alcohol.

The region has witnessed a 32 per cent increase in the number of alcohol-related emergency department presentations in the last four years, from 5,084 a year in 2009-10 up to 6,702 in 2012-13.

The ACT also averages around 95 drink and drug driving offences, and a further 85 alcohol-related offences are reported to police each month.

FARE Chief Executive Michael Thorn says there is strong evidence that the modest reduction in trading hours will prevent many of these harms.

“All the evidence shows that a very modest reduction in the trading hours of pubs, clubs and bars will result in a significant reduction in alcohol harms.”



Foundation for Alcohol  
Research & Education

Mr Thorn recommended ACT follow the example of New South Wales and Queensland, jurisdictions which were guided by the best evidence available and have acted to put the health and safety of their citizens ahead of industry profits and to save lives.

“It is abundantly clear that the local community want the ACT Government to act. Alcohol places a huge burden on local hospitals and emergency workers and the broader community. A majority of residents understand that, and clearly believe that a modest reduction in trading hours is a worthwhile policy that will result in significant benefits,” Mr Thorn said.

**Mr Michael Thorn is available for interview.**

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The **Foundation for Alcohol Research and Education (FARE)** is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. Over 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation’s greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.