Royal Australasian
College of Surgeons

23.07.21

College.sa@surgeons.org

Mr Dini Soulio
Liquor and Gambling Commissioner
Via email: liquorandgaming@sa.gov.au

Dear Commissioner,

Re: Invitation to make submission

Thank you for your letter dated 18 June, where you invited the Royal Australasian College of Surgeons (RACS) to make a written submission in response to a number of applications for packaged liquor sales licenses which have been received by your office.

RACS has advocated against the harmful effects of alcohol for many years, not only for the increased risk of complication it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole. Overall, the estimated one in eight hospitalisations relating to alcohol misuse continue to represent a significant and concerning proportion of health system workload.[i]

Each day, South Australian surgeons witness what is primarily a preventable burden of South Australian alcohol related harm. They work with other health care providers, ambulance officers and nursing staff in the fight to save and subsequently assist in the management of the lives of patients injured in alcohol related harm.

Orthopaedic surgeons repair shattered limbs, and general surgeons operate on internal organs smashed in car crashes – many of which are alcohol related. Faciomaxillary surgeons repair shattered faces from acts of alcohol fuelled (65 per cent) interpersonal violence.[ii]

Neurosurgeons perform time critical surgery draining blood from within the skulls of inebriated patients following low energy falls or coward punched victims. South Australian surgeons also treat and manage the chronic medical aspects of primarily preventable alcohol related harms. Alcohol misuse is a causal factor in more than 200 diseases and injury conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, and eye disease.[iii] Excessive alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, liver cancer, breast cancer and bowel cancer.[iv]

Surgeons are therefore well placed to offer firsthand advice on the detrimental impacts that alcohol related harm can have on individuals, families and communities. We thank you for the opportunity to respond to this hearing, and we have outlined our objections to the applications in question based on the evidence base, the Objects of the Act and the ongoing uncertainty regarding Covid-19.

Evidence Base

RACS endorses preventative measures as the best way to reduce alcohol-related harm. We support coordinated efforts between governments, health professionals, health services and community organisations to reduce alcohol related harm and injury by making decisions in the public interest based on the available evidence.

There is a positive relationship between alcohol outlets (general, on premise, and packaged) and increased rates of violence. Additionally, there is a sharp increase in domestic and non-domestic violence where there are more than two hotels and one bottle shop per 1,000 residents[v] with licenced premises being the third most common Australian setting for assault leading to hospitalisation. Research conducted interstate, found that 44 per cent of all assaults (excluding domestic violence) and 60 per cent of alcohol related violence occurs in and around drinking establishments.[vi] Studies also demonstrate that intentional and unintentional traumatic injuries occur more commonly in areas with greater concentrations of off-premise alcohol outlets, and that chain outlets contribute most substantially to trauma risk.[vii]

These relationships may extend to areas adjacent to where the outlets are located. Importantly, chains also have cheaper alcohol available than independent outlets, and this relationship could not be explained by land and structure rents or other features of the alcohol market (for example, cheaper outlets are located in disadvantaged areas).

There is also substantial evidence in Australia and internationally that regulating the physical availability of alcohol, through outlet density restrictions, is one of the most effective ways to reduce its negative impacts.[viii] [ixx] [xixii]

Objects of the Act

In 2017 amendments were made to the Liquor Licensing Act 1997. The amendments included the elevation of harm minimisation as a central component of the Act, with the Objects of the Act explicitly stating that the sale and supply of liquor must occur in a manner than minimises harm or potential harm to the community.

Prior to these amendments a review of the state's Liquor Licensing Framework was conducted, where RACS and likeminded organisations highlighted the lack of publicly available crime data in South Australia as a barrier to rigorous evidence-based policy.

As an example, the South Australian Police (SAPOL) routinely publish rolling 12-month crime data on their website, which includes assaults committed by local area. Unfortunately, however, there is no routine collection, or at least no regularly published data, regarding the involvement of alcohol in criminal offending as there is in other jurisdictions (such as New South Wales).

Of the available South Australian evidence, SA Health recently published a fact sheet which found that one in five motorcycle rider and driver fatalities on the state's roads involved drivers that had an illegal blood alcohol concentration. In 2018, SA Health also published *Alcohol consumption and related harm in South Australia 2018*, which includes data on alcohol related harm for South Australia in 2016. Beyond this survey, there are small and infrequent surveys in certain local areas, such as Murray Bridge. However, the lack of consistently available data at a local level makes it difficult for public health advocates and community representatives to provide specific predictions about the social costs of individual outlets. These groups are often under resourced (particularly in comparison to the large conglomerates submitting the applications) and are confronted simultaneously with multiple applications spread across wide ranging local areas.

This fact was highlighted in a recent study assessing licensing applications across Australia between 2010 and 2018 which concluded that:

Our most important finding is that the goals of the hearings we examined appear to be fundamentally contradictory to the goals of public health science. One seeks precision regarding individual outlets; the other seeks generalisability to the population of outlets. In that light, alcohol industry representatives will most likely continue to triumph in the courtroom.[xiii]

The study described the obligations placed upon those objecting to individual applications as being "an unattainably high bar in individual licensing cases"[xiv], and a reason why many applications that are not in the public interest are ultimately successful.

Given, the elevation of harm minimisation in the 2017 amendments to the Act, RACS believes that the onus should not be placed upon opponents to demonstrate why the overwhelming national and international empirical evidence base is relevant and should be applied to the specific local context. Instead the onus should be placed upon the applicant to demonstrate via independently verified research (not industry funded and developed), why the local context should be considered differently to the empirical evidence base.

Covid-19

In Australia about half the reported cases of interpersonal violence, domestic violence and sexual assault are related to excessive alcohol consumption.[xv] In addition to this, alcohol use is often associated with more severe acts of violence reported to the police, and the severity of the violence has been shown to increase with the amount of alcohol consumed.[xvi]

Violence can affect people irrespective of gender, relationship type, socio-economic status, religion, ethnic or cultural background, age or geographic location. In Australia, females are three times more likely to experience at least one incident of physical and/or sexual violence by a current and/or former domestic partner compared to males (17% compared to 6.1%).[xvii]

At the outset of the Covid-19 outbreak, early indications received from those on the front line were of increased incidence of domestic violence, which led to the United Nations declaring a 'Shadow pandemic'. This term has been used to describe how the epidemic of domestic violence exists simultaneously with, but in the shadow of and obscured by the Covid-19 pandemic.[xviii]

The initial anecdotal claims have been subsequently supported by data, such as a recent Australian study, which gathered in-depth survey responses from participants in the domestic and family violence sector. The study found that:

> *86% of respondents reported an increase in the complexity of their client needs, 62% reported increases in the number of clients accessing their services during the COVID-19 pandemic, while 67% reported new clients seeking their help for the first time. They also reported increases in controlling behaviours, such as isolation (87%), increased sense of vulnerability (70%), inability to seek outside help (64%), forced to co-habitat with abuser during lockdown (62%), and increased fear of monitoring by abuser (49%)*[xix]

At a local level, figures from the South Australian Police indicated at a local level, the incidence of domestic violence in South Australia rose by eleven per cent in 2020 compared with 2019.[xx] This figure could potentially be significantly higher given that most cases of domestic violence go

unreported.[xxi] The increase in domestic violence also coincided with a massive $3.3 billion increase in turnover for the alcohol retail sector in 2020 across Australia.[xxii]

The recent South Australian lockdown and level five restrictions have underscored that Covid-19 remains a present danger to public health, and it is difficult to predict when the effects of the pandemic will dissipate.

Therefore, at a time of increased stress, pressure and uncertainty placed upon individuals and families, further saturation of outlet density across Adelaide and South Australia is the wrong move and sends an incorrect message to the community. It also stands in stark contrast to the harm minimisation object of the Act and sets a dangerous precedent for future applications.

We once again thank you for extending us the opportunity to participate in this consultation, and we trust this evidence will be of use in reaching your judgment.

Yours sincerely,

Dr John Crozier

Chair, RACS (Australia and New Zealand) Trauma Committee

Mr Peter Bautz

Chair, RACS SA Trauma Committee

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