ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

RESPONSE TO THE SOUTH AUSTRALIAN GOVERNMENT'S ALCOHOL AND OTHER DRUG STRATEGY 2017-2021

SEPTEMBER 2016

About the Royal Australasian College of Surgeons

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

RACS provides training in nine surgical specialties and plays an active role in the setting of standards of surgical care, the training of surgeons and their participation in continuing medical education throughout their lifetime of surgical practice.

As part of our commitment to standards and professionalism RACS strives to take informed and principled positions on issues associated with the delivery of health services. RACS has advocated against the harmful effects of alcohol and illicit drugs over a number of years, not only for the increased risk of complication that they pose to surgical patients, but also for the broader ramifications they have on our public health system and society as a whole.

Background

RACS welcomes the opportunity to respond to the South Australian Government's Alcohol and Other Drug Strategy 2017-2021(the Strategy). We also appreciated the invitation to attend a public forum on the Strategy earlier this year, where we were able to share our ideas in a constructive environment.

We note that the Strategy is closely guided by a number of national strategies, such as the National Alcohol Strategy and the National Illicit Drugs Strategy. It is important that the Australian and state and territory governments work collaboratively with non-government agencies and community groups to reduce the social, economic and health costs of alcohol, tobacco and illicit drugs. We commend the Government for this consultative approach.

As a Fellowship-based organisation, RACS commits to ensuring the highest standard of safe and comprehensive surgical care for the community. Of equally importance is the safety of our surgeons. There is no question that illicit drug use and excessive alcohol intake increase the risk of all medical professionals being exposed to violent or erratic behaviour. In fact a staff perceptions survey conducted by the Australasian College for Emergency Medicine (ACEM) in 2014 found that of the more than 2000 Emergency Department clinicians who responded, the vast majority had experienced alcohol-related verbal aggression, physical violence or threats from patients, and felt unsafe as a result.[1] It is therefore imperative that we develop practical solutions to minimise such risks to the health workforce and the community wherever possible.

The Strategy identifies 70 different actions spread across five broader strategy areas. Our submission is focussed on the five main strategy areas identified, rather than each individual goal.

Alcohol Related Harm

Surgeons, alongside other health professionals, are first-hand witnesses to the damage that alcohol-related harm causes on a day to day basis. Whether it is through the extra strain on emergency departments and operating rooms, or the long-term suffering caused by non-communicable disease, the burden that alcohol-related harm places on South Australia is considerable.

In the past 18 months RACS has released an updated position paper on alcohol related harm, and we have made the following submissions to the South Australia Government:

- Review of the Codes of Practice under the South Australian Liquor Licensing Act 1997
- The Liquor Licensing Discussion paper
- A joint supplementary submission to the Liquor Licensing Discussion Paper

We are pleased that reducing alcohol related harm is a core objective of the Strategy. Our main criticism of the Liquor Licensing Discussion paper was that "A Safer Drinking Culture" was listed as one of three priority areas, alongside "Vibrancy" and "Reducing Red Tape." This appeared to imply at some level that harm minimisation strategies should be carefully considered in the context of their potential to create additional industry burden or to reduce vibrancy.

We support the harm minimisation approach adopted in the Strategy, because it acknowledges that while there may be economic implications for industry, there are also social and economic costs to the taxpayer when alcohol, tobacco and illicit drug use is not adequately regulated or addressed. Above all, the Government has a responsibility to ensure that wherever possible, its policies prioritise the health and safety of all South Australians, regardless of industry interests, or attempts to create a more vibrant culture.

In response to the Liquor Licensing discussion paper, Justice Tim Anderson QC, provided 129 recommendations for the Government's consideration. Despite advocating for stronger recommendations, overall RACS was pleased with the considered review undertaken by Justice Anderson, and believe that harm minimisation remained a central focus when presenting his findings. We were also heartened by the Government's announcement to ban alcohol advertising from buses, trains and trams from 2017, which complements one of the key objectives of the Strategy to reduce young people's exposure to alcohol.

The National Health and Medical Research Council recommends that parents of adolescents delay the age of drinking initiation as long as possible to protect the health and wellbeing of young Australians. This is because exposure to alcohol advertising and sales influences young people's beliefs and attitudes about drinking, and increases the likelihood that they will start to use alcohol and will drink more if they are already using alcohol.[2]

The Liquor Licensing discussion paper raised the possibility of allowing alcohol to be sold in supermarkets alongside other household items. In our submission we strongly opposed this prospect by highlighting that the decision to purchase alcohol should be a considered process, and not one undertaken at a venue frequented by hundreds and thousands of young Australians every day. Justice Anderson agreed that the distinction between a supermarket and a retail liquor outlet should remain in place, and outlined the potential for any contrary decision to normalise the sale and consumption of alcohol in the eyes of young people. In the interests of implementing an effective Strategy that is not undermined by other areas of government policy, it is vital that the Government follow this recommendation.

Furthermore, our supplementary submission highlighted the limited availability of alcohol-related health and crime statistics. We recommended that health and crime data collections be expanded to include information regarding the involvement of alcohol. No recommendations were made by Justice Anderson in his review, and we urge the Government to reconsider this aspect.

Data on alcohol-related hospital presentations is not routinely collected in South Australian hospitals. Subsequently, independent studies are relied upon as one of the few sources of information in this area. As an example, a study conducted by ACEM, found that one in twelve presentations to emergency departments in Australasia were alcohol related. This figure increases to one in seven on

weekends. According to ACEM "This is the biggest public health challenge facing our emergency departments."[3] While such studies are useful, their ad-hoc nature means they cannot be relied upon in the ongoing development and monitoring of public policy.

In addition to a shortfall in health data, there is also a lack of publically available crime data in South Australia. The Office of Crime Statistics and Research (OCSAR), the organisation responsible for monitoring and reporting on crime trends within the state, lists its three key objectives as being;

- To provide timely, accurate and comprehensive statistical information on crime and criminal justice, with particular focus on providing relevant data for policy development and legislative change;
- To conduct research into crime and criminal justice issues, including evaluations of the impact of legislative change and the introduction of new criminal justice practices; and
- To disseminate information on crime and criminal justice to Government, members of Parliament, relevant agencies and the community in order to increase the general level of understanding and to inform public debate and policy development in these areas.[4]

Despite these objectives, OCSAR does not routinely receive or access data from the South Australian Police (SAPOL) regarding the involvement of alcohol in criminal offending. This significantly hinders its ability to achieve these stated objectives. In the most recent SAPOL Annual Report 2014-2015[5] and OCSAR's Offence Profile for South Australia in 2014[6], the majority of alcohol harms data reported relates to drink driving. The SAPOL report contains some information regarding Public Order Offences (which primarily comprise possession and consumption of liquor in a public place and offensive/disorderly conduct in or near licensed premises), however this data is limited.

RACS recommends that more established and structured data collection processes are developed and overseen by government. This includes routine data collections from all South Australian hospitals, and the publication of this information via SA Health. Similarly, OCSAR's role should be modelled on the equivalent organisation in New South Wales, the Bureau of Crime Statistics and Research (BOSCAR). BOSCAR regularly publishes information on the number of alcohol related assaults and incidents in each local government area. This has proven to be a highly successful method for identifying trends in alcohol related crime, and for developing targeted and effective policies to mitigate future risk.

In addition to the above points, RACS has a number of established positions aimed at reducing alcohol related harm. Further information is available in our position paper or in the previous submissions we have made to the South Australian Government. In summary RACS recommends:

1. Restricting the Physical availability of alcohol (trading hours and outlets)
2. Restricting the economic availability of alcohol through taxation
3. Ongoing efforts to reduce exposure to alcohol advertising and promotion, particularly in young people
4. Funding for ongoing support and educational programs, such as the Prevention of Alcohol and Risk-Related Trauma in Youth (P.A.R.T.Y) program.
5. Increased collection and availability of alcohol related health and crime data, in particular the mandatory collection of data on whether alcohol use is a factor in emergency department presentations, either by the patient or another individual
6. Mandatory collection of alcohol sales data.

Children, young people and families

Many of our concerns regarding children, young people and families have already been raised under the alcohol strategy area, or will be raised under the other strategy areas. In addition to these points, we note that the Strategy states that "Delaying the uptake of tobacco smoking and alcohol use is proven to delay or prevent the uptake of illicit drug use."

While smoking places a great burden on the health of the individual, of equal significance is the cost it places on those exposed to second-hand smoke (passive smoking) including children and young people[7] RACS commends the Government for its commitment to the National Tobacco Strategy, and for recently implementing a ban on smoking in all outdoor alfresco dining venues. This follows decades of policy action, which has seen smoking bans implemented across a broad range of areas frequented by children and young people including cars, playgrounds, and public transport waiting areas. These policies have proven effective in reducing exposure and shifting community attitudes.[8]

Despite this, smoking remains the single greatest cause of death and Illness in Australia.
As surgeons, we see first-hand the damaging effects of cigarette smoke, and note the increased risk of complication in surgery or even death when smoking is cited as a comorbidity. It is estimated that the social and economic costs associated with smoking are approximately $31 billion every year in Australia[9] making it one of the greatest strains on the health budgets of national, state and territory governments. At a time when governments are looking to reduce spending and our health system is already under funding pressure, it is desirable that unnecessary expenditure on preventable death and illness be minimised wherever possible.

CBD areas of our major capital cities typically have the highest concentration of people gathered at any one time. Consequently, the risk of exposure to cigarette smoke is heightened in these areas. The Adelaide City Council (ACC) is to be applauded for prohibiting smoking in Rundle Mall and adjoining laneways. However, when contacted by RACS, the ACC advised that they had no plans to extend these bans. Although this area of legislation falls under the jurisdiction of the ACC, the Strategy highlighted the importance of collaboration and partnerships to achieve results. RACS encourages the Government to work with the ACC to ensure they are vigilant in implementing strong policy measures across the greater CBD area.

Illicit Drug Use and Hazardous and Harmful Use of Pharmaceutical Drugs

The use of illicit drugs, such as amphetamines, methamphetamine and its chemical precursors, including crystal methamphetamine, can have significant consequences on the physical and mental health of individuals. The highly addictive nature of these drugs can often leads to repeated abuse over long periods of time. This makes it much more susceptible to negative social and economic consequences, such as violence, crime and family breakdown.

Drug affected patients have been shown to cause significant disruption to the functioning of emergency departments. This includes placing staff at risk of violent and aggressive behaviour or leading them to feel unsafe and vulnerable. Additionally, the care of other patients is often delayed or impacted as additional resources are needed to control, sedate and treat drug affected patients. In many cases such patients remain in emergency departments much longer than four hours - well above the National Emergency Access Target.[10]

RACS also holds some concerns about the recent passing of a Bill through the Australian parliament that allows state and territory governments to create the appropriate legal framework for the use of medicinal cannabis. RACS would prefer a more significant body of evidence existed to indicate benefits observed significantly outweighed any associated risk before such legislation was passed. It is imperative that if such legislation is introduced in South Australia, that it is carefully drafted to ensure public safety, and in a manner that does not undermine the message we are trying to send the community by downplaying the harmful risks associated with illicit drug use.

In particular, RACS urges caution in the use of cannabis among children, adolescents or any other vulnerable groups except in the context of well-run clinical environments. Imaging studies in adolescents have shown that regular cannabis users display impaired neural connectivity in specific brain regions involved in a broad range of executive functions. Frequent and persistent cannabis use starting in adolescence was associated with a loss of an average of 8 IQ points measured in mid-adulthood according to one particular New Zealand study.[11]

RACS also urges careful consideration be given to the manner in which cannabis is administered, Smoking is widely recognised as the most harmful and dangerous method of using cannabis. Cannabis smoke is associated with increased risk of cancer, lung damage and poor pregnancy outcomes. It is unlikely to be safe treatment for any chronic medical condition.

Aboriginal People

RACS is committed to addressing the health discrepancies of the Aboriginal, Torres Strait Islander and Māori populations of Australia and New Zealand. In a country with one of the best healthcare systems in the world, it is unacceptable that Aboriginal and Torres Strait Islander people continue to experience poorer outcomes than non-Indigenous Australians.

The short policy cycles of Government and changing agendas make it difficult to execute the long-term planning required to deliver sustained improvements in Indigenous health. RACS believes in improving health outcomes independent of Government policy. RACS has turned its focus inward, with clear objectives to attract more Aboriginal and Torres Strait Islander people into its workforce as staff members and as surgeons, and to raise awareness about culturally appropriate healthcare. Government support for and assistance with incentives, grants, scholarships and good will projects will allow RACS to achieve these two objectives.

Practical barriers to accessing health care include geographical distance, perceptions of health, language barriers, financial constraints and availability of screening and follow-up services. RACS seeks to help encourage better coordination of care and facilitate communication between healthcare services, and novel approaches to improve access to surgical services may be required to achieve this.

Improve access to evidence that informs practice

RACS supports the Government in its efforts to develop a greater evidence base. As mentioned, we particularly encourage the Government to develop comprehensive data collection systems to better inform public policy, and to allow for a more targeted strategic approach

Comprehensive data collection and reporting processes are essential in filling the critical information gaps that currently exists in South Australia. SA Health, OCSAR and SAPOL must all be equipped with the appropriate resources and capabilities to allow them to inform and guide public policy in a meaningful way.

We appreciate that government resources are scarce, however such an investment of funds should be regarded as a long term saving. The increased availability of high quality data allows for more effective policies to be implemented and evaluated. If managed properly, this will result in significant long-term savings to the health, social welfare and policing budgets, all of which traditionally face resourcing constraints.

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