

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



**INTERNAL CONSULTANCY SERVICES GROUP REVIEW OF THE CODES OF PRACTICE UNDER
THE SOUTH AUSTRALIAN *LIQUOR LICENSING ACT 1997***

09 MARCH 2015

EXECUTIVE SUMMARY

The Royal Australasian College of Surgeons is a strong advocate for evidence-based measures that will reduce alcohol-fuelled violence and related harms. The College has developed its recommendations on this issue by drawing on scientific evidence and the expertise of our Fellows in Australia and New Zealand, and other members of the medical profession.

Last year the National Alliance for Action on Alcohol issued its annual [National Alcohol Policy Scorecard](#). The scorecard rates all Australian governments on their performance developing and implementing policies to address the harmful impacts of alcohol. South Australia (SA) received the second lowest score of all the jurisdictions, tying with the Northern Territory on 30%.

While the College supports any measures that will reduce alcohol-related harm, such as those introduced as part of the Late Night Trading Code in 2013, we would like to see the SA Government doing more to implement evidence-based policies.

In our profession we are dramatically confronted with the effects of alcohol misuse when we attend patients with injuries resulting from road traffic trauma, interpersonal violence, personal accidents along with more direct effects such as liver failure, GI bleeding, upper GI and oropharyngeal cancer and infections related to malnutrition.

Deaths from conditions caused by alcohol among residents of SA are almost eight times greater among Indigenous men, and 16 times greater among Indigenous women than non-Indigenous men and women (Chikritzhs *et al* 2000).

Alcohol takes an unnecessary and significant toll on our workload, the taxpayer and the health of Australians. Our College recommends three key measures that governments can implement to reduce alcohol-related harm. These are summarised as “HOT” issues, being Hours, Outlets and Taxes. As outlined in the attached position paper, the most effective measures to address alcohol related harm are through:

- Reduced trading hours.
- Reduced availability of alcohol through reduced outlet density.
- Application of a stepped volumetric tax on alcohol.

The College also supports:

- Efforts to reduce young people's exposure to alcohol advertising through policy reforms aimed at reducing the proliferation of alcohol advertising.
- Mandatory collection of data on alcohol use in emergency department presentations, and alcohol sales data.

The College of Surgeons is not in a position to assess whether and to what extent the codes have been implemented as intended, or whether the codes have resulted in any unintended consequences, however we can provide expert advice on the other two aims of the review.

ASSESS WHETHER AND TO WHAT EXTENT THE CODES HAVE ACHIEVED THE OBJECTIVE OF REDUCING ALCOHOL-RELATED HARM AND ALCOHOL-FUELLED VIOLENCE IN AND AROUND LICENSED VENUES IN THE ADELAIDE CBD, PARTICULARLY LATE AT NIGHT

The SA Liquor Licensing Act includes provisions which enable the Liquor and Gambling Commissioner to restrict both the availability of alcohol and the places where it is consumed. However a report from the National Drug Research Institute suggests that the emphasis in SA has been on restricting the places where alcohol can be consumed (dry areas) rather than restricting its availability.

From 2001-2014 the number of [liquor licences in SA](#) increased by 1,841 (40%).

Research on the relationship between the trading hours and density of licensed premises and alcohol-related harm has consistently demonstrated that **increased trading hours are associated with increased harms.**

Based on data from the Royal Adelaide Hospital, it does appear there has been a slight improvement in the number of alcohol-related presentations since the introduction of the Late Night Trading Code. However the halving of presentations between 8 and 10am may not be related to changes implemented as part of the Code, and there is not much change in the number of presentations during the peak period of midnight to 3am. Overall a total reduction of 38 presentations (3%) from the same period before the Late Night Code was implemented is not a significant improvement.

By contrast, legislative changes brought in by the NSW Government in February 2014 have led to significant decreases in violent incidents, reduced alcohol-related presentations to emergency departments, and a greater sense of safety reported by residents and patrons in the Entertainment Precinct.

The laws include the development of a Sydney CBD Entertainment Precinct with 3am last drinks, a 1.30am lockout, and a freeze on new liquor licences. St Vincent's Hospital, Darlinghurst is the closest trauma treatment centre to the entertainment precinct. Since the passage of the *Liquor Amendment Bill 2014* surgeons and staff have reported:

- A **50% reduction** in the **number** of people coming through the emergency department that have severe intoxication or associated injuries.
- A **significant reduction** in the **severity** of the alcohol-related presentations.

Similarly, in Newcastle, the NSW Liquor Administration Board imposed a number of restrictions on 14 licensed premises which resulted in a 3.30am closing time and 1.30am lock out. An evaluation carried out a year later found that night-time alcohol-related assaults reduced by more than a third compared to a control site.

PROVIDE RECOMMENDATIONS FOR AMENDMENTS TO THE CODES THAT WOULD ENABLE THEM TO BETTER ACHIEVE THESE OBJECTIVES

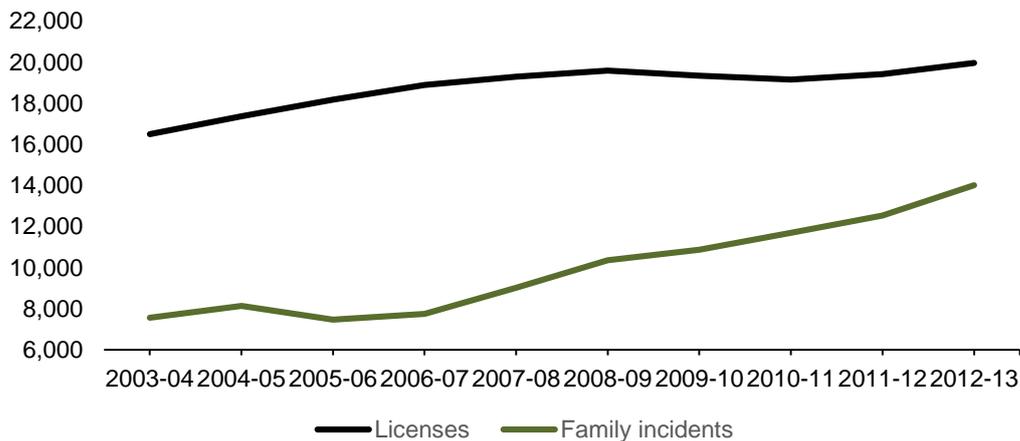
Our College works with many organisations to promote awareness of harms related to excess alcohol consumption. Our work with Government is the key to mitigating alcohol-related harm and we recommend that the SA Government consider the following legislative reforms:

1. 1.30am lock out rather than 3am.
2. 3am last drinks for all new and existing liquor licences.
3. Limiting the number of outlets where alcohol is sold by requiring SA Consumer and Business Services to consider density as part of new liquor licence applications. There is a positive relationship between alcohol outlets (general, on-premise, and packaged) and increased rates of violence. The [latest research](#) from NSW suggests 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.
4. A Community Defenders Office or website which assists individuals and organisations who want to interact with the liquor licensing and planning systems to reduce alcohol harms in their community. This would help address community concerns about the number of late-night, alcohol-fuelled violent incidents in Adelaide which led to the implementation of the Late Night Code.
5. Collection of alcohol data in emergency departments, and alcohol sales data across the state.

Trading hours and outlet density

Increased availability of alcohol through the number of liquor licences and late night trading hours is associated with an increase in alcohol-related harms. This has been particularly predominant in areas with higher concentrations of licensed premises, such as Victoria, and has corresponded with higher levels of assault and domestic violence.

The graph below shows the comparison in trends for the number of liquor licences and the number of family incidents that involve alcohol in Victoria.



Alcohol-related assaults increase significantly after midnight. A study by the Bureau of Crime Statistics and Research examined the relationship between alcohol and crime, and found that the percentage of alcohol-related assaults increased substantially between 6pm to 3am, with the **highest rates of alcohol-related assaults occurring between midnight and 3am.**

The study also found that NSW police reported alcohol-related assaults most frequently on a Saturday between midnight and 3am, where alcohol-related assaults accounted for 55.3% of all assaults.

Data from Royal Adelaide Hospital shows that one quarter of the recorded ED presentations occurred between midnight and 3am.

Hours	Oct-Aug 13	Oct-Aug 14
00-01	115	111
01-02	114	105
02-03	94	87
03-04	68	68
04-05	52	37
05-06	36	36
06-07	15	10
07-08	11	7
08-09	10	5
09-10	12	6
10-11	8	15
11-12	21	14
12-13	23	36

13-14	23	34
14-15	33	41
15-16	35	40
16-17	45	44
17-18	57	51
18-19	59	67
19-20	68	73
20-21	74	60
21-22	61	65
22-23	83	67
23-24	96	96
TOTAL	1213	1175

Data collection

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse, however, agencies do not monitor or report the total costs to the community through alcohol-related trauma and law enforcement. By collecting data from emergency departments on alcohol-related harm, along with alcohol sales data, the SA Government would be in a much better position to assess whether policy measures are cost-effective and having an impact.

Appendix 1: College Position Paper: Alcohol-related harm