ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

SUBMISSION TO THE INTERGOVERNMENTAL COMMITTEE ON DRUGS

National Drug Strategy 2016-2025

October 2015

EXECUTIVE SUMMARY

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. 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 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 the sustainability of our public health system and society as a whole.

We support the harm minimisation approach that the Government has adopted in this 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 Australians, regardless of industry interests.

As a Fellowship-based organisation, RACS commits to ensuring the highest standard of safe and comprehensive surgical care for the community. Equally important 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 of Emergency Medicine 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 public wherever possible.

RACS is pleased to be able to offer our advice and support in this area, and we welcome the opportunity to be part of this process. RACS recognises the importance of the Australian and state and territory governments working collaboratively with non-government agencies and community groups to reduce the social, economic and health costs of alcohol, tobacco and illicit drugs. In the last year the College has increased its advocacy efforts in these areas, including developing new position papers on alcohol related harm and tobacco control. These positions are strongly reflected throughout this submission.

While we support the Government's strategic approach in developing a ten-year strategy for the first time, we encourage ongoing review and sustained commitment to the strategy in the interim, and request regular updates on its progress.

Our response to this consultation is guided by the four sub-strategies that underpin the National Drug Strategy;

- The National Alcohol Strategy
- The National Tobacco Strategy
- The National Illicit Drugs Strategy
- The National Aboriginal and Torres Strait Islander People Drug Strategy

NATIONAL ALCOHOL STRATEGY

The 2014 national Alcohol Policy Scorecard rated the Commonwealth Government as the lowest performing of all jurisdictions in terms of efforts to develop and implement evidence-based alcohol policy. Its score has dropped 20 percentage points since 2013, mainly due to the absence of a whole-of-government strategic plan to address alcohol-related harm.[2]

Funding has ceased for organisations that provided expert advice on ways to reduce the harmful impacts of alcohol, such as the Alcohol and Other Drugs Council of Australia, the Drug and Alcohol Prevention and Treatment Advisory Committee, and the National Indigenous Drug and Alcohol Committee.

We acknowledge that the Government has engaged consultants to drive forward the development of the National Alcohol Strategy, but requests for consultations have come at a very busy time of year, with a short timeframe to provide submissions. RACS is concerned that prior to this, there was little action for the past five years on alcohol taxation, regulation of alcohol advertising, and the labelling of alcohol products, and these issues are still not addressed in the Strategy.

RACS recommends that the Commonwealth consider the following key policy areas to reduce alcohol-related harm.

Taxation

A report from the Parliamentary Budget Office concluded that Australian's system of alcohol taxation is complex. It acknowledged that there are varying exemptions and concessions available to different products. The report clearly notes that Australian taxation of alcohol has not been developed from a set of consistent policy principles. [3]

International scientific evidence consistently shows that rates of alcohol consumption and resultant harm are influenced by price.[4] Alcohol taxation is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents. Even small increases in the price of alcohol can have a significant impact on consumption and harm.[5] However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia.[6]

The total cost to society of alcohol-related problems in 2010 was estimated at $14.352b, with an additional cost of $6.807b from alcohol's negative impacts on others. The same year, the Australian Government received an estimated $7.075b in total alcohol tax revenue.[7]

The Draft Strategy notes that there was a decline in the proportion of people exceeding lifetime risk guidelines for consuming alcohol from 20% in 2010 to 18.2% in 2013, but in 2014, the Australian Institute of Health and Welfare reported that the number of alcohol and other drug treatment agencies and treatment episodes in Australia has been steadily increasing over the last decade, with 162,362 closed (completed) treatment episodes in 2012/13 (an increase of 6% from 2011/12). [8]

Reducing the significant harms and costs of alcohol should be a key objective of alcohol taxation arrangements. The Wine Equalisation Tax (WET) and its associated rebate are the most problematic and illogical parts of the alcohol taxation system. Under the WET, wine and other fruit-based alcohol products are taxed based on their wholesale price, rather than alcohol content, which means that cheap wine attracts less tax. This, in turn, creates a price incentive for people to buy, and a profit motive for industry to produce low-cost wines.

The WET is different to other alcohol taxes in that it has no consideration for the alcohol content of the product and instead incentivises the production of cheaper, mass produced wine.

In addition to the WET, a WET rebate exists that provides rebates of up to $500,000 to wine producers, costing Australians $250 million each year. Although it was originally designed to support small producers in rural and remote areas of Australia, the intent of the policy has been undermined by its availability to all producers, with large producers taking advantage of tax loopholes, and New Zealand producers having access to the rebate.

Since the introduction of the WET and the associated rebate, the price of wine has fallen dramatically relative to the consumer price index (CPI).[9] Wine is now more affordable in Australia than it has been in three decades, and its affordability contributes to the way it is consumed and the harms it causes. Depending on the specials available on any particular day, wine is available for around 30 cents per standard drink, compared to beer at $1 and the cheapest spirits at around $1.50 per standard drink.[10]

Evidence shows that low alcohol prices result in higher consumption levels, which in turn lead to increased harms. A 2009 meta-analysis of 112 peer reviewed studies on the effects of alcohol price and taxation levels on alcohol harms showed that there was "overwhelming evidence of the effects of alcohol pricing on drinking".[11]

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, meaning we do not have a complete picture of the harm caused by alcohol in terms of its costs and effects on society.

Despite the evidence supporting the effectiveness of Screening and Brief Intervention (SBI) programs very few patients are asked about their alcohol use in the past year. A structured SBI program is inexpensive, takes little time to implement (5-10 minutes), and can be undertaken by a wide range of health and welfare professionals.

RACS welcomes the funding that has been provided to Hello Sunday Morning to develop an app which clinicians can use to undertake screening and brief intervention. RACS supports further investigation into whether this is effective in improving people's relationship with alcohol.

RACS also supports mandatory collection of data on whether alcohol use is a factor in emergency department presentations through the National Minimum Dataset. Since data is essential for good public policy, RACS also supports the mandatory collection of alcohol sales data.[12]

Reduce exposure of children to alcohol advertising

Demand reduction is one of the Government's three pillars of harm minimisation. This approach requires strategies and actions that prevent the uptake of drug use, delay the first use of drugs, and reduce the harmful use of alcohol, tobacco and other drugs in the community.

Australian studies have shown that exposure to alcohol advertisements among Australian adolescents is strongly associated with increased drinking patterns.[13] 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.[14]

New research on children's exposure to alcohol advertising published in the Drug and Alcohol Review found that current alcohol advertising regulations do not achieve their stated intent, which is to protect children and adolescent's exposure to alcohol advertising.

- There were 3,544 alcohol advertisements in televised AFL (1,942), cricket (941), and NRL (661), representing 60% of all alcohol advertising in sport TV, and 15% of all categorised alcohol advertisements (23,936) on Australian TV in 2012.
- Sixty percent of all alcohol advertising in sport TV for 2012 was in the AFL, cricket and NRL, and an audience of 26.9 million children and adolescents watched these sports on TV.
- Considered alongside research showing that greater exposure to alcohol advertising in children is associated with earlier initiation and more harmful drinking, the results suggest that this regulatory loophole may lead to more problematic drinking in young Australians.
- Stricter regulation of alcohol advertising has been shown to be associated with lower alcohol consumption in European nations.[15]

RACS supports efforts to reduce young people's exposure to alcohol advertising through policy reforms aimed at reducing the proliferation of alcohol advertising. In particular, RACS encourages the Government to reduce children and young people's exposure to alcohol advertising on free-to-air commercial television by:

1. Allowing alcohol advertisements to be broadcast only during late evening viewing times.

2. Removing the provision that allows alcohol advertisements to be broadcast during televised sporting events on weekends and public holidays.
3. Removing exclusions under the definition of 'Commercial for alcoholic drinks' that may allow alcohol promotions during hours when children and young people will be watching.

It is illogical that the alcohol industry has been allowed to continue advertising and promoting its products with loopholes that expose children during prime time sporting events, while much heavier regulation of advertising by the tobacco industry has been put in place.

Other harm reduction strategies that can be utilised by the states and territories

RACS supports ongoing funding of the Prevent Alcohol and Risk Related Trauma in Youth (P.A.R.T.Y.) program in hospitals around Australia, consideration of how alcohol ignition locks could be further utilised, and a reduction in the density of liquor outlets, which could support the Government's efforts to address the prevalence of domestic violence

An evaluation by the NSW Bureau of Crime Statistics and Research published in April 2015 showed that since the reduced trading hours were introduced in Sydney, assaults in Kings Cross have declined by 32%. Assaults in the Sydney CBD Entertainment Precinct dropped by 26%, and in the sub-section area of George Street South, by 40%. Reduced trading hours for pre-packaged liquor outlets across NSW have been matched by a 9% decrease across the state.[16] Since reduced trading hours have been shown to reduce assaults in NSW, the Australian Government should encourage other jurisdictions to adopt the same measures.

NATIONAL ILLICIT DRUGS STRATEGY

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 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.[17]

RACS also holds concerns about recent public announcements that the Australian Government plans to legalise the use of cannabis for medical purposes. RACS would prefer a more significant body of evidence existed benefits observed significantly outweigh any associated risk before such legislation was passed. However, we understand that the Bill has the bipartisan support and will inevitably be passed by the Parliament. It is therefore imperative that the focus now turns to how the legalisation can be 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.[18]

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.

NATIONAL TOBACCO STRATEGY

RACS commends governments at all levels for their ongoing efforts to reduce smoking rates and exposure to cigarette smoke.

Traditionally the most effective means for the Australian Government to reduce smoking rates have been through pricing mechanisms, restricting tobacco advertising, and through public health advertising campaigns. RACS particularly commends the Australia Government for becoming the first country in the world to introduce plain packaging laws. This ended one of the last available advertising platforms available to tobacco companies, which has gradually been dismantled over a number of decades. As noted in the consultation paper, the statistics speak for themselves and demonstrate the success of these combined initiatives in reducing the demand and supply of tobacco products.

Despite this, smoking remains the single greatest cause of death and Illness in Australia.. While smoking places a great burden on the health of the individual, equally significant is the costs it places on those exposed to second-hand smoke (passive smoking), the health system and the community more broadly.[19]

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 co-morbidity.

It is estimated that the social and economic costs associated with smoking are approximately $31 billion every year in Australia[20], 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 imperative that unnecessary expenditure on preventable death and illness be minimised wherever possible.

RACS applauds the framework set out in the National Tobacco Strategy 2012-2018, particularly the ambitious yet achievable goal to reduce the daily smoking rate by 10% by 2018. To achieve this target, RACS recommends and supports:

Nationally consistent legislation

RACS was pleased to hear the recent announcement that the Victorian Government plans to implement bans on smoking in outdoor venues from August 2017, meaning that all jurisdictions now have some form of government restriction in this area. However, as Victoria debates what form this legislation should take, this highlights the level of inconsistency in government policy between jurisdictions. RACS encourages national consistency, across Australia and advocates for all jurisdictions to adopt policies equivalent to the state and/or territories where the strongest legislation exists. As a co-signatory to the National Tobacco Strategy, it is important that the Australian Government demonstrate leadership in this area and work with state and territory governments in developing consistent legislation.

Reduce smoking uptake amongst high prevalence groups

RACS supports the Australian Government in its efforts to conduct targeted approaches aimed at assisting populations with a high prevalence of smoking to quit and to reduce overall health inequalities.

City Council Advocacy

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. Although this area of legislation falls under the jurisdiction of city councils, the Australian and state and territory Governments all have a role to play in encouraging and supporting city councils to be vigilant in implementing strong policy measures.

Continual taxation rises

RACS encourages governments to continue using taxation as a mechanism to reduce the smoking rate.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES DRUG STRATEGY

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 wishes 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.

CONCLUSION

In conclusion, RACS encourages the Commonwealth Government to give consideration to the following recommendations as a result of this inquiry.

1. Developing national plans to address obesity and alcohol-related harm.
2. Implementing a volumetric tax on alcohol.
3. Improving data collection to gain a better overall understanding of alcohol-related harms.
4. Reducing young people's exposure to alcohol and associated promotions.
5. Promote nationally consistent late night trading practices, similar to legislation adopted by the New South Wales government.
6. Ensure proposed legislation of medical cannabis is drafted in a manner that does not undermine safety messages about illicit drug use.
7. Support nationally consistent tobacco control legislation
8. Encourage City Council areas to take a proactive stance in reducing tobacco exposure within CBD areas
9. Continue to review and advocate for increased taxation as an effective means of reducing demand for cigarettes.

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