

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Patron: H.R.H. The Prince of Wales



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14 September 2015

The Hon. Simon Corbell, ACT Attorney General, Minister for Health
GPO Box 1020
Canberra ACT 2601

Cc: The Hon. Joy Burch, ACT Minister for Police and Emergency Services

RE: ACT Issues Paper – Addressing alcohol-related harm

Dear Minister Corbell,

Thank you for the opportunity to comment on the ACT Government's 'Issues Paper – Addressing alcohol-related harm'.

It is a comprehensive paper which highlights the importance of adopting a harm minimisation and community safety approach to alcohol regulation. This is important, because while there may be economic implications for industry as a result of reduced alcohol availability, a harm minimisation approach acknowledges there are also social and economic costs to the taxpayer when alcohol is not adequately regulated.

We support the Government's efforts to review the *Liquor Act 2010*. It is our view that the measures brought in by the Act have had a marginal impact on reducing alcohol-related harm, and in some cases have not been utilised (Ministerial powers to declare a lockout by regulation). As the Issues Paper notes, there was a 23.7% increase in the number of patients being treated for alcohol-related injuries in ACT Emergency Departments between when the Act was passed, up until 2012-13.

ACT Health's analysis of ED presentations and ACT Police data show that the majority of alcohol-related injuries and assaults occur between midnight and 9am on Saturday and Sunday mornings.

As surgeons we are dramatically confronted by the effects of alcohol when we attend to patients with either acute or chronic conditions which are largely preventable. It places a significant strain on health and policing resources over the weekends and, in more serious cases, causes severe and lasting damage to our patients and their families.

RACS has developed its recommendations to reduce alcohol-related harm drawing on scientific evidence and the expertise of our Fellows and other members of the medical profession. These are the measures that we believe will result in the greatest reduction in alcohol-related harms:

- Reduced trading hours (1.30am last drinks and 3am lock out).
- Reduced density of both on and off-licence premises.
- Application of a stepped volumetric tax on alcohol.
- Reduced exposure to alcohol advertising and promotions, particularly among young people.

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Reduced trading hours

We know that since legislative reforms were introduced in Sydney NSW, assaults in Kings Cross have declined by 32%, in the Sydney CBD Entertainment Precinct by 26%, and in the sub-section area of George Street South by 40%. Across NSW there was a 9% decrease. Only two patients have been admitted to the Intensive Care Unit of St Vincent's Hospital, Darlinghurst from king hits since the beginning of 2014. There were 22 admissions in 2013, before reduced trading hours were introduced.

We know that in Newcastle a reduction in the availability of alcohol led to a diversification of the night time economy, with alcohol sales being replaced by food sales. We know that when the Banned Drinkers Register in the Northern Territory was abandoned, there was an immediate spike in hospital presentations in Alice Springs. There is a direct relationship between increased access to alcohol and alcohol-related harm.

Reduced outlet density

There is a positive relationship between alcohol outlet density (general, on-premise, and packaged) and increased rates of violence.

A recent study by the NSW Bureau of Crime Statistics and Research found that the concentration of hotel licences in a Local Government Area, particularly at higher density levels, was strongly predictive of both domestic and non-domestic assault rates. Another study by the National Drug Law Enforcement Research Fund demonstrated that off-site outlet alcohol sales and total volume of alcohol sales within a region are important predictors of assault. The researchers conclude that, "policy decisions that ultimately increase total alcohol sales within a community or that increase numbers of on-site outlets (eg hotels/nightclubs or restaurants) are more likely to exacerbate, rather than ameliorate, harms associated with alcohol."

RACS supports limiting the number of outlets where alcohol is sold, and giving the ACT Police strong powers to determine areas that are 'saturated' with liquor licences.

Alcohol pricing

As the ACT Government does not have the power to implement a volumetric tax on alcohol, we support introduction of a minimum price, to reduce the practice of bulk discounting of alcohol.

Reduced exposure

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 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.

Alcohol should not be available in ACT supermarkets next to other household items, and we strongly support the proposal of isolating designated areas for alcohol products away from other sections of the supermarket. We also support the Attorney-General and the Commissioner for Fair Trading having greater powers to declare prohibited liquor products if they have a special appeal to children and young people, and to discontinue inappropriate alcohol promotions.



There is a concerning trend among fast food multinational chains of supplying alcohol with meals. These chains are visited daily by hundreds of thousands of young Australians. Allowing a multinational chain to serve alcohol with its meals sends the message to children and parents that it is normal to drink alcohol at every meal and it is readily available for young and old alike. We urge the Government to consider the implications of granting liquor licences to multinational fast food stores in the ACT.

Education and awareness raising campaigns

The Issues Paper states that 'while there is evidence of positive school-based information and education on increasing knowledge about alcohol and improved alcohol-related attitudes, there is no evidence for a sustained effect on behaviour'.

In the ACT, people aged 16–24 years have the highest rates of injury. They are more likely to drink at risky levels or engage in activities like texting while driving.

The Prevention of Alcohol and Risk-related Trauma in Youth (P.A.R.T.Y.) pilot began in March 2015, and takes students through a range of activities and talks at Canberra Hospital with ambulance and emergency department nurses, surgeons, physiotherapists and trauma survivors. P.A.R.T.Y. originated in North America and has been running in Australia since 2006. There are more than 100 sites worldwide, including highly effective programs in Western Australia, South Australia, Victoria, New South Wales and Queensland.

The Perth program is estimated to cost \$1,000 to run each week, while the health costs of a quadriplegic are estimated at roughly \$8 million for the rest of their shortened life. Program participation was associated with a reduced subsequent risk of committing violence- or traffic-related offences, injuries, and death among juvenile justice offenders.

While alcohol-related traffic accidents have declined over the past decade, the ACT has a relatively low ratio of Random Breath Testing (RBT) per driver and a higher percentage of self-reported drink driving than other jurisdictions. RACS encourages the Government to consider a higher RBT presence by the ACT Police to reinforce educational messages about the dangers of drink driving.

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 trauma services 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.

RACS supports further investigation of how Screening and Brief Intervention (SBI) programs can be implemented, in particular the mandatory collection of data on whether alcohol use is a factor in ED presentations, either by the patient or another individual.

Despite the evidence supporting the effectiveness of 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.

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Alcohol policy development

Since the function of the ACT's Liquor Advisory Board is to advise the Minister about measures that will support the effectiveness of the Act, and its harm minimisation and community safety principles, we strongly recommend that the Board include a representative from ACT Health.

We also recommend that the ACT Government improve community consultation on liquor licence applications, so they can have a say in how these decisions will affect them.

We thank you again for the opportunity to provide comment on this important issue. RACS is a member of the NSW/ACT Alcohol Policy Alliance (NAAPA), and in addition to the recommendations outlined above, we support those put forward by NAAPA as part of this consultation process.

We look forward to continuing to work with you to reduce alcohol-related harms in the ACT.

Yours sincerely,

A/Prof Sivakumar Gananadha
ACT Regional Chair