

**Submission
No 19**

MEASURES TO REDUCE ALCOHOL AND DRUG-RELATED VIOLENCE

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ST VINCENT'S HEALTH AUSTRALIA

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Submission to Legislative Assembly Committee on Law and Safety in response to the Inquiry into measures to reduce alcohol and drug-related violence

**Submission:
15 August 2014**

Table of Contents

1. About St Vincent's Health Australia
2. Inquiry Terms of Reference
3. Executive Summary
4. St Vincent's Health Australia Response to the Inquiry into measures to reduce alcohol and drug-related violence

1. About St Vincent's Health Australia

St Vincent's Health Australia is the nation's largest Catholic not-for-profit health and aged care provider. Our services comprise 27 facilities along the east coast of Australia including six public hospitals, eight private hospitals, 13 aged care facilities and four co-located research institutes Victor Chang Cardiac Institute, Garvan Institute of Medical Research, O'Brien Institute, and St Vincent's Institute of Medical Research.

From the health services established by the Sisters of Charity in 1857 at Woolloomooloo in Sydney, St Vincent's Health Australia has grown to encompass a diverse range of tertiary services including: acute medical and surgical services; emergency and critical care; aged and sub-acute care; diagnostics; mental health; correctional health; palliative care; residential care; research and education.

St Vincent's Health Australia operates more than 2,500 hospital beds, 1,100 aged care places, employs over 16,000 staff, works with over 2,500 medical practitioners and draws on the talents of over 1,300 generous volunteers. Each year we provide care to more than 250,000 inpatients and over a million episodes of ambulatory care through our outpatient services.

We are a clinical and education leader and have a national and international reputation in various fields of medical research. Our areas of expertise crosses a large domain including: heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery ;cancer; HIV medicine; respiratory medicine; mental health; drug and alcohol services; aged psychiatry; homeless health care and Aboriginal health.

We have significant University affiliations with the University of Sydney, University of New South Wales, University of Melbourne, Australian Catholic University, University of Southern Queensland, University of Wollongong, University of Tasmania, University of Notre Dame and others.

It is the intention of St Vincent's Health Australia to remain at the service of the Australian community well into the future, reaching out particularly to the most vulnerable people in the Australian community, and to continue our strong held belief that a society is only as healthy as the least healthy among us. Our shared responsibility for the society which privileges most, but cripples some, calls us to act.

2. Inquiry into measures to reduce alcohol and drug-related violence

The Legislative Assembly Committee on Law and Safety seeks respondents' views on the following matters relating to the effectiveness of recent measures to reduce alcohol and drug related violence in the Sydney Central Business District:

- Trends in alcohol and drug related violence in licensed venues and general street areas
- The impact of recent measures to reduce violence on Police, the Courts, hospitals, and the liquor industry
- Possible further measures to reduce alcohol and drug-related violence
- The effectiveness of measures taken to reduce alcohol and drug related violence in other jurisdictions, and
- Any other related matters.

3. Executive Summary

St Vincent's Hospital Sydney has borne the brunt of the harmful supply and consumption of alcohol with increased pressure and costs on our emergency department and hospital services in having to respond to this epidemic. We have been at the forefront of treating and caring for these vulnerable individuals and their families. Accordingly, our experience leads us to the following insights and recommendations.

1. St Vincent's Health Australia supports the current measures put in place earlier this year in the Sydney Central Business District to manage the physical availability of alcohol in terms of outlet opening hours.
2. St Vincent's Health Australia recommends that the current measures should be continued in Sydney Central Business District in order to obtain definitive and quantifiable conclusions that can then be used to inform ongoing policy decisions.
3. St Vincent's Health Australia recommends that further consideration be given to the following evidence based interventions:

The NSW State Government works with Federal Government on:

- national legislation on alcohol pricing policies, particularly taxation reform with a move from *ad valorem* (taxing by value) towards volumetric tax;
- national legislation to regulate and tighten alcohol promotion, marketing and advertising;
- national collection and reporting of alcohol sales data to better inform alcohol policy and local level analysis;
- policies in each jurisdiction to increase the collection and linking of information about alcohol's involvement with police incidents, ambulance, hospitals and other agencies to standardise reporting nationally; and,
- increasing investment in workforce training and development not just within the alcohol and drug field but across the health, welfare, education and workplace health and safety sectors to better identify persons at risk early and offer appropriate treatment intervention.

The NSW State Government:

- work with local government areas and communities to reduce liquor outlet density and trading hours; and,
 - support and fund innovative alcohol screening, early intervention and treatment in the primary care setting, emergency departments and hospitals.
4. The NSW State Government commit resources to improve and link data on alcohol related harm and violence in the Sydney Central Business District and surrounding areas, covering hospitals, police, ambulance service. St Vincent's Health Australia would value an opportunity to partner in such an initiative both in New South Wales and Victoria where our two major tertiary public hospitals are located.
 5. The NSW Government recognise and extend its focus across the spectrum from hazardous drinking through to long term heavy alcohol use, with a particular focus on the young, homeless, people experiencing domestic violence and Aboriginal and Torres Strait Islander people.
 6. The NSW State Government funds 20 medical withdrawal beds at St Vincent's Hospital Sydney to provide services for severe alcohol use disorders in inner Sydney.
 7. While there is recognition that states and territories are primarily responsible for regulating the supply and consumption of alcohol, a broader national policy framework is required to improve the health, social and economic outcomes for Australians by reducing the harmful effects of alcohol in society. To achieve this, the Federal Government should convene a National Alcohol Summit.
 8. Our paper does not address trends in alcohol and drug related violence in licensed venues and general street areas.
 9. Our comments in the paper focus on alcohol-related violence rather than drug-related.

St Vincent's Health Australia Response to the Inquiry into measures to reduce alcohol and drug-related violence

On the 21 January 2014, St Vincent's Health Australia voiced their support to the then NSW Premier, the Hon. Barry O'Farrell MP, when he announced the creation of a new entertainment 'precinct' for which special alcohol licensing conditions would apply and the introduction of a NSW wide ban on takeaway alcohol sales after 10pm which applies to bottle shops, hotels and clubs in order to address alcohol-fuelled violence in NSW, and the strong and consistent message that alcohol fuelled violence will not be tolerated.

We support NSW government efforts to address alcohol-related violence because as an organisation we believe that:

- Alcohol related harm and violence can be prevented and its impact reduced;
- The deaths, injuries and associated trauma for individuals and their loved ones, that are the most devastating impacts of alcohol related violence, were contrary to human dignity and our community's health and well-being; and,
- The annual costs to society in the health care sector, as well as, other government agencies such as: police; family and community services; justice and correction services are increasingly unsustainable.

St Vincent's Health Australia has two major tertiary public hospitals in New South Wales and Victoria, that cater to the entire spectrum of alcohol related harm and violence, including the horrific injuries that occur in the entertainment precincts as a result of alcohol. Due to our geographical locations, this has provided one of our key public hospitals, St Vincent's Hospital Sydney, with an inherent interest in the introduction of effective measures in the Sydney Central Business District, which has the greatest concentration of licensed premises in Australia.

As the health service provider to this area, St Vincent's Hospital Sydney has borne the brunt of the harmful supply and consumption of alcohol with increased pressure and costs on our emergency department and hospital services in having to respond to this epidemic. We have been at the forefront of treating and caring for these vulnerable individuals and their families, and along with the sentiment of our communities, we have also publicly shared our concern about alcohol violence, harm and injury, and what as a society are we willing to accept and tolerate, particularly the one-punch deaths of Thomas Kelly and Daniel Christie.

The impact of recent measures to reduce violence on hospitals

Since the introduction of the measures, St Vincent's Hospital Sydney has seen noticeable reductions in the admission of violent alcohol related assaults.

Trends in rates of alcohol related injuries and other related harms such as domestic violence, disability, and hospitalisations cannot be ascertained at this point in time. This is because current hospital processes for the collection and linking of data for alcohol-related harm and injuries across the state are not structured in a uniform manner to capture alcohol causality measures, and would require an intensive review and analysis of admissions to provide some insights into the effectiveness of these particular measures during this period of time. Furthermore, it would be too early to draw any conclusions in trend data, and there are limitations in the conclusions that can be drawn from the use of routine administrative data. In addition, the analysis alone would be insufficient and narrow. The effects the alcohol measures have had on surrounding areas where the measures do not apply would need to also be included to determine what effect this has had on health services, ambulance and police. Ideally, any review that is undertaken needs to examine the measures beyond just the Sydney Central Business District, in order that we obtain a better

understanding of the displacement effect, where people flow to other entertainment districts which are even less equipped to deal with late-night patrons and create problems for outlying communities. The analysis would also need to review the increasing availability and lower prices of alcohol in off-licence outlets, especially supermarkets, which is fuelling a problem of pre-loading whereby individuals consume large volumes of alcohol at home, prior to entering the night-time economy already drunk.

The terms of reference specify also drug-related violence; we have limited data on the magnitude of drug-related violence before or after the new measures were introduced. Nevertheless, we support the government's focus on measures to reduce alcohol supply and consumption as those with the greatest potential impact on community violence.

St Vincent's Health Australia is of the opinion that the measures announced in January 2014 represent a landmark in alcohol policy; however, significant further actions need to take place if we are to address the spectrum of alcohol harm and violence that plagues our communities. This is because the negative effects of alcohol impact a wider group of vulnerable individuals, beyond just the Sydney Central Business District and the Kings Cross area who drink to excess, harming others and capture our attention on the media. This wider group of vulnerable individuals are the most hidden and include:

- individuals that experience, homelessness, mental illness, domestic violence and chronic disease;
- the youth who are placing themselves at risk of brain damage;
- the children who are being exposed to alcohol; and,
- the Aboriginal and Torres Strait Islander peoples who experience double the rate of disease burden than the general Australian population which can be linked to alcohol consumption.

Our communities and these vulnerable individuals continue to suffer due to alcohol; and this is why alcohol related harm and violence is being debated in the corridors of parliament and across all homes in Australia.

It is for this reason that St Vincent's Health Australia, has continued to remain steadfastly focused in providing the best health care response to these individuals. This focus has been in existence since 1964, where our pioneering Sisters of Charity introduced Australia's first medically-based combined clinical and academic program for the treatment and study of alcohol dependence. The commitment by our senior clinicians to this issue, is ever stronger and in unison today. As an organisation we have a responsibility to look at public policy decisions at a system-wide level in terms of how they affect this vulnerable group and, offer where we can, some informed guidance and influence. The Person Centred Care principles that shape and direct the St Vincent's Health Australia model of care, compel us to take a holistic approach to those we care for, and address all the determinants that influence the admission and effective treatment response for these individuals. This is why we have spent the last six months researching potential policies, strategies, and best practice clinical models and have canvassed input from a diverse range of clinical specialties and have spoken to a wide range of external subject matter experts to develop a scoping paper that examines ways of promoting the reduction in high-risk drinking, with the aim of reducing the number of alcohol-related hospital presentations and admissions. The scoping paper when completed will provide St Vincent's Health Australia with strategic guidance on our policy direction and ongoing innovation in clinical screening, early intervention and treatment.

What is clear from the findings of the scoping paper is that there is no single policy that can offer a 'quick fix' or 'silver bullet' to the prevention of harmful consumption of alcohol. Rather what is needed is an integrated approach that includes a combination of the strategies that are known to be effective and suitable for the particular context in which they are to be implemented. In stating this,

there is however, strong international and national evidence based research around interventions that are effective and for which benefits are quantifiable, these include:

Possible further measures to reduce alcohol related harm and violence based on our experience and the international and national evidence as identified through our scoping paper include:

- Volumetric alcohol taxation (based on alcohol content), with hypothecation of revenue for research and intervention.
- Restricting marketing of alcoholic beverages, including curbing advertising and sponsorship of cultural and sporting events and discounting of alcohol products. There are a number of other potentially harmful products, such as tobacco, where restricting marketing has been justified on public health grounds.
- Managing the physical availability in terms of outlet opening hours, density of alcohol outlets and the discounting of alcohol products. The evidence shows strong relationships between availability of alcohol and violence in a community, and there is evidence that changes to outlet density and trading hours can reduce alcohol related harm.
- Expanding screening, early intervention and treatment to reduce the incidence and cost of high risk alcohol use and the associated burden on the health system. There is evidence of effectiveness for delivering such interventions through emergency departments (both computer-assisted and direct face-to-face), specialist services, and through general practice. Linking individual alcohol interventions to anti-violence interventions through offender programs can also be effective.
- Increased investment and improving processes for the collection and linking of scientifically robust data collection (e.g. prospective funded research) for alcohol-related harm (police, health, ambulance, justice) followed by the linking of national collection of alcohol sales data.
- Strengthening, skilling and supporting workforce training not just within the alcohol and drug field but across the health, welfare, education and workplace health and safety sectors to better identify persons at risk early, and offer appropriate treatment intervention.
- Alcohol use disorders need to be addressed across the spectrum from mild to severe. There is not only a clinical imperative but a population health imperative: shifting the population drinking curve so that the fewer people are drinking at the severe end of the spectrum means that average consumption decreases, so that fewer people are drinking at risky levels. Despite disproportionately high rate of alcohol-related presentations to St Vincent's Hospital Sydney, there are no designated medical withdrawal beds at St Vincent's Hospital Sydney or within South East Sydney Local Health District, with the nearest designated withdrawal beds (12) based at Concord Hospital. St Vincent's Hospital Sydney has proposed for a modest investment from the State Government for the current non-medical withdrawal service to be transformed into 20 medical withdrawal beds to provide services for severe alcohol use disorders in inner Sydney.

The scoping paper also concludes that:

- It is too early to draw any definitive and quantifiable conclusions about the recent measures and impact this has had on alcohol related injuries and other related harms. It was only on 30 January 2014, that the NSW Parliament passed the *Liquor Amendment Act 2014* to introduce changes to the liquor laws with most changes becoming effective on the 24th February 2014, and the Plan of Management for the Sydney CBD Entertainment Precinct having just commenced on 18 July 2014. The spring and summer seasons with the Christmas and End of Year periods of celebrations will be important events to establish the impact and effectiveness of the measures.
- In light of the considerable evidence regarding the relationship between alcohol availability and alcohol-related harm, that the government maintain the current measures to enable

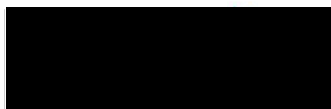
sufficient information to be collated, not only within the Sydney Central Business District but also adjoining entertainment precincts, therefore allowing the evidence to determine whether the measures should be extended state-wide.

- State and Federal government consider investing resources into improving processes for the collection and linking of data for alcohol-related harm across police, health, ambulance and justice. St Vincent's Health Australia is currently looking at a partnership research project with a number of universities that would involve emergency departments in the collection of data on the sources of alcohol related harm in the community to able to target tailored interventions and responses, as well, as potentially share the data with partners (e.g. ambulance, police). The research project will provide vital information for policy advice, advocacy and treatment, but as with all worthwhile research, the availability of resources dictates the capacity of an already stretched health service. While the terms of reference of this enquiry are limited to alcohol-related violence, research and evaluation of any measures introduced to reduce availability and consumption should incorporate the boarder spectrum of alcohol-related harm including other acute and chronic health effects, as well as, alcohol trauma related disability such as spinal cord injury, traumatic brain injury and amputation as a result of alcohol affecting judgement during the driving of a motor vehicle or managing hazard in the workplace.
- To make longer term and more substantial reductions and prevent injury and death, there is a need to incorporate a whole-of-government strategy to prevent and reduce alcohol violence and harm at both the state and federal levels. To do this effectively, and to continue the leadership of the current government, and the success of an extraordinary public campaign for change, it is timely to call on the Federal Government to convene a National Summit to discuss and assess the evidence and develop effective national solutions to the epidemic of alcohol misuse and harms afflicting local communities right across the nation. A National Summit will bring together representatives of all Australian governments, local councils, community leaders, medical and health experts, police, teachers, industry, parent groups, families of victims, and other stakeholders to develop practical nationally-consistent solutions and policies to tackle the harms of excess alcohol use that affect many Australians.

Continued commitment and real action is now firmly on the agenda. Our communities are no longer willing to pay the huge financial and devastating human and emotional costs associated with alcohol harm and violence. The costs to governments, communities, employers, individuals and productivity are an increasing and crippling financial burden. There are solutions at hand and an international framework ready to adopt, of which St Vincent's Health Australia believes they can play a crucial participatory role through evidence based research and education to demonstrate that the alcohol supply and demand variables need to be managed appropriately.

We would be honoured to appear in person and provide further support to the Legislative Assembly Committee on Law and Safety regarding this important public matter.

Yours sincerely,



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