

MEASURES TO REDUCE ALCOHOL AND DRUG- RELATED VIOLENCE

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Submission to the Inquiry into Measures to Reduce Alcohol and Drug-Related Violence

by the
**Australian Salaried Medical Officers'
Federation New South Wales**

15 August 2014



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(New South Wales)

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The Committee Manager
Committee on Law and Safety
Parliament House
Macquarie St
Sydney NSW 2000

Submitted via online portal on NSW Parliamentary website

Dear Committee Manager

Please find following a submission from the Australian Salaried Medical Officers' Federation NSW ('ASMOF') to the Parliamentary Inquiry into *Measures to Reduce Alcohol and Drug-Related Violence*.

ASMOF is the industrial organisation of employees in NSW representing the interests of nearly four thousand medical officers working in the public and non-government health systems in the state, with Staff Specialists being the largest clinical grouping amongst that membership.

A significant cohort amongst that grouping is Emergency Physicians who are a critical clinical resource in most Emergency Departments. ASMOF also covers Career Medical Officers, along with Interns, Residents and Registrars who also contribute significantly to the activities within Emergency Departments.

We welcome the opportunity to provide a short submission to the NSW Parliament on this issue. ASMOF has, via the Last Drinks Coalition, been an advocate for changes to the laws to help reduce the sickening toll that alcohol related violence has on individuals, families, the community, and the health system.

Any further contact or invitation to provide oral evidence to the Inquiry should be directed in the first instance to Mr Dennis Ravlich, Executive Director, ASMOF NSW, on telephone number 9212 6900 or via email at asmof@asmof.org.au.

Yours sincerely



Dr Tony Sara
State President
Australian Salaried Medical Officers' Federation NSW

INDEX

Letter from the State President of ASMOF NSW	(i)
Index	1
Background	2
Feedback	4
• <i>St Vincent's Hospital Darlinghurst NSW</i>	4
• <i>Member survey by ASMOF</i>	4
Conclusion	8
Acknowledgements	8

BACKGROUND

The Australian Salaried Medical Officers' Federation NSW ('ASMOF') is the registered industrial organisation of employees in this state that represents the industrial interests of the overwhelming majority of medical officers working in the public and non-government health systems in NSW. Some 4,000 medical officers are currently members of ASMOF, reflecting all clinical and training levels.

The largest single clinical group within that membership is Staff Specialists¹. An important cohort amongst that group is Emergency Physicians². These highly trained clinicians are the primary resource available in larger Emergency Departments to treat and manage patient presentations. That is not however to diminish in any way the importance of the wide variety of other clinical levels of our membership that form an integral part of the services provided in Emergency Departments, including Interns, Residents, Registrars, and Career Medical Officers.

Of course all of this is undertaken in conjunction with nursing staff, other health professionals, along with support staff that all contribute to the totality of services provided.

Medical Officers in Emergency Departments see the immediate impact of alcohol and the violence it often fuels. Their medical colleagues then subsequently become involved in caring for the long-term health issues alcohol abuse often wreaks on individuals and families.

"No group of workers are more aware of the damage that this cycle of alcohol and violence causes than doctors in the front line, in emergency departments, dealing with injured patients and their distressed families"

Dr Tony Sara, State President, ASMOF NSW

ASMOF has for some time, in conjunction with the *Last Drinks Coalition*³, publicly argued the case for action to reduce the devastating effects of excessive alcohol consumption - and the consequent pressures it applies to families, the community, and the health system and its workers.

This impact is not disputed. For some individuals and their families, it has had devastating and tragic outcomes. One need not for the purposes of this submission revisit these heartbreaking instances.

The impact is however not confined to these individual outcomes.

¹ Staff Specialists are doctors who hold a medical qualification that is registrable by the Medical Board of Australia and have subsequently completed and hold, for example, a fellowship of a recognised Specialist College. This often involves several years of additional training and examinations whilst continuing to work in the public health system.

² Emergency Physicians are those, for example, who hold a fellowship of the Australasian College for Emergency Medicine.

³ The Last Drinks Coalition is made up of a number of organisations, predominately those who represent the interests of front line workers who have to deal with persons/patients subject to alcohol related violence and disease. These organisations include the Police Association of NSW, the NSW Nurses and Midwives' Association, the Health Services Union and ASMOF itself.

The Australasian College for Emergency Medicine ('ACEM') is currently undertaking research, with Australian Government assistance, to quantify alcohol harm dealt with in Emergency Departments in Australia. Equivalent research is also being undertaken in New Zealand. This will be the largest study of alcohol-related presentations in Emergency Departments to be undertaken in Australasia.

Whilst this research continues, the ACEM released in December last year a 'snapshot' as to what was happening in ninety two Emergency Departments across Australia at 2am on Saturday morning, 14 December 2013.⁴

It revealed that 1 out of 7 patients attended as a result of the harmful use of alcohol. It also indicated that in some 'hot spots', the figure was as high as 1 in 3 for alcohol related presentations.

"If you work in an ED with 1 in 3 patients affected by alcohol, it's more like a pub than a hospital. This is intolerable for staff ..."

Dr Diana Egerton-Warburton, chair of the ACEM Public Health Committee and a principal investigator for the study.⁵

The snapshot confirmed the anecdotal understanding that Emergency Department staff are regularly confronting alcohol related presentations, and consequently having to manage the acute and chronic complications of alcohol. This also means dealing with patients who are often violent and aggressive because of their alcohol consumption.

It also means that care and treatment to other patients are disrupted or delayed because of the number of alcohol related presentations - along with the often belligerent behaviour of alcohol affected patients and friends attending the Emergency Department with them. This is clearly *"unfair on other patients."*⁶

It is also unfair to all of the community and the burden it places on public monies. The Auditor-General of NSW on 6 August 2013 released a report on the cost of alcohol abuse to the NSW Government.⁷ Whilst the report noted that many agencies - individually or collectively - did not collect information on the total cost incurred by them and therefore the NSW community, it identified that the total annual cost of alcohol-related abuse to NSW Government services to be at least \$1.029 billion in 2010. It further estimated that total societal costs in NSW to be \$3.87 billion per year.⁸

These are extraordinary amounts of public monies. More worryingly, they most likely understate the amount actually expended.

Even that shortest of literature reviews clearly identifies the magnitude of the problem, and the one that the NSW Government eventually confronted head on earlier this year with measures to curb alcohol related violence.

⁴ *"If your drinking puts you in an Emergency Department you're a 'Bloody Idiot'"*, Australasian College for Emergency Medicine - Media Release, 18 December 2013.

⁵ Ibid.

⁶ *"Hospital emergency units tell how alcohol-related cases disrupt treatment of others"*, Lucy Carroll, Sydney Morning Herald, 19 December 2013, quoting Dr Diana Egerton-Warburton, chairwoman of the Australasian College of Emergency Medicine Public Health Committee.

⁷ *"Cost of alcohol abuse to the NSW Government"*, New South Wales Auditor-General's Performance Audit, 6 August 2013.

⁸ Ibid, pp 3.

FEEDBACK

ASMOF by way of this short submission only seeks to address that aspect of the Terms of Reference that deals with assessing the impact of the measures to reduce the incidence and presentation of violence at hospitals. This is where it believes it has the most to contribute.

St Vincent's Hospital Darlinghurst⁹

Whilst early days, St Vincent's Hospital has recently confirmed to ASMOF that since the NSW Government's Legislation came into being, St Vincent's has witnessed a decline in overall alcohol related presentations to its Emergency Department including a significant decline in the amount of serious assault patients treated at the Hospital.

St Vincent's Hospital has agreed to this statement forming part of ASMOF's submission. We acknowledge and thank them for their cooperation and assistance.

This is a pleasing trend. It is one that we can only hope continues. It is difficult to identify any other factor readily that may have contributed to this decline other than the changes brought about by the NSW Government to date.

As a result it does seemingly show a correlation between these changes and the significant decline identified by St Vincent's Hospital, analogous with the 'Newcastle experience'.¹⁰

Feedback from ASMOF members

Whilst noting the above observations and experiences of St Vincent's Hospital, ASMOF recently undertook a survey of members it could identify who worked in the Emergency Departments of either St Vincent's Hospital or Sydney Hospital.¹¹ Both of these hospitals fall readily within the catchment area of the changes made by the NSW Government.

Though any survey results may be subject to some caution, it does allow meaningful validation of what Medical Officers have experienced since the changes have been introduced. Until more longitudinal studies can be realised, this must then form an important part of the evidence that should be considered by the Inquiry.

⁹ St Vincent's Hospital Darlinghurst is a major tertiary referral and teaching Hospital. The Emergency Department is a very busy, inner city trauma and emergency centre. Over 40,000 patients present each year, and it sits in a catchment area that includes Kings Cross, large parts of the Sydney CBD, inner city suburbs and eastern suburbs. Though part of the NSW public health system it remains under the auspices of the Sisters of Charity.

¹⁰ The Newcastle experience refers to changes introduced that included reduced trading hours, lock-outs and restrictions on high alcohol-content drinks which resulted in a 37 per cent decrease in late night assaults and a 26 per cent decrease in Emergency Department admissions in the area. For example, see *"Research evidence for reducing alcohol-related harm and impact of Newcastle s104 licensing conditions -2008-2011"*, A/Prof John Wiggers, Director, Population Health, and School of Medicine and Population Health, University of Newcastle, June 2012.

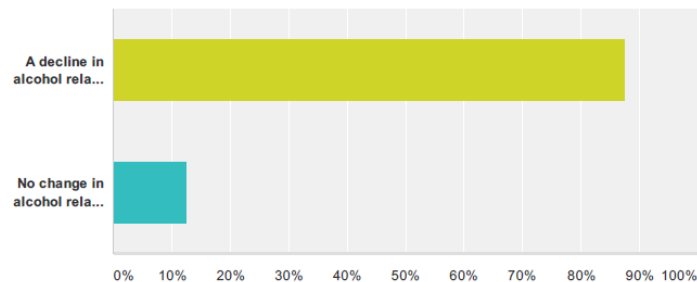
¹¹ Sydney Hospital is located in Macquarie Street. Its Emergency Department sits in a catchment area of the Sydney CBD and surrounding inner city suburbs. It forms part of the services managed by the South Eastern Sydney Local Health District.

The following is the result of the ASMOF survey.

Question 1

Kings Cross/Sydney CBD Alcohol restriction measures

Q1 Since the introduction of measures by the NSW Government to reduce access to alcohol at certain times of the day in the Kings Cross/Sydney CBD area, I have observed from my experiences:

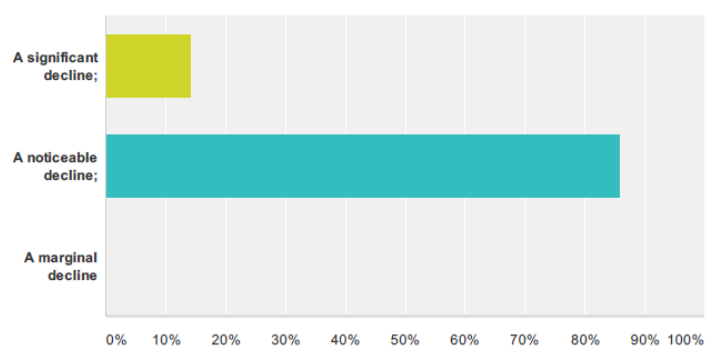


Answer Choices	Responses
A decline in alcohol related presentations to the Emergency Department;	87.50%
No change in alcohol related presentations to the Emergency Department	12.50%
Total	

Question 2

Kings Cross/Sydney CBD Alcohol restriction measures

Q2 If you answered that there has been a decline, would you rate it as being:

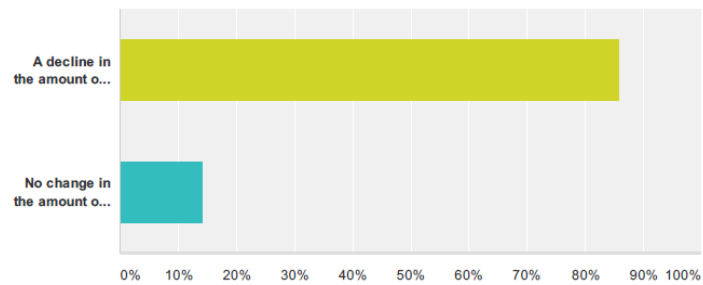


Answer Choices	Responses
A significant decline;	14.29%
A noticeable decline;	85.71%
A marginal decline	0.00%
Total	

Question 3

Kings Cross/Sydney CBD Alcohol restriction measures

Q3 Since the introduction of measures by the NSW Government to reduce access to alcohol at certain times of the day in the Kings Cross/Sydney CBD area, I have observed from my experiences:

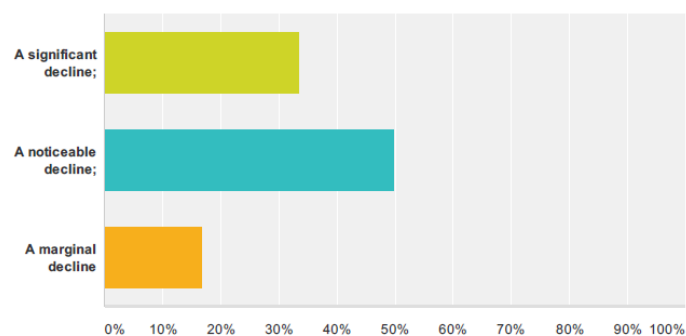


Answer Choices	Responses
A decline in the amount of serious assault patients treated at the Emergency Department;	85.71%
No change in the amount of serious assault patients treated at the Emergency Department	14.29%
Total	

Question 4

Kings Cross/Sydney CBD Alcohol restriction measures

Q4 If you answered that there has been a decline, would you rate it as being:

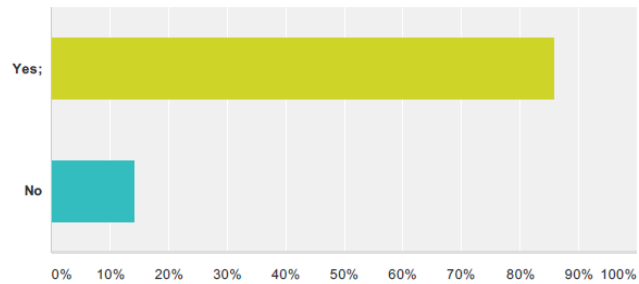


Answer Choices	Responses
A significant decline;	33.33%
A noticeable decline;	50.00%
A marginal decline	16.67%
Total	

Question 5

Kings Cross/Sydney CBD Alcohol restriction measures

Q5 Do you feel the Emergency Department is comparatively safer following these measures introduced by the NSW Government to curb alcohol access and associated violence?



Answer Choices	Responses
Yes;	85.71%
No	14.29%
Total	

CONCLUSION

Measures were introduced this year by the NSW Government to try and curb the impact of alcohol and related violence in certain locations in Sydney. It is early days. But results and experiences to date look promising.

St Vincent's Hospital Darlinghurst has confirmed that a decline has occurred in overall alcohol related presentations to its Emergency Department, including a significant decline in the amount of serious assault patients treated at the Hospital.

A survey undertaken by ASMOF of members identified as working in the Emergency Departments of St Vincent's Hospital and Sydney Hospital also provides confirmation that a decline has occurred. Importantly, a vast majority now feel safer at their workplace.

This is a great start and seems to reflect the experiences in Newcastle when similar changes were introduced some years ago. But its effect will only be fully translated if it is lasting and equally does not shift the problem to other public locations and venues, or even to the home.

Like all diseases, treating the problem at a primary site is both necessary and commendable - but it must form part of, and account for, a holistic approach to the whole of the community and actual/likely trouble spots.

Acknowledgements

ASMOF would like to acknowledge its members who need to confront and manage patients and their families/friends as a result of excessive alcohol consumption and related violence, both in the acute and chronic setting. We especially thank those busy clinicians who participated in our survey.

We would also like to acknowledge the work done by members of our Last Drinks Coalition partners, especially police women and men, nurses, and paramedics - all who along with doctors and other hospital staff form part of the front line.