MEASURES TO REDUCE ALCOHOL AND DRUG-RELATED VIOLENCE

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The Hon George Souris MP
Committee Chair
The Law and Safety Committee
Parliament of New South Wales
Macquarie Street,
SYDNEY NSW 2000

Dear Mr Souris,

RE: Inquiry into Measures to Reduce Alcohol and Drug Related Violence

Thank you for kindly extending an invitation to the Royal Australasian College of Surgeons (RACS) to make a submission to this important Inquiry.

Our College is a strong advocate for proven evidence-based measures that will lead to the reduction in alcohol fuelled violence and related harms at no cost to the NSW public.

Frontline surgeons treat injury from primarily alcohol fuelled violence and are faced with the harms of the excessive supply, promotion and overuse of alcohol in NSW on a daily basis.

Our College emphasizes three key areas concerning alcohol related violence and has summarized these under the acronym of HOT for Hours, Outlets and Taxes. As outlined in the attached position paper, the greatest impact on reducing alcohol related harm is through:

- restriction on trading hours
- reduction of the availability of alcohol through reduction of outlet density; and
- application of a stepped volumetric tax on alcohol

The Chair of the NSW Regional Committee, along with our College President wrote to the NSW Premier late last year to advocate for changes to hours, outlets and taxes and we were pleased to see how quickly the NSW government responded by implementing legislative changes to restrict trading hours and sale of alcohol.

Since the passage of the LIQUOR AMENDMENT BILL 2014 in January and its implementation on a range of measures including 1:30am lockout and the 3:00am last drinks initiatives in the Sydney Entertainment Precinct, there has been:

- a significant reduction in the number of presentations with alcohol related injury to the St Vincent’s Hospital, Darlinghurst – the closest trauma treatment centre to the entertainment precinct
- a significant reduction in the severity of the alcohol related injury presentations to the St Vincent’s Hospital
- a significant improvement in amenity for the residents of the Sydney Entertainment Precinct

These statements are supported by surgeons and staff at St Vincent’s Hospital which will no doubt, provide
their own submission. We would therefore urge the NSW Government to continue with the measures implemented.

Our College, through its Federal Trauma Committee works with State organisations to promote awareness of harms related to excess alcohol consumption, and is a coalition partner in the NSW ACT Alcohol Policy Alliance and in the National Alliance for Action on Alcohol. Within this context our College has been an effective agent working with Government to help mitigate alcohol related harm and assisting in the development of the LIQUOR AMENDMENT BILL 2014.

In addition, through the Victorian Alcohol Policy Coalition a five-step plan to a safer, healthier Victoria has been promulgated. I understand you have contacted the APC, and members of the inquiry will be meeting with their members whilst you are in Melbourne.

The Royal Australasian College Of Surgeons has always taken a strong position to support measures that reduce injury associated with alcohol abuse. Should you require any further comment or assistance please feel free to contact the Chair of the NSW Regional Committee, Dr Mary Langcake, through our NSW Regional office, on [replaced], for comment on issues pertaining to NSW, or me for those matters that relate to ongoing programs at a Federal level.

Yours sincerely,

Professor Michael Grigg, FRACS
President
Royal Australasian College of Surgeons

Dr Mary Langcake, FRACS
Chair
NSW State Committee
BACKGROUND

The effects of alcohol misuse in our society are very significant in terms of social disruption and ill-health. In Australia about half of interpersonal violence, domestic violence and sexual assault are related to excessive alcohol consumption as are a half of homicides vi, vii, viii, ix. Up to two thirds of police callouts involve alcohol fuelled incidents.

As surgeons 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 x. The proportion of our patients so affected will vary with specialty and location, but overall these patients represent a significant proportion of the surgical workload.

Australia

- About 10 per cent of all Australians put their health at long-term risk by drinking too much, and 20 per cent drink at a level that is risky in the short term xi;
- Each week, on average, 60 Australians die and a further 1,500 are hospitalised as a result of excessive alcohol consumption;
- Excessive consumption fuels violence and significantly contributes to crime;
- In 2007, one-third of 12-15 year old Australians and nearly 80% of 16-17 year olds had drunk a full-serve of alcohol;
- 80 per cent of alcohol consumed by people aged 14-24 is consumed in ways that put the drinker's (and others') health at risk;
- Alcohol has been causally linked to more than 60 different medical conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, eye diseases and conditions, and alcohol dependence;
- Alcohol consumption raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, liver cancer, breast cancer and bowel cancer;
- The rate of alcohol-attributable death among Indigenous Australians is about twice that of the non-Indigenous population.

The Australian study “The Range and Magnitude of alcohol’s harm to others”, by Laslett et al, released in 2010, was the first of its type in the world, quantifying alcohol’s harms to those affected by the drinker, and now informs WHO methodology as part of that agency’s global strategy to reduce the harmful use of alcohol.

An estimated 367 Australians died and nearly 14,000 people were hospitalized because of the drinking of others, in the year studied. In 2005, interpersonal violence resulted in 182 deaths, of which 42% (77 deaths) were estimated to be attributable to another person’s drinking; a total of 1,802 potential years of life were estimated to have been lost. A total of 277 deaths of people aged 15 years and over were estimated to be due to another’s drinking and driving, with 31 of these being pedestrian deaths.

Estimates based on 2005 police data indicate that more than 70,000 Australians were victims of alcohol-related domestic violence. Using national child protection data and Victorian measures of alcohol involvement, almost 20,000 children across Australia were victims of substantiated alcohol-related child abuse in 2006/7.
Alcohol taxation
The Henry Review of Australia’s taxation system described Australia’s present alcohol tax system as ‘incoherent’, and recommended a new approach based on volumetric or alcohol content-based tax.

The Australian Government’s Preventative Health Taskforce has also called for taxes on alcohol to be overhauled\textsuperscript{vi}.

International scientific evidence consistently shows that rates of alcohol consumption and resultant harm are influenced by price\textsuperscript{viii}, \textsuperscript{x}, \textsuperscript{xi}, \textsuperscript{xii}, \textsuperscript{xiii}, \textsuperscript{xiv}. Alcohol taxation, as a means of increasing the price of alcohol, 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\textsuperscript{xv}. Even small increases in the price of alcohol can have a significant impact on consumption and harm\textsuperscript{xvi}. However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia.

Restricting the physical availability of alcohol
In addition to curbing the economic availability of alcohol, its physical availability can be regulated by means of restricting the trading hours of on and off license premises, and restrictions on the density of these outlets. The Australian government’s Preventative Health Taskforce, citing evidence compiled by the National Drug Research Institute, concludes that “Most Australian studies have shown that increased trading hours have been accompanied by significantly increased levels of alcohol consumption and/or harms”. Citing several studies, the Preventative Health Taskforce concluded that evidence gathered from three Australian states “demonstrated consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there. In particular, these studies have linked rates of violence to density of alcohol outlets\textsuperscript{xvii}, \textsuperscript{xviii}, \textsuperscript{xix}, \textsuperscript{xx}.

New Zealand
Alcohol Action New Zealand (AANZ) lists the following facts on its website:

- At least 25% of New Zealand drinkers are heavy drinkers (Wells et al 2006)
- A third of all police apprehensions involve alcohol (Stevenson 2009)
- Half of serious violent crimes are related to alcohol (Stevenson 2009)
- 60 different medical conditions are caused by heavy drinking (O’Hagan et al 1993)
- Up to 75% of adult presentations at Emergency Departments on Thursday, Friday and Saturday nights are alcohol-related (Quigley personal correspondence)
- Over 300 alcohol-related offences every day (Stevenson 2009)
- Over 500 serious and fatal injury traffic crashes every year (Erasmus 2009)
- At least 600 children born each year with fetal alcohol spectrum disorder (May & Gossage 2001)
- Over 1000 alcohol-related deaths in New Zealand every year (Connor et al 2005)
- 17,000 years of life per year are lost through alcohol (Connor et al 2005)

COLLEGE POSITION
As Fellows of the College we can do more to reduce alcohol related harm and injury by supporting evidence based policy, than we can by our best individual or collective efforts treating those with alcohol related injury.

The College endorses the top three policies that will have the greatest impact on reducing alcohol-related harms:

- restriction on trading hours
- reduction of the availability of alcohol through reduction of outlet density; and
- application of a stepped volumetric tax on alcohol
The College has grouped these together as the “HOT” issues – hours, outlets and taxes

As a first step toward measuring the trauma related harm caused by excessive consumption of alcohol, the College recommends the collection of data pertaining to concomitant consumption of alcohol in patients presenting with injury. This data collection should be facilitated through a mandatory data field as a requirement in Trauma Service Verification. Furthermore, the College would support mandatory evidence of emergency department focussed intervention for alcohol harm mitigation strategies as an element of Trauma Service Verification.

Approver: Director, Relationships & Advocacy
Authoriser: Council


2 Key issues in alcohol-related violence. Research in practice no. 4 Anthony Morgan and Amanda McAtamney ISSN 1836-9111, Canberra: Australian Institute of Criminology, December 2009


Room R and Livingston M. *Variation by age in the harm per drinking volume and heavier drinking occasion*. Melbourne: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, 2007.


