

**Submission
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MEASURES TO REDUCE ALCOHOL AND DRUG-RELATED VIOLENCE

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Inquiry into Measures to Reduce Alcohol and Drug Related Violence

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the New South Wales (NSW) Legislative Assembly Committee on Law and Safety inquiry into *measures to reduce alcohol and drug-related violence in the Sydney Business District*.

ACEM is a not-for-profit organisation responsible for the training of emergency physicians and for the advancement of professional standards in emergency medicine in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in improving the quality of emergency care provided to the community. ACEM welcomes the Committee's inquiry into this important public health issue; alcohol and drugs have significant impacts on the community and ACEM encourages the Committee in particular to consider the introduction of preventive measures that could further reduce alcohol and drug-related violence.

Emergency physicians are at the forefront of responding to and treating the consequences of drug and alcohol related harm. This ranges from treating alcohol intoxication and drug overdoses, and severe injuries sustained as a direct result of intoxication, to managing acute complications of chronic alcohol and drug-related conditions. ACEM members see their role not only in the provision of acute care for these immediate injuries, but also in engaging with other organisations to implement primary and secondary prevention strategies.

Alcohol and drug-related violence data

There is currently limited data available on the rates of injury caused by alcohol and drug related violence presenting to emergency departments, with no compulsory collection of alcohol or drug-related presentations. In addition, screening for alcohol and other drugs varies across emergency departments (ED). Anecdotal reports from ACEM members suggest that the rates of alcohol and drug-related presentations have increased over recent years and are under-estimated in current patient data sets. ACEM considers that there are likely to be many more incidents of alcohol-related physical harm which do not present to a hospital ED, and similarly many incidents of alcohol-related violence which do not come to the attention of the police, with some studies reporting that up to 85% of assaults in bars and clubs were not reported to police.¹

Media has focused on the incidence of alcohol fuelled 'king hits' or 'coward punches' in the Sydney Business District. These are serious crimes which cause suffering and disability, and ACEM welcomes measures to reduce their incidence. However alcohol and drug-related violence goes beyond coward

¹ Morgan A & McAtamney A. 2009. Key issues in alcohol-related violence. Australian Institute of Criminology. Research in Practice Summary Paper No. 04.

punches; violence causing injury to members of the public, venue staff, police, paramedics and emergency staff must be quantified, if the real cause of these issues is to be adequately addressed.

ACEM is conducting the first large-scale research study to quantify alcohol-related presentations in emergency departments in Australia and New Zealand. The main aims of this research are to provide evidence on the rate and range of alcohol-related presentations, and to produce a national data set of alcohol-related presentation definitions. The key activities of this project are:

- Two snapshot surveys, quantifying the percentage of alcohol-related presentations to EDs in Australia
- A survey of ED clinical staff perceptions of alcohol-related presentations, which will gather qualitative data on the impact alcohol-affected patients have on staff and other patients, the functioning of the ED, and the rates of alcohol-related violence experienced.
- A seven-day continuous survey of alcohol-related presentations in ten EDs across Australasia, which will yield in-depth data on the range of alcohol-related presentations over a one-week period, and the effect these have on the functioning of the ED.

The first large-scale bi-national snapshot survey of alcohol-related presentations to EDs in Australia and New Zealand was conducted on 12 December 2013 (at 2am) in 106 EDs. Alarmingly the survey found that 14% of all presentations at that point in time in Australia were alcohol-related.² ACEM therefore strongly believes that compulsory collection of alcohol and drug related presentations data would be a step towards providing:

- A clearer picture of the extent of alcohol and drug-related injury presenting to hospital.
- Causal factors involved in these injuries (e.g. an assault by a stranger or a domestic violence incident).
- An evidence base to inform policy decisions.
- A framework to enable evaluation of legislative measures introduced to address alcohol and drug-related violence.

ACEM would strongly support the introduction of alcohol and drug-related ED presentation data collection by the NSW government to facilitate these outcomes.

Measures to reduce alcohol and drug-related violence

One in five Australians drink at a level that increases their lifetime risk of alcohol-related disease or injury.³ In 2011-12, almost half of Australians (44.7%) over the age of 18 reported consuming alcohol on a single occasion in the preceding year that put them at increased risk of acute injury⁴. The burden of alcohol related injury and disease is significant; it is estimated that 15 Australians die every day as a result of alcohol – this translates to 5,554 deaths per year.⁵

²Egerton-Warbuton D, Gosbell A, Wadsworth A, Fatovich D, Richardson D. (2014). Point prevalence survey confirms under-reporting of alcohol-related presentations to emergency departments in Australia and New Zealand. (Accepted, awaiting publication).

³ Australian Bureau of Statistics, (2013) Australian Health Survey: First Results (2011-12) Publication Number: 4264.0.55.001 Retrieved from (1/04/14): [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1680ECA402368CCFCA257AC90015AA4E/\\$File/4364.0.55.001.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1680ECA402368CCFCA257AC90015AA4E/$File/4364.0.55.001.pdf).

⁴ Australian Bureau of Statistics, (2013) Australian Health Survey: First Results (2011-12) Publication Number: 4264.0.55.001 Retrieved from (1/04/14): [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1680ECA402368CCFCA257AC90015AA4E/\\$File/4364.0.55.001.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1680ECA402368CCFCA257AC90015AA4E/$File/4364.0.55.001.pdf).

⁵ Gao C, Ogeil, RP & Lloyd B. 2014. Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

ACEM supports the following evidence-based measures to reduce alcohol and drug-related violence:

- **Screening, brief intervention and referral for treatment programs in emergency departments**

High rates of patients with alcohol related injuries and conditions present to EDs (approximately 1.5 to 3 times higher than in primary care settings)⁶. International research suggests that screening, brief intervention and referral for treatment (SBIRT) can be an effective tool to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and other drugs⁷. This practice involves (i) a healthcare professional assessing a patient for risky drinking and/or drug taking using a standardized screening tool (ii) having a structured conversation about risky alcohol and/or drug use, providing feedback and advice and (iii) referring the patient to a brief therapy or additional treatment if appropriate.

While there is international research regarding the use of SBIRT in healthcare settings, there is a paucity of data relating to the Australian context. In order to establish the effectiveness of SBIRT within Australian EDs, ACEM would welcome funding from the NSW Government for the establishment of a pilot project investigating the effectiveness of SBIRT in NSW EDs. ACEM has the resources and expertise to deliver such a pilot and would welcome the opportunity to discuss this in more detail.

- **Reduce opening hours and restrict the density of on- and off- licenses**

Liberalisation of alcohol laws and an increase in liquor licenses over the last twenty years has led to a proliferation of alcohol retail outlets. Alcohol is widely available at cheap prices from retail outlets with extended trading hours. Evidence from Australia, Brazil, Canada, the Nordic countries and the United States of America shows that when hours and days of sale are decreased, consumption and harm decrease, and vice versa.⁸ ACEM therefore supports the current state-wide restriction on trading after 10pm for off-licences, and restrictions on the serving of alcohol after 3am for licensed premises in Kings Cross, Darlinghurst, Cockle Bay, the Rocks and Haymarket. This is further supported by an evaluation of reduced closing times in the central business district of Newcastle (NSW), which showed that the restriction of licensed premises closing times to 3am (and later 3.30am) resulted in a large relative reduction in assault incidence of 37% in comparison to a control locality.⁹

ACEM notes that further measures being considered for the Sydney CBD Entertainment Precinct include the development of a management plan which will impose additional special license conditions on venues in the Precinct, and an annual risk-based licensing fee scheme for liquor licenses. ACEM strongly supports the introduction of such measures and recommends the expansion of such initiatives beyond the Sydney business district.

⁶ Australian Department of Health and Ageing. 2009. Guidelines for the Treatment of Alcohol Problems. Cat. no. P3 – 5625. Canberra. DoHA.

⁷ D’Onofrio, G and Degutis, L. 2004/2005. Alcohol Research and Health. Screening and Brief Intervention in the Emergency Department. Vol. 28, No. 2

⁸ Babor et al. 2010.

⁹ Kypri K, Jones C, McElduff P, Barker D. 2011. Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*. 2011 Feb;106 (2):303-10.

Additional measures which ACEM suggests should be considered include an investigation of the geographical distribution of outlets selling alcohol. A review of international studies has found higher rates of alcohol-related problems in areas with higher outlet densities.¹⁰ This research suggests that clustering alcohol outlets in entertainment areas creates an environment where large numbers of drinkers move from premises to premises, increasing the likelihood of alcohol-related violence. In addition, a further spatial analysis study undertaken in Melbourne found an association between the concentration of public house licenses and assaults. As the amount of licenses increased, numbers of assaults per license also increased, but with greater increases seen at higher concentrations of licenses.¹¹ This suggests licensing authorities should identify a maximum density of licensed premises.

- **Control the advertising and promotion of alcohol**

Alcohol is one of the most heavily promoted products in the world. ACEM is particularly concerned that young people are regularly exposed to advertisements depicting alcohol consumption as social, fun and inexpensive. In a survey of Australian children aged 12 to 17 years, 94% report having seen alcohol advertising on television, while the majority report seeing alcohol ads in magazines, newspapers, on the internet, and on billboards and promotional materials.¹² Alcohol advertising in Australia is self-regulated by the alcohol and advertising industries through the Alcohol Beverages Advertising Code (ABAC) Scheme. The Alcohol Advertising Review Board (AARB) has found numerous deficiencies with this scheme, including:

- The scheme is voluntary
- ABAC is not empowered to penalise advertisers who breach the code
- ABAC deals only with the content, not the placement of adverts
- ABAC does not adequately regulate alcohol advertising on social media
- Making a complaint is difficult and confusing.¹³

Alcohol advertising must also comply with the Commercial Television Industry Code of Practice which currently restricts alcohol advertising from 8.30 pm to 5.00 am and 12.00 pm to 3.00 pm on school days. However, the positive messages surrounding alcohol consumption continue to be widely viewed by children, with alcohol advertising permitted during live broadcasts of sporting events on weekends and public holidays. The 2014 Annual Report of the AARB also found that 76% of Australian children aged 5 to 12 years were able to match at least one sport with its relevant sponsor. This is further reinforced by data which shows that half of all alcohol ads are broadcast during sport – despite sport making up only 29% of all programming.¹⁴ In 2009, the National Preventative Health Taskforce recommended the Federal Government phase out alcohol promotions from times and placements with high exposure to young people aged up to 25 years. This includes advertising during live sport broadcasts and sponsorship of sport and cultural

¹⁰ Babor et al. 2010.

¹¹ Livingston M. Alcohol outlet density and assault: a spatial analysis. *Addiction*, 2008, 103:619–628.

¹² Jones, S. C. & Magee, C. A. (2011). Exposure to alcohol advertising and alcohol consumption among Australian adolescents. *Alcohol and Alcoholism*, 46 (5), 630-637.

¹³ Alcohol Advertising Review Board. 2014. Annual Report 2013-14. McCusker Centre for Action on Alcohol and Youth.

¹⁴ Alcohol Advertising Review Board. 2014. Annual Report 2013-14. McCusker Centre for Action on Alcohol and Youth.

events. The Government however has indicated it will not be considering regulatory action on alcohol advertising in the immediate future.

ACEM supports the establishment of an independent regulatory body for alcohol advertising, sponsorship and promotions, and greater efforts made to protect young audiences up to 25 years from alcohol advertising.

- **Increase the tax on alcohol¹⁵**

Alcohol products in Australia are currently taxed differently based upon their type, packaging, alcohol content and cost. The Australia's Future Tax System Review ('The Henry Tax Review') described the current alcohol taxation system as incoherent, with the greatest discrepancy in the current system being the wine equalisation tax (WET). The WET results in wine being taxed according to its retail price rather than its alcohol content, resulting in cheaper wines attracting far less tax. ACEM therefore supports further investigation into measures to tax alcohol products according to their alcohol content. As a comparison, tax increases on tobacco have proved to be the single most effective way to reduce premature deaths caused by smoking.¹⁶

- **Introduce strong penalties for breaching liquor bans**

In December 2013, New Zealand amended the Sale and Supply of Liquor Act 2012. Along with closing bars at 4am and one-way door policies, spot fines for breaching liquor bans were introduced. From December 18, 2013 to February 26, 2014, it was reported that Police recorded 1,258 fewer alcohol-related violent incidents compared with the corresponding time last year.¹⁷ New Zealand has also introduced spot fines (NZ\$250) for the following:

- Drinking or having an open container of alcohol in public anywhere in a liquor ban area. This includes car parks and school grounds, not just streets and parks.
- Presenting a fake identification (ID)
- Using another person's ID to buy alcohol
- Giving or lending an ID to an underage person to buy alcohol.

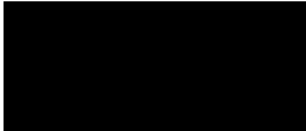
¹⁵ Babor et al. 2010. Alcohol: no ordinary commodity. Research and public policy. Oxford University Press

¹⁶ World Health Organisation. 2011. Effectiveness of Tax and Price Policies for Tobacco Control, IARC Handbooks of Cancer Prevention, Volume 14.

¹⁷ http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11244904. (Accessed 13 August 2014)

Thank you for the opportunity to provide this submission to the NSW Legislative Assembly's Law and Safety Committee on *measures to reduce alcohol and drug-related violence in the Sydney Business District*. ACEM would welcome further opportunities to discuss and collaborate with the NSW Government regarding effective measures to reduce drug and alcohol related violence. If you require any clarification or further information, please do not hesitate to contact the ACEM Director of Policy and Research, Dr Andrew Gosbell [REDACTED] or [REDACTED]

Yours sincerely,



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