



# ST VINCENT'S HEALTH AUSTRALIA

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

## Submission to NSW Liquor Law Review

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## 1. Context: Why take a position on alcohol?

### Our experience with alcohol-related harm and violence

St Vincent's Health Australia operates public, private and aged care health services including two major tertiary public hospitals in the heart of Sydney and Melbourne. Every day across all our facilities we treat the health impacts of harmful consumption of alcohol across the lifespan.

This includes:

- Disability and brain injury from early exposure to alcohol including harmful drinking in adolescence and maternal alcohol use in pregnancy.
- Injuries and trauma from alcohol-related accidents and violence (public and domestic) treated in our emergency departments, trauma wards, operating theatres and intensive care units.
- Chronic illness from long term alcohol consumption including cancers, heart and liver disease, cognitive impairment and dementia, and mental illness.

We have also delivered specialist alcohol dependence treatment services (residential and outpatient) for more than 50 years, making us one of Australia's oldest public services of this kind.

Due to the location of our public hospitals near the entertainment and central business districts in both cities, St Vincent's Health Australia has extensive experience with the impacts of alcohol-fuelled violence.

We know first-hand that the large volume of trauma and injuries presenting to our emergency departments as a result of alcohol is not only devastating for the victims of violence and their families, but comes at a huge cost to our hospital services and the community as a whole.

The voices of our senior clinicians are strong and in unison: as an organisation we have a responsibility to influence public policy at a system-wide level by sharing our experiences and offering informed, evidence-based guidance as we would for any major health issue.

St Vincent's Health Australia knows that alcohol-related violence *can* be prevented and its impact on all in our community reduced. The evidence supporting restrictions on alcohol availability is compelling – the costs of doing nothing are very high; and the benefits of reducing harm substantial.

### The health impacts of Australia's alcohol problem

Alcohol harm in Australia is significant and growing. Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisation.<sup>1</sup>

Every year in Australia more than 5,500 lives are lost and more than 157,000 people are hospitalised for chronic disease and injury caused by alcohol – that's 15 deaths and 430 hospitalisations *each day*. The burden of disease from alcohol grew by 62% over the decade to 2010.<sup>2</sup>

Heavy drinking puts the drinker at significant risk of harm including injury and death, and long-term health issues. But the impact is wider than just those drinkers. Around three-quarters of Australian adults report being negatively affected by *someone else's* drinking in any year.

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<sup>1</sup> National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. {cited 2011 February 2} Available from: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

<sup>2</sup> Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

For example, in one year (2005):

- 367 people died due to another person's drinking (77 due to violence);
- 13,700 people were hospitalised because of another person's drinking (9,200 due to violence);
- 70,000 people were the victims of a reported alcohol related assault (note only around a third of alcohol-related assaults are reported to police); and
- around 20,000 cases of child abuse and neglect were substantiated involving alcohol<sup>3</sup>.

And all Australians share the costs of alcohol-related harm – as family members, friends, colleagues and taxpayers.

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<sup>3</sup> Foundation for Alcohol Research and Education and Centre for Alcohol Policy Research, *The range and magnitude of alcohol's harm to others* Summary February 2015

## 2. The evidence supporting the NSW liquor law changes

### The relationship between alcohol-related violence and licensed premises

Licensed premises are a high risk setting for alcohol-related violence. International and Australian research indicates:

- A significant proportion of assaults occur in or close to licensed premises. A key Australian study found that over 40% of all assaults occur in or around licensed premises.<sup>4</sup>
- Licensed premises are the highest risk setting for alcohol-related violence, with hotels and clubs the highest risk venues.<sup>5</sup>

St Vincent's Health Australia notes that alcohol-related violence in a residential setting is also significant. While outside the terms of reference for this review, we also advocate for governments to take action to reduce and address the impacts of alcohol-related domestic and family violence.

### The relationship between alcohol-related violence and licensed venue trading hours

There is also strong national and international evidence that extended trading hours at alcohol outlets results in increases in alcohol-related harm. Conversely restricting the trading hours of on and off-license premises through liquor licensing has been found to be effective at reducing alcohol-related violence.

For example:

- In the Netherlands, a 1-hour extension of alcohol outlet closing times in some of Amsterdam's nightlife areas was associated with 34% more alcohol-related injuries.<sup>6</sup>
- In Norway, a study across 18 cities found a 16% increase in violent crime associated with every additional hour of trading and a similar reduction in violence for every reduced hour of trading.<sup>7</sup>
- In Germany, a late-night off-premise alcohol sales ban has been found to be effective at reducing alcohol-related hospitalizations among adolescents and young adults in the short term.<sup>8</sup>
- In New York, every additional hour of trading was associated with a greater reported incidence of violent crimes.<sup>9</sup>

In the Australian context, changes to licensed venue closing times from 5am to 3.30 am introduced in the Newcastle CBD in 2008 also provide a useful case study. Research into the impact of the Newcastle reforms found that restricting on-site trading hours at licensed venues had delivered:

- a substantial (37%) reduction in non-domestic assaults requiring police attention<sup>10</sup>;

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<sup>4</sup> Morgan A & McAtamney A (2009), *Key issues in alcohol-related violence*, Australian Institute of Criminology.

<sup>5</sup> Morgan A & McAtamney A (2009), *Key issues in alcohol-related violence*, Australian Institute of Criminology.

<sup>6</sup> Goeij, Moniek, et al. (2015) "The impact of extended closing times of alcohol outlets on alcohol-related injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation." *Addiction* 110.6: 955-964.

<sup>7</sup> Rossow, Ingeborg, and Thor Norström. (2012) "The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities." *Addiction* 107.3: 530-537.

<sup>8</sup> Marcus, Jan, and Thomas Siedler (2015). "Reducing binge drinking? The effect of a ban on late-night off-premise alcohol sales on alcohol-related hospital stays in Germany." *Journal of Public Economics* 123: 55-77.

<sup>9</sup> Schofield, Timothy P., and Thomas F. Denson. (2013) "Alcohol outlet business hours and violent crime in New York State." *Alcohol and alcoholism* 48.3: 363-369.

<sup>10</sup> Kypri, Kypros, et al. (2011) "Effects of restricting pub closing times on night-time assaults in an Australian city." *Addiction* 106.2: 303-310.

- five years after the reforms, this reduction in assaults had been sustained while in a comparator city (Hamilton) the assault rate had not declined over the same period<sup>11</sup>;
- a significant decrease in injury-related ED presentations – an estimated 344 ED attendances were prevented each year (from a population of 308,000)<sup>12</sup>.

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<sup>11</sup> Kypri, Kypros, Patrick McElduff, and Peter Miller. (2014) "Restrictions in pub closing times and lockouts in Newcastle, Australia five years on." *Drug and alcohol review* 33.3: 323-326.

<sup>12</sup> Miller, Peter, et al. (2014) "Changes in injury-related hospital emergency department presentations associated with the imposition of regulatory versus voluntary licensing conditions on licensed venues in two cities." *Drug and alcohol review* 33.3: 314-322.

### 3. The impact of the NSW Liquor Law changes

#### The changes have met the stated objectives

The Government's stated objectives when introducing the changes were to:

- reduce alcohol-related violence and anti-social behaviour;
- improve the safety and general amenity in the precincts, particularly late at night; and
- reinforce to the community that alcohol-fuelled violence will not be tolerated.

St Vincent's Health Australia considers that the reforms have unquestionably achieved these objectives. In the two years since the introduction of the laws the Hospital has witnessed a significant decline in volume of alcohol related harms in addition to a reduction in the severity of injuries.

#### Reduced alcohol-related violence (and associated health impacts)

St Vincent's Hospital Sydney serves the Kings Cross entertainment district and the Sydney CBD and has within its catchment the greatest number of licensed premises in Australia. As such, we have close experience of before and after the NSW Government's liquor law changes.

St Vincent's Hospital Sydney's experience is compelling:

- In the year following the introduction of the liquor laws, St Vincent's Hospital Sydney experienced a reduction in the number of serious or critical alcohol-related presentations to the emergency department – from 318 in the year prior to 246 in the year before.
- This change was seen throughout the week, but was especially marked over the weekend 'party period' (between 6pm Friday and 6am Sunday) when alcohol consumption is highest. There was a 25% drop in alcohol-related serious and critical injuries in this high alcohol consumption period<sup>13</sup>.
- Our neurosurgeons also report a decrease in the number of patients presenting between 8pm and 8am with serious head injuries (which often require immediate surgery) – from 26 patients in the year prior to the lock-outs to 11 patients in the year following.
- Intensive care unit usage at St Vincent's due to alcohol-related violence has also declined. There have been only three alcohol-related admissions to the hospital's Intensive Care Unit from the precinct since the lock-out started and not a single alcohol-related assault death in the hospital.
- A recent, yet to be published study conducted by the St Vincent's Hospital Plastic and Reconstructive Surgery Department looked at all operative facial fracture cases at the hospital before and after the liquor law changes.
  - In the two years prior to the Liquor Law changes surgeons operated on 119 cases related to alcohol (82% of all cases operated on). In the two years after the changes, there were just 37 alcohol-related cases (64% of all cases).
  - This is a reduction of 69% in alcohol-related facial fracture cases requiring surgery.

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<sup>13</sup> Fulde G., Smith M. & Forster S. (2015), "Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws", *Medical Journal of Australia* 203(9), 2 November 2015.

- We also understand from our colleagues at the Royal Prince Alfred hospital, the major public hospital serving the nearby Newtown area (not covered by the last drinks and lock out legislation), is reporting no increase in alcohol-related presentations and admissions in the two years since the measures were introduced.

St Vincent Hospital Sydney's experience is supported by independent crime data gathered by the NSW Bureau of Crime Statistics and Research's (BOCSAR). BOSCAR found the reforms were associated with:

- an "immediate and substantial" reduction in assaults in Kings Cross (down by 32%);
- a "substantial and perhaps ongoing" reduction in assaults in the CBD (down 26%); and
- a smaller but still significant reduction (9%) in assaults across NSW, noting the bottle shop trading hour restrictions are statewide.<sup>14</sup>

BOSCAR also found no evidence of displacement in violence to other areas with the exception of Star City casino. The increase in assaults at Star City was much smaller than the reductions across the Kings Cross and Sydney CBD entertainments precincts. Contrary to media reports, the research shows there has not been any displacement of violence to places such as Newtown, Petersham, Coogee or Bondi.<sup>15</sup>

### **The evidence is strongest for restrictions in trading hours**

The weight of local, national and international evidence suggests that restricting trading hours of licensed premises is effective in reducing alcohol related violence. Equally as compelling is the positive impact of the restrictions on trading hours to 10pm on bottle shop sales. St Vincent's emphatically believes that both initiatives must remain as the most effective tools to reduce alcohol-related violence based on the current evidence base.

Further, while there is some international evidence about outlet density and risk associated with particular venues or clusters of venues, linking alcohol sales data with ambulance, emergency department and police data would significantly strengthen the evidence base in Australia.

To this end, St Vincent's is participating in an NHMRC research project led by Professor Peter Miller from Deakin University to collect valuable data in emergency departments about a person's alcohol consumption prior to their presentation. Under this project, all ED patients will be asked an initial basic question: 'Did you consume any alcohol in the 12 hours before your injury?'. If so, then three additional questions are asked: 'How many drinks did you consume?'; 'Where did you purchase the alcohol you consumed?'; and 'Where did you consume your last drink (including exact name of premises if a pub or club)?'.

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<sup>14</sup> Menendez P., Weatherburn D., Kypri K, Fitzgerald J. (April 2015). *Lockouts and Last Drinks. The Impact of January 2014 Liquor Licence Reforms on Assaults in NSW, Australia*. NSW Bureau of Crime Statistics and Research, School of Medicine and Public Health, University of Newcastle, Australia.

<sup>15</sup> Menendez P., Weatherburn D., Kypri K, Fitzgerald J. (April 2015). *Lockouts and Last Drinks. The Impact of January 2014 Liquor Licence Reforms on Assaults in NSW, Australia*. NSW Bureau of Crime Statistics and Research, School of Medicine and Public Health, University of Newcastle, Australia.

## 4. 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 34 facilities along the east coast of Australia including six public hospitals, eight private hospitals, a growing number of aged care facilities and major research institutes including Victor Chang Institute, Garvan Institute of Medical Research 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 3,300 hospital beds, 1,100 aged care places, employs over 17,000 staff, works with over 2,500 medical practitioners and draws on the talents over 1,300 generous volunteers. Each year we provide care to more than 260,000 inpatients and over a million episodes of ambulatory care throughout our outpatient services.

St Vincent's Health Australia has a long history in responding to alcohol-related harm. The Sisters of Charity pioneered the first medically-based combined clinical and academic program for the treatment and study of alcohol dependence at St Vincent's Hospital, Fitzroy, Melbourne in 1964; and, at St Vincent's Hospital, Darlinghurst, Sydney in 1971.

St Vincent's Hospital Sydney's Alcohol & Drug Service is a recognised leader in the management of alcohol and drug-related health problems including hospital inpatient, outpatient *Wellness Clinic*, multidisciplinary care hospital liaison services, a statewide stimulant treatment service and a 20-bed non-medical residential withdrawal unit, Gorman House, that is currently transitioning to a 20 bed medically supervised detoxification ward with a new assertive community outreach care programme.

St Vincent's Hospital Melbourne's Department of Addiction Medicine is a major health service provider in the management of alcohol and drug-related health problems. The hospital offers a combination of in and outpatient services including the 12 bedroom Depaul House, a medical residential withdrawal unit, consultation liaison services, drink driving education, counselling and research.