ST VINCENT'S
HEALTH AUSTRALIA

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Submission to Senate Standing Committee on Economics *Personal Choice and Community Impacts* inquiry

21 August, 2015

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1. About St Vincent's Health Australia

St Vincent's Health Australia (SVHA) 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.

We are a clinical and education leader with a national and international reputation in various fields of medical research. Our areas of expertise cross 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 New South Wales, University of Melbourne, University of Sydney, 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 those most vulnerable among us, 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, by cripples some, calls us to act.

2. Inquiry Terms of Reference

The Senate Standing Committee on Economics *Personal Choice and Community Impacts* Inquiry currently underway focuses on the economic and social impact of legislation, policies or Commonwealth guidelines with particular reference to:

a) the sale and use of tobacco, tobacco products, nicotine products, and e-cigarettes, including any impact on the health, enjoyment and finances of users and non-users;
b) the sales and service of alcohol, including any impact on crime and the health, enjoyment and finances of drinkers and non-drinkers;
c) the sale and use of marijuana and associated products, including any impact on the health, enjoyment and finances of users and non-users;
d) bicycle helmet laws, including any impact on the health, enjoyment and finances of cyclists and non-cyclists;
e) the classification of publications, films and computer games; and
f) any other measures introduced to restrict personal choice 'for the individuals own good.'

3. Introduction to our Submission

For the purposes of this submission, SVHA has chosen to focus on the following term of reference; *"b. the sale and service of alcohol, including any impact on crime and the health, enjoyment and finances of drinkers and non-drinkers.*"

SVHA has two major tertiary public hospitals in New South Wales and Victoria that cater to the entire spectrum of alcohol-related harm and violence.

Due to the geographical locations of St Vincent's Public Hospitals, Darlinghurst in Sydney and Fitzroy in Melbourne – both located in close proximity to each city's CBD and entertainment precincts – SVHA has had first-hand experience of the harmful supply and consumption of alcohol, with increased pressure and cost on our emergency departments and hospital services as we respond to what in previous years, particularly in Sydney, has been described as an epidemic of alcohol misuse and harm.

We also bear witness to the negative effects of alcohol's impact on a wider group of vulnerable individuals, beyond the CBDs of Sydney and Melbourne. This diverse group of vulnerable individuals are the most hidden and include:

- individuals that experience, homelessness, mental health, domestic violence and chronic disease;
- the youth who are placing themselves at risk of brain damage, and other serious effects of alcohol misuse
- 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.[1]

SVHA has a long history in providing a significant health care response to these vulnerable groups, including their interaction with alcohol.

This was first demonstrated by the pioneering efforts of the Sisters of Charity in introducing 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.

SVHA is in a strong position to provide commentary on the issue of sales and service of alcohol and its impact on crime and health. 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 and a 20-bed non-medical residential withdrawal unit, Gorman House.

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.

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[1] Vos T, Barker B, Stanley L, Lopez A (2007) The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. Brisbane: Centre for Burden of Disease and Cost-Effectiveness, University of Queensland.

Today the voices of our senior clinicians continue to be strong and in unison: that as an organisation we have a responsibility to look at public policy decisions at a system-wide level in terms of how they affect individuals and the broader community and offer informed guidance and influence.

In response to this Inquiry, SVHA's submission will focus on the experience of managing the fall-out of alcohol-related harm and violence as observed by St Vincent's Sydney Hospital (SVHS), which has witnessed first-hand the dramatic positive difference the NSW Government's suite of measures to reduce alcohol-related harm have had.

4. Why Take a Position on Alcohol?

Alcohol harm in Australia is significant, with more than 5,500 lives lost every year and more than 157,000 people hospitalised[2] making alcohol one of our nation's greatest preventative health challenges.

The evidence in support of the need for intervention is compelling – alcohol problems are not restricted to a small proportion of heavy and/or dependent drinkers.

A reduction of alcohol-related harm and a shift to a culture of responsible drinking are matters requiring urgent, preventative action, and a change in our societal culture.

As an organisation SVHA believes 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, are 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 correctional services are increasingly unsustainable.

In Australia, alcohol is second only to tobacco as the leading preventable cause of death and hospitalisation.[3] As a health organisation we are faced daily with the outcomes of the harmful consumption of alcohol across the lifespan. This may be harm caused by alcohol-related road trauma or violence treated in our emergency departments, trauma wards, operating theatres or intensive care units. It may also be through the care of our patients with mental illness or chronic disease brought about by harmful alcohol consumption over the longer term. Or it may be through dealing with developmental problems arising from alcohol use in pregnancy, including foetal alcohol spectrum disorders.

The harms associated with alcohol and the increasing scientific evidence regarding the health outcomes influenced by alcohol is persuasive to anyone involved in health care and clearly indicates that action must be taken.

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

[3] 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

The effects of alcohol-related harm, however, extend beyond the individual and the health system and include social and economic costs of harm to families, communities and society at large. Alcohol abuse or intoxication is implicated in violence, both domestic and public, unemployment, financial problems and poverty, drink driving, traffic accidents, industrial and work accidents, fires, falls, and suicide.

Alcohol-related harm can be prevented and its impact reduced, in the same way that health efforts have prevented and reduced the harms associated with smoking, seat belts, random breathing testing, immunisation, sun protection, and HIV to name but a few.

Public health policy has played a significant role in all of these areas and has become a growing asset in recalibrating culture, attitudes and beliefs of a society.

Health is above all characterized by its emphasis on prevention. Rather than simply accepting or reacting to alcohol-related harm, its starting point is the strong conviction that the harmful consequences of alcohol can be prevented.

SVHA supports a coordinated national approach to alcohol harm minimisation that is underpinned by strong partnerships across the government and non-government sectors and industry.

The Harper Commission into competition policy gave similar recognition to this issue in its recent report when it said:

> "*…given the Panel's view that the risk of harm from liquor provides a clear justification for liquor regulation, any review of liquor licensing regulations against competition principles must take proper account of the public interest in minimising this potential harm."*

SVHA acknowledges that while some interventions are more effective than others, there is no single strategy that can offer a 'quick fix' or 'silver bullet' to the prevention of harmful consumption of alcohol. Rather, countless reviews conclude that an integrated approach is required.

One of the interventions that has been identified as being effective and for which benefits are quantifiable – and which must be included in any integrated approach to reducing alcohol-related harm – is curbing the physical availability of alcohol by means of restricting the trading hours of on- and off-license premises, and by restricting the density of these outlets in a given locality and the range of places in which it is sold.

Consider the following:

- Studies have shown that 60 per cent of people presenting with injuries to emergency wards had consumed alcohol bought from a store in the hours leading up to their injuries.[4]

- Ambulances are more commonly called to neighbourhoods near bottle shops, with areas near larger chain stores reporting even higher injury rates.[5]

[4] Miller, P. (2015). Last drinks: A study of rural emergency department data collection to identify and target community alcohol-related violence. Deakin University on behalf of Australasian College of Emergency Medicine.

[5] Morrison, C., & Smith, K. (2015) *Disaggregating relationships between off-premise alcohol outlets and trauma*. Canberra: Foundation for Alcohol research and Education (FARE).

There is strong national and international evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems and that the reduction in these hours can contribute to a reduction in these same problems.

5. Alcohol Reform Success Story: St Vincent's Hospital's Sydney

St Vincent's Hospital Sydney (SVHS) – which serves Kings Cross and the CBD and has within its catchment the greatest number of licensed premises in Australia – has had close experience of the NSW Government's efforts to reduce the availability of alcohol via its suite of measures known collectively and colloquially as "the lockout laws", which were introduced in February 2014.

The hospital has observed first-hand the positive impact that the measures – including the statewide 10pm close of bottle shops and 1.30am lockout/3am last drinks – have had.

SVHS's experience is compelling:

- Over the one-year prior to the laws' introduction in February 2014, the hospital saw 26 patients with serious head injuries admitted between the hours of 8pm-8am.

- In the year that followed, over the same 8pm-8am window, the hospital saw only 11 serious head injuries – more than 50 per cent reduction in presentations of this type. Moreover, only one of those injuries involved alcohol and came from the area covered by the lockout.

- Anecdotally, the frequency at which people are presenting at our Emergency Department with alcohol-related issues – and the severity of those issues – has declined.

- Of those presentations, it's common for patients to exhibit a lower level of intoxication and anti-social behaviour than prior to the "lockout laws'" introduction.

St Vincent Hospital Sydney's experience of the "lockout laws" has been supported by independent evidence gathered by the NSW Bureau of Crime Statistics and Research's (BOCSAR).

BOCSAR's review into the reforms judged them to have delivered an "immediate and substantial" reduction in assaults in Kings Cross (down by 32%) and a "substantial and perhaps ongoing" reduction in assaults in the CBD (down 26%)[6]

Most areas adjacent to Kings Cross or Sydney CBD entertainments precincts or within easy reach of these precincts showed no increase in assaults.

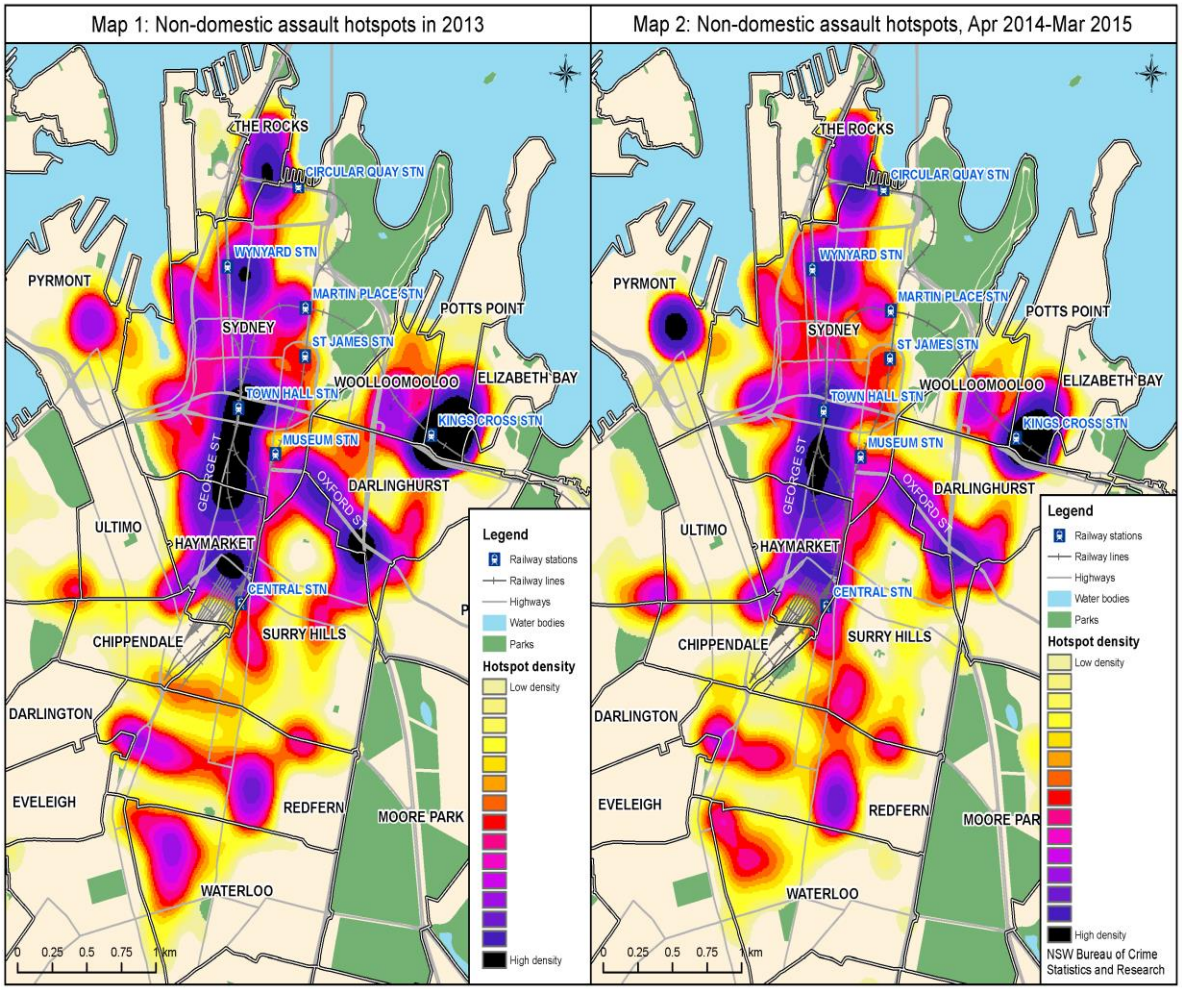
Contrary to media reports, the research shows there has not been any displacement of violence to places such as Newtown, Petersham, Coogee or Bondi.

BOCSAR's long-term Director, Dr Don Weatherburn, publicly called the results "spectacular".

BOCSAR-published 'hotmaps' (see next page) of non-domestic assaults in the Sydney CBD and Kings Cross precincts before and after the introduction of the reforms, show the high-density assault area has decreased considerably along the George Street cinema strip; decreased in Kings Cross; and is no

[6] 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.

longer in the highest density range around Central Station, Taylor Square (Oxford Street) and George St (near Wynyard Station).[7]



Map courtesy of NSW Bureau of Crime Statistics and Research.

Around 10 of Newtown's most popular hotels and clubs have recognised the value of curbing the physical availability of alcohol in reducing alcohol-related harm by introducing a self-imposed lockout of 3am, while banning shots and doubles of alcohol after midnight.[8]

The evidence also appears to show that alcohol reform does not need to equate to economic hardship for licensed premises.

For example, the 2008 alcohol reforms in Newcastle – which the Sydney measures were closely based – has given us the benefit of time to allow for a useful longer-term evaluation.

Recent statistics from Newcastle police show that its night-time economy is thriving.

The total number of licensed premised in inner city Newcastle has more than doubled (110%) since late trading hours were reduced, mostly in the form of smaller bars and new restaurants.

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[7] *Mapping the impact of the Sydney lockout laws on assault*, NSW Bureau of Crime Statistics and Research, 20 August 2015.

[8] *Newtown bars to trial 3am lockout and shots ban*, The Sydney Morning Herald, 31 July 2015.

This, in addition to a 26% drop in night-time Emergency Department presentations at the city's hospitals.

Close observers of the Newcastle reforms put this growth down to venues adapting and changing their business model to match community expectations.

In essence, Newcastle has achieved the trifecta: falling alcohol-related violence, growth in business, and more job opportunities.

Recent media reports suggest that both small and large businesses in Kings Cross and the Sydney CBD are taking Newcastle's example and already adapting and embracing their changed environment.

Cafes and smaller bars are experiencing increased custom which is helping transform streets once considered too unsafe to frequent.[9]

Larger businesses are moving into the area and investing in opportunities to develop new restaurants, cafes, hotels and city apartment living.[10]

SVHA supports the NSW Government's legislation which mandates a two-year evaluation of the "lockout law" reforms.

We do not support any early examination of their effectiveness, or evaluating individual elements of the reforms separate from the overall package (eg: we are aware that the NSW Office of Liquor Gaming and Racing has commenced an evaluation of the impact of the state-wide 10pm takeaway liquor sales restrictions)**,** which will risk more people coming into our Sydney hospital's ICU and ED.

6. Recommendations

- SVHS strongly believes that the comprehensive package of measures introduced by the NSW Government in February 2014 to reduce alcohol-fuelled harm and violence in the city's nightlife precinct have been successful – with a reduction in presentations related to alcohol-related violence and harm at St Vincent's Hospital Sydney – and should continue to be supported.

- SVHA supports evidence-based strategies to decrease the availability of alcohol including restricting outlet (packaged and licensed) density and trading hours.

- National guidelines should be developed on alcohol outlet density and opening hours that are based on harm minimisation principles, evidence-based research and with the input of local communities in order to provide policy guidance to liquor licensing agencies, planning departments and local government in relation to liquor licensing.

- In light of the success of the NSW Government's "lockout laws", SVHA encourages all states and territories to support limiting extended trading for all pubs and clubs to no later than 3am and with a 1am lockout; abolish all existing 24 hours liquor licenses; and introduce 10pm as the latest time for packaged liquor sales (including from supermarket outlets).

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[9] *Cafes and restaurant owners praise Kings Cross lockouts as trade spikes on clean streets*, Daily Telegraph News Local (Wentworth Courier), 12 May 2015.

[10] *Kings Cross now a golden mile for property giants*, Daily Telegraph, 5 August 2015.

7. Conclusion

It's clear from SVHA's experience that overwhelmingly Australia has a problem with alcohol – far greater than it does with any illegal drugs.

It's our responsibility – knowing what we know as one of Australia's largest healthcare groups – to stand up and say 'enough is enough'.

Somewhere we've lost the balance in our society's consumption of alcohol and we need to bring it back.

It's time for Australia to have a serious national conversation about alcohol and how we can better manage its negative aspects for the benefit of individuals, families and the community. The Commonwealth Government has a responsibility to show leadership on this issue, including on issues of price and advertising.

We recognise the majority of Australians exercise restraint when it comes to alcohol and can enjoy it responsibly.

But such is the scale and depth of the problem we need more than self-regulation and well-meaning awareness campaigns to restore balance.

While alcohol's impact can't be addressed through a single policy initiative or an individual campaign we believe the measures introduced in Newcastle in 2008 and in Sydney in 2014 to modestly reduce both trading hours when alcohol can be sold, and its availability, should be strongly supported.

We recognise alcohol's deep cultural significance in Australia. We equally recognise its economic importance and that alcohol policy is also often the product of competing interests, values and ideologies.

However, we believe our recommendations are sensible, and over time will improve health, reduce harm and violence, boost family relationships and community cohesion, and do not unfairly impinge on an individual's reasonable consumption of alcohol.