



ST VINCENT'S
HEALTH AUSTRALIA

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Review of the Liquor Control Reform Act 1998

St Vincent's Health Australia submission

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1. Context: Why take a position on alcohol?

1.1 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 Melbourne and Sydney. Every day 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.

St Vincent's has 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.

1.2 The health impacts of alcohol

Alcohol harm in Australia is significant and growing. Alcohol is second only to tobacco as a leading preventable cause of death and hospitalisation.¹ The burden of disease from alcohol grew by 62% over the decade to 2010.²

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 – 15 deaths and 430 hospitalisations *each day*.

¹ 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

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.

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.

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 alcohol³.

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

1.3 The relationship between alcohol and family violence

Over the past two years there has been significant (and welcome) attention on the role alcohol plays in fuelling public violence. The tragic loss of life and long term injuries sustained by (primarily) young men trying to enjoy a night out has led the community to call for change.

However, alcohol-related family and domestic violence remains a far more hidden problem, despite its magnitude:

- Analysis of data from the Australian Bureau of Statistics' Personal Safety Survey estimates that alcohol is involved in 50% of all partner violence and 73% of partner physical assaults.⁴
- Alcohol-related violence accounts for between 23% and 65% of all family violence incidents reported to police – varying by state⁵.
- In 2011, there were almost 30,000 incidents of alcohol-related domestic violence reported to police in just the four jurisdictions where such data is available (NSW, Vic, WA & NT).
 - This does not include alcohol-related assaults in Queensland, South Australia, Tasmania and the Australian Capital Territory.⁶
 - Further, given incidents reported to police are often the most severe cases and only one-third of domestic violence is reported this figure is likely to significantly under-represent the full extent of alcohol-related domestic violence.
- Alcohol is a factor in between 15 to 47% of child protection cases – many thousands of Australian children are experiencing serious abuse and neglect as a result of parental drinking.⁷
- Violence in homes increases by 26 per cent for every extra 10,000 litres of alcohol sold.⁸

³ 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

⁴ Laslett et al, *The Range and Magnitude of Alcohol's Harm to Others* (2010)

⁵ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education

⁶ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education.

⁷ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education.

⁸ Liang and Chikritzhs, *Revealing the link between licensed outlets and violence* (2011)

- Both domestic violence and problems with alcohol disproportionately affect Aboriginal and Torres Strait Islander communities.⁹ At the more severe end of the spectrum, the majority (87 per cent) of intimate partner homicides among Aboriginal and Torres Strait Islander peoples between 2000 and 2006 were alcohol related, compared to 44 per cent in the general population.¹⁰

In light of this evidence, St Vincent's welcomes the recommendation 93 of the final report of the Royal Commission into Family Violence that this review of the *Liquor Control Reform Act 1998* (the Act) consider family violence and alcohol-related harms.

1.4 Our submission

This submission focusses on the harm minimisation object of the Act, in line with our experience delivering hospital care in the entertainment precinct in Melbourne and with our particular expertise in addiction medicine and research.

Our submission reflects the views of our expert clinicians, and also draws on our experience with recent liquor law reforms in New South Wales.

1.5 About St Vincent's Health Australia

St Vincent's Health Australia is the nation's largest not-for-profit health and aged care provider.

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 Melbourne's Department of Addiction Medicine offers a combination of in and outpatient services including a 12 bed medical residential withdrawal unit, consultation liaison services, drink driving education, counselling and research. St Vincent's Hospital Sydney's Alcohol & Drug Service provides inpatient and outpatient multidisciplinary care, hospital liaison services, a statewide stimulant treatment service and a 20-bed medically supervised detoxification ward.

⁹ ANROWS. Fast facts. Indigenous family violence. <http://www.anrows.org.au/sites/default/files/Fast-Facts---Indigenous-family-violence.pdf>; Australian Institute for Health and Welfare and Australian Bureau of Statistics. (2008); The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008. Canberra: Australian Institute for Health and Welfare and Australian Bureau of Statistics; Steering Committee for the Review of Government Service Provision (2011); Overcoming Indigenous Disadvantage: Key Indicators 2011. Canberra: Productivity Commission.

¹⁰ Deardon, J & Payne.J. (2009). Alcohol and homicide in Australia, Trends and issues in crime and criminal justice, no. 372, AIC, Canberra. <http://www.aic.gov.au/publications/current%20series/tandi/361-380/tandi372.aspx>

2 Regulating the availability of alcohol through liquor licensing

2.1 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 60 per cent of all assaults occur in or around licensed premises.¹¹
- Licensed premises are the highest risk settings for alcohol-related violence, particularly hotels and clubs.¹²

2.2 The relationship between alcohol-related harm and packaged liquor outlets

Although licensed premises are high risk settings for violence, around 80 per cent of all alcohol in Australia is bought as packaged liquor for off-premises consumption.¹³ There is increasing evidence of the relationship between alcohol-related harm and packaged liquor outlets (both outlet density and trading hours). For example, studies have found:

- A 10 per cent increase in off-licence liquor outlets is associated with a 3.3 per cent increase in domestic violence.¹⁴
- Studies have shown 60 per cent of people presenting with injuries to emergency wards had consumed alcohol bought at a store in the hours leading up to their injuries.¹⁵
- Ambulances are more commonly called to neighbourhoods near bottle shops, with areas near larger chain stores reporting even higher injury rates.¹⁶
- A NZ study found that people purchasing alcohol at off-licences in later hours are more likely to drink in a hazardous fashion, both in quantity and frequency.¹⁷

2.3 The relationship between alcohol-related harm and extended 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-

¹¹ Ireland and Thommeny (1993) *The crime cocktail: licensed premises, alcohol and street offences*, Drug and Alcohol Review 12, 143-150

¹² Morgan A & McAtamney A (2009), *Key issues in alcohol-related violence*, Australian Institute of Criminology.

¹³ Euromonitor International (2012) *Passport: Alcoholic drinks in Australia* (London, Euromonitor).

¹⁴ Livingstone, *A longitudinal analysis of alcohol outlet density and domestic violence* (2011)

¹⁵ Miller, *Last drinks: A study of rural emergency department data collection to identify and target community alcohol-related violence* (2015)

¹⁶ Morrison and Smith, *Disaggregating relationships between off-premise alcohol outlets and trauma* (2015)

¹⁷ Casswell S, Huckle T, Wall M, Yeh LC. (2014) International Alcohol Control Study: pricing data and hours of purchase predict heavier drinking, *Alcoholism, Clinical and Experimental Research*, May 38(5) 1425-1431.

license premises through liquor licensing has been found to be effective at reducing alcohol-related violence. For example from the international literature:

- 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.¹⁸
- 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.¹⁹
- 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.²⁰
- In New York, every additional hour of trading was associated with a greater reported incidence of violent crimes.²¹

2.4 Liquor law reform in Australia: case studies

The **New South Wales Government** introduced liquor law reforms in February 2014 which:

- reduced trading hours for licensed venues in the Sydney central business district and Kings Cross entertainment precinct with a 1.30am lock-out and 3am last drinks;
- exempt small bars licensed for less than 60 patrons and the casino; and
- required all bottle shops throughout the state to close at 10pm.

The NSW Government has recently announced some changes to these regulations including:

- extension by 30 minutes of trading hours for genuine live music venues; and
- extension of trading hours for bottle shops to 11pm.

The change followed similar successful reforms that were introduced in **Newcastle in 2008**. Prior to March 2008, Newcastle had a high rate of alcohol-fuelled violence and its CBD attracted an estimated 20,000 drinkers each weekend – many of them young people who had 'pre-loaded' on alcohol prior to coming into the city. To tackle the problem, a series of restrictions was placed on 14 licensed premises in central Newcastle (most of whom were trading to 5am), including a 1.30am lockout and a mandatory, precinct-wide 3.30am venue closure.

Research into the impact of the Newcastle reforms found:

- a substantial (37%) reduction in non-domestic assaults requiring police attention²²;
- 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 period²³;

¹⁸ 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.

¹⁹ 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.

²⁰ 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.

²¹ 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.

²² Kypri, Kypros, et al. (2011) "Effects of restricting pub closing times on night-time assaults in an Australian city." *Addiction* 106.2: 303-310.

²³ 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.

- a significant decrease in injury-related ED presentations – an estimated 344 ED attendances were prevented each year (from a population of 308,000)²⁴.

In January 2016, the **Queensland Government** passed legislation to restrict extended trading involving:

- 1am lockout and last drinks at 2am;
- no high-alcohol drinks after midnight; and
- all bottle shops throughout the state to close at 10pm.

2.4.1 NSW liquor law reforms: the experience of St Vincent's Hospital Sydney

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, they have close experience of before and after the NSW Government's 2014 liquor law changes. St Vincent's Hospital was a key advocate for reform in line with their experience treating a tide of injuries caused by alcohol-related violence.

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

- The hospital's Intensive Care Unit (ICU) has not witnessed a single death related to an alcohol-related assault since the measures were brought in. The ICU has also experienced a 44% in trauma admissions specifically involving alcohol-related assaults.
- A recent 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.
- Royal Prince Alfred hospital, the major public hospital serving the nearby areas of Newtown, Pyrmont and Enmore (not covered by the last drinks and lock out legislation) – is experiencing a lower level of assault presentations than two years ago, suggesting no displacement of alcohol-related violence has occurred to adjacent communities.

2.4.2 NSW liquor law reforms: other evidence

St Vincent Hospital Sydney's experience is supported by independent crime data gathered by the NSW Bureau of Crime Statistics and Research's (BOCSAR). BOCSAR has reported that, following the introduction of the reforms in January 2014, there has been a:

- 45.1% reduction in non-domestic assault in Kings Cross²⁵;
- 20.3% reduction in non-domestic assault in Sydney CBD²⁶;

²⁴ 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.

²⁵ Bocsar.nsw.gov.au, Alcohol related violence in Sydney – latest statistics

²⁶ Bocsar.nsw.gov.au, Alcohol related violence in Sydney – latest statistics

- No displacement of violence to areas immediately around Kings Cross/CBD such as Ultimo, Chippendale, Haymarket, Surry Hills, Elizabeth Bay, Rushcutters Bay and Darlinghurst²⁷; and
- No displacement of violence to areas in the next ring around Kings Cross/CBD such as Bondi Beach, Coogee, Double Bay and Newtown, which have lively bar, pub and nightclub districts.²⁸

The independent Callinan Review of the NSW Liquor Law Reforms (September 2016) found that, prior to the measures being introduced, Sydney's CBD and Kings Cross were "grossly overcrowded, violent, noisy" and characterised by "anti-social behaviour"; and that after their introduction they were "transformed into much safer, quieter and cleaner areas."²⁹

Callinan agreed with the views of BOCSAR, St Vincent's, NSW Police and others that there had been a reduction in violence in the city's entertainment precincts and no significant displacement of violence elsewhere.³⁰

He also found that "of all the groups holding opinions, it seems to me that the medical profession and the emergency workers have the least or no self-interest" and that "their opinion...must carry a great deal of weight."³¹

3 Opportunities for liquor law reform in Victoria to reduce harm

3.1 Restrict late night last drinks

As at 30 November 2016, there were 864 current late night general (pub, hotel and club) or on-premises (bar or restaurant) licenses in Victoria. Although the freeze on late night licenses has held the number fairly steady in recent years, there remain 365 venues allowed to sell alcohol past 3am – highly concentrated in inner city Melbourne. Of these, 137 premises were licensed to trade 24 hours per day, 365 days per year.

St Vincent's Health Australia's recommendation 1

Given the weight of evidence on trading hours and alcohol-harm, last drinks should be not be served later than 2am and bottle shops should not sell alcohol after 10pm across Victoria.

3.2 Tighter restrictions for new license applications

Under the Act as it currently stands, the Victorian Commission for Gaming and Liquor Regulations (VCGLR) can refuse an application on the basis that it would be conducive to, or encourage the misuse of alcohol. However, these provisions provide inadequate harm minimisation protections.

²⁷ Bocsar.nsw.gov.au, Alcohol related violence in Sydney – latest statistics

²⁸ Bocsar.nsw.gov.au, Alcohol related violence in Sydney – latest statistics

²⁹ Callinan DF, Review of Amendments to the Liquor Act 2007 (NSW)

³⁰ Callinan DF, Review of Amendments to the Liquor Act 2007 (NSW)

³¹ Callinan DF, Review of Amendments to the Liquor Act 2007 (NSW)

A powerful recent example of this failure involves a high profile case in the City of Casey in Melbourne's south-east. Despite Casey enduring some of the highest rates of family violence in Victoria – while also holding the dubious record as the Victorian LGA with the most bottle shops within its boundary – local government, police and community members were unable to use the city's record of family violence to prevent the establishment of a new, large packaged liquor outlet.

St Vincent's Health Australia's recommendation 2

St Vincent's considers that for new license applications (including to extend trading hours) the Act should explicitly require the VCGLR to consider:

- (a) the existing outlet density in the local area;
- (b) the rates of alcohol-related violence in that local area; and
- (c) the rate of family violence in that area.

New licenses should not be granted in areas with above state average outlet density, rates of alcohol-related violence and/or rates of family violence.

The Liquor Control Reform Act 1998 should also be amended to require licence applicants to prepare and submit Public Interest Assessments where the onus of proof sits with the applicant and where they must include compelling evidence that granting of the licence will be in the public interest.