



Royal Australasian

College of Surgeons

Late Night Trading Code of Practice (Late Night Code) Review

January 2023

Introduction

Thank you for the opportunity to provide comment to this consultation. As the leading advocate for surgical standards, professionalism in surgery and surgical education in Australia and New Zealand, the Royal Australasian College of Surgeons (RACS) is committed to taking informed and principled positions on issues of public health at both state and federal levels.

Harmful effects of alcohol misuse

RACS has advocated against the harmful effects of alcohol for many years, not only for the increased risk of complication it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole. Overall, the estimated one in eight hospitalisations relating to alcohol misuse continue to represent a significant and concerning proportion of health system workload.

As a result, each day, South Australian surgeons witness what is primarily a preventable burden of South Australian alcohol related harm. They work with other health care providers, ambulance officers and nursing staff in the fight to save and subsequently assist in the management of the lives of patients injured in alcohol related harm.

Orthopaedic surgeons repair shattered limbs, and general surgeons operate on internal organs smashed in car crashes – many of which are alcohol related. Faciomaxillary surgeons repair shattered faces from acts of alcohol fuelled (65 per cent) interpersonal violence.ⁱ

Neurosurgeons perform time critical surgery draining blood from within the skulls of inebriated patients following low energy falls or coward punched victims. South Australian surgeons also treat and manage the chronic medical aspects of primarily preventable alcohol related harms.

Alcohol misuse is also a significant contributor to domestic violence and sexual assaults, and road trauma. Furthermore, alcohol misuse is a causal factor in more than 200 diseases and injury conditions, and excessive alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, liver cancer, breast cancer and bowel cancer.ⁱⁱ

Surgeons are therefore well placed to offer firsthand advice on the detrimental impacts that alcohol related harm can have on individuals, families and communities.

Late night trading code of practice

The consultation website refers to the 2016 Review of South Australia's Liquor Licensing Framework, which was conducted by Justice Tim Anderson. At the time of this review RACS provided a [submission](#), and a [joint-supplementary submission](#), which we co-authored with a number of likeminded organisations. We also reiterated these views when we were invited to provide verbal evidence to Justice Anderson at a hearing that the College was invited to.

While we would have preferred that more of our initial recommendations were adopted, overall, the College was satisfied with the manner in which the review was conducted, and the thorough approach taken by Justice Anderson. RACS therefore recommends that all of the measures detailed in the Late Night Trading Code of Practice, which are designed to address issues related to alcohol-induced violence during late-night hours, be continued.

Evidence base

The College acknowledges that a review of code was always planned, however, we have become concerned by multiple media reports expectantly predicting that 3am lockout laws will likely be removed as a result of the review.

Notably, almost all of these media reports extensively quote representatives from the liquor and hotel associations. Conversely, the counter view is summarised, without any direct comment sought from those involved in the health, social services or those involved in drug and alcohol harm prevention services. This creates a distinct narrative favouring a regulatory environment that is conducive to the alcohol industry's increased profitability and growth, whilst avoiding the negative public safety and

health consequences of increasing the availability and supply of alcohol.

The implication by industry representatives that there is no evidence to demonstrate that lockout laws work is almost always unchallenged by media outlets. Instead, these reports typically focus on the fact that South Australia is the only jurisdictions to continue enforcing lockout laws.

This is concerning for multiple reasons. Firstly, despite being limited, the available evidence from [this study analysing data between 2012 and 2017](#) identifies a reduction in trauma and concludes that 'the influence of lockout laws contributed to an overall decrease in assaults and operative interventions, particularly alcohol related incidences amongst men'. Although the data in this study dates back to 2017, it should be noted that more recent data collections will be heavily influenced by the impacts of Covid-19.

Secondly, while true that other states have removed lockout laws, this reference fails to stipulate that these laws were overturned despite an evidence base showing a reduction in alcohol fuelled violence while lockouts were enforced.ⁱⁱⁱ

Thirdly, a lack of additional evidence should not be used as justification for the claim made by some within the alcohol industry that the laws are ineffective. Instead, it only highlights the long-term advocacy recommendation made by RACS, that there is a necessity for South Australia to gather and routinely publish more extensive data on the subject.

Data collection

South Australia has a [trauma registry which collects data on major trauma presentations meeting its inclusion criteria](#). The Blood Alcohol Levels of patients presenting with injuries to the Emergency Department are not routinely collected unless it is required for clinical assessment and management, or in road trauma cases where it is legislated as part of our Road Traffic Act.

In developing this submission, members of the RACS SA Trauma Committee reviewed trauma surgery admission data from the Royal Adelaide Hospital over the previous three months. Alcohol was identified as a contributing factor in close to 20 per cent of these cases (noting that some of this was based on history and assessment documentation - blood alcohol levels were not collected in all cases as highlighted above).

This dataset also found that:

- Males accounted for approximately 85 percent of alcohol related trauma admissions
- Half of road traffic trauma presentations involving alcohol were pedestrians
- Stabbings amongst this study exceed motor vehicle accidents (usually motor vehicle accidents exceed stabbings)
- Males were far more likely to be both the victims and perpetrators of stabbings.
- Anecdotally surgeons also highlighted;
 - The disproportionate number of Aboriginal and Torres Strait Islander people that make up alcohol related trauma presentations
 - The high correlation between alcohol related presentations and mental illness
 - The high correlation between patients presenting with alcohol related trauma while also using illicit drugs.

While this data is useful in providing context, the low sample numbers and lack long-term data available make it difficult to draw conclusions. Nevertheless, it is evident that alcohol plays a significant role in trauma cases. Implementing and maintaining measures to control the accessibility and distribution of alcohol is a well-established approach to addressing this issue.

Alcohol related crime data

In previous submissions and reviews RACS has advocated that South Australia emulate the approach taken elsewhere, such as in New South Wales. Harms data in New South Wales is collected through a number of agencies. [The Bureau of Crime Statistics and Research \(BoCSAR\)](#) collects and reports on alcohol-related assaults on police, domestic and non-domestic assaults and offensive behaviours in each local government area. New South Wales Health collects and publishes data on alcohol-attributable hospitalisations, deaths, injuries and emergency department presentations.

Wholesale alcohol sales data

In addition to alcohol related crime data the College has also consistently highlighted deficiencies in South Australia's alcohol sales data collection and publication. This includes [a 2021 submission](#) in response to a consultation on alcohol sales data collection in South Australia.

The College reiterates our previous recommendations that South Australia significantly invest in and enhance the quality of data collection and publication.

Objects of the Act

Opponents of the laws routinely put forward an economic argument for their removal. However, the secondary costs, to the community, to hospitals and to law enforcement are routinely ignored as part of this argument. RACS does not wish to unfairly impact upon private businesses, but the responsibility of protecting their commercial viability should not supersede the importance of addressing the detrimental effects of alcohol related harm on individuals, families, and the broader community.

Based on the text from the *Liquor Licensing Act 1997*, the costs incurred by alcohol related harm, both in terms of public resources and the financial burden on South Australian taxpayers, must be considered in any decision-making process. This is particularly critical in the context of South Australia's recovery from Covid-19. The overwhelming pressures that Covid-19 has placed on the health workforce, elective surgery waiting lists, ramping and emergency departments has been well documented and is expected to have long lasting impacts. RACS therefore believes that it would be irresponsible to reverse the existing laws without providing detailed accompanying evidence of the financial modelling that incorporates these secondary costs.

Other comments

In summary RACS recommends:

- The existing safety measures detailed in the Late Night Trading Code of Practice are maintained.
- South Australia significantly invest in enhanced alcohol related harm data, including data on alcohol-attributable hospitalisations, deaths, injuries and emergency department presentations.
- South Australia also invest significantly in alcohol sales data as RAC previously highlighted in the 2021 review.
- Any decision to reverse measures outlined in the Late Night Trading Code of Practice are accompanied by financial modelling which considers the increase in secondary costs of alcohol related harm (i.e costs to hospitals, law enforcement, etc).

In addition to these recommendations, RACjS has an established position paper on [alcohol related harm](#). We request that the contents of this position paper is also taken into consideration as part of this review.

We thank you once again for the opportunity to provide comment to this review, and we would be happy to discuss our submission in greater detail.

ⁱ Scott D et al. 2020. The feasibility and utility of using coded ambulance records for a violence surveillance system: A novel pilot study. Trends & issues in crime and criminal justice no. 595. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi595>

ⁱⁱ IARC Working Group on the Evaluation of Carcinogenic Risks to Humans (2007: Lyon, France) Alcohol consumption and ethyl carbamate

ⁱⁱⁱ Deacon JW, Preisz P, Chambers AJ. Sydney 'lockout' liquor licensing law restrictions have been associated with a sustained reduction in emergency department presentations from assaults over 5 years. Emerg Med Australas. 2022 Oct;34(5):698-703. doi: 10.1111/1742-6723.13955. Epub 2022 Mar 9. PMID: 35261152; PMCID: PMC9790191.