



South Australian Regional Committee
Royal Australasian College of Surgeons
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Attorney General's Department
via email: LLPSubmissions@sa.gov.au

RE: Liquor Licensing (Liquor Review) Amendment Bill 2016

Thank you for the opportunity to provide comment on the Liquor Licensing (Liquor Review) Amendment Bill 2016. As the leading advocate for surgical standards, professionalism 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 a state and federal level.

RACS acknowledges the consultative approach taken by the South Australian Government throughout the development of this Bill. RACS has previously made submissions to the original [Liquor Licensing discussion paper](#), and a [supplementary submission](#) that was co-authored by a number of like-minded organisations. We also met directly with the Independent Reviewer, Justice Tim Anderson QC, to discuss our submission in greater detail. As part of this consultation, we refer you to our earlier submissions for a more detailed RACS position.

Despite advocating for stronger recommendations, overall RACS was pleased with the considered review undertaken by Justice Anderson, and believe that harm minimisation remained a central consideration when presenting his findings. We were further heartened by the Government's decision to accept the majority of recommendations in full, and in some cases apply stronger harm minimisations measures. In particular RACS would like to offer its support for:

- The Government's decision to ban alcohol advertising from buses, trains and trams from 2017, thereby reducing the exposure of young people to alcohol
- Rejecting calls to allow for the sale of alcohol in South Australian supermarkets
- Maintaining 3am lockouts in the Adelaide CBD, as well as other safety measures legislated for in the Late Night Trading Code of Practice.

However, RACS still holds concerns with the lack of attention given to alcohol-related health and crime data. Attached to this letter is a copy of part of our supplementary submission, which recommends that health and crime data collections be expanded to include information regarding the involvement of alcohol. No recommendations were made by Justice Anderson on this matter in his Review, and we urge the Government to reconsider this aspect as part of the final Bill.

On behalf of RACS, I once again thank you for extending us with the opportunity to provide comment on this important area of public policy.

Yours sincerely,

David Walters

Chair, SA Regional Committee

Policy models for monitoring the market and harms

17. Collection and publication of harms data

Model for consideration

New South Wales provides a model for effective collection and publication of harms data. 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. The South Australian Office of Crime Statistics and Research (OCSAR) should publish data sets for assaults (including domestic assaults) which are coded for alcohol involvement and the South Australian Department of Health should publish the data sets for hospitalisations, emergency department presentations and ambulance attendances that code for alcohol involvement. OCSAR and the South Australian Department of Health should also collect and report on data on place of last drink as this would provide valuable information on which premises or areas are associated with harm incidents.

Rationale

Data on alcohol-related hospital presentations is not routinely collected in South Australian hospitals. Subsequently, independent studies are relied upon as one of the few sources of information in this area. As an example, a study conducted by the Australasian College of Emergency Medicine (ACEM), found that one in twelve presentations to emergency departments in Australasia are alcohol related. This figure increases to one in seven on weekends. According to ACEM “This is the biggest public health challenge facing our emergency departments.”⁶² While such studies are useful, their ad-hoc nature means they cannot be relied upon in the ongoing development and monitoring of public policy.

In addition to a shortfall in health data, there is also a lack of publically available crime data in South Australia. The Office of Crime Statistics and Research (OCSAR) does not routinely receive or access data from the South Australian Police (SAPOL) regarding the involvement of alcohol in criminal offending. This significantly hinders its ability to achieve these stated objectives. In the most recent *South Australia Police Annual Report 2014-2015*⁶³ and OCSAR’s *Offence Profile for South Australia in 2014*,⁶⁴ the majority of alcohol harms data reported relates to drink driving. The South Australian Police report contains some information regarding Public Order Offences (which primarily comprise possession and consumption of liquor in a public place and offensive/disorderly conduct in or near licensed premises), however this data is limited.

Expanding the collection of health and crime data to include information on the involvement of alcohol is an important step in understanding the impact and cost of alcohol on the South Australian health system. These indicators should be compiled annually and presented to Consumer and Business Services and the Attorney General to inform decision making on alcohol policies. Without the collection and reporting of these data, policy-makers are ‘flying blind’ in their pursuit of effective and evidence-based harm prevention. Alcohol harms data has been a critical tool for the conduct of research to inform policy-makers of the impact of the current system and efficacy of alcohol policy changes, for example:

- The City of Newcastle, New South Wales, late-night trading hour restrictions and RSA operations policy.

- The Sydney CBD and Kings Cross, New South Wales, late-night trading hour restrictions and RSA operations policy.
- A recent study examining associations between alcohol sold through off-premise liquor outlets and the incidence of traumatic injury in surrounding areas.⁶⁵
- A study of the effects of changes in the number of off-licence alcohol outlets in neighbourhoods in Melbourne over time and domestic violence rates.⁶⁶