

28 July 2017

Peter Cox  
Director, Program Implementation & Improvement  
Liquor & Gaming NSW  
GPO Box 7060  
SYDNEY NSW 2001

Dear Mr Cox,

**Subject: RACS submission to the NSW Evaluation of The Community Impact Statement Requirement for Liquor Licence applications**

Established in 1927, the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation representing more than 7,000 surgeons and 1,300 surgical trainees. Approximately 95 per cent of all surgeons practicing in Australia and New Zealand are Fellows of the College (FRACS).

RACS is committed to ensuring the highest standard of safe and comprehensive surgical and patient care for the communities it serves, and as part of this commitment, it strives to take informed and principled positions on issues of public health.

The RACS NSW Committee not only represents the College in NSW, but has the privilege of representing almost 2000 Fellows and 450 Trainees as well as a number of International Medical Graduates to key stakeholders throughout our state.

The NSW RACS Committee and the NSW Trauma Committee greatly appreciates the opportunity to make a submission regarding the NSW Evaluation of The Community Impact Statement Requirement for Liquor Licence applications.

**1 Are community stakeholders being appropriately consulted?**

No. Community stakeholders, on whom these planning decisions impact, are frequently not consulted, often lack awareness of the fact of the application, and frequently lack knowledge and resources or are intimidated by the process.

RACS is an organisation with interests in public health and safety, and notes with concern, that current bias in NSW is weighted heavily in favour of the applicant, with insufficient regard for community concern, or to alcohol related harm reduction.

100% of applications related to liquor licences, considered by OLGNSW, year to date 2017, **have been approved.**

In **none** of these recent decisions, have potential alcohol related harm impacts on the NSW health system received adequate consideration.

As a NSW stakeholder group, RACS surgeons, along with other health professionals, treat the consequences of alcohol related harms....downstream effects of liquor licence approval processes.

RACS surgeons, in particular, often deal with alcohol attributable injury. We are concerned with the rising incidence and prevalence of alcohol attributable injury hospitalizations in NSW, as evidenced by NSW Health Data. Many of these presentations are preventable.

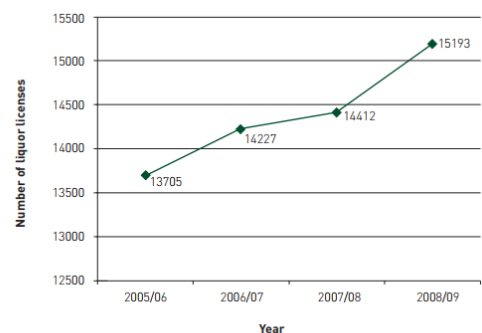
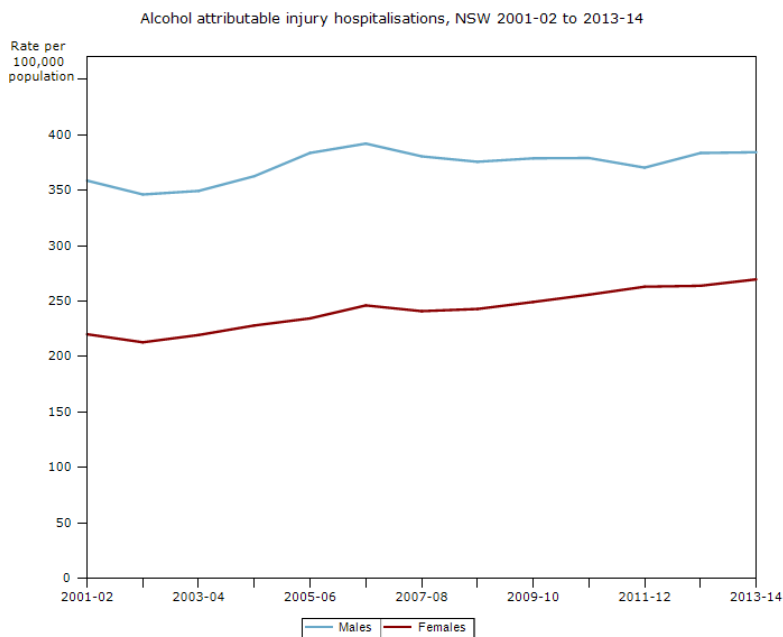


Figure 2: Number of liquor licences in NSW from 2005/06 to 2008-09  
Source: NSW Department of the Arts, Sport and Recreation (2009).

[http://www.healthstats.nsw.gov.au/Indicator/inj\\_alcafhos/inj\\_alcafhos?&topic=Injury%20and%20poisoning&topic1=topic\\_inj&code=inj](http://www.healthstats.nsw.gov.au/Indicator/inj_alcafhos/inj_alcafhos?&topic=Injury%20and%20poisoning&topic1=topic_inj&code=inj)

Currently, disproportionate adjudication in favour of applicants, highlights RACS concern that other significant community stakeholders are marginalized. This non-inclusiveness is highlighted in the flawed compulsory notification process, and the arbitrary limit on radius of mandatory notification.

Alcohol is no ordinary commodity.

## **2 Is the information collected during the CIS process useful?**

Consideration of an application on the basis of an applicant's CIS is not appropriate, as it is such a self-evidently self-serving summary.

As to the CIS capturing local community concerns and feedback, we have concern that the local community is not made fully aware of ramifications of an application.

There is a need for **in-depth transparent discussion with all stakeholders**, conducted within a reasonable timeframe, rather than current one sided vetting by the applicant of community concerns, with timelines which are often more favourable for the applicant, than for a range of stakeholders with legitimate interest in the planning decision.

Consideration of an application should be based on **independent professional social impact and risk assessment**.

## **3 Is the information collected during the CIS process useful?**

**From the perspective of alcohol related harm reduction – No**

**From the perspective of transparent consideration of community amenity – No**

Current methods of CIS data acquisition, validity of data collected by the applicant, and incorporation of CIS in the process of consideration by ILGA / OLGNSW are significantly flawed.

Evidence to **support** an application should be **measured against a higher standard** than is the situation currently.

**More weight, and greater opportunity for input and evidence from other relevant stakeholders** e.g. data collected around the impact to Emergency Departments and hospitals, is necessary to offset the real, long term, and unintended alcohol related harm consequences of many of these planning decisions.

The **track record of the applicant** as it pertains to **packaged liquor outlets and online licences** is of **minimal value** in assessing merit of application – the radius of effect, duration of consequence and coassociation with domestic violence in the communities impacted by the sales of alcohol (26% increase in incidents of domestic assault for each 10,000 litres of absolute alcohol retailed) are factors on which much greater emphasis must be applied in the approval process.

The **track record of the applicant** as it pertains to hoteliers and on-licence applications has been so watered down by recent amendments to the “Three Strike” component of NSW liquor legislation, and is a statistic which has such potential to be manipulated by licensee and hotelier, that **it is virtually meaningless.**

#### **4 Are there opportunities to cut red-tape and minimise delays from the CIS process?**

RACS is concerned that “cuts to red-tape” will facilitate applications, and speed up approvals....at the expense of proper, more deliberative consideration. Individual and cumulative consequences of such facilitated decisions, has the potential to significantly increase alcohol related harm in NSW.

#### **5 Are there opportunities to minimise overlaps in community consultation processes across local and state government?**

RACS seeks a transparent process that allows applicants and other stakeholders, alike, to bring substantive cases which allow appropriate balance in the considerations and adjudications by OLGNSW / ILGA.

The respective submissions should be coequally promulgated, in a timely fashion, and easily accessible to parties with legitimate interest in the matters.

A **Community Assistance Team** had been foreshadowed, but **does not exist.** Such an entity, should be independent of government, should provide timely and professional advice and should be funded from sources such as licencing revenue.

The current balance of knowledge of process, and untrammelled adjudication in favour of approval lies clearly in favour of the applicant.

Alcohol related harm minimization is one of the fundamental aims of the NSW Liquor Act – reduction of the existing level of this harm, must be one of the instruments against which any change is calibrated.

## **6 What types of liquor licences and authorisations should be required to complete a CIS?**

In its existing form, RACS does not regard the CIS as helpful.

Current categorization (Cat A, Cat B) is arbitrary and based on flawed assumptions.

**All applications** should be held to a similar standard of consideration and judgement.

This standard must protect the legitimate rights of both the applicant, and critically, of the stakeholders on whom the sales of the commodity will impact.

### **Summary**

RACS views the current form of CIS as fundamentally flawed.

RACS seeks increased efficiency and transparency in the application and adjudication process, in which the community is able to be better represented, particularly in giving voice to the more vulnerable members of the community, to the victims of domestic violence, to those disadvantaged due to socioeconomic circumstance who are often disproportionately adversely affected by the planning decisions related to liquor licence applications.

Alcohol related harm minimization is one of the fundamental aims of the NSW Liquor Act – reduction of the existing level of this harm, must be one of the instruments against which any change to the CIS system, and more broadly, to the operationalization of the NSW Liquor Act by OLGNSW / ILGA, must be calibrated.

RACS is grateful for the opportunity to contribute in this process of review.

Yours sincerely,



Dr John Crozier

RACS Councillor,  
Chair Federal Trauma Committee  
AM CSM  
FRACS DDV "Vasc"



Dr Raffi Qasabian

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