



**Submission to the New South Wales Government Justice Department
April 2016**

INDEPENDENT REVIEW OF THE IMPACT OF LIQUOR LAW REFORMS

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the *Independent Review of the Impact of Liquor Law Reforms*, being conducted by the Hon Ian Callinan AC.

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

ACEM would like to take this opportunity to congratulate the New South Wales Government for showing strong leadership in introducing the Liquor Amendment Bill of 2014, which has delivered clear benefits to the community, and urges the Government to retain the measures introduced in the Bill, and extend them to all venues in New South Wales.

Alcohol-related presentations to emergency departments (EDs) is a priority issue for ACEM.

This submission will focus on the impacts these alcohol-related presentations have on ED functions, ED clinical staff and other patients attending EDs. We support submissions which cover the benefits of the liquor law reforms and the wider health, social and economic impacts of alcohol harm that have been made to this review by St Vincent's Healthcare Australia, The Foundation for Alcohol Research and Education (FARE) and members of the NSW and ACT Alcohol Policy Alliance (NAAPA). Additionally, as a member organisation of NAAPA, we endorse the submission made on behalf of NAAPA members.

The collection of alcohol-related ED presentation data is not mandatory in Australia. The most commonly used coding system (ICD-10) does not adequately allow for a primary diagnosis of 'alcohol-related'. As a consequence, official patient data sets significantly underestimate the number of alcohol-related presentations in EDs. Our Alcohol Harm in EDs Program¹ has collected a body of evidence over the last three years that quantifies the extent of alcohol harm presenting to EDs.

¹ [https://acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-\(AHED\)-Proje.aspx](https://acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-(AHED)-Proje.aspx)

Our research has shown that on average one in 12 presentations to EDs in Australasia are alcohol-related. On weekends, this increases to one in seven presentations². This is the biggest public health challenge facing our emergency departments. If this was a communicable disease presenting to our hospitals, it would constitute a national crisis.

In the largest study of its kind undertaken, ACEM surveyed over 2000 ED clinical staff on their experiences of alcohol-related presentations. **98% of staff said they had experienced verbal aggression in the last 12 months, and 92% said they had experienced physical aggression** from alcohol-affected patients. 87% of respondents said they had felt unsafe because of an alcohol-affected patient in the last 12 months³. This survey shows that clinical staff are consistently exposed to unacceptable levels of violence in the ED.

Data for New South Wales from a snapshot survey conducted at 2am on Saturday, 13 December 2013, showed that **12%, or one in eight presentations were alcohol related. A repeat of this survey at 2am on Saturday 6 December, showed one in 10 patients were in New South Wales emergency departments because of alcohol.**

Although ACEM has not repeated this snapshot survey after the 2014 legislation was introduced, in a recent survey of Directors of Medicine (DEMs) at ACEM accredited EDs, **the majority of New South Wales-based DEMs reported that they've seen no change in the volume of alcohol presentations in their ED⁴.**

However recent data from St Vincent's Hospital Emergency Department is markedly different to the general survey findings across NSW. As you will be aware St Vincent's Hospital, Darlinghurst, is located near the King's Cross entertainment precinct which has been subject to the Liquor Amendment Bill of 2014. Data from St Vincent's shows that after the legislation was introduced in 2014, **there was a significant reduction in the number of alcohol-related serious injury and trauma presentations to the emergency department in the 12 months after the introduction of the new**

² Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Survey of alcohol-related presentations to Australasian emergency departments. *Med J Aust* 2014; 201: 584-587. Available at <https://www.mja.com.au/journal/2014/201/10/survey-alcohol-related-presentations-australasian-emergency-departments>.

Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Survey confirms alcohol-related presentations to Australasian emergency departments are under-reported [abstract]. 31st Annual Scientific Meeting of the Australasian College for Emergency Medicine, 7–11 December 2014, Melbourne, Australia. *Emerg Med Australas* 2015; 27 (Suppl 1): 6.

Egerton-Warburton D, Gosbell A, Wadsworth A, et al. 24/7, Seven-days A Week Study Confirms Alcohol-related Presentations Represent A Significant Burden To Australasian Emergency Departments. 2016. Unpublished manuscript.

³ Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Perceptions of Australasian emergency department staff of the impact of alcohol-related presentations. *Med J Aust* 2016; 204 (4): 155. Available at: <https://www.mja.com.au/journal/2016/204/4/perceptions-australasian-emergency-department-staff-impact-alcohol-related>

⁴ ACEM. Directors of Emergency Medicine Survey 2016. Data being prepared for publication.

liquor regulations. This change was seen throughout the week, but was especially marked at weekends⁵.

From an emergency department perspective, our data makes a case for further strengthening the current laws in New South Wales and the rest of the country. There is strong national and international evidence that a modest restriction in the trading hours of alcohol outlets results in reduced alcohol-related harm⁶. This would translate to fewer alcohol-related attendances to our busy emergency departments, which would be a positive outcome in the context of continued growth in demand for patient care in all EDs across NSW (and Australia)⁷.

The results from the survey ACEM conducted of ED clinical staff's experiences of alcohol-affected patients are compelling. They have told us that the care of other patients in the ED is compromised because resources are tied up dealing with the aftermath of alcohol-related harm. **88% of respondents to our clinician's survey said the care of other patients was negatively or very negatively affected by alcohol-related presentations.** The following quotes are illustrative of the large amount of feedback we received in the survey:

[Alcohol-affected patients] take a lot of resources - especially if the patient is aggressive - which should be directed towards people who are sick. They detract from patients who need to be seen first, but because they are loud and distressing other patients they are prioritised. Treating intoxicated trauma patients takes more time than treating sober trauma patient. [ED doctor, male]

Alcohol-related presentations are part of every shift in ED. They have two major consequences: they result in significantly more severe injuries and increased presentations related to risk-taking behaviours, and they affect the morale of the department by often involving an element of aggression, poor impulse control and limited patient cooperation. This results in staff anxiety and fatigue as well as other patients' health and well-being being placed in jeopardy either through physical intimidation or limited resources. [ED doctor, female]

It's clear that Australia needs to undertake a cultural shift in its relationship to alcohol.

In the public debate over the liquor law reforms, the negative impact on late night trading has been widely discussed. The NAAPA submission provides evidence to counter many of these negative claims. What is clear from this debate is that current perceptions and expectations of a night-time economy revolve around the ready availability and consumption of alcohol. However, do these

⁵ Fulde G, Smith M, and Lesley Forster S. Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws. *Med J Aust* 2015; 203 (9): 366. Available at: <https://www.mja.com.au/journal/2015/203/9/presentations-alcohol-related-serious-injury-major-sydney-trauma-hospital-after>

⁶ Babor et al. 2010. *Alcohol: No ordinary commodity. Research and public policy.* Oxford University Press. 2nd edition

⁷ FitzGerald, G., Toloo, S., Rego, J., Ting, J., Aitken, P. and Tippett, V. (2012), Demand for public hospital emergency department services in Australia: 2000–2001 to 2009–2010. *Emergency Medicine Australasia*, 24: 72–78. doi: 10.1111/j.1742-6723.2011.01492.x

current expectations and assumptions on the night-time economy exclude a large cross section of the Australian community? Would more people be encouraged to stay out later if there were a range of entertainment and leisure activities available that weren't focussed on alcohol? More robust data systems are necessary to continue informing this debate.

This review presents an excellent opportunity to engage with a wide cross section of the community to better understand their expectations of the night-time economy in New South Wales and the Government's role in regulating the availability of alcohol.

ACEM urges the New South Wales Government to extend last drinks at 3am and 10pm closing for packaged liquor outlets to all venues in the State.

Thank you for the opportunity to provide feedback. If you require any clarification or further information, please do not hesitate to contact the ACEM Alcohol Harm Program Manager, Angela Wadsworth on (03) 9320 0434 or angela.wadsworth@acem.org.au.

Yours sincerely,



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