



Submission to Liquor & Gaming NSW: July 2018 PROPOSED LIQUOR REGULATION 2018

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback on the Liquor & Gaming NSW *Liquor Regulation 2018* (NSW) (the Regulation).

ACEM is the not-for-profit organisation in Australia and New Zealand responsible for training and educating emergency physicians and advancing professional standards in emergency medicine. The practice of emergency medicine is concerned with the prevention, diagnosis and management of *acute* and *urgent* aspects of illness and injury among patients of all ages presenting with a spectrum of undifferentiated physical and behavioural disorders.¹ As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. Fellows of ACEM (FACEMs) are specialist emergency physicians working in emergency departments (EDs) across Australia and New Zealand.

Where appropriate, ACEM acts in partnership with relevant stakeholders in the alcohol policy arena to address alcohol harm in the Australian and New Zealand communities. As part of its commitment to public health and reducing the harm from alcohol, ACEM is a member of the NSW ACT Alcohol Policy Alliance (NAAPA). NAAPA is a coalition of 48 organisations that work together to reduce alcohol-related harm in NSW and the ACT by ensuring that alcohol policy discussions are informed by best practice research and evidence-based solutions. ACEM strongly supports NAAPA's submission to this consultation.

ACEM considers that regulation of the sale, promotion and service of alcohol is necessarily an issue of health and community safety, with alcohol harm being one of the largest, preventable public health issues facing EDs in all Australian jurisdictions. Emergency physicians deal with high volumes of alcohol-related ED presentations, which have detrimental effects on clinical staff, other patients and accompanying persons, and the functioning of the ED. This situation is becoming increasingly unsustainable, given ED presentation numbers are increasing year on year.² In NSW alone, each year alcohol is responsible for 13,624 ED presentations, 53,924 hospitalisations and 1,300 deaths.³

ACEM wishes to highlight to Liquor & Gaming NSW research on alcohol-related presentations in Australian and New Zealand EDs, which demonstrates the prevalence of alcohol harm in the community. Research by ACEM has shown that:

- In Australia and New Zealand, over a seven-day period one in 10 (9.5%) ED presentations are alcohol-related, translating to more than half a million presentations each year⁴

¹ ACEM. Policy on standard terminology (P02). Melbourne: ACEM; 2014.

² AIHW. Emergency department care 2014–15: Australian hospital statistics. Health services series no. 65. Cat. no. HSE 168. Canberra: AIHW; 2015.

³ NSW Health (2017). NSW Health Stats [Internet]. North Sydney: NSW Health; 2018. Available from:

http://www.healthstats.nsw.gov.au/IndicatorGroup/indicatorViewList?code=beh_alc&topic=topic_alcohol&name=AlcoholTopic.

⁴ 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.

- At peak times, one in eight ED presentations are alcohol-related; however, in peak times all regions have EDs in which one in three presentations are associated with alcohol^{5, 6}
- 98 per cent of ED clinical staff have experienced verbal aggression from an alcohol-affected patient¹⁴
- 92 per cent of ED clinical staff have experienced physical aggression from an alcohol-affected patient¹⁸
- The majority of clinical staff report that alcohol-affected presentations impact the care of other patients and the functioning of the ED⁷
- The large majority of ED clinicians want to provide health promotion interventions for risky drinking, but lack time and resources.⁸

ACEM's research makes a strong case for keeping the Community Impact Statement (CIS) requirements for licence applicants (proposed clause 118) to address alcohol harm as a serious public health issue, and ACEM's response to this consultation addresses this specific proposed change.

The CIS requirement was introduced to describe the potential harm that a liquor licence may have on the NSW community. Without a CIS there is no system or requirement for applicants to assess and determine the impact of liquor licensing on a particular community. While the current CIS process neither adequately addresses nor assesses community impact, as outlined in previous submissions to the CIS evaluation, simply removing the CIS and leaving nothing in its place is not the solution. As they stand, the proposed amendments to the Regulation will weaken consultation processes.

The liquor regulatory system needs reform. Any changes must ensure an appropriate replacement is implemented that achieves the aims of the CIS process. Merely notifying applicants, as would occur if the CIS is removed, is not sufficient and places the burden of proof on the community. Its removal, without the implementation of a better alternative process, will not assist the Independent Liquor and Gaming Authority (ILGA) to identify the impact of a liquor licence on the community and will not improve community consultation.

As you are aware, there is an ongoing review into the CIS requirement. Moves to change the Regulation before the finalisation and public release of the CIS consultation report pre-empt the findings of that report and its recommendations.

ACEM would like to further express its strong concern over the consultation process on the proposed changes to the Regulation. In particular, ACEM is concerned about the lack of proactive stakeholder consultation and the short timeframes for response.

Therefore, ACEM submits to Liquor & Gaming NSW that the proposed removal of the CIS should not

⁵ 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.

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

⁷ Egerton-Warburton D, Gosbell A, Moore K, Jelinek G. Public health in Australasian emergency departments: Attitudes, barriers and current practice. *Emerg Med Australas.* 2015;27(6):522-8.

⁸ McGinnes RA, Hutton J, Egerton-Warburton D, Weiland TJ, Fatovich D. Effectiveness of ultra-brief interventions in the emergency department to reduce alcohol consumption: A systematic review. *Emerg Med Australas.* 2016; 28(6):629-40.

proceed. Changes should only be made to the CIS component of the Regulation:

- After the final report of the CIS review is made public and reviewed, and
- When alternative arrangements are in place that ensure an equal or greater level of community consultation and risk assessment from liquor licensing applicants.

The Liquor Regulation 2008 has not been comprehensively reviewed in the last 10 years, and this is overdue. The present consultation into the proposed Regulation is insufficient and does not constitute a meaningful and comprehensive review. ACEM is calling on Liquor & Gaming NSW to conduct a comprehensive review of the Liquor Regulation 2008 and, in the interim, renew the current Regulation while the final review is completed.

Thank you for the opportunity to provide feedback to Liquor & Gaming NSW. Should you require clarification or further information, please do not hesitate to contact the ACEM Policy Officer Shelley Cogger on (03) 9320 0444 or via email at shelley.cogger@acem.org.au.

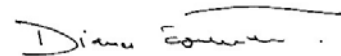
Yours sincerely,



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