



Submission to the Northern Territory Liquor Commission: September 2018 REVIEW OF TAKEAWAY LICENCE CONDITIONS IN ALICE SPRINGS

Introduction

The Australasian College for Emergency Medicine (ACEM, the College) is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in attracting and maintaining a professional workforce skilled and expert in delivering quality, patient focused emergency care for all patients. In Central Australia, Alice Springs and Tennant Creek Hospitals are accredited by ACEM to provide specialist training to FACEM trainees. Accreditation for education, training and supervision of FACEM trainees and other health professionals working in these emergency departments (EDs) is integral to providing evidence based care to people living in these regions.

Support for alcohol restrictions in Alice Springs

ACEM welcomes the opportunity to provide feedback to the Northern Territory Liquor Commission (the Commission) on *the Review of takeaway licence conditions in Alice Springs* (the Review).

As per the takeaway conditions for Tennant Creek and the Barkly Region, ACEM supports variations to takeaway liquor conditions in Alice Springs, so that alcohol is only available for sale from Monday to Saturday between 4 pm and 7 pm (with takeaway sales prohibited on Sundays). ACEM considers that varying current takeaway conditions in Alice Springs to reduce the availability of alcohol will benefit local communities – as well as communities in the Barkly Region – by removing incentives for individuals to travel to Alice Springs to purchase alcohol during restriction times.¹ ACEM notes the Commission's satisfaction with the present effect of the current conditions in reducing alcohol harm in Tennant Creek and the Barkly Region, their predicted ongoing effectiveness, and the widespread community and stakeholder acceptance of these conditions.

National leadership in addressing alcohol related harm

The College congratulates the Northern Territory Government for its national leadership in addressing alcohol harm through evidence based policy and regulation. ACEM strongly supports the reinstatement of the Commission as an independent statutory authority, and for establishing the Commission with public interest and community impact tests in decision making.

In addition, ACEM welcomes the Northern Territory Government's plan to cap takeaway liquor sales from licensed grocery stores to 25 per cent of the total portion of individual store sales. The College supports this reform because our members in the Northern Territory report that some supermarkets in rural and remote areas act as default liquor stores.

ACEM also welcomes the exercise of powers under Section 48B of the *Liquor Amendment (Point of Sale Intervention) Act 2018*, whereby the Commissioner of Police can suspend a licensed premises from trade for a period of not more than 48 hours in the event of the following occurring at or near that licensed premises in (i)

¹ Northern Territory Liquor Commission. Decision notice. Matter: Variation of the conditions of licences [Internet]. Northern Territory Liquor Commission: Darwin; 2018. Available from: https://justice.nt.gov.au/_data/assets/pdf_file/0010/501967/barkly-s33-reasons-for-variation-120618.pdf.

an emergency or natural disaster, (ii) riotous conduct or (iii) a breach of the peace or threat to public safety.² The College notes that these amendments came into force on 20 June 2018 and that they have been used several times since that date to restrict alcohol supply and prevent further harm from general and domestic disturbances, assaults, and other related criminal offences.³

Alcohol harm to health and wellbeing

ACEM considers that alcohol harm is one of the largest, preventable public health issues facing EDs in all Australian jurisdictions. One in five Australians and New Zealanders drink at a level that increases their lifetime risk of alcohol-related disease or injury. Almost half of Australians over the age of 18 report consuming alcohol on a single occasion in the past year that puts them at increased risk of acute injury.⁴

The impacts of alcohol are acutely present in emergency care. Emergency physicians deal with high volumes of alcohol related presentations, which have detrimental effects on clinical staff, other patients and accompanying persons, and ED functioning. ACEM's research on alcohol related presentations in Australian and New Zealand EDs demonstrates the prevalence of alcohol harm:

- 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 year⁵
- At peak times, one in eight ED presentations is alcohol related; however, during peak times all regions have EDs in which one-third of presentations are associated with alcohol^{6, 7}
- 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 ED⁸
- The large majority of ED clinicians want to provide health promotion interventions for risky drinking, but lack time and resources.⁹

This situation is becoming increasingly unsustainable given ED presentation numbers are increasing year-on-year. Data for the Northern Territory show 153,936 ED presentations in 2016/17, an increase of four per cent compared with 2015/16.¹⁰

The Northern Territory has the highest rate of alcohol consumption per person in Australia. As the Northern Territory Government's own health information states, this continues to have a devastating effect, both to

² Northern Territory Government. Liquor Amendment (Point of Sale Intervention) Act 2018 [Internet]. Darwin: Northern Territory Government; 2018. Available from: <https://legislation.nt.gov.au/en/Bills/Liquor-Amendment-Point-of-Sale-Intervention-Bill-2018?format=assented>.

³ Northern Territory Police, Fire and Emergency Services [Internet]. Section 48B of the Liquor Act—Commissioner's powers to suspend licence. Darwin: Northern Territory Government; 2018. Available from: <https://www.pfes.nt.gov.au/Media-Centre/Media-releases/2018/August/01/Section-48B-of-the-Liquor-Act-Commissioners-Power-to-Suspend-Licence.aspx>.

⁴ Australasian College for Emergency Medicine. Statement on alcohol harm (S43). Melbourne: ACEM; 2016. Available from: https://acem.org.au/getmedia/ceaf21fd-fedb-46e3-bcab-333b58f63c13/S43_Alcohol_Policy_Statement_Jul-16.aspx.

⁵ 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.

⁶ 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.

⁷ 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.

⁸ 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.

⁹ 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.

¹⁰ Australian Institute of Health and Welfare. Emergency department care 2015–16: Australian hospital statistics. Health services series no. 80. Cat. no. HSE 194 [Internet]. Canberra: AIHW; 2017. Available from: <https://www.aihw.gov.au/getmedia/981140ee-3957-4d47-9032-18ca89b519b0/aihw-hse-194.pdf.aspx?inline=true>.

drinkers and the wider community.^{11,12} ACEM's research makes a strong case for interventions to address alcohol harm as a serious public health issue. The College understands that the Commission has received representations from the Alice Springs community that restrictions similar to those in Tennant Creek and the Barkly Region should also be imposed in Alice Springs.¹

Strengthening the evidence base

Across the Northern Territory, only five per cent of all ED presentations are attributed as specifically alcohol related, underestimating the true extent of alcohol harm. Instead, alcohol related presentations may be classified in the National Non-Admitted Patient Emergency Department Care Database as injuries, illnesses of the ear, nose and throat, hepatobiliary system illnesses, or endocrine, nutritional and metabolic system illnesses. Presentations may also be classified as social problems, or not stated/inadequately described.¹⁰

It is in this context that ACEM welcomes the Northern Territory Government's trial of Wales' successful Cardiff Model for Violence Prevention and the establishment of a 'last drinks survey' at both the Royal Darwin Hospital and Alice Springs Hospital EDs. The collection of 'last drinks' data will enable effective, anonymised information-sharing arrangements in partnership between hospital EDs, police and local government.¹³ Combined, these data will provide the Northern Territory with an aetiology of alcohol harm, as well as the opportunity to triangulate data to inform the implementation of comprehensive public health interventions that address specific observed risks and patterns. ACEM considers that this initiative will be successful in informing policy development and further preventing violence related to the consumption of alcohol in the Northern Territory.

Conclusion

In closing, ACEM congratulates the Northern Territory Government for following best practice, accepting and acting on the evidence for reducing the harm from alcohol, and agreeing to act on all but one of the Riley Report recommendations. In particular, ACEM applauds the Northern Territory Government for implementing a minimum floor price on alcohol. ACEM considers that further supply reduction measures that reduce the availability of alcohol will help to mitigate the devastating effects of the drug on individuals, families and the broader Alice Springs community.

Thank you for the opportunity to provide feedback to the Review. Should you require clarification or further information, please do not hesitate to contact the ACEM Policy and Advocacy Manager Helena Maher on (03) 9320 0444 or via email at helena.maher@acem.org.au.

Yours sincerely,



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President



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¹¹ Northern Territory Government information and services [Internet]. Darwin: Northern Territory Government; 2018. Alcohol and your health. Available from: <https://nt.gov.au/wellbeing/health-conditions-treatments/alcohol-drugs-and-your-body/alcohol-and-your-health>.

¹² Northern Territory Government. Alcohol Policies and Legislation Review Final Report. Darwin: Northern Territory Government; 2017. Available from: https://alcoholreform.nt.gov.au/_data/assets/pdf_file/0005/453497/Alcohol-Policies-and-Legislation-Review-Final-Report.pdf.

¹³ Florence C, Shepherd J, Brennan I, Simon TR. An economic evaluation of anonymised information sharing in a partnership between health services, police and local government for preventing violence-related injury. *Inj Prev*, Published Online First: 2013. doi:10.1136/injuryprev-2012-040622