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From: Mary Solomon [REDACTED]
Sent: Tuesday, 20 October 2009 11:33 AM
To: Law, Justice and Safety Committee
Cc: [REDACTED]
Subject: Submission from Dr Anthony Lynham (Oral & Maxillofacial Surgeon, Royal Brisbane & Women's Hospital)
Attachments: ltr D Wall RACS Regional Trauma Committee Submission.doc

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The Research Director
Law, Justice and Safety Committee
Parliament House
BRISBANE Q 4000

Dear Sir/Madam

The attached file contains a submission forwarded to the RACS Qld Trauma Committee by Dr Anthony Lynham (Oral and Maxillofacial Surgeon, Royal Brisbane & Women's Hospital) in relation to the inquiry into alcohol-related violence. The views expressed in the submission are those of Dr Lynham, and do not necessarily represent the views of the members of the RACS Qld Trauma Committee.

The submission includes Dr Lynham's name and contact details, and any correspondence regarding the submission should be forwarded direct to him.

Regards.

Mary Solomon
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The College of Surgeons of Australia and New Zealand

Cc: Dr Anthony Lynham

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**Royal Brisbane & Women's
Health Service Districts**

Maxillofacial Unit
Division of Surgery
Oral and Maxillofacial
Surgery
Royal Brisbane
Women's Children's

Initial

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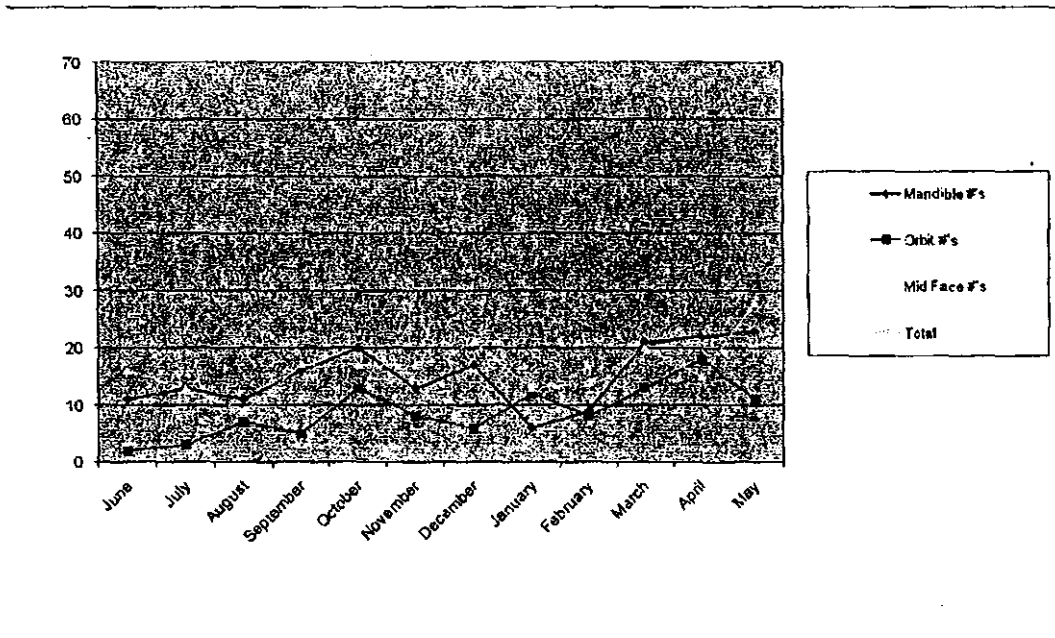
Our Ref:

Dear Associate Professor Wall

On behalf of Maxillofacial Surgery I would be pleased to provide the following submission to the Queensland Parliament Law, Justice and Safety Committee regarding alcohol related violence.

At the Oral and Maxillofacial Surgery Unit of the Royal Brisbane Hospital we have witnessed a dramatic rise in numbers of patients attending our facial trauma clinics.

From the years 2005-2008 we noted a 30% rise in numbers attending our trauma clinics. We have also observed a gradual displacement of other oral and maxillofacial cases being supplanted by trauma. Routinely other cases such as reconstructive surgical cases are cancelled and placed back to waiting lists to accommodate this mounting trauma load.



From the above Unit audit (June 08 to June 09) one can see a further large increase in facial trauma. This is almost a doubling in one year. It has resulted in new outpatient clinics being opened and an overcrowding of our waiting room facilities.

There have been no specific studies completed by our Unit on the association of alcohol and facial trauma but there is no shortage of contemporary studies showing a close association of alcohol and facial trauma. Anecdotally it is obvious that alcohol consumption is the main factor in most of the injuries seen by our unit. It has been recorded that alcohol consumption is involved in 72% of cases of interpersonal violence in the United Kingdom. The study below illustrates this and other points quite clearly

Maxillofacial trauma and the role of alcohol

British Journal of Oral and Maxillofacial Surgery, Volume 46, Issue 7, October 2008, Pages 542-546

S. Laverick, N. Patel, D.C. Jones

In summary there has been a recent large increase in maxillofacial trauma witnessed by the Royal Brisbane Hospital Oral and Maxillofacial Surgery Unit. These injuries are placing large demands on the resources of the hospital and are increasing waiting times for other types of Surgery. Alcohol is by far the most common association. Clubs, Hotels and the adjacent streets are anecdotally the most common locations involved. There exist well known preventive strategies and implementation of these strategies is requested forthwith.

Yours sincerely

Dr Anthony Lynham
Oral & Maxillofacial Consultant
Royal Brisbane & Women's Hospital
28 September 2009