

**Supplementary information provided by Dr Phillip Wadds**

**From transcript of public hearing (Monday, 5 August 2019) – page 30**

**The Hon. JOHN GRAHAM:** As would we. Dr Miller, I have a quick question on your submission. I was interested in the suggestion, which refers back to BOCSAR research, that any reductions in violence are more likely to be the result of early closing than the lockout restrictions when we are looking at the effect of those two things. As has been pointed out, there is a lot going on here, but the evidence is stronger for early closing than for lockouts?

**Dr MILLER:** I will just go back a step. The data I have had a look at relates to incident data. Incident data is different to crime data. I am not sure what you have been looking at. For example, incident data could be that three people saw the same crime, so there could be three incidents if the police took three statements. My understanding is that if the police took one statement that would be one incident. There is a great unknown there in relation to the level of policing. Based on anecdotes in the media at the time and after speaking to other people, including lawyers that deal with the cross area, I suspect that the level of policing changed over that period of time. I came to similar conclusions about the issues relating to the Newcastle lockout laws. The other thing that has not been mentioned here is the pre-existing downward trend of alcohol-related violence incidents. That really has not been modelled all that well. BOSCAR has not acknowledged it. The issues relating to why they may have occurred several years earlier and why that may have accelerated even before the lockout laws are of real interest. I know my colleagues here will, like me, be trying to get some more data about a lot of different things. It is really difficult to get that data.

**Professor CRIPPS:** Backing that up, we did look at all the data going all the way back to 2005. There has been a decrease in NDAs across the State since 2008. That is perhaps the biggest feature of the data that you see.

**Supplementary information provided by Dr Wadds:**

Additional evidence:

There is strong evidence, both locally and internationally, that early closing and/or cessation of alcohol service is more effective than the 'lock out' (or one way door) policy. For example, a systematic review led by my colleague, Claire Wilkinson, found that robust evaluations of one-way door policies had not any substantial effect on levels of alcohol-related violence.

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**The Hon. MARK LATHAM:** But if you are right that BOCSAR has overestimated the drop or established a drop in Sydney that does not really exist, then the gap between Sydney and the rest of the State is even more pronounced, isn't it?

**Professor CRIPPS:** Yes, it is, and the only place that they overestimated it is the CBD.

**The Hon. MARK LATHAM:** You have looked at the rest of the State.

**Professor CRIPPS:** We have looked at the other areas, the Proximal Displacement Areas [PDA]—the proximal and the distal.

**The Hon. MARK LATHAM:** This is their one error.

**Professor CRIPPS:** This is the only mistake.

**Dr WADDS:** If I could add, they are statistics for the proximal and distal displacement sites—proximal up 12 per cent and distal sites up 17 per cent.

**Supplementary information provided by Dr Wadds:**

Clarification and update: If I could add, BOCSAR's statistics for the proximal and distal displacements sites indicate increases in recorded alcohol-related violence of 12 per cent in the proximal sites and 17 per cent in the distal sites. The most recent (released after this hearing) BOCSAR data shows that these rates of recorded displacement of non-domestic assault has further increased since 2016 (up to 18% in the PDA and 30% in the DDA)

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**Ms CATE FAEHRMANN:** One of the obvious objectives of the lockout laws was to deal with alcohol and drug-related violence. I am particularly interested in the response in relation to alcohol and the response in relation to illicit drugs over the past five years. Do you think methylenedioxymethamphetamine [MDMA] cause violence, generally?

**Dr WADDS:** In terms of a causal relationship, in terms of the spectrum of harms it produces, it is certainly considered at the least harmful end of that spectrum—MDMA and cannabis.

**Ms CATE FAEHRMANN:** And cocaine?

**Dr WADDS:** It is similar, at the same end.

**Supplementary information provided by Dr Wadds:**

Correction: Different forms of cocaine have different levels of harm. Crack cocaine is certainly rated highly in terms of the harms it produces, but powdered cocaine is, relatively, less harmful, and is generally located in the middle of the spectrum of harms. Alcohol remains, by a considerable margin, the most harmful drug in terms of harms to both the user and others. For more information on this, I recommend the Committee refers to David Nutt's work out of the UK.

**The Hon. BEN FRANKLIN:** Just one question. We have heard from a number of people about the fact that alcohol consumption is declining for all demographics, particularly younger people, particularly over the last five years. Do you know of any, or have you done any research to determine if there is a correlation between that decline and any potential rise in illicit drug taking, particularly with young people in Sydney? In other words, are young people not drinking because they are doing something else, or are they now just abstaining or starting to abstain?

**Dr MILLER:** We do a bit of listening work commercially and we have also pioneered some of that in the academic forum. I have not published this particular paper beyond conferences but, based on my understanding of the 18 to 24 years demographic—and the conversations we have managed to listen to on Facebook—yes, there is a substitution thing going on.

**Dr WADDS:** I am happy to take that on notice and respond by a number of my colleagues who have some data on trends.

**Supplementary information provided by Dr Wadds:**

I have sought advice from a number of my colleagues at NDARC (the National Drug and Alcohol Research Centre) and DPMP (the Drug Policy Modeling Program) and they have suggested that the best data to answer this question comes from the National Drug Strategy Household survey (NDSHS) using data collected in 2013 and 2016 (one year pre-intervention and 2 years post-intervention by state and age). The NDSHS data shows a general downward or stable trend in 'recent illicit drug use' (defined as use of illicit drugs in the last 12 months) among those aged 14-19 and 20-29 across the country (the main exception being Queensland). Those same age groups in NSW also show decreasing levels of 'recent illicit drug use'. For example, 17.4% of 14-19 year olds in NSW in 2013 indicated they had used illicit drugs in the last 12 months, while this dropped to 14.5% in 2016. Similarly, in the 20-29 year age cohort in NSW, 27.4% indicated they had recently consumed illicit drugs in 2013, as opposed to 24.4% in 2016. In contrast, there was an increasing trend of 'recent illicit drug use' among older populations, particularly those aged 30-39 (15.8% in 2014 v 19.1% in 2016) and 40-49 (11.9% in 2013 v 14.3% in 2016). Again, it is important to note these trends are from the whole of the NSW sample for the NDSHS data, and so do not speak directly to those living in Sydney, nor does it provide insight into poly-drug consumption. Unit record analysis of NDSHS data could provide additional insight into patterns of use of alcohol and/or illicit drugs in 2013 and 2016. It is also worth noting that the 2019 NDSHS will be undertaken shortly and will provide further insight into these trends.