

**Submission
No 388**

SYDNEY'S NIGHT TIME ECONOMY

Organisation: Health Services Union

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Submission to the NSW Parliament Joint Select Committee on Sydney's night time economy

I welcome the opportunity to contribute to this inquiry on behalf of the Health Services Union. Our union represents some 39,000 workers in both public and private health as well as aged care. This brief submission is informed by the experiences of those of our members who work as front-line paramedics and of public hospital staff including health professionals and security officers.

The HSU has long advocated strong measures including reduced trading hours and lockouts to reduce the rising levels of alcohol-fuelled violence in our cities. We welcomed the state government's introduction in January 2014 of the Liquor Amendment Act, both as the body representing health workers and as a founding member of the Last Drinks Coalition.

There can be no doubt that the application of this legislation has led to a decrease in both the frequency and the severity of alcohol-related assaults. In November 2015 a study in *The Medical Journal of Australia* set out to analyse changes in emergency department attendances for alcohol-related serious injuries in the targeted areas and concluded that:

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

Similarly, regarding the severity of injuries to patients presenting to emergency departments, in February 2018 another paper by the same researchers found:

In the first pre-post analysis of the incidence of orbital fractures around the time of the introduction of the controversial lockout laws, we found that the number of fractures associated with alleged violence or assault was statistically significantly lower during the period covered by the laws, and that fewer fractures required operative management. Most cost savings (85%) were associated with the reduced need for surgical treatment.ⁱⁱ

Since the introduction of the legislation there has been some increase in violent incidents in nearby suburbs and it has been argued that the restrictions in Kings Cross and the Sydney CBD merely push the violence out to other areas without solving the overall problem. This view is contradicted by analysts from the Bureau of Crime Statistics and Research who weighed the data relating to the lockout districts against those of surrounding areas:

Following the reforms statistically significant reductions in non-domestic assault incidents occurred in both the Kings Cross (down 49%) and CBD Entertainment Precincts (down 13%). There was evidence of geographical displacement to surrounding areas with increases in non-domestic assault observed in both the PDA [proximal displacement area] (up 12%) and the

DDA [distal displacement area] (up 17%). The reduction in the combined Kings Cross and CBD Precincts (930 fewer non-domestic assaults) was much greater than the increase in the combined proximal and displacement areas (299 more non-domestic assaults).ⁱⁱⁱ

These studies confirm what emergency services workers know from direct experience, that these types of restrictions work both to reduce the levels of violence on our streets and to deliver substantial savings in health and emergency services expenditure. One HSU delegate, an intensive care paramedic with more than twenty years' experience, describes the experience of our members on the streets, and their fears of a roll-back of the legislation:

Prior to the 'lockout laws' Sydney CBD had become a virtual Friday / Saturday night war zone. Alcohol fuelled assaults and incidents were at astronomical levels. St Vincent's Hospital Emergency Department in Darlinghurst could barely cope with the influx of patients, some of who were seriously injured with unconscious head injuries resulting in life changing outcomes. There was a sense of things being 'out of control' with something having to change to stop the injury, hospitalisations and even deaths.

With a watering down of the lock out laws, Paramedics fear a return to the days of uncontrolled alcohol consumption and resulting alcohol related incidents. While violence and assaults increase so do other trauma related events such as pedestrians hit by cars and so forth. The link between uncontrolled alcohol consumption and workload for paramedics is well established.^{iv}

On behalf of our members who have seen the benefits we have repeatedly called on the government to extend their protections. The NSW government, and other governments around the country, should be looking at these statistics as an example of what is possible in other communities where unregulated alcohol is taking a toll.

Many groups have expressed legitimate concerns regarding the viability of Sydney's late-night entertainment industry but in the union's view these concerns do not warrant a roll-back of measures of proven benefit to community health and safety. Rather, more positive action needs to be taken to raise public awareness of the dangers of binge drinking and to change public attitudes to alcohol and acceptance of alcohol abuse.

I note that this Committee will be considering some changes to the restrictions that are currently in place to ensure there is a balance between the cultural needs of the city and the considerations of community and emergency service worker safety.

I have always upheld the need for a robust debate about the impacts of these laws. The Last Drinks Coalition which represents those frontline workers most affected by the aftermath of alcohol related violence has made a submission which represents my broader views.

In addition to the submission by the Coalition about what must be preserved in the current regime to ensure community and worker safety I would add that the Committee should give serious thought to:

1. Introducing penalties for larger alcohol businesses and conglomerates who do not take proper care of their patrons but actively encourage their extreme intoxication as a business model.
2. Introducing a more rigorous training and accreditation system for alcohol service and security staff so that they can better recognise when a person has gone past what might be considered a normal level of intoxication, in order to protect patrons who may sometimes find themselves excluded unfairly by untrained staff.

3. Requiring larger venues to offer areas where people who have unwittingly become extremely intoxicated can recover prior to their departure rather, than allowing them to simply eject patrons onto the streets.
4. Implementing a state-wide set of liquor laws to prevent the displacement of violence and to allow businesses to operate and patrons to enjoy themselves within a uniform set of rules. HSU members deal with the consequences of alcohol related violence across NSW not just in the Sydney CBD.

These approaches are resource intensive and may require a greater level of responsibility and resourcing on behalf of venues but would ultimately reduce violence by stopping the problem before it manifests on the streets.

I would welcome the opportunity to discuss these issues further during the committee's public hearings.

Gerard Hayes
Secretary
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ⁱ [Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws](#), Gordian WO Fulde, Myles Smith and S Lesley Forster, MJA Volume 203, Issue 9, November 2015, Pages 366-366

ⁱⁱ [Fewer orbital fractures treated at St Vincent's Hospital after lockout laws introduced in Sydney](#), Ryan F Holmes, Thomas Lung, Gordian WO Fulde and Clare L Fraser, MJA Volume 208 Issue 4: 174. 26 February 2018

ⁱⁱⁱ [The effect of lockout and last drinks laws on non-domestic assaults in Sydney: An update to September 2016](#), Donnelly, N., Poynton, S. & Weatherburn, D. (2017). (Crime and Justice Bulletin No. 201). Sydney: NSW Bureau of Crime Statistics and Research.

^{iv} In conversation with HSU officers