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SYDNEY'S NIGHT TIME ECONOMY

Organisation: Royal Australasian College of Surgeons

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Patron H.R.H The Prince of Wales

28 June 2019

The Hon Natalie Ward MLC
Committee Chair
Joint Select Committee on Sydney's night time economy
Parliament House, Macquarie Street
SYDNEY NSW 2000
NightTimeEconomy@parliament.nsw.gov.au

Dear Ms Ward

SUBMISSION TO THE INQUIRY INTO SYDNEY'S NIGHT TIME ECONOMY

The Royal Australasian College of Surgeons (RACS) NSW Committee is grateful for the opportunity to respond to the Joint Select Committee's enquiry into Sydney's night time economy.

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. RACS is a not-for-profit organisation that represents almost 7000 surgeons and 1300 surgical trainees and International Medical Graduates across Australia and New Zealand, with approximately 70% resident in NSW.

RACS is committed to ensuring the highest standard of safe and comprehensive surgical and patient care for the communities it serves, and as part of this commitment, it strives to take informed and principled positions on issues of public health.

RACS has strongly and consistently advocated for effective measures to mitigate harmful effects of alcohol consumption. Chronic, excessive alcohol consumption is a significant contributor to the total burden of disease, including liver failure, gastrointestinal bleeding, breast, upper gastrointestinal and oropharyngeal cancer and infections related to malnutrition. Chronic consumption of alcohol at harmful levels increases risk of postoperative complications to patients undergoing anaesthesia and surgery, and also has broader ramifications on the sustainability of our public health system.

In 2016 RACS, released an updated position paper on alcohol related harm and made multiple submissions to alcohol policy and regulatory reviews across Australia and New Zealand which can be found at https://www.surgeons.org/media/20784483/2016-08-02 pos rel-gov-025 alcohol related harm.pdf.

Each day, surgeons provide care to patients with injuries resulting from road traffic trauma, interpersonal violence and personal accidents, many of which are associated with excessive alcohol consumption.

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MEDIA RELEASE



Alcohol and drug use – a common cause of facial fractures

8 May 2018

A Wellington study has shone a spotlight on the extent of interpersonal violence in the region, particularly when involving alcohol or drug use.

The retrospective study, which was based on five year worth of data on maxillofacial fractures at Hutt Hospital between 2013 and 2017, showed that violence was the leading cause of facial fracture presentations.

Dr Kimberley Sent Doux, a surgical registrar at Hutt Hospital, will this week be presenting the results of her study in poster format to the Royal Australasian College of Surgeons' Annual Scientific Congress in Sydney. She said the results provided an informative breakdown of the causes of fractures, and could be a useful guide in determining public policy in the Wellington Region.

"Our study analysed 1535 maxillofacial fractures over the five years. It found that violence accounted for almost 40 percent of all presentations. Falls and sporting injuries were the next most common causes, both representing just under a quarter of all presentations."

"Of the 583 violence related fractures, 38 percent were associated with alcohol and drug use. This is a significant number and is something we need to look at in moving forward. We would like to see more targeted public health strategies to combat this problem, and hopefully lead to a significant decrease in the number of violent related facial fractures that we are seeing."

Surgeons frequently treat injuries caused by drug and alcohol fuelled violence on a daily basis throughout New Zealand, and Dr Sent Doux's poster presentation follows several years' worth of advocacy by RACS to combat this problem.

Dr Sent Doux will be presenting her poster titled "Interpersonal Violence Especially Involving Alcohol and Drug Use is the Most Common Cause of Maxillofacial Fractures" at the upcoming Royal Australasian College of Surgeon's 87th Annual Scientific Congress which is being held in Sydney between 7-11 May. The congress brings together some of the top surgical and medical minds from across New Zealand, Australia, and the rest of the world.

For more information about the Annual Scientific Congress please visit: https://asc.surgeons.org/





MEDIA RELEASE

Reducing ACT liquor trading hours will reduce harms

Friday 8 July 2016

Surgeons and emergency department doctors have put their support behind the ACT Government's proposal to stop serving alcohol after 3am in the nation's capital.

Royal Australasian College of Surgeons (RACS) ACT Trauma Chair Dr Ailene Fitzgerald, and Fellow of the Australasian College for Emergency Medicine (ACEM) and former director of the Canberra Hospital emergency department Dr Michael Hall say alcohol-related ambulance and emergency department (ED) presentations have been on the rise over the past five years.

"In 2011 there were around six ambulance attendances to licensed premises each month, compared with eleven per month in the first quarter of this year," Dr Fitzgerald said.

Dr Hall says that data from three snapshot surveys of alcohol-related presentations conducted by ACEM reveals the alcohol burden in ACT EDs.

"The first survey, conducted on 14 December 2013 at 2am, showed one in ten patients in ACT EDs were there because of alcohol," Dr Hall said.

"A repeat survey on 6 December 2014 at 2am showed that nearly one in every five patients were there because of alcohol, while a snapshot survey on Australia Day 2016 revealed that one in eight presentations were alcohol-related."

"Alcohol-related harm is by definition completely preventable, yet our research shows it continues to make up a significant proportion of the ED workload in the ACT."

Both Dr Hall and Dr Fitzgerald say a reduction in trading hours is a sensible way to prevent alcoholrelated harm.

"One of the worst things I will ever have to do in my job is to tell a young person's parents that their child has been seriously injured or killed because they've had too much alcohol. It's tragic, and it's preventable," Dr Fitzgerald said.

"We know that around a third of assaults occur after 3am in Civic. There is a large body of evidence that indicates restricting the availability of alcohol will reduce harms in the ACT, as shown in Sydney and Newcastle.

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Maintaining and enhancing community safety

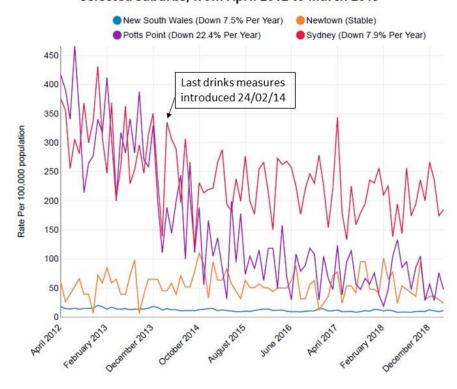
The action taken previously by the NSW government in implementing the Sydney Entertainment Precinct suite of measures in February 2014, was endorsed by the RACS NSW Committee, and many other agencies and community groups.

Since the introduction of the Liquor Act Amendment February 2014 there has been dramatic reduction in non-domestic violence, with substantial reductions observed in Sydney entertainment precincts, and no evidence of geographical displacement of assaults to proximate or distal areas.¹

The NSW Bureau of Crime Statistics and Research (BOCSAR) data found that on BOCSAR crime map (year to March) ² demonstrates that Non-domestic alcohol-related assaults in the Sydney local government area have decreased by 23.5% since the measures were introduced, from 1868 assaults in the 12 months prior to their implementation (year to March 2014) to 1429 assaults in the year to March 2019 and in the Kings Cross Police Area Command there has been a 61% reduction in alcohol-related non-domestic assaults in the five years since the measures were introduced (408 to 159 assaults). The trends can clearly be seen in the graph below:

Crime Maps | BOCSAR

Incidents of Alcohol Related Assault (Non-domestic assault) in selected suburbs, from April 2012 to March 2019



Source: NSW Bureau of Crime Statistics and Research

BOCSAR reports that alcohol has a major influence in violent crime.

"Alcohol is significantly involved in violence in our community:

- · A third of non-domestic assaults are alcohol related
- A third of domestic assaults are alcohol related" 3

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Maintaining and enhancing individual and community health outcomes

St Vincent's Hospital is the closest major hospital to King's Cross.

Data from this hospital evidence significant societal benefits since the introduction of the Liquor Act Amendment February 2014.

In the 12 months following the introduction, there was a 24.8% relative rate reduction in alcohol-related serious injury presentations to St Vincent's Hospital, Darlinghurst.⁴ And in the 2 years following their introduction, orbital fracture presentations (most commonly occurring from assault) saw significant decreases at St Vincent's Hospital.

Additionally, the number of fractures requiring surgery decreased and more cases were able to be managed conservatively. This resulted in an estimated savings of approximately \$0.5million in hospital and ambulance costs.⁵

The total number of serious facial trauma surgeries at St Vincent's Hospital reduced by 60% in the 2 years post introduction of the measures, with 145 facial trauma patients receiving operations in 2012/2013 (the two years prior) and only 58 patients from 2014/2015 (the two years post implementation).^{6,7}

The data do not demonstrate any evidence that this pattern of injury has been displaced to hospitals adjoining the Sydney Entertainment Precinct

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE



Massive drop in facial fractures and single punch attacks in Sydney CBD and Kings Cross

Thursday 5 May, 2016

A study led by surgeons at St Vincent's Hospital in Sydney has shown that serious facial trauma admissions have dropped by around 60 per cent since liquor law reforms were introduced.

In total, there were 145 facial trauma patients who received operations in the two years before the laws were introduced, compared with 58 patients in the two years afterwards.

Of the single punch attacks that were known to be alcohol-related, there were 26 in the two years prior, compared with four in the two years after the reforms.

Lead researcher Dr Elias Moisidis from the Department of Plastic, Reconstructive and Maxillofacial Surgery at St Vincent's says the deformity, chronic pain and disability that can result from serious facial trauma can lead to lifelong issues for the patient and their family.

"It's reasonable to assume that the NSW Government's laws changed the dynamics and resulted in a significant reduction in patients presenting to St Vincent's with facial injuries requiring operations," Dr Moisidis says.

"The most notable reduction regarding the location of injuries was in the Kings Cross and city areas where the liquor law reforms were implemented.

"The greatest reduction regarding the time of injuries was between 10pm and 6am.

"This will likely reduce the socio-economic burden on the public healthcare system."

This research is being presented today at the Royal Australasian College of Surgeons Annual Scientific Congress in Brisbane.

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To emphasise the above article the table below is taken from the Australian Journal of Plastic Surgery in an article entitled "A comparison of maxillofacial trauma before and after implementation of lockout laws in Sydney" as is clear from this one table below the incredible positive effect that the lockout laws have had on Sydney, and demonstrate the imperative nature of maintaining them. The study also highlights another key point in that "One major impetus for the alcohol reforms in Sydney was the recent high profile incidents of 'coward punch/king hits'. This study shows that those king hit consistently had the highest link with alcohol as a subgroup with 86.7 per cent pre and 80 per cent post reforms being intoxicated at the time. Therefore, it was not surprising to see that the greatest effect of the reforms was demonstrated with this cohort with an 83 per cent (six-fold) drop in cases from 30 to just five."

| | 2 years prior (%) | Post-reforms (%) | p-value | | | | |
|------------------------------|-------------------|------------------|---------|--|--|--|--|
| Total surgical cases | 1254 | 1141 | | | | | |
| Total maxillofacial cases | 145 † | 58† | <0.001 | | | | |
| Paelone descripeion | | | | | | | |
| Age | 30 (16-89) | 30 (17-77) | 0.12 | | | | |
| Sex | | | | | | | |
| Male | 126 (B9.4) | 40 (BG) | 0.50 | | | | |
| Female | 15 (9.6) | 8 (14) | | | | | |
| Cases related to me | thod of Injury | | | | | | |
| Assault ‡ | 61 (43.3) | 21 (36-2) | 0.02 | | | | |
| King hit | 30 (212) | 5 (8.6) | | | | | |
| Fall | 28 (19.9) | 22 (37.9) | | | | | |
| MVA | 6 (4.3) | 3 (5.2) | | | | | |
| Sport | 6 (4.3) | 4 (5.2) | | | | | |
| Cycling | 4 (2.8) | 3 (5.2) | | | | | |
| Other | 6 (4.3) | 0 | | | | | |
| Unknown | 4 | 0 | | | | | |
| Location of event | | | | | | | |
| Clty | 54 (49.5) | 15 (28.9) | <0.001 | | | | |
| Intoxicated | 37 | 10 | | | | | |
| Sober | 10 | 5 | | | | | |
| Unknown | 7 | 0 | | | | | |
| Kings Cross | 24 (22) | 3 (5.7) | | | | | |
| Intoxicated | 16 | 2 | | | | | |
| Sober | 3 | 1 | | | | | |
| Unknown | 5 | 0 | | | | | |
| Easem Suburbs | 20 (18.4) | 26 (50) | | | | | |
| Intoxicated | 12 | 12 | | | | | |
| Sober | 3 | 14 | | | | | |
| Unknown | 5 | 0 | | | | | |
| North Sydney | 4 (3.7) | 0 | | | | | |
| South Sydney | 2 (1.8) | 0 | | | | | |
| Other | 5 (4.6) | 8 (15.4) | | | | | |
| Unknown | 36 | 6 | | | | | |
| Place of Injury | | | | | | | |
| Street | 64 | 20 | 0.09 | | | | |
| Barjclub | 27 | 12 | | | | | |
| Restaurant | 3 | 0 | | | | | |
| Home | 3 | 1 | | | | | |
| Park | 4 | 4 | | | | | |
| Vehicle | 6 | 3 | | | | | |
| Work | 1 | 4 | | | | | |
| Other | 6 | 14 | | | | | |
| Unknown | 31 | 0 | | | | | |
| Total | 145 | 58 | | | | | |

Associate Professor Anthony Grabs, Director Trauma Services St Vincent's Hospital, Sydney, a Fellow of RACS, in his article "Relaxing lockout laws will lead to more violence" recalls the conditions that surgeons and other front-line health professionals would face at St Vincent's, emphasising the conditions in the Emergency Department by saying that "It was honestly something akin to a war zone." And from his personal experience "I remember the

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grief-stricken parents of victims of alcohol-related assaults sitting inconsolably in the waiting room, devastated at the injuries to their son or daughter, and how their life would now be irreversibly changed."9

In the same article, Professor Grabs states that, "It's surprising to me that the NSW government feels the need to once again review the measures so soon after they were last examined in September 2016 by Justice Ian Callinan.

The independent Callinan Report found the measures had delivered a reduction in violence in the city's entertainment precincts and no significant displacement of violence elsewhere.

Our politicians must think very carefully before they remove or relax these laws."9

The suite of measures implemented in Sydney's CBD and Kings Cross precinct, incorporated in the February 2014 Liquor Act Amendment, have demonstrably achieved improved amenity for local residents, and patrons and staff of small and medium enterprises, and produced significant and sustained increase in societal wellbeing and safety, without sacrifice to vibrancy of the Sydney Night Time Economy.

Retention of these reasonable measures is recommended – implementation more widely in NSW is encouraged.

Thank you once again for the opportunity to raise these important issues with you. We welcome the prospect of meeting with the Committee to discuss these matters further.

Yours sincerely

Dr Ken Loi Chair

NSW State Committee

Dr John Crozier Chair

National Trauma Committee

Dr SVS Soundappan

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Trauma and Paediatric Representative,

NSW State Committee

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- 8. Australian Journal of Plastic Surgery in an article entitled "A comparison of maxillofacial trauma before and after implementation of lockout laws in Sydney"

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