

**Submission
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SYDNEY'S NIGHT TIME ECONOMY

Organisation: Public Health Association of Australia

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Public Health Association
AUSTRALIA

Public Health Association of Australia submission on Sydney's night time economy

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Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



Public Health Association
AUSTRALIA

Introduction

PHAA welcomes the opportunity to provide input to the Joint Select Committee's Inquiry and to contribute evidence and an independent perspective in relation to community health and safety and maintaining a vibrant night-time economy in Sydney. The PHAA was involved in advising government and partners on evidence-based approaches to reduce alcohol harm prior to implementing Lockout Laws in 2014 and has contributed to every review in relation to NSW alcohol legislation and community safety since this time.

Public health and safety must always be prioritised over the commercial interests of alcohol and gambling industries. A clear focus of the NSW Liquor Act 2007 and the Gaming and Liquor Administration Act 2007 is to guide 'harm minimisation in connection with the supply of liquor' and to minimise the impact of these harms on the local and wider communities.

The PHAA recommends retaining the conditions placed on liquor establishments in the Prescribed Precincts of Sydney CBD and Kings Cross, as an evidence-based policy to reduce alcohol-related harm. The current precinct map does not include the casinos at Star City or Barangaroo, and this should be amended as part of this review.

This does not however include support for one punch assault laws passed with lockout legislation in 2014, as there is no evidence of such deterrents reducing alcohol-fuelled violence and it produces a lack of coherence in the criminal law.

The review of community safety and night time entertainment is an important opportunity to highlight the facts about alcohol use in Australia. Since 2010, there have been very substantial developments in alcohol-policy related research in Australia and elsewhere, and we are fortunate to have access to strong evidence for what works to prevent and reduce harm from alcohol. We believe this evidence should play a key role in informing the government's approach to community safety.

PHAA Response to the Inquiry Terms of Reference

Terms of reference

The terms of reference for this inquiry were to inquire and report into Sydney's night time economy, including any measures required to:

- (a) Maintain and enhance community safety
- (b) Maintain and enhance individual and community health outcomes
- (c) Ensure existing regulatory arrangements in relation to individuals, businesses and other stakeholders including Sydney's lockout laws, remain appropriately balanced
- (d) Enhance Sydney's night time economy

And any other directly relevant matters.

The lock out laws

While many people drink alcohol in moderation, alcohol harm and its associated costs are significant. Each day, 15 Australians die and a further 430 are hospitalised because of alcohol.¹ These figures understate the significant impact that some individuals' alcohol use has on others, including violence in public and in homes, vandalism, road traffic accidents, child maltreatment and neglect and lost productivity in the workplace.²

The effects of the lockout laws and vibrancy has been extensively reviewed. Restrictions reduced robbery by 57%, assaults by 50%, sexual assault by 20% as well as reductions in other serious crimes, with no increase in assaults in the adjacent areas.^{3,4,5} There were also reductions in orbital fractures (broken bones around the eye socket, often following a punch to the face) presenting at St Vincents hospital,⁶ and reductions in other alcohol-related serious injuries presenting at emergency departments.⁷

Some evidence has been found of a moderate displacement effect, with focus groups inside the lock out zones reporting improvements including less waste and improved public amenity, but focus groups outside the lock out zones reporting the reduced public amenity and reduced public safety.⁸ This warrants further investigation and may suggest that a consistent lockout time across the city is a preferable approach.

In late 2016, the Callinan Review found the government's objective of reducing alcohol related assaults and anti-social behaviour are being achieved through the policy.^{9,10,11} The review also found that many of the arguments against the laws were not verifiable.⁵ Alternative strategies suggested to replace lock out laws such as public education and increased policing are not evidence based and usually result in increasing arrests and criminal justice costs, but not significantly decreasing alcohol-related harms.

The laws also have broad level support from the community, with 80% of 18-34 year olds in NSW supporting a closing time for pubs, clubs and bars of no later than 3am, and the majority of 18-24 year olds supporting a 1am lockout.¹²

An evaluation of the social and health impacts of a vibrant night time economy involving clearly defining these terms, how benefits and harms would be measured and who is impacted by late night alcohol sales, may be helpful. A comprehensive assessment of this type would consider the increased costs to emergency, health and criminal justice services associated with increased late-night sales of alcohol, and alcohol consumption, as well as any benefits to the community which may be evidenced.

Harms associated with alcohol

Australians are heavy drinkers by world standards. Per capita alcohol consumption of 9.7 litres of pure alcohol per year is above the average of 6.2 litres for OECD countries.¹ More than one-quarter of Australians who consume alcohol drink at levels putting them at risk of injury from a single occasion of drinking at least monthly, and 17% drink at levels putting them at risk of disease or injury over a lifetime.¹³ Young people under 25 years are most likely to 'binge drink', consuming 11 or more standard drinks in one sitting at least monthly, placing themselves at high risk of alcohol-related harm.

Moderate to high alcohol consumption is associated with a range of immediate and longer-term harms, both as a result of a person's own drinking, and the drinking of others. Drinking at risky levels presents significant social costs due to the increased risk of alcohol related disease, street and family violence, sexual assault and road accidents.⁸

Young people aged 20-24 are the most likely age group to report experiencing verbal abuse, physical abuse or being put in fear in the previous 12 months in an incident related to alcohol consumption.¹⁴ Four in five (83%) risky drinkers aged 14-19 years report being injured as a result of their drinking in the past 12 months, and 7% have attended hospital for an alcohol related injury.¹⁵ Almost 1 in 8 deaths and 1 in 5 hospitalisations for young people aged under 25 are due to alcohol.¹⁶

For people experiencing mental health vulnerabilities, binge drinking and alcohol dependence further contribute to anxiety and depression.¹⁷

The costs for policing are also very high, with 60% of all police attendances, and 90% of late-night calls being alcohol-related.¹²

These harms may be overlooked because of Australia's normalised culture of drinking, including binge drinking, and the influence of the alcohol industry in policy making and donations to Government.¹⁸

Importantly, drinking cultures in Australia are changing, with one in five people now being non-drinkers,⁹ and an increasingly culturally diverse community with cultural practices not centred around alcohol.

Evidence to reduce harm

The World Health Organization has identified taxation, restricting availability and implementing bans on advertising as the most efficient strategies to minimise the harmful use of alcohol.¹⁹ These strategies are highly cost-effective in reducing alcohol-attributable deaths and disabilities at the population level, and with the harm minimisation aims of the NSW Liquor Act. They should be prioritised over strategies to increase profits of the alcohol industry, as the health of the population and the profits of industry should not be considered as equal.

Harm minimisation needs to be in conjunction with support for individuals to obtain help, and systems to respond to people at risk. Health services and support services for people at risk, and for victims of sexual assault must be adequately funded to be able to respond to the level of need.

Vibrancy

Alcohol should not be the focus on strategies to increase vibrancy in Sydney's night time economy. PHAA welcomes genuine approaches to supporting the vibrancy of Sydney which support options which do not see creating vibrancy as being analogous to increasing the availability of alcohol in the community. PHAA supports diverse activity options and innovative ideas which do not have alcohol or gambling as their central feature, to reflect the diversity of ages, cultural backgrounds and interests of the community.

Conclusion

PHAA supports the review of the Sydney lock out laws. However, we are keen to emphasise that improving vibrancy in Sydney's night life and improving public health and safety are not mutually exclusive, in line with this submission. We are particularly keen that the following points are highlighted:

- The lockout laws should be supported as an effective and evidence-based approach to harm minimisation, aligning with the NSW Liquor Act
- A comprehensive health and social impact evaluation should be conducted
- A vibrant night time economy creates a range of opportunities for businesses, communities and individuals that reflect a variety of cultures for which alcohol is not central
- Extend the current laws to include the casinos at Star City and Barangaroo.
- Public health and safety must be prioritised over industry profits

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improving both the vibrancy of Sydney's night time economy and public health and safety.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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