Submission No 781

SYDNEY'S NIGHT TIME ECONOMY

Organisation: The Royal Australasian College of Physicians

Date Received: 11 July 2019

RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

Submission into the Parliament of New South Wales Joint Select Committee on Sydney's Night-time Economy

July 2019

About the Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians throughout Australia and New Zealand. It represents a broad range of medical specialties, including addiction medicine, cardiology, general medicine, geriatric medicine, neurology, occupational and environmental medicine, oncology, paediatrics and child health, palliative medicine, public health medicine, rehabilitation medicine, respiratory medicine and sexual health medicine.

As part of its drive for medical excellence, the RACP is committed to developing health and social policies that bring vital improvements to the wellbeing of all patients.

The RACP welcomes the opportunity to provide a submission to the Joint Select Committee on Sydney's Night-time Economy. The RACP published its updated Alcohol Policy in 2016 and in 2018 provided a detailed submission to the Australian Government's Consultation on the Draft National Alcohol Strategy 2018-2026. The following statement is based on these key policy documents and other relevant evidence, as cited in the submission.

Recommendation

Reducing alcohol-related harm in NSW and Australia remains a key priority for the RACP. The RACP remains strongly in favour of retaining the current harm minimisation policies in the Central Business District and Kings Cross, with a special emphasis on the need to maintain the restriction in trading hours for licensed venues.

Alcohol-related harm remains a major health and social issue.

According to a recent report by the Australian Institute of Health and Welfare, in 2015, 4.5 percent of the total disease burden was due to alcohol use, making it the 6th leading risk factor contributing to disease burden. Alcohol use contributed to the burden of 30 diseases and injuries including alcohol use disorders, eight types of cancer, chronic liver disease and 12 types of injury, predominantly road traffic injuries, suicide and self-inflicted injuries.[1] Alcohol is also responsible for 8.1 percent of the Indigenous health gap[2] and in 2011 Indigenous Australians experienced rates of alcohol-related disease burden at 3.1 times the rate of non-Indigenous Australians.[3]

Alcohol is also one of the four modifiable risk factors for chronic diseases, including heart disease, diabetes, mental health and cancer, the other three being poor diet, physical inactivity and tobacco use.[4] Despite the robust evidence base that shows that reducing alcohol consumption results in improved population-wide health outcomes, it is estimated that alcohol results in over 5,500 deaths per year and over 155,000 hospital admissions across Australia.[5]

1 Australian Burden of Disease Study 2015, Australian Institute of Health and Welfare 2019
2 Alcohol, Tobacco and Other Drugs in Australia, Australian Institute of Health and Welfare 2018
3 Impact of alcohol and illicit drug use on the burden of disease and injury in Australia, Australian Institute of Health and Welfare 2018
4 Australia's Health 2018. Australian Institute of Health and Welfare 2018
5 Gao, Ogeil, Lloyd. Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point; 2014

Alcohol is also associated with 14-27 percent of emergency department admissions.[6] [7] One in three car crash deaths[8], up to two-thirds of family violence assaults and nearly half cases of child abuse are alcohol related.[9] Alcohol costs Australian society approximately $15 billion annually[10], with an additional estimated cost of $20 billion in the harm alcohol causes to the wider community[11]. In NSW alone, alcohol is involved in more than 37 emergency department presentations, 147 hospitalisations and three deaths every day.[12]

A May 2019 drug harm ranking study highlighted the pervasive and persisting harms of alcohol in Australia. Alcohol was ranked as the overall most harmful drug when harm to users and harm to others was combined. A supplementary analysis taking into consideration the prevalence of substances in Australia again indicated that alcohol was the most harmful substance, followed by cigarettes, crystal methamphetamine, cannabis, heroin and pharmaceutical opioids.[13]

Evidence supports the maintenance of the current measures.

Robust evidence shows that decreasing availability of alcohol reduces alcohol-related harm. Australian and international studies indicate that increased trading hours for licensed outlets are accompanied by substantially higher levels of alcohol consumption and associated harms such as drink-driver road crashes[14], serious violent offences committed in the early hours of the morning[15] and assaults per 100,000 inhabitants.[16] Further studies provide indirect evidence of this relationship, showing that over 40 percent of assaults at licensed premises occur after midnight.[17] A study of Amsterdam trading hours found that a one-hour extension of alcohol outlet closing times in some of Amsterdam's nightlife areas was associated with 34 percent more alcohol-related injuries.[18] Regular heavy drinkers are especially likely to take advantage of longer trading hours.[19]

6 Egerton-Warburton, Gosbell et al. Survey of alcohol-related presentations to Australasian emergency departments. Med J Aust 2014
7 Butler, Reeve et al. The hidden costs of drug and alcohol use in hospital emergency departments. Drug and Alcohol Rev 2016
8 Devlin & Fitzharris. An analysis of single-vehicle fatality crashes in Australia at various Blood Alcohol Concentrations. In N. Leal (Ed.), Proceedings of the 2013 Australasian Road Safety Research, Policing and Education Conference
9 Laslett, Mugavin et al. The range and magnitude of alcohol's harm to others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health; 2010.
10 Collins and Lapsley. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Department of Health and Ageing; 2008
11 Laslett, Mugavin et al. The range and magnitude of alcohol's harm to others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health; 2010.
12 New South Wales HealthStats 2017. Retrieved from: http://www.healthstats.nsw.gov.au/Indicatorgroup/indicatorViewList?code=beh_alc&topic=topic_alcohol&name=AlcoholTopic
13 Bonomo, Norman, et al. The Australian drug harms ranking study. J Psychopharmacol. 2019 May
14 Chikritzhs T, Stockwell T. The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. Addiction 2006
15 Australian Medical Association (NSW), NSW Nurses' Association, Health Services Union and Police Association of NSW. Last drinks: a coalition of concerned emergency services workers; 2010
16 Rossow I, Norström T. The impact of small changes in bar closing hours on violence: the Norwegian experience from 18 cities. Addiction 2011
17 Moffatt S, Weatherburn D. Trends in assaults after midnight. NSW Bureau of Crime Statistics and Research, Crime and Justice Statistics. Issue paper no. 59; 2011
18 de Goeij MC, Veldhuizen EM, Buster MC, et al. The impact of extended closing times of alcohol outlets on alcoholrelated injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation. Addiction. 2015
19 Moffatt S, Weatherburn D. Trends in assaults after midnight. NSW Bureau of Crime Statistics and Research, Crime and Justice Statistics. Issue paper no. 59; 2011

A systematic review of literature over 10 years that identified 21 relevant studies including seven from Australia concluded that reducing the hours during which on-premise outlets can sell alcohol late at night can substantially reduce rates of violence.[20]

Local evidence further supports the maintenance of the current restrictions on trading hours. The most recent available data from the NSW Bureau of Crime Statistics Research indicates that non-domestic alcohol-related assaults in the Central Business District have decreased by 23,5 percent since the last-drinks measures were introduced in 2014. In Kings Cross, there has been a 61 percent reduction in alcohol-related non-domestic assaults in the five years since the introduction of the measures.[21]

In the 12 months following the introduction, there was a 24.8 percent reduction in alcohol-related serious injury presentations at St Vincent's Hospital in Darlinghurst.[22] In the two years following the institution of the current regime, orbital fracture presentations that most commonly occur as a result of assault decreased at St Vincent's, with an additional reduction in the number of fractures requiring surgery.[23] The total number of serious facial trauma surgeries at the hospital decreased by 60 percent in the two years post-introduction of the measures (145 patients received surgery in 2012-23 and 58 patients in 2014-15).[24]

Now is not the time for complacency.

While alcohol-related assaults and emergency presentations in Kings Cross and the Central Business District have decreased since the introduction of the harm minimisation measures, alcohol-related hospitalisations in the City of Sydney remained 30 percent higher than the state average between 2015 and 2017.[25]

This troubling statistic and the robust up-to-date evidence on how to effectively reduce alcohol-related harms demand that we strengthen, not reduce, our collective efforts to tackle the harms of alcohol in our communities. A night-time economy whose vibrancy is purportedly dependent on the sale of alcohol past three in the morning does not belong in a healthy city. Accordingly, the College continues to advocate for the retention of the existing last-drinks measures for licenced premises in the Central Business District and Kings Cross entertainment precincts.

The RACP also stresses that substantial reductions in alcohol-related harm will only be achieved once national and state governments and local authorities commit to the comprehensive set of interventions outlined in the RACP Alcohol Policy.

In the case of the NSW Government, these would include – in addition to maintaining restrictions to the trading hours:

- adding outlet density as a consideration in future liquor licensing law reviews and decisions,

20 Campbell CA et al. The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. Am J Prev Med 2009
21 NSW Bureau of Crime Statistics and Research 2019. Reference: rqFARE19Q1
22 Fulde, Smith et al. Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws. Med. J. Aust 2015
23 Holmes, Lung et al. Fewer orbital fractures treated at St Vincent's Hospital after lockout laws introduced in Sydney. Med. J. Aust. 2018
24 Royal Australasian College of Surgeons. Massive drop in facial fractures and single punch attacks in Sydney CBD and Kings Cross. Media release – 5 May 2016. Retrieved from: https://www.surgeons.org/media/24111976/2016-05-05-med-thursday-racs-asc-massive-drop-in-facial-fractures-and-single-punch-attacks-in-cbd-and-kings-cross.pdf
25 New South Wales HealthStats 2017. Retrieved from: http://www.healthstats.nsw.gov.au/Indicator/beh_alcafhos/beh_alcafhos_lga_trend

- the introduction of a minimum floor price for alcohol,
- urgent finalisation and implementation of an NSW alcohol and other drugs strategy and
- a commitment to appropriately fund alcohol and other drug treatment services across NSW.

The RACP thanks the Committee for the opportunity to comment on this important and urgent matter.