Submission No 786

### **SYDNEY'S NIGHT TIME ECONOMY**

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# Dr Joe McGirr MP

## Independent Member for Wagga Wagga



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The Hon Natalie Ward Chair Joint Select Committee on Sydney's Night Time Economy

Email: nighttimeeconomy@parliament.nsw.gov.au

Dear Ms Ward

Please find attached my submission on Sydney's Night Time Economy.

I would be pleased to discuss the issues raised in this submission in further detail if required.

Thank you for the opportunity to raise my concerns about any potential weakening of the NSW Lockout Laws.

Yours sincerely

Dr/Joe McGirr, MP

Member for Wagga Wagga

Attachment







## Dr Joe McGirr MP

## Independent Member for Wagga Wagga



Submission: Joint Select Committee on Sydney's Night Time Economy

#### **Dangers of weakening of NSW Lockout Laws**

Dr Joe McGirr MP

#### **Executive Summary**

The chaos of Kings Cross before the lockout laws may have faded from memory, but I have not forgotten.

I remember the violence, the trauma and the devastation from my time working at St Vincent's Hospital. It was a nightmare - not just for doctors and emergency service staff, but for families and friends of victims, who were attacked and sometimes killed on Sydney streets in the early hours of the morning.

We need to remember these people before we weaken any legislation that could reignite the carnage that came from uncontrolled night time economy at The Cross. Because even though it's important to support businesses and our local economies, we cannot trade-off a colourful nightlife for human lives.











Since the introduction of lockout laws across NSW, with specific reference to areas in Sydney, there has been a strong advocacy for their reversal.

However, as a former emergency department practitioner at St Vincent's Hospital, and as the Member for Wagga Wagga, I am strongly opposed to any weakening of the legislation, which capped alcohol consumption and reduced the operational hours of licensed premises five years ago.

The following submission will provide further reasons why the 2014 amendments made to the Liquor Act 2007 and the Liquor Regulations 2008, should remain unchanged.

I can tell you from my own experience how harrowing the nights were, prior to the law reforms.

Not only were patients arriving at St Vincent's bloodied and bruised, violent and volatile, but most upsettingly, some victims of assault were either permanently disabled or died, as a direct result of alcohol-fuelled violence across the city's CBD.

While some individuals and groups across Sydney have argued this legislation had an adverse effect on a number of businesses and the availability of entertainment across Sydney, I contend that these laws have saved lives.

They have reduced the trauma experienced by victims of violence, their friends and family, and by emergency health and service professionals.

Further to this, if our measure of a good time and access to entertainment includes access to alcohol every hour of every day, we need to take a long-hard look at the lifestyle we are promoting and the message we are sending our communities.

In terms of statistics and data, just twelve months after the introduction of the 1:30am last entry and 3am last drinks in Sydney, there was a 37 per cent reduction in violence across the Kings Cross precinct.

This is according to NSW ACT Alcohol Policy Alliance, which reported its findings earlier this year.

It found that prior to this legislation change, there was an average of 5.6 per cent reduction per year in alcohol-related non-domestic assaults across the Kings Cross Police Area Command. Four years post-2014, this number increased to an average 23.1 per cent per year.

But this is not the only report we have that proves this Act of parliament saved lives.

Details of every patient who underwent an operation at St Vincent's hospital is recorded in a database. Following a review of this data, two years before and then two years after the 2014 amendments, there is clear evidence of a 60 per cent reduction in facial trauma requiring an

operation. These patients were injured as a direct result of a non-domestic assault across the Kings Cross precinct.

Royal Australasian College of Surgeons Trauma Committee chair John Crozier shared these facts with me to be included in this submission. He said in the two years before lockout laws, 145 patients admitted due to facial trauma needed operating on and in the two years after, that number dropped to just 58.

Dr Crozier said these details were logged by staff, who had no knowledge the act was about to be amended.

In response to criticism about these figures being displaced, with patients draining to other hospitals, he said the pattern of injury was something that could not be hidden. Therefore, if patients were being admitted in other hospitals across the city, an increase would have been recorded. According to data logged at Liverpool, Prince Alfred and Prince of Wales hospitals, there was no change in operating numbers post-lockout laws.

In addition to there being no evidence of displacement, Dr Crozier said there was no change in personnel arrangements across those years, there was no cut back to surgeon's ability to perform operations. And this is merely one pattern of injury.

According to neurosurgeons, there have been no craniotomies performed - draining of blood from the skull, to relieve pressure after a head injury - since the control measures were introduced. Patients admitted with alcohol in their system, needing intensive care also dropped.

These laws completely transformed the Kings Cross precinct, which media outlets, St Vincent's hospital staff and emergency services had once labelled a "warzone".

Dr Crozier said: "If you tried to achieve an alternate reduction in non-domestic results of that magnitude, you'd have to come up with expensive and extraordinary measures. It's just not possible".

You may see the percentage decrease in violent incidents on paper, but unless you saw the grieving family turning off their son's life-support because he'd been hit in the head and was now brain dead, you wouldn't know what those numbers represented.

These figures were real people - victims of alcohol-influenced violence - with friends and family members who also felt the effects of beatings, brawls, knife attacks, glassings and sometimes deaths.

Everyone who has worked in emergency care would have witnessed the nightmare effects of an unregulated nightlife.

It placed an additional and unnecessary burden on St Vincent's Hospital staff across various departments, also risking the care that other patients received.

Returning to the way things were will just lead to the same problems and risks for emergency workers. I can guarantee it would also be the cause of unnecessary heartache of real loss for families.

I used to see this time and again in emergency departments and I know from talking with colleagues now.

St Vincent's emergency department director professor Paul Price, for example, also confirmed a clear reduction in alcohol-related trauma since the legislations' clause was enacted.

Dr Price said the department had collected and was continuing to review strong evidence that supported this position. He further indicated solidarity and strong support among fellow health professionals and hospital staff to retain the laws.

I acknowledge the need to support local business and the economy of Sydney, but with businesses still purchasing liquor licences, it can be argued - and previous submissions attest - the laws have not "killed the gaming or liquor industry".

Quite frankly, a debate for or against lockout laws, is pitting nightlife economy against real lives and I agree with Dr Crozier's words: "Whichever politician weakens these laws, in any way, will have blood on their hands."

It is therefore recommended the committee on Sydney's night time economy review the data submitted by hospitals, health services and emergency services as if each number represented an individual; a victim of the harrowing and gut-wrenching assaults medical practitioners witnessed every night before lockout laws were enforced.