

**Submission
No 793**

SYDNEY'S NIGHT TIME ECONOMY

Organisation: Australasian College for Emergency Medicine

Date Received: 14 August 2019



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Submission to the Joint Select Committee on Sydney's Night Time Economy 6 August 2019

Introduction

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide comment to the New South Wales Parliament's Joint Select Committee undertaking an inquiry and report into Sydney's night time economy (NTE).

Overview

In 2018, one in seven presentations to emergency departments in NSW were for alcohol-related harm. ACEM members work at the forefront of managing these presentations - from treating alcohol intoxication and severe injuries sustained as a direct result of intoxication, to managing acute complications of chronic alcohol-related conditions. ACEM members see their role not only in the provision of acute care for these immediate injuries, but also in advising governments on public health measures to reduce predictable and preventable harm to individual and community health and wellbeing.

Based on the data and clinical experiences of our members, the College believes alcohol-related harm is one of the largest, preventable public health issues facing emergency departments (EDs). Due to the volume and nature of these presentations, alcohol-related harm has severe and detrimental effects on ED staff, other patients and accompanying persons and the efficient functioning of EDs. Presentations relating to alcohol can represent significant challenges for the acute health system to safely manage demand in the context of chronic access block and overcrowding in NSW EDs.

Therefore, evidence about alcohol-related harm, the risks to individual and community health and safety and the impact on emergency departments are critical considerations for NSW Government policy on alcohol regulation and development of the NTE. ACEM considers that, consistent with findings from the Callinan Review in 2016¹, this Parliamentary Inquiry provides a further opportunity to highlight the success of the 2014 amendments to the Liquor Act 2007 (NSW) in reducing violence, including alcohol fuelled fatalities, and reducing the burden of alcohol-related presentations to St Vincent's Emergency Department.

On this basis, ACEM recommends the retention of these harm reduction measures and that the NSW government consider expanding their roll out as part of a state-wide strategy for reducing alcohol-related harm in the community. ACEM also recommends that other evidence based measures to encourage responsible alcohol consumption and reduce violence should be considered to build on the success of the

¹ I.D.F Callinan AC, (2016), *Review Of Amendments To The Liquor Act 2007* (NSW), commissioned by the NSW Government, <http://www.liquorlawreview.justice.nsw.gov.au/>

current harm reduction measures. This Inquiry is an opportunity to work towards other evidence based strategies for alcohol consumption harm reduction in the longer term.

1. Sydney's night time economy and alcohol-related harm

The scope of the NTE is broad and covers a range of sectors. The Ortus research report into the Australian Night Time Economy,² the first of its kind published, estimated that the NTE accounted for 17% of all establishments in Australia, making it a considerable component of the overall economy. The report identified that the NTE comprised of three core sectors: drink, entertainment and food. This highlights the importance of reconceptualising the NTE as more than just alcohol consumption.

The relationship between alcohol consumption and harm is well documented in research. In 2011, the Australian Institute of Criminology conducted research into the relationship between the night time economy and alcohol-related violence.³ An examination of the relationship between alcohol outlet density and assault in New South Wales showed that:

- Those charged with assault on Friday and Saturday nights were more likely than those charged at other times to have consumed alcohol in the past 48 hours
- Assault offenders consumed substantial amounts of alcohol in the lead up to their arrest, with a median of 14 standard drinks
- 30% of offenders who had consumed alcohol did so at a licensed venue (this figure rises to 43% among males aged 18-25).

Research conducted for the Council of Capital City Lord Mayors to measure the NTE in Australian Cities, shows that Sydney Local Government Area has the highest concentration of alcohol outlets in Australia (at 22 per square kilometre as of 2017 figures). Over the 2016/17 period, alcohol outlets enjoyed the highest growth over other core NTE sectors, with 6.5% increase in turnover (versus 3.8% nationally). The drink sector had a 28% increase in establishment numbers between 2009 and 2015, larger than both food (19%) and entertainment (5%) over the same period⁴.

2. ED staff perceptions of alcohol harm

In 2014, ACEM surveyed over 2,000 clinicians across Australia and New Zealand to understand their experiences of alcohol-affected patients in the ED. The findings of the survey revealed that in the 12-month period leading up to the survey:

- 98% of respondents had experienced verbal aggression from alcohol-affected patients.
- 94% felt alcohol-affected patients had a negative effect on ED workload.
- 92% had experienced physical threats from alcohol-affected patients.
- 87% felt unsafe in the ED due to the presence of alcohol-affected patients.
- 88% said the care to other patients was negatively impacted due to the presence of alcohol-affected patients.

These results highlight the violence and aggression from alcohol affected patients directed at ED staff and the high risk environment, with regular threats to staff physical safety and mental health, that hospital executives must manage. In addition there are adverse impacts for the effective operation of the ED, as resources are diverted and care is delayed for other patients.

² Houhton, M. and Rowell, A. (2017), *The Australian Night Time Economy 2015*. Commissioned by the National Local Government Drug and Alcohol Committee.

³ Sweeney, J. and Payne, J. (2011), *Alcohol and assault on Friday and Saturday nights: Findings from the DUMA program. Research in practice* (14). Canberra: Australian Institute of Criminology.

⁴ Andrew License A, Edwards A and Bevan T (2018) *Measuring the Australian Night Time Economy 2016-17*, Ingenium Research, <http://www.lordmayors.org/wp-content/uploads/2018/09/Measuring-the-Australian-NTE-2016-17-FINAL-2018-09-14-1.pdf>,

3. Alcohol harm in Australian Emergency Departments

3.1 Alcohol Harm Snapshot Survey

In the absence of routine data collection of alcohol-related presentations to EDs, ACEM undertakes an annual Alcohol Harm Snapshot Survey (AHSS). The AHSS aims to quantify alcohol's burden in EDs and better understand its contribution to the ED workload, using a point-prevalence survey to count alcohol-related presentations in Australian and New Zealand.

The most recent Alcohol Harm Snapshot Survey was undertaken at 2 am on Sunday, 16 December 2018. This survey showed that NSW had among the highest rates of alcohol-related presentations in Australian EDs, with 13.0% of presentations (or one in seven) related to alcohol. The survey also found alcohol-related presentations to be highest in metropolitan ED settings, followed by EDs in rural/regional settings⁵.

3.2 Reducing alcohol-related ED presentations Driving Change

Driving Change is a joint collaboration with Deakin University, ACEM and nine participating tertiary hospital EDs. Drawing on the success of the [Cardiff Model for Violence Prevention](#) it asks all adults who present to the ED whether they drank alcohol before their attendance, where they bought the alcohol, the location of the last drink and documents the reason for attendance. The research project then writes to licensees and publicly reports on the top five venues for alcohol-related injury and/or violence in each location. Data collected and reported to date has shown that the main reasons for attending the emergency department were for alcohol intoxication, dependence, withdrawal, physical injuries, and suicide ideation. The research has also found a consistent pattern whereby the majority of people needing to present to the ED for alcohol-related care have consumed packaged liquor purchased from a supermarket or bottle shop.

These findings, when considered alongside the density of licensed premises in the Sydney LGA, highlights the importance of restricting the availability of alcohol as a priority for reducing harm in the community.

4. Benefits of alcohol trading restrictions in Sydney

ACEM supports the broad range of regulatory changes that have prioritised the safe and appropriate provision of alcohol in the Sydney Central Business District. Beyond just what is commonly known as the lock out laws, this has included restrictions on trading hours for bars, clubs and bottle shops, restrictions on entry times to venues, restrictions on drink sales by container and percentage of alcohol, a risk based licensing scheme for venues and a freeze on the issuing of new licenses.

ACEM recognises that there is a large body of evidence shows that the introduction of alcohol harm reduction policies in Sydney on 24 February 2014 has reduced alcohol-related violence and assault.

Since the introduction of the measures there have been dramatic reductions in non-domestic violence, with substantial reductions observed in entertainment precincts, and no evidence of geographical displacement of assaults to proximate or distal areas. In the 12 months following their introduction there was a 24.8% relative rate reduction in alcohol-related serious injury presentations to St Vincent's Hospital, Darlinghurst.⁶

Data sourced from the New South Wales Bureau of Crime Statistics and Research (BOSCAR) shows that non-domestic alcohol-related assaults in the Sydney local government area have decreased by 23.5% since the measures were introduced, from 1,868 assaults in the 12 months in the year to March 2014 to 1429 assaults in the year to March 2019. In the Kings Cross Area there was a 61% reduction in alcohol-related non-domestic assaults in the five years following the introduction of the measures (408 decreasing to 159 assaults).

⁵ ACEM (2019), *2018 Alcohol and Other Drug Harm Snapshot Survey*, <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Workplace-health-and-safety/Alcohol-harm-in-the-ED>.

⁶ Fulde, G. W., Smith, M., & Forster, S. L. (2015). 'Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws', *Medical Journal of Australia*, 203(9), 366.

5. Elsewhere in Australia

Significant work undertaken by the Northern Territory Government for alcohol policy reform⁷ is underway, and includes a broad suite of measures designed to address alcohol-related harm including supply reduction measures, increased use of regulatory enforcement and specialised alcohol policing units. The February 2019 update on these measures show a reduction in ED presentations by 24.5% for all of the Northern Territory between December 2017 and December 2018, and a reduction in alcohol-related assaults of 44% in Alice Springs over the same period.

Additionally, the Dealing with Alcohol-Related Harm and the Night Time Economy (DANTE) study⁸ conducted in 2012, assessed the effectiveness of alcohol-related crime prevention measures in Newcastle, NSW and Geelong, Victoria. The study concluded that measures that dealt directly with alcohol consumption in Newcastle, such as restricted trading hours, resulted in significant reductions in harm, including reductions in alcohol-related non-domestic violence, reductions in hospital admissions and emergency department presentations and significantly improved local amenity.

6. Recommendations

The evidence is clear that the current policies regulating and restricting alcohol sales in the Sydney CBD save lives, reduce harm and at the very least should be retained. ACEM would also recommend that 'lock out laws' are just one measure to prevent alcohol harm, and a broad suite of strategies and legislation should be pursued that ensure safety of the general public and continue to reduce alcohol related harm. ACEM makes the following four recommendations to the Inquiry:

6.1 Develop a state wide alcohol harm reduction strategy

Evidence about the burden of alcohol misuse to healthcare and the criminal justice system as well as property damage, traffic accidents and productivity losses highlights the need for a state-wide approach to alcohol harm reduction. Emergency physicians regularly manage the devastating effects of excessive alcohol consumption on individual health, as well as assaults or verbal and physical threats from drunk patients. It is incredibly stressful and confronting to see and have to manage this every weekend. The NT government has demonstrated that alcohol reforms, including setting a minimum floor price, can dramatically reduce ED presentations.

6.2 Retain targeted alcohol supply reduction measures and consider expanding for a consistent state wide approach

To reduce incidences of drug-related harm and violence in EDs in the long term, upstream supply reduction strategies are essential to reduce availability and access to alcohol. The suite of alcohol harm reduction policies in Sydney's CBD and Kings Cross are integral to striking the balance and promoting diverse night time offerings. The policies save lives and ACEM urges that they be retained so as to not lose the gains to the community since their introduction in 2014. ACEM also recommends that other evidence-based measures be considered that encourage responsible alcohol consumption and reduce violence. These could include improved availability of late night public transport, better organisation and connection of late night social precincts, and evidence-based application of licensing laws for live entertainment venues.

6.3 Improve collection, reporting and sharing of alcohol harm data

ACEM urges New South Wales to implement a consistent, routine AOD ED presentation data collection regime to help governments and stakeholders better understand the burden of AOD across the health system and inform resourcing needs. ACEM also recommends the introduction of Last Drinks surveys to ensure that sources of problematic alcohol supply can be identified, and targeted interventions within the community designed to appropriately respond to problematic drinking.

⁷ Northern Territory Government, (2019), *Northern Territory Alcohol Harm Minimisation Action Plan 2018-2019, February 2019 Update*,

https://alcoholreform.nt.gov.au/_data/assets/pdf_file/0007/658186/action-plan-alcohol-harm.pdf

⁸ Miller, P., Tondall, J. et. Al. (2012), *Dealing with alcohol-related harm and the night-time economy (DANTE) final report*, Monograph Series no.43, Commissioned by the Commonwealth of Australia, Canberra

6.4 Other measures

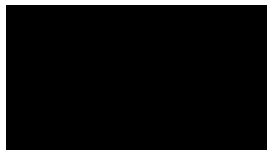
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Thank you for accepting our submission; we look forward to supporting the Inquiry into this important issue. If you require further information, please do not hesitate to contact ACEM Executive Director Policy and Strategic Partnerships on [REDACTED]

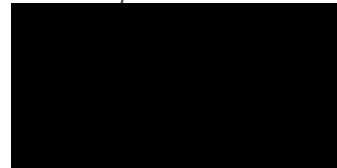
Yours faithfully,



Dr Simon Judkins
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