

*From the President's Office
Dr Kean-Seng Lim*



25 June 2019

The Hon. Natalie Ward MLC
Committee Chair
Joint Select Committee on Sydney's night time economy

By Email: NightTimeEconomy@parliament.nsw.gov.au

Re: Submission to the Inquiry into Sydney's Night Time Economy

Dear Ms Ward,

Thank you for the opportunity to provide a submission to the Inquiry into Sydney's Night Time Economy. This review process provides the NSW Government with an important opportunity to ensure that Sydney's night time economy is safe for all to enjoy, by retaining the live-saving late night measures.

AMA (NSW) is a medico-political organisation that represents more than 9,000 doctors-in-training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice in NSW.

AMA (NSW) is a former founding member of the Last Drinks coalition, and also a prominent member of the NSW/ACT Alcohol Policy Alliance (NAAPA). We would like to offer our support to the submission prepared by the NSW/ ACT Alcohol Policy Alliance (NAAPA). NAAPA is a coalition of 48 organisations working to reduce alcohol harm by ensuring that evidence-based solutions inform alcohol policy discussions in NSW and the ACT.

Doctors routinely deal with the harmful effects of alcohol – they see the tragic consequences of excessive alcohol consumption in their consulting rooms, hospitals and operating theatres every day.

Alcohol consumption is a major risk factor contributing to the burden of disease in Australia. Alcohol has been causally linked to more than 60 different medical conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, eye diseases and alcohol dependence. Alcohol consumption also raises the

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overall risk of cancer, including cancer of the mouth, throat and oesophagus, breast cancer and bowel cancer.

Much of the burden of dealing with excessive alcohol consumption is placed on emergency department workers. A survey of Australian emergency departments in NSW found one in 10 presentations were alcohol-related.ⁱ

Alcohol-related presentations include assaults, glassings, and violence resulting in soft tissue injury and fractures. Other attendances related to acute intoxication leading to nausea and vomiting, unconsciousness, and alcohol-attributed mental health presentations.

There is compelling evidence that the 2014 NSW Liquor Amendment Act, which aimed to reduce alcohol-related violence by restricting access to alcohol in Sydney's Kings Cross and the CBD entertainment precinct, was an overwhelming success.

We note in particular, the evidence that the suite of measures have been credited with following their introduction in Sydney on 24 February 2014:

- dramatic reductions in non-domestic violence, with substantial reductions observed in entertainment precincts^{ii,iii}
- reduced rates of alcohol-related serious injury presentations^{iv}
- a 60 per cent reduction in serious facial injuries requiring surgery at St Vincent's Hospital in the two years following their introduction.^{v,vi}

The main conditions in the suite of measures designed to reduce alcohol harm are 3.00am last drinks and a 1.30am one-way door policy (live entertainment venues can apply for a half hour extension). These policies have been subject to a number of government and academic studies and reviews, which show 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.^{vii,viii,ix,x,xi,xii,xiii,xiv,xv} These findings are also consistent with evidence on the effectiveness of late-night measures from Europe and Canada.^{xvi}

AMA (NSW) supports NAAPA's call for the retention of the lifesaving alcohol harm reduction policies that were introduced in Sydney to prevent violence following the tragic and unnecessary deaths of our young people.

As healthcare professionals, we're familiar with the consequences of complacency. When health measures work well, people often forget the reason they were introduced in the first place. We've seen this with vaccines and we're also seeing it with the decrease in use of condoms. We urge policymakers to not let the late-night measures be a victim of their own success.

We also urge policymakers to weigh decisions about Sydney's night-time economy against impacts on healthcare workers and the total net tangible cost of alcohol use (which included lost productivity, health care costs, road accident-related costs and crime-related costs).

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The public hospital system is already over-stretched as it is, and there is a finite availability of resources. In less than 10 years, there has been more than a 40% increase in the number of patients presenting at NSW emergency departments, according to BHI figures.^{xvii} We've just seen another all-time record for ED presentations set, and this time it peaked above 750,000 patients for the first time. It's also the second all-time record to be set in as many quarters. This is not a sustainable rate of growth in patient numbers – we have effectively seen one-tenth of the population of NSW go through our emergency departments over the first three months of this year. Our hospitals were not built to cope with this extraordinary level of demand and that is showing in the increased time to treatment and patient waiting times.

The state's doctors, nurses, and other health staff have been making a valiant effort to hold onto the improvements in on-time treatment they had made over the course of the last few years. But we seem to have reached the end of that plateau and this continually building pressure is taking its toll on patient experience and on the staff who have to face this day in and day out.

Policymakers should not introduce measures which add to this burden. Time spent dealing with alcohol-related injuries is time and attention taken away from other patients.

Furthermore, we argue that the measures have promoted greater diversification in the night time economy by encouraging with substantial growth in particular in the number of entertainment establishments since 2013.^{xviii} Additionally, the drinks subsector alone saw increases in the number of establishments (4.9 per cent), employment (8.7 per cent) and turnover (6.5 per cent) for the period 2016-2017. It is evident that the lifesaving policies are having positive impacts on health and community safety as well as on Sydney's Night Time Economy.

The recently published report on Sydney's night time economy from Deloitte, *ImagineSydney*, highlights the importance of a planning and licensing system that is not solely focus on drinking and instead encourages initiatives like late night gallery and museum hours, live music or comedy, food and other retail offerings.^{xix} A city that is dependent on the sale of alcohol past 3am is not a healthy or sustainable city. The violence associated with heavy drinking is exclusionary, and actively discourages many people from enjoying the more diverse night time economy that Sydney needs to continue to develop to be a world-class city.

The suite of alcohol harm reduction policies in Sydney's CBD and Kings Cross are paramount to striking the balance and promoting diverse night time offerings. The policies save lives and must be retained.

Thank you once again for the opportunity to raise these important issues with you. AMA (NSW)'s welcomes the prospect of meeting with the Committee to discuss these matters further.

Yours sincerely,



Dr Kean-Seng Lim
President, AMA (NSW)

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- ⁱ <https://acem.org.au/News/Dec-2017/One-in-eight-patients-in-emergency-departments-aff>
- ⁱⁱ Menéndez, P., Kypri, K., & Weatherburn, D. (2017). The effect of liquor licensing restrictions on assault: a quasi-experimental study in Sydney, Australia. *Addiction*, 112(2), 261-268.
- ⁱⁱⁱ NSW Bureau of Crime Statistics and Research (2016, June 8). Lockouts and Last Drinks. Sydney: NSWBOCSAR. Accessed 2 November 2018 https://www.bocsar.nsw.gov.au/Pages/bocsar_news/Lockouts-Forthcoming-Research.aspx
- ^{iv} 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.
- ^v Robertson, J. (2016, March 31). Sydney lockout laws: Severe facial injuries 'reduced 60 per cent'. *The Sydney Morning Herald*. Retrieved from: <http://www.smh.com.au/nsw/severe-facial-injuries-reduced-60-per-cent-since-lockouts-took-effect-20160331-gnv5pl.html>
- ^{vi} Royal Australasian College of Surgeons (2016). 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>
- ^{vii} Horton, J. (2018). Review of liquor licence conditions in the Newcastle Central Business District and surrounding areas. Report to the NSW Independent Liquor and Gaming Authority. Sydney.
- ^{viii} Callinan, I. (2016). Review of amendments to the Liquor Act 2007 (NSW). Report to the Minister for Racing and NSW Government. NSW: Sydney.
- ^{ix} Donnelly, N; Poynton, S and Weatherburn, D; New South Wales. (2017) Effect of lockout and last drinks laws on non-domestic assaults in Sydney: An update to September 2016. Sydney: NSW Bureau of Crime Statistics and Research, 2017. 12 p. Crime and justice bulletin: contemporary issues in crime and justice: ISSN:1030-1046; no. 201. ISBN 9781925343304.
- ^x Fulde, G., 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): 366e1-366.e5.
- ^{xi} Kypri, K., Jones, C., McElduff, P., & Barker, D.J. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction* 106 (2): 303-310.
- ^{xii} Kypri, K., McElduff, P. & Miller, P. (2014). Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. *Drug and Alcohol Review* 33(3): 323–6.
- ^{xiii} Hoffman, G.R., Palazzi, K., Oteng Boateng, B.K. & Oldmeadow C. (2017). Liquor legislation, last drinks, and lockouts: the Newcastle (Australia) solution. *International Journal of Oral & Maxillofacial Surgery* 46 (6): 740-745 <http://dx.doi.org/10.1016/j.ijom.2017.01.019>
- ^{xiv} National Drug Law Enforcement Research Fund (NDLERF). (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, Australia: Miller, P., Tondall, J. et. al.
- ^{xv} Donnelly, N., Menéndez, P., & Mahoney, N. (2014). The effect of liquor licence concentrations in local areas on rates of assault in NSW. *Contemporary Issues in Crime and Justice* No. 81. Sydney: New South Wales Bureau of Crime Statistics and Research (BOCSAR).

^{xvi} Livingston, M. & Wilkinson, C. (2017). Controlling density, trading hours and zoning to reduce alcohol-related harm. In N. Giesbrecht & L. M. Bosma (Eds), Preventing alcohol-related problems (pp.221-228). Washington DC, United States: American Public Health Association.

^{xvii} http://www.bhi.nsw.gov.au/BHI_reports/healthcare_quarterly/Jan-Mar2019#individual_hospitals

^{xviii} License, A., Edwards, A * Bevan T. (2018). Measuring the Australian Night Time Economy 2016-2017. Prepared by Ingenium Research for the Council of Capital City Lord Mayors. Melbourne: Australia.

^{xix} Deloitte. (2019). ImagineSydney. Accessed 13 June 2019

http://images.content.deloitte.com.au/Web/DELOITTEAUSTRALIA/%7B725ffb22-cab6-47f4-9958-37305087ba5e%7D_20190211-cit-imagine-sydney-play-report.pdf.