



Submission to the Independent Liquor and Gaming Authority: January 2018

NEWCASTLE CBD LIQUOR LICENCE CONDITIONS REVIEW

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the NSW Independent Liquor and Gaming Authority (ILGA) on the *Newcastle CBD Liquor Licence Conditions* (the Newcastle Conditions) Review.

ACEM is the not-for-profit organisation in Australia and New Zealand responsible for training and educating emergency physicians and the advancement of professional standards in emergency medicine. The practice of emergency medicine is concerned with the prevention, diagnosis and management of *acute* and *urgent* aspects of illness and injury among patients of all ages presenting with a spectrum of undifferentiated physical and behavioural disorders.¹ As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. Fellows of ACEM (FACEMs) are specialist emergency physicians working in emergency departments (EDs) across Australia and New Zealand.

Where appropriate, ACEM acts in partnership with relevant stakeholders in the alcohol policy arena to address alcohol harm in the Australian and New Zealand communities. As part of its commitment to public health and reducing the harm from alcohol, ACEM is a member of the NSW ACT Alcohol Policy Alliance (NAAPA) and strongly supports NAAPA's submission to this Review. NAAPA is a coalition of 48 organisations that work together to reduce alcohol-related harm in NSW and the ACT by ensuring that alcohol policy discussions are informed by best practice research and evidence-based solutions.

The Newcastle Conditions are recognised internationally and have paved the way for evidence-based policy to reduce the harms from alcohol. The regulatory changes have been methodically reviewed by public health researchers from the University of Newcastle, John Hunter Hospital and other Australian research institutes and universities. Findings have demonstrated a direct relationship between the implementation of the Newcastle Conditions and, post-intervention, a significant and sustained reduction in the incidence of night time assaults and a sustained night time economy.

For instance, implementation of the Newcastle Conditions in 2008 resulted in a 37 per cent reduction in alcohol-related night time assaults, with no displacement of harm to adjacent districts (e.g. Hamilton).² Five years on, these effects were sustained, with a 21 per cent reduction in alcohol-related assaults in Newcastle for each hour of restricted trading.³ Data from the NSW Bureau of Crime Statistics and Research (BOSCAR) also support these findings. From October 2007 to 2017, BOSCAR's figures show a 79 per cent reduction in non-domestic assaults recorded by NSW police in Newcastle and Newcastle West on Friday and Saturday nights.⁴

¹ ACEM. Policy on standard terminology (P02). Melbourne: ACEM; 2014.

² Kypri K, Jones C, McElduff P, Barker DJ. Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*. 2010; 106(2):303-310.

³ Kypri K, McElduff P, Miller, P. Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. *Drug Alcohol Rev*. 2014; 33(3):323-6.

⁴ NSW Bureau of Crime Statistics and Research. NSW Recorded Crime Statistics Oct 2000 to Sep 2017: Number of non-domestic violence related assaults recorded by the NSW Police Force in Newcastle and Newcastle West as occurring on Friday and Saturday nights, 10pm to 6am. 2017; Reference: jh17-15776.

Further, following implementation of the Newcastle Conditions, research by Miller et al. found a gradual yet significant reduction in the rate of alcohol-related injury ED presentations in high alcohol hours in Newcastle from 2009.⁵ From 2009 to 2015, there has also been a significant and sustained reduction in assaultive alcohol-related facial injury hospital admissions in Newcastle, with a 21 per cent decrease per annum post-intervention.⁶

ACEM is of the understanding that local businesses in Newcastle have not suffered following implementation of the Newcastle Conditions and that, rather, the reverse is true. Data from Newcastle police show a 140 per cent increase from March 2008 to July 2015 in the granting of on-premise liquor licenses in the Newcastle central business district (CBD). There has been a shift in the local Newcastle night time economy away from large late night venues to smaller bars and restaurants, suggesting that the Newcastle Conditions have been successful in instigating cultural changes in drinking patterns. ACEM urges the ILGA to maintain this cultural shift so that progress in reducing excessive alcohol consumption and antisocial behaviour is preserved.

Newcastle residents themselves support the Newcastle Conditions. A survey of 376 Lower Hunter region households found that 77 per cent of community members supported restricted trading hours for licensed venues and 80 per cent supported one-way door policies.⁷ There is also significant support among NSW adults more generally for alcohol harm minimisation, with the Foundation for Alcohol Research and Education's Annual Alcohol Poll showing:

- 80 per cent support 3 am closing times for pubs, clubs and bars
- 68 per cent support ceasing alcohol sales 30 minutes prior to closing time, and
- 67 per cent support a four drink limit for single alcohol purchases in pubs, clubs and bars after 10 pm.⁸

ACEM considers that alcohol harm is one of the largest, preventable public health issues facing EDs in all Australian jurisdictions. Emergency physicians deal with high volumes of alcohol-related ED presentations, which have detrimental effects on clinical staff, other patients and accompanying persons, and the functioning of the ED. This situation is becoming increasingly unsustainable, given ED presentation numbers are increasing year on year.⁹

ACEM wishes to highlight to the ILGA research on alcohol-related presentations in Australian and New Zealand EDs, which demonstrates the prevalence of alcohol harm in the community. Research by ACEM has shown that:

- In Australia and New Zealand, over a seven-day period one in 10 (9.5%) ED presentations are alcohol-related, translating to more than half a million presentations each year¹⁰
- At peak times, one in eight ED presentations are alcohol-related; however, in peak times all regions have EDs where one in three presentations are associated with alcohol^{11, 12}

⁵ Miller P, Curtis A, Palmer D, Busija L, Tindall J, Droste N, et al. Changes in injury-related hospital emergency department presentations associated with the imposition of regulatory versus voluntary licensing conditions on licensed venues in two cities. *Drug Alcohol Rev.* 2014; 33:314-22

⁶ Hoffman GR, Palazzi K, Oteng Boateng BK, Oldmeadow C. Liquor legislation, last drinks, and lockouts: the Newcastle (Australia) solution. *Int J Oral Maxillofac Surg.* 2017; 46(6):740-5.

⁷ Wiggers, J. Research evidence for reducing alcohol-related harm and impact of Newcastle s104 licensing conditions—2008-2011. University of Newcastle. 5-7 May 2012; Police Association Biennial Conference.

⁸ Foundation for Alcohol Research Education. Annual Alcohol Poll: Attitudes and behaviours. Canberra: FARE; 2017.

⁹ AIHW. Emergency department care 2014–15: Australian hospital statistics. Health services series no. 65. Cat. no. HSE 168. Canberra: AIHW; 2015.

¹⁰ Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Perceptions of Australasian emergency department staff of the impact of alcohol-related presentations. *Med J Aust.* 2016; 204(4):155.

¹¹ Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Survey of alcohol-related presentations to Australasian emergency departments. *Med J Aust.* 2014; 201:584-587.

¹² Egerton-Warburton D, Gosbell A, Wadsworth A, et al. Survey confirms alcohol-related presentations to Australasian emergency departments are under-reported. Proceedings of the 31st Annual Scientific Meeting of the Australasian College for Emergency Medicine; 2014 Dec 7-11. Melbourne (Australia). *Emerg Med Australas.* 2015; 27 (Suppl 1):6.

- 98 per cent of ED clinical staff have experienced verbal aggression from an alcohol-affected patient¹⁴
- 92 per cent of ED clinical staff have experienced physical aggression from an alcohol-affected patient¹⁸
- The majority of clinical staff report that alcohol-affected presentations impact the care of other patients and the functioning of the ED¹³
- The large majority of ED clinicians want to provide health promotion interventions for risky drinking, but lack time and resources.¹⁴

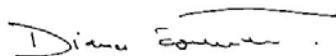
ACEM's research – together with the body of research evidence evaluating the positive impact of the Newcastle Conditions – makes a strong case for licensing interventions to address alcohol harm as a serious public health issue. ACEM urges the NSW Government and the ILGA to address part of this problem by maintaining the Newcastle Conditions in their current form to continue to improve and preserve gains in public safety, community wellbeing and economic diversification in the Newcastle CBD, with no exemptions for venues. It is evident that the Newcastle conditions are working and ACEM strongly considers that the intervention should remain in place.

Thank you for the opportunity to provide feedback to the NSW ILGA on the Newcastle Conditions Review. ACEM is willing to work with the NSW Government and the ILGA to contribute more to the Review if requested. Should you require clarification or further information, please do not hesitate to contact Shelley Cogger (ACEM Policy Officer) on (03) 9320 0444 or via email at shelley.cogger@acem.org.au.

Yours sincerely,



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¹³ Egerton-Warburton D, Gosbell A, Moore K, Jelinek G. Public health in Australasian emergency departments: Attitudes, barriers and current practice. *Emerg Med Australas*. 2015;27(6):522-8.

¹⁴ McGinnes RA, Hutton J, Egerton-Warburton D, Weiland TJ, Fatovich D. Effectiveness of ultra-brief interventions in the emergency department to reduce alcohol consumption: A systematic review. *Emerg Med Australas*. 2016; 28(6):629-40.