



AMA



AUSTRALIAN MEDICAL ASSOCIATION  
NEW SOUTH WALES

# Independent review of Liquor Law Reforms (NSW)

AUSTRALIAN MEDICAL ASSOCIATION (NSW)

# AMA (NSW)'s submission to the Independent Review of the Impact of Liquor Law Reforms

## Summary

The AMA (NSW) is grateful for the opportunity to make a submission to the Liquor Law Review.

AMA (NSW) is a medico-political organisation that represents more than 8,000 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 support the submission made by NAAPA and its member organisations.

Doctors see the tragic consequences of excessive alcohol consumption in their consulting rooms, hospitals and operating theatres every hour of every day.

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

Sadly, excessive drinking often impacts those who are innocent victims. Doctors deal with the terrible results – the fractured jaws, the facial lacerations from glassings and the eye injuries that cause blindness. We see the head injuries, including those from the now infamous coward's punch.

Alcohol-related harms also include violence against doctors, nurses and other patients from abusive drunks who turn up in emergency as a result of excessive alcohol use.<sup>1</sup>

The negative effects of excessive alcohol consumption aren't restricted to Sydney streets or even our hospitals. They enter people's homes. In 2011, there were 29,684 police-reported incidents of alcohol-related domestic violence in Australia. In NSW, there were 10,706 incidents of alcohol-related domestic violence reported in 2010-2011.<sup>2</sup>

Another alarming statistic is the number of substantiated cases of alcohol-related child abuse. Over a million children (22% of all Australian children) are affected in some way by the drinking of others.<sup>3</sup>

No longer can we tolerate people, including young men and women, even children, being injured or dying because of harmful alcohol consumption.

In NSW, the 1.30am lock out and 3am cessation of liquor sales laws are working to reduce alcohol-related violence and other harms in the Sydney CBD and entertainment precinct areas. The evidence is there.

The state-wide 10pm restriction and the current liquor law licence freeze are also good preventive measures in reducing alcohol harms – particularly given the incidence of alcohol outlet density and assault.<sup>4</sup>

Since the NSW Government introduced a package of measures aimed at reducing alcohol-related violence in January 2014, there has been:

- a significant reduction in the number of presentations with alcohol related injury or trauma to St Vincent's Hospital, Darlinghurst – the closest trauma treatment centre to Sydney CBD Entertainment Precinct.<sup>5</sup>
- a significant reduction in the severity of the alcohol related injury or trauma presentations to St Vincent's Hospital.<sup>6</sup>
- a significant reduction in assault across the rest of NSW.<sup>7</sup>

In light of this reduction of alcohol-related harm, AMA (NSW) would like to recommend:

1. the continuation of the last drinks and lock out policies in Sydney CBD and Kings Cross.
2. Extend the 1:30am lockout and 3am last drinks measures to all venues in NSW.
3. Maintain the 10pm restriction of takeaway sales across the state, with no exemptions.
4. Increase the rate of fees under the periodic licence fee scheme to recover more of the expenses associated with administration of the licencing system.

The State Government showed strong leadership by bringing in these measures in January 2014. Opponents of these measures will argue that it is a blunt instrument that punishes people who drink responsibly. However, AMA (NSW) argues the benefits of these measures far outweigh any restrictions on personal liberties.

After all, nobody has died from *not* having a drink.



## Introduction

On 11 February 2016 an Independent Review of Lockouts, Last Drinks and 10pm Liquor Laws was announced.

The review will assess the effectiveness of the 1.30am lockouts and 3am last drinks legislation that apply in Sydney CBD and Sydney entertainment precincts while also looking at the state-wide 10pm restriction of take away liquor sales. The review will also examine the periodic licensing fee system for NSW licensed venues.

The review's terms of reference include examination of the impacts on alcohol-related violence and other harms and impacts on business, patrons and community amenity.

AMA (NSW) will address evidence of the effectiveness of these measures from a health perspective.

### Effectiveness of measures on emergency services

Alcohol consumption in excess of that recommended in the National Health and Medical Research Council (NHMRC) alcohol guidelines<sup>8</sup> is the norm in Australia.<sup>9</sup>

One in five Australians and New Zealanders drink at a level that increases their lifetime risk of alcohol-related disease or injury.<sup>10,11</sup>

The misuse of alcohol has an impact on emergency services. A recent study found that drinking a single glass of wine doubled the risk of presentation to an emergency department; after three glasses, there was a five-fold increase.<sup>12</sup> The same study found that, after 10 standard drinks, the risk of needing to attend an emergency department was increased 10-fold for men and 14-fold for women.

Emergency physicians are at the forefront of responding to and treating the consequences of alcohol-related harm. This ranges from treating alcohol intoxication and severe injuries sustained as a direct result of intoxication, to managing the acute complications of chronic alcohol-related conditions.

A survey of alcohol-related presentations to Australasian emergency departments (ED) found one in seven ED presentations in Australian and New Zealand were alcohol-related, with some (EDs) seeing more than one in three alcohol-related presentations.<sup>13</sup>

In the 12 months since the introduction of liquor regulations in the central district of Sydney, which went into effect 24 February 2014, there was a significant reduction in the number of alcohol-related serious injury and trauma presentations to the St Vincent's Hospital's emergency department. This change was seen throughout the week, but was especially marked at weekends.<sup>14</sup>

The study by St Vincent's Hospital found in the 12 months since the laws were introduced, there was a 25 per cent decrease in the most life-threatening alcohol-related injuries.

According to Professor Gordian Fulde, director of the emergency department at St Vincent's Hospital, the lockdown laws do not appear to be pushing the problem to other suburbs, with hospital and police statistics showing no increase in severe injuries in the year since the laws were brought in.

"There were more drinkers in Newtown but in the first year we are anecdotally told there was no increase to Royal Prince Alfred," Professor Fulde said.<sup>15</sup>

### The Coward Punch

When the skull hits the pavement it makes a sickeningly loud cracking sound. If it is the result of a "king hit" the victim is usually already unconscious and so cannot protect themselves as they are falling.

The sudden stop of the head on the pavement means that the brain is squashed against the skull and rebounds. If death does not result immediately then the brain bruises and swells.

Weeks of treatment in intensive care follows and if the patient survives, brain damage is common. Neurosurgeons know this pattern all too well and too often it is a result of alcohol-fuelled violence.

—AMA President, Professor Brian Owler

### Alcohol related assaults on doctors

Too often emergency department doctors experience alcohol-related harms in the form of threats or abuse from drunk patients. A survey of 2,000 emergency personnel by the Australian College for Emergency Medicine found more than nine in 10 emergency nurses and doctors have experienced physical assaults and threats from drunk patients.

Doctors and nurses report being punched, spat on, vomited on, and verbally abused by inebriated patients.<sup>1</sup>

Not only does this behaviour impact the emergency room physicians, it also affects other patients who must wait for treatment while doctors deal with an aggressive or abusive drunk.

### Assaults have declined in the lockout areas

Reports and analysis released by the Bureau of Crime Statistics and Research (Bocsar) in April 2015<sup>16</sup> and now February 2016<sup>17</sup> all show a decline in assaults in areas covered by the lockout laws. The most recent figures are a 40% decline in assaults in Kings Cross since the lockout laws and a 20% decline in the Sydney CBD and entertainment precincts. The reports also show areas adjacent to the Kings Cross or Sydney CBD entertainment precincts or within easy reach of these precincts show no increase in assault.

### The impact of alcohol accessibility

BOCSAR's past research suggests that trading hours have a powerful influence on levels of alcohol-related crime. A number of studies have found that longer trading hours for licensed premises are associated with higher levels of alcohol-related violence.<sup>18,19</sup> Several studies have also found that liquor licence restrictions reduce alcohol-related violence,<sup>20,21,22,23</sup> for example, found that the introduction of lockouts and earlier closing times across 14 licensed premises in 2008, was associated with a substantial fall in assaults, without resulting in any displacement of violence into a neighbouring 'control' area.

Studies have also found a link between alcohol outlet density and assault<sup>24</sup>, as well as alcohol outlet density and domestic violence<sup>25</sup>. Conclusions from a Melbourne study found that the density of liquor licenses is positively associated with rates of domestic violence over time. The effects were particularly large for packaged liquor outlets, suggesting a need for licensing policies that pay more attention to off-premise alcohol availability.

### Conclusion

Australia has a problem with alcohol – it's affecting our health and it's impacting the safety of community. The lock-out and last drinks measures, as well as the 10pm closing times for bottle shop are vitally important in preventing further harm. To relax these rules, would be a step backwards.

### New Year's tragedy

"He's awake and talking but unfortunately he can't feel or move his hands or feet."

I was in an emergency department in Sydney, talking to a young man's father who was back in the UK. After breaking the news over the phone I could hear his panicked voice echo down the phone as he called to his wife. He relayed the news; their son had broken his neck. He had fallen off a balcony. Drunk. That New Year's Eve, and the phone call, is seared into my memory.

Sadly, an almost identical event occurred a few years later, again as a result of a New Year's Eve party that spiralled out of control because of alcohol. A fight, fuelled by alcohol, had broken out just after midnight and a young man had fallen off the balcony. When he landed he was conscious. He knew immediately he was a quadriplegic.

—AMA President, Professor Brian Owler

AMA (NSW) is a member of the NSW/ACT Alcohol Policy Alliance (NAAPA).  
We support the submission made by NAAPA and its member organisations.

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