

Submission to the NSW Liquor Law Review, 2016

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Alcohol-fuelled violence can cause immense personal and societal harm. Alcohol is the top cause of death for males aged 15-59, most often through injury or suicide.¹ Alcohol is also in the top five contributors to injury and disease for all adults.¹ As such, alcohol poses a major burden on an already over-strained health system in NSW. The 2014 amendments to the NSW Liquor Act that enforced 3am last drinks in many licensed premises in Kings Cross and the Sydney central business district (CBD), and which led to 10pm close to takeaway sales state-wide have led to a marked reduction in violence. These benefits should not be lost.

Alcohol causes a major impact on the Emergency Departments of hospitals, with associated impacts on ambulance services and hospital bed occupancy. A recent survey of EDs across Australia showed that in a single weekend night at 2am one in eight ED presentations are alcohol-related.² The true figure may be considerably higher. When you draw on additional sources of information - patient survey, nurses' triage records and medical records- one in five (20%) weekend presentations to two Sydney EDs were alcohol-related across four weekends.³ This is an unacceptable burden on an already-strained health care system.

The 2014 amendments to the NSW Liquor Act were modelled on the successful Newcastle licensing changes.⁴ These Sydney changes, like their Newcastle predecessors, have been associated with an impressive (28-32%) drop in the rate of assaults in the area.⁵ There has been no evidence of displacement of these harms to other nearby areas. It was also recently reported that the changes were associated with a 60% reduction in surgery for severe facial injuries at St Vincents Hospital.⁶ This means a 60% reduction in people who are likely to carry life-long facial scarring or disfigurement. These laws appear to have been highly successful in reducing harms and improving safety in the Kings Cross and Sydney CBD areas. It is vital that these benefits are maintained.

Some sectors of the public and of the alcohol industry would prefer placing the onus for change on the problem drinker, either by educating individuals not to drink in a risky way or educating them not to be violent or by warning them of punishment if violent. However there is minimal evidence to suggest that such measures will be effective.^{1,7} Governments in Australia and around the world have tried education as a way of reducing alcohol related violence for many, many years, and this approach had clearly failed in the Kings Cross and CBD areas. Rigorous studies of education as a way of preventing risky drinking have shown only very mixed evidence for its effectiveness.^{1,7} Similarly, there is a lack of evidence that the threat of harsher punishment will deter a crime committed while intoxicated⁸ and the prison environment is not renowned for making violent people more gentle.


In contrast, there is strong evidence for the effectiveness of reducing the availability of alcohol (e.g. through the hours of licensed premises) in preventing risky drinking and alcohol related harm.^{1,7} The World Health Organization rates the limiting availability of alcohol as one of the three 'best buys' in reducing alcohol-related harms (together with taxation and bans on advertising).¹

The 10pm closing times for takeaway liquor outlets has also seen a smaller but still significant reduction in assaults across the state.⁵ As rural parts of NSW can be at increased risk of alcohol-related harms, a state-wide reduction in harms is very welcome.

In summary, alcohol is the leading cause of death for men aged 15-59, and a key cause of injuries for the entire population. We have seen convincing evidence of impressive successes in reducing serious harms from alcohol from the modest reductions in alcohol availability introduced in Newcastle, and subsequently in Kings Cross and Sydney CBD.⁵ We have also seen significant reductions in assaults state-wide that coincided with 10pm closing of alcohol takeaway outlets. These laws are important to reduce the heavy human toll from alcohol-related violence, and to reduce the burden of alcohol-related harms on the strained NSW Health system. These gains are precious and should not be lost.

*** About the author:**

Professor Kate Conigrave is an Addiction Medicine Specialist and Public Health Physician. As a doctor, she treats patients with alcohol and other drug problems at a large Sydney hospital. At the University of Sydney she is involved in research and training of doctors and other health professionals. Kate has published over 100 reports in refereed journals, and is an editor on two clinical books on alcohol and drug problems. She has received the Senior Scientist Award from the Australasian Professional Society for Alcohol and Other Drugs. Kate is on the Editorial Advisory Boards of two international journals, including *Alcohol and Alcoholism*, and has acted as short term consultant to the World Health Organization on early intervention for alcohol problems.

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