

**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

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**SUBMISSION TO NSW INQUIRY**

**Independent review of the impact of liquor law reforms**

**April 2016**

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## SUMMARY

The Royal Australasian College of Surgeons (RACS) is pleased to offer its advice and support to the NSW independent review of the impact of liquor law reforms.

Each week, on average, more than 100 Australians die and more than 3,000 are hospitalised as a result of excessive alcohol consumption.<sup>1</sup> Annually, an estimated twenty thousand alcohol-related domestic violence cases involve injury to women and children,<sup>2</sup> and the total cost of alcohol-related harm in Australia is \$36 billion.<sup>3</sup> This is an epidemic of avoidable tragedies that puts an unnecessary burden on Australians and the health services that support them.

As a Fellowship-based organisation, RACS commits to ensuring the highest standard of safe and comprehensive surgical care for the community. Regardless of the cause of the injury, surgeons want to see the best outcomes for their patients. Equally important is the safety of the medical profession. There is no question that excessive alcohol intake increases the risk of all clinicians being exposed to violent behaviour.<sup>4</sup>

In the absence of national leadership on this important issue, the NSW Government has led the way by introducing evidence-based measures that have saved lives, substantially reduced alcohol-related harm, and unnecessary cost to the taxpayer and the community.

The Liquor Act (NSW) requires regulators to adopt a harm minimisation approach to licensing. The Act specifically acknowledges harm known to arise from alcohol-related violence and other anti-social behaviour, and supports the need to encourage responsible attitudes and practices towards liquor in all aspects of our society. With this in mind, there is a need to ensure that the presence of alcohol contributes to, and does not detract from, the amenity of community life.<sup>5</sup>

Liquor law reforms have achieved precisely the goals that were intended, by significantly reducing the level of alcohol-related violence in the Sydney and Kings Cross entertainment precincts. RACS supports the harm minimisation approach, because it acknowledges that while there may be economic implications for industry, there are also social and economic costs to the taxpayer when alcohol is not adequately regulated. Above all, the NSW Government has a responsibility to ensure that wherever possible, its policies prioritise the health and safety of its residents, regardless of industry interests.

There is a positive relationship between the density of alcohol outlets (general, on-premise, and packaged) and increased rates of violence. RACS supports limiting the number of outlets where alcohol is sold. Research suggests there is a sharp increase in domestic and non-domestic violence where there are more than two hotels and one bottle shop per 1,000 residents.<sup>6</sup> A reduction in the density of liquor outlets may support the Government's efforts to address the prevalence of alcohol-related and domestic violence.

RACS is concerned about the influence of the alcohol industry in policy development. Alcohol industry lobbyists should not be allowed to influence public health policy development, due to vested interests.

## RECOMMENDATIONS

RACS recommends that the NSW Government retains all elements of the liquor law reforms and applies them across the state so that the same benefits will occur outside of the entertainment precincts.

RACS also recommends that the NSW Government considers ways to:

- Limit outlet density
- Reduce exposure of children to alcohol advertising, particularly during sporting events
- Reduce the influence of the alcohol industry in policy considerations
- Mandate collection of data on alcohol-related hospital presentations and alcohol sales

**The impacts of the 1.30am lock out and 3am cessation of liquor sales requirements on:****a. Alcohol-related violence and anti-social behaviour in the Sydney CBD Entertainment Precinct, Kings Cross Precinct, potential displacement areas, and the broader community**

An evaluation by the NSW Bureau of Crime Statistics and Research showed that since the reduced trading hours were introduced in Sydney, assaults in Kings Cross have declined by 32%, by 26% in the CBD, and in the sub-section area of George Street South, by 40%.<sup>7</sup> Reduced trading hours for pre-packaged liquor outlets across NSW have been matched by a 9% decrease in non-domestic assaults across the state.

St Vincent's Hospital in Darlinghurst has recorded a 24.8% relative reduction in critically injured alcohol-related presentations during peak alcohol periods,<sup>8</sup> with no discernible spike in presentations to the Royal Prince Alfred nearby in Newtown.

Serious facial trauma admissions to St Vincent's Hospital also showed a 60% reduction in assaults and single punch attacks. In total, there were 145 facial trauma patients who received operations in the two years before the liquor law reforms, compared with 58 afterwards. Of the single punch attacks that were known to be alcohol-related, there were 26 in the two years prior, compared with three after the reforms were introduced.

It does not take a large force to cause serious injury to a human head. Even from a standing height, head contact with a concrete footpath or road surface will cause serious injury. Sydney neurosurgeons have seen innocent bystanders trying to break up a fight, and in trying to protect someone else from being attacked, they themselves have been hit and died. Even if people do survive such a blow, they can end up with permanent brain damage. The lifetime costs of each case of traumatic brain injury are estimated to be between \$2.5 million and \$4.8 million for moderate and severe TBI respectively, across Australia.<sup>9</sup>

According to the facial trauma data noted above, the Government's liquor law reforms have resulted in 23 less people being hit by violent, intoxicated people, which equates to 23 lives potentially saved from death or serious injury.

Since reduced trading hours have been shown to reduce alcohol-related violence in NSW, other jurisdictions should be encouraged to adopt the same measures, as Queensland will be doing from July this year. For example the Northern Territory has the highest incidence of facial trauma in the world, and much of this alcohol-related.

**b. Safety and general amenity in the Sydney CBD Entertainment Precinct, Kings Cross Precinct, and potential displacement areas**

In late 2015 the Royal Prince Alfred Hospital Public Health Unit extracted data using trauma presentations on Friday, Saturday and Sunday as a surrogate marker for alcohol-related presentations. The results did not show a discernible spike in presentations since the introduction of the liquor law reforms to reflect any displacement of alcohol-related harm to Newtown.

**c. Government, industry and community stakeholders, including business, financial and social impacts, and the impacts on patrons and residents (including whether venues continue to trade after 3am when alcohol service ceases)**

The social impacts of alcohol-related harm are devastating. Surgeons are dramatically confronted with the effects of alcohol misuse when treating patients with injuries resulting from road traffic trauma, interpersonal violence and personal accidents caused by excessive alcohol consumption.

Alcohol misuse is also a significant contributor to the total burden of disease, and is a causal factor in more than 200 diseases and injury conditions, including liver failure, GI bleeding, upper GI and oropharyngeal cancer and infections related to malnutrition.<sup>10</sup>

Hand trauma surgeons in Sydney frequently deal with the complex mending of delicate bones, tendons, muscles, nerves and blood vessels in the hand. Many of these are alcohol-related, because people have become intoxicated and punched walls or people. Teeth can become lodged into knuckles, leading to infected joints and severed tendons. A tooth in the knuckle can impair the joint forever.

It is not necessarily frequent, heavy drinkers who present with injuries, but often the causal, social drinker, and these complex operations divert care away from illnesses and injuries that are not as preventable.

Reduced trading hours in Newcastle introduced in 2008 have led to a sustained 37% reduction in alcohol-related harm<sup>11</sup> and a more diverse night time economy. Between 2009 and 2011 there was a 9.6 per cent decline in 'drink' sales revenue in Newcastle which was offset by a 10.3 per cent increase in 'food' sales revenue.<sup>12</sup>

**The positive and negative impacts of the 10pm takeaway liquor restriction across NSW, with particular regard to be had to the needs of rural and remote communities, and the social and economic impacts of the restriction on those communities.**

Apart from the impressive reduction in alcohol-related assaults in the CBD and Kings Cross, the Bureau of Crime Statistics and Research has reported a 9% state-wide reduction in non-domestic assaults over and above a general downward trend in assaults, in association with reduced trading hours for outlets offering take-away alcohol sales.<sup>13</sup>

This is a substantial reduction in violence, which does not include statistics occurring within a domestic context. Our regional colleagues describe the 10pm take-away sales restriction as a "god send", which has been matched by a decrease in emergency department presentations arising from domestic and non-domestic assaults.

**The impact of the periodic licensing system on business viability and vibrancy.**

RACS supports existing licensing arrangements. Having a state-wide licensing system provides an accurate measurement of licences annually, which is important from the perspective of measuring the impact of licensing decisions on population health.

It is also appropriate to apply risk-based loadings to licensed venues which generate harm, because this takes into account the cost of trauma to the community.

**CONCLUSION**

Given the existing laws have proven successful in curbing alcohol-fuelled violence with no displacement to surrounding areas, RACS sees no reason to delay rolling these measures out across NSW.

RACS is a member of the NSW ACT Alcohol Policy Alliance (NAAPA) and supports the NAAPA submission to this review.

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<sup>1</sup> Gao C\*, Ogeil RP\*, & Lloyd B, 2014. Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

<sup>2</sup> Laslett A-M, Room R, Ferris J, Wilkinson C, Livingston M, Mugavin J. Surveying the range and magnitude of alcohol's harm to others in Australia. *Addiction*. 2011 Aug 5;106(9):1603–11.

<sup>3</sup> Doran C, Jainullabudeen T, Room R, Chikritzhs T, Laslett A, Livingston M, Ferris J, Hall W (unpublished), How much does alcohol really cost Australian drinkers and other affected by drinking? Extracted from Marsden Jacob Associates. Bingeing, collateral damage and the benefits and costs of taxing alcohol rationally. Report to the Foundation for Alcohol Research and Education, Oct. 2012.

<sup>4</sup> Alcohol Harm in Emergency Departments Survey. Australasian College of Emergency Medicine, 2014. From: <https://www.acem.org.au/getmedia/98243bf8-0b65-4be8-b5c9-08b028295b78/AlcoholHarmInfographicA4.pdf.aspx>

<sup>5</sup> Liquor Act (NSW), Part 1 Sect. 3 (2); 2007.

<sup>6</sup> Donnelly N, Menendez P, Mahoney N. The effect of liquor licence concentrations in local areas on rates of assault in New South Wales. Sydney: NSW Bureau of Crime Statistics and Research; Dec. 2015. Available from: <http://www.bocsar.nsw.gov.au/Documents/CJB/CJB181.pdf>.

<sup>7</sup> Menéndez P, Weatherburn D, Kypri K, and Fitzgerald J. Lockouts and Last Drinks. NSW Bureau of Crime Statistics and Research, 2015, School of Medicine & Public Health, University of Newcastle, Australia.

<sup>8</sup> Fulde G, Smith M, Forster SL. Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws. MJA. 2 Nov. 2015;203(9):366.e1–5.

<sup>9</sup> Australian Injury Prevention Network, Australasian College of Road Safety, Royal Australasian College of Surgeons. 2015 ACRS/AIPN/RACS Joint Submission to the Senate Economics References Committee Inquiry into Personal Choice and Community Impacts. Canberra: Australasian College of Road Safety; Oct. 2015.

<sup>10</sup> Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. The Lancet 373(9682): 2223-2233. 2009.

<sup>11</sup> Kypri K, Jones C, McElduff P, Barker D. Effects of restricting pub closing times on night-time assaults in an Australian city. Addiction. 15 Sep. 2010;106(2):303–10.

<sup>12</sup> Bevan T. The Australian night time economy: A first analysis 2009 to 2011. Canberra: The National Local Government Drug and Alcohol Advisory Committee; 2013.

<sup>13</sup> Menéndez P, Weatherburn D, Kypri K, Fitzgerald J. Lockouts and last drinks: The impact of the January 2014 liquor licence reforms on assaults in NSW, Australia. Sydney: NSW Bureau of Crime Statistics and Research; Apr. 2015.