



ST VINCENT'S
HEALTH NETWORK
SYDNEY

St Vincent's Health Network Sydney

Submission to the NSW Parliament's Joint Select Committee on Sydney's
night time economy

A/Prof Anthony Schembri
CEO, St Vincent's Health Network Sydney

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“We would get called to the Emergency Department to assist with trauma, the whole ED would be full and it would increase through the night. And particularly the early hours of the morning...those were the peak times. And it resulted in really quite major injuries because the major ones are the ones that come to ICU and I can remember many a time talking to distraught family members about very bad outcomes for their child.

“To the point we’ve had to tell parents that their child is brain dead from a severe traumatic brain injury and then raise organ donation and things like that, which are part of the end-of-life pathway.

“So you’re coming from a point where you’re telling a parent, whose child has just gone out to have a nice evening, and six hours later you’re having this conversation. It was heart-wrenching. Just terrible.”

Dr Priya Nair, Director of Intensive Care, St Vincent’s Hospital Sydney on her experiences prior to the introduction of the ‘lockout laws’

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“I think the lockout laws have worked. When change happened, we saw it straight away and it's maintained change.

“When I have this argument with others [about alternatives to the lockout laws] I tend to say, ‘Well, show me something proven that will work and that we can use in addition or instead,’ because the idea of winding back to where we were in 2012 seems like a terrible idea. You would need very good evidence that what you were doing instead was likely to work.”

Associate Professor Paul Preisz, Director of Emergency, St Vincent’s Hospital Sydney on the positive impact of the ‘lockout laws’

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“Of all the groups holding opinions, it seems to me that the medical profession and the emergency workers have the least or no self-interest. Their opinion, formed on the frontline as it were, must carry a great deal of weight.”

**Justice Ian Callinan, AC
Review of Amendments to the Liquor Act 2007 (NSW)
13 September, 2016**

1. Introduction

In early 2016, two years after the introduction of a range of measures designed to curtail alcohol-related violence in the Sydney CBD and Kings Cross entertainment precinct and across the state, the NSW Government appointed Justice Ian Callinan AC to conduct an independent review of their effectiveness.

In his findings, delivered in September that year, Justice Callinan found that the amendments to the Liquor Act 2007 (NSW), which had the objectives of “not only to prevent or reduce fatalities, but also...to reduce all forms of violence, as well as anti-social behaviour throughout the night” had been successful.¹

Justice Callinan said in his final report: “I understand that the objectives of the Amendments were to achieve these ends. Those policy objectives are, to answer the statutory question, in my opinion valid.”²

As the major tertiary referral public hospital and designated trauma centre serving the Sydney CBD and Kings Cross areas – and subsequently the destination for most individuals who are victims of alcohol-related assaults, injuries, accidents and other harms in the area – St Vincent’s Hospital Sydney was a leading advocate for change and a strong supporter of the measures, commonly known as the ‘lockout laws’ but which in actual fact were a broad suite of reforms that included the introduction of a common closing time of 10pm for all bottle shops in NSW (later adjusted to 11pm after the Callinan Review) and last drinks at 3am.

As such, we are disappointed it is necessary that the measures be subjected to another review only two and half years since they were last examined.

Five years ago, the impact of alcohol-related violence and injuries on the hospital, in terms of presentations and admissions, was nothing short of severe.

Pre-lockout laws, clinicians at our hospital likened the constant flow of injured and assaulted from the precinct to our Emergency Department as a “conveyor belt of carnage”.

Since the licensing changes were introduced, the number of alcohol-related presentations for people experiencing severe alcohol intoxication to St Vincent’s Emergency Department have significantly reduced, as have the number of serious facial fractures managed by our reconstructive surgery department. There have also been no alcohol-related assault deaths at the hospital since the measures were introduced.

From our perspective the lockout laws have been a success and should be maintained.

Nevertheless, in continuing to support the measures, St Vincent’s is willing to be a part of a debate around efforts to inject further vibrancy into Sydney’s night life.

¹ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016

² *ibid*

We're equally happy to be a part of an examination of other cities around the world and discuss their successes in relation to both addressing alcohol-related violence and boosting their night-time economy that might translate to Sydney. It's our strong view that increased vibrancy shouldn't simply equate to making alcohol more accessible. Furthermore, when looking for inspiration overseas, we shouldn't forget that a great many international cities – from Paris to Los Angeles – have comparable 'last drinks' times to Sydney, and often earlier.

It's also our view that the last drinks measures have become a useful scapegoat for a range of challenges that have far more to do with a music and cultural scene in flux and the changing way in which Sydneysiders seek out entertainment.

In his independent findings, Justice Callinan found that "more than a small number" of the venues which had had their closure attributed to the introduction of the lockout laws by those seeking their repeal had actually shut their doors for other unrelated reasons.

He also found that data from these same sources had been "exaggerated" while that provided by St Vincent's and other doctors and their representative bodies was "accurate", and had been submitted "in an honourable tradition of concern for public health".

While clearly there are opportunities to improve the vibrancy of Sydney's nightlife, reports of its death are greatly exaggerated.

Employment and revenue in Sydney's night-time economy have not decreased since 2011.

The City of Sydney's Lord Mayor, Clr Clover Moore, recently expressed her public excitement at the "late night buzz" in Sydney's CBD and Circular Quay, and welcomed the fact that the city's night economy was worth more than \$4 billion to NSW, employed over 35,000 people, and "leads other cities".³

St Vincent's welcomes a discussion around the potential benefits of measures to boost the city's night-time economy – such as establishing a Night Mayor of Sydney – as well as other initiatives that further distribute opportunities for entertainment outside the CBD and Kings Cross, which is still the most concentrated night-time economy in Australia.

But while signalling our willingness to engage in that debate, St Vincent's does not believe that increased vibrancy equals increasing access to alcohol.

Alcohol remains one of Australia's greatest health burdens. NSW alone sees 147 hospitalisations a day for alcohol-related reasons.⁴ And the international evidence is clear that for every hour that alcohol is available for purchase, there is a corresponding increase in violence.

³ Tweets from @CloverMoore on 11 June 2019

Associate Professor Paul Preisz

Director of Emergency, St Vincent's Hospital Sydney

"I've heard a number of comments about 'what's been done to the area' and it makes me wonder: How much are we willing to pay? How many assaults? How many deaths? How many is ok to make it worthwhile to have those establishments doing what they were doing?

"I don't think there's a number I'm comfortable with and I just don't think we can do that again."

1.1 Terms of reference

The NSW Parliament's *Joint Select Committee on Sydney's night time economy* has been established to inquire and report into Sydney's night time economy, including any measures required to:

- (a) maintain and enhance community safety;
- (b) maintain and enhance individual and community health outcomes;
- (c) ensure existing regulatory arrangements in relation to individuals, businesses and other stakeholders, including Sydney's lockout laws, remain appropriately balanced;
- (d) enhance Sydney's night time economy; and any other directly relevant matters.

In response, St Vincent's Health Network Sydney's submission will largely focus on the need to maintain the successful 'lockout laws' measures introduced by the NSW Government because of their proven benefit to individual and community safety, and their ongoing contribution to improving public health outcomes in Sydney, not just in the entertainment precinct in question, but for individuals, families and their communities beyond.

1.2 St Vincent's Health Network Sydney and St Vincent's Hospital

St Vincent's Health Network Sydney (SVHNS) comprises St Vincent's Hospital Sydney (SVHS); Sacred Heart Health Service, Darlinghurst; St Joseph's Hospital, Auburn; and St Vincent's Correctional Health which delivers health services to the Parklea Correctional Complex.

St Vincent's Hospital Sydney is an A1 principal referral hospital providing a range of services and specialties. St Vincent's Hospital's particular areas of specialist expertise include:

- A level 6 trauma, accident and emergency service for inner city Sydney.
- Healthcare for vulnerable populations - mental health; drug and alcohol services; homeless health; prisoner health; aged psychiatry.

⁴ New South Wales Health (2017). NSW health stats. Retrieved from: http://www.healthstats.nsw.gov.au/Indicatorgroup/indicatorViewList?code=beh_alc&topic=topic_alcohol&name=AlcoholTopic

- Heart lung vascular services including state-wide heart lung transplant service; bone marrow transplantation/cellular therapies.
- Precision medicine including clinical genomics.
- Cancer services including through the Kinghorn Cancer Centre, which is a partnership between SVHS and the Garvan Institute.
- The Garvan Clinic for Medical Research

SVHNS is part of an integrated network of clinical services that aim to ensure timely access to appropriate care for all residents in NSW. As a specialist network, around half of our patients come from outside the local area for our specialist and dedicated statewide services. St Vincent's in Darlinghurst is also a local hospital for residents of Sydney, Waverley, Woollahra and Randwick Local Government Areas. Within this catchment, St Vincent's serves a diverse population. Our Campus is located in an area characterized by a high incidence of homelessness and vulnerability.

1.3 St Vincent's Sydney's experience with alcohol-related harms and violence

Every day, St Vincent's Sydney treats the health impacts of harmful consumption of alcohol.

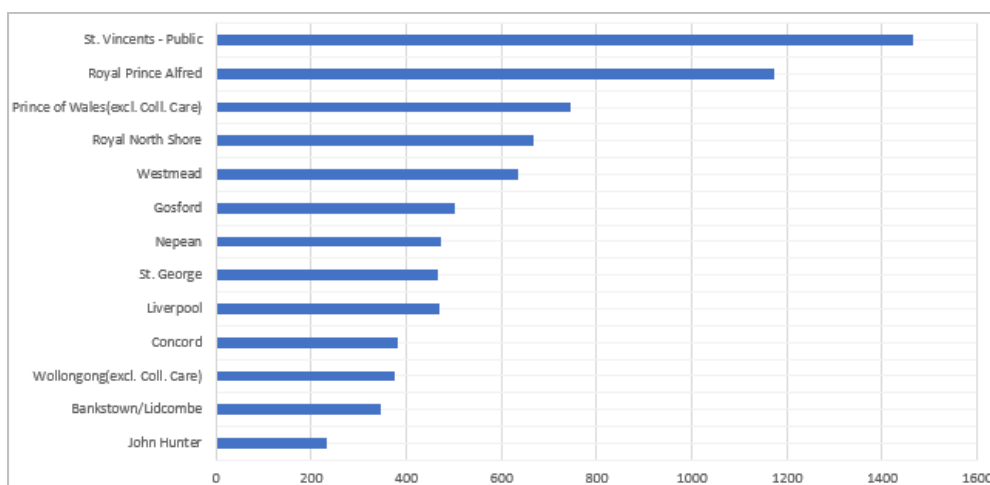
This includes:

- Disability and brain injury from early exposure to alcohol including harmful drinking in adolescence and maternal alcohol use in pregnancy.
- Injuries and trauma from alcohol-related accidents and violence (public and domestic) treated in our emergency departments, trauma wards, operating theatres and intensive care units.
- Chronic illness from long term alcohol consumption including cancers, heart and liver disease, cognitive impairment and dementia, and mental illness.

As an A1 principal referral hospital and major trauma centre for Sydney CBD, St Vincent's Sydney experiences a significant number of alcohol and drug related presentations to its Emergency Department (ED).

Over the past five years, SVHS has consistently experienced the highest total number of alcohol, drug abuse and drug induced mental disorder-related ED presentations in NSW compared with other peer group (A1) hospitals. Comparative figures for FY2017/18 are displayed in Figure 1.

Figure 1. A1 Principal Referral Hospital ED Presentations for Alcohol and Drug Primary Diagnoses FY 2017/18



Source: NSW Health Emergency Department Activity Analysis Tool V18.0

In addition to high volumes, the proportion of alcohol and drug attributed ED presentations at St Vincent’s is approximately three times the state average.

Across St Vincent’s Sydney’s catchment, alcohol attributable hospitalisation rates are significantly higher than the state average.

Between 2015-17, the highest rate of alcohol attributable hospitalisations were from Waverly LGA, at 898.3 per 100,000 population. This is significantly higher than the state average of 610.3 per 100,000 population. Woollahra has the second highest rate of 853.5 per 100,000 population. Rates within both areas have continued to increase since 2001-03.

In the Sydney City LGA, rates have varied since 2001, however a more recent decline has been noted between 2009-11 and 2015-17.⁵

SVHS has also delivered specialist alcohol dependence treatment services (residential and outpatient) for close to 50 years, making the hospital one of Australia’s most experienced providers of public health services of this kind.

SVHS knows first-hand that the large volume of trauma and injuries presenting to Australia’s emergency departments as a result of alcohol are not only devastating for the victims of violence and their families, but come at a huge cost to our health system and the community as a whole.

The voices of our senior clinicians are strong and in unison: as an organisation we have a responsibility to influence public policy around the availability, promotion, marketing and taxation of alcohol by sharing our experiences and offering informed, evidence-based advice as we would for any major health issue.

⁵ HealthStats NSW (2018). Alcohol attributable hospitalisations. Available at: http://www.healthstats.nsw.gov.au/Indicator/beh_alcafhos/beh_alcafhos

St Vincent’s Sydney knows that alcohol-related violence *can* be prevented and its impact on all in our community reduced.

We believe that the case for supporting reasonable limits on alcohol availability is compelling – including the measures introduced in the Sydney CBD and Kings Cross entertainment precinct in February 2014, otherwise known as the ‘lockout laws’ – and the benefits of reducing harm substantial.

2. Sydney’s CBD/Kings Cross entertainment precinct pre-lockout laws

2.1 The negative impact on individuals, the community, and St Vincent’s

In his independent review of Sydney’s CBD and Kings Cross entertainment precinct, Justice Callinan described the area as: “grossly overcrowded, violent, noisy, and in places dirty.”

The views of police, ambulance and other emergency service workers about the prevalence of alcohol-related violence and other anti-social behavior that characterised the area, particularly on Friday and Saturday nights are well known, as are those of local residents.

In his evidence to the Callinan Review in 2016, St Vincent’s Hospital Sydney’s former Director of Emergency, Professor Gordian Fulde, characterised the hospital’s ED on a Saturday or Sunday morning as being “like a military field hospital...people were bleeding, vomiting and unable to control their bladders in the ward.”

Following are the recollections of senior frontline clinicians from St Vincent’s Hospital Sydney: what they encountered while on the front-line of the city’s battle with alcohol-related injuries and violence, before the NSW Government introduced the lockout laws.

These are the voices of individuals who, pre-lockout laws, were closely and heavily involved in caring for the large number of people requiring treatment after an incident (eg: an alcohol-related accident or assault) occurring in the CBD or Kings Cross.

Ms Melanie Kelly

Nurse Unit Manager, Emergency Department, St Vincent’s Hospital Sydney

“I worked on the night shifts when we had it all going up there, and certainly you would see it very early into the hours of the morning – 4, 5, 6am – people were more severely injured and intoxicated and the violence that came with that was significant.”

Associate Professor Paul Preisz
Director of Emergency, St Vincent's Hospital Sydney

"There was a regular stream of assaults, and it wasn't minor assaults, these are people who have facial fractures, loss of consciousness, teeth taken out. Quite serious assaults. In fact I think we got quite practiced at not just managing the acute terrible injury, but also the counselling, the follow-up. If there were any issues with police, we had a package prepared for victims of crime.

"For young people in particular that kind of assault is quite a scarring experience. It's not something you recover from in the same way that when you have similar injury; when you've tripped and fallen, you physically recover. But when you've been assaulted and you get that injury, you physically recover, but psychologically you're different. So it's a much more serious event because of the way it happened. Many of these people who were assaulted were not looking for violence. So it wasn't as if they expected it. They were often completely unaware, innocent, and really had no idea how they came to be that person who was beaten up.

"So, the shock of it. The transition from going from just a normal person to someone who has been really seriously beaten up is quite a thing. So that was a big step.

"We did have a lot of people with serious injuries and we had some deaths. And unfortunately the more senior you get the more involved you get in those patients and doing regular nights at that time, I actually saw many of those, in fact I saw Tom Kelly when he came in. I was on duty, and I personally saw him.

"There are terrible things about knowing...we often know when we have a CT scan, and other things, we know that people will likely not survive. So, the worst job we have is ringing the parents of children who probably won't survive and telling them what's happened, because they're completely blindsided, they've got no idea. It's late at night, they've got no idea this call is coming and I've got to call to say, 'I'm really sorry, but your child is really unwell.'

"It was not an uncommon thing and possibly the worst job you can get.

"We knew something had to change. Now, I know there are folk who have got different opinions on what could have been done, but the important thing was that something had to be done because this was unsustainable.

"We could see that because we were here all the time. We could see that there were more assaults, and they were more serious. And then we started getting stories about the folk who had mixed drug- and alcohol-fuelled rage; people who had steroids or other stimulants and alcohol.

"This was the sort of ferocious thing that we were seeing and to an extent it was due, we thought, to crowding. You get a large number of people in a very confined area, get a lot of them intoxicated and/or drug affected, and it seems like violence will happen.

"It was real. We saw it. And it was horrible at the time. The one thing most of us agreed on was that it was serious, it was getting worse, and something had to happen."

Associate Professor Anthony Grabs
Director of Trauma, St Vincent's Hospital Sydney

"I think the problem was getting worse. I've been the Director of Trauma since 2003 and involved in the management and running of the Intensive Care Unit. So not only from the Emergency Department point of view, you know these were changes, but also I saw the complexity of cases that were coming through to the Intensive Care Unit with head injuries as a result of alcohol-fuelled violence, that really changed the way that our Intensive Care Unit was running; we felt we were in a completely helpless situation.

"We were seeing victims, whether they be backpackers, or young people, being caught up in alcohol-fuelled violence, some of them were drunk themselves and their injuries were devastating.

"There were deaths. But there were many more people that had serious, lifelong injuries that really we don't count as statistics purely because they're the ones that are alive and the ones that get out of hospital. But are those people still maintaining a job? Do they have any psychological issues associated with it? So it's much broader than what happens in intensive care. It's really just a spectrum of alcohol that was flooding our patients.

"The other thing that we saw a bit of: when people get too drunk and forget their keys or leave their keys with a friend, trying to climb into their accommodation, and then fall. So the influence of alcohol is not all just alcohol-fuelled violence.

"This is what we were seeing coming into the hospital all the time; people with lots of alcohol on board, whether that be acute intoxication; unconscious patients; through to people that fall over because they're so drunk they can't sit on a barstool, and they giggle and they laugh, but they've got fractures of their legs. They don't feel the pain, because they're so intoxicated, until the next morning."

Dr Priya Nair
Director of Intensive Care, St Vincent's Hospital Sydney

"We would get called to the Emergency Department to assist with trauma, the whole Emergency Department would be full and it would increase through the night. And particularly the early hours of the morning – so the early hours of Saturday morning, early hours of Sunday morning – those were the peak times. And it resulted in really quite major injuries because the major ones are the ones that come to ICU and I can remember many a time talking to distraught family members about very bad outcomes for their child.

"To the point we've had to tell parents that their child is brain dead from a severe traumatic brain injury and then raise organ donation and things like that, which are part of the end-of-life pathway.

"So you're coming from a point where you're telling a parent, whose child has just gone out to have a nice evening, and six hours later you're having this conversation. It was heart-wrenching. Just terrible.

"And the shock on their faces. They obviously had no idea of the extent of problems that had occurred."

Associate Professor Nadine Ezard

Clinical Director Alcohol and Drug Unit, St Vincent's Hospital Sydney

"When I started here [St Vincent's Hospital Sydney] in 2012, I was – and I moved into the area as well, so I'm a local resident as well as working here – shocked and surprised that we were doing nothing about that conveyor belt of carnage every Friday and Saturday night from Kings Cross.

"It was preventable, it was avoidable and we were just participating in it. So when this mobilisation to do something about it came along, I was really pleased to be involved. Because there's no way, as an Alcohol and Drug Service – and we do brief interventions into the Emergency Department – we could get to every one of those people. And it was much easier to turn it off at the tap than do something about it after it had happened.

"Alcohol is the single most consumed drug among this population and has the highest prevalence of problems related to it."

Dr Mark Winder

Head of Neurosurgery, Director of Clinical Training, St Vincent's Hospital Sydney

"There really weren't too many weeks that we would have where there wasn't at least some form of trauma and head-related injury which we then have to operate on, and it was predominantly in the period from Thursday night going through to early Sunday morning. I remember being on call and driving up Oxford Street to get to the hospital, knowing you're coming in to see someone, and just the amount of detritus you would see, even on the streets coming up there, because of the night clubs, and it was a pretty feral situation, and that's even before you get to the hospital.

"You'd be driving through that and just be looking around and whether it'd be one in the morning, or four in the morning, five in the morning, you would still see people just hideously intoxicated, half-clothed, fights going on getting in and out of taxis, and you're on the way to the hospital to go and treat a head injury, which would likely require surgery, it would just make you shake your head about it."

Associate Professor Steven Faux

Director of Rehabilitation Unit, St Vincent's Hospital Sydney

"I used to do a Wednesday round, when there'd be about three or four people waking up from the weekend having bled into their brain and either had had surgery or been under observation.

"I can't tell you how many conversations with families I had to say 'No driving for three-to-six months; he cannot return to work for at least six weeks until we'd checked his thinking; there'll be no alcohol for a year; and he cannot play contact sports, ever again; and someone has to be with them for the next week or month because they get quite confused when they stand up and walk around.' And you watched the family adjust to this news and you'd say 'So who's going to stay home?' and you know someone's going to have to give up their job for maybe a month, and those are the mild ones.

"The severe ones who are still confused or who'd had a tracheostomy for breathing or had surgery, they're going to go to our feeder hospital in Ryde and they're never going to work again, so you have to tell the family, 'Well, we reckon they'll walk but we don't think their thinking is ever going to be the same'. So if you can't return to work and you're relying on the NDIS now for the rest of your life, and your relationships break up, the financial costs are huge. The personal costs are huge as well."

For each of the clinicians, among the overwhelming tide of alcohol-related injuries and harms they treated prior to the lockout laws being introduced, there are individual patients who stand out.

Associate Professor Anthony Grabs
Director of Trauma, St Vincent's Hospital Sydney

"I'll never forget the young fellow, who'd had had too much to drink, he was in a nightclub, and he fell down some stairs. He twisted his knee, he dislocated the artery in his leg and we had to operate on his leg urgently, but he also tore the nerve in his leg. And this was a guy who was a very, very good ice skater. He never went back to ice skating and he can't run with his children at the moment because of that injury, all because of being under the significant influence of alcohol and falling down stairs in a club in the Cross.

"The second one was a gentleman who was a professional. Went out, had a lot too much to drink, put his foot over the kerb and got it run over by a taxi. His foot was mangled, absolutely mangled. Never the same again. He'll walk for the rest of his life with a limp, unable to run, all on having too much alcohol on a Friday night.

"And those are life-long impacts of too much to drink at the one time and being injured because of the confines of the Cross, the roads around the Cross, the crowding in the Cross and people do some silly things when they're too intoxicated."

Dr Priya Nair
Director of Intensive Care, St Vincent's Hospital Sydney

"One that stands out to me, is a young woman who was out late, and very, very drunk and jumped off a building and just completely damaged her whole body. She was in intensive care for ages. It was just that split instant decision and she'll never be the same again. We had to piece things together but we gave her parents back a completely different child and that will stay with them and her for the rest of their lives. It's those sorts of things. You talk to them on a daily basis and you go through the phases they're going through – grief, anger, denial, all of those things – and you go through that."

Associate Professor Paul Preisz
Director of Emergency, St Vincent's Hospital Sydney

"I saw a staff member of ours, who had been working here, and I'd seen only the previous day, and he was severely beaten; not just a single punch this time but multiple injuries, facial fractures, injuries that I knew would have long term effects.

"This was a life-changing event. This was someone who was very artistic who had a gentle nature; someone we worked with, and I'd only seen him 24 hours before. And then next time, there he was, terribly beaten, multiple fractures, multiple rib fractures, internal bleeding, and on the basis of what? I had no idea and neither did he.

"There was no sense to it. It wasn't a robbery. It wasn't a gang or a particular reason. A lot of violence is senseless, but there was just no sense to this at all. There was nothing in this event that was explainable or plausible in any way. And that was someone we worked with. I remember that graphic moment, that contrast between someone you see and work with every day and I knew at the time that 'this is life changing'. I don't know if he actually ever got back to work."

Dr Mark Winder

Head of Neurosurgery, Director of Clinical Training, St Vincent's Hospital Sydney

"There's one particular one, and he was just out with friends, 18 or 19, and he'd been out, was intoxicated with his friends, but really minding their own business by all accounts, but they were attacked by another group and he was literally just hit. And it wasn't the hit that caused the problem, it was the classic 'one hit punch', and he fell and hit his head. He was brought in, and his GCS [Glasgow Coma Scale – common scoring system used to help gauge the severity of an acute brain injury] had dropped down dramatically.

"You've got a young fit, healthy, good looking guy, very body-conscious, keen to get to university and he ended up just requiring a huge craniotomy, was in ICU for three weeks waiting for the brain swelling to go down; his mum keeping a bedside vigil the whole time, and they know that he may not survive.

"And so you get someone like him who survived but is never the same person. His personality's changed, he's managed to get back to TAFE but he was going to go to university. His whole life's been affected by this. He's grateful, his mum's very grateful she's still got her son, but you look at the changes compared to where he was and it's just shocking, all from one night out. And that's one of countless numbers that we saw."

The immediate and long-term impact of alcohol-related assaults and accidents is largely – and understandably – focused on the victims and their families and loved ones. But the emotional toll that comes from hundreds of badly injured, mostly young people, passing through St Vincent's Sydney, their lives likely to be irrevocably changed, was also very felt very strongly by our clinical staff. From nurses to radiographers, our frontline staff described a backdrop of abusive, and sometimes threatening, behavior from intoxicated patients as they went about their duties.

Even with expertly trained security staff, our staff frequently found themselves concerned for their own welfare and safety, as the areas around the Emergency Department – including at the bedside of injured patients – often became the place for heavily intoxicated friends and family members to physically express their own fears and frustrations.

Associate Professor Paul Preisz

Director of Emergency, St Vincent's Hospital Sydney

"It was a worse problem than you'd heard [alcohol-fuelled violence towards St Vincent's staff]. It was under-reported. It's only starting now to be reported in anywhere near the numbers it actually happens.

"Particularly at night, and particularly to do with alcohol, there was an incredible amount of violence, and we're a hospital that is geared towards managing this, we're acutely aware of the risks: we have really well trained security, our staff are well versed in all this. So we were a place that was expecting this and we still had a lot of trouble."

Dr Priya Nair

Director of Intensive Care, St Vincent's Hospital Sydney

"A lot of the patients in intensive care are people who have lived their lives, have acquired illnesses along the way, and then required surgery or therapies; have a severe infection, and they're in intensive care and we try to get them back to their baseline quality of life.

"But these people [patients brought into ICU after an alcohol-related assault or accident] are people who have never had anything to do with a hospital system before – they're young, they're fit and they're healthy and they have a whole life in front of them. And in an instant that completely changes and it seems so unnecessary and so preventable. And you just can't fathom why something like that should happen, there's no need for it at all.

"We, in intensive care, we work as a very close team. Particularly the nursing staff, they nurse our patients one-to-one, so they spend 12 hours with the patient and their family on every shift they do. The doctors are there all the time. We work extremely closely, so it very much becomes part of our fabric and the family very quickly becomes our family.

"So even though we try to keep that professional distance, it's impossible as a human being to not empathise with that situation, and we have had staff burnout from sheer compassion fatigue, from seeing such terrible things that shouldn't have happened. Particularly staff with children the same age, identifying with that, and knowing that life could change in a split second, the fragility of existence.

"I think the preventability of it all got to everyone. That this was something that didn't need to happen and you can have a good time without this being the outcome."

Associate Professor Anthony Grabs

Director of Trauma, St Vincent's Hospital Sydney

"The thing that I think really shook me in a way, and I'm fairly robust and pretty tough on this sort of stuff, and I look at this at a very clinical level, but it was the influence of the Thomas Kelly death on the ICU stuff that really opened up to me something was dramatically wrong.

"The staff were in tears, they couldn't reconcile what had happened. The unit was feeling sadness that I'd never seen before.

"We have patients who die, unfortunately, and we understand sometimes why our patients in intensive care die. But in the Thomas Kelly event, this was a senseless death. This was a young innocent gentleman. Who'd gone out to his first night in the Cross and came up against someone who is fuelled up with alcohol, who perpetrated violence to him, and the result was death. And that case just kept lingering in the Intensive Care Unit for weeks, and to me, our staff were dramatically affected by that case.

"You can't work effectively if you've got thoughts like. You're there to help people but we couldn't help Thomas. That's why prevention is something that we all try to go towards to prevent this from actually occurring.

"We can medically differentiate the reasons why some of our patients die. We understand the disease process, and that it's deadly sometimes, but we don't understand why a young fellow on his first night the Cross, not intoxicated at all, ends up in a deep coma and basically died not long after he hit the footpath. It's devastating. It's devastating for the staff, family and community alike."

Ms Melanie Kelly

Nurse Unit Manager, Emergency Department, St Vincent’s Hospital Sydney

“You’d often get crowds of friends who were hanging around and we’d have fights in our waiting rooms or they’d want to accompany the patient to the bedside and there’d be aggression right there in the department. And that impacts on the people that are around those people as well, who aren’t under the influence of alcohol, and that made it a very frightening situation.

“The staff became a bit desensitised to it, but for other people it was really a foreign thing. So, it was a very confronting and frightening experience for people. Our waiting room had a similar reputation from time to time and I think generally now, while we still see things like this from time-to-time, the frequency has reduced significantly.

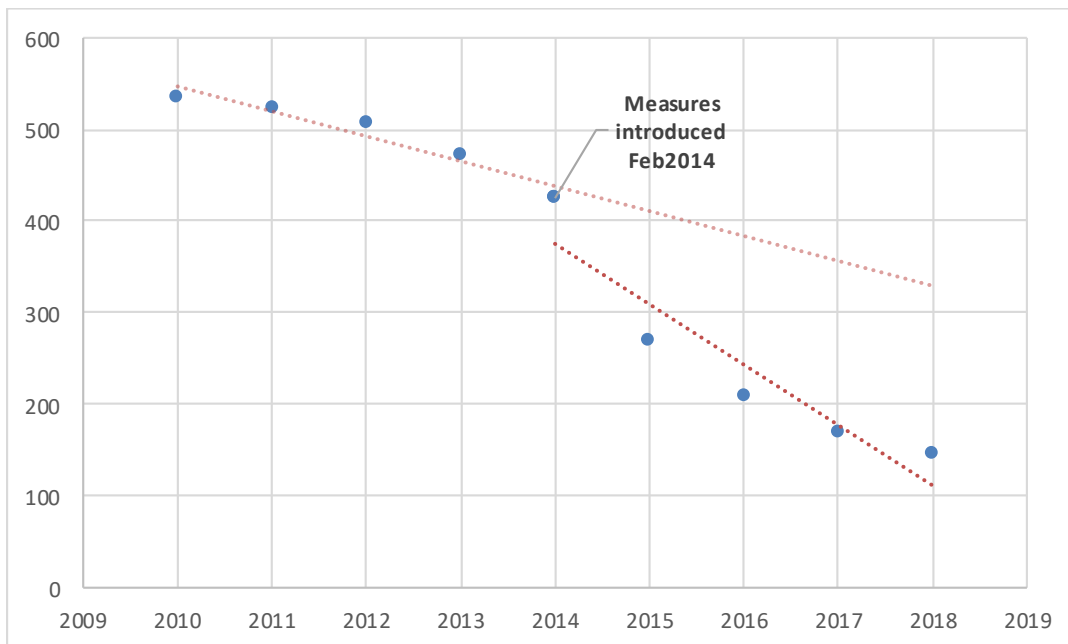
“I can clearly remember brawls when police had to be called; multiple family members coming in and being involved in similar scenarios. That sort of stuff doesn’t really happen much anymore.”

3. The positive impact of the alcohol reforms

3.1 The impact on the broader community

In the five years before the measures were introduced, alcohol-related assaults were on a slight, but inconsistent, downward trajectory. Since February 2014, the reductions in alcohol-related violence have been dramatic (Figure 2).

Figure 2. Kings Cross Police Area Command Alcohol-related non-domestic assault



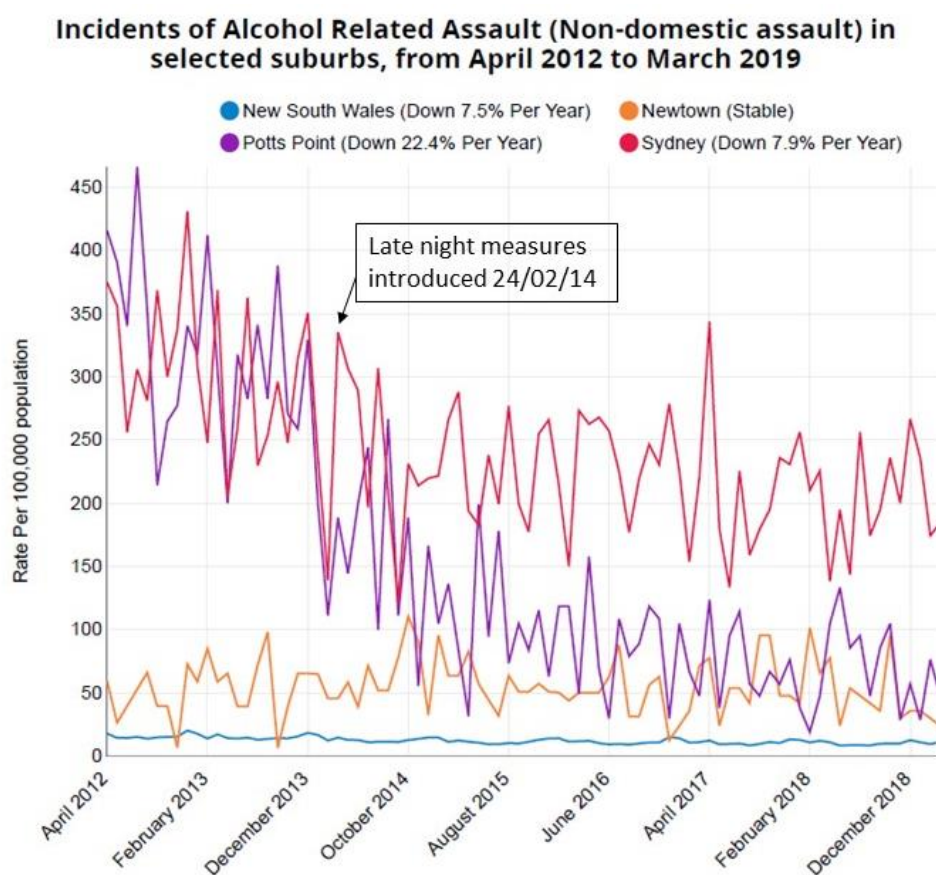
Data points indicate the total number of alcohol-related non-domestic assaults during the previous 12 month period beginning February; data point five represents 425 assaults during the period February 2013 – 2014; data point six represents the number of assaults (269) that occurred during the 12 months after the measures were introduced. The orange trendline indicates a slight decline in assaults for the five years prior to the introduction of the measures, with a four-year forward forecast indicating levels of assault had the measures not been introduced. The green trendline represents a significant decrease following 2014 measures. Source – NSW Bureau of Crime Statistics and Research.

In the first 12 months after the measures were introduced the number of alcohol-related assaults to occur between midnight and 6am on a Saturday night/early Sunday morning reduced by 51%.⁶

Data from the NSW Bureau of Crime Statistics and Research (BOCSAR) reveal that non-domestic alcohol-related assaults in the Sydney Local Government Area have decreased by 23.5% since the measures were introduced, from 1868 assaults in the 12 months prior to their implementation (year to March 2014) to 1429 assaults in the year to March 2019.

In the Kings Cross Police Area Command there has been an even larger decrease in alcohol-related non-domestic assaults, with a 61% reduction in the five years since the measures were introduced (408 to 159 assaults).⁷

Figure 3 – Incidents of alcohol-related assault (non-domestic assault) in selected suburbs, from April 2012 to March 2019



Source: NSW Bureau of Crime Statistics and Research

Figure 3: Alcohol related non-domestic assault in Sydney CBD (red), Potts Point including Kings Cross (purple); Newtown (orange) and NSW (blue). Assaults in the suburb of Potts Point (Kings Cross area) decreased significantly following the implementation of the measures from 272 in the year to March 2014 to 94 in the year to March 2019. Assaults in the suburb of Sydney decreased from 540 (year to 2014) to 468 (year to March 2019). Assaults in the suburb of Newtown have remained stable.

⁶ NSW Bureau of Crime Statistics and Research (2015).

⁷ NSW Bureau of Crime Statistics and Research (2019).

While a small amount of displacement of assaults has been identified in nearby adjacent suburbs, these were far outweighed by the reductions experienced in the prescribed precincts.⁸

3.2 The impact on St Vincent’s Hospital Sydney

The impact of the last drinks measures were felt almost overnight at St Vincent’s Sydney. The following section provides data reflecting the decline in patients experiencing severe alcohol-related injuries or suffering extreme intoxication in the months and years after February 2014, interspersed with the recollections of our frontline clinicians.

Dr Priya Nair

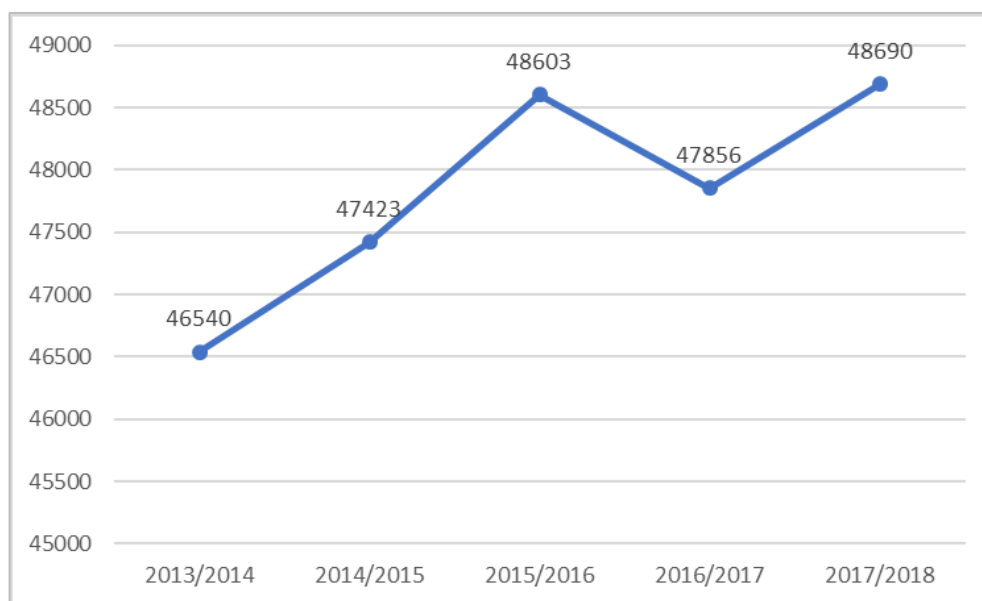
Director of Intensive Care, St Vincent’s Hospital Sydney

“It was through the week but Friday and Saturday nights were the big ones, and to me it’s completely chalk and cheese, the difference, is so stark. And it’s just such a huge difference now, it’s very, very different.”

Emergency department data

The total number of general ED presentations at SVHS has significantly increased during the period 2013-14 and 2017-18 (Figure 4).

Figure 4. SVH Total ED Presentations FY2013/14 - 17/18

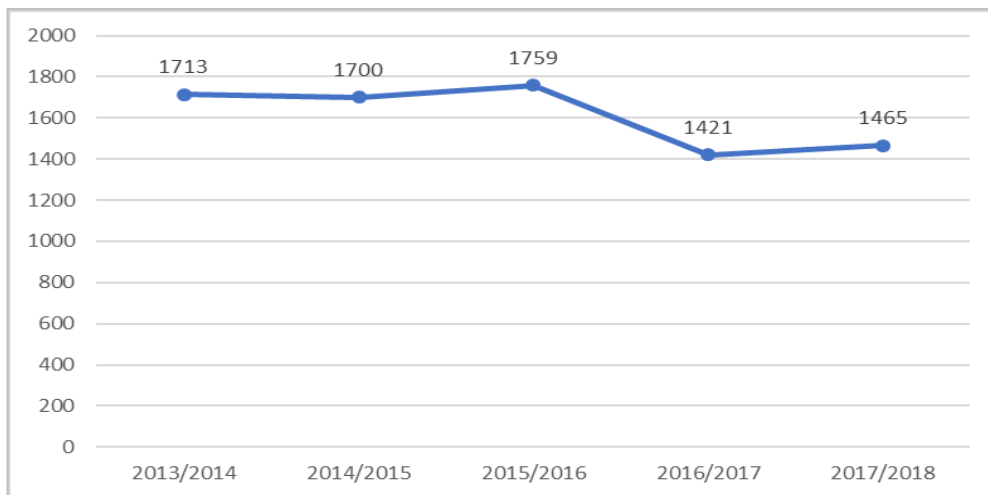


Source: NSW Health EDAA Emergency Department Activity Analysis Tool V18.0

⁸ https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Alcohol_Related_Violence.aspx

However, while ED presentation numbers have increased by close to 5%, over the same period the total number of presentations for a primary diagnosis of alcohol/drug abuse and alcohol/drug induced mental disorders has decreased (Figure 5).

Figure 5. SVH ED Presentations for Alcohol and Drug Primary Diagnoses FY2013/14 - 17/18

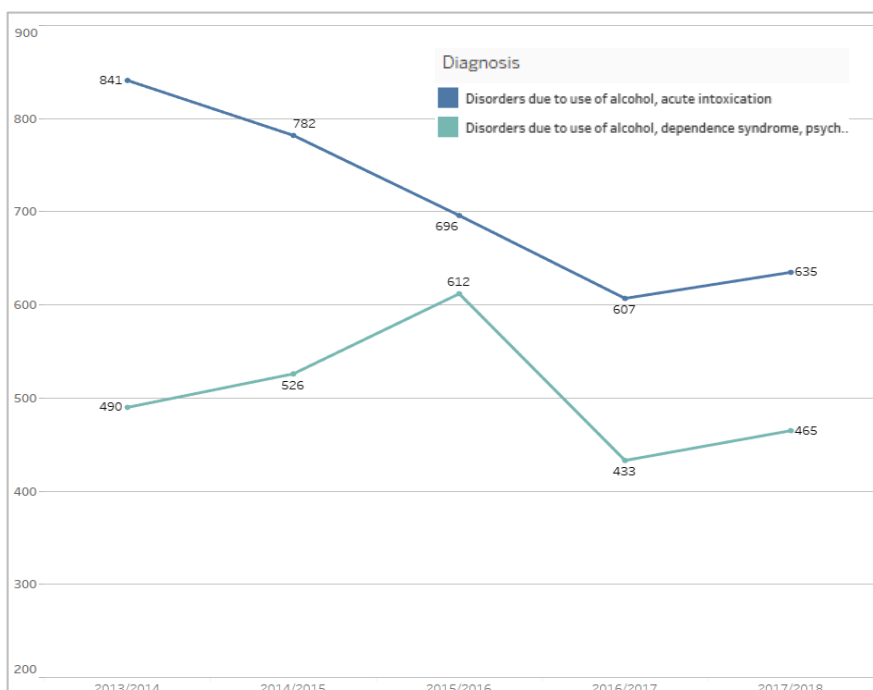


Source: NSW Health EDAA Emergency Department Activity Analysis Tool V18.0

Of these presentations, the large majority of episodes are associated with alcohol consumption. In 2017/18, 75% of episodes (1,100) were related to alcohol and from these, 58% (635) were episodes of acute intoxication.

However, the number of episodes attributed to acute intoxication has decreased significantly over the past five years (Figure 6) coinciding with the introduction of the lockout laws. The number of ED presentations related at St Vincent’s related to acute intoxication has dropped almost 25% - from 841 to 635 – since the lockout laws came in.

Figure 6. Alcohol Related ED Presentations FY2013 (Source: NSW Health EDAA Emergency Department Activity Analysis Tool V18.0)



Associate Professor Anthony Grabs
Director of Trauma, St Vincent's Hospital Sydney

“When one attends the Emergency Department of a Friday night, or a Saturday night, we don't seem to have the same smell of alcohol, on the footpath outside the Emergency Department, or even inside the department; or a collection of young girls, you know, who are intoxicated, who are being sick before our eyes from alcohol poisoning.

“So since the lockout laws have come in, we've not seen that, but before you could always tell, and even at 5am in the morning, on a Sunday morning, it was the stench of stale alcohol, scattered around the department. That really is a smell that is distinctive, which I haven't really smelt again since the lockout laws occurred.”

Maxillofacial trauma data

Maxillofacial trauma constitutes a significant proportion of all trauma cases in NSW⁹ and the maxillofacial region (the facial complex and skeleton, including the jaws and oral cavity) is by far the most targeted area from assaults.¹⁰

Maxillofacial trauma related to drug and alcohol use usually occurs on weekends and are associated with parties, bars, and other similar activities.¹¹ The cost of treating these injuries pose a significant burden on NSW's health system.

One of the clear ways to illustrate the impact of Sydney's last drinks measures can be seen in the dramatic drop in maxillofacial trauma presentations at St Vincent's Sydney in the period after they were introduced.

There was a significant drop in maxillofacial operative cases at St Vincent's Sydney – from 145 to just 58 – in the two years after the 2014 alcohol reforms, a decline of 60%.¹²

The decrease in cases would also have had a positive impact on the burden of healthcare cost and resources. Given that only 13% of the maxillofacial patients treated at SVHS had private health insurance, this improvement would have predominantly relieved the pressure on the local public health system.

⁹ Moncrieff NJ, Qureshi C, Deva AK. A comparative cost analysis of maxillofacial trauma in Australia. *J Craniofac Surg.* 2004; 15: 686–91. <https://doi.org/10.1097/00001665-200407000-00030>

¹⁰ Warburton AL, Shepherd JP. Alcohol-related violence and the role of oral and maxillofacial surgeons in multi-agency prevention. *Int J Oral Maxillofac Surg.* 2002; 31: 657–63. <https://doi.org/10.1054/ijom.2002.0245>

¹¹ Goulart DR, Durante L, de Moraes M, Asprino L. Characteristics of maxillofacial trauma among alcohol and drug users. *J Craniofac Surg.* 2015; 26(8): e783–86. <https://doi.org/10.1097/SCS.0000000000002055>

¹² Australasian Journal of Plastic Surgery, *A comparison of maxillofacial trauma before and after implementation of lockout laws in Sydney*, Shiv Chopra MBBS BSc, Rhys Gordon van der Rijt MBBS, Quan Ngo FRACS, Frederick K Clarke FRACS, James Peter Southwell-Keely FRACS, Kristy Robledo M Biostat, Elias Moisisidis FRACS

The reduction led to a multitude of resource improvements to the plastic surgery department: less trauma patients attending clinic (pre and post-operatively), reduced hospital admissions for maxillofacial trauma and more time/surgeons available for other urgent operative cases.

Associate Professor Paul Preisz
Director of Emergency, St Vincent's Hospital Sydney

"It's an interesting thing, all things in Emergency are unpredictable. I used to liken it to the surf. Try and tell me what the surf will be like in a month? You could kind of guess, winter or summer, but you really don't *know*.

"So, in Emergency, you might have a lot of strokes and then none; a lot of heart attacks, and then none; a lot of trauma and then none.

"And we kept waiting for it [patients injured by alcohol-related violence and accidents]: 'Oh, it'll come back. Okay? It'll come back. We didn't get a lot this week, but it'll probably come back next week.' But then it didn't.

"And then we said, 'Oh, it'll probably come back next week' and then it didn't.

"So that was the thing that stood out the most. It was almost like waiting for the wave that never came back. It was a strange thing that, because we're used to it, you get all these terrible things and then you don't get them for a while. This just never came back.

"When the lockout laws came in, we weren't sure what other options there were and whether there were other ways of doing this that were being considered, but obviously they made a difference and they made a difference pretty quick. And it's a sustained difference.

"As far as I can see, it's not one of those things where there was a dip and then it just came back to the way it was. Our ED numbers are higher than they ever were – we're seeing 200 patients a day some days – and we used to see 120, so they're much higher. But we're not seeing that segment [people with alcohol-related injuries], the numbers are down in that area, and they seem to be staying down.

"I know other hospitals in Sydney have looked at the problem and thought 'Well, is it [alcohol-related violence] headed our way?' and my understanding is that it is not.

"When change happened, we saw it straight away and it's maintained change.

"There are a lot of good things about not having to see patients assaulted, and there are a lot of great things about not having to ring parents and tell them that their child is seriously ill."

Orbital fracture data

Orbital fractures are common in men, accounting for 27% of eye-related hospitalisations, with assault the main mechanism of injury.¹³ They are a serious cause of morbidity, including loss of vision.

¹³ Australian Institute of Health and Welfare. Eye-related injuries in Australia (AIHW Cat. No. INICAT 123). Canberra: AIHW, 2009.

A study was completed in 2018 which viewed the incidence of orbital fractures treated at St Vincent's Hospital Sydney from two years before, to two years after the city's lockout laws were introduced (24 February 2012 – 23 February 2016).¹⁴

In the two years following their introduction, the study found that orbital fracture presentations saw significant decreases at the hospital, experiencing a more than 20% decrease, from 196 during the two years prior to the laws to 155 during the subsequent two years.

Additionally, the number of fractures requiring surgery decreased and more cases were able to be managed conservatively. This resulted in an estimated savings of close \$0.5 million in hospital and ambulance costs.

4. A vibrant Sydney

4.1 The lockout laws and Sydney's night-time economy

One of the issues that has come up repeatedly in the debate around the lockout laws over the past five years has been their impact on Sydney's 'vibrancy' and its night-time economy.

St Vincent's is very willing to be a part of a debate around efforts to inject further vibrancy into Sydney's night life.

The hospital is equally happy to be a part of an examination of other cities around the world and discuss their approaches and successes in relation to both addressing alcohol-related violence and boosting their night-time economies.

Associate Professor Nadine Ezard
Clinical Director Alcohol and Drug Unit, St Vincent's Hospital Sydney

"We are now in a position to have a more nuanced conversation about how best to protect our population. And I think the thing we really need to not give up on is protecting people from alcohol-related violence. So every hour that we sell alcohol translates to more people with alcohol-related injuries coming into our Emergency Department, and we don't want that.

"We need to build consensus; we need to have the majority of people supporting those evidence-based interventions that have the greatest effect [at reducing alcohol-related injuries and violence]. The evidence suggests that it's about alcohol sales – the availability of alcohol – and the density of alcohol outlets.

"The conversation needs to be evidence-based but it also needs to be with the community, so we're all wanting the same thing."

¹⁴ Holmes, R. F., Lung, T., Fulde G. & Fraser, C. L. (2018). Fewer orbital fractures treated at St Vincent's Hospital after lock out laws introduced in Sydney. *Medical journal of Australia*, 208(4), 174.

However, it is St Vincent's Sydney's strong view that increased vibrancy shouldn't simply equal making alcohol more accessible.

A city's vibrancy and a successful night-time economy are about far more than alcohol.

In his independent review of the last drinks measures in 2016, Justice Ian Callinan found:

"A night time economy has many components including traditional ones: the cinema; live theatre; meals and drinks at restaurants; take away liquor and meals; hire cars; after hours gambling; retail shopping; fast foods; special night time events; sporting fixtures; and nightclubs and hotels and other venues serving alcohol formed part of this economy. The licensed premises of Kings Cross and of Central Sydney are only a subset of part of all of this."¹⁵

Justice Callinan also found that:

"Offsetting or negative factors, such as the cost of crimes against the persons, damage to health, absenteeism, the relationship of night time activities to alcohol and drug usage, the impact of anti-social behaviour, ambulance costs, police and other services, including litter collection, have generally not been taken into account [in relation to measuring night-time economies].

"Much of the expenditure in a night time economy is discretionary spending. Liquor sales and entertainers are only two components of it. The night time economy is not confined to the area affected by the lockout. Parts of the night time economy of the Kings Cross and CBD Precincts have migrated to other proximate areas where licences are less restricted. Money not spent in Kings Cross and the CBD might now be spent in productive and other useful ways, or might now be being saved for other purposes. An assumption that some at least of that money would not be conducive to employment of some kind elsewhere seems unlikely."¹⁶

It's a point that was equally made by the Deloitte Access Economics report, *Imagine Sydney: Play*, which examined the city's total night-time economy — that is, revenue based on activities that occur between 6pm and 6am every day:

"While a lot of attention has been given to Sydney at night, the focus on liquor licensing and regulation has raised the volume, but not necessarily the level of discourse on this topic. It's reductive to think of Sydney's night-time economy as simply pubs and clubs, or the lack of them. A vibrant night-time economy creates a range of opportunities for providers and users; from 24-hour gyms and supermarkets to late night art galleries, to extended shopping and transport choices.

¹⁵ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016, pg 90

¹⁶ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016, pg 89

“A more vibrant, inclusive, attractive night time economy does not necessarily mean having a bar on every corner.”¹⁷

St Vincent’s also believes the impact of the lockout laws on Sydney’s vibrancy has been overstated, mainly by opponents of the measures with vested interests in the sale and availability of alcohol.

Associate Professor Steven Faux

Director of Rehabilitation Unit, St Vincent’s Hospital Sydney

“Another thing, there’s a lot of night infrastructure that we don’t have. You can’t go shopping late at night. You can’t have a coffee late at night. And what happened in Kings Cross is that the only reason people came to the area was because of strip clubs, drugs and alcohol. Now because of that intense focus, there were all these problems. There wasn’t the transport infrastructure, so you couldn’t get away. There wasn’t the security of properly trained bouncers, who didn’t actually incite violence. So, if you’re thinking of a night-time economy you’ve got to be thinking about the night-time infrastructure, not just the alcohol.

“There are certain vested interests who will have you think that it’s all about the alcohol sales, but there’s a lot more to a vibrant, night-time economy.”

In his independent findings, Justice Callinan found that “more than a small number” of the venues which had had their closure attributed to the introduction of the lockout laws by those seeking their repeal had actually shut their doors for other unrelated reasons. He also found that data from these same sources had been “exaggerated”.¹⁸

Justice Callinan also said: “...as with evidence generally, it is necessary and appropriate to have regard to the interest, both of a personal and financial nature, of the critics. Unlike licensees and other opponents, the medical and other professionals are not interested in any financial sense, and seek to speak in a broad public interest.”¹⁹

And on occasion, it’s clear that the lockout laws have become a useful scapegoat for a range of challenges that have far more to do with a music and cultural scene in flux and the changing way in which Sydneysiders seek out entertainment.

In evidence to the NSW Legislative Council’s inquiry into the music and arts economy in NSW, Mr Paul Newson, the Deputy Secretary of Liquor & Gaming NSW stated:

“There is no doubt and no disputing that venues close, there is a venue churn and that a number of venues closed as a result of our intervention in Kings Cross and, more modestly, in the Sydney central business district [CBD] precinct. I certainly do not cavil with that. As to what the reasons were for those closures, it is all too easy to make an ambit claim that ‘venue X closed because of the lockout laws.’”²⁰

¹⁷ Deloitte Access Economics, *ImagineSydney: Play*, 2019

¹⁸ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016

¹⁹ *ibid*

²⁰ Evidence to the NSW Legislative Council’s inquiry into the music and arts economy in NSW, Mr Paul Newson, Deputy Secretary, Liquor & Gaming NSW, and Office of Racing, 14 September 2018, p 27

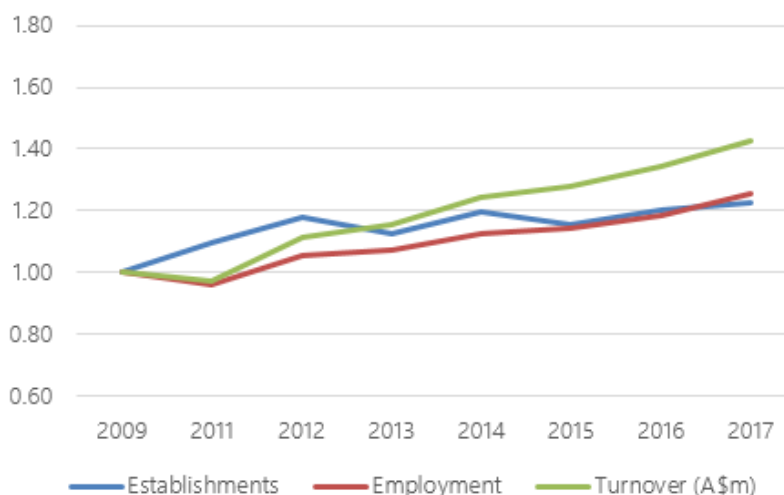
4.2 The health of Sydney’s night-time economy, post-lockout laws

Sydney has the strongest and most concentrated night-time economy in Australia²¹, with year-on-year growth since 2011. In 2017, the drinks sub-sector saw increases in the number of establishments (4.9%), employment (8.7%) and turnover (6.5%).

Key facts about Sydney’s night-time economy, as stated in the Council of Capital City Lord Mayor’s 2018 report, include:²²

- The number of establishments in Sydney’s night-time economy grew in 2014 (4,756 businesses, up 6.2%), saw a temporary decrease in 2015 (4,607 businesses, down 3.2%), reached an all-time high in 2016 (4,784 businesses, up 3.8%) and again in 2017 (4,872 businesses, up 1.8%).
- Sydney saw its biggest decrease in the number of establishments between 2012 and 2013, before the measures were even introduced (down 4.5%).
- Employment and revenue in the Sydney night-time economy has not once decreased since 2011.

Figure 7. Trends in Sydney’s core night-time economy indicates consistent growth in employment and revenue since 2011



Source – Council of Lord Mayor’s 2018 Report.

An examination of foot traffic statistics from the area – often used to depict the negative impact of the last drinks measures on the city’s entertainment district (eg: NSW MLC, The Hon Robert Borsak, claimed foot traffic in Kings Cross had fallen by 84% and 176

²¹ 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.

²² ibid

licensed premises had closed in the Sydney CBD and Kings Cross as a result of the lockout laws)²³ – is further evidence that the arguments put forward by some opponents are based on exaggeration.

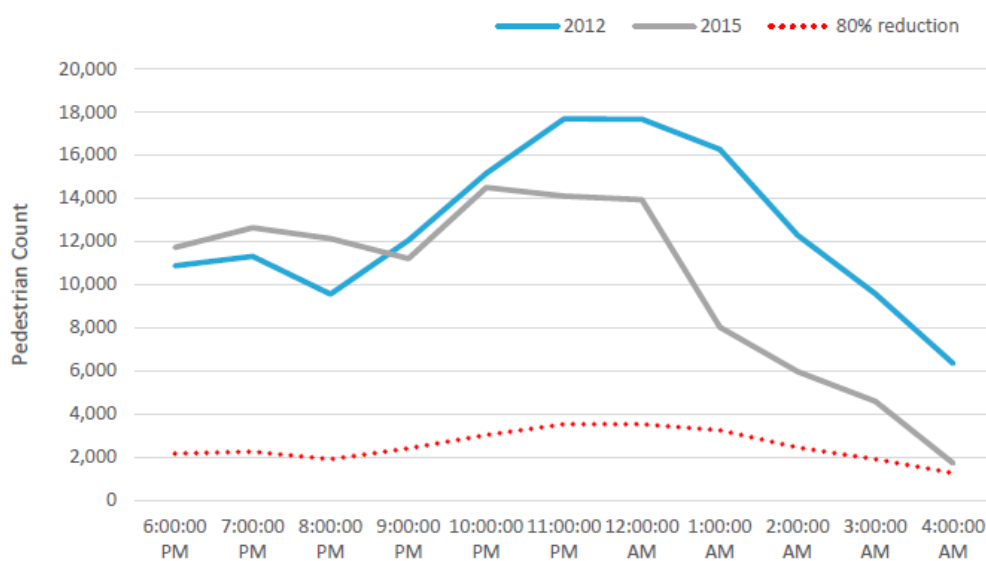
The observed reduction in total pedestrian count over Friday and Saturday evenings was a relatively modest 19.4% between 2012 and 2015. This included a 25.9% reduction on Friday night and 12.9% reduction on Saturday night.

The total reduction in pedestrian traffic before 1am (inclusive) was just 10.4% and not statistically significant ($T = 22.0$, $z = -1.33$ (corrected for ties), $N - \text{Ties} = 12$, $p = .182$).²⁴

Taken together, far from suggesting a large adverse impact, the data indicates that pedestrian traffic did not change significantly outside of lockout times and that the measures were successful in reducing pedestrian traffic after 1:30am.

This is consistent with policy intentions to reduce harm while continuing to support a sustainable and diverse night-time economy. That pedestrian traffic was not found to reduce significantly earlier in the evening, prior to commencement of the lockout, is contrary to arguments suggesting that patronage has declined.

Figure 8: Kings Cross hourly pedestrian foot traffic, 2012 and 2015.



Source: City of Sydney – Late Night Management Areas Research data

Source: City of Sydney – Late Night Management Areas Research data. The grey line indicates a slight reduction in pedestrian count, which is significantly less than the 80 per cent claim, indicated by the red dotted line.

In the 12 months following the introduction of the measures there was a net reduction of 46 alcohol outlets in the City of Sydney, which has since returned to pre-2014 numbers.²⁵

²³ Speech by Hon Robert Borsak, Liquor Legislation Amendment (Repeal of Lock-out Laws) Bill 2019, NSW Legislative Council, 30 May 2019

²⁴ Foundation for Alcohol Research and Education (2016). Correcting the Sydney lockout myths. Canberra: Australia.

²⁵ 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.

Between 2012 and 2015, there was a net reduction of just four businesses operating across Friday and Saturday nights in Kings Cross. While a number did close, at least 70 new ones opened. Relative stability in the number of businesses observed in the night-time economy is also reflected in licensing data from Liquor & Gaming NSW.²⁶

Over the period, the number of liquor licences in the City of Sydney increased by 3.7%. This increase was more than twice the rate of NSW population growth over the same period (1.4%), indicating an increase in the number of liquor licences per capita.²⁷

By individual licence type:

- The number of *Club Licences* decreased by a total of three, from 34 on 1 July 2014 to 31 on 1 July 2015.
- The number of *Hotel Licences* remained stable at 355.
- There was growth in the number of *On-premises, Packaged liquor* and *Wholesaler Licences* (with 4.4%, 3.0% and 2.9% growth respectively).
- There were seven new *Small Bar Licences* granted, representing 78% growth.

It's also worth noting the following excerpt from the independent Callinan review²⁸:

"Kings Cross was in transition before the Amendments were enacted. The streetscape was evolving, and, it has been reported, a reduction in the number of brothels and like establishments had occurred. Richard Guilliat in an article in the Australian Magazine²⁹ colourfully described this evolution."

In relation to whether a 3am/3.30am 'last drinks' policy in Sydney's CBD and Kings Cross undermines the city's status as an international city, many major cities around the world – such as Los Angeles – have comparable 'last drinks' times to Sydney, and often earlier.

In his independent review of the last drinks measures in 2016, Justice Ian Callinan found "it is an overstatement to say that Sydney is totally out of step with, or inferior to major international cities because it has a requirement of cessation of service. To the contrary, a requirement of cessation of service is applied in many cities which were described by submitters as global and vibrant...Paris, Rome and in Los Angeles, and also in Montreal and Vancouver, times of cessation of service are similar to Sydney."³⁰

²⁶ Office of Liquor, Gaming and Racing. (August 19, 2016). Custom data request provided to the Foundation for Alcohol Research and Education.

²⁷ Australian Bureau of Statistics. (2016). *Cat. No. 3101.0 Australian Demographic Statistics, Dec 2015*. Retrieved from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Dec%202015?OpenDocument>

²⁸ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016, pg 38

²⁹ 'Sunset Strip', Australian Magazine, 5-6 March 2016 pp 12-16.

³⁰ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016, pg 67

Justice Callinan further made the point:

“States and cities will tailor their own regulatory responses according to the circumstances which they have to confront, circumstances which may change from locality to locality, age group to age group and from time to time. Various cities have differing international visitor profiles. Proximity of venues to residences may vary from place to place. Drinking ages differ. Per capital alcohol consumption is not the same everywhere. Geography, culture (including drinking culture), and societal values will influence both peoples’ attitude to alcohol and their response to it.”³¹

While the CBD/Kings Cross entertainment precinct has a 1.30am or 2am last entry or ‘lock out’, and a last drinks time of 3am or 3.30am, venues regularly remain open as late as 6am selling non-alcoholic beverages and entertaining patrons.

Many international cities that are synonymous with a vibrant night-life have mandated closing times around 2am.

Vibrant global cities with early closing times include:

- All licenced venues in Los Angeles and across the state of California must close by 2am.
- In Dublin and throughout Ireland bars and pubs have a 12.30am closing time and nightclubs close at 2.30am.
- Ibiza, one of the world’s most infamous party destinations, has a 3am shut-down in the ‘west end’ party strip.
- All venues in New York City must close their doors by 4am. The closing time is 2am for the rest of New York State.
- Glasgow pubs must close by midnight and nightclubs close by 3am.
- In Bangkok and throughout Thailand licenced venues must close by midnight.
- Vancouver, Boston, Toronto, and Cape Town all have 2am closing times.

Sydney is one of many international nightlife hotspots with restrictions to trading hours. In fact, many venues in Sydney stay open later than pubs and clubs in the above listed cities. Last entry and last drinks strike a fair balance between harm minimisation and late-night partying.

³¹ Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016, pg 68

Associate Professor Nadine Ezard

Clinical Director Alcohol and Drug Unit, St Vincent's Hospital Sydney

"I find it interesting – that international city argument – because we know that many international cities, that have international status, actually do stop serving alcohol after a certain time, and on that measure Sydney would be on par with some of the world's greatest cities. And also we know there are many ways to have fun and it's not just about alcohol. So, the way we talk about this – that alcohol is the only reason we have vibrancy; that it's the only thing important in a night-time economy – that would make us *not* an international city.

"So we need to be promoting all the other things we do well here, and all the other things that we enjoy, and the argument that you can't get into a club and get a drink at 2am makes it a very narrow argument."

Finally, there is strong community support in NSW for alcohol harm-minimisation policies.

The Foundation for Alcohol Research and Education's (FARE) most recent Annual Alcohol Poll conducted by YouGov Galaxy found:³²

- 80% support a closing time for pubs, clubs and bars of no later than 3am;
- 67% support placing a limit of four drinks on the number of drinks a person can purchase at one time after 10pm; and
- 57% support introducing a 1am lockout for pubs, clubs and bars.

There is also widespread support for the policies among young people with 80% of 18-34-year-olds supporting a closing time for pubs, clubs and bars of no later than 3am. A 1am lockout also received majority support (54 per cent) from 18-24 year olds.³³

Removing or weakening the late night measures is at odds with community sentiment and disregards their concerns and opinions.

5. Conclusion

Given the extensive body of evidence related to alcohol harms, and the prevalence of alcohol-related violence and injuries in Sydney's CBD and Kings Cross area pre-2014 – including its own experience as a hospital responding on the frontline of the problem – St Vincent's Health Network Sydney believes that the suite of measures, commonly known as the 'lockout laws', were, and very much remain, a necessary and timely intervention.

Further, St Vincent's believes the evidence since 2014, in terms of a reduction in alcohol-related assaults in the precinct, the minimal displacement of alcohol-related violence to nearby suburbs, and the hospital's own data showing the effectiveness of the measures in

³² Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

³³ Foundation for Alcohol Research Education (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra

decreasing alcohol-related presentations – all with barely a slowdown on the city’s vibrancy and night-time economy – shows they have been a success, a judgement shared by the independent Callinan review in late 2016, delivered only two-and-half years ago.

Based on these factors, St Vincent’s believes there is compelling evidence that the measures should be maintained.

St Vincent’s also places on the record its willingness to be a part of a community conversation about boosting Sydney’s vibrancy and night-time economy, both of which can be achieved without increasing access to alcohol.

In compiling this submission, St Vincent’s leaves the final word to its frontline clinicians who responded in the following way when asked if they had a message for Committee members...

Associate Professor Paul Preisz
Director of Emergency, St Vincent’s Hospital Sydney

“I think the lockout laws have worked.

“When I have this argument with others [about alternatives to the lockout laws] I tend to say, ‘Well, show me something proven that will work and that we can use in addition or instead,’ because the idea of winding back to where we were in 2012 seems like a terrible idea. You would need very good evidence that what you were doing instead was likely to work. And so that’s my position on it.”

Dr Mark Winder
Head of Neurosurgery, Director of Clinical Training, St Vincent’s Hospital Sydney

“I think the thing which gets to me is...the cost of, and the change to, families with the morbidity not the mortality, which is extraordinary: you go to rehab for 64 months, you can’t feed yourself, you can’t add up anything, and you don’t know how to function in society. You’re always requiring care and attendance. And people see it as a great outcome that he survived but how that affects families and the cost to the community...it’s extraordinary.

“It’s one to two million dollars in rehabilitation for a patient to go through that. And yet we as a society look at that and say ‘Why don’t we relax the lockout laws? And let’s not be a nanny state and get people to go out,’ but the impact is we only need two or three of those to blow out budgets left, right and centre, let alone destroy somebody’s life.”

Associate Professor Anthony Grabs
Director of Trauma, St Vincent’s Hospital Sydney

“My message to MPs is: we are not against people going out and having a good time and sensibly drinking alcohol. But what we can’t have is a situation where venues continue to trade for all hours, serving all types of alcohol, at the drop of a hat, with no conscience and responsibility of what they’re doing.

“Because these people that are selling alcohol, you know, in high volumes, I don’t think are thinking about the consequences to our community. I think they’re thinking about profits for their businesses.”

6. Appendix 1 - Alcohol-related harms

The effects of alcohol-related harm extend far beyond the individual and include the health system along with social and economic costs to families, communities and society at large.

Alcohol abuse or intoxication is implicated in violence – both domestic and public – unemployment, financial problems and poverty, drink driving, traffic accidents, industrial and work accidents, fires, falls, homelessness, and suicide.

In June 2019, SVHS' sister hospital, St Vincent's Melbourne, funded and coordinated Australia's first study of drug harms.³⁴

The study evaluated 22 drugs and ranked them based on the harms they cause individual users – such as illness, injury and death – as well as the harms they cause the community, including relationship breakdown, violence and other crime.

It involved input and decision-making from 24 experts across Australia involved in research, treatment services in addiction medicine, psychiatry, pain medicine, women and children, youth, Aboriginal health, homeless services, emergency services, police and justice.

Of all the drugs evaluated, alcohol was ranked the most harmful drug *overall* when harm to individuals and community were combined, followed by crystal methamphetamine, heroin and fentanyl.

6.1 Financial, social and health impact

The social costs of alcohol abuse in Australia has been estimated at \$14.35 billion with the highest cost associated through productivity losses (42.1%), traffic accidents (25.5%) and cost to the criminal justice system (20.6%).³⁵

In NSW, the NSW Auditor-General costed the impact of alcohol abuse on the state at \$3.87 billion.³⁶

Alcohol is second only to tobacco as the leading preventable cause of death and hospitalisation in Australia,³⁷ and is one of the top five risk factors contributing to the burden of disease.³⁸

³⁴ Journal of Psychopharmacology, *The Australian drug harms ranking study*, Yvonne Bonomo et al, 2019

³⁵ Manning M, Smith C & Mazerolle P. 2013. [The societal costs of alcohol misuse in Australia](#). Trends & issues in crime and criminal justice No. 454. Canberra: Australian Institute of Criminology. Viewed 4 April 2018.

³⁶ Cost of alcohol abuse to the NSW Government. New South Wales Auditor-General's Report, Performance Audit. Sydney: Audit Office of NSW, 2013

³⁷ NHMRC (National Health and Medical Research Council) 2009, '[Australian Guidelines to Reduce Health Risks from Drinking Alcohol](#)'.

³⁸ AIHW 2016, [Australian burden of disease study: Impact and causes of illness and death in Australia 2011](#). Series no.3. BOD 4. Canberra: AIHW. Viewed 18 October 2017.

Analysis of alcohol-attributable deaths and hospitalisations in Australia estimates that close to 6,000 Australians died of alcohol-attributable disease and injury each year,³⁹ while alcohol accounts for half of the approximately 135,000 drug-related hospital separations.⁴⁰

Alcohol is responsible for more than 37 emergency department presentations, 147 hospitalisations and three deaths every day in NSW.⁴¹

The Australasian College of Emergency Medicine's (ACEM) 2017 Alcohol Snapshot Survey found one-in-eight patients in Australian EDs were there as a result of harmful alcohol use.⁴²

The same body's 2018 snapshot (released June 2019) of Emergency Departments in Australia and New Zealand – with data collected at 2am Sunday morning, 16 December 2018 – found that 13% of patients in NSW EDs were there due to alcohol-related reasons. For comparison, 2.3% of patients had presented at the same time with methamphetamine-related reasons.⁴³

Similar data produced by the [Driving Change](#) project – a collaboration between ACEM and a range of Australian hospitals, including St Vincent's hospitals in Sydney and Melbourne, and university partners – found that one-in-10 patients presenting to St Vincent's Hospital Melbourne's ED did so after drinking alcohol. On weekends, the figure increased to one-in-four.⁴⁴

Close to 3% of all recent drinkers are injured while under the influence of alcohol and require medical attention, while 1.3% required admission to hospital for their injuries.⁴⁵

Unsurprisingly, this risk increases for people who drink more. More than 8% of people who consumed 11 or more standard drinks at least monthly, require medical attention for their injuries.⁴⁶

6.2 Alcohol-related violence

There is also a sizable volume of evidence that shows a strong relationship between the availability and supply of alcohol – particularly at licensed premises – and the prevalence and severity of associated harms, including violence, both in Australia and overseas.

Research shows that heavy drinking and intoxication are associated with physical aggression.

³⁹ Lensvelt, E., Gilmore, W., Liang, W., Sherk, A. and Chikritzhs, T. 2018. Estimated alcohol-attributable deaths and hospitalisations in Australia 2004 to 2015. National Alcohol Indicators, Bulletin 16. Perth: National Drug Research Institute, Curtin University.

⁴⁰ AIHW 2018a. [Drug related hospitalisations](#). Canberra: AIHW. Viewed 30 November 2018

⁴¹ New South Wales Health (2017). NSW health stats. Retrieved from:

http://www.healthstats.nsw.gov.au/IndicatorGroup/IndicatorViewList?code=beh_alc&topic=topic_alcohol&name=AlcoholTopic

⁴² <https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Workplace-health-and-safety/Alcohol-harm-in-the-ED>

⁴³ https://acem.org.au/getmedia/3e940b76-3215-4b6f-a6ae-97b4d30d1d95/2019-Alcohol-and-methamphetamine-snapshot-survey_R2

⁴⁴ <https://acem.org.au/News/Dec-2018/Alcohol-burden-on-emergency-department-up-to-a-quarter>

⁴⁵ Australian Institute of Health and Welfare (AIHW) 2017. [National drug strategy household survey 2016: detailed findings](#). Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Viewed 14 December 2017.

⁴⁶ Ibid.

In NSW, one-third of both non-domestic and domestic assaults are alcohol-related.⁴⁷

Alcohol increases the likelihood, frequency and severity of violence against women.⁴⁸

In fact, for every 10,000 additional litres of pure alcohol sold at a packaged liquor outlet, the risk of violence experienced in a residential setting increases by 26%.⁴⁹

A study of assault offenders by the Australian Institute of Criminology found those charged with assault on Friday and Saturday nights are more likely than those charged at other times to have consumed alcohol in the past 48 hours and attribute alcohol as a factor in their offending.⁵⁰

Assault offenders also consumed substantial amounts of alcohol in the lead up to their arrest (median number of standard drinks = 14) and 30% had been drinking at licensed premises.⁵¹

The 2016 National Drug Strategy Household Survey showed that among recent drinkers, one-in-four (24%) had been a victim of an alcohol-related incident in the previous 12 months, including being verbally or physically abused, or put in fear in the last 12 months, by persons under the influence of, or affected by alcohol.⁵²

6.3 Licensed venues and trading hours

The strong connection between licensed venues and alcohol-related violence is confirmed again and again by the research.

A NSW Bureau of Crime Statistics and Research (BOCSAR) report in 2010 identified that a large amount of assaults occurred in, or within very close proximity, to hotels and nightclubs.⁵³

A similar Australian study found that over 40% of all assaults occur in or around licensed premises.⁵⁴

Research also shows that extending late-night trading hours of licensed venues leads to increased consumption and related harms.⁵⁵

⁴⁷ https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Alcohol_Related_Violence.aspx

⁴⁸ Out of the shadows - Domestic and family violence: a leading cause of homelessness in Australia, Mission Australia, 2019

⁴⁹ Liang, W., Chikritzhs, T. (2011) Revealing the link between licensed outlets and violence: counting venues versus measuring alcohol availability. Australasian Professional Society on Alcohol and other Drugs.

⁵⁰ Australian Institute of Criminology, Sweeney and Payne, Alcohol and assault on Friday and Saturday nights: Findings from the DUMA program, 2011

⁵¹ *ibid*

⁵² Australian Institute of Health and Welfare (AIHW) 2017. [National drug strategy household survey 2016: detailed findings](#). Drug statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW. Viewed 14 December 2017.

⁵³ Fitzgerald, J., Mason, A., & Borzycki, C. (2010). The nature of assaults recorded on licensed premises. Bureau Brief (No. 43). Sydney: NSW Bureau of Crime Statistics and Research.

⁵⁴ Ireland, C., & Thommeny, J. The crime cocktail: Licensed premises, alcohol and street offences. Drug & Alcohol Review, 1993

⁵⁵ Crime Prevention and Community Safety, Do Relaxed Trading Hours for Bars and Clubs Mean More Relaxed Drinking? A Review of International Research on the Impacts of Changes to Permitted Hours of Drinking, Stockwell and Chikritzhs, 2009

In 2015, a trial on the impact of extended trading hours in two of five entertainment precincts in Amsterdam showed a 34% increase in alcohol-related ambulance requests and occurred later in the night.⁵⁶

In Norway, a study evaluated the effects of both trading extensions and restrictions on the number of assaults. It found, in both directions, a 16% change in reported assaults with each one-hour adjustment in trading hours.⁵⁷

In the US state of New York, research shows that every additional hour of trading was associated with a greater reported incidence of violent crimes.⁵⁸

In the Australian context, changes to licensed venue closing times from 5am to 3.30 am introduced in the Newcastle CBD in 2008 also provide a useful case study. Research into the impact of the Newcastle reforms found that restricting on-site trading hours at licensed venues had delivered:

- a substantial (37%) reduction in non-domestic assaults requiring police attention;⁵⁹
- five years after the reforms, this reduction in assaults had been sustained while in a comparator city (Hamilton) the assault rate had not declined over the same period;⁶⁰
- a significant decrease in injury-related ED presentations – an estimated 344 ED attendances were prevented each year (from a population of 308,000).⁶¹

Victoria is often held up by opponents of the lockout laws as being a comparable Australian state to NSW that has managed to control alcohol-related violence without having to introduce similar measures.

However, the latest data from Crime Statistics Agency Victoria on the number of assaults associated with licensed venues in Victoria shows that incidents are on the rise, having increased by 13% over the last two years.

⁵⁶ De Goeij MCM, Veldhuizen EM, Buster MCA, Kunst AE. The impact of extended closing times of alcohol outlets on alcohol-related injuries in the nightlife areas of Amsterdam: a controlled before-and-after evaluation. *Addiction*. 2015; 110(6): 955–64. <https://doi.org/10.1111/add.12886> PMID:25689068

⁵⁷ Rossow I, Norström T. The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction*. 2012; 107(3): 530–37. <https://doi.org/10.1111/j.1360-0443.2011.03643.x> PMID:21906198 PMID:PMC3380552

⁵⁸ Schofield, Timothy P., and Thomas F. Denson. (2013) "Alcohol outlet business hours and violent crime in New York State." *Alcohol and alcoholism* 48.3: 363-369.

⁵⁹ Kypri, Kypros, et al. (2011) "Effects of restricting pub closing times on night-time assaults in an Australian city." *Addiction* 106.2: 303-310.

⁶⁰ Kypri, Kypros, Patrick McElduff, and Peter Miller. (2014) "Restrictions in pub closing times and lockouts in Newcastle, Australia five years on." *Drug and alcohol review* 33.3: 323-326.

⁶¹ Miller, Peter, et al. (2014) "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 and alcohol review* 33.3: 314-322.

Figure 9. Number of assaults associated with Victorian licensed venues

	Jan to Dec 2016	Jan to Dec 2017	Jan to Dec 2018
Assault and related offences	669	738	757

The harms associated with alcohol, and the increasing scientific evidence regarding the health outcomes influenced by alcohol, is persuasive to anyone involved in health care and clearly indicates that it is appropriate for reasonable action to be taken to curtail its harms.

7. Appendix 2 - St Vincent's Health Australia

St Vincent's Health Network Sydney (SVHNS) is part of St Vincent's Health Australia (SVHA), the nation's largest not-for-profit health and aged care provider. SVHA operates two public hospitals, 10 private hospitals and 18 aged care facilities in Queensland, New South Wales and Victoria. Along with three co-located research institutes – the Victor Chang Cardiac Research Institute, the Garvan Institute of Medical Research and St Vincent's Institute of Medical Research – SVHA works in close partnership with other research bodies, universities, and health care providers.

SVHA has been providing health care in Australia for over 160 years, since its first hospital – St Vincent's Hospital Sydney – was established in Darlinghurst in 1857 by the Sisters of Charity. When the first five Sisters arrived in Australia in 1838 they carried with them the vision of their Founder, Mary Aikenhead, to reach out to all in need of care and particularly to the poor and vulnerable. It is the legacy entrusted to us by the Sisters of Charity that continues to inspire St Vincent's Health Australia to strengthen and grow our mission.

SVHA employs over 19,000 staff and operates more than 2,600 hospital beds and 1,100 residential aged care places. In our hospitals, we provide more than 1 million episodes of care for patients each year.

SVHA is a clinical and education leader with a national and international reputation in medical research. Our areas of expertise include mental health; drug and alcohol services; homeless health; prisoner health; heart lung transplantation; bone marrow transplantation; cardiology; neurosurgery; cancer; clinical genomics; HIV medicine; palliative care; respiratory medicine; and aged psychiatry.

In 2016, St Vincent's Health Australia published *Restoring the Balance – A New Approach to Alcohol in Australia*, the national organisation's policy framework for reducing alcohol-related harms and violence. The policy was built on an extensive environment scan and interviews with more than 80 experts – many of them national and international leaders in their field – on the social and health effects of alcohol.⁶²

The goal of the policy is to prevent and reduce alcohol-related harm, in the same way efforts such as seat belts, plain cigarette packaging, random breath testing, immunisation, sun protection, and HIV awareness have prevented and reduced harms in other areas.

⁶² <http://www.restoringthebalance.org.au/>



St Vincent's Health Australia Ltd

ABN 75 073 503 536

Level 22, 100 William Street
Woolloomooloo NSW 2011

Telephone 02 9367 1100

Facsimile 02 9367 1199

www.svha.org.au

For further information: A/Professor Anthony Schembri, CEO, St
Vincent's Health Network Sydney

PH: 02 8382 2083

Email: Anthony.Schembri@svha.org.au