



From the President

12 January 2018



Via Email: [Redacted]

Dear Mr Horton QC

The Royal Australasian College of Physicians' submission to the Newcastle CBD Liquor Licence Conditions Review

The Royal Australasian College of Physicians (RACP) is the professional medical college of over 15,000 physicians and 7,500 trainee physicians, often referred to as specialists, in Australia and New Zealand. RACP members include addiction medicine specialists, gastroenterologists, neurologists, cardiologists, and public health physicians – all specialties involved with the treatment of patients with alcohol-related problems.

The RACP, together with the Royal Australian and New Zealand College of Psychiatrists has published Alcohol Policy, updated in March 2016¹. The positions in this submission are based on this Alcohol Policy, a copy of which is enclosed, and also supported by recent cited evidence.

The Royal Australasian College of Physicians strongly advocates for the Newcastle conditions to be maintained.

The current level of alcohol-related problems in Australia is highly significant. Alcohol results in over 5,500 deaths per year and over 155,000 hospital admissions². Alcohol is associated with 14 to 27 per cent of hospital emergency department presentations^{3, 4}. One in three car

¹ Royal Australasian College of Physicians and Royal Australian and New Zealand College of Psychiatrists (2016). Alcohol Policy. Available online and enclosed: <https://www.racp.edu.au/docs/default-source/advocacy-library/pa-racp-ranzcp-alcohol-policy.pdf> [last accessed 02/01/2018]

² Gao C, Ogeil R, Lloyd B. (2014), Alcohol's burden of disease in Australia. FARE and VicHealth in collaboration with Turning Point.

³ Egerton-Warburton D, Gosbell A, Wadsworth A, Fatovich DM, Richardson DB. (2014) Survey of alcohol-related presentations to Australasian emergency departments. The Medical Journal of Australia. 2014 Nov 17;201(10):584-7.

⁴ Butler K, Reeve R, Arora S, Viney R, Goodall S, Gool K, Burns L. (2016), The hidden costs of drug and alcohol use in hospital emergency departments. Drug and alcohol review. 2016 May 1;35(3):359-66.

crash deaths are alcohol-related⁵. Up to two-thirds of family violence assaults are alcohol-related, as well as up to nearly half all cases of child abuse⁶. One in four Australians drink too much each month and one in five Australians have experienced alcohol-related verbal abuse in the past year⁷.

Alcohol misuse has been estimated to cost Australia up to \$A36 billion⁸ each year while bringing in a taxation revenue of approximately \$A8.6 billion per year⁹ (this figure includes GST¹⁰).

Alcohol is widely available and extensively advertised. Despite the minimum legal age of 18, current regulations on free to air television¹¹ and other media¹² do not protect children who continue to be saturated with alcohol advertising. It has been demonstrated that exposure to alcohol advertising encourages early initiation into alcohol use¹³, as well as putting young people at greater risk of engaging in harmful and risky levels of alcohol consumption¹⁴ and developing long term alcohol use disorders.¹⁵

There is robust international¹⁶ and Australian evidence¹⁷ that alcohol availability, through hotels and bottle shops, is strongly linked to alcohol-related harm (such as violence, drink driving, pedestrian casualties and higher incarceration rates) and that reductions in alcohol availability results in decreased alcohol-related harm.

Restrictions in alcohol trading hours in the fourteen Newcastle hotels have been highly successful. They have resulted in a significant and sustained reduction in alcohol-related violence, demonstrated by academic publications from researchers at Newcastle University and elsewhere. The restriction in alcohol availability resulted in an immediate decrease of

⁵ Devlin A, Fitzharris M. (2013), An analysis of single-vehicle fatality crashes in Australia at various Blood Alcohol Concentrations. In Australasian Road Safety Research Policing Education Conference, 2013, Brisbane, Queensland, Australia 2013 Aug.

⁶ Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education

⁷ Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW

⁸ Laslett et al (2010), The Range and Magnitude of Alcohols Harm to Others. Available online:

<https://www.fare.org.au/wp-content/uploads/research/The-Range-and-Magnitude-of-Alcohols-Harm-to-Others.pdf> [last accessed 02/01/2018]

⁹ Doran CM, Byrnes JM, Cobiac LJ, Vandenberg B, Vos T. (2013), Estimated impacts of alternative Australian alcohol taxation structures on consumption, public health and government revenues. *Med J Aust*. 2013 Nov 4;199(9):619-22.

¹⁰ Parliamentary Budget Office . Report no. 03/2015, Alcohol Taxation in Australia.

¹¹ O'Brien KS, Carr S, Ferris J, Room R, Miller P, Livingston M, Kypri K, Lynott D. (2015), Alcohol advertising in sport and non-sport TV in Australia, during children's viewing times. *PLoS one*. 2015 Aug 11;10(8):e0134889.

¹² RACP submission: NSW Inquiry into Alcoholic Beverages Advertising Prohibition Bill November 2017.

¹³ Wyllie A., Zhang J. F., Casswell S. Responses to televised alcohol advertisements associated with drinking behaviour of 10–17-year-olds. *Addiction* 1998; 93: 361–71; Jernigan, D., Noel, J., Landon, J., Thornton, N., and Lobstein, T. (2017) Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112: 7–20.

¹⁴ Wyllie A., Zhang J. F., Casswell S. Responses to televised alcohol advertisements associated with drinking behaviour of 10–17-year-olds. *Addiction* 1998; 93: 361–71; Jernigan, D., Noel, J., Landon, J., Thornton, N., and Lobstein, T. (2017) Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*, 112: 7–20.

¹⁵ Grenard JL, Dent CW, Stacy AW. Exposure to Alcohol Advertisements and Teenage Alcohol-Related Problems. *Pediatrics*. 2013;131(2):e369-e379. doi:10.1542/peds.2012-1480.

¹⁶ Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K. *et al.* (2010), Alcohol: No Ordinary Commodity—Research and Public Policy. *Oxford, UK: Oxford University Press*; 2010

¹⁷ Donnelley N et al.(2006), Liquor outlet concentrations and alcohol-related neighbourhood problems.

Sydney: Bureau of Crime Statistics and Research, Sydney; 2006; Chikritzhs P, Catalano P, Pascal R, Henrickson N. (2007), Predicting alcohol-related harms from licensed density: a feasibility study. Hobart: National Drug Law Enforcement Research Fund: 2007, pp. x–xv; Livingston M. (2008), A longitudinal analysis of alcohol outlet density and assault. *Alcoholism: Clinical & Experimental Research* 2008;32(6):1074–1079.

alcohol-related violence of 37 per cent¹⁸ that has been sustained with a decrease of alcohol-related assaults by 21 per cent five years after the introduction of the Newcastle conditions¹⁹.

This scientific evidence is also supported by the latest data from the Bureau of Crime Statistics and Research (BOCSAR). From October 2007 to September 2017, there has been an extraordinary 79 per cent reduction in the non-domestic assaults recorded by police in Newcastle and Newcastle West on Friday and Saturday nights²⁰.

Contrary to the claims of the alcohol industry that the measures have resulted in business closures and have damaged Newcastle's nightlife, at the same time, the number of on-premise liquor licenses in the Newcastle CBD has increased, rather than declined.

There is very strong community support from Newcastle residents for the current conditions. A survey of Lower Hunter household members found that 77 per cent of community members supported the reduced trading hours conditions and 80 per cent of community members supported the lock-out conditions.²¹

There is also significant support among NSW adults for alcohol harm-minimisation policies:

²²

- 80 per cent support a closing time for pubs, clubs and bars of no later than 3am
- 68 per cent support stopping the sale of alcohol 30 minutes before closing time
- 67 per cent support placing a limit of four drinks on the number of drinks a person can purchase at one time after 10pm

The evidence above demonstrates the Newcastle conditions are effective in reducing alcohol-related violence, have earned the support of the community and have not prevented business development. It is clear that these conditions should remain in place; indeed, there is absolutely no rationale for their removal or watering down.

Thank you for the opportunity to make this submission. Should you require any further information, please contact [REDACTED]

Yours sincerely

[REDACTED]

Dr Catherine Yelland PSM

Enc.: RACP and RANZCP (2016) Alcohol Policy

¹⁸ Kypri, K., Jones, C., McElduff, P., & Barker, D.J. (2011). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction* 106 (2): 303-310.

¹⁹ Kypri, K., McElduff, P. & Miller, P. (2014). Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. *Drug and Alcohol Review* 33(3): 323-6.

²⁰ NSW Bureau of Crime Statistics and Research. (2017). NSW Recorded Crime Statistics Oct 2000 to Sep 2017: Number of non-domestic violence related assaults recorded by the NSW Police Force in Newcastle and Newcastle West as occurring on Friday and Saturday nights, 10pm to 6am. Reference: jh17-15776

²¹ Wiggers, J. Presentation. Research evidence for reducing alcohol-related harm and impact of Newcastle s104 licensing conditions - 2008-2011. University of Newcastle.

²² Foundation for Alcohol Research Education (FARE) (2017). Annual Alcohol Poll: Attitudes and behaviours. FARE: Canberra