1 February 2021

Ms Nuatali Nelmes  
Lord Mayor of Newcastle  
City of Newcastle  
PO Box 489  
Newcastle, NSW 2300  

Via Email: mail@ncc.nsw.gov.au

Dear Ms Nelmes

Subject: Submission - Destination Management Plan

Thank you for the opportunity to make a submission to the City of Newcastle’s Draft Destination Management Plan. I am responding in my capacity as President of the Australasian Chapter of Addiction Medicine, Royal Australasian College of Physicians (RACP).

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians across 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.

Response to the Draft Newcastle Destination Management Plan

Despite ongoing and concerted advocacy from public health experts, including the RACP, alcohol remains one of the most harmful drugs in Australia and a leading contributor to disease. Alcohol is responsible for 4.6 percent of the total disease burden across Australia and is a factor in over 30 diseases and injuries.

While the prevalence of Fetal Alcohol Spectrum Disorders (FASD) in New South Wales – and in Australia – is unknown, it is believed that nationally alcohol is the most common preventable cause of neurodevelopmental disability. Qualitative reporting shows that many children who had been exposed to prenatal alcohol are experiencing learning and emotional difficulties, and that a considerable number of affected young people are coming into contact with the juvenile justice system.

Alcohol-related harms create enormous social and economic costs to Australian society, with estimates putting the figure at between $15 billion and $36 billion annually. This is a cost of between $604 and $1450 per person per year.

The RACP’s Alcohol Policy, developed jointly with the Royal Australian and New Zealand College of Psychiatry, provides an in-depth review of the evidence and provides
recommendations on effective policies to reduce the harms of alcohol\textsuperscript{i}. Evidence shows that a coordinated public health approach to reducing alcohol consumption is required to comprehensively tackle the harms associated with alcohol – this must involve all levels of government, including local government. The Newcastle City Council must demonstrate leadership in responding to alcohol related problems across its jurisdiction.

Robust evidence exists\textsuperscript{iv} to show that increasing alcohol trading hours, referred to in the Draft Newcastle Destination Management Plan as reversing the “lockout laws”, will be associated with an increased in alcohol related violence, reduction in local amenity and have a negative consequence in Newcastle being a safe environment. The Draft Newcastle Destination Management Plan calls for a revival of the night-time economy but does not adequately recognise the negative consequences of increase alcohol consumption, particularly alcohol related violence.

The Draft Plan attempts to frame this matter as a neutral need to increase trading hours, ignoring the negative impacts on local citizens, communities and health and social services. The text on page 47 is a clear example of this tactic.

The Plan should more clearly state and acknowledge the consequences of increased alcohol trading hours and involve health services and relevant community groups (e.g., the Local Drug Action Team) as stakeholders alongside other parties in further developing the night-time economy plan.

The RACP and the Australasian Chapter of Addiction Medicine would welcome an opportunity to meet with the Lord Mayor and discuss the Plan in more detail.

Should you have any questions about this letter, please contact Dr Dorota Sacha-Krol, Senior Policy & Advocacy Officer, on Policy@racp.edu.au.

Yours sincerely

Professor Nicholas Lintzeris
AChAM President

\textsuperscript{i} As of 30 June 2019.
\textsuperscript{iv} For a diagram showing the diversity of RACP medical specialities, training programs, and qualifications, see of the RACP Strategic Plan 2019-2021, p. 25