



Last Drinks Submission

Review of licence conditions for 14 Newcastle CBD venues

February 2018



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Introduction

On behalf of the paramedics, police officers, nurses, doctors and other hospital staff who work in Newcastle, as well as our broader membership, the Last Drinks coalition strongly opposes any winding back of the conditions established in 2008 ('the 2008 intervention'). The 2008 intervention was a necessary response to unacceptable levels of violence in the Newcastle CBD, and it:

- achieved large, sustained reductions in assaults,
- reduced the time spent by paramedics, police officers and staff in Hospital Emergency Departments responding to alcohol related harm, allowing them to better service the community in other ways and with less risk to their own safety, and
- facilitated a diversification of the Newcastle night time economy, allowing for safer and more inclusive access to night time entertainment.

We acknowledge the Review is being conducted by Jonathan Horton QC, who assisted the Hon. Ian Callinan AC in conducting the *Independent Liquor Law Review*. No doubt then Mr Horton will be well aware of the evidence which supports the effectiveness of the intervention in Newcastle, and its successful replication in Sydney's CBD and Kings Cross. The *Independent Liquor Law Review* received a wealth of information regarding the success of the 2008 intervention, and the evidence base which underpinned the approach.

The Last Drinks Submission will provide a perspective from all emergency services regarding the importance of the conditions established by the 2008 intervention, as well as some ways to further improve the operations of those conditions, including:

- introducing a mandatory Government-administered linked ID scanning system, based on the equivalent system in place in Kings Cross,
- ensure 10pm drink restrictions are uniformly applied, to prevent venues becoming 'feeders' to late trading venues,
- make the development, periodic update and compliance audit of the Plan of Management a condition of all licences, the contents of which are provided to ILGA and the NSWPF, and
- move closing times to 2am, consistent with the evidence which demonstrates every hour less of service results in a reduction in assaults of approximately 20%.

We also request that, if any changes to the conditions are made as a result of this Review, those changes be subject to periodic evaluation.

The Last Drinks coalition supports the submission prepared by the NSW ACT Alcohol Policy Alliance.

The Success of the 2008 Intervention

Reduction of Assaults

Prior to the 2008 intervention, Newcastle was one of the most violent places in NSW on Friday and Saturday nights. Paramedics and police officers went to one violent incident after another, breaking up brawls, arresting offenders, and assisting the victims of the carnage caused by groups of highly intoxicated people. Emergency Department staff were inundated with assault victims, and intoxicated and aggressive patients.

The 2008 intervention achieved major reductions in violence in the Newcastle CBD. A study by the School of Medicine and Public Health, University of Newcastle, published in the peer reviewed journal *Addiction*, attributed a 37% reduction in assaults to the intervention, when measured against a comparison entertainment precinct (Kypri et al. 2010). Assaults in the hours of 10pm to 6am fell from 99 per quarter to 67.7. This study measured a period of 18 months after the intervention.

These findings are supported by the Bureau of Crime Statistics and Research. This study used multiple data sources to measure the effect of the intervention. Police recorded crime showed a reduction of 133 recorded assaults between the hours of 10pm and 6am in the 12 months after the intervention (Jones et al. 2009). Using last place of consumption data, assaults linked directly to the affected premises fell by 83 in the year post-intervention. Based on rates of reporting crime to police, the author extrapolated that in just 12 months there could be as many as 429 people who were not assaulted that would have been but for the intervention.

There was no displacement of assaults to other areas, and no increase in assaults at earlier times. The effects measured were genuine reductions with no displacement.

A study of the 5-year post-intervention period showed the reductions were sustained over the longer term (Kypri et al. 2014).

As a result of the reductions in violence, our members have also witnessed a substantial reduction in the number of Emergency Department presentations. A peer-reviewed study measured oral and maxillofacial assault admissions. It found that pre-intervention there was a 14% increase per annum. Post-intervention there was a 21% decrease per annum, meaning a 31% relative rate ratio reduction (Hoffman et al. 2017). The School of Medicine and Population Health at the University of Newcastle made similar findings; 26% reduction in night time assault-related injury ED presentations (Wiggers Presentation).

The success of the intervention has been clearly and reliably demonstrated, with no credible evidence to refute that conclusion.

This means there have been thousands of people who have not been assaulted because of the intervention. This means less people suffering terrible injuries.

[The impact on emergency service workers](#)

Emergency service workers have experienced considerable changes since the 2008 intervention.

Prior to the intervention, paramedics and police officers spent the entirety of Friday and Saturday nights rushing from assault to assault, breaking up brawl after brawl. They had to deal with extremely violent intoxicated persons, while loading bloodied victims into ambulances. They experienced violence and abuse themselves.

Now, with the significantly less violence, they can spend more time serving the community in other ways. Police officers can engage in other duties, such as proactive duties to prevent other types of crime. Paramedics are more readily available to respond to other emergencies.

Emergency Department staff would previously describe scenes out of a war zone; people bloodied from assaults, intoxicated patients unconscious or vomiting, and a large prevalence of violence towards staff or other patients. Intoxicated patients require a considerable amount of human resources; multiple staff are needed to assist in deescalating aggression or restrain a violent person. Over 90% of ED staff reported being subject to verbal abuse, threats, or physical violence (Egerton-Warburton et al. 2014). This detracts from the care they can provide to other patients and places staff and other patients at risk.

The reduced number of intoxicated persons and facial injuries means ED staff are no longer so overworked by preventable injuries, and can provide a greater level of care to other patients.

There are stark differences for our members in Newcastle post the 2008 intervention. Because of this, our members are highly concerned by the proposition of relaxing certain conditions.

Community support

Despite the claims of the AHA and some stakeholders, there is overwhelming community support for the conditions introduced by the 2008 intervention. Professor John Wiggers of the University of Newcastle conducted a random household telephone survey in the Lower Hunter in 2010. The sample size was 376. The support for the conditions were:

- reduced trading hours – 77%,
- Lock-out – 80%,
- Responsible service of alcohol restrictions – 89% (Wiggers Presentation).

Similar levels of support can be found throughout NSW (Foundation for Alcohol Research Education 2017) and Australia (a survey of 932 respondents conducted by Essential Research between 13-18 July 2010 found 80% supported mandatory cessation of service. Support was strongest in NSW at 85%).

We acknowledge there are opponents to these conditions; mainly patrons who are dissatisfied with being unable to attend premises at times they would otherwise choose to do so, or business owners concerned that less people will attend entertainment precincts. But the *Callinan Review* found these consequences are legitimate objectives of alcohol regulation and harm minimisation strategies (Callinan 2016, see comments at p132 – para 6.15, p115 – para 5.76, p10 - para 17, and p98 – para 5.25). As is confirmed above, a large majority of people in Newcastle and around NSW agree that the conditions are justifiable and desirable.

The impact on the night time economy and entertainment

Contrary to claims by some opponents of the intervention, the reduction in assaults and improvements in safety has not been at the expense of the cultural benefits and night time economy of the entertainment precinct.

Police in Newcastle have identified a 110% increase in the total number of licensed premises, with a 140% increase in on-premise liquor licenses in the Newcastle CBD, largely made up of small bars and restaurants. This increase represents a diversification of the entertainment on offer in the Newcastle CBD. No longer is it dominated by booze warehouses whose business model relied on serving excessive amounts of alcohol to intoxicated patrons throughout the night. There is now a better mix of a variety of premises type, making for a safer, more enjoyable and more inclusive nightlife.

While overall Newcastle now has a more diversified and sustainable night time economy, as has been seen from the feedback from some industry stakeholders, particular businesses feel they have suffered because of the interventions. Where this is the case, this is an unfortunate but necessary by-product of prioritising public health over the profits of a specific (and harmful) private business. Impact on business is not a justification to wind back a successful public health policy, and in fact is frequently an inevitable consequence of regulation in many industries.

Business models which relied on harmful distribution of alcohol have been modified. Reducing alcohol consumption is a legitimate objective of a public health interventions into the alcohol industry. Alcohol is one of the most dangerous legal products available, not only to the consumer, but also to those whom the consumer interacts with. Businesses that sell alcohol are not passive bystanders in this risk, but active participants, and health and crime prevention interventions which are in the public interest should not be wound back just because of the impact on business.

The alcohol industry has long been a heavily regulated one, and any business within that industry needs to be able to adapt to that regulation, including harm minimisation strategies (Callinan 2016, p116 – para 5.77).

The ongoing need to mitigate against the risk of alcohol related violence

While the intervention has drastically reduced assaults and improved safety in the Newcastle CBD, as with all entertainment precincts and clusters of licensed premises there remains the risk of violence.

It is now beyond question that locations with a high density of licensed premises are likely to experience higher rates of assault (Burgess & Moffatt 2011). Despite the success of the 2008 intervention in reducing violence in the Newcastle CBD, BOCSAR still reported that Newcastle has 272.5 non-domestic assault incidents per 100,00 population (BOCASR Data Release 2015). This is one of the highest rates in NSW.

Therefore we cannot consider the conditions established by the 2008 intervention to be no longer necessary. The conditions must be maintained to sustain and continue the reductions to violence that have been achieved.

Our members in Newcastle are highly concerned about the prospect of any relaxation of the conditions. To do so would be to once again facilitate excessive drinking leading to violence.

Replication of Success in Sydney CBD and Kings Cross

In 2014, the Sydney CBD and Kings Cross had experienced years of alcohol fuelled violence on an intolerable scale. For years, emergency service workers and researchers had been calling on the Government to replicate the success of the Newcastle intervention in Sydney. Tragically, these calls were not acted upon prior to the deaths of two young men, each killed by intoxicated attackers.

In response to calls from the community, the NSW Parliament passed the *Liquor Amendment Act 2014*. This introduced measures modelled on the Newcastle intervention, albeit with some differences.

The primary common components are the mandatory cessation of service of alcohol and the lockout (one-way door).

Later in 2014, restrictions on the service of drinks with high-alcoholic content were also expanded.

As with the Newcastle intervention, this was highly successful. BOCSAR reported that “the January 2014 reforms were associated with immediate and substantial reductions in assault in Kings Cross and less immediate but substantial and perhaps ongoing reductions in the Sydney CBD” (Menéndez et al. 2015). That study reported a 32% reduction in Kings Cross, and a 26% reduction in the Sydney CBD (data from January 2009 to September 2014). A follow up study showed these reductions were sustained, finding reductions of 49% in Kings Cross and 13% in the Sydney CBD (data from January 2009 to September 2016) (Donnelly, N., Poynton, S., Weatherburn, D. 2017).

While there was some minor displacement of assaults, this was far outweighed by the reductions in the target areas. In sum, there were 631 assaults prevented in the 32 months after the amendments (Donnelly, N., Poynton, S., Weatherburn, D. 2017).

As the Reviewer is no doubt aware, having assisted in the review himself, in 2016 the Hon. Ian Callinan AC conducted the Independent Liquor Law Review. The *Callinan Review* concluded that the objectives of the Amendments remained valid, and the terms of the Amendment remained

appropriate for securing those objectives, subject to some qualifications (Callinan 2016, para. 9.4-9.9, pp 146-147).

Specific Conditions of the Newcastle Intervention

Evaluations of the Newcastle intervention, as well as the Kings Cross and Sydney CBD Amendments, have measured the effect of the intervention in its entirety. They did not isolate the effect of each specific condition, nor conclusively attribute the effect to any specific conditions.

Conclusive evidence is certainly available that restriction on the availability of alcohol by a certain time is effective in reducing alcohol related violence (Sanches-Ramirez & Voaklander 2017, Rossow & Norstrom 2012). Therefore, some evaluations have concluded that the mandatory cessation of service/closing times is the primary mechanism bringing about the reduction in assaults in Newcastle, as well as in Kings Cross/Sydney CBD.

While the evidence indicates the mandatory cessation of service/closing times are undoubtedly effective, and a crucial element of the intervention, it is the strong view of emergency service workers that the totality of the intervention is crucial for the success in Newcastle, and no one condition can work in isolation. There is not sufficient evidence to have confidence the reductions could be sustained without the totality of the intervention or with certain conditions being excised from the intervention. As such, we strongly oppose any relaxation of the 2008 conditions.

The letter from the Australian Hotels Association NSW to ILGA, which gave rise to this Review, specifically requested the revocation/variation of certain conditions. It also falsely questioned the effectiveness of other conditions. For the following reasons, the Last Drinks coalition opposes those requests, and proposes further improvements to some conditions.

Mandatory cessation of service/closing times

The letter from the AHA NSW which gave rise to this Review stated: “the modification of closing times and lockouts are not something we are advocating unless ILGA found that the disparity in lockouts and closing times caused confusion amongst patrons”. This concession, coupled with the complete lack of any reliable supporting evidence, demonstrates there is no justification for any relaxation of mandatory cessation of service/closing times.

The AHA Letter did however, call into question the effectiveness of the intervention, and suggest that some conflict is caused by ‘disparity’ of closing times. Therefore, it is timely to reinforce that mandatory cessation of service/closing times has been overwhelmingly demonstrated to be the most effective and cost-efficient mechanism to reduce alcohol related harm and violence.

The effectiveness of mandatory cessation of service/closing times

The experience in Newcastle is consistent with all reliable evidence on reducing alcohol related violence in entertainment precincts.

“According to all the independent reviews available nationally and internationally, restricting trading hours is the most effective and cost-effective measure available to policymakers to reduce alcohol-related harm associated with licensed venues.” (National Drug Law Enforcement Research Fund 2012, p172).

Studies have consistently shown that restriction of trading hours reduces assaults (Sanches-Ramirez & Voaklander 2017). For every hour by which alcohol service is reduced, assaults are correspondingly reduced by approximately 20% (Rossow & Norstrom 2012). As highlighted above,

this is consistent with the findings of the Newcastle intervention and Kings Cross/Sydney CBD Amendments.

Conversely, liberalisation of alcohol service is consistently associated with an increase in assaults (Sanches-Ramirez & Voaklander 2017). This is true even when it only applies to a select number of venues while other venues within the precinct remain restricted to shorter hours of trade (Chikritzhs & Stockwell 2002). As such, any relaxation in these conditions in Newcastle is likely to lead to a return to excessive intoxication and increase in violence. Any such proposal would be strongly opposed by emergency service workers and the community.

A study of 18 cities in Norway was able to compare entertainment precincts, undergoing liberalisation of trading hours while others experienced restriction. The study found the effect was symmetrical; an extension of alcohol service of 1 hour caused a 16% increase of assault, while a restriction of 1 hour caused a 20% decrease (Rossow & Norstrom 2012).

The mandatory cessation of service of alcohol/closing times is undoubtedly crucial to the success of the intervention, and any relaxation on last drinks requirements would severely undermine the entire intervention.

In the face of this conclusive evidence, the AHA offers limited and flawed claims to the contrary. The AHA letter alleges the reduction in violence in Newcastle was not caused by the 2008 intervention, but by late trading hotels forming the "Newcastle Entertainment Precinct" (NEP) and banning violent or anti-social patrons from all NEP hotels. This claim is backed up by nothing other than a brief period in which assaults in Newcastle rose, despite that brief rise occurring in the midst of a longer-term trend of declining assaults. This decline has been repeatedly attributed to the 2008 intervention by reliable evaluators in peer reviewed studies.

Disparity of times

It is not clear what 'disparity' the AHA refers to. It could potentially refer to disparity between:

- the closing time as opposed to lockout time of a venue subject to the conditions,
- various closing times amongst the premises within Newcastle CBD,
- differing closing times between Newcastle CBD and other entertainment precincts, such as the Kings Cross/Sydney CBD Amendments and subsequent changes following the *Callinan Review*.

The AHA has provided no evidence of any form of disparity causing conflict amongst patrons. Undoubtedly there have been some patrons who have been displeased at being denied entry to premises due to the lockout and closing times who will have expressed as such to security staff, perhaps aggressively.

This does not indicate the existence of a disparity which needs rectification. Any instances of confusion amongst some patrons is an inevitable communication issue to work through whenever someone is not aware of the closing times of a particular venue, be it a mandatory closing time, or one which the venue has chosen to close at.

There is no evidence suggesting there is a significant number of patrons who remain unaware of the lock out and closing times; the conditions have been in place for many years, and there has been large scale communication and media coverage of these conditions.

As demonstrated by Table 1 of the submission to this review by the NSW ACT Alcohol Policy Alliance, there is certainly disparity between closing times amongst premises in Newcastle. But many of the closing times are self-selected by the premises, and are far earlier than that required by the

conditions. Does the AHA seriously assert that this form of disparity, created by the decisions of their members, creates confusion and conflict amongst patrons? If patrons are able to understand that venues close at different times, predominately by choice, they should also be able to understand any disparity between the closing times in Newcastle and the closing times in Kings Cross/Sydney CBD.

To suggest there is conflict caused by any form of disparity is disingenuous; no doubt some patrons are disappointed to not be allowed entry after lockout or closing times. But to claim the solution to this is to wind back successful harm reduction policies to rectify disparity has no basis in fact.

Moving mandatory closing times to 2am

While the 2008 intervention achieved substantial reductions in violence, Newcastle CBD retains a high rate of alcohol related assault. High rates of alcohol related assaults remain a risk for any area with a high density of licensed premises (Burgess & Moffatt 2011). Despite the 2008 intervention, Newcastle is no exception. Even with the improvements achieved Newcastle still has one of the highest rates of alcohol related assaults in NSW (BOCSAR Data Release 2015).

At the very least, this demonstrates the maintenance of the conditions is needed to sustain the reductions in assaults, and prevent a return towards pre-intervention trends.

It also shows there is room for further prevention of violence, and that the high rate of assault means additional intervention may be desirable. As discussed above the evidence also shows this is achievable; every hour service is reduced leads to an approximate 20% reduction of assaults (Rossow & Norstrom 2012).

For this reason, the Last Drinks coalition recommends mandatory closing times be moved to 2am.

Of the venues covered by the conditions, only 5 currently open past 2am. Despite the small number of venues opting to stay open past this time, the evidence shows that the continued service of alcohol by these venues would contribute substantially to the excessive consumption of alcohol and therefore the elevated risk of violence (Chikritzhs & Stockwell 2002). At the same time, the small number of venues opting to stay open means an earlier mandatory closing time would impact on only a small number of the businesses in Newcastle.

Lockouts

The letter from the AHA NSW which gave rise to this Review stated: “the modification of closing times and lockouts are not something we are advocating unless ILGA found that the disparity in lockouts and closing times caused confusion amongst patrons”.

As discussed above, there is no evidence of any disparity causing conflict amongst patrons, other than some dissatisfaction at being denied entry, a denial which only reflects the intended operation of lockouts and not some unintended ‘disparity’.

The AHA’s concession not to modify closing times or lockouts, couple with the lack of any evidence of relevant ‘disparity’, demonstrates there is no justification for varying the lockout condition.

Again though, the AHA goes on to express it does not support the condition. It is therefore necessary to address the AHA’s misrepresentation of the benefits of the lockout condition.

The AHA suggests the evidence of lockouts having a direct effect on assault trends is not as clear as for mandatory cessation of service/closing times, and in some evaluations no impact has been attributed to lockouts.

While this is true, there are some limitations to the AHA’s analysis.

The evaluations the AHA cites in which the effectiveness of lockouts was criticised were evaluating interventions where the lockout was not coupled with mandatory cessation of service/closing times. The purported ineffectiveness of lockouts is therefore not applicable to the Newcastle intervention, where both conditions operate to change patterns of drinking and conflict between crowds of intoxicated persons.

The lockouts, in totality with the other conditions of the Newcastle intervention, are a useful mechanism to make the management of intoxicated groups of people and the policing of the precinct far easier for security staff and police officers.

Without the lockout condition, large numbers of intoxicated people continue to move back and forth between licensed premises throughout the night. It is during this transit when assaults are far more likely, particularly late at night when people have become more intoxicated (National Drug Law Enforcement Research Fund 2012, p174). The majority of late night non-domestic related violence occurs just outside licensed premises, not within them (Moffatt & Weatherburn 2011). The lockouts reduce the opportunity for that violence to take place.

Once the lockout time has been reached, it limits this transit of large groups of highly intoxicated people; rather than moving between premises, people either stay within the premises they are in when the lockout time is reached (where they are less risk of being involved in an assault) or when they do exit the premises, it is to leave the precinct.

It is also far more difficult for police officers to keep people safe when there is mass movement between venues. Police often describe the trouble they have breaking up brawls or conflicts which move from one venue to another. The lockouts create a degree of calm at a time that would otherwise carry an elevated risk of violence, and security and police resources can narrow their focus on locations where violence occurs.

The AHA uses the case study of New Year's Eve as an example of a time when lockouts are relaxed, and expanded policing presence has been able to prevent alcohol related violence. However, this is a disingenuous alternative proposal to the lockout.

Police presence is increased for the needs of the community during major events, and New Year's Eve is one of the largest instances of this. The hugely expanded police presence indeed prevents violence that would occur but for the officers being there. But policing on such an expanded scale at all times of the year is simply not sustainable. It would require an enormous expansion of an already stretched police force. It is unlikely it would be palatable for the community to so significantly expand police numbers every weekend, paid for by the taxpayer, for the primary purpose of mitigating the harm caused by a select category of private businesses and the way they sell alcohol.

[Drink restrictions after 10pm](#)

The AHA has requested that the drink restrictions commence at 12am rather than 10pm, and that a cocktail list be exempt from the restrictions, as in the Sydney CBD.

The effect of both these variations would be to increase the availability of high alcoholic content drinks for patrons. This will result in more people becoming more affected by alcohol.

This would significantly undermine the intervention.

A crucial factor in interventions designed to reduce alcohol related harm is to reduce alcohol consumption. The variations proposed by the AHA are inconsistent with this.

There is a wealth of evidence demonstrating the link between alcohol consumption and increased risk for being involved in intentional or unintentional injury (Poynton et al. 2005).

While not everyone who becomes intoxicated will become violent, there is strong evidence of an association between consumption of alcohol and violence (Morgan & McAtamney 2009, Cherpitel 1993, MacDonald et al. 1999).

Alcohol consumption also increases the likelihood of the drinker becoming injured themselves. Every drink increases a person's risk of presentation to an emergency department. A single glass of wine doubles that risk. After three glasses, that risk has increased five-fold. And after 10 standard drinks, the risk has increased ten-fold for men and fourteen-fold for women (Cherpitel et al. 2006).

The risk increases even at low levels of alcohol consumption, but increases continuously as more alcohol is consumed (MacDonald et al. 2005, Cherpitel et al. 2003, McLeod et al. 2000, Watt et al. 2004).

The variations requested by the AHA would enable more patrons to move further along this risk matrix far more rapidly, by consuming drinks with high alcoholic content for a much longer period of time.

Pushing back the drink restriction time would allow an extra two hours of access to shots and other high content drinks. This would enable incredibly rapid consumption for a much longer time, at a period when there is already an elevated risk of violence.

Although the "cocktail list" may contain drinks not designed to be consumed rapidly, they still have high alcoholic content and therefore still need to be restricted to reduce alcohol related harm.

The effect of both of these requests would be to enable patrons to further increase their blood alcohol content, and therefore increase the risk of involvement in an injury (intentional or unintentional).

The Last Drinks coalition therefore opposes the requested variations.

It is also important to ongoing assault prevention to ensure venues with earlier closing times are not enabled to become 'feeder' venues. Police officers in Newcastle have indicated that if earlier closing venues are not subject to the 10pm restrictions, there is a sizable number of patrons who attend these premises, consume large amounts of drinks with high alcoholic content, and then move on to late trading premises already highly intoxicated. Police indicate this contributes substantially to violence, and the uniform application of the 10pm restrictions greatly reduces that pattern.

The Last Drinks coalition therefore recommends the 10pm restrictions be uniformly applied.

[Plan of Management and compliance audit](#)

The AHA has requested the revocation of the condition requiring licensees to provide a Plan of Management, and ensure that at least every three months a compliance audit of the premises is carried out.

The plan of management and compliance audit is an effective tool to ensure licensees are conducting their business in a manner which mitigates the inherent risk of harm associated with alcohol distribution.

The AHA has in no way even asserted this condition is not beneficial or effective, let alone provided any evidence as such.

It appears then the only motivation for requesting this revocation is because the activities the conditions requires licensees to engage in is a cost or inconvenience for AHA members.

This is not sufficient justification to revoke a condition designed for the public good. The Last Drinks coalition is opposed to the revocation of this condition.

Police officers have expressed the value of this condition. Police officers indicate this condition could be even more effective if it was a condition of all licences to:

- Provide a plan of management,
- Periodically update the plan to ensure ongoing effectiveness,
- Ensure period compliance audits,
- The plan, updates and audit results be notified in full to both the NSWPF and ILGA.

The Last Drinks coalition requests this Review consider improving the condition in this way.

[Shared radio network replaced with ID scanning system](#)

The AHA has requested the revocation of the condition requiring licensees enter into an arrangement for the sharing of a radio network to be used by management and security for communicating with the other premises.

Feedback from Newcastle police officers indicates this request would be acceptable, provided a Government-administered linked ID scanning system (based on that introduced in Kings Cross) is a mandatory condition for Newcastle venues.

This would require venues to operate ID scanners; patrons seeking to enter the venue would only be permitted access if they provide a photo ID to venue staff, who scan the ID and cause the scanners to take a real-time photograph of the patron. The ID scanner extracts the person's name, image, date of birth and address. The scanner includes an integrated database which enables banned patrons to be denied entry across all involved venues. The data is accessible by the NSW Police Force.

Linked ID scanning systems greatly assist in the policing and security activities of an entertainment precinct. It makes it easier to keep trouble makers out of venues, and can greatly assist investigations of alcohol related crime.

An ID scanning system was established in Kings Cross, commencing on 13 June 2014. In September 2016, the NSW Government released a review of the Kings Cross ID scanning system. Police, residents and industry participants all noted the effectiveness of the ID scanning system. The Review recommended the retention of the provisions requiring the use of ID scanners (Liquor and Gaming Report 2016), which was accepted by the NSW Government.

Some venues in Newcastle have voluntarily introduced linked ID scanners. It is a policy supported by numerous industry participants in Newcastle, as it is in Kings Cross. Currently though, it is a voluntary system that only covers participating venues.

Following the success of the system in Kings Cross, police officers in Newcastle have identified a Government-administered system, applying to all venues, as a further improvement to the Newcastle intervention. The Last Drinks coalition supports that position.

[Ability to obtain exemption](#)

The AHA has requested the ability to seek exemptions. The Last Drinks coalition vehemently opposes this request.

The impact on alcohol related violence if exemptions were available and subsequently granted

As stated above, it is the totality of the intervention that has brought about the reductions in violence. This submission has provided evidence of the necessity of each of the conditions raised by the AHA.

Any exemption would undermine that.

Based on the success of the Newcastle intervention and the Kings Cross/Sydney CBD Amendments, Queensland introduced similar conditions. However, various exemptions were applied. Safe Night Precincts were subject to a later cessation of service than other precincts, and applications for extended trade (until 5am) were also available and granted.

An evaluation of the Queensland policy by the University of Queensland (Commissioned by the Queensland Government) found that these exemptions considerably undermined the policy and negated any intended effect on assaults. The following findings (Ferris et al. 2017, p7) are highly relevant to the AHA request:

- *It is very important to note that there has been virtually no fidelity to the last-drinks at 3am in SNPs across Queensland due to the systematic and widespread use of extended trading permits;*
- *Since 1st July 2016, there has not been a single weekend night where all venues in the Fortitude Valley have ceased the service of alcohol at 3am;*
- ...
- *Lack of notable change in trends since the introduction of the Policy also suggests the provision of extended trading permits (allowing the sale of alcohol until 5am) has compromised the impact of the Policy.*

Given the increased risk of violence and injury associated with increased alcohol consumption (Poynton et al. 2005, Morgan & McAtamney 2009) a crucial component of alcohol related harm minimisations strategies is a restriction on the availability of alcohol, be it by time or alcoholic content. Any exemption to the conditions, even if only applying to specific venues, reverses that outcome. This is demonstrated by the lack of the fidelity of implementation of lockouts/last drinks in Queensland and the resulting diminished effectiveness of the policy.

This principle is also demonstrated in Chikritzhs & Stockwell (2002) study of the relationship between liberalisation of alcohol trading hours and increases in assault. In Perth, certain premises were granted extended trading permits, while others continued to trade within normal trading hours. Increases in assaults occurred on those premises with extended permits relative to the other venues. This is a clear demonstration that liberalisation of trading hours, even when not precinct wide and limited to specific venues, results in an increase in assaults.

Therefore, the ability to seek exemptions, even if only for individual venues, should be rejected.

Even if only a small number of venues obtained an exemption to the mandatory cessation of service/closing time, the practical effect would be patrons would potentially cluster at these venues and continue to become more intoxicated. The extended availability of alcohol, and the clustering of intoxicated persons, would increase the risk of violence again.

Inconsistency with the purpose of this review

The Last Drinks coalition views this request as an attempt to circumvent the public consultation steps taken by this Review. The purpose of this Review is to investigate “the current appropriateness of the licence conditions of venues in the Newcastle CBD and surrounding areas, having regard to the objects of the Liquor Act”. It has commenced at the request of the AHA, who also stated:

As opposed to one, or each of the licensees making individual applications, a decision by the Authority to vary or revoke the conditions on its own initiative is a logical response and allows for appropriate evidence to be collated and considered.

Having asserted that it is “logical” to review the conditions as they apply to all venues, the AHA is also seeking the ability for each venue to individually apply for exemptions after this Review is concluded.

This Review has attracted significant community attention, has been publicised in the media, and, despite serious concerns regarding the initiation and timing of this Review, will likely involve considerable community consultation and submissions from interested parties. This Review will have access to a wealth of evidence relevant to the conditions.

This Review will determine whether the conditions established by the 2008 intervention remain appropriate.

It would be bad public policy for this Review to find that conditions remain appropriate, and yet enable venues to later seek exemptions to those very same conditions at a time when the same degree of community awareness and consultation will be impossible to achieve.

In effect, granting the ability to apply for exemptions would enable venues to seek outcomes inconsistent with the findings of this Review.

The AHA request has provided no supporting information on how such an application for an exemption would be determined, who would be consulted and how, on what grounds an exemption would be granted or denied. In that context the community can have no confidence that such an ability would lead to good public policy.

The request to allow exemptions is simply a way to later circumvent the conditions and the findings of this Review.

Evaluation of any changes resulting from this Review

If this Review results in any changes to conditions, those changes should be subject to periodic evaluation, assessing the impact of those changes and whether they need to be varied as a result of ineffectiveness or unintended consequences, such as an increase in assaults.

Proposals by the Newcastle City Council

The Last Drinks coalition has been provided with the submission of Newcastle City Council (NCC). We do not support the proposals contained in the NCC submission. To the best of our knowledge, local police have not been consulted regarding those proposals. The NCC proposals, and our reasons for opposing them are as follows:

Homogenise mandatory closing times at 3:30am

Some venues would be permitted to serve alcohol for an extra 30 minutes. Any increase in the amount of time alcohol is available causes a rise in assault (see page 8-10 of this submission).

Again, no evidence has been put forward that the disparity between closing times is contributing to any problem, and the times which affected venues are self-selecting to close shows that few would even choose to stay open the extra 30 minutes given the opportunity to do so.

Exemptions for 'low impact venues'

As demonstrated on pages 14-15 of the Last Drinks submission, exemptions undermine the effectiveness of interventions into alcohol related harm. The NCC has proposed to allow 'low impact venues' to serve restricted alcoholic drinks until 12am instead of 10pm, and gain exemptions from the lockout condition.

The NCC fails to recognise that exemptions applying to individual venues, even well managed venues, contributes to the violence of the precinct as a whole. Most alcohol related assaults occur not inside licensed venues, but just outside them, where key factors such as the level of intoxication and patterns of crowd movement affect the risk of violence in the entertainment precinct as a whole.

Venues with exemptions would become 'feeder' venues, allowing patrons to become more intoxicated before attending late trading venues and increasing the risk of violence and injury in other venues and the precinct as a whole.

The individual management practice of a venue may prevent assault in *that* venue. But when those patrons, who have been drinking drinks with high alcoholic content until midnight, then drink at other venues and join the crowds of people moving between venues with lockout exemptions, the risk of violence increases, regardless of how they may have been managed inside the exempt venue.

Regardless of the management policies and practices of a venue, and its assessment as a 'low impact venue', more alcohol means increased intoxication, and more assaults in the precinct. Two extra hours of patrons drinking shots, RTDs, cocktails and more than four drinks at a time increases that risk no matter the policies of the venue (see pages 12-13 of the Last Drinks submission).

Move restriction on mixed drinks with more than 30mls of alcohol from 10pm to 12am

As demonstrated on page 12-13 of the Last Drinks submission, the more intoxicated a person becomes, the higher the risk of them being injured, or being involved in an assault. Increasing the availability of drinks with high alcoholic content (even if not intended for rapid consumption) by 2 hours will inevitably move more patrons further along the intoxication/risk spectrum.

Tiered obligations regarding Plan of Management and periodic audit:

The Last Drinks coalition, through consultation with local police, have made recommendations to improve the operation of the Plan of Management obligations. Police agree with the NCC that the quality of venues' Plan of Management is highly variable. However, the NCC proposed solution to low quality Plans of Management is to relax enforcement, and is inconsistent with the solutions identified by police (see page 13 for more detail).

Conclusion

The 2008 intervention has been highly successful in reducing assault, making the entertainment precinct safer, and facilitating a diversification of venue types.

Paramedics, police officers, nurses, doctors and other Emergency Department staff have all reported significant reductions in violence, injuries, and improved ability to serve other members of the community.

The success of the 2008 intervention has led to other policy makers looking to replicate that intervention, for example in Sydney and Queensland. It is also attracting international interest.

The Queensland experience reinforces the fidelity of the implementation and enforcement of the conditions is crucial to its success. The AHA requests would adversely affect that fidelity.

The Last Drinks coalition cannot see any justification to undermine such a highly successful intervention, which has saved thousands of people from assault and injury, which is now the model for successful alcohol related harm reduction in entertainment precincts, all for the sake of private business interests.

A study of 18 cities found an extension of alcohol service of 1 hour caused 16% increase of assault while a restriction of 1 hour brought about a 20% decrease (Rossow & Norstrom 2012).

This bears resemblance to the choice now facing this Review; increase violence by winding back an effective public health and safety intervention for the sake of private business. Or, listen to the evidence and the calls of emergency service workers, and in doing so further decrease violence.

The Last Drinks coalition calls on this Review to do the latter.

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