

Forum Feature

Last Drinks Laws: A Health Perspective

Kate Conigrave*

Abstract

The tragic deaths of two young men after unprovoked violent assaults in Kings Cross, Sydney between 2012 and 2014 prompted a public outcry. This added to existing voices of health, police and resident bodies who were calling for measures to reduce alcohol-fuelled violence. As a result, the New South Wales Government amended the *Liquor Act 2007* (NSW) in January 2014 to limit last drinks to 3 am in Kings Cross and the Sydney central business district, and to prohibit entry to bars after 1.30 am and serving of shots after midnight. These legal changes were associated with a marked reduction in violent assaults in the target areas, without significant displacement of harms to neighbouring suburbs. Opponents of the laws have raised concerns about the impact of the restrictions on enjoyment of individuals or profits of local businesses. However, evidence suggests that alternative interventions, such as community education, would have been unlikely to produce benefits of this magnitude.

Keywords: alcohol – health – assault – injury – emergency department – prevention – policy – intoxication

Introduction

The tragic deaths of two young men after unprovoked violent assaults in Kings Cross, Sydney between 2012 and 2014 prompted a public outcry. This added to existing voices of health, police and resident bodies calling for measures to reduce alcohol-fuelled violence. The resulting New South Wales ('NSW') liquor law amendments in January 2014 included limiting last drinks to 3 am in Kings Cross and the Sydney central business district ('CBD'), prohibiting entry into bars after 1.30 am, and prohibiting serving shots after midnight (Menendez, Weatherburn et al 2015). For brevity, these laws will be described here as 'last drink laws'. Subsequent evaluation of the impact of these laws showed a marked reduction of violent assaults in the target areas, without significant displacement to neighbouring suburbs (Menendez, Weatherburn et al 2015). This article examines whether the harms to health justified the measures taken and whether commonly suggested approaches, such as community education, could have achieved a comparable reduction in violence.

* Senior Staff Specialist, Royal Prince Alfred Hospital and Conjoint Professor, University of Sydney, DHS RPAH, Missenden Road, Camperdown NSW 2050 Australia. Email: kate.conigrave@sydney.edu.au.

Was the violence bad enough to warrant the legal changes?

The Medical Director of the Emergency Department ('ED') nearest Kings Cross, Dr Gordian Fulde, has urged the public to remember the severity and frequency of violence in the years before the last drink laws: '[A]s time passes it's harder for people to remember just what those days were like — but those of us who work on the frontline, we remember. Quite simply, it was a war zone' (AAP 2016). In the Kings Cross area alone there were more than 400 non-domestic assaults in the year prior to introduction of the laws (NSW Bureau of Crime Statistics and Research 2016). The human toll of these injuries also impacted on ambulance, ED, and police staff, who repeatedly witnessed severe facial injuries and other trauma. They also were often the victims of drunken abuse or assault.

The flow of alcohol-related injuries into the ED also impacts on service provision to other patients. Across Australia, one in eight people presenting to EDs in a peak overnight period are there for alcohol-related conditions (Egerton-Warburton et al 2014). In Sydney (in 2006) this figure was as high as one in five (20 per cent) of weekend presentations (Indig et al 2009). That study did not include St Vincent's Hospital ED, which serves the Kings Cross area and so is likely to have had a similar or higher prevalence.

The well-reported alcohol-linked deaths in Kings Cross are not isolated events. Each week in Australia more than 100 people die because of alcohol (Gao et al 2014). Indeed, globally, alcohol is the leading cause of death of men aged 15 to 59, in particular through injury and suicide (World Health Organization 2014). Such deaths are highly visible adverse effects of heavy drinking. There is also a more common, though largely hidden, toll that includes sexually transmitted infections, regretted sex and unwanted pregnancies, and (often unreported) sexual assaults. In addition, drinking even six drinks once per week may have subtle effects on young adults' memory (Crego et al 2009).

Alongside the impacts on the health care system of weekend heavy drinking are the policing costs. Across NSW, police estimate that 70 per cent of a frontline police officer's time is spent on alcohol-related issues (Robertson 2013). Further, the crowd management challenges of Kings Cross have been described as being like a 'special event' every Friday and Saturday night (Designing out Crime Research Centre 2013). These crowd control and policing costs come out of the same limited state budget as healthcare costs. In 2010, the cost of alcohol abuse to NSW government services annually was estimated as \$1.03 billion — equivalent to a levy of \$416 on every household in the state (NSW Auditor General 2013). Together these costs of alcohol-related violence, human and financial, impose a heavy burden on the community.

How well did the licensing changes work from a health perspective?

The 2014 changes to the *Liquor Act 2007* (NSW) were associated with marked improvements in rates of violence. Assaults in Kings Cross fell by more than 30 per cent and in the CBD by 26 per cent without evidence of displacement of harms to neighbouring suburbs (Menendez, Weatherburn et al 2015). There was a comparable 25 per cent reduction in critically injured patients presenting to St Vincent's Hospital ED during peak drinking times (that is, from 6 pm Friday to 6 am Sunday; from 318 to 246 per year) (Fulde et al 2015). This reduction in assaults was similar in magnitude to that seen in Newcastle with the introduction of similar changes to licensing laws in 2008 (Kypri et al 2014; Menendez, Tusell et al 2015; Menendez, Weatherburn et al 2015).

Could community education or offender punishment have achieved the same benefits?

While most observers concede that the prior level of violence was unacceptable, concern has been expressed that these last drink laws unfairly impact on the rights of 'responsible' drinkers, on the owners of licensed premises, and on the music industry. A common suggestion is that instead of restricting access to alcohol, governments should undertake public education to 'change the drinking culture'. Harsher punishment of perpetrators of violence has also been another approach used in an attempt to deter such crimes. Table 1 examines the evidence to support those suggestions.

Table 1: Evidence for selected interventions to reduce harms from alcohol¹

Good evidence:

- Increasing the price of alcohol through taxation
 - Hours and days of sale restriction
 - Restriction on density of liquor outlets
 - Enhanced enforcement of legal requirements for drinking premises
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Mixed evidence:

- Mass media campaigns
 - School-based interventions
 - Staff training in responsible beverage service
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Evidence suggesting lack of effectiveness:

- Longer jail sentences for offenders
 - Voluntary codes of practice for licensed premises
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Evidence not yet available:

- Late-night lockouts from drinking premises alone (without changes to hours of sale)
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The public and governments often call for public education campaigns, which give the community reassurance that 'something' is being done. However, successive NSW and federal governments have repeatedly tried public education to discourage heavy drinking, without clear evidence of impact on drinking behaviour and violence. This is consistent with international evidence that education alone has a very limited effect on reducing drinking or alcohol-related harms (Martineau et al 2013). Campaigns have attempted to warn young people of the risks of heavy drinking; however, anecdotally, many young revellers willingly and knowingly embrace these risks.

¹ Evidence for this table is drawn from: Babor et al 2010; Martineau et al 2013; Nagin 2013; World Health Organization 2014.

Any government campaign to discourage heavy drinking is in competition with advertising by the alcohol industry, which is often engaging, imaginative, sustained and extremely well-funded. Such advertisements frequently convey a utopian world, where the drinker is a valued member of a warm or entertaining social group and is sexually attractive (Morgenstern et al 2015). This image of alcohol-fuelled social success plays on young adults' still-emerging senses of identity and strong desire to fit in. Alcohol is promoted on the clothing of sporting heroes and on their playing fields. Advertisers use social media, viral spread of promotional material on the internet (Jones 2014) and sometimes peer promoters, who are rewarded for bringing their friends to a venue. Covert advertising also occurs. For example, the James Bond character recently switched from his well-known martini to beer, prompted by a lucrative sponsorship deal from Heineken (Barber 2015). Furthermore, many youth entertainment options, such as night-time music, are located at venues where drinking is a key focus. It is not surprising, given these pressures, that it is difficult for public education campaigns on the risks of heavy drinking to reduce youth drinking behaviour.

Another measure often called for to reduce alcohol-related violence is harsher punishment of offenders. However, there is little evidence that this deters alcohol-fuelled violence or reduces recidivism (Nagin 2013). In regard to drink driving, the perceived inevitability or immediacy of detection and 'punishment' appears to be more important in prevention than the severity of punishment (Homel 1993). While intoxicated, judgement is impaired, inhibitions are reduced, and people are unlikely to weigh up the pros and cons of their actions. Arguably, risk of criminal sanctions may deter those who start their evening with the aim of 'picking a fight', but only if they perceive a high risk of being caught. However, imprisonment is also expensive to the taxpayer. Furthermore, after release from prison, rates of recidivism are high (Cullen et al 2011), and people may emerge more angry on release because of traumas experienced in prison, association with other offenders, separation from family, and subsequent unemployment and social stigmatisation (Cullen et al 2011).

In contrast to the limited evidence for education or harsher punishment, there is strong evidence for approaches that in some way control the flow of alcohol. The World Health Organization describes policy options such as taxation to regulate demand and limits to availability as among 'the "best buys" in reducing the harmful use of alcohol' (World Health Organization 2014).

Conclusion

Alcohol-related violence in Kings Cross and the Sydney CBD was a major problem, which led not only to deaths, but also to many serious injuries each year. As well as the personal cost, this also imposed a great burden on the health care system, the criminal justice system and on taxpayers. The NSW Government amendments to the *Liquor Act 2007* (NSW) have reduced assaults in the region by 26 to 32 per cent, without convincing evidence of displacement of harms to other parts of greater Sydney. Based on international and local evidence, it is highly unlikely that measures such as education or harsher punishment of offenders would have led to this magnitude of benefits. It would seem logical to keep these limits to the supply of alcohol in place, and to consider extending these approaches to other areas with a similarly high prevalence of alcohol-related harms.

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