



ST VINCENT'S  
HEALTH NETWORK  
SYDNEY

## St Vincent's Health Network Sydney

Response to the draft *Liquor Amendment (24-hour economy) Bill*  
2020

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# 1. Introduction

St Vincent's Health Network Sydney (SVHNS) welcomes the opportunity to provide comment on the draft *Liquor Amendment (24-hour economy) Bill 2020*.

As the provider of 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 illnesses in the area – St Vincent's Health Network Sydney has been a leading advocate for reforms to reduce alcohol-related harms.

In particular, the hospital's longstanding advocacy around the health and welfare benefits of Sydney's 'last drinks' measures – repealed in January 2020 – and the risks around extending NSW's bottle shop trading hours, from 10pm to 11pm in 2017, then until midnight earlier this year, are matters of public record.

What is also on record is St Vincent's Hospital Sydney's declared willingness to be a part of an ongoing discussion around efforts to inject further vibrancy into Sydney's night life and arrive at a successful 24 hour night-time economy that values safety and inclusiveness.

The NSW Government has made its intentions clear to pursue a new direction in winding back its alcohol-related reforms of 2014 and liberalising policy in this area.

It's our strong view that increased vibrancy shouldn't simply equate to making alcohol more easily accessible.

It's our equally held belief that a fully realised 24-hour economy offers a wealth of opportunities for Sydney to embrace health and wellbeing as a foundation of its efforts in this area.

Alcohol remains one of Australia's greatest health burdens. NSW alone sees 147 hospitalisations a day for alcohol-related reasons.<sup>1</sup> And the international evidence is clear that for every hour that alcohol is available for purchase, there is a corresponding increase in violence.

Our view is that any liquor law reform should be independent of all commercial interests to ensure that the NSW liquor regulatory system puts public health first. Striving for balance between public health and economic growth is a key principle which must underpin the liquor law reforms.

The following comments on the draft *Liquor Amendment (24-hour economy) Bill 2020* – and on the reflect the views of our expert clinicians and researchers and draws on St Vincent's Hospital Sydney's 50 years' experience of specialist work in the alcohol and drug sector.

## 1.1 Terms of Reference

The [draft Liquor Amendment \(24-hour Economy\) Bill 2020](#) is part of the second stage of the NSW Government's 24-hour economy liquor law reforms.

The bill includes a number of proposed liquor law changes, including changes to:

- create a new incentives and demerit point system that consolidates three existing sanctions schemes into one integrated approach;

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<sup>1</sup> 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](http://www.healthstats.nsw.gov.au/Indicatorgroup/indicatorViewList?code=beh_alc&topic=topic_alcohol&name=AlcoholTopic)

- remove entertainment conditions on liquor licences, and waive application fees to change or remove other existing live music conditions;
- align liquor licence and planning processes by:
  - improving the approvals process for small bar licences
  - refining Liquor & Gaming NSW’s regulatory role in noise complaint compliance and enforcement to reduce overlapping responsibilities
- allow small bars to offer more diverse services to customers;
- introduce a new approach to managing the density of licensed premises, and the associated risks of alcohol-related violence and anti-social behaviour, in areas of high venue concentration; and
- introduce reforms for how the industry is regulated.

The draft Bill also addresses same-day alcohol delivery regulation, including age verification.

## 1.2 St Vincent’s Health Network Sydney and St Vincent’s Hospital Sydney

St Vincent’s Health Network Sydney (SVHNS) comprises of St Vincent’s Hospital Sydney (SVHS); Sacred Heart Health Service; St Joseph’s Hospital, Auburn; and St Vincent’s Correctional Health, Parklea.

SVHNS is part of an integrated network of clinical services that aims 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 expert and dedicated state-wide services. SVHS in Darlinghurst is a local hospital for the residents of Sydney, Waverley, Woollahra and Randwick Local Government Areas. Within this catchment, SVHS services a diverse population as our campus is located in an area characterised by a high incidence of homelessness and vulnerability.

SVHS is an A1 principal referral hospital providing a range of services and specialties. SVHS particular areas of expertise include:

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

## 1.3 St Vincent’s Experience with Alcohol-Related Harms

Every day, St Vincent’s Health Network Sydney’s facilities treat the health impacts of harmful consumption of alcohol.

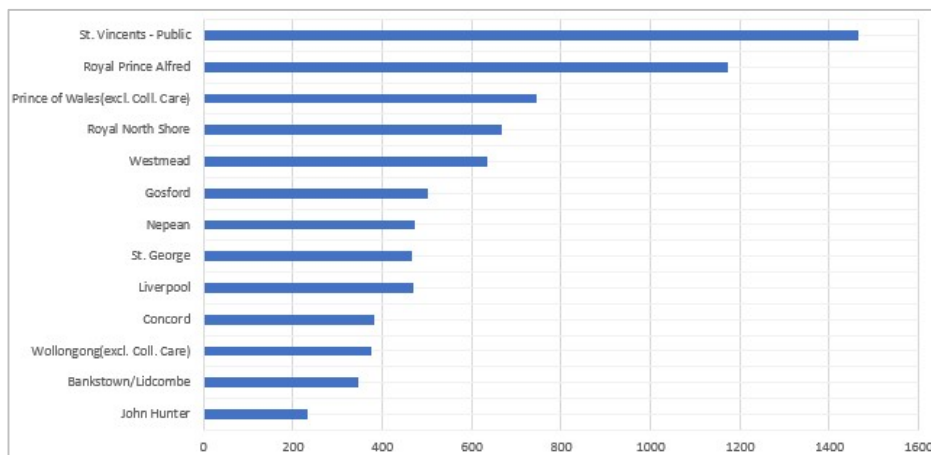
This includes:

- 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 the three months between July and September 2019, 43 per cent of people (11,306 adult presentations), attending St Vincent's Hospital Sydney's Emergency Department, who reported consuming alcohol in the preceding 12 hours, purchased their alcohol from a packaged liquor outlet.

Of the calls made to the statewide 24 hour Alcohol and Drug Information Service (ADIS) and the Drug and Alcohol Specialist Advisory Service (DASAS) that St Vincent's Hospital Sydney administers, alcohol is the most common drug of concern to callers.

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.<sup>2</sup>

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.

## 2. Response to the draft bill

This section provides recommendations from St Vincent's on specific parts of the draft Bill.

### 2.1 Incentives and sanction system

While St Vincent's supports integrating the regulation system, the reform raises the question of how it will effectively ensure licensed venues strictly comply with harm prevention obligations.

St Vincent's also does not support the following measures as outlined in the Bill:

- In some cases, it appears that the number of strikes constituting potential permanent disqualification of licensee, manager or club secretary/manager have doubled.
- All 'strikes' against licensees, managers and clubs are wiped for the second time in less than 4 years.
- The venue size and patron capacity is a consideration in removing demerit points.
- Owners of premises with engaged licensees remain largely sheltered from disciplinary action for non-compliance.
- Incidents that are not considered 'serious' violence are not reported to the Independent Liquor and Gaming Authority resulting in under reporting of violent incidents.
- No onus on licensees, managers or clubs to self-report non-compliance.

We note that licencees can now apply to have demerit points removed if they demonstrate good risk management. A way to further incentivise licencees to implement good risk management is to impose the \$4,000 loading annually, instead of a one-off, for each demerit point they continue to have on their record. This will encourage faster compliance by licencees.

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<sup>2</sup> HealthStats NSW (2018). Alcohol attributable hospitalisations. Available at: [http://www.healthstats.nsw.gov.au/Indicator/beh\\_alcafhos/beh\\_alcafhos](http://www.healthstats.nsw.gov.au/Indicator/beh_alcafhos/beh_alcafhos)

## 2.2 Cumulative Impact Assessment Framework

While St Vincent's is supportive overall of the new Cumulative Impact Assessment Framework, we are concerned over the exclusion of small bars under the definition of 'relevant licence' for cumulative impact assessments and do not support this development.

While an individual small bar may present a perceived lower risk in terms of alcohol-related harm than a large capacity hotel or nightclub, the actual level of risk will depend on how, and within what context, the small bar operates.

An area with a high density of small bars increases the availability of alcohol, which carries risks to community health and safety. Small bars should be considered in any assessments of density in the new framework.

There is strong evidence that demonstrates links between the physical availability of alcohol (in terms of outlet numbers), alcohol consumption and alcohol-related harm. It is well established that the density of pubs and bars in Australia is related to rates of violence<sup>3, 4</sup> and studies show that increases in alcohol outlet density are associated with poorer health outcomes<sup>5</sup> as well as increased alcohol-related presentations to emergency departments.<sup>6</sup>

St Vincent's Health Network Sydney is not aware of any evidence the NSW Government has drawn on which demonstrates that smaller bars (120 patrons or less) have a different impact on the community in relation to alcohol harm. Until such evidence is provided or gathered, it is our view that such bars should not be treated differently under the Bill. If they are exempt from the proposed framework, there is considerable risk it will result in a large number of small bars being introduced into problem areas that already have higher levels of alcohol-related violence and anti-social behaviour.

St Vincent's is further of the view that domestic violence 'hot spot' data should be integrated into the Cumulative Impact Assessment Framework to ensure approvals of licensing take into account domestic violence rates.

The NSW Domestic Violence Death Review Team Report 2015-2017 provided a number of recommendations to the Independent Liquor and Gaming Authority in relation to liquor licences. Specifically, 'for any applications pertaining to an extension of trading hours, or the development of new liquor outlets or bottle-shops in domestic violence hot spots, there should be a rebuttable presumption against granting the application'.<sup>7</sup> Domestic violence 'hot spots' can be identified by the NSW Bureau of Crime Statistics and Research.

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<sup>3</sup> Mair C, Gruenewald PJ, Ponicki WR. & Remer L. 2013. Varying impacts of alcohol outlet densities on violent assaults: explaining differences across neighborhoods. *Journal of Studies on Alcohol and Drugs*. 74(1), 50-58.

<sup>4</sup> Gruenewald PJ. & Remer L. 2006. Changes in outlet densities affect violence rates. *Alcoholism: Clinical and Experimental Research*. 30(7), 1184-1193.

<sup>5</sup> Livingston M. 2011. Alcohol outlet density and harm: comparing the impacts on violence and chronic harms. *Drug and Alcohol Review*. 30(5), 515-523.

<sup>6</sup> Hobday M, Chikritzhs T, Liang W & Meuleners L. 2015. The effect of alcohol outlets, sales and trading hours on alcohol-related injuries presenting at emergency departments in Perth, Australia, from 2002 to 2010. *Addiction*. 110(12), 1901-1909.

<sup>7</sup> NSW Domestic Violence Death Review Team Report 2015-2017. (2017). A report of the Domestic Violence Death Review Team pursuant to section 101J (1) of the Coroners Act 2009 (NSW).

As the literature indicates, alcohol use contributes to the incidence and the severity of intimate partner violence.<sup>8</sup> Alcohol outlet density is significantly associated with rates of domestic violence, over time.<sup>9</sup>

Based on the evidence and the NSW Domestic Violence Death Review Team recommendations, St Vincent's believes domestic violence 'hot spot' data should be integrated into framework.

### 2.3 Same Day Alcohol Delivery

While St Vincent's welcomes the regulation of the same day alcohol delivery market, we regret the need for such a service as it significantly increases the accessibility of alcohol, leading to higher rates of consumption and harm.<sup>10</sup> In the past, individuals would cease drinking if they did not have immediate access to alcohol, however this service allows for the purchase of very low-cost alcohol in a considerably short time frame without needing to leave the home.<sup>11</sup> Not only does this pose considerable risk to those who are alcohol-dependent but also to young people and those at risk of suicide and domestic and family violence.

Companies such as Jimmy Brings, Dan Murphy's and UberEats market themselves to deliver alcohol in as quickly as 30 minutes. Research carried out by VicHealth found that 70 per cent of weekly users of on-demand alcohol delivery services drink 11+ drinks in one sitting every week and those who use on-demand services are more likely to experience alcohol-related harm than non-users.<sup>12</sup>

It is well documented that alcohol fuels violence.<sup>13</sup> A study carried out by the Centre for Alcohol Policy Research found that 69 per cent of respondents who received an on-demand order reported consuming five or more standard drinks on the same occasion as their order.<sup>14</sup>

Evidence also shows alcohol-related assaults increase substantially between 6pm and 3am even in normal times, with 37% of alcohol fuelled assaults occurring in the home and more than half (57%) of those being family violence.<sup>15</sup> Suicides and sudden or unnatural deaths involving alcohol predominantly happen at night, in the home environment.<sup>16</sup>

The COVID-19 pandemic has already increased the likelihood of risky drinking, family violence and suicide in the community. Further amplifying this risk by allowing rapid delivery of alcohol to the home late at night to continue would be a failure to protect public health.

St Vincent's recommends that on-demand delivery of alcohol products should be prohibited from trading between 8pm and 12 noon and supports a minimum time of two hours between purchase and delivery of alcohol. Evidence shows that on-demand delivery services are a particular concern for acute harms, as they are often associated with (and directly facilitate) heavy drinking occasions.<sup>17</sup>

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<sup>8</sup> Coker AL, Smith PH, McKeown RE & King MJ. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *American Journal of Public Health*. 90, 553-559.

<sup>9</sup> Livingston M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction*. 106(5), 919-925.

<sup>10</sup> Mojica-Perez Y, Callinan S & Livingston M. (2019) Alcohol home delivery services: an investigation of use and risk. *Centre for Alcohol Policy Research & Foundation for Alcohol Research Education*

<sup>11</sup> Colbert S, Thornton L, Richmond R. Content analysis of websites selling alcohol online in Australia. (2020). *Drug and Alcohol Review*. 39(2), 162-169.

<sup>12</sup> <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-delivery-risky-drinking>

<sup>13</sup> Graham K & Livingston M. (2011). The relationship between alcohol and violence: population, contextual and individual research approaches. *Drug and Alcohol Review*. 30(5), 453-457.

<sup>14</sup> Centre for Alcohol Policy Research & Foundation for Alcohol Research and Education (FARE). (2019). Alcohol Home Delivery Services: An Investigation of Use and Risk. Canberra: Foundation for Alcohol Research and Education.

<sup>15</sup> FARE Annual Alcohol Poll 2020, unpublished

<sup>16</sup> FARE Annual Alcohol Poll 2020, unpublished

<sup>17</sup> Centre for Alcohol Policy Research & Foundation for Alcohol Research and Education (FARE). (2019). Alcohol Home Delivery Services: An Investigation of Use and Risk. Canberra: Foundation for Alcohol Research and Education.



The Bill's focus on same day delivery is also narrow and means the risks of delivery to minors and intoxicated persons for non-same day deliveries still exist. It would be efficient for the proposed reforms to apply to all alcohol deliveries, not just same day deliveries. This would keep people safe. St Vincent's recommends that the proposed reforms (age-gating, no unattended delivery) are also applied to non-same day alcohol delivery.

The proposed changes also do not take into account the safety risk posed to the employee delivering alcohol. To give an example, if a delivery person shows up to deliver alcohol to people at a house party and then refuses to complete the delivery due to the party guests' intoxication, the potential risk of harm to this individual must be considered.

To ensure the safety of delivery people, St Vincent's recommends that a minimum of two people must be present when delivering on-demand alcohol.

Ensuring deliverers receive training in the responsible supply of alcohol is a priority. We believe that developing a prescribed course for people who deliver alcohol is necessary and would ensure consistency across NSW. A prescribed course will also be more effective than an industry-designed course. A prescribed course will boost compliance with the new reforms and reduce enforcement costs in the long term.

Finally, St Vincent's proposes that a system be implemented that allows individuals to self-exclude from all registered same day alcohol delivery services. Due to the rapid growth of the same day alcohol delivery market and the continuous introduction of new services, a central system will make it simpler for individuals to self-exclude resulting in greater uptake, which in turn will help to reduce alcohol-related harm.

## 2.4 Small bar reforms

St Vincent's Health Network Sydney does not support the proposed changes to remove the need for a Community Impact Statement (CIS) to be submitted with a small bar liquor licence application.

We support a mandatory CIS process, regardless of whether the small bar has to go through a development approval process. The proposed change will further hinder the participation of relevant stakeholders and local community in licensing matters.

Small bars do not operate in isolation, and may contribute to the clustering of liquor outlets or further contribute to the availability of alcohol in an area. Similarly to other types of liquor licences, there is also the potential for problems once people leave the small bar or move on to a larger venue where disorder may occur.

Small bar reforms should not support a proliferation of small bar licences. Further research is needed to develop an understanding of the impact of small bars and in the interest of public safety, the CIS process should be mandatory for all small bar applications.

## 2.5 Minors

SVHS does not support allowing minors into small bars until midnight. The introduction and normalisation of drinking environments to minors can increase the risk of problem behaviours and alcohol dependence later on in life.<sup>18</sup> Parental modelling of alcohol consumption, whether for

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<sup>18</sup> Epstein M, Bailey J.A, Furlong M, Catalano R.F & Toumbourou J.W. (2020). Does adolescent alcohol harm minimization policy exposure reduce adult alcohol problems? A cross-national comparison. *Journal of Adolescent Health*. 66(6), 713-718.

recreational or coping purposes, is also a significant factor influencing when and how young people initiate and maintain the use of alcohol.<sup>19</sup>

In regards to the allowance of minors in small bars, if the proposal is to proceed, St Vincent's recommends a more restricted approach than currently in the draft Bill. Including:

- Accompanied minors should only be allowed into small bars until 9pm, not midnight.
- A minor should be accompanied by a parent or guardian, not a responsible adult. This will avoid situations where an underage friend is accompanied by their 18 year old friend, for example.

Small bars should not be considered at the same risk level as restaurants and cafes. If minors are to be permitted on premises, this heightens the need for a small bar to complete a Community Impact Statement.

### 3. Other reforms

In addition to the above schedule-specific suggestions, St Vincent Health Network Sydney recommends the NSW Government consider the following reforms.

#### 3.1 Taxation

International evidence has consistently shown that increasing the price of alcohol, through taxation, is one of the most effective interventions to reduce levels of alcohol consumption and related problems such as deaths, crime and traffic accidents.<sup>20</sup> While there are different price impacts across societies, in general, a 10 per cent increase in the price of alcohol is likely to lead to a 5 per cent decrease in consumption.<sup>21</sup>

The Australia's Future Tax System Review (Henry Tax Review) identified our current alcohol taxation system as illogical and incoherent.<sup>22</sup> Taxation of alcohol should be based on the principle that alcohol is no ordinary commodity, rather a product responsible for major harms and substantial costs to our community. The reform to alcohol taxation could bring profound benefits to the community including greater funding for prevention and treatment programs and alcohol-related research initiatives.

SVHS is in broad agreement with leading Australian and international health authorities that Australia's alcohol taxation system should be coherent, consistent and based on public health principles. As recommended in the Henry Tax Review, a volumetric approach that applies to all alcohol products should be central to reform, with tax increasing for products with higher alcohol content.<sup>23</sup>

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<sup>19</sup> Reifman A, Barnes GM, Dintcheff BA, Farrell MP & Uhteg L. (1998). Parental and peer influences on the onset of heavier drinking among adolescents. *Journal of Studies on Alcohol and Drugs*. 59(3), 311-317.

<sup>20</sup> Anderson P, Chisholm DJ, & Fuhr DC. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet*. 373, 2234-2246.

Chisholm. DJ, Rehm M, Ommeren & Monteiro, M. (2004). Reducing the global burden of alcohol use: A comparative cost-effectiveness analysis. *Journal of Studies on Alcohol*. 65, 782-793

<sup>21</sup> Gallet CA. (2007). The demand for alcohol: a meta-analysis of elasticities. *Australian Journal of Agricultural and Resource Economics*. 51, 121-135.

<sup>22</sup> Henry K, Chair. (2010). Australia's future tax system review panel: Australia's future tax system: report to the Treasurer. Canberra: The Treasury.

<sup>23</sup> Doran CM, Byrnes JM, Cobiac LJ, Vandenberg B & Vos, T. (2013). Australian alcohol taxation structures on consumption, public health and government revenues. *The Medical Journal of Australia*. 199(9), 619-622.

## 3.2 Minimum Unit Price

A minimum unit price (MUP) establishes a price per standard drink below which alcohol cannot be sold. A MUP set at an appropriate level would complement a volumetric taxation approach by ensuring alcohol could not be sold below cost or heavily discounted.

Low price alcohol is readily available in Australia. Off-premise sales account for 80 percent of alcohol sold in Australia and is now sold for as little as 23 cents per standard drink.<sup>24</sup> The heaviest consumers are more likely to purchase cask wine and full-strength beer<sup>25</sup>, but the price of cask wine would rise significantly if MUP is introduced. As previously mentioned, there is a strong link between alcohol price, consumption and alcohol related harms. A MUP would result in a decrease in harms experienced by the drinker themselves and to others, including family members.<sup>26</sup>

The Northern Territory is the only Australian jurisdiction to implement a MUP of \$1.30 per standard drink. Since its introduction in 2018, the legislation has been associated with significant declines in total alcohol wholesale supply per capita, alcohol-related assault offences, alcohol-related emergency department presentations and the number of child protection notifications, as well as a variety of other measures.<sup>27</sup>

St Vincent's strongly supports the regulation of the minimum price of alcohol products in all states and territories. Ongoing alcohol sales data and alcohol-related harm data collection and analysis is necessary to ensure the capacity to monitor the impact of changes.

## 3.3 Alcohol-Related Family and Domestic Violence

Whilst the tragedies arising from city-centre violence and road crashes attract regular media coverage, alcohol-related family violence still remains a far more hidden problem despite its magnitude. Alcohol-related violence accounts for 23 per cent<sup>28</sup> to 65 per cent<sup>29</sup> of all family violence incidents reported to police in Australia. According to the NSW Bureau of Crime Statistics and Research, one-third of domestic assaults are alcohol-related.<sup>30</sup> In the states and territories where data is available, alcohol is associated with between 15 per cent and 47 per cent of child abuse cases across Australia.<sup>31</sup>

The independent 2016 report into NSW's liquor laws by Justice Ian Callinan acknowledged an 8.1 per cent whole-of-state reduction in alcohol-related domestic assaults along with a 12.3 per cent drop in regional areas from the time bottle shop hours were wound back from midnight to 10pm in 2014.<sup>32</sup>

It's why St Vincent's Health Network Sydney so strongly objected to the NSW Government's extension of bottle shop trading hours across the state – first, from 10pm to 11pm in 2017, then from 11pm to midnight in January this year.

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<sup>24</sup> Johnston R, Keric D & Stafford J. (2018). The Case for a Minimum (Floor) Price on Alcohol in Western Australia. Perth: WA Alcohol and Youth Action Coalition and McCusker Centre for Action on Alcohol and Youth, Curtin University.

<sup>25</sup> Sharma A, Vandenberg B & Hollingsworth B. (2014). Minimum pricing of alcohol versus volumetric taxation: which policy will reduce heavy consumption without adversely affecting light and moderate consumers? *PLoS ONE*. 9(1), 80936.

<sup>26</sup> Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. (2003). Alcohol: no ordinary commodity: research and public policy. *Rev Bras Psiquiatr*. 26(4), 280–283.

<sup>27</sup> Coomber K, Miller P, Taylor N, Livingston M, Smith J, Buykx P, Clifford R, Scott D, Clifford S, Chikritzhs T, Nambiar D & Moayeri F. (2020). Investigating the introduction of the alcohol minimum unit price in the Northern Territory. Summary Report (February 2020). Deakin University, Geelong Australia.

<sup>28</sup> Law Enforcement Assistance Program (LEAP) data. (2014). Victoria Police.

<sup>29</sup> Northern Territory Department of the Attorney-General and Justice. (2014). Northern Territory crime statistics.

<sup>30</sup> [https://www.bocsar.nsw.gov.au/Pages/bocsar\\_pages/Alcohol\\_Related\\_Violence.aspx](https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Alcohol_Related_Violence.aspx)

<sup>31</sup> Laslett A.M, Mugavin J, Jiang H, Manton E, Callinan S, MacLean S & Room R. (2015). The hidden harm: Alcohol's impact on children and families. Alcohol Policy Research, Foundation for Alcohol Research and Education, Canberra

<sup>32</sup> Review of Amendments to the Liquor Act 2007 (NSW) – the Callinan Review – 2016

Despite a consensus among experts that alcohol is major contributor to domestic violence and child abuse and neglect, specific strategies to address harmful alcohol consumption are not generally promoted as child protection or family violence policy solutions. St Vincent's encourages the NSW Government to take account of the contribution of alcohol to domestic and family violence in its liquor law reforms.

The Foundation for Alcohol Research and Education has developed a comprehensive and evidence-based national framework for action to prevent alcohol-related family violence<sup>33</sup>, which is fully supported by St Vincent's Health Network Sydney.

### 3.4 Alcohol sales data collection and reporting

Proper monitoring and regulation of alcohol in Australia requires robust data which can be used by government and the community to make informed decisions.

Many other states and territories, such as Victoria, WA, NT, Queensland and most recently Tasmania, collect alcohol sales data. This provides valuable insight for the Australian community into alcohol use trends.

Furthermore, the NSW Government should consider collecting detailed sales data that enables the differentiation between on-premise and off-premise alcohol sales. This would supplement the already sophisticated geospatial data collected about density and harms, further strengthening the data driven Cumulative Impact Assessment Framework.

Finally, collecting sales data specific to alcohol delivery services would be beneficial for monitoring this emerging market.

## 4. Making a 24-hour economy work for Sydney

### 4.1 First principles - WHO's Shanghai Consensus on Healthy Cities

St Vincent's recognises the desire of the NSW Government to establish a thriving 24 hour economy in Sydney.

However, any efforts in this area must not result in a framework of alcohol licensing arrangements and initiatives that have the effect of undermining health and wellbeing.

On the contrary, St Vincent's believes moves towards boosting Sydney's 24 hour economy creates opportunities for a revitalised approach that has a positive and enduring impact on individual and community health.

The NSW Government should adopt as its set of guiding principles for its efforts in Sydney, the World Health Organisation's Shanghai Consensus on Healthy Cities 2016.<sup>34</sup>

The document states that 'health and sustainable urban development are inextricably linked' and calls for the following principles to guide all development:

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<sup>33</sup> Foundation for Alcohol Research and Education (FARE). (2015). National Framework for action to prevent alcohol-related family violence. Canberra: Foundation for Alcohol Research and Education.

<sup>34</sup> <https://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1>

1. Integrate health as a core consideration in all policies: prioritise policies that create co-benefits between health and other city policies, and engage all relevant actors in partnership-based urban planning;
2. Address all – social, economic and environmental – determinants of health: implement urban development planning and policies which reduce poverty and inequity, address individual rights, build social capital and social inclusion, and promote sustainable urban resource use;
3. Promote strong community engagement: implement integrated approaches to promoting health in schools, workplaces, and other settings; increase health literacy; and harness the knowledge and priorities of our populations through social innovation and interactive technologies;
4. Re-orient health and social services towards equity: ensure fair access to public services and work towards Universal Health Coverage; and
5. Assess and monitor wellbeing, disease burden and health determinants: use this information to improve both policy and implementation, with a special focus on inequity – and increase transparency accountability.

Signatories to the Consensus also commit to 10 action areas to fully integrate into their policy priorities by 2030, including the implementation of “sustainable and safe food policies that increase access to affordable healthy food and safe water, reduce sugar and salt intake, and *reduce the harmful use of alcohol including through regulation, pricing, education and taxation.*”<sup>35</sup>

From the debate around the relaxation of Sydney’s liquor laws and from the NSW Government’s policy response that accompanies its pursuit of a 24-hour economy for the city so far, it’s hard not to conclude that many of these principles are absent and that the emphasis is largely focused on giving people more of an opportunity to drink alcohol and that ‘vibrancy’ will ensue once this occurs.

This is a disappointingly narrow and reductive approach that risks the resumption of many of the alcohol-related harms that plagued Sydney’s CBD prior to 2014 and squanders the opportunity for progressive reform.

## 4.2 What do Sydneysiders want from a 24-hour economy?

It’s clear that overwhelmingly people who live in, work in and visit Sydney’s CBD and inner city areas want a vibrant environment that offers more opportunities for entertainment, connection, culture and business that don’t simply rely on the increased service of alcohol.

In the City of Sydney’s Night Time City Policy Consultation Report (2011)<sup>36</sup> – developed as part of its *Open Sydney* strategy and action plan for the long-term development of Sydney’s night-time economy to 2030 – respondents envisaged the type of city they wanted to live and work in at the end of the decade.

They called for, among other things, diversity in the city’s late night offerings (eg: shops, restaurants and cultural venues), more activities that didn’t involve alcohol, new venues in underutilised spaces, safe streets, and spaces for pedestrians.

They aspired to “a city with a diverse night time offering. Right throughout the city, different activities are available at different times of night. The wide range of available activities has diffused

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<sup>35</sup> <https://www.who.int/healthpromotion/conferences/9gchp/9gchp-mayors-consensus-healthy-cities.pdf?ua=1>

<sup>36</sup> [https://www.cityofsydney.nsw.gov.au/\\_data/assets/pdf\\_file/0005/131738/NightTimeCityPolicyConsultationReportJune-2011.pdf](https://www.cityofsydney.nsw.gov.au/_data/assets/pdf_file/0005/131738/NightTimeCityPolicyConsultationReportJune-2011.pdf)

the alcohol-focused culture, and draws a diverse range of visitors. People are able to eat a meal, visit an art gallery, get their hair cut, wander through night markets or drop into a pharmacy until late at night.

“More streets, laneways and parks have been activated, with a welcoming atmosphere that appeals to all age groups. Intimate venues outnumber the ‘beer barns’, and events take place in an array of unusual venues, from libraries and town halls to car parks and roof gardens. Council helps support innovative events and activities in a variety of ways – from subsidising space for creatives, to managing an inventory of potential venues, both Council- and privately-owned.”

And in terms of safety: “People feel comfortable walking the streets at all hours of the night. Anti-social behaviour has disappeared, and police are a reassuring presence, patrolling in pairs or small groups. Good lighting and activated streets create a sense of security. Friday and Saturday nights in Kings Cross are managed as if they are special events, with strong police presence and traffic barriers, leading to a calmer atmosphere. A 3am lockout applies across Kings Cross, and sit down restaurants have replaced takeaway joints, moving the closing-time crowd off the streets and reducing the risk of violent behaviour.”

As part of the same *Open Sydney* process, the City of Sydney’s *Open and Creative City – Consultation Analysis (2018)*<sup>37</sup> – which by its admission “a very large number of respondents supported” in terms of the volume of responses – called for “prioritising a healthy community lifestyle and utilising public spaces.”

It further states:

“A substantial number of people made suggestions on how to utilise current public spaces for evening entertainment and activity. These included: walking tours, installing art works, street festivals and markets, small-scale street entertainment, later opening hours for libraries and pools, light shows like Vivid, amusement rides, outdoor cinemas and open areas for locals to play music.

“Events held in public parks were supported by a considerable number of people, with some stating that use of parks in the evenings for family and community events should be promoted. A moderate number of respondents made the point that every member of the community should be considered, such as families, elderly, and people from different cultural backgrounds, not just young people wanting to visit bars and nightclubs.

“Sydney shouldn’t be just for the young, but for families and old people looking to connect with their community.”

And in regards to the service of alcohol:

“A substantial number of respondents made comments about alcohol service and community impacts if businesses were allowed to trade later without an approval. Of these respondents, a considerable number did not want alcohol service to be a focus when encouraging an active and diverse evening economy; the community and positive social activities should be prioritised.”

And the vision of experts, tasked with imagining the ideal 24-hour economy, matches the public’s.

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<sup>37</sup> [https://www.cityofsydney.nsw.gov.au/\\_data/assets/pdf\\_file/0020/302681/2018-217841-Consultation-analysis-Global-Research-FINAL-16-04-2018.pdf](https://www.cityofsydney.nsw.gov.au/_data/assets/pdf_file/0020/302681/2018-217841-Consultation-analysis-Global-Research-FINAL-16-04-2018.pdf)

The Deloitte Access Economics report, *ImagineSydney: Play*, which examined the city's total night-time economy — that is, revenue based on activities that occur between 6pm and 6am every day — and made recommendations on its improvement states:

“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.

“A more vibrant, inclusive, attractive night time economy does not necessarily mean having a bar on every corner.”<sup>38</sup>

A similar argument can be found in the first independent review of Sydney's liquor laws in 2016 by Justice Ian Callinan.

“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.”<sup>39</sup>

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].”

Looking for examples of other major international cities for Sydney to emulate, one of the features of Amsterdam's effort to drive its night-time economy was the development of multidisciplinary buildings.

For example, a kindergarten during the day becomes a gallery space/café at night. A nightclub is opened during the day to provide a space for a community health clinic.

St Vincent's would be a willing partner in identifying which of its own buildings or facilities, underutilised at night, might become a venue for a different purpose that benefits the community, while not negatively impacting the operation of the hospital.

It is disappointing to St Vincent's Health Network Sydney that efforts to revitalise Sydney's night-time economy seem to be prioritising the service of alcohol when clearly the view of the city's residents, the broader public, and expert opinion — captured in reports and surveys dating back almost a decade — emphasise a range of activities, reforms, and planning and development that have little or nothing to do with alcohol.

Finally, another initiative state and local government could pursue to further remove any perception that Sydney's development as a 24-hour city is driven by the needs of Big Alcohol, is to ban any display advertising (eg: billboards, pay phones, street furniture, bus stops, etc) of alcoholic products.

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<sup>38</sup> Deloitte Access Economics, *ImagineSydney: Play*, 2019

<sup>39</sup> Review of Amendments to the Liquor Act 2007 (NSW) — the Callinan Review — 2016, pg 90

### 4.3 Loneliness and social isolation in a 24-hour economy

Social isolation is not a new phenomenon. The founders of St Vincent’s Health Australia – the Sisters of Charity – were colloquially known as ‘the Walking Nuns’ for their efforts to visit the poor and sick, isolated in their own homes, to offer comfort and support.

However, loneliness and social isolation have grown enormously as challenges to community health in recent years, and present major tests for governments when considering how to appropriately plan and develop our cities.

A 24-hour economy that takes one-dimensional approach to 'vibrancy' - by relying on the trade of alcohol and events where alcohol is sold - will not equate to a reduction in loneliness or social isolation.

St Vincent’s Health Network Sydney believes the drive to a 24-hour economy provides governments with an opportunity to specifically focus on these issues as part of their efforts to boost ‘vibrancy’. By doing so they can make sure that the city’s growth does not just benefit a narrow constituency but that its advantages, including those related to health and wellbeing, are shared by all.

According to the 2016 Census, almost one Australian household in four was a lone person household. This increased from one in five households in 1991. Of the 2 million people living alone on Census night, over half (55%) were female.<sup>40</sup>

Based on the same Census, in the City of Sydney the figure is much higher with 32.5%, or nearly one-third of people, living alone.<sup>41</sup>

Other data sources tell a similar story:

- 1 in 10 (9.5%, or around 1.8 million based on 2016 population) Australians aged 15 and over report lacking social support.<sup>42</sup>
- about 1 in 4 report they are currently experiencing an episode of loneliness.<sup>43</sup>
- 1 in 2 (51%) report they feel lonely for at least 1 day each week.<sup>44</sup>
- only one-third of Australians have high levels of trust in their neighbours.<sup>45</sup>

The health impacts of social isolation and loneliness are serious and growing.

As stated by the Australian Institute of Health and Welfare, loneliness has been linked to premature death, poor physical and mental health and general dissatisfaction with life.<sup>46</sup>

Social isolation has also been linked to mental illness, emotional distress, suicide, the development of dementia, premature death, poor health behaviours, smoking, physical inactivity, poor sleep, and

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<sup>40</sup> Australian Bureau of Statistics, Census of Population and Housing: *Reflecting Australia - Stories from the Census*, 2016

<sup>41</sup> <https://www.cityofsydney.nsw.gov.au/community/community-services/older-adults/older-people-living-alone>

<sup>42</sup> [Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey](#). Canberra: Relationships Australia.

<sup>43</sup> [Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing](#).

Australian Psychological Society 2018

<sup>44</sup> *ibid*

<sup>45</sup> <https://www.smh.com.au/national/its-a-matter-of-trust-but-we-dont-even-like-our-neighbours-20051030-gdmcgn.html>

<sup>46</sup> Australian Institute of Health and Welfare, *Social isolation and loneliness*, Sept 2019



biological effects, including high blood pressure and poorer immune function. High levels of social isolation are also associated with sustained decreases in feelings of wellbeing.<sup>47</sup>

The risk of premature death associated with social isolation and loneliness is similar to the risk of premature death associated with well-known risk factors such as obesity.<sup>48</sup>

And the positive health impacts of addressing loneliness? Studies have shown that those with strong social relationships have a 50% lower chance of death than those with weak connections, a positive health impression that is the equivalent of giving up smoking.<sup>49</sup>

The respected Australian social commentator and academic, Hugh Mackay, has repeatedly returned to the issue of social isolation in Australia in his writings and observations.

In a presentation to St Vincent's Hospital Sydney staff in February 2020, Mackay identified some of the origins of widespread loneliness in Australia – our high divorce rate; more than one million children living in single parent households, many who are regularly transplanted from house to house week by week; a low birth rate relative to the size of our population (the number of children is proportionately down, while the number of pets is increasing); and growing lack of community and social cohesion making us more isolated and socially fragmented than we have ever been.

In his Gandhi Oration at the University of NSW in 2017, Mackay also emphasised the role of social media in increasing our isolation:

“The IT revolution that has led us to confuse data transmission with communication, altered our perceptions of privacy and identity, and – above all – made it easier than ever to remain apart from each other.”<sup>50</sup>

And as society's fragment there is a complementary decline in compassion.

The City of Sydney seems to have recognised the necessity to focus on social isolation, but appears to see it only as an issue impacting older people<sup>51</sup> when in fact it's a problem that cuts across all ages and genders, however with men predominantly affected.<sup>52</sup>

St Vincent's Health Network Sydney calls on governments to address social isolation with the same commitment and energy as they would any pressing public health issue, or indeed, the issue of the city's 24-hour economy.

There are a number of inventive approaches to combatting social isolation that should provide policy makers with ideas.

One opportunity is to increase the utilisation of 'third places' – public or commercial spaces that provide informal opportunities for local people to mix socially on neutral ground.

The concept, devised by Ray Oldenburg in his book 'The Great Good Place'<sup>53</sup>, are places separate to home (the first place) or work (the second place), and are commonly defined as community gardens, libraries, public swimming pools, cafes, men's sheds, farmers' markets and dog parks.<sup>54</sup>

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<sup>47</sup> ibid

<sup>48</sup> ibid

<sup>49</sup> <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000316>

<sup>50</sup> <https://theconversation.com/hugh-mackay-the-state-of-the-nation-starts-in-your-street-72264>

<sup>51</sup> <https://www.cityofsydney.nsw.gov.au/community/community-services/older-adults/older-people-living-alone>

<sup>52</sup> <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

<sup>53</sup> [https://en.wikipedia.org/wiki/The\\_Great\\_Good\\_Place\\_\(book\)](https://en.wikipedia.org/wiki/The_Great_Good_Place_(book))

<sup>54</sup> <https://theconversation.com/many-people-feel-lonely-in-the-city-but-perhaps-third-places-can-help-with-that-92847>

For example, an increased evening use of school buildings and sports grounds would create new opportunities for social connection. Policies exist to promote this idea, but implementation is complicated by overlapping jurisdictions (Commonwealth, state, local) and by issues such as insurance and liability.<sup>55</sup>

Governments should seize the benefit provided by these sites – and note that none of those listed involve a reliance on the serving of alcohol for them to operate – and make sure that they are utilised in a 24-hour economy that benefit all. At the moment, all the focus of state and local government initiatives in this area appears to be on bars, clubs and restaurants.

Health has a role to play as well.

For example, the town of Frome in Somerset, in southern England, saw emergency hospital presentations drop by 17% after it began the ‘Compassionate Frome’ project, an initiative based on the practice of a local GP who started prescribing patients with community engagement activities when appropriate.<sup>56</sup> The Victorian town of Ballarat is trialling the same approach.

Finally, as a leading provider of health services to vulnerable populations in the City of Sydney – people who are homeless, people with alcohol or other drug addictions, people living with mental illness, Aboriginal and Torres Strait Islanders – it’s also St Vincent’s belief that our urban environment largely excludes these and other marginalised groups from the city’s daily life. That must also be top of mind for authorities as they consider how to achieve a truly 24-hour city.

## 5. Conclusion

The harms associated with alcohol, and the increasing scientific evidence regarding the health outcomes influenced by alcohol, is persuasive to anyone involved in healthcare. It is appropriate for reasonable action be taken to curtail its harms and liquor law reforms should be indicative of that.

At the same time, St Vincent’s calls on governments to embrace an approach towards a 24-hour night economy for Sydney that has public health as its foundation.

A commitment to reducing alcohol-related harms and support for a vibrant 24 hour economy are not mutually exclusive.

St Vincent’s believes the NSW Government can successfully inject Sydney’s city with extra vibrancy, and in a way that shares the benefits broadly and inclusively with residents, businesses and their employees, and visitors, but to do so it must show a readiness to think and plan more boldly – beyond simply pulling the predictable levers of loosening licensing laws, letting pubs and clubs trade longer hours, and letting the alcohol flow.

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<sup>55</sup> Grattan Institute, *Social Cities*, 2012

<sup>56</sup> <https://www.theguardian.com/commentisfree/2018/feb/21/town-cure-illness-community-frome-somerset-isolation>