Don't lose sight: last drinks laws reduce violent assaults

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The evidence that reducing trading hours reduces alcohol-related violence is compelling

Alcohol-related violence has a large impact on the Australian health care system and on society. Emergency departments (EDs) and acute surgical services are the frontline in dealing with these presentations. A prospective study of eight EDs in Australia and New Zealand found that almost one in ten presentations are alcohol-related throughout the week.[1] Further, ED clinicians frequently experience violence and aggression inflicted by patients affected by alcohol.[2]

On 30 January 2014, the New South Wales Parliament passed the *Liquor Amendment Act 2014*, restricting access to alcohol in the Kings Cross and Central Sydney entertainment precincts. The changes included cessation of alcohol service by 3 am; a "lockout" preventing patrons from entering licensed venues after 1.30 am; a statewide ban on takeaway alcohol sale after 10 pm; a freeze on new liquor licences; and the extension of temporary and long term banning orders for designated "trouble makers". It is likely that early cessation of alcohol service contributes most to reducing alcohol-related violence.

The article by Holmes and colleagues in this issue of the *MJA* adds to the research into the role of these "last drinks" laws in reducing alcohol-related injuries. They report that in the two years following their introduction, the number of orbital fractures treated at St Vincent's Hospital in Sydney was 10% lower than during the 2 years prior to the laws, saving an estimated $463 692 in treatment costs.[3] Orbital fractures have long term functional and cosmetic effects, including vision loss, but constitute only a small proportion of the alcohol-related injuries and medical conditions seen in EDs.[4] Fulde and colleagues previously reported that the most serious alcohol-related injuries were reduced by almost 25% during the first 12 months of the last drinks laws.[5] It is likely that the retrospective nature and other methodological problems of these studies led to underestimating both the size of the problem and the beneficial impact of the new restrictions.[3,4]

Arguments against the laws include the risk of temporal or geographic displacement of alcohol-related violence, and that the effect will not be sustained. A study of rates of non-domestic violence found that 27% fewer alcohol-related assaults were reported to police during the first 16 months of the new liquor laws. There was no evidence that violence was displaced either to zones adjacent to the central Sydney/Kings Cross areas or to more distant night-time entertainment zones, nor was there any indication of temporal displacement of assaults to earlier in the night.[6]

Early last drinks were introduced in central Newcastle in 2008, resulting in a 34% reduction in non-domestic assaults during the first 18 months; a 5-year follow-up found that the effect had been sustained.[7] The authors of the study investigated the impact of lockout alone by comparing assault rates in central Newcastle with those of a nearby area where lockout laws, but not early last drinks, applied. They found that lockout alone had no impact, suggesting that other aspects of the Newcastle law changes, particularly early last drinks, were more effective.

The relationship between trading hours and assaults was shown by a large study in Norway.[8] Using a quasi-experimental design, a consistent 16% increase in assaults per hour of additional opening after 1 am, and the same reduction for early closing, were noted for 18 Norwegian cities; the changes in both directions could be observed within single cities during the 10-year study period. These findings are consistent with the Australian experience, and provide compelling evidence that reducing trading hours reduces alcohol-related violence.[9]

The 2016 Callinan review of the last drinks laws in central Sydney resulted in restrictions being relaxed by 30 minutes for last drinks and lockouts, and by 60 minutes for takeaway alcohol sales.[10] It is likely that the extension of trading hours will result in increased numbers of assaults and injuries.

Unlike police data on assaults, which include information on aetiology, there is a lack of health service data on the causation of alcohol-related presentations to EDs. The Australasian College for Emergency Medicine has called for data on alcohol-related presentations to be collected as part of the national minimum dataset for non-admitted patients. This information, including where patients consumed alcohol before being injured, is routinely collected by EDs in England as part of a comprehensive, targeted public health strategy for reducing alcohol-related harm.[11] The approach

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also encompasses data sharing by police, health services, and local government, and targeting of licensed venues to reduce the harmful consumption of alcohol. This approach reduced alcohol-related injury presentations to EDs by 30%[12] and was cost-effective.[13] Collecting analogous data in Australia would both provide a better understanding of the scale of alcohol-related presentations and be a powerful driver for policies for reducing their number.

Restricting access to alcohol by legislating for early last drinks will reduce the numbers of assaults and of patients attending EDs requiring treatment for serious injuries. It is also likely to reduce the exposure of health care workers to alcohol-related violence and aggression. Early last drinks laws would be more effective if broadly and consistently implemented, as recently legislated in Queensland,[14] and as part of a coordinated national strategy for reducing harm from alcohol that also tackles the affordability and advertising of alcohol.

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