

Fewer alcohol-related visits to inner Sydney emergency room since 'lockout laws' introduced

February 26 2018, by Diana Egerton-Warburton

The emergency room at Sydney's St Vincent's Hospital has seen a 10% reduction in the incidence of fractures that are often caused by a punch to the face over the two years since the so-called "lockout laws" were introduced.

Published in the [Medical Journal of Australia](#) (MJA), the results indicate alcohol restrictions in inner Sydney have effectively reduced numbers of violent alcohol-related injuries.

The controversial 2014 NSW Liquor Amendment Act aimed to reduce alcohol-related violence by restricting access to alcohol in Sydney's Kings Cross and the CBD entertainment precinct. The changes involved stopping alcohol service in pubs and clubs by 3am and a 1.30am "lockout" (to stop people entering the venue), as well as restrictions on takeaway sales after 10pm.

It's actually the closing time of the venue that has the [bigger impact](#) (rather than the lockout itself), so early last drinks is a better name than "lockout laws."

The MJA study looked at the rates of alcohol-related orbital (eye socket) fractures before and after the changes to alcohol access. There were 27 fewer fractures that required surgical management during the period of the laws. That's an estimated total saving of nearly half a million dollars

in hospital, ambulance and other medical costs.

Some orbital fractures can be considered minor injuries. But in 2016, some of the same authors [found a 25% reduction](#) in major alcohol-related injuries (such as the so-called "one punch" injuries) in the 12 months after the laws were introduced. Such injuries often result in doctors such as myself having to tell parents their child may have a serious head [injury](#) or possibly be brain dead.

This latest research adds to [compelling evidence from Australia](#) and internationally that demonstrates restricting access to alcohol by closing drinking venues early reduces serious assaults and injuries.

Read more: Curfews and lockouts: battles over drinking time have a long history in NSW

A [Norwegian study](#) showed the effect in both directions when towns changed opening hours of pubs and clubs after 1am. Alcohol-related assaults increased by almost 20% per hour with increased opening hours, and vice versa with early last drinks.

The biggest and most comprehensive study internationally on alcohol-related presentations to EDs, which include intoxication and other emergencies besides injuries, found almost one in ten of all attendances were alcohol-related. That equates to a [staggering half a million patients](#) every year presenting to Australian EDs with alcohol-related harm. The economic cost is huge, but the human cost even bigger.

Emergency department staff are [frequently assaulted](#) by drunk patients. They frighten and disrupt the care of other patients, including children and the elderly. We surveyed more than 2,000 ED staff in 2014 and found nine out of ten had experienced violence from a drunk person in the emergency department.

The Sydney laws were [reviewed in 2016 by Justice Callinan](#) and relaxed by 30 minutes for the last drinks and lockouts, and 60 minutes for takeaway alcohol sales. Research points to the fact this will result in increased assaults and injuries, both for the general public and health workers.

The Queensland government recently introduced early (2am) last drinks across the state. This will result in a [significant reduction](#) in [alcohol](#)-related assaults and injuries, as well as massive cost savings and productivity gains.

Policymakers in other states and territories have the ability to turn off this tap of human misery and injury. They can't stop it completely, but they can reduce it dramatically by introducing early last drinks.

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