

# Submission to the Independent Review of the Impact of Liquor Law Reforms (NSW)

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April 2016

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# About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

FARE is guided by the World Health Organization's (2010) *Global Strategy to Reduce the Harmful Use of Alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

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## Introduction

Liquor licences are a privilege granted by government, as an agent for the public interest, not a right. This privilege behoves licensees to be responsive to the risks generated as a by-product of their profit imperative to sell more liquor over longer periods of time. In light of the egregious rates of alcohol harms and their associated costs, the New South Wales (NSW) Government has acted to remedy the imbalance created by alcohol industry business models that have acted to increase profits at the expense of individuals, government and society. The measures constitute a proportional and justifiable compensatory measure to deliver reductions in alcohol harm. The substantial reduction in alcohol-related assaults and harmful consumption strikes a balance to accommodate continued business operation while protecting against such externalities. To roll back these measures would undermine the corrective justice that they have delivered, and threatens to reinstate the significant levels of harm caused by alcohol which was inflicted on the people of NSW prior to their introduction.

FARE welcomes the opportunity to provide a submission to the Independent Review of the Impact of Liquor Law Reforms. This submission examines the harm and costs associated with trends in alcohol consumption in Australia in order to provide evidence-based policy recommendations for the continued reduction in the burden of alcohol in NSW.

FARE supports continued efforts to reduce alcohol-related harm and its associated costs. Ample evidence exists to suggest that the new measures have been effective in reducing alcohol-related violence in the Sydney CBD and Kings Cross precincts.

## Recommendations

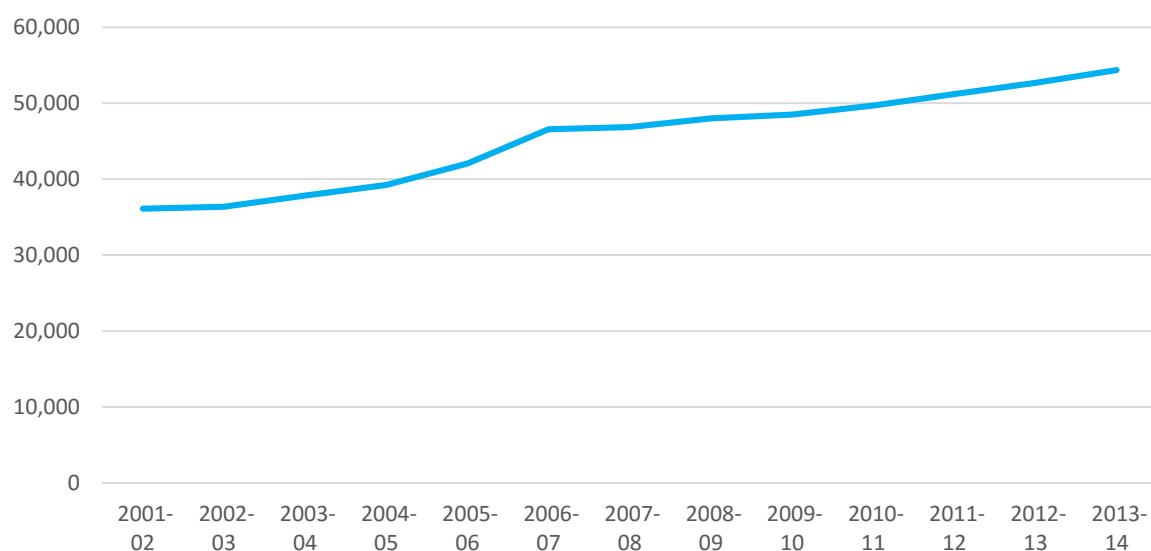
Based on the evidence presented in this submission, FARE recommends the following actions to further reduce the burden of alcohol on NSW communities:

1. Maintain the 3am cease of alcohol sales and 1:30am lockout, and extend these policies to all venues in NSW.
2. Maintain the 10pm takeaway liquor sales restriction at all NSW venues.
3. Maintain the current freeze on new liquor licences and extended trading hour applications in the City of Sydney, and extend this measure beyond February 2017.
4. Increase the rate of fees under the periodic licence fee scheme to recover more of the expenses associated with the administration of the licensing system and with alcohol-related harm.

## The harm caused by alcohol

Alcohol abuse is associated with a host of short and long-term harms to drinkers, their friends and family, government and society more broadly. In addition to adverse outcomes in the short-term, such as assault<sup>1,2,3</sup> and injury,<sup>4</sup> dangerous patterns of alcohol consumption can result in a range of chronic disease and disabilities across the lifetime.<sup>5</sup> In 2010, 15 deaths and 430 hospitalisations occurred as a result of alcohol each day in Australia.<sup>6</sup> Deaths due to alcohol have risen by a staggering 62 per cent since that time.<sup>7</sup> For men, injuries accounted for more than a third (36 per cent) of alcohol-related deaths, while cancer and digestive diseases caused 25 and 16 per cent, respectively. For women, one in three alcohol-related deaths were due to heart disease (34 per cent), followed by cancers (31 per cent) and injuries (12 per cent). The harms from alcohol are not only significant but also increasing. In NSW, hospitalisations attributable to alcohol have increased from 36,102 in 2001-02 to 54,374 in 2013-14. Figure 1 highlights the increase in alcohol-attributable hospitalisations in NSW.<sup>8</sup>

**Figure 1. Alcohol attributable hospitalisations, NSW 2001-02 to 2013-14**



Source: Healthstats NSW, 2015

The scale and variety of harm that alcohol causes to innocent third parties distinguishes it from other health and lifestyle risks, such as smoking and gambling. These harms include street and family violence,<sup>9,10,11</sup> road traffic accidents,<sup>12</sup> and child maltreatment.<sup>13</sup> Alcohol is involved in between 23 per cent<sup>14</sup> and 65 per cent<sup>15</sup> of family violence incidents reported to police; and between 2002-03 and 2011-12, 36 per cent of perpetrators of intimate partner homicides had used alcohol.<sup>16</sup> More than one in five (22 per cent) Australian children are negatively affected by the drinking of others.<sup>17</sup> Problematic drinking by their primary caregiver substantially affects 142,582 Australian children, with 10,166 already in the child protection system as a result.<sup>18</sup> In addition to maltreatment and neglect, children can be affected by alcohol consumption prior to birth, through Fetal Alcohol Spectrum Disorders (FASD).<sup>19</sup> As a result of alcohol's harm to others, more than 360 people die each year, a further 14,000 are hospitalised, and close to 70,000 people are victims of assault.<sup>20</sup>

## Trends in alcohol consumption

Understanding the amount of alcohol consumed across the population is important, as it is a measure of where harm may be occurring across and within the population. Alcohol consumption, however, is not static and is influenced by the access and social acceptability of alcohol.

The Australian Bureau of Statistics (ABS) *Apparent consumption data* shows that alcohol consumption per capita peaked in 1974-75 at 13.1 litres of pure alcohol per person aged 15 years and over in Australia. This remained stable for the next decade before declining to 9.8 litres person in 1995-96. Since this time, alcohol consumption has risen to 10.8 litres in 2006-07 and 2007-08 before declining again to 9.7 litres of pure alcohol per person in 2013-14.<sup>21</sup> The National Drug Strategy Household Survey (NDSHS) published every three years by the Australian Institute of Health and Welfare shows that alcohol consumption has been fairly stable or there have been minor decreases over the last decade with increasing rates of people abstaining from alcohol altogether.<sup>22</sup>

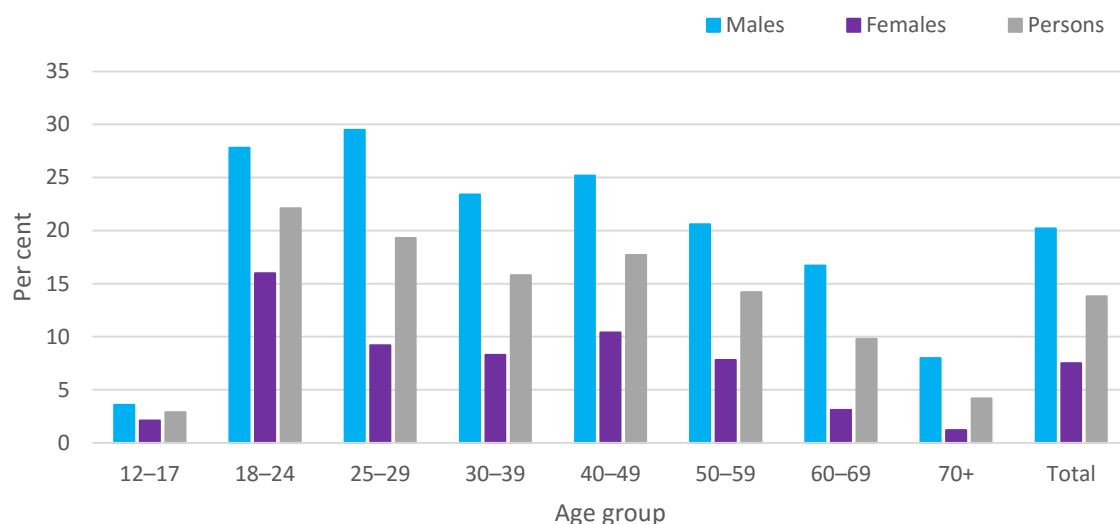
However, even with this decline, a large proportion of Australians continue to drink at risky levels. One in five Australians aged 14 years and older accounted for a staggering 74.2 per cent of total alcohol consumed in 2013.<sup>23</sup> This equates to nearly four million (3,805,753) people consuming an average of 19.2 litres of pure alcohol a year.

Consumption data also shows that the number of Australians aged between 14 and 17 who drink at risky levels has decreased by half over the last 13 years, while the number of abstainers has more than doubled.<sup>24</sup> However, rates of heavy drinking have remained stable among young adults (aged between 18 and 29), and have even increased among Australia's older populations. It is the youngest cohort (14 to 17 years old) that has most markedly reduced their risk of alcohol-related harm.

More than one fifth (22.1 per cent) of people aged between 18 and 24 years reported single occasion risky drinking at least weekly in 2013.<sup>25</sup> The proportion of 18 to 24 year old males reporting such behaviour (27.8 per cent) was considerably higher than females of the same age (16.0 per cent). The proportion of 18 to 24 year olds that reported consuming alcohol at very high levels of risk (11 or more standard drinks in an occasion) at least monthly (17.8 per cent) was higher than for any other age range.

In 2013, 21.3 per cent of people aged 18 to 24 reported alcohol consumption associated with high risk of alcohol-related harm across the lifetime.<sup>26</sup> Among 25 to 34 year olds, one fifth (20.0 per cent) reported consumption associated with a high lifetime risk of alcohol-related harm.

**Figure 2. Reported single-occasion risky drinking at least weekly in preceding 12 months**



Source: Australian Institute of Health and Welfare. (2013). *National Drug Strategy Household Survey*.

Among individuals participating in single occasion risky drinking, young people are most at risk of a range of harmful incidents, including verbal and physical assault. A higher proportion of 18 to 24 year olds reported verbal or physical abuse, or being put in fear, than any other age category. Over a third (34.6 per cent) of respondents reported having been victims of alcohol-related verbal abuse in the preceding 12 months. During that time, 15.2 per cent of 18 to 24 year olds reported being victims of physical abuse, and 18.6 per cent reported being put in fear as a result of alcohol use.

## The substantial and diverse costs of alcohol

The range and magnitude of cost associated with alcohol consumption are large. Alcohol costs Australians an estimated \$36 billion every year. This cost is borne by drinkers, their friends and family, government, and society more broadly. Some costs impact directly on business and government, including productivity and labour costs (\$4.0 billion), healthcare (\$2.2 billion), and crime (\$1.6 billion).<sup>27,28</sup> Other costs are associated with the effect of drinking on households and family members (\$1.7 billion), counselling and treatment (\$110 million), child protection (\$671 million) and the loss of life (\$4.6 billion).<sup>29</sup>

In a 2013 report, the NSW Auditor-General argued that “the community should not have to continue to pay such a high price for the impacts of alcohol abuse”.<sup>30</sup> In total, the cost of alcohol to the NSW Government was estimated to be \$1.029 billion per annum, with the largest costs borne by the NSW criminal justice system (\$474 million), community services for out-of-home care and child protection services (\$263 million), and NSW Health for alcohol-attributable hospitalisations (\$87 million). A further \$204 million was estimated to be lost in productivity due to illness. The report provided support to both supply and demand initiatives to reduce the impact, with reduced availability cited as one recommended option.

In addition to substantial costs to the NSW Government, the cost of alcohol to the NSW community (including incarceration, violence, health burden on the individual and lost productivity) was estimated at \$3.9 billion annually.<sup>31</sup> Overall, it was recommended that options should be examined to

recoup some of the costs from individuals whose alcohol abuse requires a response from government services.<sup>32</sup>

One effective approach to recovering such costs is through targeting alcohol industry business models that facilitate harmful consumption. Risk-based licensing fees, for example, address market failures that result in some businesses creating externalities by maximising their profit at the expense of the taxpayer. Such businesses are thereby encouraged to undertake sustainable operations that balance the costs and benefits of alcohol sales. Modest changes to regulation, such as addressing alcohol's availability, also assist in reaching this balance. Where the cost to society of business operations is not able to be balanced against the benefits afforded, such as alcohol sales after 3am, such activity should be regulated against.

## Evidence-based policy for addressing alcohol-related harm

The second report of the World Health Organization's *Expert committee on problems related to alcohol consumption* identifies the most effective strategies for reducing alcohol-related harm.<sup>33</sup> These measures include restricting alcohol supply, increasing tax on alcoholic beverages and employing specific measures to counter drink-driving.<sup>34</sup> Other recommended measures include assessment and brief intervention within primary health services, and access to evidence-based treatment interventions and community services for people with alcohol use disorders.<sup>35</sup>

Unlike monitoring and surveillance (such as CCTV and ID scanners), which lack robust evidence regarding their efficacy and require significant outlay as well as ongoing costs,<sup>36</sup> measures addressing availability are both cost effective and proven in reducing alcohol-related harm.<sup>37,38</sup> To regulate availability of alcohol, restricting trading hours and outlet density have been demonstrated as the most effective methods.<sup>39</sup> Research demonstrates that an increase in pub trading hours is associated with an increase in harms,<sup>40</sup> and alcohol-related assaults increase significantly after midnight.<sup>41,42</sup> Extended trading hours increase the availability of alcohol, which is associated with an increase in assault,<sup>43,44</sup> family and domestic violence,<sup>45</sup> road crashes,<sup>46</sup> child maltreatment<sup>47</sup> and harmful consumption.<sup>48</sup> Australian and international research demonstrates that for every additional hour of trading, there is a 16 to 20 per cent increase in assaults and, conversely, for every hour of reduced trading there is a 20 per cent reduction in assaults.<sup>49,50</sup>

Research has consistently demonstrated that increased outlet density (both hotel, on- and off- licence types) also contributes to increased alcohol harms.<sup>51</sup> A recent study found that a ten per cent increase in chain outlet density (such as Dan Murphy's and First Choice Liquor) is associated with a 35.3 per cent increase in intentional injuries (including assaults, stabbing and shooting), and a 22 per cent increase in unintentional injuries (including falls, crushes, or being struck by an object).<sup>52</sup>

The trading hours of off-licence (takeaway) liquor outlets are also associated with alcohol harms. Research conducted in Switzerland has shown that a reduction in off-licence trading hours in Geneva, combined with a ban on the sale of alcohol from petrol stations and video stores, decreased hospital admissions among adolescents and young adults by up to 40 per cent.<sup>53</sup> Research from New Zealand found that drinkers purchasing takeaway alcohol after 10pm are twice as likely to drink heavily compared to those buying alcohol before 10pm.<sup>54</sup> New Zealand police noted that off-licence venues are more likely than on-licences to be an issue for offences involving minors.<sup>55</sup>

It is clear that mandatory interventions aimed at reducing alcohol-related harm are more effective than voluntary measures. While the alcohol industry profits at the expense of individuals and the government, lip-service initiatives undertaken by the industry should not detract from efforts to comprehensively correct the balance. A comparison of the effectiveness of alcohol-related crime prevention measures through licensing regulation in Newcastle (NSW) and the voluntary programs run in Geelong (Victoria) found that regulatory measures were most effective in reducing alcohol-related crime.<sup>56</sup> There is little incentive for the alcohol industry to comply with voluntary measures aimed at improving public health when its primary concern is profit maximisation. Indeed, a guiding principle of the World Health Organisation's *Global strategy to reduce the harmful use of alcohol* recommends that "public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence".<sup>57</sup>

In addition to public health and social benefits, strategies aimed at reducing alcohol-related harm are cost-effective, with significant savings possible through improvements to population health.<sup>58</sup> The liquor reform measures have assisted in correcting the balance between alcohol industry profits and the cost inflicted on individuals and government. The 10pm restriction on takeaway sales, 1:30am lockout and 3am cessation of alcohol sales measures have been effective in reducing the cost of alcohol-related harm. Risk-based (periodic) licensing further assists to actively recoup a small portion of the cost of alcohol-related harm, as well as expenses involved in administration and regulation of such licensing. Together, these measures work to reduce the harm inflicted by alcohol on our communities, helping to restore balance between the enjoyment of alcohol and the burden it can place on individuals, government and society more broadly.



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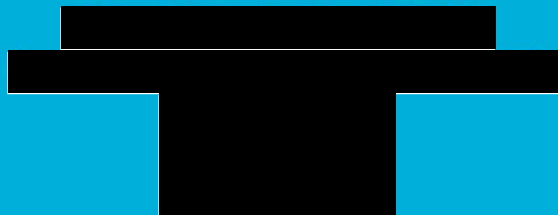


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