



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on the Independent review of NSW liquor law reforms

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

This submission addresses the terms of reference of the *NSW Independent Review of the Impact of Liquor Law reforms*. The PHAA welcomes the opportunity to contribute to the review of the *NSW Liquor Amendment Act 2014*. It provides an important opportunity to highlight very substantial developments in alcohol policy-relevant research, in Australia and elsewhere in addition to the clear, undisputed evidence of the effects of the 1.30am lock out and 3am cessation of liquor sales requirements on venues in the Sydney CBD Entertainment and Kings Cross Precincts and 10pm takeaway liquor restriction across NSW. Together these evidence based policies strengthen the Act to more effectively prevent and reduce harm from alcohol in the NSW community.

We believe this evidence should play a key role in informing the government's approach to strengthening the *NSW Liquor Amendment Act*. Based on evidence presented in our submission the PHAA recommends the following to reduce alcohol related harm among the people of NSW:

- Any amendment to the Act adopt a pro-active, evidence based approach to preventing harm from alcohol by acknowledging the strong and consistent evidence for reducing the availability of alcohol
- Changes to the Act would not increase the overall physical or economic availability of alcohol, including;
 - maintaining the 1.30am lockout and 3.00am cease of alcohol sales in Sydney CBD and Kings Cross and extend to areas with problematic alcohol use across NSW;
 - maintaining the 10.00pm cease of takeaway sales across the state;
- Ensure the safety of the community is place before economic interested of the alcohol or gambling industries.

Submission Summary

Background

We strongly urge that the liquor licensing framework prioritise the health and safety of all people in NSW and should ensure that public health has clear priority over the commercial interests of the alcohol and gambling industries. We believe that the prime and clear focus of the *NSW Liquor Amendment Act* (the Act) should be on preventing harms caused by alcohol and minimising the impact of alcohol problems in our community.

While the majority of Australians enjoy alcohol in moderation, a proportion of Australians have an unhealthy relationship with alcohol; they drink to get drunk or drink at unhealthy levels resulting in social problems, crime, (including sexual assault), violence, road crashes, and other direct and indirect forms of social disruption. Social acceptance of alcohol allows us to ignore its harms. While more young people do not drink or are delaying the age at which they first drink, young Australians are among the highest binge drinkers on the globe and one in eight deaths of 25 year olds in Australia is due to alcohol consumption¹. The consequences of problematic drinking and an inability to control one's drinking is not occasional but common and are felt by users and many others in the community. The costs of alcohol to the community, from healthcare to law enforcement to a range of intangible costs are substantial. Importantly, much of these harms are preventable.

Comprehensive approach

Through liquor licensing laws, state governments have substantial ability to control availability and access to alcohol, including where, when and how alcohol may be sold and consumed. Appropriate controls on the availability of alcohol are an essential component of the comprehensive approach needed to effectively prevent and reduce harm from alcohol.^{2,1,3} We recommend that careful consideration be given to any changes to the Act that would lead to the increased availability of alcohol and thus increased alcohol related harms and urge action be taken to prevent this where the potential is identified.

The problem:

1. Levels of alcohol use in NSW and Australia are cause for concern

The most recent data from 2013 indicates that 80% of Australians consumed alcohol in the last 12 months, the majority (72.6%) drink below levels that would incur long-term risk of harm. However, there is cause for concern for the number of people engaging in risky drinking. One in five Australians (20.4%) drink at short-term risky/high-risk levels at least once a month⁴. This pattern of drinking is the equivalent of consuming 29 or more standard drinks per week for males and 15 or more standard drinks per week for females. Rates of risky/high-risk levels for short-term harm are 20-40% higher for people residing in outer regional and remote/very remote locations compared to residents of major cities. The proportion of the population residing in outer regional and remote/very remote locations who drank at risky/high-risk levels

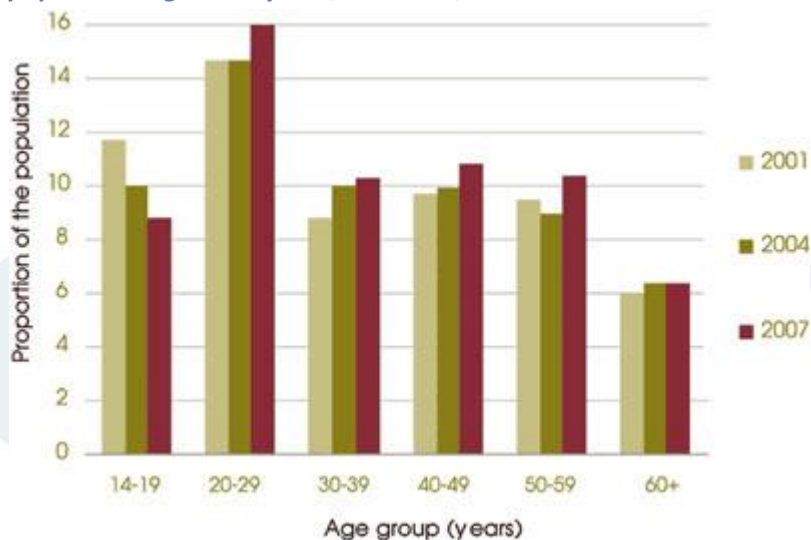
¹ The World Health Organisation and Australian Reviews concluded that in general, the types of interventions that are considered most effective in reducing alcohol related harm according to the ratings are, in order:

1. Regulating physical availability
2. Taxation and pricing
3. Drink-driving countermeasures
4. Treatment and early intervention

for long-term harm were 11% and 16% respectively, compared to 9.5% in major cities. Not surprisingly, there are also geographic differences in the rates of alcohol-related harm in Australia⁵.

Among young adults (aged 20–29 years), the prevalence of drinking at levels posing long-term risk of harm is significantly higher (16%) than among other age groups (Figure 1). Short-term consumption of alcohol at harmful levels, while only occasional, is also a prominent feature of the drinking culture in Australia. Put another way, this equates to more than 42 million occasions of binge drinking in Australia each year.

Figure 1: Drinking at risky/high risk of harm in the long term by age and year, proportion of the population aged 14+ years, Australia, 2007



Source: AIHW National Drug Strategy Household Survey 2007

In addition, harm from alcohol is more prevalent in men compared to women^{Error! Bookmark not defined.}: 20% of men compared to 7.1% of women have an increased risk of alcohol related injury; 45.7% of men compared to 24.2% of women have an increased risk of harm from alcohol related disease, based on 2014 data. While much harm occurs late at night and is not witnessed by the general community 73% of adults report experiencing some kind of adverse effect in the last year from someone else's drinking⁶.

2. Availability of alcohol

There were 17,493 liquor licenses in force in NSW in the 2014-15 financial year⁷. The Authority granted 2,475 new licenses. These figures do not include single event, special event and trade licenses. There is strong research support for controlling alcohol availability to reduce problematic alcohol consumption and related harms, suggesting that this is an important area of focus in NSW. The number of alcohol licenses, and the duration of opening hours remain problems in urban areas, and enforcement of policies such as those pertaining to social supply of alcohol to minors is problematic. Ample evidence is now available demonstrating the effectiveness of regulation that reduces intoxication and subsequent harm to individuals and the community.

An emerging challenge is the growth in packaged (i.e. take-away) liquor sales, which now represent around 80 per cent of all alcohol consumed, because the bulk of this is consumed in the home or other unlicensed premises where there are relatively few controls on servers and drinkers.

Response to Terms of reference

The PHAA will respond to the following aspects of the review, including the impacts of:

1. The impacts of the 1.30am lock out and 3am cessation of liquor sales in the Sydney CBD Entertainment Precinct and Kings Cross Precinct; A ban on takeaway alcohol sales after 10.00pm across NSW on:

a) Alcohol-related violence and anti-social behaviour in the Sydney CBD Entertainment Precinct, Kings Cross Precinct, potential displacement areas, and the broader community;

The Liquor Amendment Act, 2014 imposed by the State Government which took effect on the 24th of February 2014. An evaluation of the reforms was conducted after one year by the NSW Bureau of Crime Statistics and Research which found the reforms statistically significant and substantial reductions in assault occurred in both the Kings Cross (down 32%) and Sydney CBD Entertainment Precinct (down 26 %) (including a 40% decline in the sub-section George Street – South). A smaller but still significant reduction in assault occurred across the rest of NSW (9% decrease).

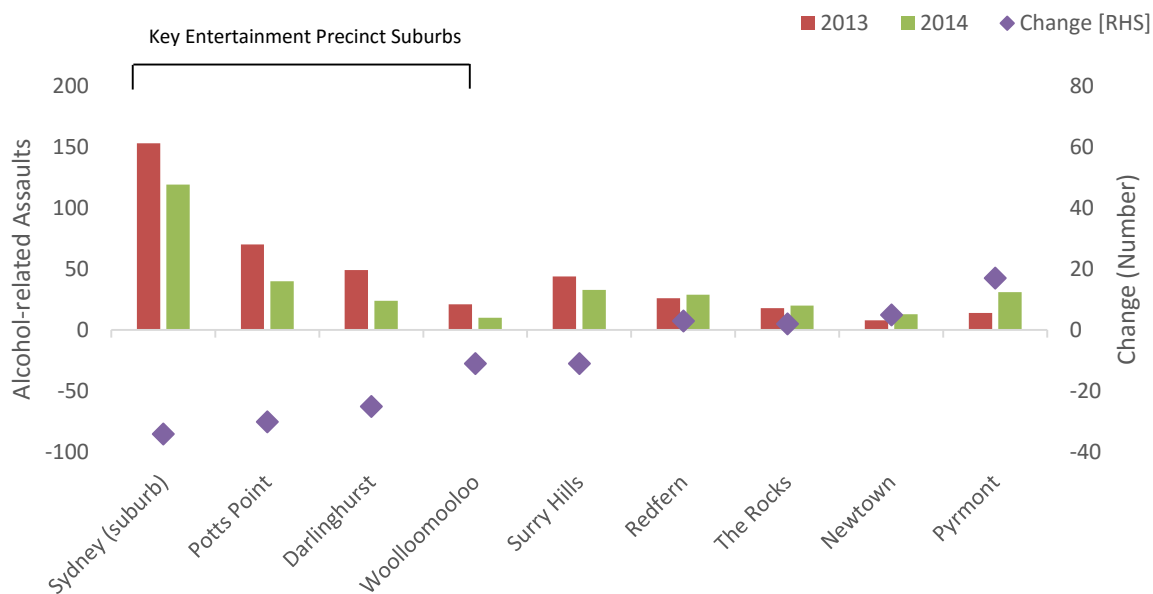
The January 2014 reforms were also associated with small decreases in assault in the PDA and the DDA but neither of these changes was statistically significant. There was some evidence that assaults increased in and around Pyrmont (The Star casino), however the effects are not statistically significant and the reduction in assault elsewhere was much larger than the increase around The casino.

b) Safety and general amenity in the Sydney CBD Entertainment Precinct, Kings Cross Precinct, and potential displacement areas;

The Liquor Amendments demonstrated a very large improvement in community safety. The number of alcohol-related assaults in Sydney LGA decreased by 103 (from 510 to 407) in the fourth quarter of 2014 compared with the corresponding period of the previous year.⁸

The levels of reported assaults in the suburbs of Redfern, the Rocks and Newtown remained steady compared to the previous 12 month period. There was a slight but not significant increase number of assaults reported in Pyrmont (Figure 2).

Figure 2: Alcohol-related assaults in selected Sydney suburbs, Oct-Dec Quarter 2013 and 2014



Source: Custom data provided by *The Bureau of Crime Statistics and Research (NSW)*

c) The impacts on patrons and residents (including whether venues continue to trade after 3am when alcohol service ceases).

Reducing liquor trading hours is an evidence-based measure to reduce harm

Evidence from Australia^{9,10,11} and overseas^{12,13} has consistently demonstrated that increased liquor trading hours are associated with increased alcohol-related problems, including violence in and around premises, violent crime and impaired driver road crashes. This research consistently demonstrates that every hour earlier a venue closes after 1am assaults are reduced by 10-30%. Conversely, earlier closing times have been associated with less alcohol-related harm, and restrictions on the trading hours of alcohol have been associated with reduced levels of alcohol-related problems. A review of the available international literature on the public health and safety impacts of changes to liquor trading hours for on premise consumption suggested that extended late-night trading hours lead to increased alcohol consumption and related harms such as violence.¹⁴

Hobday and colleagues (2015)¹⁵ investigated the combined effects of alcohol sales, outlet numbers and trading hours on alcohol-related harms in Perth, WA. Their findings included: “Compared to an additional on-premises outlet with standard trading hours, the risk of alcohol-related injury associated with venues operating with extended trading hours was substantially larger. This is consistent with research by Chikritzhs & Stockwell^{10,16}, which showed that late trading hotels had significantly higher levels of violence and associated road crash injury. Thus, higher densities of on-premises outlets trading with extended hours present a particularly high risk of injury.”

Evaluations of changes to liquor trading hours in Newcastle, NSW have provided valuable evidence regarding the effectiveness of reducing liquor trading hours to reduce harm from alcohol. Closing times of licensed premises in Newcastle were brought forward from approximately 5am to 3am and a number of other trading restrictions were imposed. The outcome was a one-third reduction in assaults in the 18 months following the restrictions, and there was no displacement of problems to other times or locations.¹⁷ Further evaluations have shown that the assault rates in the Newcastle CBD have remained lower and patrons go out earlier.^{18,19} The Newcastle experience is consistent with other evidence and is useful in informing approaches to liquor trading hours in other jurisdictions.

2. The impacts of the 10pm takeaway liquor restriction across NSW, with particular regard to the needs of rural and remote communities, and the social and economic impacts of the restriction on those communities.

We have particular concerns about the physical and economic availability of packaged liquor. Over 75% of all alcohol in Australia is bought as packaged liquor for off-premises consumption.²⁰

Availability of alcohol is associated with increased intoxication and consequently increased alcohol related harm. The PHAA cannot see any specific 'need' to sell takeaway liquor after 10pm in Metropolitan or rural communities.

Results of a WA study showed that the more alcohol sold per packaged liquor outlet (off-premise), the greater the risk of reported assault within the surrounding community – it was the volume of alcohol sold that had the greatest impact on assaults occurring in homes within the surrounding community.²¹ It was found that alcohol sold by off-premise outlets (packaged liquor) was associated with increased interpersonal violence occurring in residential settings, on-premise outlets (e.g. bars and pubs) and 'other places', including in the street. As domestic settings are a likely place for consuming alcohol purchased from off-premise outlets, they are a likely location for violence associated with off-premise alcohol purchases to occur.

Clearly increased trading hours increase availability, including impulsive purchases and enables people who have been drinking to increase their consumption and continue drinking later.

A Victorian study identified that increased availability in relation to density of packaged liquor outlets was associated with increased prevalence of very high-risk drinking among the young people aged 16-24 years in the study.²² The results suggested that an increase of one packaged liquor outlet in a postcode with 200 very high-risk young drinkers (from a total population of 1000 young people) would be expected to be associated with an increase of approximately 6 additional young people drinking at very high-risk levels.

Hobday and colleagues¹⁵ suggest that "readily available low-cost alcohol may encourage drinking in the home rather than at hotels where alcohol is more expensive". It could be expected that the harm related to packaged liquor is likely to occur away from the packaged liquor premises (e.g. bottle shops), and may be less visible than harms associated with late-night city entertainment precincts which tend to attract the attention of policy-makers, the media and the community. Less visible harms, such as domestic violence and chronic diseases associated with long-term alcohol use,²³ should be considered in liquor licensing processes, particularly in regard to off-premise licences.

3. The impact of the periodic licensing system on business viability and vibrancy.

While the PHAA is not in a position to comment on business viability, we encourage healthy communities where alcohol is not the primary focus of entertainment. It would be very disappointing, and would reflect an overly simplistic and misguided view, if 'creating vibrancy' was seen as analogous to increasing the availability of alcohol in the community. We support diverse activity options and innovative ideas which do not have alcohol as their central feature, to reflect the diversity of ages, cultural backgrounds and interests of the community.

When implemented as part of a comprehensive approach to prevent harm from alcohol, liquor restrictions can support increased tourism by attracting visitors through improved community safety and public amenity. Public safety and order is an incentive to tourism.

Conclusion

Population level approaches to preventing harm from alcohol should be a clear focus of the review of the Act and the resulting recommendations. A concerning proportion of the Australian population consume alcohol above the National Health and Medical Research Council guidelines to reduce health risks from drinking alcohol. Drinking at risky levels is particularly high among young adults and the risk of alcohol related harm increase considerably with increased intoxication. Increased availability of alcohol, particularly late at night is strongly associated with increased assaults, family violence and other injury. The many harms of alcohol and their costs to individuals and community are both undisputed and substantial. Therefore clearly problematic alcohol consumption is not a minority problem in NSW; rather, it is a whole-of-community issue which requires a comprehensive suite of population level approaches to effectively prevent harm.

In summary the PHAA New South Wales Branch and National Office recommend that:

- Any amendment to the Act adopt a pro-active, evidence based approach to preventing harm from alcohol by acknowledging the strong and consistent evidence for reducing the availability of alcohol
- Changes to the Act would not increase the overall physical or economic availability of alcohol, including;
 - maintaining the 1.30am lockout and 3.00am cease of alcohol sales in Sydney CBD and Kings Cross and extend to areas with problematic alcohol use across NSW;
 - maintaining the 10pm cease of takeaway sales across the state;
- Ensure the safety of the community is place before economic interested of the alcohol or gambling industries.

Beyond our evidence based position, there is a need for national guidelines on alcohol outlet density and opening hours in addition to a cohesive policy among liquor licensing agencies, planning departments and local governments on this issue, with legislation and action by government authorities placing a primary focus on public health and safety.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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4 April 2016

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