

13 December 2016

Dear Sir/Madam

Cancer Council Victoria's (CCV) mission is to prevent cancer, empower patients and save lives. We play a leading role in reducing the impact of all cancers on all people.

CCV welcomes the opportunity to provide a submission to the Review of the *Liquor Control Reform Act 1998*. The Review is an important opportunity for the Victorian Government to consider reforms of Victoria's liquor licensing regime which would help to reduce the significant health impacts of alcohol on Victorians, including alcohol-related cancer.

Alcohol has been classified by the World Health Organization International Agency for Research on Cancer as a Group 1 carcinogen. This is the highest classification available and means that alcohol causes cancer in humans. Alcohol is a proven risk factor for cancer of the mouth, pharynx, larynx, oesophagus, bowel, breast and liver.ⁱ The level of risk increases with the level of consumption.^{ii,iii,iv,v} Long-term alcohol consumption is responsible for more than 3200 (or 2.8 per cent) of the cancers in Australia each year.^{vi} Researchers have estimated that 5,610 deaths and 157,101 hospital admissions were attributable to alcohol in Australia in 2010, and that 1200 of those deaths were in Victoria.^{vii}

CCV is concerned about the excessive availability of alcohol in Victoria, which is likely to contribute to alcohol consumption and chronic illness in Victoria. Alcohol availability has increased dramatically, as a result of the proliferation of liquor licences and extensions in liquor trading hours over past decades. In particular, there has been a 49.4% increase in packaged liquor outlets over the past 15 years.^{viii} This has included a dramatic increase in large 'big box' packaged liquor outlets – from 3 in 2001 to 68 in 2015.^{ix} Evidence establishes that increases in alcohol outlet density, particularly packaged liquor outlet density, are associated with increases in alcohol-specific chronic disease.⁵

CCV is also concerned about the potential for packaged liquor outlets to contribute to health inequalities in Victoria. Victorian research has found that packaged liquor outlets are disproportionately located in areas of socio-economic disadvantage, with likely impacts on health inequalities.^x

In addition, the promotion and discounting of alcohol in Victoria is likely to contribute to excessive alcohol consumption and long-term health impacts. Alcohol is heavily promoted in Victoria, including through static advertising, print, online and point-of-sale promotions. Evidence shows that young people's exposure to alcohol advertising increases the likelihood they will start drinking earlier, or drink more if they already drink.^{xi} Alcohol promotions commonly involve price discounts for bulk purchases, which are also likely to encourage excessive alcohol consumption by young people as well as older drinkers. There is an inverse relationship between the price of alcoholic beverages and levels of consumption and harms.^{xii}

There is a pressing need for reform of the *Liquor Control Reform Act 1998* to effectively regulate alcohol availability and promotion, in order to reduce excessive alcohol consumption and long-term health impacts. CCV strongly supports the recommendations for reform set out in the Alcohol Policy Coalition's submission to the Review. In particular, CCV supports the following recommendations to effectively regulate alcohol availability, promotion and discounting in Victoria.

Recommendations:

1. Reverse the onus of proof in licence applications and require applicants to satisfy the Victorian Commission for Gambling and Liquor Regulation (Commission) that the licence:
 - a) will not contribute to harm (harm test); and
 - b) Is in the public interest (public interest test).
2. Include in the Act a broad definition of harm that explicitly refers to the adverse health impacts of alcohol.
3. Allow any person (including members of the public and local councils) to object to any licence application on the grounds that the application does not satisfy the harm test or public interest test.
4. Limit the Commission's discretion to grant higher risk licence applications only where it is satisfied that applications meet the harm and public interest tests.
5. Create a power for the Minister to designate a saturation zone where there is a high risk of alcohol-related harm or negative amenity impacts of licences in an area. (This would create a presumption that applications in the zone would be refused or subject to limitations, such as reduced trading hours.)
6. Prohibit the sale of alcohol for off-premises consumption after 10pm, and for on-premises consumption after 2am.
7. Directly prohibit alcohol promotions by licensees that are likely to encourage irresponsible consumption, and set out examples of such promotions in the Act. These should include:
 - bulk purchase discounts,
 - shopper docket promotions,
 - competitions,
 - gifts with purchase,
 - incentives to consume alcohol rapidly or excessively, such as drinking games,
 - non-standard drink sizes, and
 - happy hours.
8. Prohibit static alcohol advertising on public transport infrastructure and within a certain distance of schools

CCV believes these reforms would have significant impact in reducing excessive alcohol consumption and alcohol-related health problems, including cancer, in Victoria.

Yours sincerely



Todd Harper
CEO
Cancer Council Victoria

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- ⁱ Cancer Council Victoria. (2016) *Alcohol and cancer risk fact sheet*. Melbourne: Cancer Council Victoria.
- ⁱⁱ World Cancer Research Fund, American Institute for Cancer Research. (2007) *Food, nutrition, physical activity, and the prevention of cancer: a global perspective*. Washington DC: AICR; 2007.
- ⁱⁱⁱ Corrao G, Bagnardi V, Zambon A, La Vecchia C. (2004) A meta-analysis of alcohol consumption and the risk of 15 diseases. *Preventive Medicine*, 38(5), 613-9.
- ^{iv} Collaborative Group on Hormonal Factors in Breast Cancer, Hamajima N, Hirose K, Tajima K, Rohan T, Calle EE, et al. (2002) Alcohol, tobacco and breast cancer--collaborative reanalysis of individual data from 53 epidemiological studies, including 58,515 women with breast cancer and 95,067 women without the disease. *British Journal of Cancer* 2002, 87, 1234-45.
- ^v Million Women Study Collaborators, Allen NE, Beral V, Casabonne D, Kan SW, Reeves GK, et al. (2009) Moderate alcohol intake and cancer incidence in women. *Journal of the National Cancer Institute*, 101, 296-305.
- ^{vi} Pandeya N, Wilson LF, Webb PM, Neale RE, Bain CJ, Whiteman DC. (2015). Cancers in Australia in 2010 attributable to the consumption of alcohol. *Australian and New Zealand Journal of Public Health*, 39, 408-413.
- ^{vii} Gao C, Ogeil R, & Lloyd B. (2014) *Alcohol's burden of disease in Australia*. Canberra: Foundation for Alcohol Research and Education.
- ^{viii} Livingston M (2016) *Packaged liquor in Victoria -2001-2016*. Melbourne: La Trobe University, Foundation for Alcohol Research and Education, Centre for Alcohol Policy Research, in press.
- ^{ix} Livingston M (2016) *Packaged liquor in Victoria -2001-2016*. Melbourne: La Trobe University, Foundation for Alcohol Research and Education, Centre for Alcohol Policy Research, in press.
- ^x Livingston M (2012) The social gradient of alcohol availability in Victoria, Australia, *Australian and New Zealand Journal of Public Health*, 36, 41-47.
- ^{xi} Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G (2009) Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and Alcoholism*, 44(3), 229-243; Smith LA, Foxcroft DR (2009) The effect of alcohol advertising and marketing on drinking behavior in young people: systematic review of prospective cohort studies. *BMC Public Health*, 9(51).
- ^{xii} Wagenaar, A.C., Salois, M.J., & Komro, K.A. (2009). Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction* 104, 179-190.