

Victorian Alcohol Policy Coalition

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Plan Melbourne
Department of Transport, Planning and Local Infrastructure
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SUBMISSION FROM THE VICTORIAN ALCOHOL POLICY COALITION

Thank you for the opportunity to make a submission to the Victorian Government's new metropolitan planning strategy *Plan Melbourne*.

The Victorian Alcohol Policy Coalition is an alliance of the Australian Drug Foundation, Cancer Council Victoria, the Public Health Association of Australia (Victorian Branch), the Royal Australasian College of Surgeons, Turning Point Alcohol and Drug Centre, the Uniting Church in Australia (Synod of Victoria), Victorian Alcohol and Drug Association, with funding from the Victorian Health Promotion Foundation (VicHealth). Established in 2008, our coalition came together because of a shared concern about the level of alcohol-related harm in the Victorian community and a commitment to advocate for stronger, evidenced-based alcohol policy responses that are effective in preventing and reducing harm.

Our long-term goal is to promote a safer drinking culture in the community. We believe that finding a solution to the problems caused by alcohol requires all levels and all parts of government, the community, individuals and the alcohol industry to play a part. An integrated metropolitan planning strategy provides an opportunity for the Victorian government to support the necessary cross-sectoral efforts to reduce alcohol-related harm in Melbourne over the next decade.

Alcohol related harm in Victoria

Alcohol related harm is a major health and social issue in Victoria which continues to threaten the wellbeing of local communities and undermine the overall liveability of metropolitan Melbourne. Last year, a report by the Victorian Auditor-General found that:

“The level of reported alcohol-related harm has increased significantly over the past 10 years. Alcohol-related ambulance attendances in metropolitan Melbourne more than tripled between 2000–01 and 2010–11, and alcohol-related assaults in Victoria increased 49 per cent”.¹

The extent of the problem is described in more detail the Government's whole-of-government alcohol and drug plan 2013-2017, *Reducing the alcohol and drug toll*², which states:

“In 2009, two in five 15–25-year-olds reported that they had consumed the equivalent of a bottle of spirits on at least one occasion. This proportion has increased from one in four in 2002. However, it is not just young people who are impacted by alcohol misuse. Harmful patterns of drinking occur across age groups – whether it is binge drinking, chronic drinking, mixing drinks with prescription medicines and other drugs or alcohol dependence. One in ten Victorians are estimated to drink more than recommended guidelines at least weekly. One in three men will have a drinking problem at some point in their lives.

Much is already done to prevent these deaths. However, more can be done with more shared purpose across all parts of the community.

And it is not only the individual who is harmed by their own substance use. Friends, family, workplaces and others are impacted too.

For instance, we know that more than one in four Australians report being victims of physical or verbal abuse related to alcohol. Alcohol misuse and drug use harm others in many ways – transport accidents, child abuse and neglect, assaults, family violence, and disruption to family, friends, neighbourhoods and workplaces”.

Why alcohol is a planning issue in Victoria

While many of the problems caused by alcohol fall upon the health system and law enforcement, preventing and reducing these harms is not solely the role of those sectors. Planning the environment in which alcohol consumption and alcohol related harm occurs can play a major part in preventing and reducing the problems. For example, planning can influence the location and density of places where people buy and consume alcohol, the public spaces they occupy and move through, the social interactions drinkers have, and the transport options they use before and after drinking. The ways in which these environments are planned has the potential to either mitigate or increase alcohol-related harm.

It is disappointing that *Plan Melbourne* does not identify alcohol-related harm as a planning challenge facing metropolitan Melbourne now and into the future. In our view, alcohol-related harm is an issue that is relevant to several chapters in the plan, considering the impacts it can have upon businesses and workplaces (Chapter 2); the impacts on road safety and the need for adequate public transport (Chapter 4); the impacts upon community health and wellbeing (Chapter 5); and the impacts on local amenity (Chapter 6). We strongly recommend that planning responses to the range of alcohol issues we discuss below be more adequately recognised in the plan.

In our submission below, we briefly describe some of the causes and consequences of alcohol-related harm and suggest opportunities where planning can play a role in reducing the alcohol toll on communities in metropolitan Melbourne. To this end, we recommend four areas for action through the new metropolitan planning strategy, including:

- Putting a greater focus on reducing the negative health and social impacts of licensed premises in local communities by setting limits on outlet numbers, size, density, and opening hours.
- Increasing the capacity of local communities and their Councils in planning and decision making regarding licensed premises.
- Improving the collection and use of evidence in planning and decision making regarding existing and proposed licensed premises.
- Implementing a more coordinated and integrated whole-of-government approach to planning and reducing alcohol related harm.

Limits on outlet density and opening hours.

We recommend that controls on the physical availability of alcohol, such as setting limits on the number, size, density of alcohol outlets, and their opening hours, should form part of the metropolitan Strategy. Australian and international research has consistently found a close relationship between the physical availability of alcohol and the extent of alcohol related harm³. The physical availability of alcohol in Victoria has increased steadily over the past 20 years and has had profound impacts on public health and community safety in metropolitan Melbourne. In our view, metropolitan planning has failed to monitor or manage this change.

In Victoria, during the 1980s and 1990s, a gradual process of liberalisation of liquor control laws led to it becoming easier for businesses to obtain a liquor licence. Consequently, the number of licensed premises in Victoria increased substantially, and the landscape of alcohol availability in Melbourne changed significantly. The easy availability of licenses has weakened the previous implicit contract between government and licensee that saw the licensee's competition in the marketplace restricted in return for the licensee taking greater responsibility to control drinking behaviour in order to minimise harm. While Melbourne's small-bar laneway culture is credited to liberalisation and the focus on encouraging a larger licensed hospitality industry, there have also been many unforeseen consequences of liberalisation with negative implications for public health and community safety. In particular, there has been significant growth in the number of late night licensed premises which research shows are closely associated with increased risk of alcohol-related harm.

Further liberalisation, which in 2002 removed legislative restrictions that no person or corporation was permitted to own more than 8 per cent of the general or packaged liquor licences, has contributed to the number of packaged liquor licences (i.e. take-away alcohol) increasing by 41 per cent between 2002 and 2011. In recent years, we have witnessed a rapid expansion in the number of packaged liquor outlets owned by supermarket chains, and also in this context, an increasing concentration of ownership among two companies. This raises important questions about whether planning legislation and planning authorities are able to adequately balance the interests of the community with powerful commercial interests.

In Victoria, there is currently no limit on the total number, size, type, or density of licensed premises that can be issued across the State or in a defined region, municipality, or neighbourhood. There are now more than 20,000 active liquor licences in Victoria; more than in any other jurisdiction in Australia. As shown in the table below, the majority (62%) of licenses in Victoria are located in metropolitan Melbourne.

Nearly 80% of alcohol consumed in Australia is sold at packaged liquor outlets, and this proportion has been steadily increasing⁴. The number of packaged liquor outlets in Victoria now stands at 1,958. During the period in which packaged liquor outlets have grown in number, size, and opening hours, rates of alcohol-related harm amongst both adults and young people⁵ have increased sharply. These broadly correlated trends are consistent with the substantial international research evidence linking the density of alcohol outlets in a neighbourhood to the rate of alcohol-related problems experienced in that neighbourhood.

While there is a substantial body of research and significant public and media focus centred on alcohol-fuelled violence and anti-social behaviour in and around pubs, bars, nightclubs and other late-trading venues in entertainment precincts, the full impact of alcohol is actually felt much more broadly, with chronic diseases like liver cirrhosis, stroke, alcohol dependence and some cancers contributing to substantially more of the alcohol-attributable disease burden than assaults. Furthermore, Victorian police data suggests that alcohol-related violence in the home is probably at least as prevalent as the late-night public assaults that often generate media coverage⁶. All of this suggests that packaged liquor is having a major impact on alcohol related harm in the Victorian community.

Active liquor licenses in Victoria, September 2013⁷

	Location			Total
	Metropolitan Melbourne	Regional Victoria	Other	
General	532	933	-	1,465
Late night (general)	383	108	-	491
On premises	1,555	582	-	2,137
Late night (on premises)	332	41	-	373
Restaurant & Cafe	3,485	937	-	4,422
Packaged liquor	1,343	615	-	1,958
Club	918	847	-	1,783
Pre retail	106	22	601	729
Wine and beer producers	249	531	22	802
Renewable limited	2,517	1,895	3	4,415
BYO permit	847	342	10	1,199
Businesses exempt	341	226	1	568
Total	12,626	7,079	637	20,342

There is a substantial body of international scientific evidence explaining how the physical availability of alcohol impacts on overall consumption levels, patterns of drinking, and the incidence of alcohol related harm. The evidence comes from a broad range of contexts and has been developed using a wide range of statistical methodologies. Based on this evidence, a World Health Organisation-endorsed report rates policies aimed at regulating the physical availability of alcohol to be among the most effective options available to governments aiming reduce the harm from alcohol.⁸ There is now growing local evidence base linking liquor outlets to heavy drinking and alcohol problems. A series of studies by Melbourne-based researcher Michael Livingston has examined postcode-level relationships between outlet density and a series of outcomes. In longitudinal analyses, these studies

showed positive associations over time between the density of packaged outlets and rates of domestic violence, general assaults and alcohol-specific chronic disease.^[9,10,11] The results of these studies suggest that, in an average postcode, a 10% increase in the density of packaged liquor outlets would lead to approximately:

- A 1% increase in assaults recorded by police and a 0.5% increase in hospitalisations due to assault
- A 3.3% increase in family violence incidents recorded by the police
- A 1.9% increase in hospitalisations due to alcohol-specific chronic disease

These longitudinal studies have been supplemented by two cross-sectional studies examining the link between packaged liquor outlet densities and drinking behaviour. The first, a study of young adult drinkers (aged 16-24) in Victoria¹² (45), examined factors that predicted very high-risk drinking patterns (20+ drinks in a session, monthly or more often for males and 11+ drinks in a session, monthly or more often for females), finding that packaged liquor outlet density was significantly related to this type of drinking.

Another recent Melbourne study of adult drinking found that the density of packaged liquor outlets at the local level was positively associated with rates of episodic risky drinking. Respondents living in areas with eight or more outlets within a 1km road distance were more than twice as likely to report regular risky drinking, even with a range of socio-demographic factors controlled.¹³

There is growing evidence that the relationships between outlets and harms vary across neighbourhood types. Two of the Melbourne studies examined whether the impacts of changes in outlet density varied across neighbourhood types^[14,15]. In disadvantaged suburban postcodes (such as 3977), the effect sizes for packaged liquor outlets were significantly higher, suggesting a 2% increase in assaults and a 12% increase in family violence would follow a 10% increase in packaged liquor outlets.

In light of the considerable evidence regarding the relationship between alcohol outlet density and alcohol-related harm, outlined above, we call on the Victorian Government to address the issue of outlet numbers, density, size, type and opening hours through the new metropolitan planning strategy. We do acknowledge some positive moves have been made by the government in this regard. For example, we commend the Government for maintaining the freeze on granting new late-night liquor licences applications. We also commend the Government for its commitment to keep Victorian petrol stations with convenience stores alcohol-free. However, broader policy responses are needed. We call on the Victorian Government to facilitate needs and impact assessments for liquor licences in local government areas to inform the introduction of limits on the number, size, density and type of liquor licences permitted in local areas.

Increase the capacity of local communities and their Councils

The gradual erosion of Statewide and locally based controls on the opening of new licensed premises in Victoria over the past two decades has put commercial interests ahead of the interests of local communities. Communities and councils in metropolitan Melbourne are overpowered by large corporations in the license application process, and in the processes when community members or Councils lodge objections.

The Victorian Auditor General recently described the situation as follows:

“The liquor licensing process is complex, inconsistent and lacks transparency.

The liquor licensing regime is not effectively minimising alcohol-related harm due to a lack of transparency of decision-making, guidance on regulatory processes and engagement from councils. Administrative errors, poor records management and inconsistencies between liquor licence and planning permit conditions have further limited the effectiveness of the process.

Commercial interests have historically taken precedence over public health and community interests, thus compromising agencies’ ability to meet the Act’s harm minimisation objective. The planning permit and liquor licence application processes were enhanced following a series of joint reviews by DOJ and the Department of Planning and Community Development in 2009 and 2010. These reviews were comprehensive and evidence-based. However, the recommendations from these reviews were not accepted in full.

Although there has been a recent shift towards better consideration of public health and community interests, the existing regime is still weighted in favour of the liquor and hospitality industry. The number of objections to liquor licence applications by councils is exceptionally low.

Councils’ ability to influence the liquor and hospitality industry on behalf of the communities they represent is restricted by shortcomings in the planning permit and liquor licence application processes. The grounds for objecting to a liquor licence are narrow, and the evidentiary requirements and decision-making process for contested licence applications are not clear”.

The VAGO report recommended that “councils could develop a local policy for licensed premises to guide decision-making on planning permits, or insert and enforce specific conditions on licensed premises’ planning permits”.

In its formal recommendations, VAGO put forward the following:

“4. The Department of Justice should, together with the Department of Planning and Community Development and in consultation with local councils, overhaul the planning permit and liquor licence application processes to:

- better address community and health concerns
- improve efficiency
- clarify roles and responsibilities
- incorporate an appropriate level of consultation and scrutiny.

5. The Department of Planning and Community Development should:

- create a model local planning policy for licensed premises
- require councils to adopt a local planning policy for licensed premises where there is a particular need or concern.”

We strongly support these recent recommendations from the Victorian Auditor General and we strongly encourage the Victorian government to take these into careful consideration in developing and implementing *Plan Melbourne*.

We do note that some, albeit small, positive changes have been made by the Victorian Government. For example, we commend the Government for its commitment removing the planning exemption for new packaged liquor outlets, and for its promise to make it easier for local communities and governments to have a say on liquor licensing issues. In *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*, the Government has committed to “provide more data and support to encourage local governments and local communities to have an effective say in liquor licensing and alcohol-related planning decisions. This will include assisting councils to better understand the liquor licence objections and disciplinary processes, and provide greater guidance on the role councils play in liquor licensing.” We look forward to seeing the action accompanying this commitment to supporting local communities to have an effective say in licensing decisions, and we encourage the Victorian government to support this action as part of *Plan Melbourne*.

Better collection and use of data

We are concerned that despite the Australian and international research examining the extent to which outlet density is associated with alcohol problems, VAGO recently reported that no Victorian government agency is currently monitoring this, nor collecting adequate data to do so. Furthermore, we are concerned that the VAGO report highlighted the inability of the government to monitor the impact of policy decisions because of significant flaws in data systems on alcohol-related harm:

“The lack of a centralised database of harm data also impedes evidence-based strategy development. The relationship between alcohol and harm is obscured by incomplete and inconsistent recording of the presence of alcohol in police and medical data. These gaps and inaccuracies diminish the quality of any analysis on alcohol's contribution to harm. In this regard, Victoria has fallen behind other jurisdictions”.

In addition to strengthening health data and law enforcement data systems, we strongly recommend that the Victorian government collect alcohol sales data in Victoria. Doing so is fundamentally in the public interest, as it would strengthen the effectiveness of policies aimed at minimising the harm from alcohol, which is one of the main objects of the Liquor Act in Victoria, and in turn would support the objectives of *Plan Melbourne* to improve the liveability of Melbourne and promote health and wellbeing of the community. We also see the importance of collecting alcohol sales data reflected throughout the current whole-of-government alcohol and drug policy, *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*. The paucity of data currently available to inform liquor licensing decisions and for government to evaluate liquor policy, compared to that which current exists on gambling in Victoria, highlights the importance of improving data systems on alcohol consumption. Addressing this gap in information and evidence for effective liquor regulation was highlighted by the Victorian Auditor General:

“This data would allow the Department of Justice to reliably measure the impact of its activities on overall consumption rates and comprehensively analyse the relationship between consumption patterns and alcohol-related harm”

At various times in recent years, the Drug and Crime Prevention Committee of Parliament, the Department of Premier and Cabinet, Department of Treasury and Finance, the

Department of Health and the Department of Justice have expressed their support for the collection of sales data. In particular, DTF emphasised that the current lack of data was inhibiting agencies' ability to undertake Business Impact Assessments and Regulatory Impact Statements. The lack of data on alcohol sales contrasts markedly with the detailed data available to the State on gambling receipts, though the two product-areas are now regulated by the same state agency (the VCGLR).

There are several specific actions in the current Victorian whole-of-government alcohol and drug plan where the alcohol sales data would be of great utility. The planned action to 'evaluate the effectiveness of the freeze on late-night liquor licenses' (p.16) provides one of the clearest examples of where sales data would be valuable. For example, sales data could reveal whether the freeze has changed consumption at late night venues and/or changed the safety for persons drinking at these venues, or led to increased consumption from packaged liquor outlets (i.e. back-loading after on-premise venues have closed), or shifted consumption out of the precincts subject to the freeze to late night venues elsewhere, and how any of these possible changes in consumption compare to trends in alcohol related harm. More generally, alcohol sales data will be valuable for developing a clearer understanding of the reality of alcohol consumption in Victoria, and from this, where to target policy, and how to more accurately evaluate the effects of policy.

Given the large number and wide distribution of licensed premises throughout Victoria, alcohol sales data will provide an accurate measure of consumption at a local level. Local areas in Victoria are well-occupied by all type and size of alcohol outlets, reflecting careful geo-demographic market analysis and planning by licensees. Hence, sales of alcohol are now highly localised to very small population catchments. With the exception of some tourist locations (e.g. the CBD, coastal areas) and possibly some border areas, at certain times of the year, only a very small volume of sales would be consumed by persons who are not usual residents of these locations. Research methods and population movement data are on-hand to provide reliable estimates of what volume of alcohol sales are affected in this way.

With regards to packaged liquor outlets, and large floor-space outlets specifically, such businesses are now well-established in highly localised catchments across the State. For example, there are now around 56 Dan Murphy's stores in Victoria, and overall there are 1,949 packaged liquor outlets. On top of this there are 1,455 general licenses, 491 late night (general) licenses, 2,130 on-premise licenses, 371 late-night (on-premise) licenses, 4,358 restaurant and café licenses, 753 club licenses, 1,034 restricted club licenses, 710 pre-retail licenses, 793 wine and beer producer's licenses, and 4,358 renewable limited licenses. In summary, the large number of outlets and their geographic distribution in Victoria is now such that sales are targeted at very small local catchments, and sales data relating to local outlets would provide a highly useful measure of alcohol consumption by populations in those catchments. Data at the municipal level is a much needed tool for local government in planning and regulating the number and mix of alcohol sales points in their jurisdiction.

A more coordinated and integrated whole-of-government approach

The APC encourages the Victorian Government to adopt a more coordinated and integrated whole-of-government approach to preventing and reducing alcohol-related harm by recognising alcohol as a significant planning challenge. As noted above, we are

disappointed that alcohol is not identified in *Plan Melbourne* as a future challenge to the liveability and wellbeing of the city, despite the significant impacts alcohol has on public health and community safety, and also given how influential planning can be in preventing and reducing alcohol related harm.

As present, there appears to be very limited coordination across government with regards to alcohol and planning. For example, the government's alcohol and drug plan, *Reducing the alcohol and drug toll: Victoria's plan 2013-2017*, states that "community-based action on social factors driving substance misuse" as one of the priorities in its 15-point plan, and identifies the Department of Planning and Community Development as the responsible department. However, we are concerned that this is not reflected in *Plan Melbourne*, and we strongly recommend greater coordination and integration across government to address these disconnections in policy and strategy.

Thank you for the opportunity to provide this submission to *Plan Melbourne* on behalf of the Victorian Alcohol Policy Coalition. If you require clarification or any further information in relation to any matter raised in our submission please do not hesitate to contact me on mobile 0488 221 933 or email Brian.Vandenberg@cancervic.org.au.

Yours sincerely

A handwritten signature in black ink that reads "Brian Vandenberg". The signature is written in a cursive, flowing style.

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On behalf of the Victorian Alcohol Policy Coalition:

- Australian Drug Foundation
- Cancer Council Victoria
- Public Health Association of Australia (Victorian Branch)
- Royal Australasian College of Surgeons
- Turning Point Alcohol and Drug Centre
- Uniting Church in Australia (Synod of Victoria),
- Victorian Alcohol and Drug Association

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