

Review of the Liquor Control Reform Act 1998

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The Victorian Alcohol and Drug Association (VAADA) welcomes the opportunity to contribute to this review. We note, in light of the prolific and enduring harms associated with alcohol, that this review presents an opportunity to establish the primacy of evidence informed policy and seek to prioritise the pillars of harm minimisation as the paramount consideration in enacting alcohol related policy. Central to this reform process should be notion that alcohol is no ordinary commodity and therefore requires significant oversight so as to reduce community harms including the resource intensive burden apparent with both alcohol related acute and chronic health issues.

Our response will reflect our position as peak for the Victorian alcohol and other drug treatment sector.

We support emphasis on the relationship between alcohol and family violence, but would suggest broadening the scope of this review to allow a comprehensive evaluation on these issues.

It is apparent from the wording of various elements contained within the *Consultation Paper* that there is an emphasis on both diversity and 'cutting red tape'. We strongly maintain the view that enhancing diversity within the industry and reducing red tape should only occur in circumstances that concur with the principles associated with harm minimisation. We maintain concerns regarding the rigour of this review due to a lack of willingness to consider various options available, in light of the refusal to consider 'lockouts' and focussing solely on the supply of liquor, rather than taking the opportunity to take a broader more comprehensive approach.

We note our support and endorsement of the submission prepared by the Alcohol Policy Coalition (APC), of which VAADA is a member, and support the recommendations contained therein.

We include with this submission a copy of our position paper entitled 'Preventing Alcohol Related Harm' and would direct your attention to the listed recommendations.

Alcohol related harms – AOD treatment

Alcohol is the most prevalent substance of concern among populations engaging with alcohol and other drug (AOD) treatment.

Alcohol was the 'principal' or 'additional' drug of concern in 55 percent of all treatment episodes nationally and the principal drug of concern in 37 percent of all Victorian treatment episodes (Australian Institute of Health and Welfare 2016). Lubman et al (2014) in their *Patient Pathways National Project*, which tracked and surveyed a cohort of individuals through the AOD system and beyond found that individuals presenting to treatment services with alcohol as their principal drug of concern experienced less success, including lower levels of abstinence following treatment, when compared with users of other substances. This data

highlights the complexity in addressing the treatment needs of this cohort. Additional to this complexity are the challenges in accessing the service system, with research by Ritter et al (2014) noting that between 200,000 to 500,000 individuals experiencing dependency do not access treatment, with current service provision responding to the needs of between 26 to 48 percent of current demand. Furthermore, over 75 percent of VAADA Annual Sector Priorities Survey (2016) respondents¹ indicated that the AOD sector is not accessible or easy to navigate, reinforcing the notion that access is a major issue.

We submit that, in light of the demand for AOD treatment and the contribution of alcohol to this demand, this review should take a broader approach to account for alcohol related harms and provide for the treatment sector appropriately.

1. What opportunities are there for reducing the regulatory burden?

Alcohol is not an ordinary commodity and contributes to significant harm throughout the community at great cost to Australian governments. Manning et al (2013) note that the direct costs associated with alcohol surpass the revenue generated by a ratio of 2:1, with the direct costs estimated, nationally to total \$14,352B compared with revenue received by the Commonwealth totally \$7.075B. Of concern is the notion that a reduction in 'red tape' which would likely translate to a reduction in regulation and oversight of the sale and dispensation of this harmful product would likely contribute to overall costs associated with alcohol. This will result in increased hospital and justice expenses as well as family breakdown, unemployment as well as violence. That Victoria currently boasts a wide variety of licenced venues which has increased year on year, it is difficult to assume that the regulatory burden associated with licencing is in any way deterring the growth of this industry or detracting from the diversity of the industry.

We posit that it is paramount that the red tape applied to various bodies (including citizens) which may oppose new licences on grounds associated with harm minimisation as well as the health, welfare and amenity of the local community should be reduced and to this end, support the recommendations contained within the Alcohol Policy Coalition's submission.

6. How can the LCRA better foster diversity and support small business?

There is already adequate diversity among licenced venues and the minimal expense of licencing fees supports the expansion of small business (licenced).

7. Could the current harm minimisation measures in the LRRRA be improved? If so, how?

Broadly, harm minimisation would be improved through reducing the supply and marketing of alcohol and reform the licencing process to reduce the prevalence of high risk venues and the proliferation of packaged liquor outlets. This would entail:

- Reducing trading hours for packaged liquor outlets as well as pubs and clubs and other licenced venues;
- Increasing the cost of alcohol;
- Increasing the cost of licencing fees and hypothecating a portion of that to AOD treatment, prevention and harm reduction endeavours. This could be undertaken by establishing a separate fund supported through increased licencing fees to assist in resourcing a range of programmatic

¹ The 2016/17 VAADA Annual Survey was administered to senior staff from the Victorian AOD sector in June – July 2016, with 44 responses.

endeavours which would seek to reduce the harms associated with alcohol. These programs may involve cross sector capacity building between family violence and AOD services, as well as a range of evidence informed prevention-based and treatment related activities;

- Reducing the density of liquor outlets, in light of the association between liquor outlet density and various harms, including family violence;
- Reform the licencing process, which is too burdensome on objectors, to provide for applicants to satisfy harm and public interest tests as detailed in the Alcohol Policy Coalition's submission;
- Restrict alcohol advertising in public places and from any government sponsored event/venue;
- Enhance the Responsible Service of Alcohol Course and ensure that all individuals involved in running a venue have satisfactorily completed this course.

11. What opportunities are there to address family violence within the LCRA?

The APC's submission highlights the link between alcohol consumption and family violence. To this end, reducing access to alcohol by decreasing outlet density is a key means to reduce alcohol related harm. In particular, research by Livingstone (2011) notes an increase in the rate of family violence by 3.3 percent in line with an additional 10 percent increase in the density of packaged liquor outlets within an LGA.

We also note that all community service sectors have a role to play in addressing family violence and therefore, there is a need to ensure that cross sector family violence capability is enhanced. We thus submit that there would be value in supporting the AOD sector to provide the most effective response to this issue through resourcing training and AOD workforce development endeavours related to addressing family violence through increasing liquor licencing fees.

13. Are there other measures that could reduce harm? What would be the costs and benefits of including them?

The APC submission refers to the recent case where the Casey Council contested the application to set up a Dan Murphys packaged liquor outlet in East Cranbourne. The APC highlight the difficulties within the current system in contesting an application to set up a packaged liquor outlet in a region which is experiencing a range of harms related to alcohol that were clearly articulated, in consensus, by a range of local stakeholders, including the police. The APC detail necessary reforms to enable a fairer system which would reduce the excessive red tape for those who are contesting applications.

We note, however, in a more general sense, the issues facing growth corridors (such as East Cranbourne) where the rapid expansion of population occurs well before the implementation of public infrastructure. The often only limited capacity with regard to various health and welfare services trails the rapid development of housing accompanied by the bare bones of essential services and transport. The private market, however, grows in line with the population and it becomes evident that the burgeoning number of big box packaged liquor outlets appears in the growth corridors well before those services which are required to address the harms associated with alcohol. It is crucial that in depth consideration is lent to the approval process for all liquor outlets in growth corridors and that the health and welfare needs of those rapidly expanding populations are met with the requisite services well before the appearance of big box packaged liquor stores as well as pubs and clubs.

Relevant demographic data should be considered and factored into the decision making process for the approval of new licences.

This review provides a powerful opportunity to address the overwhelming quantum of alcohol related harms which are pervading the community. It provides a means to implement robust policy to address family violence involving alcohol as well as contributing to reducing alcohol related violence and the associated financial burden to the state.

There are a range of means detailed within this and the APC's submission which can effectively reduce alcohol related harm while maintaining a vibrant and diverse Victoria.

References

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