



EDUCATION AND HEALTH STANDING COMMITTEE

ALCOHOL: REDUCING THE HARM AND CURBING THE CULTURE OF EXCESS

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in the 38th Parliament**

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Alcohol: Reducing the Harm and Curbing the Culture of Excess

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***EDUCATION AND HEALTH
STANDING COMMITTEE***

**ALCOHOL:
REDUCING THE HARM AND
CURBING THE CULTURE OF EXCESS**

Report No. 10

Presented by:
Dr J.M. Woollard, MLA
Laid on the Table of the Legislative Assembly
on 23 June 2011

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COMMITTEE'S FUNCTIONS AND POWERS

The functions of the Committee are to review and report to the Assembly on:

- (a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- (b) annual reports of government departments laid on the Table of the House;
- (c) the adequacy of legislation and regulations within its jurisdiction; and
- (d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual reports of Government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the Committee may make.

Whenever a Committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

INQUIRY TERMS OF REFERENCE

(1) To inquire into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia, with particular reference to:

(a) the evidence base, content, implementation and resourcing (including professional training) for health education and other interventions on alcohol and illicit drugs for school-aged students;

(b) the evidence base, adequacy, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care; and

(c) the adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.

(2) To inquire into the impact on communities, and the social costs, of alcohol and illicit drug problems in Western Australia.

(3) To report to the House by 23 June 2011.

CHAIRMAN'S FOREWORD

I am pleased to present the final report of the Education and Health Standing Committee's *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia*.

I hope the State Government will look favourably on the recommendations made in this report because, without change, we will not be able to reduce alcohol-related harm to any individual or to the whole Western Australian community. The report challenges the State Government to establish a target to return the State's current annual per capita alcohol consumption of 12.4 litres to the national average of 10.4 litres per capita within four years.

Sadly we now have a culture of 'binge drinking' and of drinking to excess. This is particularly evident amongst our youth and young adults. Evidence collected as part of this Inquiry, in Australia and abroad, has made us aware of the fact that alcohol is a global health problem. In this report we have recommended successful initiatives from other states and other countries to combat alcohol problems.

If the Federal Government is successful in introducing plain packaging for cigarettes in Australia, we will lead the world in the fight against tobacco. If the Western Australian Government accepts our recommendations, other jurisdictions might one day acknowledge this State as having best practice in the control of alcohol-related harm.

Alcohol is part of our culture

Alcohol has been a part of community life for many years. Most Western Australians, most of the time, consume alcohol in a responsible manner. However, as excess alcohol consumption has become a major problem in the community, the State Government must continue to try to legislate to reduce this harm. The State's average consumption of alcohol is now at a similar level to that in Ireland. Some of the State's regional consumption rates are the highest in the world.

In 1731 Hogarth depicted the squalor and despair in London because of the excessive consumption of gin. Desperation, death and decay pervaded his picture (below) of Gin Lane. The only businesses flourishing at that time were those which served the liquor industry: the gin sellers and gin distillers. The government of the time introduced the Gin Act (1736) to impose high taxes on the sale of gin, to forbid the sale of spirits in quantities of less than two gallons, and to require an annual payment of £50 for a retail licence. Almost 300 years later it is again the liquor industry which is flourishing and benefiting from the production and sale of alcohol.



This report discusses proposals, some similar to those introduced 300 years ago, to combat the current excessive consumption of alcohol in Western Australia. We regularly read in our papers or see on television reports of the harm caused by alcohol in our community. In Western Australia approximately \$2 billion was spent by the State Government in 2008 on managing the effects of excessive alcohol consumption.

It is a ‘privilege’, granted by the State Government to be able to sell alcohol. It is not a ‘right’. The recommendations in this report encourage the Government to ‘get tough’ on the irresponsible sale of alcohol. Those in the liquor industry who cause harm by irresponsible sales should be held accountable for the harm they cause. The Committee is hopeful the recommendations in this report will decrease alcohol-related harm.

The report’s 60 recommendations provide a multi-faceted approach to curb the existing alcohol-related problems. If implemented, they will allow the State to lower its average consumption rate. Recommendations ask the State Government to:

- protect and improve public health by making this issue the chief object of the *Liquor Control Act 1988*;
- clarify the roles and responsibilities of liquor licensing staff and the Police;
- prevent the sale of ‘loss-leading’ cheap alcohol;
- focus on penalties for venues that do not engage in the responsible sale of alcohol by suspending or revoking their licences for repeated ‘irresponsible behaviour’;
- prevent the continued abuse of alcohol by youth by–

- * preventing people supplying alcohol to a juvenile under 18 years without parental consent;
 - * introducing ‘controlled purchasing operations’ to prevent the illegal selling of alcohol to a juvenile;
 - * commencing community discussion on the legal drinking age and the legal age for purchasing alcohol;
- commence community discussion on lowering the ‘blood alcohol level’ for driving to 0.04;
 - limit alcohol advertising produced in Western Australia;
 - replace sporting sponsorships by the alcohol industry;
 - introduce health message labelling on alcohol products;
 - introduce a minimum retail price per standard drink;
 - make drug and alcohol education a mandatory part of the school curriculum;
 - fund a campaign on the dangers of consuming alcohol while pregnant;
 - fund comprehensive alcohol education programs for parents;
 - fund additional beds, staff, and programs for community and hospital-based alcohol and drug treatment services; and
 - fund state-wide alcohol prison diversion programs, and prison treatment services.

Amendments to the *Liquor Control Act 1988*

The State Government could better enforce the responsible sale of alcohol through changes to the current legislation. The Committee’s recommendations provide the Government with guidance as to how it can focus on those people in the liquor industry who are not conducting their business in a responsible manner. If the State Government adopts the recommendations, the liquor industry or at least its members who consider their profits more important than people’s lives, will be held accountable for abusing their responsibilities under the *Liquor Control Act 1988*.

One of the key deficiencies in the current Act was the insertion in 2006 of an objective to look after the interests of the liquor industry in making determinations as to whether to grant a liquor licence. The ‘pro-industry’ clause reads “to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the state”.

When the clause was introduced into Parliament, the Minister said it was not meant to enable the increased sale of alcohol. Since the introduction of Section 5(1)(c): 110 more licences have been

approved to sell alcohol; there has been no closure of those in the industry who behave in an irresponsible manner; and with the increase in the sale and consumption of alcohol through all licences, there has been more accidents, aggressive behaviour, antisocial behaviour, crime, disability and death.

The State Government must remove this ‘pro-industry’ clause if it is serious about addressing the problem of alcohol abuse. Our liquor legislation should be about controlling licensing and the sale of alcohol in a responsible manner to prevent harm. If public health became the key object of the Act and the key focus in licensing, it would better focus on the needs of the community. The legislation would then aim to:

- prevent harm from alcohol;
- promote a responsible approach to the sale and consumption of alcohol; and
- protect the community from the short and long-term effects of alcohol.

The Committee recommends the State Government appoint a Liquor Control Advisory Council. The community needs a body to focus on preventing the damage done by alcohol and improving the health of Western Australians by providing advice to the State Government on further changes to the Act. We all know prevention is better than cure. However, at the moment we are re-acting to problems rather than being pro-active in minimising alcohol-related harm.

The current ‘pro-industry’ approach of the legislation helps ‘line the pockets of the liquor industry’, while the community sees daily the result of the irresponsible sale and consumption of alcohol. New licences should only be approved where they serve the public interest. Local communities should be able to veto a new liquor license if it does not serve the community interest and damages the amenity of an area.

The report discusses three key areas that can help reduce the sale and consumption of alcohol: limiting the **accessibility** to alcohol, limiting alcohol **advertising**, in particular alcohol sport sponsorship, and limiting the **affordability** of alcohol. Finally it makes recommendations so that improved education might decrease alcohol abuse. For those who have a problem with alcohol, it recommends the introduction of timely treatment interventions to help them escape their dependency on alcohol.

Appreciation for their assistance

I would like to thank the many people, groups, organisations, government departments, and Ministers in Western Australia, nationally and internationally who made submissions or attended hearings to assist the Committee with this inquiry. In particular I would like to thank Mr Neil Guard, Ms Julia Knapton and Mr Grant Akesson from the Drug and Alcohol Office, Professor Mike Daube from the McCusker Centre for Action on Alcohol and Youth, Professor Steve Allsop from the National Drug Research Institute at Curtin University, Inspector Kim Massam from the Office of the Police Commissioner, and Ms Catrina-Luz Aniere from Millennium Kids Incorporated, who was our student forum facilitator.

Special thanks go to the police, doctors, nurses and ambulance officers who deal with intoxicated children and adults across this State on a daily basis.

The Committee's members, Mr Peter Abetz, Ms Lisa Baker, Dr Graham Jacobs, Mr Peter Watson and Mr Ian Blayney (who recently left the Committee), have worked closely together and are committed to seeking solutions to the alcohol-related problems we are experiencing in Western Australia. I thank them for their participation, contribution, dedication and support during this Inquiry.

I would like to thank our electorate staff who help us, as Committee members, keep up to date with our electorate issues on top of our Parliamentary and Committee responsibilities.

I appreciate the assistance given by previous research officers who have assisted with this Inquiry. They include Mr Timothy Hughes, Ms Renee Gould, Mr Michael Burton, Ms Alice Jones, and Mr John Seal-Pollard. Since August last year Ms Lucy Roberts has been our research officer. Lucy has a friendly and professional disposition and has been a great asset to the Committee, especially in organising our recent overseas research trip.

Finally our thanks go to Dr David Worth. Since we first became a Committee of this 38th Parliament we have been very fortunate to have Dave as our Principal Research Officer. Dave has been our guide and our mentor. He has kept us focussed on the task at hand. He is always professional and has provided us with valuable research expertise. We all thank Dave for his hard work in helping us with this and each of our earlier reports. In tabling this report, we are saddened to lose Dave whose expertise is now going to the Community Development and Justice Committee. We know Dave will make the same valuable contribution to that Committee as he has to our Committee and wish him well in his new role.

Janet Woollard

DR J.M. WOOLLARD, MLA
CHAIRMAN

ABBREVIATIONS

AA	Alcoholics Anonymous
ABAC	Alcohol Beverages Advertising (and Packaging) Code
ADCA	Alcohol and other Drug Council of Australia
AERF	Alcohol Education and Rehabilitation Foundation
AHA	Australian Hotels Association
AIL	alcohol ignition interlocks
AMA	Australian Medical Association
AOD	alcohol and other drug
ASR	age standardised rate
BMA	British Medical Association
CBD	central business district
CCTV	closed-circuit TV cameras
CEO	Chief Executive Officer
CMO	Chief Medical Officer
COAG	Council of Australian Governments
DAO	Drug and Alcohol Office
DCP	Department of Child Protection
DCS	Department of Corrective Services
DfC	Department for Communities
DoH	Department of Health
DRGL	Department of Racing, Gaming and Liquor
DUCO	Drug Use Careers of Offenders survey
e-SBI	electronic screening and brief intervention

ED	emergency department
EHSC	Education and Health Standing Committee
EU	European Union
FAAC	Fremantle Alcohol Advisory Committee
FAS	Foetal Alcohol Syndrome
FASD	Foetal Alcohol Spectrum Disorder
FSANZ	Food Standards Australia New Zealand
GP	general practitioner
GST	Goods and Services Tax
ISCD	Independent Scientific Committee on Drugs
KAAP	Katanning Alcohol Action Program
LAB	Liquor Administration Board
LED	WA Police Licensing Enforcement Division
LGA	local government authority
MCDS	Ministerial Council on Drug Strategy
MSP	Member of the Scottish Parliament
NBDS	National Binge Drinking Strategy
NCC	National Competition Council
NCP	National Competition Policy
NDRI	National Drug Research Institute
NDSHS	National Drug Strategy Household Survey
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NHS	National Health Service
NPHT	National Preventative Health Taskforce

NT	Northern Territory
ORS	Office of Road Safety
POS	point of sale
RAV	Responsible Alcohol Victoria
RBT	random breath test
RFDS	Royal Flying Doctor Service
RPH	Royal Perth Hospital
RTD	ready to drink
SDERA	School Drug Education and Road Aware
SCGH	Sir Charles Gairdner Hospital
SGAIP	Scottish Government and Alcohol Industry Partnership
TAP	Tertiary Alcohol Project
THRIVE	Tertiary Health Research Intervention Via Email
TICHR	Telethon Institute for Child Health Research
UWA	University of Western Australia
VAD	Association for Alcohol and Other Drug Use (Belgium)
VAT	value added tax
VB	Victoria Bitter
VicHealth	Victorian Health Promotion Foundation
WACA	Western Australian Cricket Association
WACOSS	Western Australian Council for Social Service
WAFC	Western Australian Football Commission
WALGA	Western Australian Local Government Association
WANA	Western Australian Nightclub Association
WANADA	Western Australian Network of Alcohol and other Drug Agencies

WACSUMH	Western Australian Collaboration for Substance Use and Mental Health
WASF	Western Australian Sports Federation
WET	Wine Equalisation Tax
WFA	Winemakers' Federation of Australia
WHO	World Health Organization

EXECUTIVE SUMMARY

This report comes at a time when there is mounting community opposition to the lack of action on the problem of alcohol misuse in Western Australia. This is the third and final report of the Education and Health Standing Committee's *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol And Illicit Drug Problems in Western Australia*.

The Inquiry has been under way since May 2009. Since this time there have been some minimal, yet effective, efforts to address alcohol problems in the community, such as the banning by the Director of Licensing of shots of alcohol with energy drinks. The Committee hopes the evidence in this Report will assist the State Government to implement a comprehensive package of measures to reduce the damage that alcohol misuse does to our community.

Many Australians enjoy alcohol as part of their lifestyle. Some do so in a moderate manner. Alcohol is more affordable in Australia today compared to 20 years ago. A recent survey of community attitudes and behaviour found that 84% of Australians consume alcohol, however only 12% know the National Health and Medical Research Council (NHMRC) guidelines for drinking alcohol.

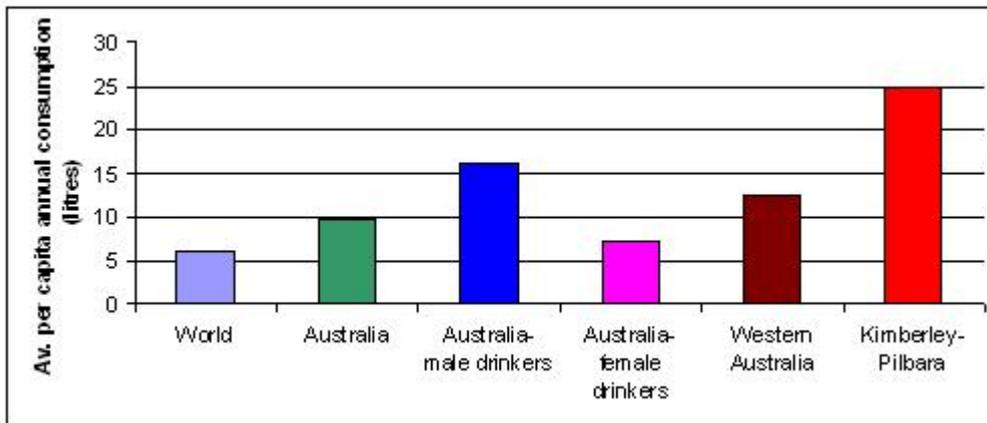
Table ES.1- The National Health and Medical Research Council guidelines for drinking alcohol

Group	Recommended intake
For healthy men and women	
– short-term	Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
– long-term	Drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
For children under 15 yo	Are at the greatest risk of harm from drinking and not drinking alcohol is especially important.
Young people aged 15 to 17 yo	The safest option is to delay the initiation of drinking for as long as possible.
For women who are pregnant, planning a pregnancy, or breastfeeding	Not drinking is the safest option.

A recent NHMRC survey found that 52% of people limit themselves to one to two standard drinks on a typical occasion. However, 48% drink above the recommended guidelines for reducing the risk of long-term harm, and have three or more drinks on a typical occasion.

The annual per capita consumption of pure alcohol in Western Australia is higher than the national average. Australia ranks 35th in the world for alcohol consumption rates, yet Western Australia would place 10th on this ranking. In 2007, research showed that of those who drink in WA, 37% drank in a manner that placed them at risk of short term harm, and 12% drank in a manner that placed them at risk of long term harm.

Figure ES.1- Comparison of alcohol consumption rates to Western Australia



Research by the Alcohol Education and Rehabilitation Foundation (AERF) shows that 1.4 million Australians consume six or more standard drinks on a typical occasion. Of those who do drink, over one third (35%) or four million Australians “admit to drinking alcohol to get drunk.” The survey found that 61% of Generation Y drinkers consume alcohol to get drunk, and “of even greater concern is that half of all people who reported drinking to get drunk are doing so at least once a month.” The vast majority (80%) of the survey respondents say that Australians have a problem with excess drinking and alcohol abuse.

Research undertaken at Curtin University has found “most alcohol-related harm is caused by non-dependent persons drinking excessively on particular occasions- simply because there are so many more of them”, rather than from the drinking of alcoholics. The costs to the community of these drinking patterns and the behaviours and health impacts they generate are considerable. Research shows that the direct and indirect costs of alcohol to the Western Australian taxpayers are between \$1.5-\$5 billion per year.

These costs are spread across government departments, such as:

- at least 75% of all Police responses across the State, and hence their operational budget expenditures, are alcohol-related;
- about 60% of Department of Child Protection clients have alcohol and drug problems;
- the Office of Road Safety says that between 20-30% of drivers and riders involved in a serious or fatal crash have a blood alcohol level above the legal limit of 0.05; and

- the number of St John Ambulance services dispatched for patients coded as 'alcohol induced' increased by 33% between 2008 and 2009.

Some argue that the alcohol industry provides the government with a tax windfall and that the community therefore effectively benefits from the sale of alcohol. However, the figures clearly show that this argument is false.

In 2006, the total sales of the alcohol industry was around \$29 billion, of which the Australian Government received \$6 billion in taxation. Yet, in 2004-05, the nation-wide net tangible cost of alcohol use (which included lost productivity, health care costs, road accident-related costs and crime-related costs) was \$10.8 billion.

In Western Australia the \$1.5 - \$2 billion of direct taxpayer money spent each year on managing the negative effects of alcohol consumption could be spent on building Western Australia's infrastructure, or providing additional government services such as those the Committee has already found to be missing in early childhood development. Building a new children's hospital would cost \$1.2 billion, the Mandurah railway cost \$1.6 billion and the second desalination plant will cost \$960 million.

In addition to the direct government costs of managing the effects of alcohol consumption, there are considerable costs to individuals who drink and the people around them. The 2004 National Drug Strategy Household Survey reported that each year:

- more than 80,000 Western Australians are physically abused by people who are drunk; and
- more than 400,000 are victims of alcohol-related verbal abuse.

Alcohol is associated with:

- 50% of deaths by assault;
- 16% of child abuse deaths; and
- 12% of suicides.

This report details some of the recent research advances which show the health impacts for an individual of regular alcohol consumption. A recent campaign by the Cancer Council has emphasised the carcinogenic nature of alcohol, especially that every standard drink a woman has each day will increase her risk of breast cancer by about 7%. Other research has shown the risk of a variety of diseases from the regular consumption of alcohol. This is shown in the figure below.

Figure ES.2- Daily alcohol consumption and the increased risks of various diseases

Disease	Abs. Risk	1 drink	2 drinks	3-4 drinks	5-6 drinks	7+ drinks
Tuberculosis	1 in 2,500	0	0	+194	+194	+194
Oral Cavity & Pharynx Cancer	1 in 200	+42	+96	+197	+368	+697
Oral Oesophagus Cancer	1 in 150	+20	+43	+87	+164	+367
Colon Cancer	1 in 40	+3	+5	+9	+15	+26
Rectum Cancer	1 in 200	+5	+10	+18	+30	+53
Liver Cancer	1 in 200	+10	+21	+38	+60	+99
Larynx Cancer	1 in 500	+21	+47	+95	+181	+399
Ischemic Heart Disease	1 in 13	-19	-19	-14	0	+31
Epilepsy	1 in 1,000	+19	+41	+81	+152	+353
Dysrhythmias	1 in 250	+8	+17	+32	+54	+102
Pancreatitis	1 in 750	+3	+12	+41	+133	+851
Low birth weight	1 in 1000	0	+29	+84	+207	+685

Advances in neuroscience have also shown the dramatic impact of alcohol on the developing adolescent brain. The frontal lobes of the brain underpin major adult functions related to complex thought and inhibition of more impulsive behaviours. Alcohol can disrupt brain development during the critical phase of growth that occurs throughout adolescence and the early adult period (up to age 22-25 years). Exposure to significant levels of alcohol during this period appears to be associated with a higher rate of mental health problems, such as anxiety and depression.

Some population groups in Western Australia have drinking habits that are considerably more likely to place them at risk of harm. In regional areas of Western Australia, only the Midwest and the Wheatbelt had consumption rates below the Australian average in 2004-05 for short and long-term harm.

Figures for school-student drinking rates have shown a slight decline over the past decade, but those who drink tend to drink in more harmful ways. This is particularly the case for young binge drinkers, and young women, who are increasingly drinking at rates likely to put them at risk of both short-term and long-term harm.

As each advance in medical research reveals greater negative impacts of alcohol, particularly on young people, the need for government action to reverse the trend of greater consumption and the ‘normalisation’ of alcohol within our society becomes greater. The AERF survey found that 58% of the community thinks that **governments are not doing enough** to address alcohol misuse.

The Committee recommends that the State Government should seriously address and reduce the harms from the impact of alcohol consumption. The Committee accepts that there are those in the alcohol industry who conduct their business in a responsible manner. The Committee is not

seeking prohibition. Alcohol is a legal drug which will remain a part of Western Australia's lifestyle.

Rather, the Committee is advocating some sensible reforms and moderate levels of regulation to ensure that the harms associated with alcohol misuse can be decreased and their impact reduced in our community. Those in the alcohol industry who are not conducting their business in a responsible manner and are contributing to alcohol-related harm should be held accountable for the harm they cause.

This report advocates addressing these problems through a comprehensive package of initiatives designed to reinforce each other. The focus must be on a 'public health' approach to alcohol policy that targets the broad population of drinkers, rather than narrowly targeted interventions for the small number of alcohol dependent individuals.

A one-off education campaign in the media directed at young binge drinkers will not solve the problem. The State Government must implement a comprehensive package of initiatives designed to reduce alcohol-related harm. In particular, the focus should be on the access, advertising and the affordability of alcohol within Western Australian society, with a public education campaign focusing on the serious health consequences of at-risk consumption of alcohol.

Chapter One proposes that the State Government set a long term target for the reduction of the level of consumption of alcohol in Western Australia over the next four years to bring the State in line with the national consumption level. This target could then be used as a guide to measure the success of policies implemented over this period.

Chapter Two discusses the weaknesses in the State's existing *Liquor Control Act 1988* and new initiatives needed to reduce alcohol-related harm. The recommendations focus on:

- amending the Objects of the Act;
- proposing an objective definition in the Act of 'drunk' or 'intoxicated';
- where the Act should apply;
- who has final responsibility for the administration of the Act;
- improving the enforcement of the Act, particularly in regard to responsible service;
- allowing controlled purchasing operations in licensed premises;
- the introduction of a new fee structure to help pay for the enforcement of the Act;
- Government consideration of increasing the legal age for drinking alcohol;
- restricting the secondary supply of alcohol to minors; and
- the introduction of restrictions on the purchase of takeaway alcohol until the age of 20 years.

In addition, this chapter discusses the issue of road safety in relation to alcohol and the Road Safety Council's repeat drink-driver strategy and alcohol ignition interlock proposal.

The following three chapters discuss the areas of **accessibility, advertising and affordability** of alcohol. The chapters are ordered according to the extent to which the State Government has control over these areas and the capacity for action. Therefore, Chapter Three addresses accessibility where the state has the greatest power to act. Chapter Four addresses advertising, where it has some power to take action and a lobbying role with the Federal government. Chapter Five addresses affordability, where the State's has less capacity to act to make alcohol more expensive and requires the support of the State's Federal Members of Parliament to lobby for a minimal price on alcohol or higher taxes.

Chapter Three focuses on the **accessibility** of alcohol in Western Australia, as accessibility is the one area where the power to implement changes lies directly with the State Government and local government authorities. The principal mechanisms for limiting the accessibility of alcohol are:

- restricting opening hours;
- placing restrictions on an individual's purchasing ability (eg limiting how much or what sort of alcohol the individual can buy); and
- limiting the number of liquor outlets in a particular area.

As the Director of Liquor Licensing is already empowered to address the first two of these points, this chapter focuses in particular on 'outlet density'. The Committee recommends that the Government should amend the *Liquor Control Act 1988* to restrict the growth in alcohol outlets by codifying outlet density limits to help direct the planning policies of the State's local government authorities.

Chapter Four addresses the issues of **advertising**, sponsorship of sport by alcohol companies, and labelling of alcoholic beverages with health warning messages. Significant sums are spent in Australia on marketing and sponsorship of alcohol products each year by the liquor industry, with estimates of \$400-500 million a year. Research has found that advertising has a significant impact, particularly on young people. It creates the earlier onset of, and increased consumption of, alcohol amongst youth who are exposed to high levels of advertising.

Australia's current system of self-regulation of alcohol advertising is similar to that of the United Kingdom, which has been shown to be flawed and ineffective in protecting public health. This is one policy area where a witness from the Australian Hotels Association (WA) supported Government action being taken. In response to a question of whether he supported the state-wide banning of alcohol advertisements, the AHA Vice President, Mr Martin Peirson-Jones, said "Yes, I would." The Committee calls on the State Government to implement legislative changes to restrict alcohol advertising in Western Australia, and to lobby the Federal Government for similar initiatives at the national level. This chapter also discusses the issue of alcohol companies sponsoring sporting activities.

The Committee acknowledges the concerns some sporting organisations have with Healthway's approach to the co-sponsorship policy and decreasing funding sources. It supports this initiative by Healthway as something must be done to restrict the impact of sponsorship of sporting activities by the liquor industry.

The Committee calls on the State Government to implement guidelines or regulations of sponsorship by alcohol companies as a first step towards limiting the presence of alcohol in Western Australian sport, particularly in relation to junior players. It recommends that the State Government increase the annual funding to Healthway to allow it to compensate sporting organisations which might subsequently lose alcohol sponsorship.

The final section of Chapter Four calls on the State Government to take action to implement health warning labels on alcohol beverage packaging. Warning labels have been shown to have public support, and there is a growing expectation that both the nutritional information and health risks of a substance will be available for consumers' information. A recent review of food labelling across Australia and New Zealand has called for the inclusion of health warnings on alcohol beverage labels. Some wine exported from this State already includes such warnings to meet the requirements of the United States and the European Union.

The Committee calls on the State Government to legislate for health warnings on labels for products produced in Western Australia, and to actively lobby the Federal Government for a national regime to be implemented.

Chapter Five examines issues of the **affordability** and pricing of alcohol. The Australian taxation system for alcoholic beverages has been described as a 'mess' and 'dysfunctional'. Several reviews have called for significant changes to the alcohol taxation system, including the Henry Review and the National Preventative Health Taskforce review. Such changes should include the implementation of a minimum price for alcohol based on the number of standard drinks in a container along with a volumetric tax based on the alcohol content of drinks, and the cessation of discounting based on multiple and/or bulk purchases (ie no 'buy two get one free' deals).

Consumers are responsive to price mechanisms in relation to alcohol consumption. Price changes that encourage a shift to lower alcohol content and lower consumption should be pursued. While taxation and pricing policy are to a large extent controlled by the Federal Government, the State Government could introduce a minimum floor price for alcohol in Western Australia and should play a role in lobbying the Federal Government for action in relation this issue.

Chapter Six addresses both the education of the public in relation to alcohol, and the education and training of all health professionals in Western Australia. The Committee acknowledges the State Government's policy to provide assistance with alcohol and drug education programs to schools through the SDERA program, and calls on the Government to make alcohol and drug education a mandatory part of the curriculum in all schools in Western Australia. In addition, the Committee feels that this important area should be given greater priority in the teacher training curricula at the tertiary level, to enable new teachers to better handle this subject area with their students.

A further education issue addressed in this chapter is the importance of public education campaigns. The Committee acknowledges the good work already undertaken by the Drug and Alcohol Office (DAO) on public education campaigns on a very limited budget. Such campaigns should be extended, and funded to address specific issues such as underage drinking and access to alcohol, and Foetal Alcohol Spectrum Disorder (FASD). The Committee calls on the State Government to provide funding to expand the current public education campaigns run by DAO.

The Committee received evidence that there is a considerable gap in the training opportunities available to medical students in the area of alcohol and drugs. The absence of dedicated alcohol and drug treatment services in the tertiary hospitals of Western Australia means the number of training placements is extremely limited. In addition, better coordination of the alcohol and drug medical curricula would improve the knowledge, experience and capability of medical graduates to manage alcohol and drug issues for their patients.

Finally, the Committee calls on the State Government to address the looming shortage of addiction medicine specialists in Western Australia by providing funding to place an addiction medicine specialist in each tertiary hospital, and to expand the number of training placements.

The final chapter discusses alcohol treatment programs in Western Australia, including some areas where significant improvements could be made, such as the State's justice system. Treatment agencies report that alcohol is the principal drug of concern for almost half of the people who are seeking treatment for drug and alcohol problems in Western Australia. The Committee heard evidence of the importance of using every contact a person with alcohol issues has with the health care system to intervene to assist them to lower their alcohol consumption. Such 'brief interventions' have been shown to be very effective in encouraging at-risk drinkers to moderate their drinking behaviours. The Committee believes such an approach should be actively promoted to organisations such as the Australian Medical Association and the Australian Nursing Federation.

This chapter addresses the interaction of alcohol and mental illness co-morbidities, and the fact that such dual diagnosis "should be seen as the expectation rather than the exception". Co-morbidity presents significant challenges to treatment services, particularly those designed to manage only one of the problems a client may have. Recent initiatives to better coordinate alcohol and drug treatment services with mental health services are supported. Further efforts should be made to ensure the further integration of these services, where appropriate.

Finally, this chapter examines the lost opportunities for intervening with people with alcohol and drug problems during their contact with the Western Australian justice and corrective service systems. Treatment programs for those in prison have been shown to have a significant impact on recidivism rates, reducing them by around 10%, yet very large numbers of prisoners assessed as being in need of treatment programs during their prison terms do not have access to such programs.

The Department of Corrective Services told the Committee that approximately 62% of prisoners have alcohol and other drug problems, and 53% of adults on community service orders have alcohol and other drug problems. Yet evidence to the Committee shows that the current provision of treatment programs provided by the Department of Corrective Services is inadequate.

A lack of diversion programs for those with alcohol-related offending, coupled with inadequate resources for Corrective Services to run treatment programs in prisons, means that Western Australia misses an opportunity to intervene with those who most need it. In addition, lack of resources for community alcohol treatment services results in a situation where those clients referred by Corrective Services to community treatment place a significant burden on their already overloaded services.

The Committee calls on the State Government to make a serious investment in the funding of alcohol and drug treatment services, especially within the justice system, so that every prisoner who is assessed as needing an alcohol or drug treatment program is able to receive one, irrespective of which prison they are held in.

This Report concludes the Committee's *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia*. A full listing of the Inquiry's submissions, witnesses, hearing and briefing details are included in the Appendices of this report. The two previous interim reports, and the Inquiry's submissions and hearing transcripts are available on the Committee's website: www.parliament.wa.gov.au/ehsc.

FINDINGS

Page 10

Finding 1

The legislation and regulations of previous State Governments have provided the context for the current levels of alcohol consumption in Western Australia and new regulations and legislation will be the most powerful way in which consumption can be reduced in the future.

Page 22

Finding 2

The consumption of alcohol can disrupt brain development during the critical phase of growth that occurs from around 12-13 years of age until the early twenties and it is important that young people delay drinking alcohol for as long as possible.

Page 30

Finding 3

The cost of providing substantial numbers of Police in Perth's major entertainment precincts is a significant public 'subsidy' to the liquor licence holders in these areas.

Page 32

Finding 4

The Australian Hotels Association (WA) is a powerful stakeholder in the alcohol policy debate in Western Australia. There is very little public information about the scope of its lobbying activities and it is not required to be registered on the State's lobbyist register. It denied the Committee's request for a copy of its latest annual report.

Page 37

Finding 5

The development of policies to lower the consumption of alcohol in Western Australia is limited by the data currently available.

Page 45

Finding 6

Alcohol consumption data for Western Australian female high school students and university students show them to be drinking at levels of risky or high risk of harm in the short-term, and at rates significantly higher than male students.

Page 57

Finding 7

The strategy to reduce the large costs of alcohol consumption to the State and its residents would be strengthened if public health was the primary object of the *Liquor Control Act 1988*, as it now is in Scotland.

Page 61

Finding 8

The *Liquor Control Act 1988* does not currently define drunkenness in a manner which allows a determination by an objective test. For example, it does not authorise Police to take alcohol breath tests from patrons in licensed premises.

Page 62

Finding 9

The *Liquor Control Act 1988* has exemptions from the requirement to obtain a liquor licence for the sale of alcohol.

Page 65

Finding 10

There is no objective measure in the *Liquor Control Act 1988* to ensure the proper and lawful exercise of any licence granted, or permit issued, under the Act; or to ensure the lawful and orderly conduct of licensed premises.

Page 71

Finding 11

The conduct of ‘controlled purchasing operations’ (or test purchasing) by the Police would be a useful way of identifying the minority of licensed premises which are breaching the *Liquor Control Act 1988* by selling alcohol to minors.

Page 72

Finding 12

A Liquor Control Advisory Council has been established in Victoria to provide policy advice to the Government to assist in reducing alcohol-related harm.

Page 74

Finding 13

The current liquor licence fees do not cover the basic administrative costs of the Department of Racing, Gaming and Liquor to process liquor licence applications.

Page 74

Finding 14

The Western Australian Police and the Department of Racing, Gaming and Liquor currently do not have the number of staff or sufficient power to effectively enforce key provisions of the *Liquor Control Act 1988*, including whether alcohol is being served responsibly on licensed premises.

Page 78

Finding 15

Under Western Australia’s current legislation, adults are able to supply alcohol to minors and juveniles without the consent of their parents.

Page 79

Finding 16

While the drinking age remains 18 years, a requirement that would bar alcohol being purchased from an off-license venue until drinkers are 20 years of age is an innovative suggestion worthy of consideration by the State Government.

Page 82

Finding 17

The proposal to lower the maximum blood alcohol level for drivers to a level of 0.04 grams per 100 millilitres is worth further consideration by the State Government.

Page 85

Finding 18

It is nearly a decade since the Road Safety Council repeat drink driver strategy recommended the introduction of car alcohol ignition interlock devices to stop people with a high blood alcohol concentration, especially repeat drink-driving offenders, from driving. This proposal has been supported by all State Governments since, but remains to be introduced.

Page 91

Finding 19

The outcomes of many international research projects show a clear correlation between higher alcohol outlet density and increased alcohol-related harms.

Page 100

Finding 20

Local government planning policies could be a key process for limiting the number and type of new liquor outlets in a region.

Page 102

Finding 21

Over the past two decades liquor legislation in all Australian jurisdictions has been relaxed. The Western Australian liquor legislation amendments in 2006 were modelled on the Victorian legislation. Police data in Victoria show a dramatic picture that alcohol-related harm has increased since the liquor legislation changes were made and the number of licences increased.

Page 102

Finding 22

Australian research has found the best measure of predicting alcohol-related harm in a region is the level of alcohol purchased for consumption from all types of outlets. Off-licence outlets are associated with increased levels of domestic violence. Research suggests that the average volume of alcohol sales made by outlets is a less important predictor of assault than the actual number of outlets.

Page 104

Finding 23

Research from other Australian jurisdictions shows that a reduction in late-night trading hours in entertainment precincts leads to a significant reduction in alcohol-related violence, and the costs associated with this violence. Agencies such as the Police have called for the restrictions to be further expanded.

Page 105

Finding 24

The training of staff employed in liquor outlets to manage situations with aggressive patrons is one way of lowering the number of incidents that might escalate to violence.

Page 109

Finding 25

The harms from alcohol-related violence are limited by capping the number of patrons who can be accommodated in a venue.

Page 113

Finding 26

Evidence from other jurisdictions, and the Western Australian efforts at limiting the availability of alcohol by limiting opening hours of late-night clubs and hotels, suggest that these measures lower alcohol-related violence in entertainment precincts.

Page 119

Finding 27

Even when a licensing authority has rejected an application for a liquor licence, the Supreme Court can overrule the decision as the Act contains objects to both ‘minimise harm’ as well to ‘cater for the development of the liquor industry’.

Page 137

Finding 28

It is unlikely that the Federal Government will implement the 2009 recommendations of the Ministerial Council on Drug Strategy and the National Preventative Health Strategy’s recommendations relating to the phasing out of alcohol promotions from times and placements with high exposure to young people up to 25 years of age.

Page 165

Finding 29

The Australia and New Zealand Food Regulation Ministerial Council’s comprehensive review of food labelling law and policy has produced compelling recommendations for the introduction of health message labelling on alcohol beverage containers.

Page 178

Finding 30

In the United Kingdom it has been estimated that a minimum price of 50p per unit of alcohol would save over 3,000 lives per year and a price of 40p would save 1,100 lives per year.

Page 182

Finding 31

The Commonwealth/State GST Agreement prohibits Western Australia from imposing its own state tax on alcohol.

Page 185

Finding 32

Recent information about the action of Fosters in withholding its products indicates that Coles misled the Committee in its evidence that it did not price alcohol products in its stores in a way that they acted as 'loss leaders'.

Page 186

Finding 33

The actions of Coles and Woolworths in retailing alcohol products do not match their stated positions in evidence to the Committee that they are responsible retailers of alcohol and committed to the responsible service and supply of alcohol.

Page 195

Finding 34

Drug and alcohol education is not currently a core part of the curriculum in all government schools in the State.

Page 195

Finding 35

Alcohol education programs are most effective when part of a broader, whole of population strategy that includes other facets, such as being incorporated in teacher-training curricula.

Page 198

Finding 36

Web-based screening and brief intervention programs on alcohol aimed at problem drinkers among tertiary students are a useful initiative given the high proportion of students who drink at risky levels.

Page 204

Finding 37

Research clearly articulates the need for parental education programs as part of a broad strategy to lower the State's current alcohol consumption rate.

Page 206

Finding 38

With greater resourcing, public health media campaigns could be a useful tool to assist cultural change in the community by reducing alcohol-related harm from risky levels of drinking and 'determined drunkenness'.

Page 210

Finding 39

Foetal Alcohol Spectrum Disorder is a serious health issue in Western Australia due to the risk associated with drinking alcohol while pregnant.

Page 214

Finding 40

It is important that the Western Australian community has well trained medical staff in the area of alcohol and drug treatment services. The Committee recommended the need for additional Alcohol and Other Drug nursing places in Perth hospitals and those in regional areas in its second interim report on illicit drugs.

Page 223

Finding 41

The Committee considers that the approach of using brief interventions with patients, either at the primary health care level or when they interact with tertiary services, is a cost-effective and useful approach for reducing alcohol-related harms.

Page 228

Finding 42

The Committee considers that the alcohol treatment services provided by community drug and alcohol services throughout the State are extremely valuable but have been impacted by insufficient funds provided over short funding periods. The additional funding allocated in the 2011-12 State Budget and its proposed contracting reforms provide an opportunity to significantly improve the operating environment of not-for profit human services organisations in Western Australia.

Page 236

Finding 43

The Department of Corrective Services reports that its treatment services have recently received a significant boost. However, there are likely to be a substantial number of prisoners, particularly in regional prisons, who will not receive proper treatment programs for their alcohol and other drug problems.

RECOMMENDATIONS

Page 10

Recommendation 1

The State Government adopt a goal of lowering the annual per capita consumption of pure alcohol in Western Australia over the next four years from 12.45 litres to under 10 litres per capita. In its annual report the Drug and Alcohol Office provide details of the State's annual per capita consumption of alcohol and the progress in reaching this goal.

Page 30

Recommendation 2

The Minister for Police table a report to Parliament by December 2011 on legislative proposals for cost-recovery efforts for providing substantial numbers of Police in areas in Perth where there is a high demand for Police due to alcohol-related violence.

Page 32

Recommendation 3

By December 2011, the Premier should require all industry associations, such as the Australian Hotels Association, to be registered on the State's lobbyist register.

Page 32

Recommendation 4

The Director of Liquor Licensing in his annual report should include information on the profitability of the State's liquor industry to assist the State Government assess the industry's capacity in paying for alcohol-related harm in Western Australia.

Page 37

Recommendation 5

The Minister for Mental Health and the Minister for Racing and Gaming provide to Parliament an annual report on the results of the collection and analysis of the previous year's Western Australian alcohol consumption data.

Page 57

Recommendation 6

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to make 'protecting and improving public health' the primary object of the Act.

Page 61

Recommendation 7

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to allow the Police to more successfully prosecute a drunken person. This could be by:

- defining a blood alcohol level for intoxication or amend Section 3A(1)(b) to provide examples of impairment resulting from alcohol; and
- the clarification of any other problems related to the failure to effectively prosecute drinkers for being drunk on a licensed premise.

Page 62

Recommendation 8

The Minister for Racing and Gaming table in Parliament by December 2011 a review of the current exemptions in Section 6 of the *Liquor Control Act 1988* and remove those which are historical.

Page 65

Recommendation 9

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to clarify the lines of authority and accountability to prevent alcohol-caused harm in licensed premises and in the broader community.

Page 67

Recommendation 10

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would raise the level of fines issued by the Police or the Department of Racing, Gaming and Liquor. These fines to licensees or their managers to be increased from the current level of \$1,000 to a minimum penalty of \$10,000. The fines should be based on the number of patrons and wholesale sales data.

Page 67

Recommendation 11

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would ensure that any fines issued by the Police or the Department of Racing, Gaming and Liquor to licensees or their managers that remain unpaid after three months result in the suspension of the licensee's liquor licence.

Page 67

Recommendation 12

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that ensures if more than three fines or suspensions have been issued for failing to serve alcohol in a responsible manner over the past 12 months, licences can be revoked by the Director of Liquor Licensing.

Page 71

Recommendation 13

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to allow the Police to conduct 'controlled purchasing operations' to assist in the identification and prosecution of licensees suspected of breaching the Act by selling alcohol to minors.

Page 72

Recommendation 14

The Minister for Racing and Gaming and the Minister for Health table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would establish a Liquor Control Advisory Council. The Council shall provide an annual report to Parliament on legislative changes to improve the monitoring, effectiveness and compliance with the *Liquor Control Act 1988* and any other Acts to help decrease alcohol-related harm in Western Australia.

Page 73

Recommendation 15

The new Liquor Control Advisory Council should be chaired by a Ministerial nominee. It should include representatives from the Departments of Health, Mental Health, and Racing, Gaming and Liquor; and representatives from the Police, National Drug Research Institute, the McCusker Centre for Action on Alcohol and Youth, Healthway, the Health Consumers' Council, the Australian Medical Association, the College of Nursing (WA) and a Professor of Public Health.

Page 75

Recommendation 16

By June 2012, the Minister for Racing and Gaming and the Minister for Police increase the number of staff available to effectively enforce key provisions of the *Liquor Control Act 1988*, including whether alcohol is being served responsibly on licensed premises.

Page 75

Recommendation 17

The revenue for licensing administration and inspection tasks should be obtained by increasing fees for licensed premises based on different risk factors, similar to those used in Queensland and Victoria.

Page 77

Recommendation 18

The Minister for Mental Health prepare a discussion paper by December 2012 on the social and economic costs of alcohol on the State's youth. The Minister to seek community input on the question of whether Western Australia should raise over a three-year period the legal drinking age for purchasing and consuming alcohol to 20 or 21 years.

Page 79

Recommendation 19

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* to insert a clause that a person must not supply alcohol to a minor or a juvenile unless that person has obtained the consent of their parent or legal guardian.

Page 80

Recommendation 20

The Minister for Racing and Gaming, as part of the preparation of a discussion paper on the social and economic costs of alcohol on the State's youth, assess the benefits of having a split age limit that would bar alcohol being purchased from an off-license venue until drinkers are 20 years of age, and report to Parliament by December 2012 on its usefulness in lowering rates of under-age drinking in Western Australia.

Page 82

Recommendation 21

The Minister for Road Safety table in Parliament by June 2012 a discussion paper on the benefits and costs of lowering the maximum blood alcohol level for drivers to 0.04 grams per 100 millilitres.

Page 85

Recommendation 22

The Minister for Police make a matter of extreme urgency the introduction of car alcohol ignition interlock devices to stop people with a high blood alcohol concentration from driving, especially repeat drink-driving offenders.

Page 100

Recommendation 23

The Minister for Racing and Gaming and the Minister for Planning table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* which consider the public health impact of any further increase in liquor outlets, and include a codification system for future outlet density requirements for the planning policies of the State's local government authorities.

Page 105

Recommendation 24

The Minister for Racing and Gaming investigate and report to Parliament by December 2011 on the effectiveness of programs used in other jurisdictions, such as 'Safer Bars', as a way of lowering violent incidents in and around Western Australian licensed outlets.

Page 109

Recommendation 25

The Minister for Health bring to Parliament by December 2011 amendments to the *Health (Public Building) Regulations 1992* to repeal regulations 7(4) and 7A(2) so that the existing exemptions are removed for the four very large hotels (Cottesloe Beach Hotel, Ocean Beach Hotel, Aberdeen Hotel and Metro City). The commencement date for the amendment should be 12 months after its adoption by Parliament.

Page 113

Recommendation 26

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to Section 97 of the *Liquor Control Act 1988* to facilitate the reduction of the permitted hours of trading where data shows that there is a problem with violence and breaches of the Act by licensees.

Page 120

Recommendation 27

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* that delete Section 5(1)(c) “to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the State” from its objects.

Page 138

Recommendation 28

The Minister for Health and the Minister for Mental Health write to their counterparts in other States recommending that the Federal Government implement the 2009 Ministerial Council on Drug Strategy recommendations relating to the phasing out of alcohol promotions from times and placements with high exposure to young people up to 25 years of age.

Page 140

Recommendation 29

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* to further limit alcohol advertising in Western Australia:

- outside and inside liquor outlets;
- through printed material distributed in letter boxes;
- through outdoor advertisements;
- inside sporting venues; and
- through newspapers and other publications printed and distributed in Western Australia.

Page 141

Recommendation 30

The Director General, Department of Racing, Gaming and Liquor use Section 65B of the *Liquor Control Act 1988* to prohibit discounting of alcohol products such as when they are bought in a package of six, a dozen or a carton.

Page 145

Recommendation 31

The Premier report to Parliament by December 2011 on the efforts of the State Government's lobbying of the Federal Government to fund and implement a national approach to replace the sponsorship of sporting bodies by alcohol companies.

Page 148

Recommendation 32

The Minister for Health write to the Federal Minister for the Department of Health and Ageing requesting that Western Australia's proportion of the new Federal funding over four years for community sponsorship funds (to provide an alternative to alcohol sponsorship for community sporting and cultural organisations) be awarded to Healthway to administer.

Page 157

Recommendation 33

In the absence of Federal Government action, the Minister for Health and the Minister for Racing and Gaming table in Parliament by June 2012 amendments to the *Liquor Control Act 1988* to phase out the sponsorship of sporting bodies in Western Australia by alcohol companies.

Page 157

Recommendation 34

The Minister for Health by June 2012 increase the annual funding to Healthway to allow it to compensate sporting organisations which lose alcohol sponsorship due to the proposed amendments to the *Liquor Control Act 1988* to phase out the sponsorship of sporting bodies.

Page 165

Recommendation 35

The Premier report to Parliament by December 2011 on the efforts of the State Government's lobbying of the Federal Government to implement the recommendations of the Australia and New Zealand Food Regulation Ministerial Council's review relating to the national introduction of a health message warning on the labels of all alcohol products.

Page 167

Recommendation 36

In the absence of Federal Government regulation, the Minister for Health and the Minister for Racing and Gaming table in Parliament by June 2012 amendments to the *Liquor Control Act 1988* to introduce a system of health message labelling on alcohol products produced in Western Australia.

Page 167

Recommendation 37

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* making it a condition of liquor licences for drinking glasses to include an indication of the number of standard drinks.

Page 178

Recommendation 38

As a matter of urgency, the Drug and Alcohol Office or the National Research Drug Institute at Curtin University be provided with funding by the Minister for Mental Health or the Minister for Health to collaborate with Sheffield University to ascertain the appropriate minimum price for alcohol in Western Australia. This outcome of this research be presented as a report to Parliament by April 2012.

Page 182

Recommendation 39

The Minister for Health direct the Department of Health to work with Parliamentary Counsel by December 2011 to enable an amendment to the *Public Health Act 1911* to introduce a minimum floor price to prevent the sale in Western Australia of the cheapest forms of alcohol.

Page 188

Recommendation 40

The Premier urgently negotiate with the Federal Government to increase taxes on alcohol products by introducing a tiered volumetric tax in addition to a minimum retail price per standard drink.

Page 189

Recommendation 41

By December 2011 the Director of Liquor Licensing extend the current Section 64 restrictions in the Kimberley and Pilbara limiting the sale of particular alcohol products to all other regions of the State where the annual litres per capita consumption of alcohol is greater than the Western Australian average.

Page 195

Recommendation 42

The Minister for Education ensure that drug and alcohol education becomes a mandatory part of the curriculum in all schools, and that schools are encouraged to engage with the School Drug Education and Road Aware program.

Page 196

Recommendation 43

The Minister for Education encourage the State's universities to develop a more comprehensive undergraduate and postgraduate teacher training curriculum in alcohol and drug issues.

Page 197

Recommendation 44

The Minister for Child Protection substantially increase funding to youth service organisations in the 2012-13 budget to increase the provision of diversionary, early intervention and positive lifestyle strategies targeted at young people at risk of drug and alcohol problems.

Page 199

Recommendation 45

The Minister for Mental Health provide annual funding in the 2012-13 budget to expand web-based intervention programs (such as TAP and THRIVE) to all tertiary institutions in Western Australia. This funding is to be used for the ongoing research, promotion, management and evaluations of these programs. The Drug and Alcohol Office should report on the outcomes of these programs in its annual reports.

Page 204

Recommendation 46

The Minister for Mental Health ensure in the 2012-13 budget that there are funds for a comprehensive education campaign for parents to make them aware of the dangers of supplying their children with alcohol, and the provisions and penalties within the *Liquor Control Act 1988* as it applies to the purchase and supply of alcohol to minors.

Page 207

Recommendation 47

The Minister for Mental Health increase the resources of the Drug and Alcohol Office for a large-scale alcohol-related public health media campaign, funded in part by an increase in the annual liquor licence fees.

Page 210

Recommendation 48

The Minister for Health and the Minister for Mental Health provide funds in the 2012-13 budget so that the Drug and Alcohol Office can coordinate, in conjunction with the Telethon Institute for Child Health Research and public health social marketing experts, a media campaign on the dangers of consuming alcohol while pregnant.

Page 214

Recommendation 49

The Minister for Health and Minister for Mental Health should engage with the university medical schools in Western Australia to ensure that funding is provided by 2013 for a coordinator to ensure that alcohol, drugs and mental health are included in their medical program curricula.

Page 214

Recommendation 50

The Minister for Health and Minister for Mental Health fund in the 2012-13 budget an additional seven FTE of addiction medicine specialists to cover the State's metropolitan tertiary and secondary hospitals.

Page 215

Recommendation 51

The Minister for Health and Minister for Mental Health fund in the 2012-13 budget three additional training positions for addiction medicine specialists.

Page 220

Recommendation 52

The Minister for Health by June 2012 either:

- fund and create a four-bed dedicated unit at each tertiary hospital and three secondary hospitals in the Perth metropolitan area for patients admitted with alcohol or drug related problems; or
- fund an additional 24 beds for patients requiring treatment of drug and alcohol problems in the Perth metropolitan area.

Page 220

Recommendation 53

That by June 2012 the Minister for Regional Development fund and create additional dedicated beds for patients requiring drug and alcohol treatment at major regional hospitals.

Page 223

Recommendation 54

The Minister for Health and the Minister for Mental Health should provide funds for the development of a training package for all health practitioners on the effectiveness and implementation of brief interventions to decrease alcohol consumption for those drinking above NHMRC recommended guidelines. The Ministers should encourage the Australian Medical Association, the Australian Nursing Federation and other relevant health care organisations and practitioners to advocate for this practice with their members.

Page 228

Recommendation 55

The Minister for Mental Health monitor the effectiveness of the increased funding in the 2011-12 State Budget to non-government organisations offering alcohol treatment programs, and ensure that funding agreements are for periods longer than three years to reduce the uncertainty within that sector.

Page 229

Recommendation 56

The Minister for Regional Development fund by June 2012 at least one drug and alcohol rehabilitation centre, and associated services, in each WA Country Health Service region.

Page 234

Recommendation 57

The Minister for Mental Health and the Minister for Corrective Services should, as a matter of urgency, fund in the 2012-13 budget the development of a State-wide alcohol diversion program. This program should be offered during the pre-sentence process to all offenders convicted of an offence where alcohol is a contributing factor. Where these offenders are sentenced to prison, it should be a mandatory program.

Page 236

Recommendation 58

The Minister of Corrective Services and the Minister for Mental Health increase funding in the 2012-13 budget to ensure that every prisoner who is identified and assessed as needing an alcohol or drug treatment program is able to receive one, irrespective of which prison they are held in.

Page 239

Recommendation 59

The Minister of Corrective Services and the Minister for Mental Health allocate funding in the 2012-13 budget to ensure that every prisoner counselled or treated in prisons for alcohol or drug problems continues to be treated on discharge from prison. This counselling or treatment to be part of any parole or release conditions for prisoners and, wherever possible, be delivered by the same health care professional on a monthly basis for a minimum of three months.

Page 239

Recommendation 60

The Minister for Mental Health significantly increase funding in the 2012-13 budget to the alcohol and drug community treatment sector to increase its capacity and expand the number of places for clients referred by the Department of Corrective Services.

MINISTERIAL RESPONSE

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Education and Health Standing Committee directs that the Premier, the Minister for Racing and Gaming, the Minister for Mental Health, the Attorney General, the Minister for Police and Road Safety, the Minister for Corrective Services, the Minister for Education, the Minister for Child Protection, the Minister for Planning, the Minister for Regional Development and the Minister for Health report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

CHAPTER 1 OVERVIEW OF THE IMPACT OF ALCOHOL ON WESTERN AUSTRALIANS

1.1 Introduction

(a) A major problem for the State

A World Health Organisation report found that “in most human societies, one or another psychoactive [mood changing] substance is a valued commodity for human ingestion.” During this Inquiry the Education and Health Standing Committee has heard from hundreds of witnesses that in Western Australia the most popular ‘drug’ is alcohol.

Alcohol consumption in Australia is now at its highest levels in the past 30 years.¹ The proportion of Australians drinking at a risky/high risk level has increased by over 60% over the past three National Health Surveys, from 8.2% in 1995 to 13.4% in 2004-05.² While most Western Australians drink alcohol in moderation, in 2007 nearly 60% of residents over 14 years of age consumed alcohol on a weekly basis and one-in-eight men drank daily.³

Many Australians enjoy alcohol as part of their lifestyle. Some do so in a moderate manner. A recent survey of community attitudes and behaviour found that 84% of Australians consume alcohol, however only 12% know the National Health and Medical Research Council (NHMRC) guidelines for drinking alcohol. The NHMRC guidelines are based on calculations that estimate the cumulative lifetime risk of an adult’s alcohol-related injury or disease associated with many drinking occasions, and the immediate risk of injury from drinking on a single occasion. These evidence-based guidelines were updated in 2009 and are summarised in Table 1.1 below.⁴

¹ Dr Tanya Chikritzhs *et al.*, ‘Per Capita Alcohol Consumption in Australia: Will the Real Trend Please Step Forward?’, November 2010. Available at: <http://ndri.curtin.edu.au/local/docs/pdf/publications/RJ763.pdf>, p1. Accessed on 13 April 2011. For annual Australian Bureau of Statistics consumption figures from 1944, see [www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/EA3998337AB1E858CA25781B000F9073/\\$File/43070d0001_19442009.xls#Table_6!A1](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/EA3998337AB1E858CA25781B000F9073/$File/43070d0001_19442009.xls#Table_6!A1). Accessed on 13 April 2011.

² Australian Bureau of Statistics, ‘4832.0.55.001 - Alcohol Consumption in Australia: A Snapshot, 2004-05’, August 2006. Available at: www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4832.0.55.001Main+Features12004-05?OpenDocument. Accessed on 13 April 2011.

³ Australian Institute of Health and Welfare, ‘2007 National Drug Strategy Household Survey: State and Territory Supplement’, 29 August 2008. Available at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459903, p5. Accessed on 13 April 2011.

⁴ National Health and Medical Research Council, ‘Australian Guidelines to Reduce Health Risks from Drinking Alcohol’, 30 November 2009. Available at: www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/ds10-alcohol.pdf, p7. Accessed on 10 June 2011.

Table 1.1- The National Health and Medical Research Council guidelines for drinking alcohol⁵

Group	Recommended intake
For healthy men and women	
– short-term	Drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.
– long-term	Drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.
For children under 15 yo	Are at the greatest risk of harm from drinking and not drinking alcohol is especially important.
Young people aged 15 to 17 yo	The safest option is to delay the initiation of drinking for as long as possible.
For women who are pregnant, planning a pregnancy, or breastfeeding	Not drinking is the safest option.

A common perception is that the Irish, for example, are heavy drinkers. Ireland's annual per capita consumption of pure alcohol was about 13.3 litres in 2006 for drinkers aged 15 years and over (a drop from 14.3 l/pc in 2001).⁶

Western Australia's alcohol consumption rate is about the same as Ireland's. In 2004-05 it was 12.7 litres per capita, or about 3.3 standard drinks per day for every person aged 14 years and older– a 36% increase since 1991.⁷ Appendix Six lists information about the standard drink in Australia for different alcohol products. Table 1.2 below shows that the State's consumption rate in 2007-08 of 12.45 l/pc was nearly 30% higher than the national average of 9.85 l/pc per annum.⁸ In 2007 10.5% of Western Australian males and 16.9% of females abstained from drinking alcohol.⁹

⁵ Ibid, pp2-4.

⁶ The National Documentation Centre on Drug Use, 'Alcohol Consumption in Ireland', 2007. Available at: www.drugsandalcohol.ie/11435/. Accessed on 21 April 2011.

⁷ Mr Eric Dillon, Acting Executive Director, Drug and Alcohol Office, *Transcript of Evidence*, 11 May 2010, p3.

⁸ National Drug Research Institute, 'National Alcohol Sales Data Project- Final Report, 2009', April 2011. Available at: <http://ndri.curtin.edu.au/local/docs/pdf/publications/R249.pdf>, p15. Accessed on 26 May 2011.

⁹ Australian Institute of Health and Welfare, '2007 National Drug Strategy Household Survey: State and Territory Supplement', 29 August 2008. Available at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459903, p6. Accessed on 13 April 2011.

Comparison of Western Australia to other jurisdictions

It is difficult to make direct comparisons to alcohol consumption rates in other Australian jurisdictions. Following a High Court ruling in 1996 that liquor licensing fees and levies were excise duties and were illegally being collected by the States, only Western Australia, the Northern Territory, and more recently Queensland, continued to collect wholesale alcohol sales data.

The Australian National Alcohol Sales Data (ANASD) measures the consumption of beer, wine and spirits in litres per capita. It showed a national per capita rate of 10.0 l/pc in 2006-07 and 9.85 l/pc in 2007-08. Table 1.2 below shows the ANASD consumption data for Australia, Western Australia and two other jurisdictions with high consumption rates.

Table 1.2- Per capita consumption of litres of absolute alcohol per person, 15 years and older (2005-2008)¹⁰

	2005-06	2006-07	2007-08
Australia	9.84	10.00	9.85
Western Australia	10.95	10.76	12.45
Queensland	-	-	11.07
Northern Territory	17.08	16.70	16.50
Northern Territory#	14.98	14.39	14.62

Includes tourists as well as normal population.

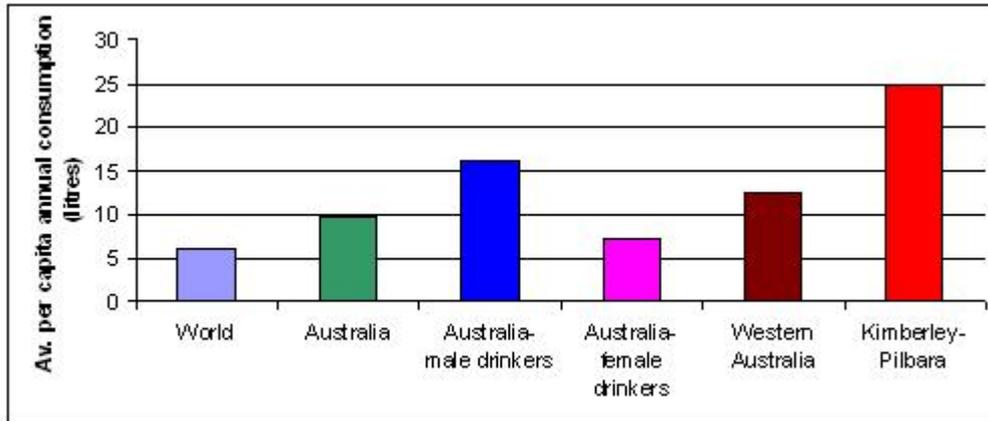
The recently released Australian Bureau of Statistics (ABS) Alcohol Consumption data for 2009-10 showed an average of 10.4 l/pc, the same rate for 2008-09.¹¹ World Health Organisation data in Appendix Seven shows that while the national average is 10.4 l/pc, the average for male drinkers is 16.3 l/pc and 7.2 l/pc for female drinkers.¹² Figure 1.1 compares the consumption rates in Western Australia with the global and national average rates. Appendix Seven shows the changes in alcohol consumption rates in Australia and other selected countries over the past 30 years.

¹⁰ Ibid.

¹¹ Australian Bureau of Statistics, '4307.0.55.001 - Apparent Consumption of Alcohol, Australia, 2009-10', 3 June 2011. Available at: www.abs.gov.au/ausstats/abs@.nsf/Lookup/4307.0.55.001main+features32009-10. Accessed on 3 June 2011.

¹² World Health Organisation, 'Recorded Adult Per Capita Consumption, from 1980, Total', 2011. Available at: <http://apps.who.int/ghodata/?theme=GISAH&vid=52140>, p273. Accessed on 9 June 2011.

Figure 1.1- Comparison of alcohol consumption rates to Western Australia



The Commissioner for Children and Young People said about 500,000 children in Western Australia live with parents who have a problem with either alcohol or illicit drug abuse.¹³ She put the State’s level of per capita alcohol consumption in perspective:

- the World Health Organisation ranked Australia 35th in the world in 2005;
- Western Australia’s alcohol consumption ranks 7th in the world;
- some regional areas in the State have consumption of 25-30 l/pc and would rank in the top three consumption levels in the world.¹⁴¹⁵

The concern about the impact of alcohol on young people is a global one. In the 2008 WHO *Global Survey on Alcohol and Health*, the five-year trend of under-age drinking was assessed for 73 countries. Of these, 71% indicated an increase in under-age drinking, 4% a decrease and 8% were stable while 16% showed inconclusive trends. The five-year trend of drinking among 18–25 year olds indicated a similar pattern, 80% of countries showed an increase, 11% a decrease, 6% were stable and 12% showed inconclusive.¹⁶

Parliament has a responsibility under the Constitution to “make laws for the peace, order, and good Government ... of Western Australia”.¹⁷ The level of responsibility in dispensing and

¹³ Ms Michelle Scott, Commissioner for Children and Young People (WA), *Transcript of Evidence*, 18 August 2010, p10.

¹⁴ Ibid, p2.

¹⁵ World Health Organisation, ‘Global Health Observatory Data Repository’, 2011. Available at: <http://apps.who.int/ghodata/#>. Accessed on 20 May 2011.

¹⁶ World Health Organisation, ‘Global Status Report on Alcohol and Health’, 2011. Available at: www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf, p10. Accessed on 20 May 2011.

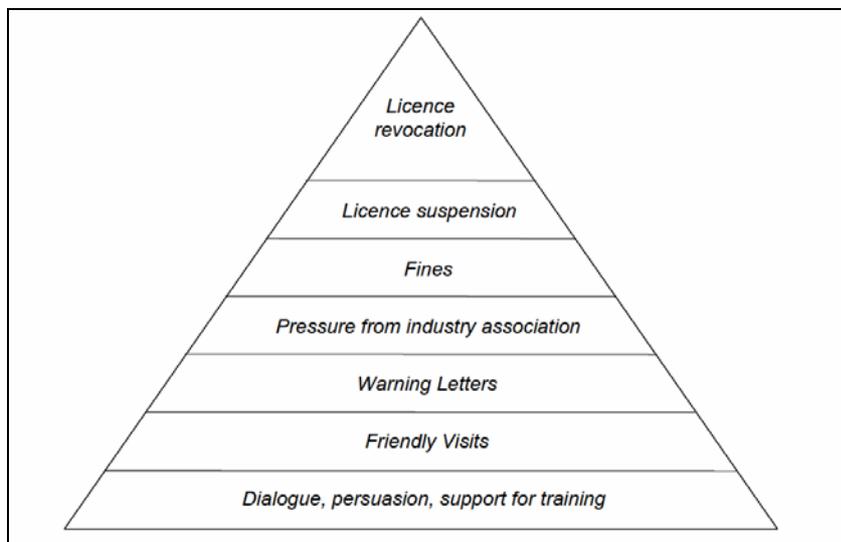
¹⁷ Constitution Act 1889 (Western Australia). Available at: www.austlii.edu.au/au/legis/wa/consol_act/ca1889188/. Accessed on 3 June 2011.

providing alcohol is set by the State Government. Failure to adequately legislate in relation to the sale and consumption of alcohol results in social, behavioural and economic costs to the individual and the community. Legislation in recent years has seen a growth in the availability, access and advertising of alcohol to the detriment of the State's public health. As such, the State Government must accept that the current legislation and policies in relation to liquor control are inadequate and are failing to maintain community peace, order, health and safety.

As will be discussed later in this Report, small financial penalties have proved ineffective in Western Australia in changing the behaviour of licensees. The question now is whether Parliament has the 'political will' to get 'tough on controlling alcohol abuse' by focusing on advertising, affordability and advertising. The question must be 'does Parliament have the will?' The Government of the day is unlikely to unilaterally take on the alcohol industry and introduce changes unless these are supported by the Opposition too. No Governments want to see a massive injection of campaign funds from the liquor industry to their opponents.

The Committee believes that licensees should sell alcohol in a responsible manner. The State Government should hold licensees accountable for any failure to do so. Figure 1.2 below shows an example of enforcement methods, from minor to major, which can be used by a government to encourage the responsible sale of alcohol.

Figure 1.2- An example of a simple enforcement pyramid for drinking establishment¹⁸



The Committee hopes that Parliament will have the 'political will' to unanimously introduce a range of strategies through legislation including the suspension or revocation of licences for those in the alcohol industry who continue to sell alcohol in an irresponsible manner.

¹⁸ Dr Kathryn Graham and Professor Ross Homel, *Raising the Bar: Preventing Aggression in and Around Bars, Pubs and Clubs*, Willan Publishing, Portland USA, 2008, p254.

The level of responsibility was reinforced by Mr Bradley Woods, Chief Executive Officer of the Australian Hotels Association (WA), who told the Committee that:

*what is fundamentally most important is that as a society and a community we engage in a level of responsibility **about the fact that alcohol is a drug**, and that it is an addictive drug if abused and misused. ... The Association has a very strong view that **licensees are engaged in the process of not just hospitality, but dispensing and providing that recreational drug**...*¹⁹ [emphasis added]

(b) Lack of State Government action

The Committee is concerned that while there have been frequent warnings about the growing health threat posed by higher levels of alcohol consumption, Western Australian governments have held off on taking action on this issue.

Recent State Governments have been more strict in legislating against illicit drugs, where the Committee's previous interim report showed that usage had dropped significantly over the past decade, but have allowed easier access to alcohol.

The 2007 National Drug Strategy Household Survey shows significant public support in Western Australia for the State and Federal Governments to take action to restrict alcohol consumption:

- about 25% support an increase in the price of alcohol products and a reduction in the number of licensed premises;
- about 50% support an increase in the legal drinking age;
- more than 60% support more alcohol-free activities and zones and the serving of low-alcohol drinks at sporting events; and
- nearly 75% support limiting TV advertisements for alcohol products until after 9.30pm.²⁰

The Committee feels that the following reasons help explain the lack of action over the past 40 years by previous Western Australian governments to address the rising levels of harm created by the increased consumption of alcohol:

- alcohol is not recognised by many as a carcinogenic and powerful drug, but as just another type of drink;
- many people blame the social costs of drinking on 'problem drinkers'; and

¹⁹ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association (WA), *Transcript of Evidence*, 9 June 2010, p3.

²⁰ Australian Institute of Health and Welfare, '2007 National Drug Strategy Household Survey: State and Territory Supplement', 29 August 2008. Available at: www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442459903, p11. Accessed on 13 April 2011.

- industry stakeholders are very powerful and adept at tackling any new proposals to lower alcohol consumption.

(c) Summary of proposed solutions

In our two previous interim reports, on the effectiveness of Kimberley liquor restrictions and illicit drug use in the State, the Committee proposed that the best framework to lower the consumption of any drug is to reduce the demand for it, and limit its supply. For alcohol policies there is a need to:

- limit the *advertising* of alcohol products. This has been done by the Director of Liquor Licensing at some Kimberley alcohol outlets. There are many other areas where advertising can be restricted;
- reduce the *accessibility* of alcohol products by limiting the number of liquor licences approved by the State Government; and
- reduce the *affordability* of alcoholic products by raising their price.²¹

A World Health Organisation study on which measures are effective, and which are not, overwhelmingly found that legislative approaches reduce the risk of and the experience of alcohol-related harm, whereas educational approaches on their own do not. Industry-funded education campaigns were found to actually increase the risk of harm.²² The State's existing anti-tobacco laws and regulations address a person's smoking by restricting advertising and accessibility while the Federal Government's tobacco taxes are limiting the affordability of tobacco. These combined approaches have led to a large drop in per capita smoking rates.²³

As an example of effective alcohol programs, an Australian study found that while random breath testing (RBT) was found to be a cost-effective intervention to reduce alcohol-related harm, over 10 times the amount of health gain could be achieved if the approximately \$70 million spent annually on RBT in Australia were redirected to the most cost-effective interventions.

In assessing the cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia the optimal package comprised (in order of the most cost-effective):

- volumetric taxation,
- advertising bans,

²¹ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity*, 2nd Ed, Oxford University Press, Oxford, 2010, p107.

²² Mr P. Anderson, 'Global Alcohol Policy and the Alcohol Industry', *Current Opinion in Psychiatry*, vol. 22, no. 3, 2009, pp253-257.

²³ Professor D'Arcy Holman, Independent Chairperson, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p9.

- an increase in the minimum legal drinking age to 21 years,
- brief intervention by primary care practitioners,
- licensing controls,
- a drink-driving mass media campaign, and
- random breath testing.²⁴

(d) Need to address the State's drinking culture

Dr Rodger Brough of the Australian Rural Centre for Addictive Behaviours likens alcohol and alcohol-related harm to wallpaper in terms of its impact on Australian communities: “so eternally present as to be invisible”.²⁵ In a similar fashion, the Cancer Council told the Committee that to change the way Western Australians consume alcohol would be a fundamental societal change, as:

*You cannot enjoy a meal without alcohol, so it would seem, these days. You cannot have a celebration or achieve something unless alcohol becomes a part of the story.*²⁶

Similarly, a prominent GP told how alcohol fuels the ‘zoo’ of wide-scale alcohol-related violence:

*We celebrate this culture of drinking in Australia. We love the relaxed and uninhibited atmosphere created by alcoholic lubrication.*²⁷

The Committee acknowledges that promoting or recommending strategies that may seem to go against the grain of Western Australia's deeply entrenched drinking culture will not be easy. However, Australian culture is what we as a society think, feel and do. Thirty years ago binge drinking was not accepted as part of our culture. As a community we can alter the current culture that has developed in relation to the consumption of alcohol. Parliament has a major role in assisting the community to change the culture by introducing legislation that supports community opinion.

The recent survey of community attitudes to alcohol by the Alcohol Education and Rehabilitation Foundation (AERF) showed that there is considerable public support for addressing alcohol issues. This survey found that there is an increasing perception in the community that “alcohol is a problem, with the vast majority (80%) of the population stating that Australians have a problem with excess drinking and alcohol abuse.”

²⁴ L. Cobiac, *et al.*, ‘Cost-Effectiveness of Interventions to Prevent Alcohol-Related Disease and Injury in Australia’, *Addiction*, vol. 104, pp1646-1655, 2009.

²⁵ Dr Rodger Brough, Director, Australian Rural Centre for Addictive Behaviours (ARCAB), Address to the Drugs and Crime Prevention Committee, Alcohol Seminar, 18 May 2004.

²⁶ Mr Tony Slevin, Director, Education and Research, Cancer Council WA, *Transcript of Evidence*, 23 June 2010, p6.

²⁷ Dr Rosanna Capolingua, ‘Alcohol fuels our ‘zoo’’, *The Sunday Times*, 15 November 2009, p66.

In addition, the majority of respondents (82%) “believe that more needs to be done to address alcohol-related harms, with people thinking that governments (58%), pubs and clubs (68%) and producers (74%) are not doing enough to address alcohol misuse.”²⁸

The scale of the social problems arising from drinking was also set out by the survey, which showed that only 12% of the population had knowledge of the content of the National Health and Medical Research Council (NHRMC) guidelines on alcohol. By contrast, the survey found that:

*Over one-third of drinkers, or four million Australians, admit to drinking alcohol to get drunk. This was highest among Gen Y drinkers, with 61% indicating they consume alcohol to get drunk. Of even greater concern is that half of all people who reported drinking to get drunk are doing so at least once a month.*²⁹

Previous government policy has contributed to the current drinking culture and the cost the community faces from the high consumption levels. The need for Parliament to act is clear, as is the level of public support for such action.

(e) Establishing a long-term target

The Chairman of the Liquor Commission told the Committee that there is a significant problem with alcohol in the Western Australian community and that “the impact of alcohol in the community now is significantly greater than it probably was a decade ago.”³⁰

People employed in the liquor industry who conduct their business in a responsible manner must work together to improve the practice of those in the industry who act in an irresponsible manner. Like any other industry, those people who act in an irresponsible manner should be held accountable for the harm they cause.

The Committee’s proposal is for the State Government and the wider community to begin a process of lowering the overall level of consumption of alcohol by Western Australians to under 10 litres per capita within four years. Those who do not drink in a risky manner will be little impacted by the Committee’s recommendations. However, such a result would bring substantial benefits to the Government, the drinker, their families and the broader community, and bring the State’s alcohol consumption rate back to the national average.

The Committee outlines below the huge costs to the whole community from an individual’s drinking. The State already has public health policies that limit the actions of individuals where

²⁸ Alcohol Education and Rehabilitation Foundation, ‘2011 Annual Alcohol Poll: Community Attitudes and Behaviours’, 14 April 2011. Available at: www.aerf.com.au/showcase/AER%20Foundation%20Annual%20Alcohol%20Poll%202011.pdf, p2. Accessed on 2 May 2011.

²⁹ Ibid.

³⁰ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, pp1-2.

there are heavy costs to taxpayers, including road safety legislation to lower road trauma, and decades-old campaigns to limit tobacco smoking.

Unlike government campaigns to stop smoking or drink-driving, the Committee is not proposing a prohibition on alcohol sales. It believes that the State Government needs to establish a future target to reduce the litres of alcohol consumption per capita to guide its interventions and to track progress in lowering consumption in Western Australia.

Finding 1

The legislation and regulations of previous State Governments have provided the context for the current levels of alcohol consumption in Western Australia and new regulations and legislation will be the most powerful way in which consumption can be reduced in the future.

Recommendation 1

The State Government adopt a goal of lowering the annual per capita consumption of pure alcohol in Western Australia over the next four years from 12.45 litres to under 10 litres per capita. In its annual report the Drug and Alcohol Office provide details of the State's annual per capita consumption of alcohol and the progress in reaching this goal.

1.2 Background to the Inquiry

The Committee resolved to conduct an *Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in Western Australia* on 13 May 2009. This Report chiefly focuses on the Inquiry's terms of references relating to alcohol. Two earlier interim reports focused on illicit drugs and the effectiveness of the alcohol restrictions and bans that have been in place in parts of the Kimberley.

An advertisement calling for submissions to the Inquiry was placed in *The West Australian* and *The Australian* on 27 June 2009 and was accompanied by a press release. Written invitations were sent to key stakeholder organisations. Appendix One lists the nearly 80 submissions the Inquiry received in relation to both alcohol and illicit drugs. The complete list of the Inquiry's submissions and hearing transcripts is available on the Committee's web site— www.parliament.wa.gov.au/ehsc

Appendix Two lists the details of the 290 witnesses who gave evidence to the Committee over the past two years. These include hearings held in a 10-day trip to the Kimberley in late July 2010 as well as the Committee's regional hearings in 2009 in Merredin, Kalgoorlie, Albany and Katanning. The Committee has heard from all the key government departments, non-government

organisations as well as many Indigenous community corporations offering rehabilitation and treatment services. Its hearings have produced over 3,000 pages of witness' transcripts.

Appendix Three lists the briefings the Committee received from experts in other Australian jurisdictions and during its trip to Europe in early 2011. The Committee attended five conferences to gather information on alcohol and illicit drugs in Sydney, Melbourne, Hobart, Darwin and Fremantle. The Committee undertook two student forums with 40 high school students in Perth and Albany. The students who attended these forums are listed in Appendix Four.

This Report does not specifically outline the problems flowing from alcohol consumption by the State's Indigenous population. This issue was addressed in the Committee's interim report on the effectiveness of liquor restrictions in the Kimberley and in its *Destined to Fail* report in 2010. It should be noted again that alcohol consumption levels of both Indigenous and non-Indigenous drinkers are higher in many regional communities. There is a higher rate of Indigenous non-drinkers in the State's remote communities than in urban areas.

This Report's first chapter provides an overview of the key issues and recommendations to lower the impact of alcohol in this State. The second chapter looks at urgent legislative changes that the Committee recommends. The Report is then structured by presenting information in an order where the State Government has the most power to affect policy change. Chapter Three is on **accessibility** where the Government has a wide range of planning and other powers, followed by chapters on **advertising** and **affordability** where it has less power to act. It concludes with chapters that address the State's education and training, and treatment programs for alcohol.

1.3 Costs to the State from current alcohol drinking rates

Recent economic research shows the direct and indirect costs of alcohol to the State's taxpayers are between \$1.5-\$5 billion per annum.³¹ The Director of Liquor Licensing estimated the direct costs at about \$2 billion in 2007-08.³² These costs affect many government agencies, including the Police, Health, Mental Health, Child Protection, Transport and Corrective Services departments.

³¹ Submission No. 37- Part A from the Drug and Alcohol Office, 25 August 2009, p13. The Alcohol Education and Rehabilitation Foundation's *The Range and Magnitude of Alcohol's Harm to Others* outlines that Australia's heavy drinkers cost those around them more than \$14 billion in out-of-pocket expenses and more than \$6 billion in intangible costs.

³² Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p2.

During this Inquiry the Committee heard that:

- at least 75% of all Police responses across the State, and hence their operational budget expenditures, are alcohol-related. Every regional Police witness told the Committee that alcohol was the number one problem in their district;³³
- alcohol intoxication is involved in about 90% of Police interventions between 10pm and 2am;³⁴
- about 60% of Department of Child Protection clients have drug and alcohol problems.³⁵ In the Kimberley district, “every child we work with, there is overwhelmingly an alcohol issue in the family”;³⁶
- 75% of the 68 cases that the Child Death Review Committee reviewed involved parents with a history of hazardous alcohol or other drug use;³⁷
- road trauma alone costs the State about \$2 billion per annum. The Office of Road Safety said that between 20-30% of drivers and riders involved in a serious or fatal crash have a blood alcohol level above the legal limit of 0.05;³⁸
- alcohol is a significant burden on our health system with over 17,000 patients attending the Royal Perth Hospital (RPH) Emergency Department each year having a significant alcohol problem.³⁹ Over the weekend, nearly two-thirds of RPH’s ED attendances are alcohol-related;⁴⁰
- the number of St John Ambulance services despatched for patients coded as ‘alcohol induced’ increased by 33% between 2008 and 2009;⁴¹

³³ Dr Karl O’Callaghan, Commissioner of Police, WA Police, *Transcript of Evidence*, 26 May 2010, p1.

³⁴ Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011, p11.

³⁵ Mr Terry Murphy, Director General, Department of Child Protection, *Transcript of Evidence*, 18 August 2010, p2.

³⁶ Ms Emma White, District Director, Department for Child Protection, *Transcript of Evidence*, 2 August 2010, p8.

³⁷ Hon Mrs Robyn Mc Sweeney, Minister for Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 16 September 2009, p7077.

³⁸ Mr Iain Cameron, Executive Director, Office of Road Safety, *Transcript of Evidence*, 26 May 2010, p2.

³⁹ Dr David McCoubrie, Royal Perth Hospital Emergency Department, *Transcript of Evidence*, 8 June 2010, p2.

⁴⁰ Submission No. 42 from Royal Perth Hospital Clinical Staff Association, 2 October 2009, p1.

⁴¹ Mrs Deborah Walley, Manager Ambulance Education, St John Ambulance (WA), *Transcript of Evidence*, 8 June 2010, p7.

- about 35% of patient transfers by the Royal Flying Doctor Service in the Kimberley are alcohol-related and cost the RFDS about \$3 million per year;⁴²
- the Western Australian Local Government Association conservatively estimated that the cost to local government of maintaining and repairing vandalised property was tens of millions of dollars per year⁴³, with the City of Perth spending \$1.2 million per year on its CCTV system⁴⁴; and
- in 2008-09 alcohol was the principal drug of concern for 45% of drug and alcohol treatments, funded primarily by the Drug and Alcohol Office.⁴⁵

Appendix Eight outlines the 2,678 deaths in Western Australia between 1997-2005 that have been attributed to acute and chronic alcohol-related harms. Research shows that alcohol misuse is associated with:

- 50% of deaths from assault;
- 44% of deaths from fire injuries;
- 16% of child abuse deaths; and
- 12% of suicides.

Alcohol is associated with:

- 34% of falls and drownings;
- up to 24% of mental health disorders;
- 11% of cardiovascular disease; and
- 10% of industrial accidents.

According to the 2004 National Drug Strategy Household Survey, more than 80,000 Western Australians are physically abused by people who are drunk, and more than 400,000 are victims of alcohol-related verbal abuse.⁴⁶

⁴² Dr Brian Collings, Senior Medical Officer, Royal Flying Doctor Service, Western Operations, *Transcript of Evidence*, 28 July 2010, p2.

⁴³ Mrs Allison Hailes, Executive Manager, Planning and Community Development, Western Australian Local Government Association, *Transcript of Evidence*, 8 June 2010, p9.

⁴⁴ Mr Francis Edwards, Chief Executive Officer, City of Perth, *Transcript of Evidence*, 8 June 2010, p11.

⁴⁵ Australian Institute of Health and Welfare, 'Alcohol and Other Drug Treatment Services in Australia 2008-09', December 2010. Available at: www.aihw.gov.au/publications/hse/92/11500.pdf. Accessed on 10 December 2010.

The Committee has no data from the Western Australian court system but notes recent research from NSW that:

*judges and magistrates in NSW are appalled at the epidemic level of alcohol-fuelled crime in their courts, which accounts for more than half of their work and includes violence they never imagined when they started on the bench.*⁴⁷

Alcohol plays a role in 50-60% of the nearly 300,000 criminal cases that come before NSW's Local Courts each year. NSW Chief Magistrate Graeme Henson rejected suggestions by publicans that the increased violence in the city is caused by illicit drugs as 'self-serving' and 'ludicrous'.⁴⁸

The costs from alcohol are not limited to government bodies. Qantas told the Committee that a drastic increase in security occurrences related to alcohol in the Pilbara region between July-December 2009 led it to:

- remove full-strength beer and spirits from its flights and lounges;
- serve only low and mid-strength alcohol in-flight; and
- enhance its crew and ground staff training to assist them conduct passenger assessment to detect signs of intoxication.

Alcohol-related instances on flights to mining regions are 50% higher than in other regions serviced by Qantas. These new strategies were applied from November 2009 to its operations in Karratha, Port Hedland, Broome, Parraburdoo, Newman and Kalgoorlie. Qantas told the Committee that State privacy laws limit its ability to work with employers to improve safety and security concerns relating to alcohol.⁴⁹

Alcohol consumption also impacts on other aspects of the business sector. A report in 2010 found that workers suffering from hangovers cost Australian businesses about \$450 million per annum (or about \$50 million per annum for Western Australian businesses).⁵⁰

⁴⁶ Ms Janine Freeman, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 23 February 2010, p47.

⁴⁷ Ms Geesche Jacobsen *et al.*, 'Judges Fed Up With Drunken Violence Clogging Our Courts', 17 October 2010. Available at: www.smh.com.au/national/judges-fed-up-with-drunken-violence-clogging-our-courts-20101016-16oap.html#ixzz1Jqiyx2re. Accessed on 10 December 2010.

⁴⁸ Ibid.

⁴⁹ Mr David Epstein, Group Executive, Government and Corporate Affairs, Qantas, Letter, 10 September 2010.

⁵⁰ Mr Sam McKeith, 'Your Shout: Heavy Drinkers Cost Business \$453m', *Australian Financial Review*, 12 August 2010, p3.

1.4 Health impacts of alcohol

(a) Previous reports

One of the first significant reports to warn of the increasing health costs of alcohol associated with rising consumption rates was the United Kingdom Royal College of Physicians' book, *A Great and Growing Evil*, in 1987.⁵¹

The Senate's Standing Committee on Community Affairs *Ready-to-drink Alcohol Beverages* report in 2008 is one of many reports produced by the Australian Parliament on alcohol or bills related to alcohol.⁵² Almost every Australian jurisdiction has had an inquiry into alcohol harms over the past decade that has recommended action to limit harm from alcohol consumption:

- Queensland– 2010 final report of the *Inquiry into Alcohol-Related Violence*.⁵³
- Victoria– 2006 final report of the *Inquiry into Strategies to Reduce Harmful Alcohol Consumption*.⁵⁴
- NSW– 2004 report *Outcomes of the NSW Summit on Alcohol Abuse: Changing the Culture of Alcohol Use in NSW*.⁵⁵
- NT– 2007 report of the *Inquiry into Substance Abuse in Remote Communities: Confronting the Confusion and Disconnection*.⁵⁶

⁵¹ Royal College of Physicians, *A Great and Growing Evil: The Medical Consequences of Alcohol Abuse*, Tavistock, London, 1987, p25.

⁵² The Senate, Standing Committee on Community Affairs, 'Ready-to-drink Alcohol Beverages', June 2008. Available at: www.aph.gov.au/senate/committee/clac_ctte/alcohol_beverages/report/report.pdf. Accessed on 13 April 2011.

⁵³ Parliament of Queensland, Law, Justice and Safety Committee, 'Inquiry into Alcohol-Related Violence-Final Report', March 2010. Available at: www.parliament.qld.gov.au/view/committees/documents/lcsrc/reports/Report%2074.pdf. Accessed on 11 April 2011.

⁵⁴ Parliament of Victoria, Drugs and Crime Prevention Committee, 'Inquiry into Strategies to Reduce Harmful Alcohol Consumption- Final Report', March 2006. Available at: www.parliament.vic.gov.au/images/stories/committees/dcpc/alcoholharmreduction/DCPC-Report_Alcohol_Vol2a_2006-03.pdf. Accessed on 11 April 2011.

⁵⁵ NSW Government, 'Outcomes of the NSW Summit on Alcohol Abuse: Changing the Culture of Alcohol Use in NSW', May 2004. Available at: www.alcoholsummit.nsw.gov.au/response/Alcohol_Summit_-_Outcomes_Report2.pdf. Accessed on 11 April 2011.

⁵⁶ Parliament of NT, Select Committee on Substance Abuse in the Community, 'Substance Abuse in Remote Communities: Confronting the Confusion and Disconnection', October 2007. Available at: www.nt.gov.au/lant/parliament/committees/substance/Substance%20Abuse%20Report%20CONTENT.pdf. Accessed on 11 April 2011.

Other countries have also recently published important reports calling for new legislation:

- New Zealand– 2010 Law Commission’s *Alcohol in Our Lives: Curbing the Harm* is the final report on the review of New Zealand’s liquor laws.⁵⁷
- United Kingdom 2010 House of Commons Health Committee’s *Alcohol* report.⁵⁸

Prior to the Committee’s Inquiry, the last report on alcohol in Western Australia was the 1973 Williams Honorary Royal Commission that was appointed to inquire into the *Treatment of Alcohol and Drug Dependents in Western Australia*. One of the Commission’s recommendations accepted by the Tonkin Government was the need for the introduction of the *Alcohol and Drug Authority Act 1974*, which still provides the legislative basis for the operation of the WA Alcohol and Drug Authority (operating under the title of the Drug and Alcohol Office).

One of Royal Commission’s recommendations not acted on by any State Government over the past 40 years was to take steps to “combat the glamorous image projected by alcohol advertising and promotion which has over the years been calculated to present alcohol as a necessary part of our culture.” This recommendation was driven by the Commission’s conclusion that:

*The cost to this State of alcoholism in human and financial terms is high enough to warrant all possible preventive measures being taken to contain, control and combat it. That as it has been shown conclusively that alcohol can have a seriously deleterious effect on the human body, it should be regarded in the same light as tobacco smoking.*⁵⁹

(b) Recent evidence of health impact

Britain’s Independent Scientific Committee on Drugs (ISCD) reported in *The Lancet* that “alcohol is a more dangerous drug than both crack and heroin when the combined harms to the user and to others are assessed.” The ISCD presented a new scale of drug harm that rates the damage to users themselves and to wider society, and rated alcohol the most harmful drug overall and almost three times as harmful as cocaine or tobacco.⁶⁰

⁵⁷ NZ Law Commission, ‘Alcohol In Our Lives: Curbing the Harm’, April 2010. Available at: www.lawcom.govt.nz/project/review-regulatory-framework-sale-and-supply-liquor/publication/report/2010/alcohol-our-lives. Accessed on 11 April 2011.

⁵⁸ House of Commons, ‘Health Committee - First Report’, 10 December 2009. Available at: www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm. Accessed on 11 April 2011.

⁵⁹ Honorary Royal Commission, ‘Final Report’, 1973. Available at: [www.parliament.wa.gov.au/intranet/libpages.nsf/WebFiles/Report+of+the+Honorary+Royal+Commission+appointed+to+inquire+into+and+report+upon+the+treatment+of+alcohol+and+drug+dependents+in+Western+Australia/\\$FILE/Treatment+of+alcohol+and+drug+dependents+1.pdf](http://www.parliament.wa.gov.au/intranet/libpages.nsf/WebFiles/Report+of+the+Honorary+Royal+Commission+appointed+to+inquire+into+and+report+upon+the+treatment+of+alcohol+and+drug+dependents+in+Western+Australia/$FILE/Treatment+of+alcohol+and+drug+dependents+1.pdf), p48. Accessed on 11 April 2011.

⁶⁰ Ms Kate Kelland, ‘Drug Experts Say Alcohol Worse Than Crack or Heroin’, 1 November 2010. Available at: <http://uk.reuters.com/article/2010/11/01/us-drugs-alcohol-idUKTRE6A000O20101101>. Accessed on 10 June 2011.

Other recent medical research, such as that by the American College of Surgeons Committee on Trauma, clearly shows that individuals who drink, even at low levels, are at greater risk of fatal and non-fatal injury than non-drinkers.⁶¹ Alcohol is a known carcinogen. The International Agency for Research on Cancer, a World Health Organisation body, released a report in 1988 that identified alcohol as a contributor to a number of cancers.⁶²

WHO reports alcohol is a causal factor in more than 60 major types of diseases and injuries and results in approximately 2.5 million deaths each year. More than 30 International Classification of Diseases (ICD)-10 codes include alcohol in their name or definition, indicating that alcohol consumption is a necessary cause. In addition, alcohol has been identified as a component cause for another 200 ICD-10 disease codes.⁶³ U.S. Department of Health reports that excessive alcohol consumption can lead to increased illness and death from infectious diseases such as pneumonia and TB. This increase is the result of immunodeficiency caused by alcohol abuse.⁶⁴

The age-standardised rate (ASR) of alcohol-related deaths from chronic health conditions in Australia increased significantly over the period 1997-2005, for both men and women. Five conditions (suicide, alcoholic liver cirrhosis, stroke, road injuries and oesophageal cancer) were responsible for 59% of all alcohol-related deaths over this period.⁶⁵

The direct health benefits arising from a reduction in alcohol consumption are best shown in France. Both France and Australia had a rate of death from liver cirrhosis of about 100 per 100,000 people in 1961. In 2001 Australia's rate remained the same while France's had nearly halved to about 60 per 100,000 people as their alcohol consumption had declined by about 40% in that period. Data from Australia shows that an increase in the alcohol consumption rate of one litre per capita per annum leads to an increase by about 20% of deaths from liver cirrhosis.⁶⁶

A study by the Victorian Health Promotion Foundation surveyed the potential application and popularity of proposed warning labels on alcohol products. The study found that many of the facts

⁶¹ Ms Melanie Newton *et al.*, 'Screening and Brief Intervention for Alcohol Use among Trauma Patients in WA: Bridging the Gap Between Evidence and Practice', 19 October 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1202&Command=Core.Download, slide 6. Accessed on 11 April 2011.

⁶² Mr Tony Slevin, Director, Education and Research, Cancer Council WA, *Transcript of Evidence*, 23 June 2010, p2.

⁶³ World Health Organisation, 'Global Status Report on Alcohol and Health', 2011. Available at: www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf, p20. Accessed on 20 May 2011.

⁶⁴ U.S. Department of Health and Human Services. '10th Special Report to the U.S. Congress on Alcohol and Health', 2000. Available at: <http://vidyya.com/pdfs/1123immune.pdf>, p214. Accessed on 21 April 2011.

⁶⁵ Submission No. 37- Part A from the Drug and Alcohol Office, 25 August 2009, p16.

⁶⁶ Ms Cecilia Karmel, 'Heart Disease, Cirrhosis of the Liver, and Changing Alcohol Consumption in Ten Countries, 1961-2001', December 2009. Available at: www.adelaide.edu.au/cies/research/wine/pubs/Karmel_WC0210.pdf, p7. Accessed on 9 June 2011.

presented in the surveys about the health impacts of drinking were new to many participants. For example, many were unaware of the link between alcohol and cancer.⁶⁷

Research shows that the ill-effects of alcohol are dose-related for various cancers and there is no safe level of consumption—“the more you drink, the more you increase your risk.” The Committee was told that the cancer for which there is most evidence is breast cancer:

*and that shows there is a small increase in risk for breast cancer for each additional standard drink—and it starts at one. ... the best evidence we have, suggests there is about a 7% relative risk increase. That means that, as against a woman who drinks no alcohol at all, a woman who drinks a lifetime of one standard drink per day—10 millilitres—is 7% more likely to be diagnosed with breast cancer ... Then it goes to 14% for two drinks, and so on ...*⁶⁸

The dose-related risk for other diseases from drinking alcohol is shown in Figure 1.3 below.

Figure 1.3- Daily alcohol consumption and the increased percentage risks of various diseases⁶⁹

Disease	Abs. Risk	1 drink	2 drinks	3-4 drinks	5-6 drinks	7+ drinks
Tuberculosis	1 in 2,500	0	0	+194	+194	+194
Oral Cavity & Pharynx Cancer	1 in 200	+42	+96	+197	+368	+697
Oral Oesophagus Cancer	1 in 150	+20	+43	+87	+164	+367
Colon Cancer	1 in 40	+3	+5	+9	+15	+26
Rectum Cancer	1 in 200	+5	+10	+18	+30	+53
Liver Cancer	1 in 200	+10	+21	+38	+60	+99
Larynx Cancer	1 in 500	+21	+47	+95	+181	+399
Ischemic Heart Disease	1 in 13	-19	-19	-14	0	+31
Epilepsy	1 in 1,000	+19	+41	+81	+152	+353
Dysrhythmias	1 in 250	+8	+17	+32	+54	+102
Pancreatitis	1 in 750	+3	+12	+41	+133	+851
Low birth weight	1 in 1000	0	+29	+84	+207	+685

A new phase of the *Alcohol. Think Again* campaign was launched in Western Australia in May 2010. It is aimed at reducing harmful drinking among women and focuses in particular on the

⁶⁷ Ms Janine Freeman, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 23 February 2010, p47.

⁶⁸ Ibid.

⁶⁹ Professor Tim Stockwell, ‘Alcohol Harm, Demand and Supply Reduction: What is the Strongest Cocktail?’, 19 October 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1195&Command=Core.Download, slide 6. Accessed on 11 April 2011.

increased risk of a range of alcohol-caused cancers. This phase was developed by DAO in partnership with Cancer Council WA and the Injury Control Council of WA.⁷⁰

(c) The perceived ‘positive’ health impacts of wine drinking

The Cancer Council acknowledged that there was a higher level in the public of a perception of beer contributing to cancer risk, but there was quite a significant perception that red wine prevented cancer, especially cardiovascular disease. It was proposed that this association “is very heavily marketed by the industry that red wine is beneficial—it is almost the elixir of life, if you believe some of the stuff that gets published”.⁷¹

The evidence for a preventive role from wine drinking is currently being challenged. The Committee heard that the consumption of large amounts of alcohol, both on a single occasion and habitually, can adversely affect the structure and function of the heart. In heavy drinkers and people who are dependent on alcohol, this damage manifests itself in conditions such as cardiomyopathy or ‘holiday heart syndrome’.⁷²

The Heart Foundation said that several papers in the medical literature in the 1990s referred to the ‘French paradox’, as there seemed to be a lower death rate from coronary heart disease in places like Burgundy, where people drank large amounts of red wine during an average day as well as eating a diet high in saturated fat. These papers appeared in medical journals such as *The Lancet*. There was a wave of further investigation about whether it was alcohol alone or whether it was particular types of alcohol that might be having an effect on rates of heart disease. Unfortunately, the wine industry used the preliminary evidence and “promoted it for all it was worth.”⁷³

The evidence for a positive benefit from wine drinking was in a ‘hockey stick shape’:

*On the Y axis you have got all-cause mortality, and on the X axis you have got level of consumption. That led people to think that those who drank nothing had a higher all-cause mortality rate than those who drank moderate amounts [of wine]; and then once they got past moderate, their mortality rate increased quite steeply.*⁷⁴

It has now been suggested, after a re-analysis of the original data, that a systemic misclassification error is present in most of these earlier studies. Individuals who had stopped drinking, or decreased their alcohol consumption to very occasional drink, had been classified in the abstainer category for the analysis. This biased the findings, making the moderate drinkers appear to be less

⁷⁰ Cancer Council WA, ‘Alcohol. Think Again campaign’, 23 September 2010. Available at: www.cancerwa.asn.au/prevention/alcohol/where-to-go-for-more-information/alcohol-campaigns/. Accessed on 11 April 2011.

⁷¹ Mr Tony Slevin, Director, Education and Research, Cancer Council WA, *Transcript of Evidence*, 23 June 2010, p3.

⁷² Mr Maurice Swanson, Chief Executive Officer, National Heart Foundation of Australia (WA Division), *Transcript of Evidence*, 19 May 2010, p3.

⁷³ Ibid, pp4-5.

⁷⁴ Ibid.

vulnerable to coronary heart disease (CHD), and abstainers more vulnerable. A more recent meta-analysis of the studies corrected for these errors show abstainers, and light and moderate drinkers, to be “at equal risk for all-cause and cardiovascular mortality.”⁷⁵

In 2010 the Heart Foundation released a position statement saying that there is conflicting and insufficient evidence regarding the benefits for cardiovascular health of polyphenols in red wine.⁷⁶ However, in May 2011 the Winemakers’ Federation of Australia (WFA) was still arguing that “moderate alcohol consumption reduces the risk of cardiovascular disease by approximately 25%”. The WFA compared the risk of cancer from drinking alcohol to “the link between cancer risk and sunlight, coal fires in the home and [drinking] coffee” and argued that individuals need to assess the costs and benefits of their actions.⁷⁷

(d) Impact on developing brains

New medical imaging technology has allowed further advances that show the dramatic impact of alcohol on the developing adolescent brain. Professor Ian Hickie, Executive Director of the Brain and Mind Research Institute at the University of Sydney, reviewed the evidence regarding alcohol and the teenage brain and found that alcohol can disrupt brain development during the critical phase of growth that occurs from around 12-13 years of age until the early twenties (see Figure 1.4).⁷⁸

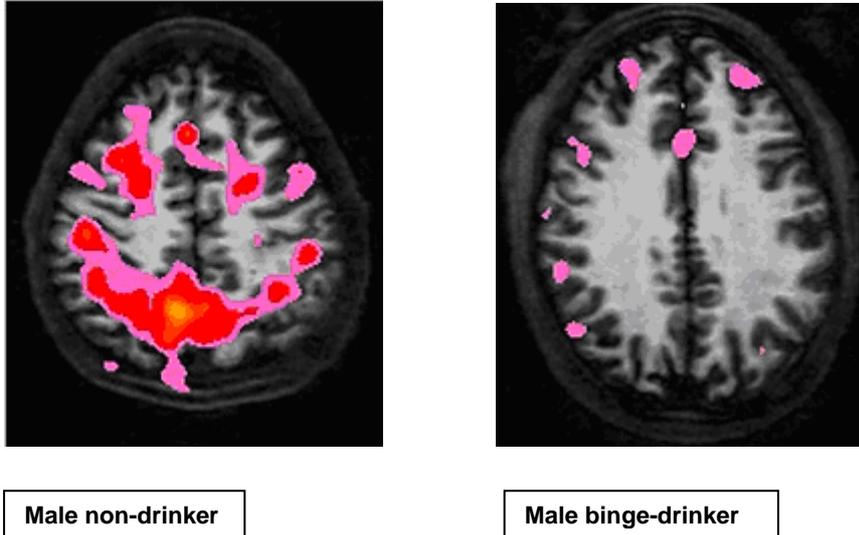
⁷⁵ Ibid.

⁷⁶ Heart Foundation, ‘Antioxidants in Food, Drinks and Supplements for Cardiovascular Health’, 2010. Available at: www.nutritionaustralia.org/sites/www.nutritionaustralia.org/files/HW_FS_Antioxidants_PS_FINAL.pdf. Accessed on 2 May 2011.

⁷⁷ Winemakers’ Federation of Australia, ‘Response to Cancer Council Australia’s Alcohol Research and Advertising Campaign’, 3 May 2011. Available at: www.wfa.org.au/resources/1/Media%20releases/WFA_response_to_CAA.pdf, p1. Accessed on 20 May 2011.

⁷⁸ DrinkWise Australia, ‘Alcohol and the Teenage Brain: Safest to Keep Them Apart’, nd. Available at: www.drinkwise.org.au/c/dw?a=da&did=1004476&pid=1283325576. Accessed on 12 April 2011.

Figure 1.4- Brain activity during a memory test of 15yo male non-drinker (left) versus 15 yo binge-drinker (right)⁷⁹



The frontal lobes of the brain underpin major adult functions related to complex thought and inhibition of more impulsive behaviours. These parts of the brain undergo their final critical phase of development throughout adolescence and the early adult period sometimes well into the third decade of life (age 22-25 years), and may be prolonged in young men. Exposure to significant levels of alcohol during this period appears to be associated with a higher rate of mental health problems, such as anxiety and depression. Professor Hickie's advice for parents and influential adults is to avoid introducing alcohol to teenagers for as long as possible.⁸⁰

The State's Ministers for Mental Health and Child Protection jointly released in 2011 a guide for parents, *Young People and Alcohol*, on how to approach youth drinking. This recommends no alcohol consumption prior to 15 years of age and delaying initial consumption for as long as possible.⁸¹ This health data highlights the need for parents to do more to ensure that their teenagers delay drinking alcohol. It also strengthens the need for the State Government to join with other jurisdictions in strengthening legislation dealing with the secondary-supply of alcohol to minors.

⁷⁹ West Coast NCSY, 'Practical Advice for Parents, Teens and Other Adults', 17 March 2011. Available at: <http://westcoastncsy.com/updates/drinking-kills-purim-is-no-exception>. Accessed on 12 April 2011.

⁸⁰ Professor Ian Hickie, 'Alcohol and the Teenage Brain: Safest to Keep Them Apart', 2009. Available at: www.drinkwise.org.au/c/dw?a=sendfile&ft=p&fid=1284436966&sid=, pp4-5. Accessed on 12 April 2011.

⁸¹ Hon Ms Helen Morton, Minister for Mental Health, 'Young People and Alcohol' - an important guide for parents', 6 April 2011. Available at: www.mediastatements.wa.gov.au/Pages/WACabinetMinistersSearch.aspx?ItemId=139227&minister=Morton&admin=Barnett. Accessed on 12 April 2011.

As the Law Commission found in New Zealand:

*The [20-year] trend towards regarding alcohol as a normal food or beverage product needs to be reversed. In truth, alcohol is no ordinary commodity. Alcohol is a psychoactive drug that easily becomes addictive and that can produce dangerous behaviours in those who drink too much.*⁸²

Finding 2

The consumption of alcohol can disrupt brain development during the critical phase of growth that occurs from around 12-13 years of age until the early twenties and it is important that young people delay drinking alcohol for as long as possible.

(e) Population-wide focus required

A familiar comment the Committee heard from some witnesses is that moderate drinkers should not be punished for the abuses of a minority. However, the health and other impacts flowing from the State's level of drinking do not arise from a small number of drunks or 'binge drinkers'. Just as with drink-driving and alcohol, this issue needs a comprehensive, population-wide approach that will educate and influence the State's whole population.

Each segment of a comprehensive approach (labelling, advertising, education etc) may not directly lower alcohol consumption on its own, but will reinforce each other so that the State can achieve the proposed goal of a level of 80% of the current consumption rate. A public health expert explained this as 'the prevention paradox':

*the majority of injury or health problems tend to arise from the great bulk of the population who place themselves at a certain moderate level of risk, while a smaller proportion of problems will arise from a much smaller group of people, who nevertheless place themselves at a very huge level of risk.*⁸³

Recent Swiss research found that moderate drinkers (in terms of volume of alcohol consumed) reported more social and health problems than hazardous drinkers. While 'binge' drinkers reported more problems than non-binge drinkers, binge drinkers were more numerous in the moderate

⁸² Law Commission New Zealand, 'Alcohol in Our Lives: Curbing the Harm (Law Commission Report No. 114', April 2010, Wellington, New Zealand. Available at: www.lawcom.govt.nz/sites/default/files/publications/2010/04/Publication_154_464_Part_2_Intro.pdf, p10. Accessed on 13 April 2011.

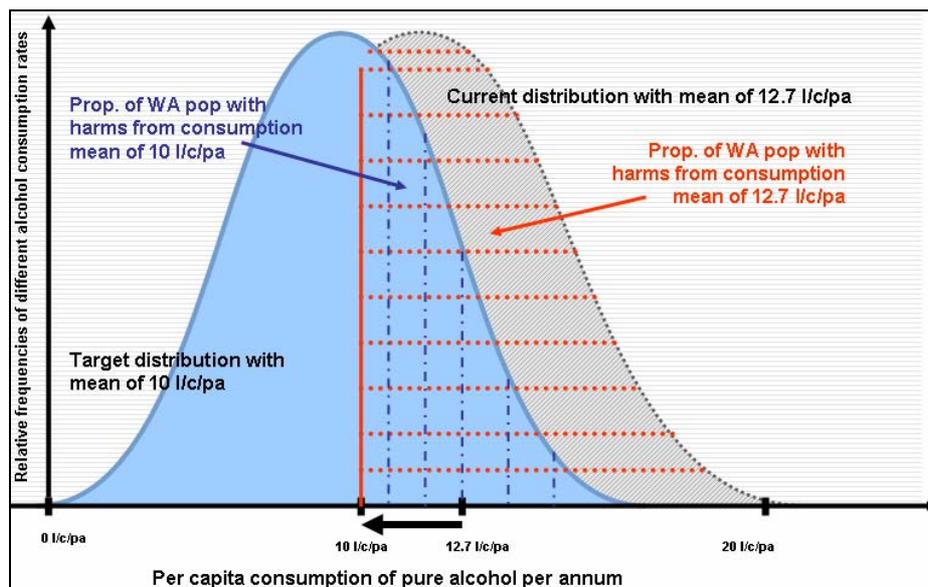
⁸³ Professor D'Arcy Holman, Independent Chairman, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p4.

drinking group.⁸⁴ Similarly, a Norwegian survey showed that about 75% of binge drinkers were found among low-volume drinkers.⁸⁵

While 10% of the heaviest drinkers in the State drink about 50% of alcohol consumed, most of the negative health impacts are felt by low and medium-drinkers as there are far more of them.⁸⁶ The Heart Foundation explained the advantages of seeing alcohol consumption in Western Australia as a ‘normal distribution curve’ where the maximum health benefits are gained by shifting it to the left (lowering everyone’s consumption– as shown in Figure 1.5), rather than just focusing on heavy drinkers:

If you are looking at blood pressure, for example, and you had not done any studies into public health, you would probably say that most of the heart attacks are in the tail of the curve where all the people with really high blood pressure are. Actually, that is wrong. Most heart attacks occur in the people who are in the middle of the curve and who have only moderately elevated blood pressure. The reason being is that there are many more people in that group.⁸⁷

Figure 1.5- Illustration of health impact of reducing State average alcohol consumption to 10 l/c/pa



⁸⁴ Dr Gerhard Gmel, *et al.*, ‘Revising the Preventive Paradox: the Swiss Case’, *Addiction*, vol. 96, no.2, February 2001, pp273-284.

⁸⁵ Dr Gerhard Gmel, ‘Comments on Rossow & Romelsjö (2006). The Prevention Paradox’, *Addiction*, vol. 101, no.2, 2006, pp295-296.

⁸⁶ Dr Alex Wodak, ‘Demand Reduction and Harm Reduction’, January 2011. Available at: www.globalcommissionondrugs.org/Arquivos/Global_Com_Alex_Wodak.pdf, p5. Accessed on 23 May 2011.

⁸⁷ Mr Maurice Swanson, Chief Executive Officer, National Heart Foundation of Australia (WA Division), *Transcript of Evidence*, 19 May 2010, p7.

This evidence confirms research undertaken at the National Drug Research Institute at Curtin University which found “most alcohol-related harm is caused by non-dependent persons drinking excessively on particular occasions- simply because there are so many more of them”, rather than alcoholics.⁸⁸ The National Preventative Health Taskforce reported to the Federal Government that a 15-20 year campaign to change attitudes to Australia’s drinking culture must target “the whole community: all Australians who drink, not only those who experience alcohol dependence”.⁸⁹

The Chairman of the Road Safety Council confirmed the need for a population-wide strategy:

*In terms of designing interventions, we have learned that there is a tendency always to focus only on the high risk end of the spectrum, forgetting that the majority of the actual burden of these problems on society actually comes from fairly ordinary people like you and me who take smaller risks, but because we are so numerous, we account for the majority of the problem.*⁹⁰

New National Health and Medical Research Council guidelines

An Australian standard drink contains 10g of alcohol (equivalent to 12.5 ml of pure alcohol). ‘Binge drinking’ is defined by the NHMRC as six standard drinks on a single occasion. In Australia, all bottles, cans and casks are required to state the approximate number of standard drinks they contain. Unfortunately glasses used to serve alcohol vary in shape and size so it is often difficult for a drinker to estimate how many standard drinks they have consumed.

Based on new health evidence, in its new 2009 guidelines the NHMRC decreased the number of standard drinks which can be safely consumed daily for men and women. Alcohol-related harm in individuals arises not just because of the quantity consumed, but also the age of a drinker, their experience with drinking, their social environment, their genetics and their general health. This means that because of “individual variability there is no amount of alcohol that can be said to be safe for everyone.”⁹¹

The guidelines do not prescribe an upper limit of consumption, instead they take a public health or population health approach to identify a level of drinking at which the risk over a lifetime in terms of hospitalisation or death from alcohol-related harm remains low. The new guidelines are similar for men and women as while women reach a given blood alcohol concentration with a lower amount of alcohol, men on average take more risks than women at a given level of drinking. A

⁸⁸ National Drug Research Institute, *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*, National Drug Research Institute, Curtin University, Perth, 2007, p177.

⁸⁹ National Preventative Health Taskforce, *Australia: The Healthiest Country by 2020*, Australian Government, Canberra, June 2009, p246.

⁹⁰ Professor D’arcy Holman, Independent Chairperson, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p4.

⁹¹ National Health and Medical Research Council, ‘Australian Guidelines to Reduce Health Risks from Drinking Alcohol’, 30 November 2009. Available at: www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/ds10-alcohol.pdf, p51. Accessed on 10 June 2011.

recent meta-analysis found that the relative risk of injuries (other than in motor vehicles) is doubled after three drinks compared with not drinking, and that “having four drinks on a single occasion more than doubles the relative risk of an injury in the six hours afterward.”⁹²

State-government example of confusion over level for risky drinking

The belief that Western Australia has only a small number of ‘problem’ drinkers was highlighted in the debate over whether to allow alcohol to be consumed at the 2011 Australia Day Skyworks. Based on the trouble-free experience of the previous alcohol-free event, the Police Commissioner presented a risk assessment to the Government that recommended the event stay alcohol-free. However, the Premier agreed on the event having two designated drinking areas— one in Kings Park and one on the Esplanade— “to allow the Perth public to enjoy a responsible drink with their families while enjoying Perth’s biggest annual community event”.⁹³

There were 147 arrests during the 2009 Skyworks, 47 during the 2010 alcohol-free one and 23 people arrested in 2011. The low number of arrests in 2011 followed the imposition of the two heavily policed designated drinking zones. The public in these areas were limited to either a six-pack of beer or pre-mix drinks or one bottle of wine, to be consumed between 6.30pm and 8.30pm. Beside the arrests, Police issued 14 summonses, 47 move-on notices, 39 liquor infringement notices and 36 people were charged with drink-driving related offences.⁹⁴

Table 1.3 shows the allowed alcohol consumption over two hours for the 2011 Skyworks in terms of the current NHMRC guidelines for standard drinks (see Appendix Six).

⁹² Ibid, pp54-56.

⁹³ Hon Mr Colin Barnett, Premier, ‘Designated Alcohol Consumption Areas for Skyworks 2011’, 27 October 2010. Available at: www.mediastatements.wa.gov.au/Pages/WACabinetMinistersSearch.aspx?ItemId=134154&minister=Barnett&admin=Barnett. Accessed on 13 April 2011.

⁹⁴ AAP, ‘Skyworks Arrests ‘lowest on record’’, 27 January 2011. Available at: www.watoday.com.au/wa-news/skyworks-arrests-lowest-on-record-20110127-1a60u.html#ixzz1LXIimx8A. Accessed on 13 April 2011.

Table 1.3- Comparison of Government-allowed alcohol at 2011 Skyworks to NHRMC guidelines

Government allowance	Government allowance (standard drinks)	Prevent risk of injury on a single occasion of drinking (standard drinks)	Prevent risk of alcohol-related harm over a lifetime (standard drinks)
Full-strength beer (6 375ml cans)	8.4	4	2
Mid-strength beer (6 375ml cans)	6	4	2
Low-strength beer (6 375ml cans)	4.8	4	2
White wine (1 bottle)	7.5	4	2
Red wine (1 bottle)	8	4	2
Pre-mix (7% alcohol) (6 330ml bottles)	10.8	4	2
Pre-mix (7% alcohol) (6 375ml cans)	9	4	2

1.5 Powerful industry stakeholders

(a) Overview

World Health Organisation researchers found that the alcohol industry “consistently opposes any policy that may reduce demand for alcohol”.⁹⁵ An article in the Medical Journal of Australia said:

*The alcohol industry has become increasingly involved in the policy arena to protect its commercial interests, leading to a common criticism among public health professionals that the industry has been influential in setting the policy agenda, shaping the perspectives of legislators on policy issues, and pushing alcohol policy towards ‘self-regulation’.*⁹⁶

Recent Australian research found that alcohol and tobacco industries are faced with similar legislative restrictions such as advertising constraints; labelling regulations; supply and retail restrictions; and are susceptible to tax increases. The research used industry documents which showed that large alcohol and tobacco companies have worked closely together, have shared

⁹⁵ Mr P. Anderson, ‘Global Alcohol Policy and the Alcohol Industry’, *Curr Opin Psychiatry*, vol. 22, 2009, pp253-257.

⁹⁶ Dr Christopher Doran *et al.*, ‘Alcohol Policy Reform in Australia: What Can We Learn from the Evidence?’, *Medical Journal of Australia*, vol. 192, no.8, 2010, p468.

information, and have used similar arguments to defend their products and prevent or delay government restrictions being placed on their products.⁹⁷

Data from Euromonitor estimated that the total economic value of the Australian alcohol industry in 2006 was around \$29 billion, of which Australian governments received \$6 billion in taxation. In 2004–05, the nationwide net tangible cost of alcohol use (which included lost productivity, health care costs, road accident-related costs and crime-related costs) was \$10.8 billion.⁹⁸

In 2006-07, the liquor industry in Western Australia provided over 45,000 jobs, generating \$2 billion for the State economy, paid over \$200 million in taxes and contributed over \$20 million a year to charities and community groups.⁹⁹ It includes well-resourced organisations such as the Australian Hotels Association (AHA). Mr Woods, AHA’s CEO, told the Committee that it was:

*established officially in 1897 and was set up to represent the interests of the State’s hotel industry. ... We are the largest provider of responsible service of alcohol and of the mandatory course of liquor licensing required by the state Department of Racing, Gaming and Liquor. ... There are around 4,000 ... licensed establishments or businesses in Western Australia. ... There are around 700 hotel licences in the State, of which about 70 or 75% ... are members of our association. On top of that, we have liquor store licences, restaurants and various others. But our primary focus is in the area of hotels. About 45% of the total amount of alcohol sold in this state is attributable to hotels. That is through both the on-premise and off-premise side of their business.*¹⁰⁰

Mr Woods told the Committee that a hotel serving food would average about 65% of income from alcohol and 35% from food.¹⁰¹ There are about 50 cabaret licences in the State, of which more than half are in the city precinct, and these organisations are represented by the Cabaret Owners Association of Western Australia.¹⁰²

The Committee heard from the WA Nightclubs Association (WANA) that there were about 60 nightclubs in the State, “of which between half and two-thirds are in the metropolitan area and the largest number of those—about 11—are in Northbridge.”¹⁰³

⁹⁷ Ms Laura Bond, Prof Mike Daube and Dr Tanya Chikritzhs, ‘Selling Addictions: Similarities in Approaches between Big Tobacco and Big Booze’, *Australasian Medical Journal*, vol. 3, no.6, 2010, pp325-332.

⁹⁸ Dr Christopher Doran *et al.*, ‘Alcohol Policy Reform in Australia: What Can We Learn From The Evidence?’, *Medical Journal of Australia*, vol. 192, no.8, 2010, p468.

⁹⁹ Western Australian Industrial Relations Commission, ‘2009 State Wage Order’, 11 June 2009. Available at: www.wairc.wa.gov.au/Files/RecentDecisions/APPL-1-2009-200900375.DOC, para 14. Accessed on 13 April 2011.

¹⁰⁰ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association (WA), *Transcript of Evidence*, 9 June 2010, pp1-4.

¹⁰¹ *Ibid*, p7.

¹⁰² *Ibid*, p5.

¹⁰³ Mr Timothy Brown, Vice-President, WA Nightclub Association, *Transcript of Evidence*, 12 May 2010, p1.

WANA said “nightclubs do not really sell that much alcohol” as:

*we are probably selling on average only about four drinks a person. What is also important to note is that we have two revenue streams. We make money out of charging people entry [for entertainment] and selling alcohol, probably about a third to two-thirds of that being the door.*¹⁰⁴

WANA gave evidence that most of the violence in Northbridge could be sourced to the two large hotels (AHA WA members) that traded until 2am every Friday and Saturday night under extended trading permits. Each held about 1,000-1,500 patrons, many of whom then headed for the smaller nightclubs to resume their dinking.

WANA said that its members are in the business of providing entertainment and served alcohol ancillary to that. Their key business period was 1-3am and they suffered under the ‘lockouts’ established by the Director of Licensing to deal with violence as many of their patrons worked in after-hours industries, such as flight crew.¹⁰⁵

The AHA said it had a different concern. The Committee was told of ‘astounding’ changes in the past 20 years that has seen alcohol sales change from about 20% being sold for consumption in the private home and 80% in licensed premises, to be the exact reverse. Now about 80% is consumed away from a licensed premise and just 20% in them.¹⁰⁶

(b) Political influence

A recent media article from NSW explored the reason why health staff such as ambulance officers, nurses, doctors and police were “sick of dealing with the effects of intoxicated patrons of licensed premises late at night” and dealing with alcohol-fuelled violence, while the AHA NSW had been successful in having extended hours for many of its members. The answer provided was the large level of donations made to both the Coalition and Labor parties over many years:

*In the past 10 years while Labor has been in power, the AHA and hotels companies have contributed over \$4.5 million to the NSW ALP. The Coalition only managed to obtain a little over \$2 million during this period.*¹⁰⁷

Another media article said the Australian Hotels Association had been “confronted on a regular basis” by ALP officials and pressured for donations, with the demands intensifying during election periods. *The Australian* revealed that the ALP took about \$1.4 million in donations from the hotel

¹⁰⁴ Ibid, p4.

¹⁰⁵ Ibid, p8.

¹⁰⁶ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association (WA), *Transcript of Evidence*, 9 June 2010, p7.

¹⁰⁷ New Matilda, ‘An Intoxicating Influence On Our Streets’, 2 March 2011. Available at: <http://newmatilda.com/2011/03/02/intoxicating-influence-our-streets>. Accessed on 12 April 2011.

and gaming industries in 2010 compared to just over \$665,000 for the federal Coalition and state Liberal branches.¹⁰⁸

The Australian Hotels Association in NSW was founded in 1873 (as the United Licensed Victuallers Association) to oppose moves by the Temperance Movement to ban liquor sales.¹⁰⁹ The AHA's constitution explicitly gives it a role in lobbying the State and Federal Parliaments about proposed measures that may impact it, and in particular to take "such steps as may from time to time be deemed necessary to initiate, promote, amend, modify or reject, as the case may be, all or any of such measures."¹¹⁰

The AHA (WA) ran a large public campaign against proposals contained in the *Liquor Control Amendment Bill 2010*. This included a campaign-specific web site and a freedom of information request to the Department of Racing, Gaming and Liquor to uncover its recommended approach to liquor licence fees and whether it would be based on the fee model used in Queensland (see Appendix Thirteen for the Victorian fees and Appendix Fourteen for the Queensland fees).

The Director of Liquor Licensing had recommended such an action that would raise about \$5.5 million per annum to assist with efforts at addressing alcohol-related harm, **but even with the high level of personal and community damage caused by alcohol the State Government has not accepted the recommendation.**¹¹¹ In the *Liquor Control Amendment Bill 2010* the State Government amended the Act so that it could increase licence fees by regulation and apply different fees to different types of licences. The State Government agreed to consult 'strongly' with the liquor industry if it proposed to increase these fees.¹¹²

The AHA also arranged media events with owners of the main alcohol outlets in Perth. Their message was that they "feel vilified over alcohol-fuelled violent behaviour, which ... is a societal problem."¹¹³ The Committee's visit to Northbridge showed that Police provide 60-65 staff on Thursday, Friday and Saturday evenings. The cost of the additional Police in Northbridge and the CBD over the most popular evenings is equivalent to a public 'subsidy' to the liquor industry outlets of about \$5 million per annum. Without the Police presence, the liquor licence-holders would have to spend considerably more themselves on maintaining public security inside and outside their premises.

¹⁰⁸ Mr Michael Owen, 'ALP 'urged AHA to up donations'', 2 June 2011. Available at: www.theaustralian.com.au/national-affairs/alp-urged-aha-to-up-donations/story-fn59niix-1226067505547. Accessed on 3 June 2011.

¹⁰⁹ Australian Hotels Association (NSW), 'History', nd. Available at: www.ahansw.com.au/default.asp?sid=20&pids=%2C2%2C. Accessed on 12 April 2011.

¹¹⁰ Fair Work Australia, 'Australian Hotels Association', 20 December 2010. Available at: www.airc.gov.au/organisations/rules/024n/024n.docx, p3. Accessed on 12 April 2011.

¹¹¹ Hon Mr Jon Ford, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 24 November 2010, p9439.

¹¹² Hon Mr Terry Waldron, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 19 October 2010, pp7936- 7937.

¹¹³ Mr Daniel Emerson, 'Stop Acting Like We're Criminals', *The West Australian*, 9 October 2010, p9.

The Police now have the ability to charge some organisations for providing their staff at events and the provision of Police in the State's entertainment areas might be an area for the Police Commissioner to look at such cost-recovery efforts.

Finding 3

The cost of providing substantial numbers of Police in Perth's major entertainment precincts is a significant public 'subsidy' to the liquor licence holders in these areas.

Recommendation 2

The Minister for Police table a report to Parliament by December 2011 on legislative proposals for cost-recovery efforts for providing substantial numbers of Police in areas in Perth where there is a high demand for Police due to alcohol-related violence.

The Police Minister, Hon Rob Johnson, called the AHA in 2008 "a very honourable lobbying force, because it is out in the open."¹¹⁴ The Committee, in trying to understand more about the State's liquor industry and its lobbying efforts, asked the AHA WA for a copy of its latest annual report. The report is not available publicly and the AHA denied the Committee's request. The AHA is not required to be registered on the State's lobbyist register and its web site contains very little public information on the level of its lobbying activities. There is also no public information on the profitability of the State's liquor industry, or its capacity to assist in paying for alcohol-related harm in Western Australia.

(c) Glassing debate- a case study

One area where public information and evidence to the Committee suggests that the liquor industry might have had a significant influence is in the debate over whether licensed premises should use non-glass beverage containers to reduce the almost-weekly 'glassing' incidents. Parliament was told that in the first nine months of 2010 there had been 69 'glassings' in Perth. A Facebook site requesting the State Government ban glasses in Western Australian licensed premises had nearly 3,000 supporters.¹¹⁵ However in evidence to the Committee, the AHA (WA) did not seem to be convinced that the rate of 'glassings' had increased:

¹¹⁴ Hon Mr Rob Johnson, Minister for Police, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 18 June 2008, p4088.

¹¹⁵ Mr Mick Murray, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 19 October 2010, p7950.

*Certainly there has been a lot more media attention to that in the past 12 to 18 months. The difficulty with all of this is that there is no independent verifiable data in relation to the incidence of glassings that can really give us an idea. That is part of the difficulty of trying to find the solution to this. Has it been on the increase or is it just that it is a media focus?*¹¹⁶

Aside from the large emotional and financial costs to the individuals assaulted in this way¹¹⁷, the Police, health and justice system costs to the State Government of assisting the victim, and dealing with the offender, in these 69 cases are likely to be in the order of \$10-20 million. The Director of Liquor Licensing told the Committee that any move to make premises change their glassware to tempered glass would require a change to the Act, but he already had the power under the Act to enforce licensees to take action on a case-by-case basis. He said:

*New South Wales has ... decided to ... impose a provision to deal with the glassing situation. After midnight licensees cannot sell liquor in a glass container and they have to actually collect the glasses. Queensland recently amended its legislation to give their equivalent of me the authority to do that. I already have that authority to do that under section 64 [(3)(e)]. I could impose it. I have been talking to the licensees. I have said I would prefer not to use that method, but if it becomes an issue, then I have the power to do it.*¹¹⁸

An Editorial in *The West Australian* in August 2010 called on the Director of Liquor Licensing to use his powers to ban the use of glass containers, especially at “venues with a history of problems.”¹¹⁹ Despite claims by the WA Police Union that “a major contributor to glassings and drunken violence was the irresponsible serving of alcohol” and the support of the Premier, Hon Colin Barnett, for glass bans at some premises¹²⁰, the Director of Liquor Licensing has not used his existing power to impose action on licensees. Instead, he, the Racing and Gaming Minister, Hon Terry Waldron, and the Australian Hotels Association have discussed the voluntarily introduction of safety glasses in a ‘progressive rollout’ across hotels of AHA’s members.¹²¹

¹¹⁶ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association (WA), *Transcript of Evidence*, 9 June 2010, p13.

¹¹⁷ Ms Jessica Porter, ‘Glassing Attack Ruins Hopes for Mine Job’, *The West Australian*, 28 April 2011, p16.

¹¹⁸ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p12.

¹¹⁹ Editorial, ‘Liquor Chief Should Use Glass Ban Power’, *The West Australian*, 11 August 2010, p20.

¹²⁰ Mr Ronan O’Connell, ‘Support for Glass Ban After Attack’, *The West Australian*, 10 August 2010, p11.

¹²¹ Mr Glenn Cordingley, ‘WA Leads in Fight Against Glassing with Tempered Glassware in Perth Pubs and Bars’, 27 February 2011. Available at: www.perthnow.com.au/news/western-australia/wa-leads-in-fight-against-glassing-with-tempered-glassware-in-perth-pubs-and-bars/story-e6fmg13u-1226012509118. Accessed on 11 April 2011.

Finding 4

The Australian Hotels Association (WA) is a powerful stakeholder in the alcohol policy debate in Western Australia. There is very little public information about the scope of its lobbying activities and it is not required to be registered on the State's lobbyist register. It denied the Committee's request for a copy of its latest annual report.

Recommendation 3

By December 2011, the Premier should require all industry associations, such as the Australian Hotels Association, to be registered on the State's lobbyist register.

Recommendation 4

The Director of Liquor Licensing in his annual report should include information on the profitability of the State's liquor industry to assist the State Government assess the industry's capacity in paying for alcohol-related harm in Western Australia.

1.6 Recent developments to lower drinking rates

Over the course of the Inquiry there have been some developments that will assist in lowering the level of drinking in the State. These initiatives include:

- an extension by the Director of Licensing of liquor restrictions from the Kimberley region to the Pilbara and the Goldfields;
- the efforts of the Racing and Gaming Minister, Hon Terry Waldron, and the Australian Hotels Association to voluntarily introduce safety glass in a 'progressive rollout' across AHA member's hotels;¹²² and
- the banning by the Director of Licensing of shots of alcohol with energy drinks, lockouts 30 minutes before closing time and the banning of nips of spirits over 50ml and alcohol in bottles over 750ml.¹²³

¹²²

Mr Glenn Cordingley, 'WA Leads in Fight Against Glassing with Tempered Glassware in Perth Pubs and Bars', 27 February 2011. Available at: www.perthnow.com.au/news/western-australia/wa-leads-in-fight-against-glassing-with-tempered-glassware-in-perth-pubs-and-bars/story-e6frg13u-1226012509118. Accessed on 11 April 2011.

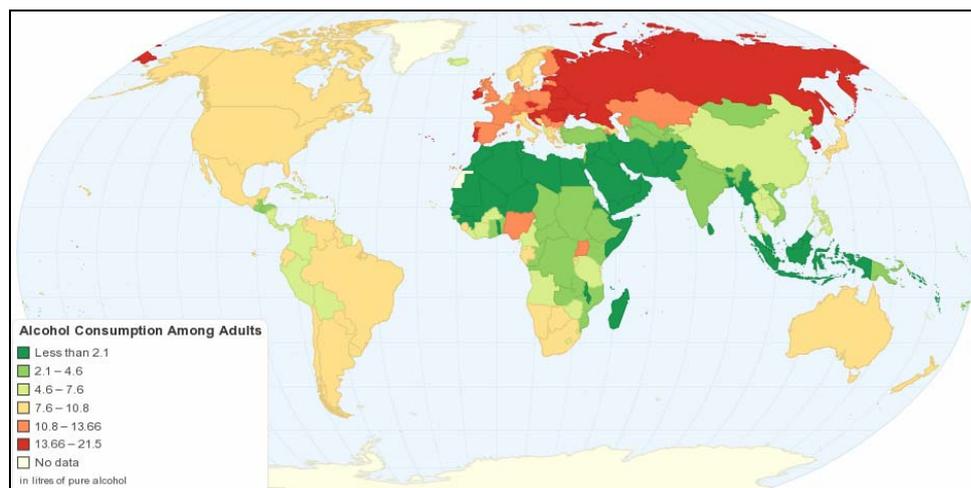
The Committee welcomes these new initiatives as initial positive developments to be added to by the recommendations contained in this report.

1.7 Comparison of consumption rates

(a) International rates

The Committee was told that globally about 45% of adults do not drink alcohol. The global average consumption of pure alcohol is about 6.1 litres per capita per annum. Russia averages about 15 litres per capita and has a target to lower this consumption to about 10 litres.¹²⁴ As noted above, NDRI figures show that the State's average consumption was about 12.4 litres per capita in 2008-09, or twice the global average. A comparison of Australia's annual rate of consumption of pure alcohol with other countries is shown in Figure 1.6 below. Appendix Seven has data showing the changing rates of consumption over the past 30 years for many countries.

Figure 1.6- Global adult alcohol consumption rates (litres per capita per annum)¹²⁵



Appendices Eighteen and Nineteen shows data from Australia and the United States indicating an increase in alcohol consumption by young people over time, younger ages for commencing drinking and an increase in the number of alcohol-dependent drinkers. These trends would be similar for Western Australian drinkers.

¹²³ Ms Nicole Cox, 'Shot Ban to Calm Bars', *The Sunday Times*, 10 April 2011, p5.

¹²⁴ Dr Vladimir Poznyak, Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, World Health Organisation, *Briefing*, 4 February 2011.

¹²⁵ ChartsBin, 'Worldwide Alcohol Consumption Among Adults', nd. Available at: <http://chartsbin.com/view/1016>. Accessed on 11 April 2011.

(b) Australian rates

Figure 1.7 below shows the changes in average annual per capita consumption of alcohol in Australia since 1960, with a peak of 13.1 litres of pure alcohol per person in 1974-75. The total quantity of pure alcohol consumed in alcoholic beverages in Australia continues to increase.

Between 2006–07 and 2009–10, the total quantity of pure alcohol consumed increased by 10.7%, from 168.1 million to 186.1 million litres. Of the total alcohol consumed in 2009-10, beer contributed 44%, wine 36.8%, spirits 12.5% and ready to drink pre-mixed products 6.7%. The ABS notes that the calculation for the alcohol content in Australian wines has increased since the mid 1980s. The 1989-90 wine calculations were based on an alcoholic content of 10.8%, whereas in 2009-10, an average figure of 12.7 % is used (12.2% and 13.4% for white and red table wines, respectively).¹²⁶

Figure 1.7- Australian average per capita consumption (1960-2010)¹²⁷

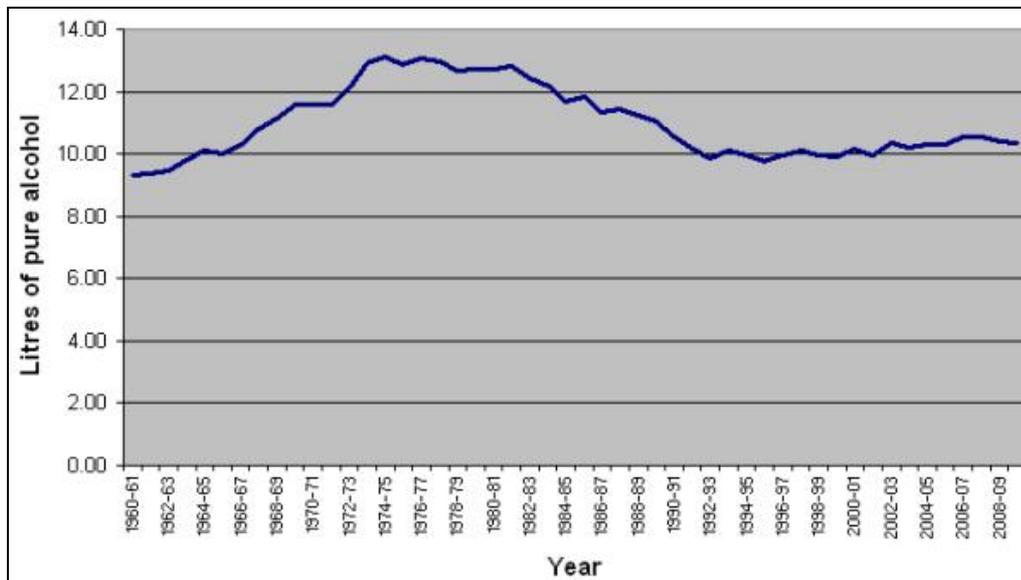


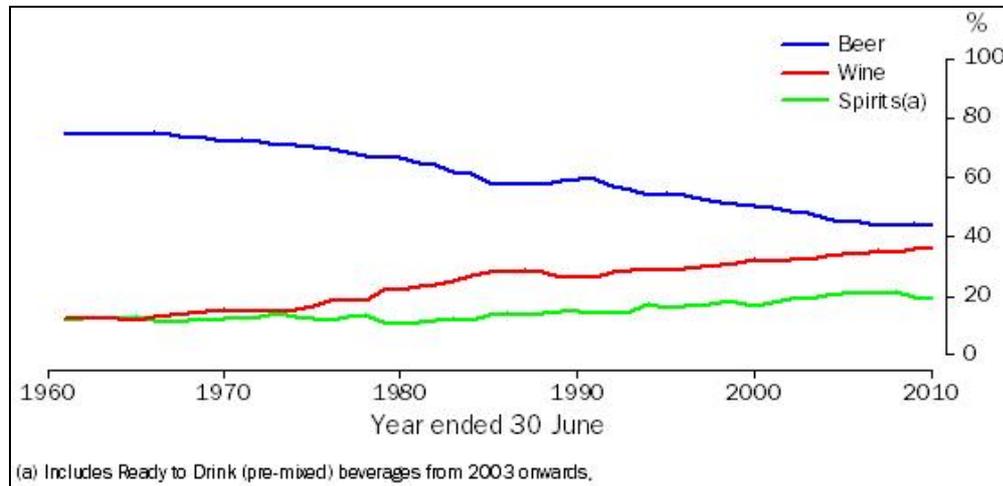
Figure 1.8 below graphs the changes in drinking habits over the past 30 years. This has seen the per capita consumption of beer products drop while consumption of higher-alcohol wine has increased. Australia’s annual beer consumption places it at about 22nd in the world, while its wine

¹²⁶ Ibid.

¹²⁷ Australian Bureau of Statistics, ‘4307.0.55.001 - Apparent Consumption of Alcohol, Australia, 2009-10’, 3 June 2011. Available at: www.abs.gov.au/ausstats/abs@.nsf/Lookup/4307.0.55.001main+features32009-10. Accessed on 3 June 2011.

consumption of 20 litres per capita (by volume) is very high by English-speaking country levels.¹²⁸

Figure 1.8- Changes in Australian annual per capita consumption rates (1960-2010)¹²⁹



1.8 Western Australian consumption rates

(a) Overview

Table 1.4 shows that State consumption of alcohol in 2004-05 was split reasonably evenly between beer, wine and spirit products. Per capita beer consumption doubled between 1990-91 and 2004-05, while spirits and wine consumption increased by 223% and 62% respectively.¹³⁰

¹²⁸ Mr Shane Tremble, Licensing and Acquisitions Manager, Woolworths Liquor Group, *Transcript of Evidence*, 9 June 2010, p4.

¹²⁹ Australian Bureau of Statistics, '4307.0.55.001 - Apparent Consumption of Alcohol, Australia, 2009-10', 3 June 2011. Available at: www.abs.gov.au/ausstats/abs@.nsf/Lookup/4307.0.55.001main+features32009-10. Accessed on 3 June 2011.

¹³⁰ Epidemiology Branch, Department of Health, 'Impact of Alcohol on the Population of Western Australia', January 2008. Available at: www.health.wa.gov.au/publications/documents/Health_Dpt_15746_Alcohol_Report.pdf, p13. Accessed on 26 May 2011.

Table 1.4- Per capita consumption by beverage type, litres of absolute alcohol per person 15 years and older (2004-05)

	High alcohol beer	Low alcohol beer	Wine	Spirits	All alcohol
Per capita consumption (l)	4.4	0.8	3.5	4.0	12.7
Proportion	35.1%	6.1%	27.4%	31.4%	

Data from the 2007 National Drug Strategy Household Survey on consumption patterns for Western Australians aged over 14 years is included in Table 1.5 below. This shows that, of the State's 1.69 million population aged over 15 years in 2007, about 195,000 people have long-term risky drinking habits. Problems from drinking are not limited to a small number of drinkers.

Table 1.5- Alcohol consumption behaviour of Western Australians aged over 14 yo¹³¹

	2001	2004	2007	2007 population over 15yo ¹³²
Use within past 12 months	86.0%	86.8%	86.2%	1,456,550
Short-term risky drinking	37.6%	39.1%	37.1%	626,890
Long-term risky drinking	10.8%	11.4%	11.5%	194,320

The Committee found in its second interim report on illicit drugs that data issues impacted on the development of appropriate policies. This is a similar situation for alcohol consumption rates in the State. The Australian Bureau of Statistics can only provide the basic average consumption rates for beer, wine and spirits. The survey undertaken by the Australian Institute of Health and Welfare every three years provides better data on those Western Australians who abstain from drinking or who drink in a risky fashion.

The National Drug Research Institute uses actual sales data in its National Alcohol Sales Data Project to obtain more accurate average consumption rates, especially for the State's regions. However, its most recent report published this year provides data for 2007-08. None of these data

¹³¹ Submission No. 37- Part A from the Drug and Alcohol Office, 25 August 2009, p4.

¹³² Australian Bureau of Statistics, '3235.0 - Population by Age and Sex, Regions of Australia, 2007- Table 3. Estimated Resident Population by Age, Western Australia, Persons – June 30 2007', 19 August 2008. Available at: [www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/01290C2869B7D87ECA2574A90012E3AD/\\$File/32350ds0006_wa_2007.xls](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/01290C2869B7D87ECA2574A90012E3AD/$File/32350ds0006_wa_2007.xls). Accessed on 11 April 2011.

sources provides information on the relative frequencies of individual's consumption of alcohol. For example, agencies in Western Australia do not know what proportion of the State might drink no alcohol, or a very high amount, or where they live and what age they are.

Finding 5

The development of policies to lower the consumption of alcohol in Western Australia is limited by the data currently available.

Recommendation 5

The Minister for Mental Health and the Minister for Racing and Gaming provide to Parliament an annual report on the results of the collection and analysis of the previous year's Western Australian alcohol consumption data.

(b) High regional rates of consumption

NDRI figures show that Western Australia's average consumption of alcohol was 12.45 litres per capita in 2008-09. A comparison of alcohol-related death rates among the State's nine health regions showed that rates for males were significantly higher in the Goldfields, Kimberley and Pilbara, and rates for females significantly higher for the Kimberley and the Pilbara. Data in Appendix Seventeen shows that in some of these regions the average consumption is between 25 and 30 litres per capita of pure alcohol in 2007-08, or about three times the national average consumption rate.

Among the Indigenous population, alcohol-related death rates were highest in the Pilbara, and lowest in the South West. For the non-Indigenous population, the alcohol-related death rate was significantly higher for the Goldfields while the rate for North Metropolitan region was significantly lower compared with the rest of the State.¹³³

Table 1.6 below places this regional drinking data in relation to State and national averages.

¹³³

Ibid.

Table 1.6- Proportion of population in State health regions drinking alcohol at rates that put them at risk of short or long-term harm, 14 years and older (2004-05)¹³⁴

Health Region	Short-term Harm (%)	Long-term Harm (%)
Kimberley	41.6%	19.1%
Pilbara	41.3%	22.1%
STATE AVERAGE	39.1%	11.4%
South Metropolitan	39.1%	10.9%
South West	37.8%	11.7%
Great Southern	37.7%	12.1%
North Metropolitan	37.4%	10.5%
Goldfields	36.9%	10.7%
AUSTRALIAN AVERAGE	35.4%	9.9%
Midwest	34.0%	8.7%
Wheatbelt	30.3%	9.4%

This regional information is mapped in Appendix Seventeen using sales data from 2007-08.

The health costs in different regions for residents admitted to hospital for alcohol-related conditions is shown below in Table 1.7. This data shows that the average cost per admission is highest in metropolitan Perth, but the cost per resident is substantially higher in the Kimberley and Pilbara regions. The Committee noted in its second interim report that these costs are probably under-stated due to difficulties capturing medical data that associates conditions such as cancers or falls with alcohol consumption.

¹³⁴

Submission No. 37- Part D from the Drug and Alcohol Office, 4 August 2010, p30.

Table 1.7- Costs of hospitalisations due to alcohol-related conditions (2006)¹³⁵

	Total admissions	Bed-days	Total cost	Cost per admission	Regional cost per capita
Kimberley	731	2,495	\$3,096,006	\$4,235	\$80.22
Pilbara	393	1,357	\$1,773,012	\$4,511	\$41.33
Midwest	458	1,887	\$2,172,427	\$4,743	\$34.89
Wheatbelt	504	2,414	\$2,416,769	\$4,795	\$33.21
Goldfields	445	1,898	\$1,792,011	\$4,027	\$31.78
North Metro	4,491	25,289	\$22,624,614	\$5,038	\$27.21
South West	838	3,712	\$3,773,069	\$4,502	\$26.71
South Metro	3,815	20,350	\$19,807,936	\$5,192	\$26.48
Great Southern	339	1,641	\$1,434,873	\$4,233	\$26.10
STATE TOTAL	8,539		\$33,503,208	\$3,924	\$16.34

The Committee's first interim report provided data on the health impact of the high level of alcohol consumption in the Kimberley, and the efforts by the local communities and government agencies to lower it.¹³⁶

In Merredin, the Committee was told that binge drinking was often related to specific events such as football grand finals, but "is not a problem that occurs every night or every week on a regular basis."¹³⁷ However, in Kalgoorlie the Committee heard that there was regular binge drinking by young people as young as nine, who seem to obtain their alcohol from older siblings.¹³⁸

In Albany, the Committee was told by Magistrate Hamilton that young people between 12 and 14 years old had appeared before her after undertaking crimes while affected by either alcohol or illicit drugs. Over the past decade, she had seen a large increase in young people appearing before her who had consumed both alcohol and other drugs, particularly cannabis. She gave evidence that

¹³⁵ Department of Health and Drug and Alcohol Office, 'Impact of Alcohol on the Population of Western Australia (Regional Profiles)', 2011. Available at: www.dao.health.wa.gov.au/IntheMedia/ImpactofAlcoholonWesternAustralia/tabid/234/Default.aspx. Accessed on 3 June 2011.

¹³⁶ Education and Health Standing Committee. *Alcohol Restrictions in the Kimberley: A 'Window of Opportunity' for Improved Health, Education, Housing and Employment*, Legislative Assembly, Parliament of Western Australia, Perth, 2011.

¹³⁷ Sgt Michael Daley, Acting Officer in Charge, Merredin, WA Police, *Transcript of Evidence*, 7 September 2009, p6.

¹³⁸ Ms Rosemary Hunt, Executive Manager, Centrecare, *Transcript of Evidence*, 14 September 2009, p8.

some young people aged six to eight had appeared in the Children's Court having consumed cannabis. In the Great Southern region, alcohol consumption patterns varied:

*The huge proportion is Indigenous youth. Then there is the disparity between towns. With Albany, I do not see the abuse of alcohol amongst Indigenous youth to the extent that I see it in Katanning or Narrogin.*¹³⁹

The Committee heard in Kalgoorlie that binge drinking by young miners was impacting on women in the town:

*Men are often up here on their own for a long time. They do not have anything to distract them between shifts. They may only have two days off and there is a culture of getting smashed during those two days and people think that the best way to have fun is to take drugs and drink alcohol, apparently. The men have high hormonal activity and they tend to egg each other on. Eventually, not only the sex industry gets busy, but also there are a lot of one-night stands. A lot of women present at the crisis centre and to us who believe that their drink has been spiked or they have been taken advantage of whilst inebriated.*¹⁴⁰

(c) School student drinking

The 2008 Australian School Student Alcohol and Drug Survey reported that in Western Australia, 64% 12-17 year old students had drunk alcohol in the past year; 40% in the past month; and 27% in the past week.

Lifetime experience of alcohol consumption increased with a student's age. About 68% of 12 year olds reported having never drunk in their lifetime, compared to just 8.5% of 17 year olds. For both male and female students, the figure for drinking in the past week increased substantially with their age— from 7.4% at 12 years of age to 33.3% at 17 years of age.¹⁴¹ A full summary of this data by gender and age is included in Appendix Nine. Historical data for student alcohol consumption rates back to 1993 is included in Appendix Ten.

The school student drinking rates for 2008 were slightly lower than for 2005 and continue a fall over the past decade. For example, the 2008 survey showed that the number of 12-15 year old students who had drunk in the last week has dropped by about a third since 1999 and those who have drunk in the past year dropped by about 17% (see Figure 1.9 below).¹⁴²

¹³⁹ Ms Elizabeth Hamilton, Magistrate, Department of the Attorney General, *Transcript of Evidence*, 20 August 2010, p7.

¹⁴⁰ Ms Rosemary Hunt, Executive Manager, Centrecare, *Transcript of Evidence*, 14 September 2009, p7.

¹⁴¹ Drug and Alcohol Office, 'Australian School Student Alcohol and Drug Survey: Alcohol Report 2008- Western Australian Results', nd. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1192&Command=Core.Download, p20. Accessed on 11 April 2011.

¹⁴² *Ibid*, p25.

For older students, the drop in those who drank in the past week before the survey is even higher than the younger students (see Figure 1.11 below). The Committee reported in its second interim report on illicit drugs a similar decline in drug use, such as cannabis, by Western Australian school students. It is not clear what is driving these reduced consumption rates but the Committee welcomes them as a positive sign.

These figures from the student survey show that in the week before the survey 16% of 12-15 year old students drank in a ‘risky’ fashion that exceeds the recommended adult daily limits. This figure included about 19% of female 12-15 year olds compared to 14% of male students. This was based on the 2001 NHMRC guidelines of more than seven standard drinks for males and more than five standard drinks for females, on any one day. The 2009 NHMRC guidelines reduced this limit to four standard drinks on a single occasion, meaning a higher number of students would be drinking at a risky fashion.¹⁴³

Figure 1.9- School student consumption of alcohol, 12-15yo (1993-2008)

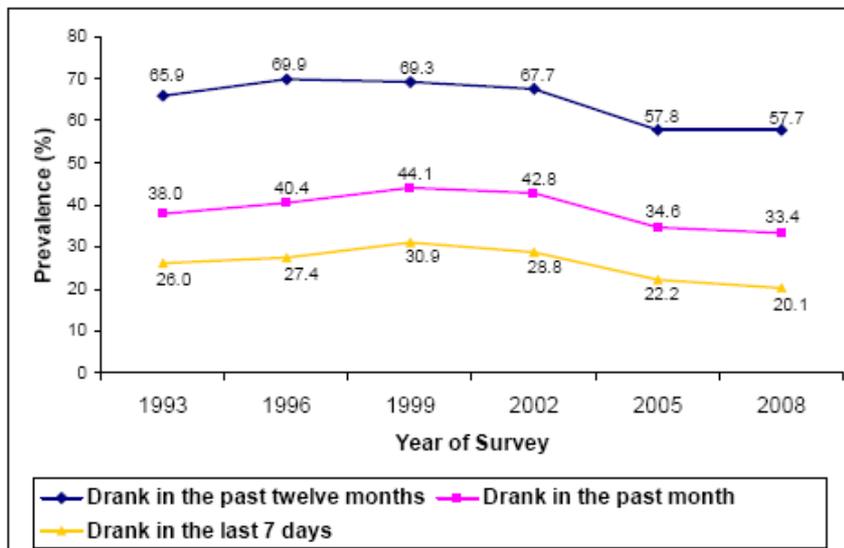


Figure 1.10 below shows the difference in drinking rates over the past 15 years between 12-15 year old male students (left-hand figure) and female students (right-hand figure).

¹⁴³ Ibid, p24.

Figure 1.10- Consumption of alcohol, 12-15yo males (left) and 12-15yo females (right) (1993-2008)¹⁴⁴

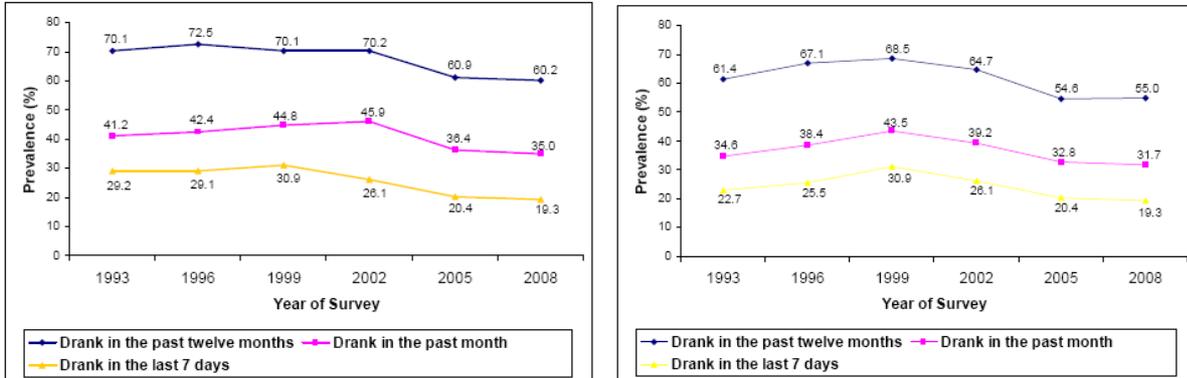
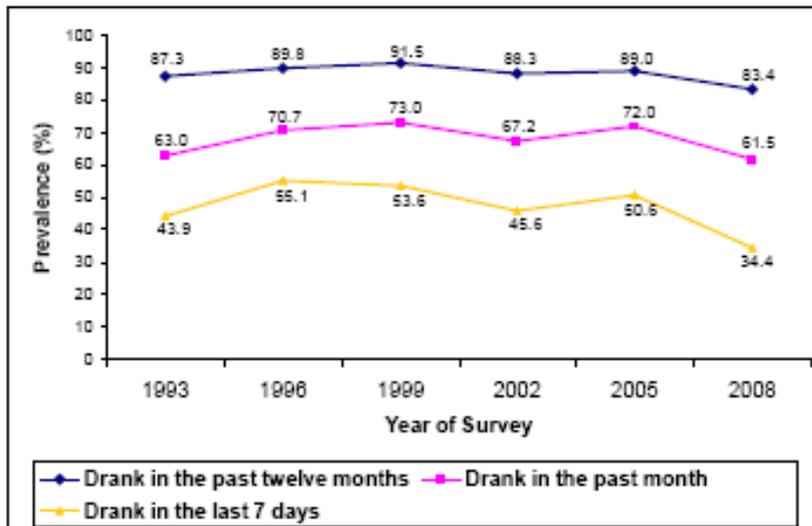


Figure 1.11- School student consumption of alcohol, 16-17yo (1993-2008)¹⁴⁵



For about 70% of students, this under-age consumption of alcohol was done under adult supervision. Younger students were more likely to have consumed alcohol under an adult’s supervision– 86% of 12 year olds compared to 58% of 17 year olds.¹⁴⁶ Nation-wide data from the 2008 survey show that 12-15 year old drink less alcohol per week where their drinks for a party are provided by their parents (an average of five drinks) compared to if they have their friends obtain their alcohol (an average of eight drinks).¹⁴⁷

¹⁴⁴ Ibid, p26.

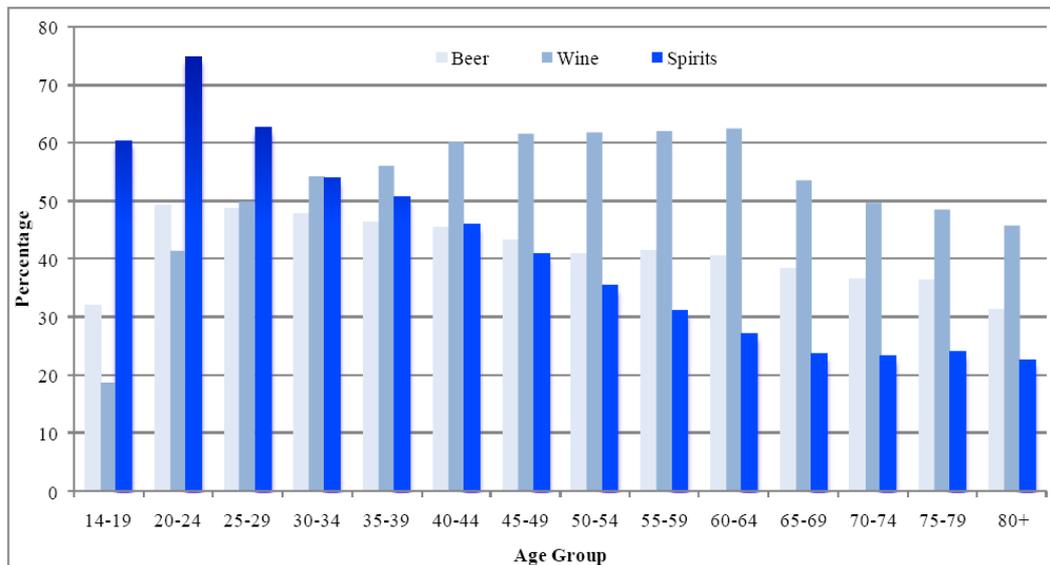
¹⁴⁵ Ibid, p28.

¹⁴⁶ Ibid, p42.

¹⁴⁷ Drug and Alcohol Research and Training Australia, ‘Australian Secondary School Students’ use of Tobacco, Alcohol, and Over-The-Counter and Illicit Substances in 2008’, nd. Available at: www.decs.sa.gov.au/drugstrategy/files/links/Paul_Dillon_2008_ASSAD_SUR.ppt#409,20. Accessed on 11 April 2011.

Figure 1.12 includes data from the 2004 NDSHS clearly showing that younger drinkers prefer consuming spirits (especially the pre-mixed ready-to-drink products) and beer compared to a preference for wine and beer by older drinkers.

Figure 1.12- Australian consumption of beer, wine and spirits, by age group (2004)¹⁴⁸



The Committee was told that a comparison between the drinking habits of children in Australia and America show that Australian school children have nearly triple the rates of alcohol use as do American children.¹⁴⁹ For example, in 2002 60% of Victorian boys and 41% of girls in Grade 5 had drunk alcohol compared to 25% of boys and 16% of girls in Washington State, USA. By Year 9, 30% of Victorian boys and 31% of girls had an episode of binge drinking in the past two weeks compared to 9% of boys and 11% of girls in Washington State, USA.¹⁵⁰

The issue of under-age drinking is a serious one for Western Australia. The St John Ambulance recently reported it had treated one child or teenager a day for alcohol intoxication. Of their 2,282 call outs in 2009-10 for alcohol intoxication, 352 of the clients were aged 18 or under, and five were under 12 years old. These figures did not include call outs for falls, assaults or road crashes where alcohol was involved.¹⁵¹

¹⁴⁸ University of Adelaide- Wine Economics Research Centre, 'What Do the Bingers Drink? Micro-unit Evidence on Negative Externalities and Drinker Characteristics of Alcohol Consumption by Beverage Types', April 2010. Available at: www.adelaide.edu.au/wine-econ/papers/0710_Zhao_Alcohol_EP_0410.pdf, p8. Accessed on 26 May 2011.

¹⁴⁹ Professor John Toumbourou, School of Psychology, Deakin University, *Briefing*, 30 March 2011.

¹⁵⁰ Associate Professor John Toumbourou1, Mr Bosco Rowland and Ms Aimee Jeffreys, *Prevention of Alcohol-related Harms: Could an Alcohol-abstinence Focus through Childhood and Adolescence Reduce Alcohol-related Harm?*, DrugInfo Clearinghouse, West Melbourne, 2005, p3.

¹⁵¹ Ms Cathy O'Leary, 'Blind Drunk' Kids Spark Health Warning', 22 February 2011. Available at: <http://au.news.yahoo.com/thewest/a/-/breaking/8880649/blind-drunk-kids-spark-health-warning/>. Accessed on 22 February 2011.

In response to this report, the Premier warned about problems associated with binge drinking¹⁵² and of a ‘new culture’ that was particularly prevalent among girls as young as 14 years, in which the object was to try to get drunk as fast as possible.¹⁵³ Binge drinking during ‘leaver’s week’ require substantial resources from Police and local councils. For example, Police have to set up road blocks on the way to Dunsborough to search teenagers’ cars. They often uncover high alcohol products hidden in items such as bread rolls, as some of the 9,000 under-age teenagers try to hide their alcohol.¹⁵⁴

Evidence from the student forums conducted by the Committee agreed with that of the research above. The Committee was told by year 12 students that they drink because “when you drink, you have a better time.” There was also substantial peer pressure so that “people do it because they think that they should and they think that they would not fit in if they did not.”¹⁵⁵

The alcohol products of choice in Albany were sweeter alcopops for the under-age female students and spirits for the young men. The Committee heard of a recent student party where “there were juvies everywhere and [violence] exploded onto the street and there was drinking and heaps of fights.”¹⁵⁶

(d) Older youth ‘binge drinking’

High levels of risky and binge drinking are also found in students over the legal drinking age studying at university or TAFE. More than half (54%) of these students drank at risky or high risk levels of harm **in the short-term**. Female students over 18 years drank at risky levels or high risk of harm in the short-term at rates 50% higher than male students (63% to 42%). Three times as many male students abstain as do female students. Five times as many female students drink at risky or high risk levels of harm **in the longer-term** than do male students. This data is summarised in Tables 1.8 and 1.9 below.

¹⁵² The Committee uses the term ‘binge drinking’ in this report as it is one that the public understands, while many health agencies do not support its use as there is no agreed definition for the term. Instead these agencies use the NHMRC guidelines for risky drinking.

¹⁵³ Editorial, ‘Is This the Best Way to Check Alcohol Abuse?’, *The West Australian*, 31 January 2011, p20.

¹⁵⁴ ABC News, ‘Police Warning over Schoolies’ Alcohol Smuggling’, 22 November 2010. Available at: www.abc.net.au/news/stories/2010/11/22/3072979.htm?site=southwestwa. Accessed on 11 April 2011.

¹⁵⁵ Albany Student Forum, *Briefing*, 13 August 2010.

¹⁵⁶ *Ibid.*

Table 1.8- Alcohol drinking status of students aged over 18 years (2007)¹⁵⁷

Consumption	Males	Females
Never drunk	26.4%	9.7%
Ex-drinker	9.1%	2.2%
Daily	0.0%	4.1%
Weekly	34.0%	53.7%
Less than weekly	30.5%	30.3%

Table 1.9- Alcohol drinking status of students aged over 18 years, by risk of harm (2007)¹⁵⁸

Consumption/Harm Level	Males	Females
<i>Risk of harm in the short-term</i>		
Abstainer	35.5%	11.9%
Low risk	22.6%	25.3%
Risky & High risk	41.9%	62.9%
<i>Risk of harm in the long-term</i>		
Low risk	59.7%	65.5%
Risky & High risk	4.7%	22.6%

Finding 6

Alcohol consumption data for Western Australian female high school students and university students show them to be drinking at levels of risky or high risk of harm in the short-term, and at rates significantly higher than male students.

The Committee heard evidence from public health witnesses that the liquor industry focuses their advertising on young people, and in particular young women, despite industry denials. This issue is explored further in Chapter Four but needs to be considered here too when the issue of high rates of consumption by young drinkers is being considered. Professor Daube said “whatever the

¹⁵⁷ Submission No. 37- Part D from the Drug and Alcohol Office, 4 August 2010, p80.

¹⁵⁸ Ibid, p81.

targeting is, [young drinkers] are massively exposed through all media: television, radio, press, internet, social media, and sponsorship events. They are exposed to a flood of alcohol promotion.”¹⁵⁹

These worrying drinking habits of young Perth women lead nearly half of them to spend up to \$50 on drinks every time they go out. This is a far higher rate than the national average of about 30%. About 10% of young women spend up to \$75 a night on drinks. The then-Minister for Mental Health, Hon Graham Jacobs, said the figures revealed a ‘culture of excess’ among the State’s women and called for a “hard-hitting advertising campaign aimed at women.”¹⁶⁰ He was also investigating forcing parents of children who are rushed to hospital for alcohol poisoning to undergo a mandatory education session on the dangers of under-age drinking.¹⁶¹

The Committee was told by the Chairman of the Liquor Commission that there had been a distinct change in the past 20 years and there is now a different attitude to alcohol among young people:

*the problem now is that it is socially acceptable, particularly in the most vulnerable age group of 18 to 25, that getting drunk...is perfectly socially acceptable and is a natural form of celebration of various events, whatever they might be, or just because it is Friday or Saturday night.*¹⁶²

He gave an example that exemplified the change:

*in my youth the attitude was, “Have you finished your exams?” “Yes, I have.” “Let’s go to the pub and have a few beers.” The attitude today is, “Have you finished your exams? Great; let’s go to the pub and get wasted.” ... there is a definite swing that inebriation is acceptable and normal, and I think that is extremely worrying.*¹⁶³

Widespread concerns about the dangers of binge drinking by young Australians led to the National Binge Drinking Strategy (NBDS) in March 2008 and, a month later, to a 70% increase in the excise accruing to RTDs (Ready-to-Drink alcoholic beverages).¹⁶⁴ The Strategy, and the increased excise on RTDs, is a clear acknowledgement that increasing the price of alcohol is one of the most effective ways of reducing the amount of harmful drinking in young Australians. This issue is covered in greater detail in Chapter Five.

¹⁵⁹ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p4.

¹⁶⁰ Mr Anthony Decelglie, ‘\$75- That’s the Disturbing Amount Many WA Women are Willing to Pay for One Night of Booze’, *The Sunday Times*, 13 September 2009, p8.

¹⁶¹ Mr Anthony Decelglie, ‘Teen Girls Binge’, *The Sunday Times*, 27 September 2009, p8.

¹⁶² Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p2.

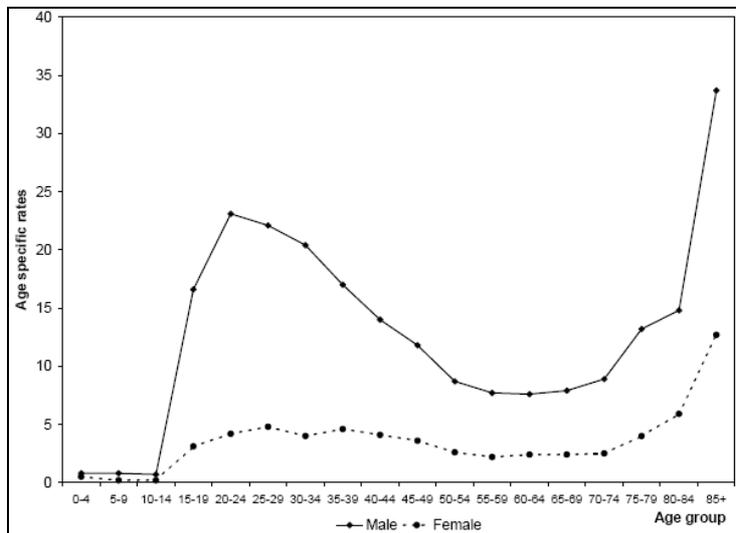
¹⁶³ Ibid.

¹⁶⁴ Department of Health and Ageing, ‘National Binge Drinking Strategy Community Level Initiative’, 17 March, 2010. Available at: www.health.gov.au/internet/alcohol/publishing.nsf/Content/cli. Accessed on 11 April 2011.

The NBDS data shows about a third of Curtin university students drink to harmful levels, risking permanent brain damage.¹⁶⁵ However, the Vice Chancellor of the University of Western Australia told the Committee that reports about high levels of alcohol consumption at UWA ‘are inaccurate’ and that “I doubt that alcohol consumption on the campus is greater than elsewhere in the community.”¹⁶⁶ The Federal Government has provided \$53 million as part of the NBDS, including \$217,685 to the University of Western Australia for the two-year Tertiary Alcohol Project (TAP).¹⁶⁷ TAP aims to tackle binge drinking on UWA campuses and is discussed in Chapter Six.

Figure 1.13 graphs the death rates for acute alcohol-caused conditions between 1997 and 2005. Male death rates increase dramatically from the 10-14 years age group and peak in the 20-24 years age group at 23.1 deaths per 100,000 people. After the initial impact of youth binge drinking, the rates drop until drinkers are in their 50s. The male rates are substantially higher than female rates for all age groups.

Figure 1.13- Age-specific death rates for acute alcohol-caused conditions, by sex (1997- 2005)¹⁶⁸



¹⁶⁵ Ms Caroline Marcus, ‘Risky Uni Drinkers a Brain Drain’, 20 September 2009. Available at: www.smh.com.au/national/risky-uni-drinkers-a-brain-drain-20090919-fw5r.html. Accessed on 2 May 2011.

¹⁶⁶ Professor Alan Robson, Vice Chancellor, University of Western Australia, Letter, 28 April 2011.

¹⁶⁷ Department of Health and Ageing, ‘National Binge Drinking Strategy Community Level Initiative’, 17 March, 2010. Available at: www.health.gov.au/internet/alcohol/publishing.nsf/Content/cli. Accessed on 11 April 2011.

¹⁶⁸ J. Xiao *et al.* *Impact of Alcohol on the Population of Western Australia*. Epidemiology Branch, Department of Health, Perth, January 2008, p39.

CHAPTER 2 LEGISLATIVE CHANGES TO IMPROVE THE EFFECTIVENESS OF *THE LIQUOR CONTROL ACT 1988*

2.1 Introduction

After an extensive review and consultation process on liquor licensing issues, Western Australia's *Liquor Licensing Act 1988* was amended in 2006. The *Liquor and Gaming Legislation Amendment Act 2006* renamed the legislation the *Liquor Control Act 1988*.¹⁶⁹

As part of its evidence to the Committee, the Western Australian Local Government Association said one of the suggested changes to the Act was that "the liquor licensing authority and Court should not be able to issue an approval that is in conflict with any conditional town planning approval or refusal by a LA [local authority]."¹⁷⁰ This recommendation was one of many that was not incorporated into the Act at this time and liquor licences have continued to be approved contrary to the expressed opposition of local governments and the community.

The Long Title of the Act became:

*An Act to regulate the sale, supply and consumption of liquor, the use of premises on which liquor is sold, and the services and facilities provided in conjunction with or ancillary to the sale of liquor, to minimise harm or ill-health caused to people, or any group of people due to the use of liquor, to provide for orders that may prohibit persons from being employed at, or from entering, licensed premises...*¹⁷¹

This chapter outlines various proposals to amend the *Liquor Control Act 1988* and the *Road Traffic Act 1974* which the Committee thinks are important to reduce alcohol-caused harm in Western Australia. Later chapters in this Report make additional recommendations for changes to the *Liquor Control Act 1988* specific to the topics they cover.

There is no one solution to how we can change the current drinking culture in Western Australia. A comprehensive approach is needed involving changes to legislation as well as community attitudes to alcohol. The Committee seeks the support of Parliament to develop a campaign to lower the State's current alcohol consumption within four years from about 12.4 litres per capita per annum to a rate similar to the national average of 10.4 litres per capita.

¹⁶⁹ WA Parliament, 'Explanatory Memorandum, Liquor and Gaming Legislation Amendment Bill 2006', nd. Available at: [www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/\\$File/EM-Bill166.pdf](http://www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/$File/EM-Bill166.pdf), p4. Accessed on 18 April 2011.

¹⁷⁰ Submission No. 58 from Western Australian Local Government Association, 24 June 2010, p12.

¹⁷¹ WA Parliament, 'Explanatory Memorandum, Liquor and Gaming Legislation Amendment Bill 2006', nd. Available at: [www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/\\$File/EM-Bill166.pdf](http://www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/$File/EM-Bill166.pdf), p4. Accessed on 18 April 2011.

(i) The Auditor General's report on operations of the Act

The Committee appreciates the work undertaken by the Auditor General in preparing his excellent report to Parliament on aspects of the implementation of the *Liquor Control Act 1988*. This report undertook a performance audit to ascertain:

- Do WA Police and the Department of Racing, Gaming and Liquor (DRGL) understand the patterns and causes of alcohol-related incidents in and around licensed premises?
- Do WA Police and DRGL promote compliance with the Act?
- Do WA Police and DRGL effectively enforce the Act?¹⁷²

The Auditor General's report found:

- DRGL and WA Police monitor and enforce some key provisions of the Act but neither agency is effectively monitoring or enforcing the responsible service of alcohol;¹⁷³
- the agencies do not assess risk adequately;¹⁷⁴
- frontline police are not well-prepared to monitor licensed premises and of the 1,120 hours of training for a new Police recruit, six hours (less than 1%) is spent on the requirements of the Act when alcohol is an issue in around 75% of police work;¹⁷⁵
- it is difficult to prove that a patron is drunk, as the Act does not authorise Police to administer alcohol breath tests to show that a patron is drunk;¹⁷⁶
- the obligation to serve alcohol responsibly has not been effectively enforced in licensed premises. In 2009-10 less than 1% of licensed premises were fined for the irresponsible sale of alcohol and the success rate of prosecutions for serving alcohol to a drunk patron was less than 50%;¹⁷⁷
- the level of fines and prosecutions against licensees and their staff does not fully support improved compliance with the Act. The bulk of enforcement is directed at individual drinkers rather than licensees and their staff;¹⁷⁸ and

¹⁷² Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011.

¹⁷³ Ibid, p6.

¹⁷⁴ Ibid, p20.

¹⁷⁵ Ibid, pp20-21.

¹⁷⁶ Ibid, p23.

¹⁷⁷ Ibid, p28.

¹⁷⁸ Ibid, p25.

- the Act's aim of minimising harm in and around licensed premises is more likely to be achieved by making licensees and their staff accountable, rather than individual drinkers.¹⁷⁹

While the *Liquor Control Act 1988* states that licensees and staff must not serve or sell alcohol to a person who appears to be drunk and not allow a drunk person on licensed premises, the report found:

*Neither agency undertakes any significant level of monitoring of whether alcohol is served responsibly in licensed premises. DRGL does not conduct activities in this area because it considers it does not have the resources or powers to do this effectively, while WA Police focus their efforts in other areas. Responsive enforcement action such as fines, prosecutions and cancellation of licenses is only possible if evidence has been gathered through the effective monitoring of licensed premises.*¹⁸⁰

The Director of Liquor Licensing's response to the Auditor General's report was that DRGL does not have the power to enforce the operational issues of the Act such as the responsible service of alcohol. Without the powers of arrest, the Director said his inspectors are not able to collect evidence to support a charge against a licensee or their staff serving alcohol to a drunk person:

*The Act states that DRGL inspectors cannot compel answers to their questions where this might incriminate the person responding, but failure to otherwise provide an answer to a DRGL inspector is an offence. This may lead to arrest by a Police officer and a \$5,000 fine.*¹⁸¹

(ii) Chapter summary

This chapter's recommendations focus on:

- amending the Objects of the Act;
- proposing an objective definition in the Act of 'drunk' or 'intoxicated';
- where the Act should apply;
- who has final responsibility for the administration of the Act;
- aspects of enforcement of the Act;
- allowing controlled purchasing operations in licensed premises;
- the introduction of a new fee structure to help pay for the enforcement of the Act;
- Government consideration to increase the legal age for drinking alcohol;

¹⁷⁹ Ibid, p26.

¹⁸⁰ Ibid, p7.

¹⁸¹ Ibid, p24.

- restricting the secondary supply of alcohol to minors; and
- the introduction of restrictions on the purchase of takeaway alcohol until the age of 20 years.

The recommended amendments to *Road Traffic Act 1974* include a consideration by the State Government of a reduction of the blood alcohol level allowed for drivers and the introduction of alcohol ignition locks for repeat drunk drivers.

2.2 Primary object of the Act should be public health

(a) Public health approach to alcohol

Public health focuses on the prevention, promotion and protection of health rather than the treatment of ill health. The focus of public health is on the health of the whole population and the factors that cause illness and injury rather than on an individual's health. Public health activities assess risk factors such as alcohol use, lifestyle advice and choices, health education, and changes to the social environment to encourage healthy behaviour change. The value of taking a population health approach to alcohol policy is its ability to identify key health risks and suggest appropriate interventions that are most likely to benefit the greatest number of people.¹⁸²

If alcohol is considered from a public health perspective, the goal of legislation becomes policies and regulations that control the sale and consumption of alcohol to maintain health and safety. These legislative controls will reduce the health burden caused by drinking alcohol above the recommended NHMRC guidelines. Problems from alcohol consumption can commence during foetal growth, early and late childhood, adulthood and old age. If alcohol policy is placed within the realm of public health and social policy it can be directed at proactive interventions, such as those recommended in this Report.

(b) Objects of alcohol legislation in other jurisdictions

This section presents information on the objects of liquor legislation from other jurisdictions, many of which the Committee took evidence in on its trips interstate and overseas.

International

Scotland

The Committee heard from the Scottish Public Health Minister that her government decided the scale of the alcohol problem there was so great, something more had to be done. In November

¹⁸² Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p8.

2005 the *Licensing (Scotland) Act 2005* was amended so that public health became the primary object of the Act.¹⁸³ The amended licensing objectives of this Act are now:

- (a) preventing crime and disorder;
- (b) securing public safety;
- (c) preventing public nuisance;
- (d) **protecting and improving public health;** and
- (e) protecting children from harm.¹⁸⁴

Britain

The British *Licensing Act of 2003* (for England and Wales) has the same primary objectives as the Scottish Act except for “(d) protecting and improving public health”.¹⁸⁵

New Zealand

New Zealand’s current *Sale of Liquor Act 1989* makes no mention of public health in its sole object “to establish a reasonable system of control over the sale and supply of liquor to the public with the aim of contributing to the reduction of liquor abuse, so far as that can be achieved by legislative means.”¹⁸⁶ A select committee of the NZ Parliament is currently considering amendments to its Act in the *Sale and Supply of Liquor and Liquor Enforcement Bill (2010)* after the Government adopted 126 of the Law Commission’s recommendations flowing from its inquiry into alcohol.¹⁸⁷

The New Zealand Law Commission recommended introducing a new ‘Alcohol Harm Reduction Act’ to replace the *Sale of Liquor Act 1989*. The new Act’s objectives would have been to:

- a) *encourage responsible attitudes to the promotion, sale, supply and consumption of alcohol;*
- b) *contribute to the minimisation of crime, disorder and other social harms;*

¹⁸³ Hon Ms Shona Robison, MSP, Minister for Public Health and Sport, *Briefing*, 2 February 2011.

¹⁸⁴ Scottish Government, ‘Licensing (Scotland) Act 2005’, December 2005. Available at: www.legislation.gov.uk/asp/2005/16/part/1. Accessed on 18 April 2011.

¹⁸⁵ United Kingdom Government, ‘Licensing Act 2003’, July 2003. Available at: www.legislation.gov.uk/ukpga/2003/17/part/2/crossheading/functions-of-licensing-authorities-etc. Accessed on 18 April 2011.

¹⁸⁶ ALAC, ‘Sale of Liquor Act’, nd. Available at: www.alac.org.nz/legislation-policy/sale-liquor-act. Accessed on 17 June 2011.

¹⁸⁷ NZ Press Association, ‘Kiwi Liquor Laws Get a Shake-up’, 23 August 2010. Available at: <http://news.smh.com.au/breaking-news-world/kiwi-liquor-laws-get-a-shakeup-20100823-13icy.html>. Accessed on 17 June 2011.

- c) *delay the onset of young people drinking alcohol;*
- d) ***protect and improve public health;***
- e) *promote public safety and reduce public nuisance; and*
- f) *reduce the impact of the harmful use of alcohol on the Police and public health resources.*¹⁸⁸

Australian jurisdictions

In NSW¹⁸⁹, Tasmania¹⁹⁰ and South Australia¹⁹¹, the Acts dealing with liquor do not have health as a primary object.

Victoria

Victoria's *Liquor Control Reform Act 1998* was amended to place health concerns as the first objective of the Act:

- (a) *to contribute to minimising harm arising from the misuse and abuse of alcohol, including by-*
 - (i) *providing adequate controls over the supply and consumption of liquor; and*
 - (ii) *ensuring as far as practicable that the supply of liquor contributes to, and does not detract from, the amenity of community life; and*
 - (iii) *restricting the supply of certain other alcoholic products; and*
 - (iv) *encouraging a culture of responsible consumption of alcohol and reducing risky drinking of alcohol and its impact on the community.*¹⁹²

¹⁸⁸ Law Commission New Zealand, 'Alcohol in Our Lives: Curbing the Harm (Law Commission Report No. 114', April 2010. Available at: www.lawcom.govt.nz/sites/default/files/publications/2010/04/Publication_154_464_Part_2_Intro.pdf, p13. Accessed on 13 April 2011.

¹⁸⁹ AustLII, 'Liquor Act 2007 (NSW)', 14 January 2011. Available at: www.austlii.edu.au/au/legis/nsw/consol_act/la2007107/s3.html. Accessed on 18 April 2011.

¹⁹⁰ AustLII, 'Liquor Licensing Act 1990 (Tas)', January 1991. Available at: http://www.austlii.edu.au/au/legis/tas/consol_act/lla1990190/index.html. Accessed on 18 April 2011.

¹⁹¹ AustLII, 'Liquor Licensing Act 1997 (SA)', nd. Available at: www.austlii.edu.au/au/legis/sa/consol_act/lla1997190/s3.html. Accessed on 18 April 2011.

¹⁹² AustLII, 'Liquor Control Reform Act 1998', 1 January 2011. Available at: www.austlii.edu.au/au/legis/vic/consol_act/lcra1998266/s4.html. Accessed on 18 April 2011.

Queensland

Queensland's *Liquor Act 1992* mentions health under the first object and "adverse effects on a person's health, personal injury, property damage" are examples given in the objects as needing to be minimised from alcohol abuse and misuse.¹⁹³ The main purpose of the Act is:

(a) to regulate the liquor industry, and areas in the vicinity of licensed premises, in a way compatible with—

(i) minimising harm, and the potential for harm, from alcohol abuse and misuse and associated violence; and Examples of harm—

• *adverse effects on a person's health*

• *personal injury*

• *property damage*

(ii) minimising adverse effects on the health or safety of members of the public; and

(iii) minimising adverse effects on the amenity of the community...¹⁹⁴

The legislated provisions within the Queensland Act include:

- banning regular glasses in high risk venues;
- a moratorium on extended trading hours applications;
- risk-assessed management plans and community impact statements;
- ministerial banning power;
- irresponsible supply of alcohol to a minor;
- restrictions on extended trading hours;
- onsite approved managers and mandatory training requirements; and
- restructure of licence types.¹⁹⁵

¹⁹³ AustLII, 'Liquor Act 1992 (Qld)', nd. Available at: www.austlii.edu.au/au/legis/qld/consol_act/la1992107/s3.html. Accessed on 18 April 2011.

¹⁹⁴ AustLII, 'Liquor Act 1992 (Qld)', nd. Available at: www.austlii.edu.au/au/legis/qld/consol_act/la1992107/s3.html. Accessed on 18 April 2011.

¹⁹⁵ Office of Liquor and Gaming Regulation (Queensland), 'Harm minimisation', 18 February 2011. Available at: www.olgr.qld.gov.au/industry/harm_min/index.shtml. Accessed on 3rd March 2011

South Australia

The primary object of South Australia's legislation is to regulate and control the sale and consumption of liquor for the benefit of the whole community, and in particular:

*(a) to encourage responsible attitudes towards the promotion, sale, supply, consumption and use of liquor, to develop and implement principles directed towards that end (the responsible service and consumption principles) and **minimise the harm associated with the consumption of liquor...***¹⁹⁶

Northern Territory

The primary object of the Act in the Northern territory includes as its first item minimising the harm from liquor:

*(1) ... (a) so as to **minimise the harm** associated with the consumption of liquor; and*

(b) in a way that takes into account the public interest in the sale, provision, promotion and consumption of liquor.

(2) The further objects of this Act are:

*(a) to protect and enhance community amenity, social harmony and wellbeing through the responsible sale, provision, promotion and consumption of liquor...*¹⁹⁷

(c) Objects of Western Australia's Act

The changes in 2006 to the *Liquor Control Act 1988* saw the inclusion of industry-specific clauses to become objects of the Act. Section 5(1) now includes:

*(c) to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the State.*¹⁹⁸

The Committee heard from Professor Daube that it was "of concern to me that we have that third object in the Act that puts the interests of the industry and tourism and so on, on a par with health and wellbeing. Health and wellbeing should be a paramount consideration."¹⁹⁹

¹⁹⁶ AustLII, 'Liquor Licensing Act 1997 (SA)', nd. Available at: www.austlii.edu.au/au/legis/sa/consol_act/lla1997190/s3.html. Accessed on 18 April 2011.

¹⁹⁷ AustLII, 'Liquor Act (NT)', nd. Available at: www.austlii.edu.au/au/legis/nt/consol_act/la107/. Accessed on 16 June 2011.

¹⁹⁸ AustLII, 'Liquor Control Act 1988 - Sect 5 (WA)', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/lca1988197/s5.html. Accessed on 18 April 2011.

¹⁹⁹ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p3.

Because the Act has a focus on both ‘harm minimisation’ and to ‘cater for industry requirements’, DRGL has to weigh and balance the competing considerations in making a judgement to grant a new liquor licence or not. Applicants are able to lodge proposals for new or amended licences knowing that they may increase the alcohol-related harm in an area.²⁰⁰

The Committee was informed that each new application is considered by DRGL on a case by case basis and a:

*macro and micro risk analysis based on available information of existing and potential harm is carried out. With considerations including: region; town; community in which the venue is/will be located; immediate locality of the venue; and proposed/existing nature of venue including licence type, nature of licence and existing practices and /or proposed responses to local issues.*²⁰¹

While current harm minimisation requirements may go some way to restrict the actual harm created by an additional licence, they are unlikely to appropriately mitigate the cumulative impact of the increase in availability and consumption of alcohol across the State. For example, the Liquor Commission is currently not required to conduct a risk analysis for alcohol-related harm, such as considering the current number of licensees in an area (both on-site and off-site) and the volume of alcohol sold in an area, before deciding on the granting of a licence.

The Committee finds that it would make the operations of the Liquor Commission and the Department of Racing, Gaming and Liquor more effective to control the damage and costs caused by alcohol if the primary object of the State’s *Liquor Control Act 1988* was public health.

Finding 7

The strategy to reduce the large costs of alcohol consumption to the State and its residents would be strengthened if public health was the primary object of the *Liquor Control Act 1988*, as it now is in Scotland.

Recommendation 6

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to make ‘protecting and improving public health’ the primary object of the Act.

²⁰⁰ Director of Liquor Licensing, Decision A212372, City of Kalgoorlie-Boulder ‘Grant of a Special Facility License’, 9 September 2010.

²⁰¹ Dr Tarun Weeramanthri, Executive Director, Public Health, Letter, 8 February 2011.

2.3 Definition of ‘drunk’ in the Act

The current definition of the term ‘drunk’ in the *Liquor Control Act 1988* is hampering the effectiveness of the Police and the Department of Racing, Gaming and Liquor (DRGL) to enforce some of the provisions of the Act. The Auditor General reported to Parliament that it was difficult for both the Police and DRGL licensing staff to “prove that a patron was drunk while on licensed premises or while being served alcohol.”²⁰²

(a) Current definition

The definition of ‘drunk’ was amended in Section 3A of the *Liquor Control Act 1988* to state:

*(1) A person is **drunk** for the purposes of this Act if –*

the person is on licensed premises or regulated premises; and

the person’s speech, balance, co-ordination or behaviour appears to be noticeably impaired; and

it is reasonable in the circumstances to believe that that impairment results from the consumption of liquor.

*(2) If an authorised officer or a person on whom a duty is imposed under section 115 decides, in accordance with subsection (1), that a person is drunk at a particular time, then, in the absence of proof to the contrary, that person is to be taken to be drunk at that time.*²⁰³

The Police said that even with the revised definition in the Act, it required officers to undertake careful observation over an extended period to prove that the patron’s impairment had resulted from their drinking. The current Act does not authorise Police to take alcohol breath tests from patrons as this evidence is irrelevant to the Act’s definition of being ‘drunk’.²⁰⁴

Being ‘drunk’ is the description of a person who is intoxicated by having a high level of ethanol (alcohol) in the blood. Dictionaries define ‘intoxicated’ in a general fashion. The Macquarie Dictionary defines it as “the temporary loss of physical and mental powers due to alcohol or drugs” and the Oxford Dictionary has a similar definition. The Merriam Webster Dictionary

²⁰² Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011, p23.

²⁰³ WA Parliament, ‘Explanatory Memorandum, Liquor and Gaming Legislation Amendment Bill 2006’, 2006. Available at: [www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/\\$File/EM-Bill166.pdf](http://www.parliament.wa.gov.au/parliament/bills.nsf/3D9F06FFFD2BDB8B482571EE002EC819/$File/EM-Bill166.pdf). Accessed on 18 April 2011.

²⁰⁴ Ibid.

defines ‘drunk’ as “having a level of alcohol in the blood that exceeds a maximum prescribed by law.”²⁰⁵

(b) Other jurisdictions

Australian jurisdictions

The liquor Acts in other Australian jurisdictions have similar difficulty in trying to describe ‘drunk’ or a patron being ‘intoxicated’. The Queensland Act does not define ‘drunk’ but makes it an offence to supply liquor to someone who is ‘unduly intoxicated’ (Section 156(1)(e)) where this means:

*a state of being in which a person’s mental and physical faculties are impaired because of consumption of liquor so as to diminish the person’s ability to think and act in a way in which an ordinary prudent person in full possession of his or her faculties, and using reasonable care, would act under like circumstances.*²⁰⁶

Section 3AB of the Victorian Act²⁰⁷; Section 104 of the Australian Capital Territory Act²⁰⁸ and Section 108(1)(b) of the South Australian Act use similar language to Western Australia’s Act:

*liquor is sold or supplied on licensed premises to a person in circumstances in which the person’s speech, balance, coordination or behaviour is noticeably impaired and it is reasonable to believe that the impairment is the result of the consumption of liquor...*²⁰⁹

The New South Wales Act (Section 5) uses similar language to define ‘intoxicated’ as Western Australia and the other three jurisdictions, but also requires the Director General of Communities NSW to:

(3) ...issue guidelines to assist in determining whether or not a person is intoxicated for the purposes of this Act. Such guidelines are to be made publicly available in such manner as the Director-General considers appropriate.

*(4) The guidelines issued by the Director-General may also indicate circumstances in which a person may be assumed not to be intoxicated for the purposes of this Act.*²¹⁰

²⁰⁵ Merriam-Webster, ‘Drunk’, 2011. Available at: www.merriam-webster.com/dictionary/drunk?show=1&t=1308087408. Accessed on 15 June 2011.

²⁰⁶ Parliament of Queensland, ‘Liquor Act 1992 (Qld)’, 1 December 2010. Available at: www.legislation.qld.gov.au/LEGISLTN/CURRENT/L/liquorA92.pdf, p34. Accessed on 16 June 2011.

²⁰⁷ AustLII, ‘Liquor Control Reform Act 1998 (Vic)’, 1 January 2011. Available at: www.austlii.edu.au/au/legis/vic/consol_act/lcra1998266/. Accessed on 16 June 2011.

²⁰⁸ AustLII, ‘Liquor Act 2010 (ACT)’, nd. Available at: www.austlii.edu.au/au/legis/act/consol_act/la2010107/. Accessed on 16 June 2011.

²⁰⁹ AustLII, ‘Liquor Licensing Act 1997 (SA)’, nd. Available at: www.austlii.edu.au/au/legis/sa/consol_act/lla1997190/s3.html. Accessed on 18 April 2011.

In recognition of the difficulty of this aspect of liquor laws, Section 102 of the Northern Territory Act takes a different approach. This puts the onus of proof of intoxication on the patron:

A licensee or a person employed by a licensee shall not sell or supply liquor to a person unless the person to whom it is sold or supplied is not intoxicated at the time (the onus of proof of which lies with the defendant).²¹¹

No jurisdiction in Australia currently has an objective measure for intoxication. Western Australia could be the first to address alcohol-fuelled violence and other alcohol-related harms by nominating a minimum blood alcohol level in its definition of 'intoxication'. Police could then breath test those people they suspect are drunk and unruly and subsequently charge people who are intoxicated after a blood test.

United States

In the United States, most States have legislation for road traffic offences which include an objective rather than a subjective measure of intoxication. For example, the Texas Penal Code contains a definition of intoxication as well as a description of public intoxication applying in licensed premises:

Sec. 49.01. DEFINITIONS. In this chapter:

(2) "Intoxicated" means:

(A) not having the normal use of mental or physical faculties by reason of the introduction of alcohol, a controlled substance, a drug, a dangerous drug, a combination of two or more of those substances, or any other substance into the body; or

(B) having an alcohol concentration of 0.08 or more.

Sec. 49.02 Public intoxication. (a) A person commits an offence if the person appears in a public place while intoxicated to the degree that the person may endanger the person or another.

(a-1) For the purpose of this section, a premises licensed or permitted under the Alcoholic Beverage Code is a public place.²¹²

²¹⁰ AustLII, 'Liquor Act 2007 (NSW)', 1 June 2011. Available at: www.austlii.edu.au/au/legis/nsw/consol_act/la2007107/. Accessed on 16 June 2011.

²¹¹ AustLII, 'Liquor Act (NT)', nd. Available at: www.austlii.edu.au/au/legis/nt/consol_act/la107/. Accessed on 16 June 2011.

²¹² Onecle, 'Texas Penal Code - Section 49.01. Definitions', 11 August 2007. Available at: <http://law.onecle.com/texas/penal/49.01.00.html>. Accessed on 15 June 2011.

(c) Recent difficulties with the current definition

The difficulty Police have in prosecuting a licensee for serving a patron who is drunk was highlighted by the failed prosecution of hotel staff who continued to serve alcohol to Ms Margaret Dix, although she could not walk unaided. She later fell from the 15th floor of the hotel and was found to have a blood alcohol level of 0.34. The bartender, bar manager and licensee of the hotel were charged with four counts each of supplying alcohol to a drunken person. A magistrate later ruled that they had no case to answer as staff could not be expected to accurately determine whether a patron was intoxicated.²¹³

Some premises in Northbridge have already taken steps that require patrons who seem to be intoxicated to be breathalysed, and then deny them entry if they are too drunk. Patrons are denied entry if they have a blood alcohol limit of over 0.15 (three times the limit for drink-driving).²¹⁴

This matter of determining whether someone was intoxicated was raised in Parliament in relation to two cases where a patron with multiple sclerosis and another with a stammer were denied entry to a licensed premise as staff thought that they were drunk.²¹⁵

Finding 8

The *Liquor Control Act 1988* does not currently define drunkenness in a manner which allows a determination by an objective test. For example, it does not authorise Police to take alcohol breath tests from patrons in licensed premises.

Recommendation 7

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to allow the Police to more successfully prosecute a drunken person. This could be by:

- defining a blood alcohol level for intoxication or amend Section 3A(1)(b) to provide examples of impairment resulting from alcohol; and
- the clarification of any other problems related to the failure to effectively prosecute drinkers for being drunk on a licensed premise.

²¹³ Parliament of Australia, 'Mr Steve Irons MP, Member for Swan (WA)', 11 March 2008. Available at: www.aph.gov.au/house/members/firstspeech.asp?id=HYM. Accessed on 28 April 2011.

²¹⁴ Ms Megan Bailey, 'Pubs Force Breath Tests on Drinkers', *The West Australian*, 25 April 2011, p13.

²¹⁵ Hon Mr Jon Ford, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 24 November 2010, p9439.

2.4 Act not to apply in certain cases

There are exemptions under Section 6 of the Act to organisations having to apply for a liquor licence and train their staff in responsible serving practises, including:

- the Parliament of Western Australia;
- the Public Transport Authority; and
- the Police Force canteen.

Finding 9

The *Liquor Control Act 1988* has exemptions from the requirement to obtain a liquor licence for the sale of alcohol.

Recommendation 8

The Minister for Racing and Gaming table in Parliament by December 2011 a review of the current exemptions in Section 6 of the *Liquor Control Act 1988* and remove those which are historical.

2.5 Responsibility for the administration of the Act

The problems and harm caused by alcohol within and outside licensed premises, and in the general community, are increasing at an unacceptable rate. The question of why the current Act is failing to reduce alcohol-related harm has already been discussed in term of its current objectives. This chapter proposes that these objectives need to be amended to have a public health focus. Currently the minimisation of harm is considered at the same time as catering for liquor industry issues.

Evidence presented to the Committee supports the concerns of the Auditor General in his report that there are gaps in DRGL and WA Police monitoring of licensed premises' compliance "with key provisions of the Act."²¹⁶

Section 13 of the Act very clearly gives the Director of Liquor Licensing **responsibility for its administration**. Under this responsibility, the Act gives powers to Department of Racing, Gaming and Liquor and to the Police to enforce it. In particular, the relevant parts of the Act are (see Appendix Twenty for the full sections):

²¹⁶ Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011, p6.

Part 2 - The Licensing Authority

- Section 13 states that the Director is responsible for the administration of this Act, other than those aspects of administration that relate to the Commission; and
- Section 14 states that there should be inspectors to ensure that licensed premises conform to proper standards.

Part 4- The Conduct of Business

- Section 91 enables the Director to suspend the operation of any licence or permit that the Director considers is in the public interest;
- Section 114 allows a member of the Police who is concerned there is civil disorder or a threat to public safety or a potential threat to public safety to close the licensed premises; and
- Section 115 prohibits licensees from permitting drunkenness, or disorderly behaviour from occurring on the premises.

Part 6 - Enforcement

- Section 153 enables the Director to require a report from inspectors on the standard or services provided in licensed premises;
- Section 155 gives the Commissioner of Police the power to ensure the lawful and orderly conduct of licensed premises and ensure the good behaviour of persons present on those premises; and
- Section 168 allows the Director to delegate authority to the Police or a person to institute a prosecution for any offence under the Act.

(a) The Auditor General's 2011 report

As discussed earlier in this chapter, the Auditor General's 2011 report found that the Department of Racing, Gaming and Liquor and WA Police are not fulfilling their shared regulatory role in monitoring key provisions of the *Liquor Control Act 1988*. The report found neither agency have a clear agreement on how they will collaborate to fulfil that role.²¹⁷

DRGL considers it does not have the "resources or powers to do this effectively" and the Police are focussing "their efforts in other areas."²¹⁸ The Director of Liquor Licensing responded to the Auditor General that he only had six inspectors who focused their work on assessing venue and building suitability across the State.²¹⁹

²¹⁷ Ibid, p7.

²¹⁸ Ibid.

²¹⁹ Ibid, p10.

It is the Director of Liquor Licensing who is responsible under the Act to appoint inspectors. Under Section 168 of the Act (see Appendix Twenty) the Director also has the power to delegate to a person other than the Police the power to institute a prosecution. The Committee in its interim report on the Kimberley has already recognised low levels of staffing as a key weakness of the efforts of the Department of Racing, Gaming and Liquor to monitor and enforce the *Liquor Control Act 1988*.

From the Auditor General's report it is not clear whether the Director has failed to seek funding to appoint additional inspectors, or the State Government has failed to respond to requests for additional funding. It may also be because the Act allows both the Director of Liquor Licensing and the Police Commissioner to institute proceedings for offences under the Act and neither the Director nor the Commissioner have been adequately funded and held accountable in fulfilling this responsibility.

(b) The role of the Police

Sections 14, 115 and 155 of the Act (see Appendix Twenty) clarify the roles of DRGL, the Police and licensees. The Police ensure the lawful and orderly conduct of licensed premises. Licensees have the responsibility not to allow drunkenness on licensed premises.

The Director of Liquor Licensing confirmed to the Committee that under the Act, the Commissioner of Police is actually responsible for administering and enforcing its provisions throughout the State. In Western Australia the Department of Racing, Gaming and Liquor works very closely with the Police and the Director advised the Committee that:

*I am not resourced to do that [enforcement]. I have approximately 21 inspectors, and those 21 inspectors have to pick up surveillance et cetera at the casino. We also do racing and wagering, all the bookmakers and we do the Lotto draws on a contract basis. We also do matters to do with liquor in relation to premises inspections et cetera. I have the same powers, effectively, as the Police Commissioner, but **I am not resourced** [emphasis added].²²⁰*

The Act states:

- the Police must ensure that there is 'proper and lawful exercise of any licence'.
- the licensee is committing an offence if they permit drunkenness to occur on their licensed premises.

The definition of 'drunk' within the Act was discussed earlier in this chapter. The current confusion in terms of the Police and DRGL jointly administering the provisions of the Act could be assisted by an objective measure of 'drunk' being inserted into the Act. With such a definition licensees would be in breach of their licence if they permitted entry to a 'drunk' person or continue to provide alcohol to a 'drunk' person.

²²⁰ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p3.

Finding 10

There is no objective measure in the *Liquor Control Act 1988* to ensure the proper and lawful exercise of any licence granted, or permit issued, under the Act; or to ensure the lawful and orderly conduct of licensed premises.

Recommendation 9

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to clarify the lines of authority and accountability to prevent alcohol-caused harm in licensed premises and in the broader community.

2.6 Enforcement and prosecutions under the Act

Part 6 of the *Liquor Control Act 1988* deals with enforcement issues. Section 153 (see Appendix Twenty) states that an inspector, or a person such as the Police authorised by the Director, shall report to the Director on the standard of services provided in licensed premises. Section 168 provides the power for the Director to delegate the power to institute a prosecution. Section 168 (1)(b) allows a member of the Police to institute a prosecution for an offence against the Act.

A number of witnesses raised the issue of the lack of recent prosecutions by the Department of Racing, Gaming and Liquor (DRGL) as one factor why liquor outlets may be not following the requirements of the Act, and might be an outcome of the lack of DRGL inspectors.²²¹ The Department's latest annual report lists only four prosecutions initiated in the past five years.²²²

The recent Auditor General's report found that the Police and the DRGL enforce the Act by mainly issuing fines, with most of the enforcement effort aimed at drinkers. Less than 7% of the fines issued in 2009-10 were against the licensees and their staff.²²³

While fines against licensees had increased in the past five years (see Figure 2.1 below) the Auditor General found that the deterrent effect of a \$1,000 fine on licensees is insignificant, and

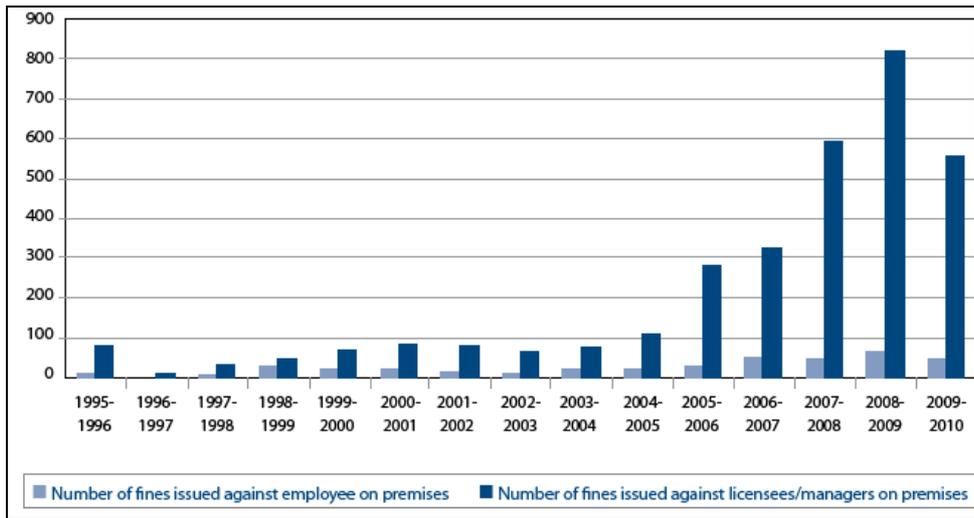
²²¹ Mr Tony Slevin, Director Education and Research, Cancer Council of Western Australia, *Transcript of Evidence*, 23 June 2010, p10.

²²² Department of Racing, Gaming and Liquor, '2009-10 Annual Report', 17 September 2010. Available at: www.rgl.wa.gov.au/ResourceFiles/Publications/Reports/2010/DRGL.pdf, p18. Accessed on 18 April 2011.

²²³ Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011, p26.

that about 20% of these fines (or about \$450,000) remain unpaid and had been referred to the Fines Enforcement Registry. The Auditor General’s report said “an unpaid fine may result in the suspension of a driver’s license, but the liquor licence remains unaffected.” The non-payment of fines does not affect the licensee’s licence to run their liquor outlet.²²⁴

Figure 2.1- Number of fines issued against licensees and their staff (1995-2010)²²⁵



The Auditor General’s report said “although most licensed premises are associated with few problems, some licensed premises have much higher rates of alcohol-related aggression and violence than any other public setting.”²²⁶ It found that of the “top 20 problematic premises in 2009-10, only three of the premises were fined for serving drunk patrons.”²²⁷ The report referred to a research project in 2010 where drunk patrons were present in almost half of a sample of 110 high risk licensed premises.²²⁸ Consideration of new enforcement options, such as the suspension or revocation of liquor licences, could be more effective in enforcing the provisions of the Act than current processes.

²²⁴ Ibid, p27.

²²⁵ Ibid.

²²⁶ Ibid, p11.

²²⁷ Ibid, p28.

²²⁸ Cited in Western Australian Auditor General, *Raising the Bar: Implementing Key Provisions of the Liquor Control Act in Licensed Premises*, Office of the Auditor General, Perth, March 2011, p28.

Recommendation 10

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would raise the level of fines issued by the Police or the Department of Racing, Gaming and Liquor. These fines to licensees or their managers to be increased from the current level of \$1,000 to a minimum penalty of \$10,000. The fines should be based on the number of patrons and wholesale sales data.

Recommendation 11

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would ensure that any fines issued by the Police or the Department of Racing, Gaming and Liquor to licensees or their managers that remain unpaid after three months result in the suspension of the licensee's liquor licence.

Recommendation 12

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that ensures if more than three fines or suspensions have been issued for failing to serve alcohol in a responsible manner over the past 12 months, licences can be revoked by the Director of Liquor Licensing.

2.7 Undertaking controlled purchasing operations

Controlled or 'test purchasing' is where legislation allows an underage person to enter a licensed premise under controlled conditions to attempt to purchase alcohol. In introducing test purchasing in Scotland it was suggested:

*active test purchasing will encourage traders to be more vigilant in exercising their legal obligations and put in place effective procedures to avoid underage sales, giving our young people the protection they deserve.*²²⁹

²²⁹

The Scottish Government, 'A Practical Guide to Test Purchasing in Scotland', 25 October 2007. Available at: www.scotland.gov.uk/Publications/2007/10/25155751/0. Accessed on 16 June 2011.

If the underage person is successful, the accompanying Police can lay the appropriate charge against the retailer. These operations have been successfully used in New Zealand, Scotland and the United Kingdom. In New Zealand ‘controlled purchase operations’ have been conducted for three years by the Police prior to the introduction of legislation to “provide that under-age volunteers who purchase alcohol at the request of a police officer during an enforcement operation do not commit an offence under the Act.”²³⁰

(a) Request from the Police Commissioner

The Police Commissioner wrote to the Committee with information he had obtained as part of the Police’s involvement in the National Binge Drinking Strategy *Early Intervention Pilot Program*. He provided data from Western Australia that showed that 8% of 16 year old and 16% of 17 year old drinkers had obtained liquor from retail outlets and that 77% of outlets sold liquor to underage-looking 18 year olds without checking identification.²³¹

Commissioner O’Callaghan said that it was the intention of WA Police to conduct ‘controlled purchasing operations’ (or test purchasing, or compliance monitoring) using juveniles. The State Solicitor’s Office had provided legal advice in 2007 that section 171 of the *Liquor Control Act 1988* would need to be amended to provide Police and juveniles engaged in the test purchasing greater protection from prosecution. Such a clause was included in the *Liquor Control Amendment Bill 2008* but the Bill lapsed when Parliament was prorogued in August 2008.²³²

The current State Government did not support this clause in the new amendment Bill that passed through Parliament in 2010. The Police have obtained further advice from the State Solicitor’s Office that test purchasing does not amount to entrapment or child exploitation. The Commissioner said that the liquor industry did not support a proposal for test purchasing.²³³

(b) Other Australian jurisdictions

This year a challenge to a prosecution in Victoria on the grounds that the test purchasing of tobacco products had been used to ‘trap’ a retailer was dismissed by the Supreme Court. Quit Victoria reports that Supreme Court Judge Justice Beach noted in his ruling that “most reasonable members of the community would take the view that [the test purchase] was a most satisfactory way of attempting to stamp out the illegal sale of tobacco products to minors.”²³⁴

²³⁰ New Zealand Parliament, ‘Sale of Liquor Amendment Bill (No 2) House of Representatives Second Reading’, 30th March 2004.

²³¹ Dr Karl O’Callaghan, Commissioner of Police, Letter, 16 December 2010.

²³² Ibid.

²³³ Ibid.

²³⁴ Quit Victoria, ‘Compliance Testing’, 2011. Available at: www.quit.org.au/resource-centre/media/media-backgrounders/pages/compliance-testing.aspx. Accessed on 18 April 2011.

A similar challenge in the NSW Court of Criminal Appeal by Woolworths also failed, as the judges ruled:

*The conduct of the law enforcement authority provided an opportunity for the commission of the offence, but did not involve the application of any form of pressure, persuasion, or manipulation...*²³⁵

(c) Overseas jurisdictions

Such test purchasing programs for alcohol are used across the UK. One program in Scotland was commenced in 2007 following a pilot program in Fife. This pilot found that about 19% of premises failed the initial test purchase visit. Licensees tended to react favourably to the pilot although a minority, especially among the group who had failed the first test purchase visit, complained that the volunteers did not look underage.²³⁶

The Irish Government implemented a similar program from 1 October 2010. The Minister for Justice and Law Reform, Mr Dermot Ahern, T.D, said “the test purchasing scheme will permit the Gardaí to send a person who is 15, 16 or 17 years old into a licensed premises for the purposes of purchasing alcohol. If a sale takes place, the premises concerned will be prosecuted.”²³⁷

The Asda supermarket chain in the United Kingdom (with 386 stores) is tackling under-age alcohol sales through measuring its own performance using independent test purchases. Each of its stores is now independently tested each month to ensure they always ask customers who look under the age of 25 for ID to prove they are over 18 when attempting to purchase alcohol. Its own testing found in February 2011 that about 20% of its stores sold alcohol to under-age purchasers.

The Asda strategy follows checks conducted by an independent test purchasing company between January and March 2008 in the UK. These found between 33-40% of premises sold alcohol to under-age test purchasers.²³⁸ The Committee heard from Woolworths that in Australia:

*All of our liquor store staff undergo thorough and comprehensive training and we take pride in the professionalism and diligence of all our team. **Preventing the sale of alcohol to underage customers is a key challenge for our staff members.** [emphasis added] To assist them in this task we have implemented the ID 25 program, which was developed by*

²³⁵ Criminal Law Review, ‘Case Comment- Entrapment (Regulatory Test Purchase)-Australia’, 2006. Available at: <http://law.anu.edu.au/UnitUploads/LAWS8164-2581-NSW%20esxt%20purchaseCriminal%20Law%20Review.doc>, p2. Accessed on 18 April 2011.

²³⁶ Scottish Government, ‘Evaluation of Test Purchasing Pilot for Sales of Alcohol to Under 18s - Interim Report’, February 2007. Available at: www.scotland.gov.uk/Publications/2007/02/19152501/1. Accessed on 18 April 2011.

²³⁷ Department of Justice and Equality, Ireland, ‘Ahern Launches Test Purchasing Alcohol Scheme’, September 2010. Available at: www.inis.gov.ie/en/JELR/Pages/Ahern%20launches%20Test%20Purchasing%20Alcohol%20Scheme. Accessed on 18 April 2011.

²³⁸ Asda, ‘Leading The Way in Preventing Sales to Under-Age Drinkers’, nd. Available at: <http://your.asda.com/alcohol-test-purchase-results>. Accessed on 18 April 2011.

*Woolworths ... It essentially means that employees must ask for identification from anyone who looks 25 or younger. This is supported by prominent in-store signage and point-of-sale material. We have also initiated the Don't Buy It For Them campaign. It is designed to inform our customers about the danger of secondary supply of alcohol to minors.*²³⁹

(d) Shire of Katanning program

The Committee received evidence from the Shire of Katanning which supports the need for the insertion of a 'test purchasing' clause in the *Liquor Control Act 1988*. A pseudo underage liquor survey was conducted in Katanning and eight towns in the Great Southern region in July 2009 and February 2010 part of the 24-month Katanning Alcohol Action Program (KAAP).²⁴⁰ The survey involved the test-purchasing of alcohol from outlets in the Shire using youth who were over 18 but looked 16 years old.²⁴¹

In the survey in 2010 six venues were visited by four youths from Albany and of the 16 attempts at purchasing alcohol, ID was requested on 13 occasions. In the 2009 survey, alcohol was bought from five outlets on a total of 17 occasions without the youth being asked for identification to ascertain if they were over 18 years old.²⁴²

(e) Conclusion

The *Liquor Control Act 1988* would need to be amended to:

- allow a juvenile to undertake a controlled operation;
- ensure the Director of Liquor Licensing is satisfied that all reasonable steps have been taken to ensure the safety, health and welfare of the juvenile during the operation;
- provide details of how compliance surveys should be carried out; and
- provide protection from liability for the person involved in a controlled purchasing operation.

²³⁹ Mr Shane Tremble, Licensing and Acquisitions Manager, Woolworths Liquor Group, *Transcript of Evidence*, 9 June 2010, p2.

²⁴⁰ Katanning Alcohol Action Program, *Final Report*, Shire of Katanning, Katanning, 2011, p1.

²⁴¹ Mr Carl Beck, Deputy Chief Executive Officer and Manager of Community Services, Shire of Katanning, *Transcript of Evidence*, 21 September 2009, p14.

²⁴² Mr Carl Beck, Manager of Community Services, Shire of Katanning, Electronic Mail, 10 June 2011, p1.

Finding 11

The conduct of ‘controlled purchasing operations’ (or test purchasing) by the Police would be a useful way of identifying the minority of licensed premises which are breaching the *Liquor Control Act 1988* by selling alcohol to minors.

Recommendation 13

The Minister for Racing and Gaming table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* to allow the Police to conduct ‘controlled purchasing operations’ to assist in the identification and prosecution of licensees suspected of breaching the Act by selling alcohol to minors.

2.8 Financing increased enforcement staff

Western Australia is one of the few Australian jurisdictions to operate by relying on the Police to enforce the liquor control and licensing Act. Victoria, Queensland, New South Wales and South Australia have their own liquor enforcement officers “and they have quite a large inspectorate component of their activities”.²⁴³

(a) New Victorian inspection structure

The number of liquor licences was deregulated in Victoria after the Nieuwenhuysen Report in 1986 argued that alcohol controls were ineffectual and discriminated against the majority of people who consumed alcohol in a harm-free fashion. Subsequently the number of licensed premises doubled in Victoria between 1991 and 2006.

Victoria now has the highest per capita rate of licensed premises in Australia. As a consequence, the rate of increase in the alcohol-attributable hospitalisations in Melbourne was twice the national average between 1999 -2004.²⁴⁴

After amendments in 2007 to its *Liquor Control Reform Act*, the Victorian government established a full regulatory service. It spent about \$17 million to re-establish this role.²⁴⁵ The Committee was

²⁴³ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, p3.

²⁴⁴ Dr T. Chikritzhs, ‘Australia’, in P. Hadfield, (ed.), *Nightlife and Crime*, Oxford University Press, Oxford, 2009, p311.

²⁴⁵ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p7.

told that the Victorian Director of Liquor Licensing is supported by Responsible Alcohol Victoria (RAV). RAV has developed a civilian compliance directorate of 28 inspectors located throughout eight regions— three metropolitan and five regional.

Each region is headed by an Inspector of police. The Victorian Act establishes those Inspectors as liquor licensing inspectors and they have all the necessary powers to enforce the Act. The RAV compliance directorate has all but two powers— the power to arrest and the power to issue banning notices.²⁴⁶

During the 2009–10 year, Victoria introduced a fee-based structure that is intended to produce a cost recovery of around \$35 million per year to Police and to RAV. The RAV compliance directorate undertook over 26,500 inspections in 2009-10 and found approximately 15,200 breaches. These were for issues such as overcrowding, failure to comply with responsible service of alcohol training requirements, inoperable security cameras and serving liquor outside the authorised area. There were 22 licensed premises which have had no-glass conditions put on them, including festivals such as The Big Day Out and majority of areas within the Melbourne Cricket Ground for both football and cricket.²⁴⁷

Victoria has also established a Liquor Control Advisory Council under the Act. It is a policy advisory board that gives advice to the Minister. Its members include the general manager of liquor at Coles, the CEO of VicHealth, the CEO of Australian Drug Foundation and the CEO of Music Victoria.²⁴⁸

Finding 12

A Liquor Control Advisory Council has been established in Victoria to provide policy advice to the Government to assist in reducing alcohol-related harm.

Recommendation 14

The Minister for Racing and Gaming and the Minister for Health table in Parliament by December 2011 draft amendments to the *Liquor Control Act 1988* that would establish a Liquor Control Advisory Council. The Council shall provide an annual report to Parliament on legislative changes to improve the monitoring, effectiveness and compliance with the *Liquor Control Act 1988* and any other Acts to help decrease alcohol-related harm in Western Australia.

²⁴⁶ Mr Brendan Facey, Director, Responsible Alcohol Victoria, *Briefing*, 13 October 2010, pp1-2.

²⁴⁷ *Ibid*, p4.

²⁴⁸ *Ibid*, p7.

Recommendation 15

The new Liquor Control Advisory Council should be chaired by a Ministerial nominee. It should include representatives from the Departments of Health, Mental Health, and Racing, Gaming and Liquor; and representatives from the Police, National Drug Research Institute, the McCusker Centre for Action on Alcohol and Youth, Healthway, the Health Consumers' Council, the Australian Medical Association, the College of Nursing (WA) and a Professor of Public Health.

The funds to pay for the compliance directorate of the Responsible Alcohol Victoria (RAV) and for the reimbursement of the Police are raised by a fee placed on licensed premises. The fee structure has a range of variables that are intended to deal with risk issues identified by RAV. The standard fee for a hotel in 2010-11 was \$1,590. An additional risk fee of \$4,500 is applied for premises that trade late into the night. A venue with a significant patron capacity can also have this fee increased by the use of a venue capacity multiplier. In addition to this fee, a venue that has had infringement notices or been successfully prosecuted for selling alcohol to minors or an intoxicated person can also have their fees increased.

The Committee was given an example of a late night venue with a bad compliance history that might pay an annual fee of \$27-28,000, whereas the standard base fee for the majority of licensees that trade during the day or restaurants and cafes will be either \$400 or \$800 (see Appendix Thirteen for the 2011 Victorian fee structure and Appendix Fourteen for the 2011 Queensland fee structure).²⁴⁹

(b) A 'social responsibility' levy on the liquor industry

In Scotland a 'social responsibility' fee has been applied to some alcohol retailers to help off-set the costs of dealing with the adverse effects of alcohol. This tax "aims to ensure retailers and licensed premises, such as night clubs, contribute to the wider cost of their activities to the community."²⁵⁰ The principle of the social responsibility fee is that those who profit from the sale of alcohol "should contribute to the cost of alcohol-related behaviour and disturbances, such as additional policing and cleaning up."²⁵¹ The Scottish legislation gives fee discounts to licence holders who meet best-practice criteria.²⁵²

²⁴⁹ Ibid, p9.

²⁵⁰ STV, 'New Alcohol Legislation Approved', 10 November 2010. Available at: <http://news.stv.tv/scotland/208199-new-alcohol-legislation-approved/>. Accessed on 15 March 2011.

²⁵¹ Licensed Property Sales, 'Alcohol Licensing in Scotland – the Health of the Nation', 7 December 2010. Available at: www.licensedpropertysales.com/alcohol-licensing-in-scotland-%e2%80%93-the-health-of-the-nation/. Accessed on 15 March 2011.

²⁵² Factiva, 'Scotland Bans Multibuy Deals', nd. Available at: <http://golbal.factiva.com/aa/default.aspx?pp=Print&hc=Publication>. Accessed on 15 March 2011.

A fee of a similar type can be collected in England and Wales through ‘alcohol disorder zones’. In Section 16 of the United Kingdom’s *Violent Crime Reduction Act 2006*, local authorities with the consent of the Police can designate areas as alcohol disorder zones if there are problems with alcohol related nuisance, crime and disorder. In 2010, the UK Home Office Secretary outlined a range of measures to address alcohol related problems and suggested “charging a fee for late-night licences to pay for the cost of extra policing and scrapping ineffective, bureaucratic and unpopular alcohol disorder zones.”²⁵³

The Home Secretary further said:

*The benefits promised by the 24 hour drinking 'cafe culture' have failed to materialise and in its place we have seen an increase in the number of alcohol-related incidents and drink-fuelled crime and disorder. We know that the majority of pubs and bars are well run business but the government believes that the system needs to be rebalanced in favour of the local communities they serve with tougher action taken to crack down on the small number of premises who cause problems.*²⁵⁴

In Western Australia licence fees do not even cover the application costs. The Department of Racing, Gaming and Liquor informed the Committee that it had received revenue of \$4.25 million from licence fees in 2009-10 yet their costs to process license applications were approximately \$6.2 million. In addition, an inspection of a licensed outlet by a DRGL inspector costs on average \$450.²⁵⁵ This evidence reinforces the need for higher licence fees.

Finding 13

The current liquor licence fees do not cover the basic administrative costs of the Department of Racing, Gaming and Liquor to process liquor licence applications.

Finding 14

The Western Australian Police and the Department of Racing, Gaming and Liquor currently do not have the number of staff or sufficient power to effectively enforce key provisions of the *Liquor Control Act 1988*, including whether alcohol is being served responsibly on licensed premises.

²⁵³ Hon Ms Theresa May, Home Secretary, ‘Overhauling the Licensing Act’, 28 July 2010. Available at: www.homeoffice.gov.uk/meida-centre/press-releases/licensing-act-overhaul. Accessed on 29 July 2010.

²⁵⁴ Ibid.

²⁵⁵ Mr Terry Ng, Chief Finance Officer, Department of Racing, Gaming and Liquor, Electronic Mail, 16 June 2011, p1.

Recommendation 16

By June 2012, the Minister for Racing and Gaming and the Minister for Police increase the number of staff available to effectively enforce key provisions of the *Liquor Control Act 1988*, including whether alcohol is being served responsibly on licensed premises.

Recommendation 17

The revenue for licensing administration and inspection tasks should be obtained by increasing fees for licensed premises based on different risk factors, similar to those used in Queensland and Victoria.

2.9 Increasing the legal age for drinking

There are three practical ways the State Government could attempt to change the current culture of youth drinking by amending legislation:

- increase the legal drinking age;
- introduce restrictions on the secondary supply of alcohol to minors; and
- introduce restrictions on the purchase of alcohol from takeaway venues until a youth is 20 years old.

The first of these initiatives is considered here and the last two are addressed later in this chapter.

The majority of countries have a drinking age of 18 years, although Japan has one of 20 years and in most states of the United States it is 21 years.²⁵⁶ In 1984 President Reagan used the threat of states losing 10% of their federal road funds, contained in the *National Minimum Drinking Age Act 1984*, to encourage them to legislate the age of 21 years as a minimum age for purchasing and publicly possessing alcoholic beverages.²⁵⁷

²⁵⁶ Professor David Hanson, 'Minimum Legal Drinking Ages Around the World', 2011, Alcohol Problems and Solutions website, State University of New York. Available at: www2.potsdam.edu/hanson/dj/LegalDrinkingAge.html. Accessed on 13 April 2011.

²⁵⁷ 'National Minimum Drinking Age Act', 11 May 2011. Available at: http://en.wikipedia.org/wiki/National_Minimum_Drinking_Age_Act. Accessed on 13 April 2011.

In Australia the current legal drinking age of 18 years is a uniform one across all jurisdictions. A number of witnesses gave evidence that there would be benefits of raising the drinking age to 21 years of age, particularly in light of the new health evidence outlined in Chapter One relating to alcohol's impact on brain development. Evidence was also presented to the Committee linking childhood and young adulthood drinking patterns to higher rates of alcohol dependency later in life.

The New Zealand Law Commission (NZLC) found that “reducing the minimum age for purchasing alcohol from 20 to 18 years in 1999 contributed to increased alcohol-related harm to young people in New Zealand.” The NZLC’s final report recommended that the New Zealand legal drinking age be returned to 20 years.²⁵⁸

A 2007 survey showed that 47% of Western Australians older than 14 years supported increasing the drinking age. International studies show that raising the drinking age has “the strongest empirical support, with dozens of studies finding substantial [positive] impacts on traffic and other casualties.”²⁵⁹

The Clinical Senate of Western Australia is the peak clinical body in the Department of Health. It is made up of 75 clinicians from all disciplines, and has consumer representatives. Twenty five per cent of its membership is from regional areas. They report their recommendations on health issues to the Minister of Health. Their submission to the Committee included their recent *Position Statement on Alcohol* which supports, and in some instances goes further than, some of the recommendations in this Committee’s Report. In particular, the Clinical Senate supports:

- an increase in the price of alcohol whether through an increase of the absolute price and /or the introduction of volumetric taxation, and/or a uniform floor price;
- strategies to decrease the availability of alcohol, including restricting outlet density and trading hours;
- stronger restrictions on alcohol marketing, sponsorship and advertising; and
- an increase in the drinking age.²⁶⁰

²⁵⁸ Law Commission New Zealand, ‘Alcohol in Our Lives: Curbing the Harm (Law Commission Report No. 114’, April 2010, Wellington, New Zealand. Available at: www.lawcom.govt.nz/sites/default/files/publications/2010/04/Publication_154_464_Part_2_Intro.pdf, p10. Accessed on 13 April 2011.

²⁵⁹ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p146.

²⁶⁰ Submission No. 77 from Clinical Senate of Western Australia, 13 May 2011, pp6-7.

Recommendation 18

The Minister for Mental Health prepare a discussion paper by December 2012 on the social and economic costs of alcohol on the State's youth. The Minister to seek community input on the question of whether Western Australia should raise over a three-year period the legal drinking age for purchasing and consuming alcohol to 20 or 21 years.

2.10 Restrictions on the secondary supply of alcohol to minors

Several Australian States have introduced legislation to prevent anyone other than a child's parents from obtaining and supplying liquor to a minor. The secondary supply of alcohol to minors is an issue on which some Committee members were lobbied when there were reports in the media on adolescents drinking in an irresponsible manner.

Legislation to restrict the secondary supply of alcohol to minors is consistent with the 2009 NHMRC guidelines which stipulate:

- Children under 15 years – are at the greatest risk of harm from drinking and not drinking alcohol is especially important.
- Young people aged 15 to 17 years –the safest option is to delay the initiation of drinking for as long as possible.

There is currently legislation prohibiting the secondary supply of alcohol to minors in New South Wales, Tasmania and Queensland. The Victorian Government recently introduced similar legislation to Parliament.

New South Wales

Section 117 of the *Liquor Act 2007* prevents a person in New South Wales from obtaining or supplying liquor to a minor without the consent of a parent or guardian, even in licensed premises.²⁶¹

Queensland

Section 156A of Queensland's *Liquor Act 1992* states that "An adult must not supply liquor to a minor at a private place, unless the adult is a responsible adult for the minor." Additionally, it says

²⁶¹ AustLII, 'Liquor Act 2007', 1 June 2011. Available at: www.austlii.edu.au/au/legis/nsw/consol_act/la2007107/. Accessed on 16 June 2011.

that even if the adult is the responsible adult for a minor, they “must not supply liquor to the minor at a private place, unless the supply is consistent with the responsible supervision of the minor.”²⁶²

Tasmania

Section 26 of the Tasmanian *Police Offences Act 1935* uses similar language to the Queensland legislation– “A person must not supply liquor to a youth at a private place unless the person is a responsible adult for the youth.” The Act outlines that:

... each of the following persons is a responsible adult for a youth:

(a) a parent, step-parent or guardian of the youth;

(b) an adult who has parental rights and responsibilities for the youth;

*(c) an adult authorised to supply liquor to the youth by a parent, step-parent or guardian of the youth.*²⁶³

Victoria

The Victorian Government has recently introduced legislation (*Liquor Control Reform Amendment Bill 2011*) to assist parents who wish to restrict other people supplying alcohol to their children.²⁶⁴ Currently it is not an offence to supply alcohol to minors in a private home, even if they are not your own children. This was originally enacted to allow parents to provide a drink to their own children.²⁶⁵ The new legislation will require parents who wish to supply alcohol to someone else’s child to get the permission of that child’s parents. This will bring Victoria into line with legislation in Queensland, NSW and Tasmania.²⁶⁶

Finding 15

Under Western Australia’s current legislation, adults are able to supply alcohol to minors and juveniles without the consent of their parents.

²⁶² Parliament of Queensland, ‘Liquor Act 1992’, 1 December 2010. Available at: www.legislation.qld.gov.au/LEGISLTN/CURRENT/L/liquorA92.pdf. Accessed on 16 June 2011.

²⁶³ AustLII, ‘Police Offences Act 1935’, nd. Available at: www.austlii.edu.au/au/legis/tas/consol_act/poa1935140/s26.html. Accessed on 16 June 2011.

²⁶⁴ Parliament of Victoria, ‘Liquor Control Reform Amendment Bill 2011’, nd. Available at: www.legislation.vic.gov.au/domino/Web_Notes/LDMS/PubPDocs.nsf/ee665e366dcb6cb0ca256da400837f6b/1bcb5e4df7b94db9ca25785c00023be5!OpenDocument. Accessed on 16 June 2011.

²⁶⁵ Voice for Values, ‘Secondary Supply Laws- A Real Help to Parents’, 31 March 2011. Available at: <http://australianchristianlobby.org.au/2011/03/secondary-supply-laws-a-real-help-to-parents/>. Accessed on 13 April 2011.

²⁶⁶ Professor John Toumbourou, School of Psychology, Deakin University, *Briefing*, 30 March 2011, p5.

Recommendation 19

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* to insert a clause that a person must not supply alcohol to a minor or a juvenile unless that person has obtained the consent of their parent or legal guardian.

2.11 Restrictions on purchasing take-away liquor until 20 years of age

As discussed above, the New Zealand Law Commission report found that “reducing the minimum age for purchasing alcohol from 20 to 18 years in 1999 contributed to increased alcohol-related harm to young people in New Zealand.”²⁶⁷ Its final report recommended that the New Zealand legal drinking age be returned to 20 years. Its interim report had suggested a split age that would bar alcohol being purchased from an off-license venue until the age of 20. The policing of such a policy would be done by staff who are already trained in the responsible serving of alcohol.

On 8 November 2010, the New Zealand Government introduced an alcohol reform Bill. This Bill is currently being reviewed by the New Zealand Parliament’s Justice and Electoral Select Committee. The Bill retains the legal age of drinking as 18 years but clause nine proposes:

*the age at which people may lawfully buy alcohol on licensed premises for consumption somewhere else. It is the age of 20 years.*²⁶⁸

Finding 16

While the drinking age remains 18 years, a requirement that would bar alcohol being purchased from an off-license venue until drinkers are 20 years of age is an innovative suggestion worthy of consideration by the State Government.

²⁶⁷ Law Commission New Zealand, ‘Alcohol in Our Lives: Curbing the Harm (Law Commission Report No. 114’, April 2010. Available at: www.lawcom.govt.nz/sites/default/files/publications/2010/04/Publication_154_464_Part_2_Intro.pdf, p10. Accessed on 13 April 2011.

²⁶⁸ New Zealand Parliament, ‘Alcohol Reform Bill’, 3 March 2011. Available at: www.parliament.nz/en-NZ/PB/SC/About/Media/f/5/1/00SCJE_MediaRelease20110303_1-Alcohol-Reform-Bill.htm. Accessed on 16 June 2011.

Recommendation 20

The Minister for Racing and Gaming, as part of the preparation of a discussion paper on the social and economic costs of alcohol on the State's youth, assess the benefits of having a split age limit that would bar alcohol being purchased from an off-license venue until drinkers are 20 years of age, and report to Parliament by December 2012 on its usefulness in lowering rates of under-age drinking in Western Australia.

2.12 Reducing the impact of alcohol on road safety

Under section 64AA of Western Australia's *Road Traffic Act 1974*, a person who drives a vehicle while having a blood alcohol content of or above 0.05g of alcohol per 100ml of blood commits an offence.²⁶⁹ The State's *Towards Zero* road safety strategy calculates the average financial cost of a single death or serious injury on Western Australian roads at about \$600,000. The annual estimated cost of transport injuries to the State's health system is \$164 million.²⁷⁰ In 2009 Western Australia had 9.1 deaths per 100,000 people on its roads. This rate is 25% higher than the national average and one of the worst in the developed world, according to the Royal Automobile Club.²⁷¹

The Committee heard from various witnesses of the benefits of lowering the State's allowed maximum blood alcohol level to 0.02 and of introducing car ignition locks for drivers convicted of repeat drink-driving offences. Both of these proposals would help lower the State's road toll.

(a) Blood alcohol level

Even after taking into account the State's rapid population growth, there has been a 50% increase in the rate of alcohol-related road deaths between 2002 and 2009. In the four-year period 2002–05 there were 159 people killed in a crash involving at least one driver with an illegal blood alcohol concentration (BAC). The period 2006–09 saw that number increase to 257 people killed. This meant the rate of people killed in an alcohol-related crash increased from 20 deaths per million person-years in 2002–05 to almost 30 deaths per million person-years in 2006–09. In relation to pedestrian-related accidents that cause death, nearly two-thirds had an illegal BAC.²⁷²

²⁶⁹ AustLII, 'Road Traffic Act 1974', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/rta1974111/. Accessed on 16 June 2011.

²⁷⁰ Hon Ms Margaret Quirk, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 17 November 2010, p9012b.

²⁷¹ Mr Kent Acott, 'Four Deaths Each Week on WA's Horror Roads', *The West Australian*, 11 May 2011, p16.

²⁷² Professor D'Arcy Holman, Independent Chairperson, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p2.

While all Australian jurisdictions have agreed on a common allowed maximum BAC of 0.05, a 2010 discussion paper from the Queensland Government suggested that it be lowered to 0.02. This would bring that State into line with Norway and Sweden, which record the lowest rate of deaths on roads in the world.²⁷³ Currently most jurisdictions have such low levels, or even zero blood alcohol levels, for new drivers. International research indicates that government action on blood alcohol levels, along with random breath testing, are among the most effective actions a government can take to limit alcohol harm.²⁷⁴

Overseas research shows that drivers “with a BAC of between 0.02 and 0.05 have at least a three times greater risk of dying in a vehicle crash.”²⁷⁵ The American Medical Association has defined the blood alcohol concentration level of impairment for all people to be 0.04 grams per 100 millilitres of blood.²⁷⁶ The World Health Organisation report on drinking and driving shows that driving skills are impaired at blood alcohol levels of 0.04.²⁷⁷

The recently-released *National Road Safety Strategy 2011-2020* comments that the existing national BAC level “strike[s] the right balance between social values and public safety in relation to alcohol use.” The Strategy proposes action to “35. Review ... the application of BAC limits currently applying to certain licence categories” and the results of this review will be published in 2014.²⁷⁸

The Australian Hotels Association, in its submission to the National Road Safety Strategy, opposed any lowering of the existing BAC of 0.05 due to the impact that it would have on its industry and a suggestion that it “would increase the likelihood of the [drink-driving] laws being flouted.” Instead, the AHA supported “moves for tougher penalties for drink driving offences as a deterrent.”²⁷⁹ None of the important road safety stakeholders from Western Australia supported

²⁷³ ABC News, ‘One Too Many: Qld Considers 0.02 Drink Driving Limit’, 14 March 2010. Available at: www.abc.net.au/news/stories/2010/03/14/2845250.htm. Accessed on 13 April 2011.

²⁷⁴ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p245.

²⁷⁵ Dalgarno Institute, ‘Safety First – Time to Introduce BAC .02’, December 2010. Available at: www.dalgarnoinstitute.org.au/images/stories/resources/pdf/Safetyfirst_timetoreduce_BACto_.02.pdf, p1. Accessed on 16 June 2011.

²⁷⁶ Intoximeters, ‘Alcohol and the Human Body’, 2009-11. Available at: www.intox.com/physiology.asp. Accessed on 16 June 2011.

²⁷⁷ World Health Organisation, *Drinking and Driving: A Road Safety Manual for Decision-makers and Practitioners*, World Health Organisation, Geneva, 2007, p140.

²⁷⁸ Australian Transport Council, ‘National Road Safety Strategy 2011 - 2020’, 20 May 2011. Available at: www.atcouncil.gov.au/documents/files/NRSS_2011_2020_20May11.pdf, p88 & p92. Accessed on 2 June 2011.

²⁷⁹ Australian Hotels Association, ‘Submission in Response to: Draft National Road Safety Strategy 2011-2020’, 11 February 2011. Available at: www.infrastructure.gov.au/roads/safety/national_road_safety_strategy/files/0497_stake.pdf, p3. Accessed on 2 June 2011.

the proposal of a lowering of the BAC to 0.02, other than the Royal Automobile Club who would support such a move if it was evidence-based.²⁸⁰

One argument for not lowering the BAC further is that nearly half of the total of 416 alcohol-involved road deaths in the State between 2002-09 involved a driver's BAC of over 0.15, while only 47 involved a concentration between 0.05 and 0.08. This suggests that only a small number of road deaths might be prevented by a lower BAC. The Committee was told that with car accidents "the actual distribution of the BAC is very highly skewed towards the higher levels."²⁸¹ The Premier, Hon Colin Barnett, in 2010 rejected calls for a reduction in the BAC to 0.02.²⁸²

Finding 17

The proposal to lower the maximum blood alcohol level for drivers to a level of 0.04 grams per 100 millilitres is worth further consideration by the State Government.

Recommendation 21

The Minister for Road Safety table in Parliament by June 2012 a discussion paper on the benefits and costs of lowering the maximum blood alcohol level for drivers to 0.04 grams per 100 millilitres.

(b) Alcohol ignition interlocks (AIL)

(i) Other jurisdictions

Drink driving is a major cause of deaths and accidents on the roads in all States. Alcohol ignition locks (AIL) have been introduced in two Australian States in the past three years to assist in changing the culture of drink driving.

²⁸⁰ Office of Road Safety, 'Western Australian Feedback on National Road Safety Strategy 2011-2020', 1 February 2011. Available at: www.infrastructure.gov.au/roads/safety/national_road_safety_strategy/files/0331_stake.pdf. Accessed on 2 June 2011.

²⁸¹ Professor D'Arcy Holman, Independent Chairperson, Road Safety Council of Western Australia, *Transcript of Evidence*, 20 October 2010, p10.

²⁸² 'Barnett says 0.05 Limit to Stay', *The West Australian*, 17 March 2010, p14.

Legislation for AIL was introduced in the Northern Territory in 2008 and the Transport Minister said:

*The Northern Territory Government is committed to improving and protecting the lives of Territorians ... Alcohol ignition locks will not wipe out drink driving but they are an important tool towards changing the culture of drink driving on our roads.*²⁸³

Since the legislation was introduced repeat drink drivers have to install an AIL and will have to pass a breath test registering under 0.02 each time they start a vehicle fitted with an AIL. Offences for which an AIL is fitted are for a blood alcohol content of 0.08 or higher; for P-platers who break a three-year condition on driving with any alcohol concentration; and for those people who refuse to provide a breath or blood alcohol sample.²⁸⁴

Queensland was the second state to introduce AILs in December 2010. On introducing the legislation the Premier, Ms Anna Bligh, said:

*Alcohol ignition interlocks are being introduced to stop high-risk and repeat drink drivers before they have a chance to injure, maim or kill themselves or other road users ... This is a major reform aimed at protecting lives by keeping serious drink drivers off the road.*²⁸⁵

The Premier said the cost of the program was about \$2,000 and that offenders who refuse to have the interlock will be banned from driving for two years. AILs are mandatory in Queensland for high-risk drink drivers, including:

- first-time offenders with a blood alcohol reading more than 0.15;
- those with a second drink driving offence within five years;
- offenders charged with dangerous driving while adversely affected by alcohol; and
- drivers who fail to provide a specimen of blood or breath.²⁸⁶

(ii) Progress in Western Australia

Legislation to introduce AILs has been on the State Government's policy agenda for several years. The Road Safety Council repeat drink driver strategy recommended in 2003 the introduction of car alcohol ignition interlock devices to stop people with a high blood alcohol concentration,

²⁸³ Hon Ms Delia Lawrie, Acting Minister for Infrastructure & Transport, 'Alcohol Ignition Locks Legislation Becomes Law', 24 October 2008. Available at: www.newsroom.nt.gov.au/index.cfm?fuseaction=printRelease&ID=4645. Accessed on 16 June 2011.

²⁸⁴ Ibid.

²⁸⁵ Hon Ms Anna Bligh, Premier, 'Drink Drivers "Locked out" from Tomorrow', 5 December 2010. Available at: www.cabinet.qld.gov.au/mms/StatementDisplaySingle.aspx?id=72866. Accessed on 16 June 2011.

²⁸⁶ Ibid.

especially repeat drink-driving offenders, from driving rather than relying on the Police to catch them on the road via the random breath test program.

In the 2009-10 year, nearly half of drink drivers were repeat offenders. A study of 40 of these repeat offenders in Perth found that employment and social factors were the key reason that they continued to drive while under suspension. This research found that “allowing for interlock installation early in the driving suspension period, and allowing fines to offset [the] cost of interlock installation and monitoring, may maximise community benefit and reduce unlicensed driving.”²⁸⁷

Table 2.1 below outlines the growing number of repeat drink drivers who are convicted of drink-driving each year in Western Australia.

Table 2.1- Drink-driving convictions in Western Australia (2003-10)²⁸⁸

Drink-driving	2003-04	2005-06	2007-08	2009-10	Increase (2003-10)
Total convictions	13,408	16,301	19,857	19,936	49%
Repeat convictions	4,636	6,296	8,542	8,794	190%
Proportion of repeat convictions	35%	39%	43%	44%	

The Royal Automobile Club has said that the State’s current penalties were ‘appallingly soft’ and needed to be doubled to be brought into line with other jurisdictions. The level of the problem with repeat drink-driving was provided by the Police in 2010:

*of the 15,129 motorists charged with drink-driving in the past financial year... 3,134 had one previous charge, 1,170 had two, 417 had three, 144 had four, 60 had five, 33 had six and 21 had been charged with drink-driving at least seven times previously.*²⁸⁹

In 2008 the then-Premier, Hon Alan Carpenter, promised legislation for an interlock scheme:

Under the repeat drink-drivers legislation, repeat offenders will be required to participate in an alcohol ignition interlock scheme in order to regain their licence. Like the hoon laws,

²⁸⁷ Lenton, S., Fetherston, J. and Cercarelli, R. ‘Recidivist Drink Drivers’ Self-reported Reasons for Driving Whilst Unlicensed– A Qualitative Analysis’, 2010. *Accident Analysis and Prevention*, vol. 42, no. 2, pp637-644.

²⁸⁸ Ms Julia Knapton, A/Director, Policy Strategy & Information, Drug & Alcohol Office, Electronic Mail, 24 May 2011, p1.

²⁸⁹ Ms Gabrielle Knowles, ‘Alarm at Repeat Drink-drivers’, *The West Australian*, 31 July 2010, p5.

*these laws will also enable Police to impound or confiscate cars of repeat drink-driving offenders and those who drive without a valid licence.*²⁹⁰

The RACWA advised the Committee that the cost of the ignition interlock device was approximately \$2,000. The Office of Road Safety had advised the RAC that under the proposed scheme, offenders would instead be able to lease the devices for about \$150 a month. A six month licence suspension would cost offenders \$900 to lease an interlock device.²⁹¹

The recently-released *National Road Safety Strategy 2011-2020* comments that “alcohol interlock programs have had some success in changing the behaviour of serious offenders.” The Strategy proposes four actions on these interlock devices, including “36 d. Investigate the option of requiring demonstrated rehabilitation from alcohol-dependence before removal of interlock conditions.”²⁹²

The Police Minister promised in November 2010 the introduction of the drink-driver strategy legislation, including an interlock scheme, in the second reading of the *Road Traffic Legislation Amendment (Disqualification by Notice) Bill 2010*. The scheme is yet to be introduced.²⁹³

Finding 18

It is nearly a decade since the Road Safety Council repeat drink driver strategy recommended the introduction of car alcohol ignition interlock devices to stop people with a high blood alcohol concentration, especially repeat drink-driving offenders, from driving. This proposal has been supported by all State Governments since, but remains to be introduced.

Recommendation 22

The Minister for Police make a matter of extreme urgency the introduction of car alcohol ignition interlock devices to stop people with a high blood alcohol concentration from driving, especially repeat drink-driving offenders.

²⁹⁰ Hon Mr Alan Carpenter, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 26 February 2008, p301.

²⁹¹ Mr Matt Brown, Head of Member Advocacy, RACWA, Supplementary Information, 20 May 2010, p1.

²⁹² Australian Transport Council, ‘National Road Safety Strategy 2011 - 2020’, 20 May 2011. Available at: www.atcouncil.gov.au/documents/files/NRSS_2011_2020_20May11.pdf, p89 & p92. Accessed on 2 June 2011.

²⁹³ Hon Mr Rob Johnson, Minister for Police, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 10 November 2010, p8526.

2.13 Conclusion

The broad scope of the Committee's Inquiry means that the recommendations on proposed changes to the *Liquor Control Act 1988* in this chapter and those following are based on evidence from witnesses but are not definitive. There are likely to be other changes to the Act which the new Liquor Control Advisory Council will recommend to the State Government to help reduce alcohol-related harm in Western Australia.

The recommendations made in this chapter will have a minimal effect on people who are not drinking above the NHMRC recommended guidelines. The short and long-term health risks of alcohol consumption can be modified by the Government adopting these recommendations to reduce alcohol consumption.

CHAPTER 3 LIMITING EASE OF ACCESSIBILITY TO ALCOHOL

3.1 Powers available to the State Government

(a) Introduction

The recognition of alcohol as a powerful drug, with associated serious social and health ill-effects, dates back several hundred years. For example, the first licensing statute for Ireland (*An Act for Keepers of Ale-Houses to be bound by Recognizance*) was passed in 1634.²⁹⁴

Since the founding of the Swan River Colony the production and sale of alcohol products has been highly regulated. A powerful temperance movement began world wide in the late 1800s and Western Australians voted in three referenda in 1921, 1925 and 1950 on whether to limit the sale of alcohol. The 1925 and 1950 proposals to introduce prohibition were defeated.²⁹⁵

Earlier than these referenda, all States had some form of local option vote on whether the number of liquor licences should be increased or decreased. For example, in 1911 residents in Western Australia were asked if they agreed with three questions relating to alcohol:

- 1 Should the number of licences existing in the district be increased?
- 2 Do you vote that all new Publicans' General Licences be held by the State?
- 3 Are you in favour of State Management throughout the District?

In the 1911 vote, two-thirds of those Western Australians who voted, voted against an increase in licences, and for the State to hold the licences and manage liquor issues.²⁹⁶

This chapter provides evidence which demonstrates that reducing the ease of accessibility to alcohol is a key strategy for lowering consumption rates. Accessibility is an area where the power to implement changes lies initially with the State Government and the State's local government authorities (LGAs). It is a policy area where the evidence from many longitudinal studies (some

²⁹⁴ Commission on Liquor Licensing- Ireland, 'Second Interim Report', July 2002. Available at: <http://meas.ie/easyedit/files2/interim-july2002.pdf>, p9. Accessed on 21 April 2011.

²⁹⁵ See: Western Australian Electoral Commission, www.waec.wa.gov.au/elections/state_referendums/referendum_details/1921%20-%20Local%20Option%20Referendum/; www.waec.wa.gov.au/elections/state_referendums/referendum_results/1925%20-%20First%20Prohibition%20Referendum/ and www.waec.wa.gov.au/elections/state_referendums/referendum_results/1950%20-%20Second%20Prohibition%20Referendum/. Accessed on 12 April 2011.

²⁹⁶ Western Australian Electoral Commission, '1911 - Local Option Vote', nd. Available at: www.waec.wa.gov.au/elections/state_referendums/referendum_details/1911%20-%20Local%20Option%20Vote/. Accessed on 12 April 2011.

over a 35-year period) shows there is a strong and direct correlation between making access to alcohol easier and increases in the consumption rates of alcohol.²⁹⁷ These studies also show that where actions have been taken by governments to control access to alcohol, there are subsequent reductions in assault rates, child abuse rates, drink-driving and car accident rates, and alcohol-related fatalities.²⁹⁸

The three main ways to limit a drinker's ability to easily access alcohol are:

- (i) restricting the hours in which liquor outlets can open;
- (ii) restricting what an individual drinker can purchase by imposing limits on alcohol levels in products, or banning a person from entering a licensed venue; and
- (iii) limiting the number of liquor outlets in a particular area.

International literature consistently shows that liquor licensing regulation and legislation is extremely effective in reducing alcohol-related harm when it is part of a comprehensive strategy.²⁹⁹ The Western Australian Director of Liquor Licensing has already successfully used type (i) and (ii) restrictions in limiting harmful alcohol consumption in regions such as the Pilbara and the Kimberley. The Committee's previous interim report on the restrictions in the Kimberley clearly showed that limiting the times for purchasing alcohol, and lowering the alcohol content of take-away products has had a significant positive impact on the health and safety of communities where they have been put in place.

(b) Alcohol outlet density and availability

What has yet to be addressed in Western Australia in a systematic fashion is an approach that controls overall alcohol consumption by limiting the number of liquor outlets in a particular area. This power initially lies with local government authorities and their planning rules. This chapter mainly focuses on these 'outlet density' issues and how they might assist in lowering alcohol consumption rates.

Almost every witness who gave evidence to the Committee on outlet densities said that **placing limits on the number of retail outlets of alcohol products lowered the harm from alcohol**. Research from 130 towns in Western Australia showed that violent assaults increased as alcohol consumption increased. The levels were highest when alcohol was purchased from either a hotel or a liquor store rather than other licensed outlets. Later research showed that the addition in an

²⁹⁷ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p127.

²⁹⁸ *Ibid*, p131.

²⁹⁹ Submission No. 37- Part D from the Drug and Alcohol Office, June 2010, p59.

area of one hotel selling about 65,000 litres of full-strength beer annually resulted in an additional 10 assaults each year. Eight of these would be in private premises and two in licensed premises.³⁰⁰

Other research from Victoria showed evidence of a ‘critical threshold’ for hotel density beyond which there was a substantial increase in the risk of violence. It found that there were about 12 assaults per year when there were one to 25 outlets in an area, but as the venues increased to between 30 to 40 outlets, the number of assaults quadrupled.³⁰¹

3.2 International information

(a) Background

The availability and accessibility of alcohol varies widely in overseas countries. Total prohibition is practised in many Muslim countries while in many developing countries the availability of alcohol is largely unregulated. In North America, some Canadian provinces and some states in the United States operate retail monopolies for spirits and wines.³⁰²

Sweden was part of the ‘vodka region’ and had severe problems with very heavy drinking dating back to the eighteenth century. It now has a government-run retail monopoly that limits the number of outlets and restricts opening hours. The Committee was told that in 1965 two Swedish municipalities experimented by allowing people to buy mid-strength beer (4.5% alcohol) in supermarkets.³⁰³ In these municipalities, alcohol-related problems increased and consumption increased by 15%. In 1977 the trial was abandoned and there was a subsequent reduction in alcohol-related harms, including a 15% reduction in traffic accidents.³⁰⁴

(b) International outlet density evidence

Alcohol: No Ordinary Commodity lists many international studies showing strong evidence that an increase in alcohol outlets leads to higher levels of alcohol-related harms, especially violence.

³⁰⁰ Dr Tanya Chikritzhs, ‘Australia’, in P. Hadfield, (ed.), *Nightlife and Crime*, Oxford University Press, Oxford, 2009, p316.

³⁰¹ Ibid, p317.

³⁰² Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, pp128-129.

³⁰³ Ms Karin Nilsson Kelly, Dean of Section, Ministry of Health and Social Affairs, *Briefing*, 10 February 2011.

³⁰⁴ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p137.

For example, the findings of a US study in Austin and San Antonio show:

*a clear association between alcohol outlet density and violence, and suggest that the issues of alcohol availability and access are fundamental to the prevention of alcohol-related problems within communities.*³⁰⁵

The evidence supporting an association between outlet density and overall consumption levels is mixed. In California, the level of alcohol outlet density was positively correlated to the increased consumption of alcohol among young people. However, another study across 38 US states suggested that an increase in the number of outlets was related to an increase in alcohol sales, but found no relationship to drinking behaviour.³⁰⁶ A recent publication shows more frequent drinking is associated with higher on-premise outlet density. A passenger riding in a car with a drinking driver was another factor identified by the study that was associated with the highest off-premise alcohol outlet density.³⁰⁷

(c) Irish cap on licences

A common perception is that the Irish are heavy drinkers. Their annual per capita consumption of pure alcohol was about 13.3 litres in 2006 for drinkers 15 years and over (a reduction from 14.3 l/pc in 2001), while in Western Australia the rate was about the same.³⁰⁸ In 2004-05 the WA state average was 12.7 litres per capita, or about 3.3 standard drinks per day for every person aged 14 years and older (a 36% increase since 1991).³⁰⁹

The Committee was told that in the early Twentieth Century, at the height of the Temperance Movement and moves to prohibit the sale of alcohol, the Irish Government capped the number of liquor licences for 'public houses' in the *Licensing (Ireland) Act, 1902*. There are now fewer licences for pubs than in 1902, as the government bought many back from licensees in the 1960s. About another 1,000 licensed premises have since closed due to the impact of the ban on smoking inside hotels. But in Scotland the situation is the opposite. In 1976 there were about 11,000 licences when their liquor Act was liberalised. Now there are approximately 17,500 licences.³¹⁰

³⁰⁵ L. Zhu, D. Gorman and S. Horel, 'Alcohol Outlet Density and Violence: A Geospatial Analysis', *Alcohol and Alcoholism*, vol. 39, no.4, 2004, pp369-375.

³⁰⁶ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, pp132-133.

³⁰⁷ Ms Beth A. Reboussin, Eun-Young Song, Mark Wolfson, *Alcoholism: Clinical and Experimental Research*, 'The Impact of Alcohol Outlet Density on the Geographic Clustering of Underage Drinking Behaviors within Census Tracts', April 2011. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1530-0277.2011.01491.x/full>. Accessed on 21 April 2011.

³⁰⁸ The National Documentation Centre on Drug Use, 'Alcohol Consumption in Ireland', 2007. Available at: www.drugsandalcohol.ie/11435/. Accessed on 21 April 2011.

³⁰⁹ Mr Eric Dillon, Acting Executive Director, Drug and Alcohol Office, *Transcript of Evidence*, 11 May 2011, p3.

³¹⁰ Mr Paul Waterson, Chief Executive, Scottish Licensed Trade Association, *Briefing*, 2 February 2011.

In Ireland, even after the passage of the *Intoxicating Liquor Act, 2000*, any new licence meant that an existing one had to be extinguished. A Committee of Inquiry found that the restrictions on new licences has led to the development of ‘super pubs’ while some new residential areas were ‘under-pubbed’.³¹¹ In terms of planning issues, an earlier interim report of the Irish Committee described how any application for a new licence had to first receive planning permission before the application proceeded to the “Circuit Court for a new licence where the same issues of planning and whether the premises are appropriate for a licence are aired again.”³¹²

Finding 19

The outcomes of many international research projects show a clear correlation between higher alcohol outlet density and increased alcohol-related harms.

3.3 Australia’s National Competition Policy

Liquor legislation and alcohol policy in many Australian jurisdictions have undergone considerable change in the past 10 years. A study for the National Drug Research Institute (NDRI) reports “much of the change has resulted from state and territory government response to National Competition Policy.”³¹³ The National Competition Policy (NCP) initiated in 1995 obliged jurisdictions to review existing laws on trade which might reduce competition. In relation to the sale of alcohol, the National Competition Council (NCC) took issue with a number of state regulations which potentially constrained retail competition by limiting the number of licensees, or restricted how and when retail liquor trade was conducted.

The NDRI report said:

*The NCP does not preclude alcohol restrictions per se but requires that the approach taken be objectively demonstrated as efficacious, ‘properly directed at harm reduction’ and ultimately serving the ‘public interest’.*³¹⁴

³¹¹ Commission on Liquor Licensing- Ireland, ‘Final Report’, April 2003. Available at: <http://meas.ie/easyedit/files2/final-report-april2003.pdf>, p5. Accessed on 21 April 2011.

³¹² Commission on Liquor Licensing- Ireland, ‘Second Interim Report’, July 2002. Available at: <http://meas.ie/easyedit/files2/interim-july2002.pdf>, p12. Accessed on 21 April 2011.

³¹³ National Drug Research Institute, Curtin University, ‘Predicting Alcohol-related Harms from Licensed Outlet Density: A Feasibility Study’, 2007. Available at: www.ndlrf.gov.au/pub/Monograph_28.pdf, p1. Accessed on 21 April 2011.

³¹⁴ Ibid.

The guiding principle for the National Competition Policy was to:

*not restrict competition unless it can be demonstrated that: the benefits of the restriction to the community as a whole outweigh the costs; and the objectives of the legislation can only be achieved by restricting competition.*³¹⁵

In hindsight the Committee believes it was a mistake by the then-Keating Government to include alcohol, which is a drug, under the NCP. Not all states changed their legislation to be consistent with the NCP. Victoria moved relatively quickly to comply with the NCC instruction to remove a cap on the number of licences that could be held by a single person or entity. The New South Wales Government eventually complied with the NCP, although it was slow to do so and was 'fined' for non-compliance in 2003-04 by having its NCP payments reduced.

Queensland continues to withstand pressure from the National Competition Council to remove restrictions on liquor store ownership, and the locations where they can be established.³¹⁶

A Victorian parliamentary committee recommended in 2010 that the Council of Australian Governments should be involved in controlling the growth of retail liquor outlets and create national guidelines on alcohol outlet density.³¹⁷

The National Drug Research Institute followed its examination of the National Competition Policy with an overview of research on outlet density. An important finding was:

*The most efficacious measure of alcohol 'outlet density' is in fact not a measure of density per se, but a powerful and pointed indicator of the magnitude of alcohol consumption directly linked to specific licence types.*³¹⁸

In other words, **any outlet density planning regulation should be based on the alcohol consumption or sales per capita figures for that area from different types of outlets**, and not just the number of outlets. This is because different outlets, such as a bottle shop versus a hotel, create very different consumption patterns and different harm outcomes, such as patterns of violence. Australian research has shown that the density of hotels was problematic in inner city precincts while liquor stores were more highly associated with violence in suburban areas.³¹⁹

³¹⁵ Australian Government, 'Commonwealth Legislation Review Annual Report 1996-97', April 1999. Available at: www.treasury.gov.au/contentitem.asp?NavId=020&ContentID=179. Accessed on 7 June 2011.

³¹⁶ Ibid.

³¹⁷ Mr Nick Lenaghan, 'Vic Call to Curb Alcohol Outlets', *Australian Financial Review*, 3 September 2010, p11.

³¹⁸ National Drug Research Institute, Curtin University, 'Predicting Alcohol-related Harms from Licensed Outlet Density: A Feasibility Study', 2007. Available at: www.ndlrf.gov.au/pub/Monograph_28.pdf, p83. Accessed on 21 April 2011.

³¹⁹ Dr T. Chikritzhs, 'Australia', in P. Hadfield, (ed.), *Nightlife and Crime*, Oxford University Press, Oxford, 2009, p317.

The current planning processes in Western Australia conform to NDRI's finding that "liquor licensing decisions relating to outlet density have been typically made on an ad hoc basis."³²⁰ A model based on the volume of alcoholic beverage purchases would be intrinsically sensitive to individual differences between outlets, but also has the potential to include external factors such as economic activity. Western Australia is in a good position to develop such regulations as the NDRI report found that it had the most complete collection of alcohol sales data of any Australian jurisdiction.³²¹

3.4 The Effect of the NCP in Western Australia

Western Australia followed the recommendations of the Fremantle Review Committee in 2005 and amended its Act to require a public interest test on new licences (as well as other changes such as to allow Sunday trading for liquor stores). The Director of Liquor Licensing told the Committee of the impact of these changes driven by the NCP:

*The [old] needs test was that you had to justify, to get a licence, that it was catering for the requirements of consumers for liquor—or the reasonable requirements for liquor, which were the exact words. That became what was generally known as a barrier to entry to some extent, ... so that was taken out. In taking that out, one had to recognise that there would still be genuine cases where there was a demand for liquor and related services. Whilst we took out that section 38, which was the old needs test, we put back into the objects to say there was a balancing act required here. Not only do we have to regulate the sale and supply of liquor, but we have to regulate it subject to, one, minimising harm, and, two, catering for the requirements of people for liquor.*³²²

(a) Recent changes to the Liquor Control Act 1988

Despite the Royal Commissions and parliamentary reports on the serious issues arising from the sale and consumption of alcohol, over the past two decades liquor legislation in all Australian jurisdictions has been relaxed. A minister in the then-Carpenter Government told Parliament "when I was Minister for Small Business, the *Liquor Control Act* and the *Liquor Licensing Act* were frequently cited as examples of onerous red tape."³²³

The *Liquor and Gaming Legislation Amendment Act 2006* was enacted in part to help create a 'European' approach to alcohol with small bars "to provide greater flexibility to meet the needs of consumers and tourists while promoting the consumption of liquor in low-risk drinking

³²⁰ National Drug Research Institute, Curtin University, 'Predicting Alcohol-related Harms from Licensed Outlet Density: A Feasibility Study', 2007. Available at: www.ndlerf.gov.au/pub/Monograph_28.pdf, p82. Accessed on 21 April 2011.

³²¹ Ibid, pp82-83.

³²² Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p3.

³²³ Hon Ms Margaret Quirk, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 22 September 2010, p7138.

environments”.³²⁴ It was also aimed at improving the State’s economy. The then-Minister told Parliament:

*These reforms will transform Western Australia’s hospitality and tourism industries. They will make a huge difference to and improve our quality of life. That is what it is about. ... In the overall scheme of things, this bill is an easy way to achieve change. If we can make a change that improves the State and makes it more competitive, attractive and that improves our economic performance, we should make that change...*³²⁵

Parliament was told that the reforms would end the perception of Perth being seen as ‘Dullsville’:

*On the day of the Minister’s second reading speech some people gathered outside Parliament and held a parade to say goodbye to Dullsville. I wondered why it was that those people thought they needed more alcohol to be available for Perth to lose the tag of ‘Dullsville’. I thought that they had got the wrong end of the stick. They seemed to be missing the point that alcohol is known to be a dangerous substance. We must protect the community, which is the whole idea of liquor licensing.*³²⁶

The overall impact of this Act was to increase access to alcohol and lower hotels’ operating costs:

- hotels are no longer required to provide meals, lowering their costs by not having to necessarily maintain a kitchen or employ a chef;
- hotels are no longer required to keep their bars open to be able to trade from their bottle shop;
- metropolitan liquor stores are now allowed to trade on Sundays between 10.00 am and 10.00 pm (the same hours as hotels) while country stores continued to not be able to trade on Sundays, but extended trading permits can be granted so they can trade on a Sunday in certain circumstances;
- hotels can seek a five-year extended trading permit instead of the previous standard one or two-year permit, “which will save paperwork”;
- a Liquor Commission was established to provide “a simpler and less legalistic approach” to licensing decisions;
- three or more unrelated complainants are now needed to make a complaint against a hotel; and

³²⁴ Mr Mark McGowan, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 20 September 2006, p6341.

³²⁵ Mr Mark McGowan, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 25 October 2006, p7693.

³²⁶ Mr Tony Simpson, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 25 October 2006, p7684.

- hotel bottle shops maintained their advantage over stand-alone bottle shops because they have an extra 24 hours of trade available to them throughout the week.³²⁷

Current assessment of outlet density by the Department of Racing, Gaming and Liquor

When asked about the assessment of outlet density by his Department, the Director of Liquor Licensing said that outlet density issues were in some ways already considered by the Department of Racing, Gaming and Liquor (DRGL) when evaluating an application for a new licence. They did this when weighing and balancing the Act's opposing requirements for considering the potential for harm versus catering for industry requirements.

The Director gave as an example of DRGL considering outlet density issues a recent application for a new liquor store in Northbridge. The application was refused as DRGL found there were another 14 outlets in Northbridge that could provide packaged liquor. This decision was criticised by the Town of Vincent and an editorial in *The West Australian* said it smacks "of an over-zealous nanny State mentality."³²⁸ The Director said that at the moment "there is no categorical decision to be made in relation to the sheer number of licences" and **the Act would need to be amended if his staff were to directly decide decisions based on the number of outlets in an area.**³²⁹

Research has highlighted that it is not just the number of outlets in an area that should be used to predict the increasing level of assaults in an area, but also the amount of alcohol consumed. Adding 65,000 litres of wholesale beer purchases (which is the equivalent of adding a single hotel) will result in an additional 8.4 assaults per year for a local government authority.³³⁰

The Director suggested caution about the codification of outlet density limits in the Act:

*When you say outlet density, are you talking about each type of licence? Do you want an outlet density across the State or within a two kilometre radius? The outlet density issue at Northbridge would be different to what it could be in the developing areas north and south, which would be totally different to what it is up in Broome, which would be totally different to Halls Creek and Fitzroy Crossing. So when I say [amendments to the Act] would need to be carefully drafted...*³³¹

³²⁷ Mr Mark McGowan, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 25 October 2006, p7693.

³²⁸ Editorial, 'Liquor Decision a Backward Step for City Living', *The West Australian*, 6 August 2010, p20.

³²⁹ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p5.

³³⁰ Mr Roger Nicholas, 'Understanding and Responding to Alcohol-related Social Harms in Australia. Options for Policing', March 2008. Available at: www.ndlerf.gov.au/pub/Alcohol%20Paper%20-%209%20May%202008.pdf, p23. Accessed on 10 June 2011.

³³¹ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p6.

The Chair of the Liquor Commission confirmed that some impacts of outlet density are already factored into its decisions too:

*We use a number of criteria to assess licences. One of them, which we did recently, was all about that—how many patrons, in what areas, were patrons seated or standing, were they on a balcony et cetera. It was quite an exercise. ... It was a groundbreaking and precedent-setting decision. A lot of the account in that was the number of patrons relative to the area and relative to the social geography of the area ... Yes, in the issuing of licences the relevance factor is taken into account. It is not legislated.*³³²

The issue of application criteria such as ‘vertical standing bars’ was considered in the previous chapter.

Any capping of licences, or a moratorium on number of outlets, in an area would need to be carefully managed, as the Director of Liquor Licensing told the Committee that “all that moratoriums do is make all the existing business owners very happy, because their businesses increase in value.”³³³

Table 3.1 gives data on the total number of different alcohol outlets in the State, as at May 2011. The major additional licenses since the new legislation was given Royal assent in December 2006 are: small bars (47); liquor stores (42); taverns (28) and special facilities (18).

Table 3.1- Number of liquor licences in Western Australia, by type (2006-07 to May 2011)³³⁴

Type	2006-07	2008-09	May 2011	Change since 2006-07
Hotel	293	288	275	-18
Hotel (restricted)	41	44	49	+8
Tavern	325	347	353	+28
Liquor Store	477	506	519	+42
Club	419	423	422	+3
Club (restricted)	524	534	533	+9

³³² Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p5.

³³³ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p6.

³³⁴ Department of Racing, Gaming and Liquor, ‘2009-10 Annual Report’, 17 September 2010. Available at: www.rgl.wa.gov.au/ResourceFiles/Publications/Reports/2010/DRGL.pdf, pp24-25. Accessed on 28 April 2011 and Ms Melanie Vote, A/Policy Officer, Department of Racing, Gaming and Liquor, Electronic Mail, 9 May 2011, p1.

Restaurant	735	734	738	+3
Nightclub	50	47	43	-7
Casino	1	1	1	0
Small bar	0	30	47	+47
Wholesaler	181	179	176	-5
Producer	571	579	553	-18
Special facility	522	529	540	+18
TOTAL	4,139	4,241	4,249	+110

Appendix Twelve shows the number of new licences in each category granted each year over the decade from 1999. There were over 1,800 new licenses granted in these 10 years with the greatest increases in 2002-03 (201); in 2008-09 (203); and in 2009-10 (206).

As these license numbers were increasing, Western Australia's consumption of wine, beer and spirits increased from 10.76 litres per capita in 2006-07 to 12.45 litres per capita in 2007-08.

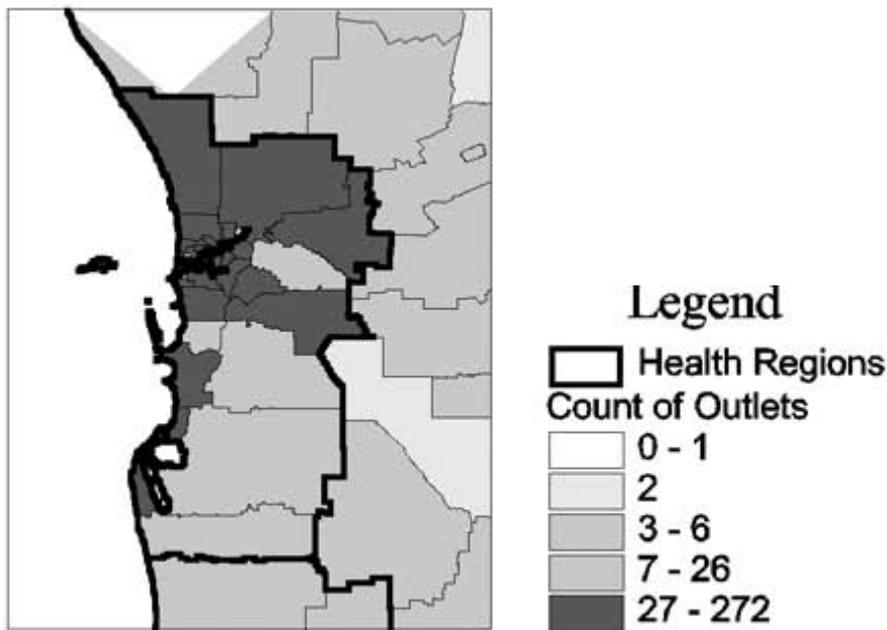
(b) Western Australian outlet density data for 2000-01

National Drug Research Institute data in Table 3.2 shows the density of the number of licences in each category in selected local government authorities (LGAs) in Western Australia. This data is followed by Figure 3.1 and 3.2 that show alcohol outlet data for the Perth Metropolitan region, firstly by the number per LGA and then by the density per a common unit of land area. The maps with this data for the whole State are in Appendix Eleven.

Table 3.2- Count of alcohol outlets, selected Western Australian Local Government Authorities (2000-01)³³⁵

Outlet	Maximum outlets per Local Government Authority	Average outlets per Local Government Authority
Hotels/taverns	40	4
Liquor stores	32	3
Club licences	25	3
Restaurants	117	4
Nightclubs	22	1
Other (canteens, wine distributors)	71	3
TOTAL Number Of Outlets	272	18

Figure 3.1- Distribution of total licensed outlets, Perth Local Government Areas (2000-01)³³⁶



³³⁵ National Drug Research Institute, Curtin University, 'Predicting Alcohol-related Harms from Licensed Outlet Density: A Feasibility Study', 2007. Available at: www.ndlrf.gov.au/pub/Monograph_28.pdf, p27. Accessed on 21 April 2011.

³³⁶ Ibid, p28.

Figure 3.2- Distribution of total licensed outlets per unit land area, Perth LGAs (2000-01)³³⁷

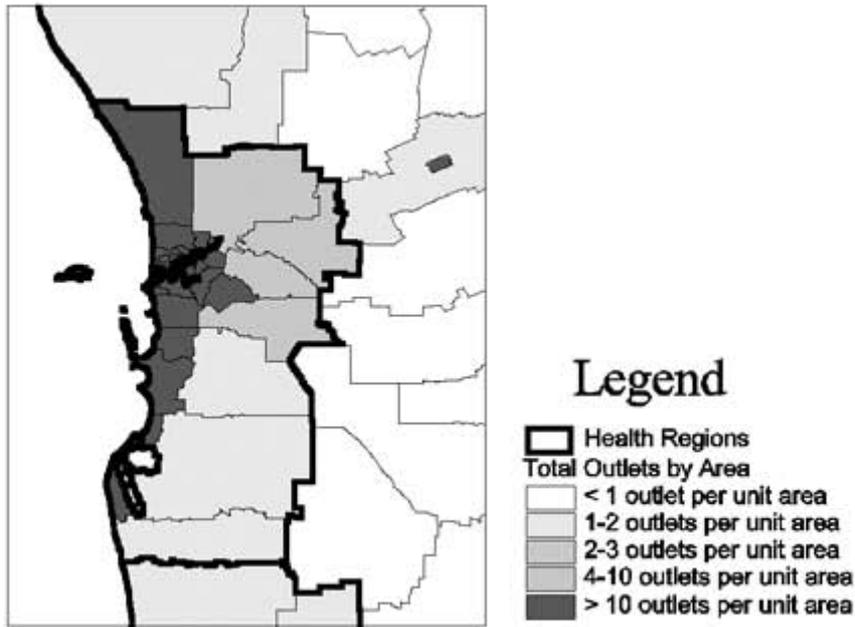
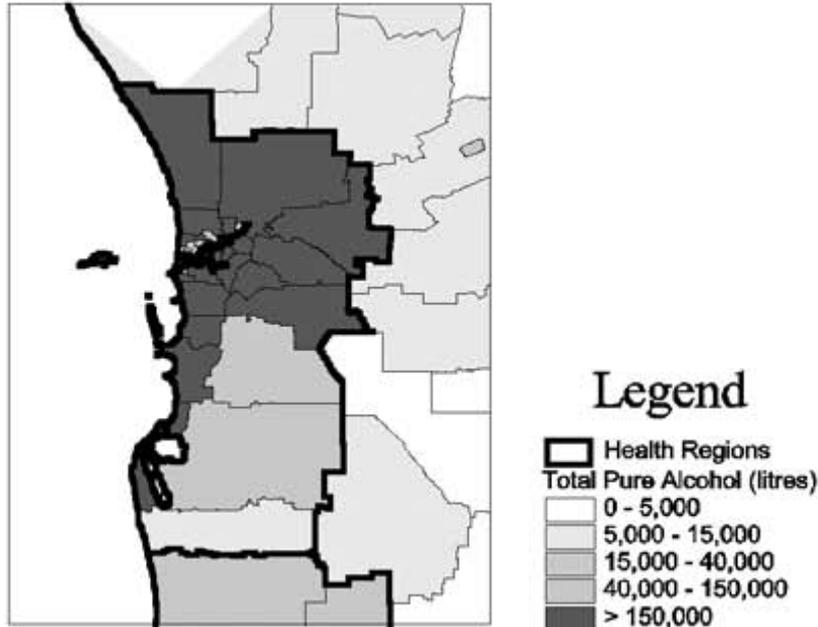


Figure 3.3- Distribution of pure alcohol beverage purchases, Perth LGAs (2000-01)³³⁸



The NDRI research found outlet density had a positive association with all the harm indicators they measured, but the strength of the associations was highly variable. Higher alcohol outlet

³³⁷ Ibid, p30.

³³⁸ Ibid, p40.

density was strongly associated with higher levels of assaults, drink-driver road crashes and random breath testing (RBT) offences. The strongest association was between levels of regular-strength beer purchases and the number of assaults. Counts of outlets and outlets per land area show only a moderate or weak association with alcohol-attributable hospitalisations and deaths. However, regular-strength beer purchases are strongly associated with these harm indicators, as shown in Table 3.3 below (stronger correlations are closer to 1.0 and the weaker correlations are closer to 0.0).

Table 3.3- Associations between harm indicators and outlet density measures³³⁹

Harm Indicator	Number of outlets	Number of outlets per unit land area	Purchases of regular-strength beer
Assaults	0.72	0.91	0.94
Road crashes	0.80	0.94	0.92
Random Breath Tests	0.85	0.89	0.90
Alcohol-attributable hospitalisations	0.39	0.41	0.83
Alcohol-attributable deaths	0.32	0.20	0.82

Finding 20

Local government planning policies could be a key process for limiting the number and type of new liquor outlets in a region.

Recommendation 23

The Minister for Racing and Gaming and the Minister for Planning table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* which consider the public health impact of any further increase in liquor outlets, and include a codification system for future outlet density requirements for the planning policies of the State's local government authorities.

³³⁹

Ibid, p52.

(c) Controversy over outlet density in Perth

The issue of outlet density in Western Australia is a controversial one, as shown by the recent debate between the Police Commissioner and the Lord Mayor of the City of Perth over whether the number of licensed outlets in Northbridge entertainment precinct should be capped or increased.³⁴⁰ The Police Commissioner is of the firm view that the current nearly 90 outlets within a square kilometre area of the entertainment precinct are enough for patrons to purchase the alcohol they require, while the Lord Mayor supports further outlets.

The Police Commissioner said the City of Perth refused to acknowledge the problem ‘because of the business owners’, while Lord Mayor Scaffidi was reported as saying that licensed premises were acting responsibly and “all the lighting and all the pretty pot plants in the world are not going to stop people binge drinking”.³⁴¹ The CEO of the City of Perth supported the Mayor’s position and told the Committee to not forget “the fact that significant investment has been made by the people within the night-time entertainment industry based on sets of rules that have been made”.³⁴²

This issue is not limited to central Perth. Appendix Sixteen shows a map of Maylands with the location of a current application for a new, and very large, liquor store. Within a two kilometre radius of the proposed liquor store there are already another eight liquor stores, and a total of 15 outlets with a liquor licence. There are also several outlets just outside of the 2km boundary, and the map does not include a new small bar that has already been approved but is not yet open.³⁴³ Similarly, Parliament was recently told of a proposal for a new liquor store in the Bicton–Palmyra area where there are already seven bulk liquor stores within a one-kilometre radius of the Bicton Primary School.³⁴⁴

(d) Off-licence outlets linked to a increase in domestic violence

Research undertaken by National Drug Research Institute (NDRI) suggested “that alcohol sold by off-site outlets is associated with increased interpersonal violence occurring at residential homes and on-site outlets.” Off-site or off-licence outlets include all liquor licences other than hotels and bars or taverns (which are known as on-licence outlets).

³⁴⁰ Lavan Legal, ‘Is the Tide Turning Against the Grant of Applications? Are There Tougher Times Ahead for Applicants?’, 29 June 2010. Available at: www.lavanlegal.com.au/go/publications/is-the-tide-turning-against-the-grant-of-applications-are-there-tougher-times-ahead-for-applicants. Accessed on 21 April 2011.

³⁴¹ Ms Aja Styles, ‘City of Perth ‘ignoring’ Northbridge: Police’, 14 May 2009. Available at: www.watoday.com.au/wa-news/city-of-perth-ignoring-northbridge-police-20090514-b466.html. Accessed on 21 April 2011.

³⁴² Mr Francis Edwards, Chief Executive Officer, City of Perth, *Transcript of Evidence*, 8 June 2010, p16.

³⁴³ Ms Lisa Baker, MLA, Electronic Mail, 3 May 2011, p1.

³⁴⁴ Mr Peter Tinley, MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Estimates Committee A, 31 May 2011, pE51.

Many of the smaller liquor outlets operating in 2001 have closed as the big retailers such as Coles and Woolworths have realised the sale of alcohol has become a ‘cash cow’ and moved into this market. The NDRI research also suggested that the “average volume of alcohol sales made by on-site outlets is a less-important predictor of assault than the actual numbers of on-site outlets.”³⁴⁵

A factor that makes the focus on outlet density such a critical one is the change over the past 20 years in the location of the majority of alcohol sales. The NDRI research shows that in 2000-01 liquor stores accounted for 18% of liquor licences but sold 45% of alcohol in Western Australia.³⁴⁶

The AHA told the Committee that “the trends in terms of off-premise and on-premise consumption nationally and within WA are quite astounding”. The consumption pattern has gone from:

*about 20% being sold for consumption in the private home or for takeaway and 80% for consumption in the licensed premises, to be the exact reverse now, in which 80% is consumed away from a licensed premises and 20% is consumed in a licensed premises.*³⁴⁷

Finding 21

Over the past two decades liquor legislation in all Australian jurisdictions has been relaxed. The Western Australian liquor legislation amendments in 2006 were modelled on the Victorian legislation. Police data in Victoria show a dramatic picture that alcohol-related harm has increased since the liquor legislation changes were made and the number of licences increased.

Finding 22

Australian research has found the best measure of predicting alcohol-related harm in a region is the level of alcohol purchased for consumption from all types of outlets. Off-licence outlets are associated with increased levels of domestic violence. Research suggests that the average volume of alcohol sales made by outlets is a less important predictor of assault than the actual number of outlets.

³⁴⁵ Dr Tanya Chikritzhs and Dr Wenbin Liang, ‘Violence in the Night-Time Economy: Availability and Amenity’, Paper presented at the Kettil Bruun Society Thematic Meeting on Alcohol and Violence, Melbourne, March, 15th – 18th, 2010, p9.

³⁴⁶ Ibid.

³⁴⁷ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association (WA), *Transcript of Evidence*, 9 June 2010, p7.

3.5 Restrictions on trading hours in other jurisdictions

(a) Newcastle restrictions on trading hours

While the NCP has led to a relaxation of many regulations dealing with alcohol sales, there has been a tightening of restrictions on the sale of liquor in some remote areas with high Indigenous populations and in large cities with late-night entertainment precincts. Serious levels of alcohol-induced violence in Newcastle in NSW led the Police to initially lodge a complaint with the NSW Liquor Administration Board (LAB) against four licensed premises.

The Police complaint was made against the backdrop of considerable community dissatisfaction with high levels of alcohol-related violence in the Newcastle CBD. Subsequently, the LAB imposed significant restrictions from 21 March 2008 on 14 of the 15 licensed premises in Newcastle, including ‘lockouts’ to stop patrons moving between premises.³⁴⁸

A review of the restrictions in late 2009 using three different data sources showed a decrease in the proportion of assaults occurring between the hours of 3–6am in Newcastle, the time during which the late-trading premises were ordered to close. There were increases in the proportion of assaults recorded earlier in the night, but these did not offset the reduction occurring between 3–6am. It was estimated that the reduction in violent events was about 37%, or the equivalent of about 460 assaults over a year. However, the study was unable to say if the decrease in assaults was directly due to the reduction in trading hours, the lockout, other restrictions or simply better management practices.³⁴⁹

The Alcohol and Other Drugs Council of Australia called for similar restrictions to be introduced across the country. The Australian Hotels Association (NSW) responded that “we’re disappointed and frustrated with these draconian and nanny-state type calls.”³⁵⁰

Police in Wollongong have called for similar restrictions there. More than 15 months after an application for restrictions on the sale of late-night alcohol in Wollongong was lodged with Communities NSW, continued alcohol-fuelled violence led the Police Association of NSW to release footage from CCTV cameras around the Wollongong CBD that graphically demonstrated “the extent of the city’s problems with booze violence.” The Association said:

Time and time again we’ve been told by the politicians from both sides that alcohol-fuelled violence isn’t a problem in NSW. ... [Emergency services workers] have been criticised for speaking up, and accused of being wowsers for simply asking our politicians to take this

³⁴⁸ Mr Craig Jones *et al.*, Crime and Justice Bulletin, ‘The Impact of Restricted Alcohol Availability on Alcohol-Related Violence in Newcastle, NSW’, November 2009. Available at: [www.ipc.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb137.pdf/\\$file/cjb137.pdf](http://www.ipc.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/cjb137.pdf/$file/cjb137.pdf), p1. Accessed on 28 April 2011.

³⁴⁹ Ibid, p13 & p16.

³⁵⁰ ABC News, AM, ‘Newcastle Pub Hours Trial Recommended Nationally’, 16 September 2010. Available at: www.abc.net.au/am/content/2010/s3013185.htm?site=newcastle. Accessed on 28 April 2011.

*issue seriously. Here is the footage the politicians didn't want you to see. This is what happens at night on our streets, and this is why the community overwhelmingly wants their politicians to take action.*³⁵¹

The Association called for a three-month trial of the Newcastle measures in Wollongong, including 3am closing times, 1am lock-outs and restrictions of high-alcohol drinks.³⁵²

Finding 23

Research from other Australian jurisdictions shows that a reduction in late-night trading hours in entertainment precincts leads to a significant reduction in alcohol-related violence, and the costs associated with this violence. Agencies such as the Police have called for the restrictions to be further expanded.

(b) Other evidence

In Stockholm, Sweden, the 10-year Stockholm Prevents Alcohol and Drug Problems (STAD) project to tackle alcohol-related violence has been implemented through a partnership between local authorities and the hospitality industry. The project incorporates community mobilization (such as establishing an advisory group including licensed premises, police, health services and the local council), responsible beverage service training and enforcement activity (including formal warnings and licence withdrawals for failing to adhere to licensing legislation). An evaluation of the STAD program with a region that had no alcohol interventions found a 29% reduction in violent crime.³⁵³

Canadian research has found that the aggressive behaviour and use of excessive force by bar staff, particularly security and door staff, often escalated the violence in a licensed outlet.³⁵⁴ Similar research undertaken in Sydney found that the actions of aggressive bar staff were just one variable that led to violent incidents. Other factors identified included bringing groups of male strangers together, high drunkenness and low-comfort, and the boredom of drinkers.³⁵⁵

³⁵¹ Police Association of NSW, 'A Night Out in Wollongong', 18 February 2011. Available at: www.pansw.org.au/sites/default/files/public/PANSW_WollongongCCTV_180211.pdf. Accessed on 28 April 2011.

³⁵² Ibid.

³⁵³ World Health Organisation, 'Alcohol and Interpersonal Violence', 2005. Available at: www.who.int/violenceprevention/publications/policy_briefing_alcohol_and_interpersonal_violence.pdf, p8. Accessed on 3 June 2011.

³⁵⁴ Dr Kathryn Graham *et al.*, 'Guardians and Handlers: The Role of Bar Staff in Preventing and Managing Aggression', *Addiction*, vol. 100, no.6, 2005, pp755-766.

³⁵⁵ Professor Ross Homel *et al.*, 'Public Drinking and Violence', *Journal of Drug Issues*, Summer, 1992, p688.

The Canadian research led to the development of a ‘safer bars’ training course that is now also offered in NSW, Queensland and Victoria.³⁵⁶ The newly-elected Minister for Consumer Affairs in the Victorian Government said the Safer Bars program “formed a vital part of commitment to reducing alcohol fuelled violence” when he announced a pilot involving about 270 staff:

*The Baillieu Government has committed to banning violent drunks from licensed premises for 12 months, rewarding licensees for good behaviour and introducing a demerit point system for licensees who flout Victoria’s laws ... Consistent feedback from licensees and the industry has also shown a strong need for industry training on managing aggression in licensed premises.*³⁵⁷

Finding 24

The training of staff employed in liquor outlets to manage situations with aggressive patrons is one way of lowering the number of incidents that might escalate to violence.

Recommendation 24

The Minister for Racing and Gaming investigate and report to Parliament by December 2011 on the effectiveness of programs used in other jurisdictions, such as ‘Safer Bars’, as a way of lowering violent incidents in and around Western Australian licensed outlets.

3.6 Western Australian experience in dealing with alcohol and violence

(a) Costs to local government authorities

The Committee was told of the high costs to local government authorities of dealing with alcohol consumption in their suburbs, all of which have to be borne by local rate payers. For example, the City of Fremantle’s ‘Safer Streets in Fremantle’ project has targeting the antisocial impacts from alcohol and drug consumption. For a number of years the City experienced alcohol-related antisocial behaviour, including vandalism, harassment, assaults, drunkenness and offensive behaviour, including urinating and vomiting in public places.

³⁵⁶ Bar Guardians, ‘Safer Bars’, 2009. Available at: www.barguardians.com.au/. Accessed on 9 June 2011.

³⁵⁷ Hon Mr Michael O’Brien, Minister for Consumer Affairs, *Minister Launches Pilot to Manage Aggressive Patrons*, Media Statement, Melbourne, 2 March 2011.

The City has spent about \$800,000 on the ‘Safer Streets in Fremantle’ project. This included the installation of a network of 11 closed-circuit TV cameras (CCTV) cameras in its CBD that are monitored 24 hours a day. The monitoring room is staffed 18 hours a day from Thursday to Saturday, and 12 hours a day from Sunday to Wednesday. Additional measures include 37 additional streetlights, an Indigenous patrol, a local business security patrol and additional ranger staff and patrols.³⁵⁸ The City of Fremantle is currently considering a ‘vomit tax’ that would double the rates for its three nightclubs to pay for additional CCTV cameras and the increasing cost of cleaning the city’s streets.³⁵⁹

WALGA confirmed that the State Government provided seed funding for capital items such as CCTV cameras, “but all the ongoing costs associated with that type of infrastructure and the community security patrols et cetera are borne by the local government.”³⁶⁰ The City of Perth has raised about 99% of the cost of its CCTV network from its own rates. It has the most extensive CCTV system of any inner city area in Australia and one of the most sophisticated systems in the southern hemisphere.

The City of Perth’s CEO told the Committee:

*We now have 176 cameras located in Northbridge and the CBD. That costs us approximately \$1.2 million a year. It has been operating ... for at least 15 years now, if not 20 years, and cameras are added annually. ... It is about managing the entire CBD and enhancing that security and improving response by the Police officer who sits with the City of Perth staff who man the operations centre. It is manned 24 hours a day, 365 days of the year.*³⁶¹

The City of Perth also has a separate system of over 240 infrastructure asset protection cameras in places such as car parks. The City’s major concern about the CBD and Northbridge area was the lack of public transport between 2am and 6am. The trains and buses cease running at 2am while many venues operate until 6am, “so we take them in but we do not take them home. Therefore, there are issues around managing that group of people when they are seeking to get home.”³⁶²

The City’s CEO told the Committee that the chief reason behind the violence and other social aspects of excessive use of alcohol in the Northbridge precinct is “by young people and particularly by young women, ...It is people getting tanked up before they come in”.³⁶³

³⁵⁸ Mr Matthew Piggott, Coordinator, Environmental Health and Building Services, City of Fremantle, *Transcript of Evidence*, 8 June 2010, pp6-7.

³⁵⁹ Ms Jenny D’Anger, ‘Clubs Slugged with Spew Tax’, *Melville City Herald*, 16 April 2011, p1.

³⁶⁰ Mrs Allison Hailes, Executive Manager, Planning and Community Development, Western Australian Local Government Association, *Transcript of Evidence*, 8 June 2010, p8.

³⁶¹ Mr Francis Edwards, Chief Executive Officer, City of Perth, *Transcript of Evidence*, 8 June 2010, p11.

³⁶² *Ibid*, p12.

³⁶³ *Ibid*, p13.

The Committee also heard from the City of Fremantle:

*There seems to be a need amongst the youth and the wider community to be entertained late at night. It is just perhaps the manner in which they are entertained. If they are free to consume copious quantities of alcohol without deterrent, if the licensed venues are not subject to fines for serving intoxicated patrons, I think that is when these issues are exacerbated.*³⁶⁴

WALGA told the Committee that its members wanted to work with the State Government to address the costs of alcohol consumption, particularly the planning for, and assessment of, applications for new venues. WALGA said an issue of concern for its members was there was often confusion surrounding the roles and responsibilities for existing venues outside of the CBD or Fremantle. For instance:

*in Joondalup and some of the other areas that I have mentioned, it is not clear whether the ranger, the environmental health officer or the police et cetera is actually meant to be dealing with a particular issue, and the councils would like to understand that better.*³⁶⁵

(b) Activities by regional Police

The Committee heard in all of its regional visits of the beneficial work done by local Police to ensure that licensees followed the requirements of the Act. The Committee's interim report on the Kimberley also outlined the benefits of local liquor accords, which are managed by the Police. In Albany, the Committee heard that there were 313 licensed premises and the Police ranked them according to their risk, based on complaints they had received and information gained from drivers arrested for drink-driving.³⁶⁶

In many locations the Police walk through the premises and look for drinkers who may be considering driving home or should not be served any further alcohol as they "know who is who in the zoo."³⁶⁷ The Police at this level also have a choice as to how to handle a person who is drunk, but identified a need for diversion programs for young drinkers. In Albany the Committee was told:

When we have a young juvenile of maybe 16 who is street drinking or binge drinking, or whatever, we might give him a liquor caution, if we do not want to use a liquor

³⁶⁴ Mr Matthew Piggott, Coordinator, Environmental Health and Building Services, City of Fremantle, *Transcript of Evidence*, 8 June 2010, p15.

³⁶⁵ Mrs Allison Hailes, Executive Manager, Planning and Community Development, Western Australian Local Government Association, *Transcript of Evidence*, 8 June 2010, p17.

³⁶⁶ Superintendent Dene Leekong, Great Southern District Office, WA Police, *Transcript of Evidence*, 11 September 2009, p10 and Mr Bryan Taylor, Palmerston-Great Southern Community Drug Service Team, *Transcript of Evidence*, 11 September 2009, p10.

³⁶⁷ Superintendent Dene Leekong, Great Southern District Office, WA Police, *Transcript of Evidence*, 11 September 2009, p12 and Sgt Michael Daley, Acting Officer in Charge, Merredin, WA Police, *Transcript of Evidence*, 7 September 2009, p6.

*infringement because of his age and his ability to pay it. If we had found him with cannabis, he would have been diverted through our drug system. However, we do not have any way of diverting youth with alcohol. It is at that point, when we come in contact with juveniles, that we need to be able to move them somewhere.*³⁶⁸

Police also gave evidence that the use in Carnarvon and Merredin of a threat to prosecute, or to add restrictions to a liquor licence, had been used to encourage licensees to join the local accord or to undertake improvements to their premises, such as increasing security staff and adding CCTVs. This has led to a reduction in incidents related to drunkenness within the town.³⁶⁹

(c) Exemptions for large hotels

The Committee was told that four very large hotels in Perth are exempt from certain requirements of the State's liquor licensing system as they had approval for more than 1,000 patrons on 7 June 2002. This meant they were not included in the provisions of the *Health (Public Buildings) Amendment Regulations 2002* in terms of the approved maximum number of people that may be accommodated in a public building.³⁷⁰ These hotels are the Cottesloe Beach Hotel (approved for 1,855 patrons) and the Ocean Beach Hotel (approved for 1,971 patrons) in the Town of Cottesloe and the Aberdeen Hotel (approved for 1,443 patrons) and Metro City (approved for 1,906 patrons) in Northbridge. The Mayor of the Town of Cottesloe told the Committee that the situation there was of great concern to its approximately 7,000 residents as:

*On a typically busy Sunday evening, we would have approximately 2,000 people in each of those [two] venues. There is probably about the same again on the footpaths in queues trying to get in.*³⁷¹

The Town believes that shortcomings in the *Health (Public Building) Regulations 1992* allows these four hotels to have such large numbers of patrons and could be remedied by the repeal of regulations 7(4) and 7A(2) and, "if need be, by amending the definition in regulation 3(1) of "large licensed premises" to ensure it includes a combined floor area of separate bars in the same venue." This could halve the allowed number of patrons in the hotels. The residents of the Town have 'complaint fatigue' over the two large hotels in their suburb:

It is a very common acknowledgement from residents that they do not complain any more. They have been complaining for 20 years and they have well and truly given up. I can still field complaints from a 90-year-old lady who rings up. She has lived there for more than

³⁶⁸ Superintendent Dene Leekong, Great Southern District Office, WA Police, *Transcript of Evidence*, 11 September 2009, p15.

³⁶⁹ Sgt Michael Daley, Acting Officer in Charge, Merredin, WA Police, *Transcript of Evidence*, 7 September 2009, pp10-11.

³⁷⁰ AustLII, 'Health (Public Buildings) Regulations 1992', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_reg/hbr1992323/. Accessed on 4 May 2011.

³⁷¹ Mr Kevin Morgan, Mayor, Town of Cottesloe, *Transcript of Evidence*, 8 June 2010, pp3-4.

*50 years. ... Now she is ringing me about someone urinating in through her bedroom window at 11 o'clock on a Sunday evening.*³⁷²

The Chairman of the Liquor Commission said much of the impact of planning on alcohol consumption related to the nature of the outlets that were approved. He said that “one of the problems is that we tend to bunch together a lot of the high-risk outlets.” Large venues tend to be grouped together in non-CBD precincts such as Subiaco, Fremantle, Rockingham, Joondalup and Mandurah. He proposed one solution would be to “break down the size of a lot of these outlets and spread the drinking away from the concentrated areas where 100 people are queuing up to get into a venue that holds only 500 people” and that:

*if we broke it down into small bars of 100 or 120 people, I suspect that the person in charge of that can see ... virtually every patron in the place. You cannot hide behind table after table or row upon row of people if you are trying to hide a drunk and buy his alcohol for him. ... I do not think it is just outlet density by number. It is probably the number of mouths of drinking alcohol in a given area that is part of the problem.*³⁷³

Finding 25

The harms from alcohol-related violence are limited by capping the number of patrons who can be accommodated in a venue.

Recommendation 25

The Minister for Health bring to Parliament by December 2011 amendments to the *Health (Public Building) Regulations 1992* to repeal regulations 7(4) and 7A(2) so that the existing exemptions are removed for the four very large hotels (Cottesloe Beach Hotel, Ocean Beach Hotel, Aberdeen Hotel and Metro City). The commencement date for the amendment should be 12 months after its adoption by Parliament.

(d) Bans on individual drinkers

Prior to the amendments in 2010 to the *Liquor Control Act 1988*, the Commissioner of Police could make an application to the Director of Liquor Licensing for an order to prohibit a certain person from entering licensed premises. This was “a timely exercise and natural justice must prevail”. The amended Act now gives the Commissioner of Police the power to ban people for up

³⁷² Ibid.

³⁷³ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p7.

to 12 months from entering licensed premises. A person who is barred for longer than a month has the right of appeal to the Liquor Commission. The Director told the Committee:

*The Police may make it for a week or a month, but if they make it for longer than a month, or, say, they ban someone for two weeks and then three weeks within a 12 month period, that constitutes five; and five weeks means a person has the right of appeal to the Liquor Commission.*³⁷⁴

The Northern Territory Government has trialled a card-based system in Alice Springs and Katherine to stop certain drinkers from buying alcohol. The Committee was told that the card's genesis was the Territory's justice system, not its liquor control system.³⁷⁵ The 'banned drinker register' will now be introduced across the Territory and an alcohol tribunal will also be established. The Minister for Alcohol Policy, Ms Delia Lawrie, said drinkers on the register will take part in mandatory rehabilitation programs.³⁷⁶

A spokesperson for Premier Hon Colin Barnett in 2010 said the Premier was in favour of trialling a similar system but there "were no plans in place at this stage in regards to when or where."³⁷⁷ The Minister for Racing and Gaming later told Parliament in May 2011 that the Cabinet had agreed that "a card-based system is not considered appropriate in Western Australia, but that is not to say that circumstances will not change in the future." The Minister said the Northern Territory system does not stop the secondary supply of alcohol to banned drinkers and it:

*does not target the alcohol problem drinkers per se, but only those who have been convicted of an alcohol-related crime. If someone is causing a bit of trouble, you cannot just ban them. The offender has to commit a crime, be charged, go to court, be convicted and be banned from alcohol by the judge. A lot of steps are involved before an offender is banned.*³⁷⁸

(e) Northbridge restrictions

The positive results of the Newcastle trial spurred a similar trial in Northbridge in the summer of 2009-10. This trial followed a Police research report in April 2009, titled *Is Your House in Order? Re-visiting Liquor Licensing Practices and the Establishment of an Entertainment Precinct in*

³⁷⁴ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p2.

³⁷⁵ Ibid, p10.

³⁷⁶ Australian Associated Press, 'Country's Toughest Alcohol Laws in NT', 31 March 2011. Available at: <http://news.smh.com.au/breaking-news-national/countrys-toughest-alcohol-laws-in-nt-20110331-1ch1s.html>. Accessed on 28 April 2011.

³⁷⁷ Mr Nick Rynne, 'Law in the Drink?', *Kalgoorlie Miner*, 26 March 2010, p1.

³⁷⁸ Hon Terry Waldron, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), Questions Without Notice, 18 May 2011, p25.

Northbridge, that showed that problems of violence in Northbridge peaked between 10pm and 3am, particularly on weekends.³⁷⁹

In October 2009, all licensees in Northbridge and surrounding areas were requested by the Director of Liquor Licensing to show why a proposal to introduce lockouts and a reduction in the amount of alcohol sold at particular times of the night should not come into effect over the summer of 2009-10. On 30 November 2009, licensees were advised by the Director that restrictions would apply from 7 December 2009 until 25 April 2010. Licensees in surrounding suburbs, such as Leederville and Subiaco, and all nightclubs in the metropolitan area, were also subject to the same conditions to prevent the migration of people between premises.³⁸⁰

At least five Northbridge nightclubs threatened to defy the trial restrictions and the WA Nightclubs Association (WANA) claimed that they had been treated as ‘scapegoats’³⁸¹ as only 98 of 4,045 incidents in Northbridge between 2007 and 2009 occurred between 5am and 6am. WANA claimed the problem arose mainly from hotels in Northbridge as six venues accounted for 64% of violent incidents.³⁸² In 2009 the Police Commissioner submitted to the Director of Liquor Licensing that all extended trading permits for hotels and taverns be withdrawn and special-facility licences be removed.³⁸³

An evaluation of the 2009-10 Northbridge trial had not been provided to the Director of Liquor Licensing by late 2010, but he told the Committee:

*Anecdotally the Police indicated there has been a reduction in assaults, et cetera, but I do not think you can put them down purely to the restrictions. I think it is the combination of events that occurred in Northbridge during that summer period.*³⁸⁴

In the *Liquor Control Amendment Bill 2010* the State Government quoted the success of the Newcastle trial in reducing violence when it amended the Act to give the Minister for Racing and Gaming the power to impose lockouts on licensed premises. This replaced the ‘quite cumbersome’ process of imposing them by regulation after a recommendation from the Director of Liquor Licensing.³⁸⁵

³⁷⁹ Submission No. 37- Part D from the Drug and Alcohol Office, June 2010, p69.

³⁸⁰ Department of Racing, Gaming and Liquor, ‘2009-10 Annual Report’, 17 September 2010. Available at: www.rgl.wa.gov.au/ResourceFiles/Publications/Reports/2010/DRGL.pdf, pp24-25. Accessed on 28 April 2011.

³⁸¹ Ms Nicole Cox, ‘Nightclubs Defy Lockouts’, *The Sunday Times*, 1 November 2009, p12.

³⁸² Mr Paul Lampathakis, ‘Curfew ‘futile’’, *The Sunday Times*, 29 August 2010, p25.

³⁸³ Ms Nicole Cox, ‘Nightclubs Defy Lockouts’, *The Sunday Times*, 1 November 2009, p12.

³⁸⁴ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p13.

³⁸⁵ Hon Mr Terry Waldron, Minister for Racing and Gaming, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 19 October 2010, pp7939-7942.

The Police Commissioner in 2011 said there had been little increase in alcohol-related violence in the Northbridge and CBD areas of Perth over the past five to six years. However, he warned that the ‘binge drinking’ and a culture of ‘determined drunkenness’ led to many young people ‘pre-loading’ by drinking cheaper alcohol at home and coming to these areas already inebriated. This has meant a “growing culture of nastiness” with assaults now being high intensity ones. Assaults causing grievous bodily harm grew 33.7% in the past 10 years and wounding offences more than 26%.³⁸⁶

Research by the Australian Institute of Criminology at the East Perth watch house in late 2009 found that most weekend assaults are by drunk young men. Many of these men had consumed more than 22 standard drinks and blamed their violence on their intoxication. Older drinkers interviewed for the research had consumed on average 29 standard drinks that night.³⁸⁷ Research of people detained in the watch house for assault showed:

- most had not completed more than Year 10 of school (56% for non-aggravated assault and 48% for aggravated assault);
- a large number were unemployed (46% for non-aggravated assault and 43% for aggravated assault);
- about 65% tested positive for cannabis use;
- about 25% tested positive for amphetamine use; and
- median binge drinking of one day before (non-aggravated assault) or four days before (aggravated assault) arrest.³⁸⁸

After a string of violent alcohol-related incidents over a weekend in March 2011 the Police Commissioner claimed they mostly involved drunk and aggressive people. He claimed that Perth had a ‘binge-drinking culture’ and a “serious and significant alcohol problem ... at the moment”.³⁸⁹

In early May 2011 a new coalition of 63 organisations, the WA Alcohol and Youth Action Coalition, was formed in response to the rising levels of alcohol abuse among young people. It was initiated by Professors Fiona Stanley and Mike Daube.³⁹⁰

³⁸⁶ Ms Katherine Fleming, ‘Vicious Assaults on Rise’, *The Weekend West*, 7-8 May 2011, p1.

³⁸⁷ Ms Katherine Fleming, ‘Violent Assaults Mostly by Drunks’, *The West Australian*, 11 May 2011, p1.

³⁸⁸ P. Griffiths *et al.*, ‘The Relationship between Violent Offences and Drug Use in Detainees held at the East Perth Watch House’, June 2009. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1098&Command=Core.Download. Accessed on 11 May 2011.

³⁸⁹ Mr Luke Eliot, ‘Police Chief Blames Booze for Violence’, *The West Australian*, 21 March 2011, p13.

³⁹⁰ Ms Katherine Fleming, ‘New Group Takes Stand Against Alcohol Scourge’, *The West Australian*, 9 May 2011, p1.

The violence flowing from drinking is not just directed at other drinkers. A recent media article reported that health department employees reported 2,272 assaults over the past two years and there were 1,073 assaults on public transport officers and 2,097 assaults on Police.³⁹¹ Earlier in 2011, Perth taxi drivers threatened to strike in protest against violent assaults on drivers, many of them by passengers affected by alcohol.³⁹²

The Chairman of the Liquor Commission supported the Police Commissioner's views on what was the greatest harm in Northbridge and the CBD:

*It is not necessarily just that it is the drinking between 1.00am and 3.00am when the incidents occur; it is the fact that is the accumulation of drinking for a long period that goes on into the early hours of the morning. I think there is reasonable evidence ... that the principal problem is the accumulation, not just particularly the alcohol consumed within those hours.*³⁹³

In early 2011, the Australian Hotels Association (AHA) agreed with the Director of Liquor Licensing on new bans in Northbridge and the CBD including a ban on the serving of energy drinks mixed with alcohol after midnight, serving of drinks in vessels larger than 750ml after 1am and a 30-minute lockout before venues are due to be closed.³⁹⁴

Finding 26

Evidence from other jurisdictions, and the Western Australian efforts at limiting the availability of alcohol by limiting opening hours of late-night clubs and hotels, suggest that these measures lower alcohol-related violence in entertainment precincts.

Recommendation 26

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to Section 97 of the *Liquor Control Act 1988* to facilitate the reduction of the permitted hours of trading where data shows that there is a problem with violence and breaches of the Act by licensees.

³⁹¹ Ms Katherine Fleming, 'Suddenly Savage', *The Weekend West*, 7-8 May 2011, pp51-52.

³⁹² Mr Phil Hickey, 'Violence Stirs Taxi Strike Threat', 18 April 2011. Available at: www.perthnow.com.au/news/western-australia/taxi-drivers-threaten-strike-action/story-e6frg15c-1226041090631. Accessed on 9 May 2011.

³⁹³ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p2.

³⁹⁴ Ms Nicole Cox, 'Shot Ban to Calm Bars', *Sunday Times*, 10 April 2011, p5.

(f) Licensing application process

Local government involvement

The two steps involved in obtaining a new liquor licence involve firstly, the local government association (LGA) where the outlet will be located, and then the State Government agencies that provide the final decision on the application– the State Administrative Tribunal (where rejected planning applications are first challenged), the Department of Racing, Gaming and Liquor (DRGL) or the Liquor Commission. A provision for the approval process to proceed through councils and the DRGL concurrently was removed in 2009. Some owners of small bars claim that the new process takes about six months longer, with most of the delay created by LGAs.³⁹⁵

The Chairman of the Liquor Commission described the current process. If a LGA issues a section 40 approval (the premises is approved as a licensed premises under its planning scheme) it then goes to DRGL. One of DRGL's conditions is to check whether it has planning approval. He told the Committee:

*You could argue that local governments have more control over outlet density than the Liquor Act. You could argue that that should be looked at in the next review of the Liquor Act. It is reviewed every five years. Having done a review four years ago and having watched the amended act in operation, I would make a submission to the next inquiry about half a dozen issues that have arisen, [outlet density] being one of them.*³⁹⁶

The Western Australian Local Government Association (WALGA) told the Committee that its members use town planning policies to create safer environments. WALGA gave the example of the City of Subiaco's alcohol policy that involves the density of particular outlets, the use of mapping and more intensive assessment of liquor licensing applications. The policy complements provisions contained in the City's Town Planning Scheme which "provides the City with a head of power and associated criteria to control changes in the operation of a premises" and:

*planning provisions related to licensed premises is to provide a basis for guidance and control over the number, scale, operation, and location of such facilities, and where necessary, their hours of operation.*³⁹⁷

WALGA said there is an increasing involvement in liquor licensing matters by LGAs, including commenting on the applications that are made to the DRGL and the monitoring of licensed venues.³⁹⁸ In 2005, in partnership with the Drug and Alcohol Office (DAO), WALGA conducted a survey of its members on the impact on LGAs of alcohol and illicit drugs. Flowing from this

³⁹⁵ Ms Beatrice Thomas, 'Licensees Accuse Liquor Chiefs of Raising the Bar', *The West Australian*, 10 June 2010, p19.

³⁹⁶ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p6.

³⁹⁷ City of Subiaco, '4.7 Liquor Licensing Policy', 16 October 2007. Available at: [www.subiaco.wa.gov.au/fileuploads/Liquor%20Licensing%20\(Oct%202007\).pdf](http://www.subiaco.wa.gov.au/fileuploads/Liquor%20Licensing%20(Oct%202007).pdf). Accessed on 4 May 2011.

³⁹⁸ Mrs Allison Hailes, Executive Manager, Planning and Community Development, Western Australian Local Government Association, *Transcript of Evidence*, 8 June 2010, p10.

survey, WALGA has developed a toolkit called *The Local Government Alcohol Management Package*³⁹⁹, which assists LGAs develop alcohol management strategies.

The Toolkit was developed with the assistance of funding from the DAO and the Attorney General's office with a grant from the *Proceeds of Crime Act 2002* for the provision of a Project Officer. At the beginning of 2009 WALGA received an additional grant from DAO of \$120,000 to run a pilot project with 12 local governments to use the Toolkit to implement alcohol management strategies within their councils.⁴⁰⁰

The participating LGAs included the City of Armadale, City of Bunbury, Town of Cambridge, City of Fremantle, City of Joondalup, Town of Kwinana, City of Mandurah, City of Rockingham, City of Stirling, City of Subiaco, Town of Vincent and the City of Wanneroo. An evaluation of the project showed that at the commencement of the pilot 30% of the participating LGAs indicated that they would not have considered addressing the misuse of alcohol by developing an Alcohol Policy and Management Plan. All of the participants indicated that they were now developing a 'whole of organisation' document and not individual departmental policies.⁴⁰¹

The City of Fremantle, the State's second largest entertainment precinct, said it had introduced a number of policies and strategies to combat the negative effects of alcohol. The 'Fremantle Accord' is a community-based harm-minimisation strategy aimed at reducing crime and violence involving intoxicated people in the City. To complement the Accord, the Fremantle Alcohol Advisory Committee (FAAC) was established in 2007 by the Council and ran for two years. It was established to discuss a wide range of liquor issues and to examine options for implementing some of the 2006 State Government reforms to the Act. FAAC membership consisted of five councillors; four community representatives (including a licensed restaurant and cafe sector representative); a precinct group representative; a youth representative; a representative from the Fremantle Chamber of Commerce; plus one City of Fremantle staff member.⁴⁰²

FAAC created the 'Consumption of Liquor Without a Meal in Outdoor Eating Areas' policy and the City of Fremantle allows licensed restaurants that have an outdoor eating area to apply for a liquor-without-a-meal permit, provided they meet requirements of the DRGL. The City uses its local planning scheme number four as the guide to how it approves or rejects applications for licensed premises. The scheme's entertainment-use classes include nightclub, hotel, tavern, small bar, liquor store, and restaurant.

³⁹⁹ Western Australian Local Government Association, 'Local Government Alcohol Management Package', 2007. Available at: www.walga.asn.au/about/policy/community_development/documents/cscp/LGAlcoholManagement. Accessed on 4 May 2011.

⁴⁰⁰ Ibid, pp9-10.

⁴⁰¹ Western Australian Local Government Association, 'Evaluation: Local Government Alcohol Management Project', 20 April 2010. Available at: www.walga.asn.au/about/policy/community_development/documents/cscp/evaluation, p9. Accessed on 4 May 2011.

⁴⁰² Mr Matthew Piggott, Coordinator, Environmental Health and Building Services, City of Fremantle, *Transcript of Evidence*, 8 June 2010, p5.

The Committee heard that:

*Those types of entertainment uses are granted either discretionary approval by Council or discretionary approval following advertisement by Council, depending upon the particular zone of land that they fall in, whether it be commercial or mixed use for example.*⁴⁰³

The Director of Liquor Licensing confirmed that “fundamentally, the health and the size issues are covered by the local authorities. The local authorities basically administer the Health Act, and that determines the numbers [of patrons] involved.” He told the Committee that:

*The only time that we will get involved in putting number limitations on is if we determine that the toilet facilities are not sufficient or if there is some other reason. It would be a very, very difficult exercise for me to get that information on [patron] numbers; we do not have that.*⁴⁰⁴

On the other hand, the Chairman of the Liquor Commission suggested that the Department of Health “is the primary regulator of the number of patrons allowed in any premises”. The Commission makes its own evaluation and:

*We have imposed fewer limits, notwithstanding the Health Department’s maximum. We have taken the view that if the Health Department says that the maximum is 150, that is what the maximum is but what is the correct number in a small bar? Many small bars have been approved on the basis of patron numbers being restricted.*⁴⁰⁵

(g) Appeals against licensing applications

The Director of Liquor Licensing told the Committee that the Police and the Department of Health (DoH) have two ways they can be involved in the liquor licence application process: they can intervene to present evidence, or they can object to the application. He said that “in recent times, they have taken more the route of intervening, so they present the evidence as they see it. It is their call.”⁴⁰⁶ The Director said few applications are rejected but in the 2009-10 period about seven of the 17-18 applications for new liquor stores had been, mainly because the applications had not demonstrated that they were catering for the needs of the residents. These DRGL decisions were upheld when they were appealed to the Commission.⁴⁰⁷

DoH’s Office of Public Health utilises section 69 (8a) of the *Liquor Control Act 1988* to monitor licence applications and assess them in terms of risk of alcohol-related harm. Each application is considered on a case by case basis and a focus is given to the applicant’s Public Interest

⁴⁰³ Ibid, p6.

⁴⁰⁴ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p9.

⁴⁰⁵ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p5.

⁴⁰⁶ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p5.

⁴⁰⁷ Ibid, p6.

Assessment Statement in terms of the impact on the local community. Of the 308 licence applications in 2009-10, 216 were initially considered to possibly pose a risk of harm and warranted further investigation. DOH submitted 76 interventions to the licensing authority in regard to the 308 applications, and of these interventions:

- 14- outright concerns for harm and ill-health;
- 12- outright concerns and recommended harm-minimisation conditions;
- 1- concern about parts of the application;
- 4- concerns about parts of the application and recommended harm-minimisation conditions;
- 8- harm in the locality or other ill-health concerns; and
- 38- harm in the locality or other ill-health concerns and recommended harm-minimisation conditions.⁴⁰⁸

As at 27 January 2011, DOH had received decisions in relation to 63 of the 76 interventions, while two applications were withdrawn by the applicant. Of these 63 decisions, 47 licences were granted and 16 were refused by DRGL. Of the 63 licences where decisions were made, DOH assessed that 53 of their interventions were considered successful or partially successful and 10 were considered unsuccessful interventions.⁴⁰⁹

The WA Police also intervened in licence applications. Their Licensing Enforcement Division (LED) made the following interventions in 2009-10:

- 22 to new licence applications;
- 22 to add/vary licence applications;
- 49 to extra trading permit applications; and
- 17 occasional licence applications.⁴¹⁰

The Police are reported as now focusing on trying to deter the large supermarket chains from expanding their liquor operations into the suburbs. They were not successful in stopping two applications in Warnbro despite five bottle shops and a tavern already located in the suburb. The Police Commissioner argued that the new licences would contribute to harm and ill-health and exacerbate anti-social behaviour. The Liquor Stores Association supported the move by the Police

⁴⁰⁸ Dr Tarun Weeramanthri, Executive Director, Public Health, Letter, 8 February 2011.

⁴⁰⁹ Ibid.

⁴¹⁰ Inspector Kim Massam, Staff Officer to the Commissioner of Police, WA Police, Letter, 4 October 2010.

to limit new licences. Woolworths used research showing 70% of 409 customers supported the proposal to argue the case for a new outlet.⁴¹¹

The Director of Liquor Licensing told the Committee that in such cases DRGL “weigh and balance that harm against that demand, and that is done on the evidence that is presented.” He said the difficulty is that section 5(1)(b) of the Act give them equal priority and:

*it is far easier to present data that demonstrates, through questionnaires and surveys, that you and I as citizens will use the facilities. The difficulty is bringing to bear health research on that particular application. With a particular application, you have to ask, “How does that research data relate specifically to that particular application?”*⁴¹²

The Director of Liquor Licensing can refer applications directly to the Liquor Commission. He gave as an example of this the application made by the Northbridge Brewing Company. The Director referred the application to the Commission “because of the precedent and the fact that they had overturned the decision that I had made in Northbridge in relation to the Emporium Centre.” The Director explained how the Commissioner of Police had initially intervened against the application, including the application to trade past midnight.

The Commissioner of Police subsequently amended the intervention and only intervened for the late night trading aspect. DoH’s Executive Director of Public Health continued to intervene and presented health-related evidence. The Liquor Commission granted the licence to trade to midnight, with some conditions.⁴¹³

Appeals against determinations by the Director

The Director of Liquor Licensing told the Committee that “in the majority of cases [his] decisions have been upheld” by the Liquor Commission. He said that the Commission:

*might have some comments and might modify things sometimes, but in the main they have upheld the decisions. If they had not, then I would have to be reviewing my approach, because they are precedent setting; once they set a precedent on something, I am bound by it.*⁴¹⁴

The Chairman of the Liquor Commission confirmed the views of the Director and said that Section 95 “appeals against the Director’s determinations would be in the range of 25 or 30 a year.”

⁴¹¹ Mr Ronan O’Connell, ‘Police to Target Bottle Shops in War on Liquor’, *The West Australian*, 25 April 2011, p1.

⁴¹² Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 12 May 2010, pp10-11.

⁴¹³ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p5.

⁴¹⁴ *Ibid*, p7.

The majority of these appeals relate to the Perth area:

*A couple have been in Bunbury, two in Geraldton and couple in Kalgoorlie. The great bulk of them are in Perth and the great bulk of them are in the entertainment precincts generally.*⁴¹⁵

The Chairman said the Liquor Commission was charged under its own objects and under section 16 of the Act “with a minimum of formality and to try to arrive at a decision in good conscience or to arrive at a good decision rather than a technical decision.” It uses a number of criteria to assess licences and appeals to the Supreme Court against its decisions involved quite complex case law.⁴¹⁶ The Commission in its 2010 Annual Report noted that it had received ‘a steady increase’ in applications and that “applicants are increasingly willing to challenge a decision of the Director of Liquor Licensing ... if they are dissatisfied with the outcome of that decision.”⁴¹⁷

The Act contains few mentions of the need to minimise harm. The Director of Liquor Licensing gave an example of the complexity of determining the likely ‘harm’ flowing from an application. The Lily Creek decision related to an application for a tavern in Kununurra. Decisions against the application of the Director and the Liquor Court were appealed to the Supreme Court three times. The Director said this “was a very significant decision ... that set some very good principles about harm minimisation and weighing and balancing.” In terms of the harms from additional licences:

*The Supreme Court said that there were circumstances in which the licensing authority would grant a licence knowing that it would cause harm, but in the overall context of the level of harm in the community and what the community expected, it was quite appropriate to have that licence.*⁴¹⁸

Finding 27

Even when a licensing authority has rejected an application for a liquor licence, the Supreme Court can overrule the decision as the Act contains objects to both ‘minimise harm’ as well to ‘cater for the development of the liquor industry’.

⁴¹⁵ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p5.

⁴¹⁶ *Ibid.*

⁴¹⁷ Liquor Commission Western Australia, ‘Annual Report 2009-10’, 16 September 2010. Available at: www.rgl.wa.gov.au/ResourceFiles/Publications/Reports/2010/LC.pdf, p27. Accessed on 28 April 2011.

⁴¹⁸ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p6. For the Court decisions, see [http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2001WASCA0410\(S\)/\\$FILE/2001WASCA0410\(S\).pdf](http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2001WASCA0410(S)/$FILE/2001WASCA0410(S).pdf); [http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2000WASCA0258/\\$FILE/2000WASCA0258.pdf](http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2000WASCA0258/$FILE/2000WASCA0258.pdf); and [http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2001WASCA0410/\\$FILE/2001WASCA0410.pdf](http://decisions.justice.wa.gov.au/supreme/supdcns.nsf/PDFJudgments-WebVw/2001WASCA0410/$FILE/2001WASCA0410.pdf). Accessed on 28 April 2011.

Recommendation 27

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* that delete Section 5(1)(c) “to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the State” from its objects.

CHAPTER 4 LIMITING ALCOHOL ADVERTISING AND SPONSORSHIP

4.1 Limits to alcohol advertisements

A large number of international research projects which looked at the impact of alcohol marketing and advertising on young people clearly showed that exposure “to alcohol marketing speeds up the onset of drinking and increases the amount consumed by those already drinking.”⁴¹⁹

Healthway told the Committee that the liquor industry spends approximately \$420 million on alcohol advertising and sponsorship in Australia each year.⁴²⁰ However, as the National Preventative Health report suggests, estimates such as this are likely to be conservative as they usually relate to “the advertising of products, rather than of alcohol outlets” and that these estimates do not include “‘below the line’ advertising or internet advertising, the latter being a significant growth area in recent years”.⁴²¹ Large alcohol companies argue that they advertise not to attract new drinkers, but to encourage brand switching by existing drinkers.

Like some other countries, Australia has a system of self-regulation for advertising standards, managed through the Advertising Standards Bureau. Part of this scheme includes the Alcohol Beverages Advertising (and Packaging) Code (ABAC) Scheme. This scheme is described as a system of ‘quasi-regulation’, meaning that the alcohol industry has negotiated guidelines for advertising with the Federal Government and funds a system of consumer complaints and adjudication:

*If the complaint is upheld, the Panel advises the advertiser of the decision and the advertiser or its agency must advise the Panel within five business days as to whether the advertiser agrees to modify the advertisement or its use must be discontinued.*⁴²²

The complaints and adjudication system only applies to the content of an advertisement and not to issues such as the frequency it is run within a particular timeslot. In addition, ABAC only operates after the advertisement has appeared, thereby reducing its effectiveness. The ABAC complaints process is shown in Figure 4.1 below.

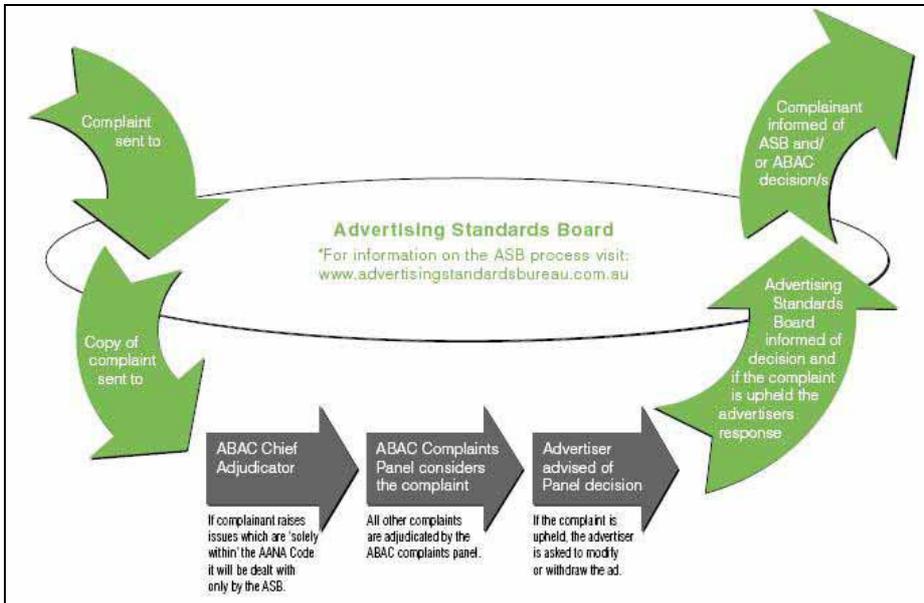
⁴¹⁹ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p196

⁴²⁰ Submission No. 57 from Healthway, 22 June 2010, p3.

⁴²¹ Preventative Health Taskforce, *Australia: the Healthiest Country by 2020; Technical Report 3: Preventing Alcohol Related Harm in Australia, a Window of Opportunity*, Australian Government, Canberra, 2009, p32.

⁴²² The ABAC Scheme, ‘About the ABAC Scheme’. Available at: www.abac.org.au/about/. Accessed on 25 February 2011.

Figure 4.1- ABAC complaints process⁴²³



The Committee was told that concerns relating to ABAC are not only about the actual content of an advertisement, but also:

- the scope of the marketing, for example the various media in which an advertisement can be placed (billboards, newspapers, radio, television);
- the exposure of the advertisement (eg the time it is broadcast);
- the number of times it is repeated within a timeframe; and
- the cumulative effect of various different advertisements on the overall culture.

(a) International situation

The global alcohol industry is dominated by a small number of companies that control a large proportion of the global market. Research has shown that a distinctive feature of the recent wave of merging of liquor industries is that they are ‘marketing-driven’:

*The alcohol market is now dominated by corporations whose huge expenditure on highly sophisticated marketing creates preferences and drives growth in emerging markets around the world, as well as maintaining sales in their country of origin.*⁴²⁴

⁴²³ Management Committee of the ABAC Scheme, ‘The ABAC Scheme Annual Report 2006’, nd. Available at: www.abac.org.au/uploads/File/ABAC2006AnnualReport.pdf, p.2. Accessed on 26 May 2011.

⁴²⁴ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity, Research and Public Policy, Second Edition*, Oxford University Press, Oxford, 2010, p71.

The liquor industry's success at promoting and selling 'a high-risk product' contributes directly to higher levels of disease, injury and social problems. This alcohol-related harm has been compared to tobacco-related harm, and labelled an 'industry epidemic'. Such an epidemic is caused not by a natural force but by a widely advertised commercial product. This epidemic is driven at least in part by the producer corporations and their supporters in retail, advertising and media industries.⁴²⁵

The extent of the investment in marketing alcohol products by these large companies is demonstrated by the proportion of their revenue devoted to 'investment in brands'. Annual reports of three global companies show they spent about US\$8 billion on global marketing activities in 2006:

*Heineken reported spending 12.6% of net sales (about US\$1,985 million) on marketing; Diageo spent 15.5% (about US\$2,246 million), and Pernod Ricard spent 17% (about US\$3,367 million).*⁴²⁶

According to research, "in mature markets, alcohol is now heavily promoted relative to many other products. In the USA, for example, growth in measured alcohol advertising since 1975 has outstripped inflation by 20%."⁴²⁷ Such an investment in marketing is undoubtedly profitable, and "may be particularly effective in emerging markets, which are not yet saturated by marketing." Diageo's 2006 annual report noted that, following a 28% increase in its marketing expenditure, the volumes it sold in its European and US markets were up 14% compared with 6% worldwide.⁴²⁸

Companies with global reach, large revenues and significant profits at stake will seek to influence the business environment in which they operate. Researchers claim that "supported by free market values and concepts, the alcohol industry has become increasingly involved in the policy making process in order to protect its commercial interests."⁴²⁹ These lobbying activities inevitably bring the liquor industry into conflict with other groups, particularly the public health lobby.

*Media advertising and marketing in its many other forms is considered by health advocates to pose particular risk for vulnerable populations such as adolescents, but regulations on advertising are consistently opposed by the alcohol industry in favour of their own self-regulation approach. The introduction of new products and marketing schemes is considered a right of market access under international trade agreements, but some products, such as sweet-tasting alcoholic beverages, variously called 'alcopops', 'coolers', 'malternatives', and premixed or 'designer' drinks, have been associated with heavier drinking by adolescents.*⁴³⁰

⁴²⁵ Ibid, 72.

⁴²⁶ Ibid, p79-80.

⁴²⁷ Ibid, p84.

⁴²⁸ Ibid, p86.

⁴²⁹ Ibid, p232.

⁴³⁰ Ibid, p231.

While most alcohol brands have invested in new technologies to market their brands, such as internet and Face Book sites, a recent innovation in Western Australia has been ‘proximity marketing’ – the use of text messages from hotel owners to patrons’ mobile phones, often with video advertisements.⁴³¹

The Committee was told of different systems internationally for managing the advertising of alcohol. A broad summary of various existing European alcohol advertising bans is included in Table 4.1.

Table 4.1- Description of existing European alcohol advertising bans⁴³²

Country	Advertising limits
Austria	Ban on advertising of spirits on TV and radio; on broadcast advertisements linking alcohol with children, driving or sport, or promoting alcohol abuse, and on sponsorship of TV and radio programmes by alcohol companies. Advertisements are not allowed to depict alcohol consumption.
Belgium	No commercial advertising on State TV, and legal ban on spirits advertising on commercial TV. No alcohol advertising on radio. In other media, voluntary guidelines prohibit the encouragement of ‘drinking to excess’ and advertisements targeted at the under 21s.
Denmark	A self-regulatory code governing content was agreed in 2000 and follows guidelines similar to the UK, eg advertisements must not be directed at minors. It prevents alcohol being associated with sport. Alcohol sponsorship of sport and sports grounds and advertising in sports magazines is not allowed.
Finland	Law prohibits targeting minors and imposes the usual restrictions on content (eg no depiction of excessive consumption and advertising must not promote the idea that alcohol is refreshing.)
France	The <i>Loi Evin</i> came into operation in 1993 and bans the advertising of all alcoholic beverages over 1.2% alcohol-by-volume on TV and in cinemas and also prohibits sponsorship of sport or cultural events by alcohol companies.
Germany	By voluntary agreement most spirits are not advertised on TV. On other media, a voluntary code is in operation similar to that in the UK.
Greece	As well as EU Television Without Frontiers directive, there are restrictions on the number of alcohol advertisements per day on each television and radio station.
Ireland	A legal ban on spirits advertising on TV and radio, and alcohol advertisements may not be shown before sports programs. The same advertisement may not appear more than twice per night on any one channel. On other media, a voluntary code operates.

⁴³¹ Ms Beatrice Thomas, ‘Pubs Tap into SMS Marketing, *The West Australian*, 10 June 2010, p19.

⁴³² Institute of Alcohol Studies, ‘IAS Factsheet: Alcohol & Advertising’, nd. Available at: www.ias.org.uk/resources/factsheets/advertising.pdf, pp12-13. Accessed on date 23 May 2011.

Italy	2001 ban on TV and radio advertising of alcohol between 4pm and 9pm and for advertising to minors across all media and alcohol advertisements being shown on TV within 15 minutes before or after children's programs.
Portugal	The first law regulating alcohol advertising dates from 1981. Amendments in 1995 prohibited alcohol advertisements being broadcast between 7pm to 10.30pm. Advertising of beer and spirits is not permitted in cinemas or on billboards, in educational institutions or in magazines aimed at minors, or during sports or cultural events.
Spain	Law of 1990 bans alcoholic beverages over 20% alcohol-by-volume (abv) being advertised on TV. Regional governments have also imposed their own legislation, eg. in Catalonia alcohol advertising above 20% abv is also banned in streets, highways, on public transport and in cinemas, and no broadcast advertising is allowed before 9.30pm.

The United Kingdom, French and Swedish systems provide examples of the spectrum of control mechanisms, from self-regulation in the UK, to a partial ban in France, to a more extensive ban in Sweden. They are described in more detail below using evidence the Committee gathered in Europe.

Voluntary code in the United Kingdom

Like Australia, the United Kingdom operates a system of self-regulation for alcohol advertising. The British code of advertising for alcohol advertisements is similar to the Australian code, stating that “advertisements for alcoholic drinks should not be targeted at people under 18 years of age and should not imply, condone or encourage immoderate, irresponsible or anti-social drinking.”

In addition, advertisements must not:

- be likely to appeal strongly to people under 18;
- target underage drinkers; and
- show in a significant role anyone under the age of 25.

The code is also clear that advertisements should not link drinking to social acceptance and success, sexual success, confidence or any form of therapeutic outcome.⁴³³

However, public health advocates such as the British Medical Association (BMA) have concerns about the United Kingdom Code.

⁴³³ Advertising Standards Authority, ‘Advertising Codes’, 2009. Available at: www.asa.org.uk/Advertising-Codes.aspx Accessed on 19 April 2011.

Its report *Under the Influence: the Damaging Effect of Alcohol Marketing on Young People* states that in 2007, the level of alcohol sales were high enough to put virtually every British adult over government guideline drinking levels:

*These sales are driven by vast promotional and marketing campaigns that dwarf health promotion efforts: the UK alcohol industry spends approximately £800 million each year encouraging consumption of its wares...the reality is that young people are drinking more because the whole population is drinking more and our society is awash with pro-alcohol messaging, marketing and behaviour.*⁴³⁴

The BMA report says it is no surprise that young people are drawn to alcohol given the scale of the funds spent promoting it and linking advertising and sponsorship to cultural icons, football clubs and at music festivals:

*when new products like alcopops or toffee vodka have such obvious appeal, or like shooters patently encourage additional consumption; when their favourite nightclubs contact them through their social networking sites and offer special ‘drink-all-you-want’ deals; when Government, far from reining in these excesses, then allows their perpetrators to take charge of alcohol education.*⁴³⁵

The work of Professor Gerard Hastings from the University of Stirling has shown that many of the advertising campaigns are designed to test the limits of the self-regulatory code, with many companies deliberately setting out to subvert it. His study analysed internal marketing documents from four UK alcohol producers and their communications agencies, and found:

*many of them contravened the codes of practice designed to stop them from appealing to under-18s or encouraging excessive drinking...the drinks manufacturers...use market research data on 15 and 16 year olds (to) guide marketing campaigns and many documents refer to the need to recruit new drinkers and establish brand loyalty.*⁴³⁶

Despite the Code’s ban on encouraging drunkenness and excess, the study found “many references to unwise and immoderate drinking, suggesting that increasing consumption is a key promotional aim”. The study said:

*some documents...suggested drinks brands could promote social success, masculinity or femininity, even though these ideas are also banned under advertising codes. Carling lager, by Molson Coors, is described as a “social glue” by its promotion team, while the need to “communicate maleness and personality” is identified as an important advertising aim for WKD vodka drinks, from Beverage Brands.*⁴³⁷

⁴³⁴ British Medical Association, *Under the Influence: the Damaging Effect of Alcohol Marketing on Young People*, BMA Board of Science, London, September 2009, p1.

⁴³⁵ Ibid p4.

⁴³⁶ Boulton, Ralph, ‘Alcohol Advertising Code Seen Failing’, *Reuters*, 21 January 2010, <http://uk.reuters.com/article/2010/01/21/uk-alcohol-advertising-idUKTRE60K05Q20100121>

⁴³⁷ Ibid.

The impact that these efforts have on youth drinking rates is set out in the BMA report:

*Alcohol marketing communications have a powerful effect on young people and are independently linked with the onset, amount and continuance of their drinking. These come in many forms, from traditional advertisements on television through ubiquitous ambient advertising to new media such as social network sites and viral campaigns. The cumulative effect of this promotion is to reinforce and exaggerate strong pro-alcohol social norms.*⁴³⁸

The BMA says that the current UK controls on alcohol promotion are completely inadequate because they are based on voluntary agreements and focused on the content of the advertisement, rather than the amount of advertising. The BMA says “even in their control of content the rules are weak with, for example, prohibitions on advertising which associates drink with youth culture or sporting success sitting alongside alcohol sponsorship of iconic youth events like music festivals and premiership football.”⁴³⁹

An additional concern of the BMA is **the cumulative effect advertising has**. Each advertisement helps normalise alcohol consumption and embed it particularly in youth culture:

*A brand’s television advertising, sport and events sponsorship, merchandising, internet presence, electronic communications and point-of-sale (POS) marketing all combine to embed the young person in a network of pro-drinking stimuli... This web becomes even more tangled when indirect media references are taken into consideration - from soap operas set in pubs, through the plethora of drink references on greeting cards to radio DJs bragging about their hangovers.*⁴⁴⁰

As Professor Hastings suggests, **this cumulative effect on youth is a deliberate tactic by marketers**. While from a marketing perspective these campaigns may be viewed as successful and effective, it is important to remember that alcohol is not an ordinary commodity:

*they are being bombarded with messages of all sorts all the time both in real space and in virtual space, so they are really at the centre of a web that is pushing them in the direction that for their own health and welfare is quite a hazardous direction. Furthermore, we need to think not just about the individual impact of all these different media but the cumulative impact; they are designed by the marketer to go together and to work as a ‘cluster bomb’, rather than just as an individual munition.*⁴⁴¹

The Committee heard from various witnesses that **these advertisements create and maintain ‘social norms’ of drinking within a society and culture**. The all-pervasive marketing of a

⁴³⁸ British Medical Association, *Under the Influence: the Damaging Effect of Alcohol Marketing on Young People*, BMA Board of Science, London, September 2009, p1.

⁴³⁹ Ibid.

⁴⁴⁰ Ibid, p21.

⁴⁴¹ Professor Gerard Hastings, Director, Institute for Social Marketing, University of Stirling, *Transcript of Evidence*, 12 August 2010, p2.

product helps to establish the acceptance of that product in the minds of consumers– it becomes ‘normalised’:

there is very clearly a very powerful normalising effect of the advertising of alcohol products throughout the community. That is not just at adolescents, but through the entire community. Through the promotion and marketing of sporting products, sporting events, sporting activity, the broader presence of alcohol advertising in the community, whether it is outdoor, on the net, TV, radio, it is so omnipresent that the normalising of alcohol and what is generally referred to as responsible consumption of alcohol is so pervasive that it makes it very hard to get some of these more [health] control-type messages in place.⁴⁴²

Research on the UK voluntary regulations has shown that it is a less than ideal system from a public health point of view and “not an effective driver of change towards good practice”. The Code is:

subject to under-interpretation and under-enforcement...including a bias in favour of the corporations represented on the decision-making board...These findings of poor compliance and inherent instability have been found to be characteristic of self-regulation in a range of industries. ...Overall there is no evidence to support the effectiveness of industry self-regulatory codes, either as a means of limiting advertisements deemed unacceptable or as a way of limiting alcohol consumption.⁴⁴³

Partial advertising ban in France

France has had a partial ban on alcohol advertising since 1991. The law on alcohol advertising, known as the *Loi Evin*:

prohibits direct or indirect advertising of alcoholic drinks on television and cinema, in stadiums, public and private sports grounds, swimming pools, competition areas and all areas used by youth associations for education. The Loi Evin bans any link between alcohol marketing and sports as well as between alcohol marketing and youth.⁴⁴⁴

The *Loi Evin* forbids the targeting of minors and outlaws ‘lifestyle’ advertising of alcohol products. It is not a total ban, as advertising can be placed on billboards, in magazines, and on the radio if they “refer to the actual characteristics of the product such as its brand name, ingredients, provenance, how to prepare and serve the drink.”⁴⁴⁵

⁴⁴² Mr Tony Slevin, Director Education and Research, Cancer Council of Western Australia, *Transcript of Evidence*, 23 June 2010, p6.

⁴⁴³ Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p191.

⁴⁴⁴ Ms Ina Johansen, ‘Loi Evin- an Advertising Ban in the Homeland of Red Wine’, *European Centre for Monitoring Alcohol Marketing (EUCAM)*, May 2009, www.eucam.info/content/bestanden/loi-evin_-article-ina.pdf, p2.

⁴⁴⁵ Institute of Alcohol Studies, ‘IAS Factsheet: Alcohol and Advertising’, 18 March 2010. Available at: www.ias.org.uk, p12. Accessed on 25 February 2011.

The Loi Evin was introduced in 1991 after a 10 year period of laissez-faire for alcohol advertising. It altered the parameters in which alcohol products could be advertised in France and defines alcoholic beverages as all drinks with over 1.2% alcohol by volume. It prohibits advertising on television or in cinemas; and no sponsorship of cultural or sporting events is allowed. Advertising in the press is permitted for adults and at special events such as wine fairs and wine museums. When such advertising occurs, its content is controlled and a health message must also be incorporated that states that ‘alcohol abuse is dangerous for health’.⁴⁴⁶

According to Drs Regaud and Craplet:

*the law has modified the language of advertising, which has lost most of its seductive character. For example, it is no longer permissible to use images of drinkers or depict a drinking atmosphere. As a result the drinker has disappeared from the images which now highlight the product itself.*⁴⁴⁷

Under the *Loi Evin*, French courts are able to impose monetary penalties on companies that contravene it. For example, Heineken was found to be in breach of the *Loi Evin* for certain images on its website in 2008 and “was ordered to remove all publicity from its French website within three weeks or face fines of 3,000 Euro a day.”⁴⁴⁸

While the *Loi Evin* has not been copied by other European Union countries, it has generated discussion of the benefits of some form of community-wide regulation of advertising, in part drawing on the French experience.⁴⁴⁹ The *Loi Evin* has been challenged by alcohol companies in domestic and European Union courts, but has so far withstood all challenges. It demonstrates the extent to which governments can take definitive action in this area, **if there is the political will to do so.**

While it is difficult to assess the impact of the law on the per capita consumption rates of alcohol in France, it has been part of a package of measures that have helped lower “the average consumption of 1% per year– making it decline dramatically from 30 to 13 litres of pure alcohol per capita per year between 1960 and 2004.”⁴⁵⁰

⁴⁴⁶ Dr Alain Regaud and Dr Michel Craplet, ‘The ‘Loi Evin’: a French Exception’, *The Globe*, Issues 1&2, 2004. Available at: http://www.ias.org.uk/resources/publications/theglobe/globe200401-02/g1200401-02_p33.html. Accessed on 25 February 2011.

⁴⁴⁷ Ibid, p2.

⁴⁴⁸ Ms Ina Johansen, ‘Loi Evin - an advertising ban in the Homeland of Red Wine’, *European Centre for Monitoring Alcohol Marketing (EUCAM)*, May 2009, www.eucam.info/content/bestanden/loi-evin_-article-ina.pdf, p3.

⁴⁴⁹ Ibid.

⁴⁵⁰ Dr Alain Regaud and Dr Michel Craplet, ‘The ‘Loi Evin’: a French Exception’, *The Globe*, Issues 1&2, 2004. Available at: http://www.ias.org.uk/resources/publications/theglobe/globe200401-02/g1200401-02_p33.html, p2. Accessed on 25 February 2011.

The *Loi Evin* has also had a profound impact on the sponsorship of sport in France and the transmission of sporting events from outside France on French media. This will be discussed further in the section below that addresses sponsorship of sport by liquor companies.

Government control of advertising in Sweden

The Swedish controls on alcohol sales and advertising are seen by some as an example of the most stringent in the world. The 'Systembolaget' retail monopoly means that the government controls all alcohol sales, which therefore removes marketing by competitive price reductions. Advertising is strictly controlled, and was previously banned for all alcoholic beverages above 2.25% alcohol content. However, this law was challenged in the European Court of Justice and resulted in it being changed.

Now, alcoholic beverages with less than 15% alcohol can be advertised (effectively meaning only advertising of spirits is excluded). Advertising of alcohol on television and radio remains banned. Wine and beer advertising can be placed in newspapers and in the printed press but must always be accompanied by a health warning that alcohol can damage health. An official from the Swedish Ministry of Health and Social Affairs explained to the Committee that these rules have been subverted by television programming broadcast from other European countries (such as Britain) that do not have similar strict controls. However, the laws apply to all programming based and broadcast in Sweden.⁴⁵¹

Industry self-regulation in Belgium

While carrying out research in Europe, the Committee asked witnesses what mistakes had been made with alcohol policies in their countries. While in Belgium, it was told that a key error was acceptance of the industry setting its own rules for alcohol advertising, under a system of self-regulation. Ms Marijs Geirnaert from the drug and alcohol non-government organisation VAD said that complaining to an industry arbiter after an advertisement has gone to air is not an effective means of control.⁴⁵²

(b) Australian situation

The Australian system of alcohol advertising controls is similar to the United Kingdom's self-regulation system. Guidelines have been negotiated between the alcohol industry and the Federal Government. Complaints are handled by an adjudication panel and the system is administered by a Management Committee with all costs borne by the industry. The Management Committee includes representatives from the liquor industry, the advertising industry and the Federal Government. It includes representatives from the Brewers Association of Australia and New

⁴⁵¹ Ms Karin Nilsson-Kelly, Head of Section, Ministry of Health and Social Affairs, Sweden, *Briefing*, 10 February 2011.

⁴⁵² Mrs Marijs Geirnaert, Director, Association for Alcohol and Other Drug Use (VAD), Belgium, *Briefing*, 8 February 2011.

Zealand, the Winemakers Federation of Australia, the Distilled Spirits Industry Council of Australia, and the Advertising Federation of Australia.⁴⁵³

The Alcoholic Beverages Advertising (and Packaging) Code (ABAC) sets out the standards for alcohol advertising within Australia. ABAC applies to “print media, billboard, internet, cinema, television and radio advertising, and covers the content of advertising, not its placement.”⁴⁵⁴ There are further restrictions on alcohol advertising placement in other codes, such as those administered by Free TV Australia and the Outdoor Media Association of Australia. The Free TV Australia code sets the times at which alcohol advertising can be shown - usually only during M, MA or AV classification periods, or “as an accompaniment to the live broadcast of a sporting event on weekends or public holidays.”⁴⁵⁵

Public health advocates are extremely critical of the current system of self-regulation in Australia. Professor Donovan presented many of the criticisms of the self-regulatory scheme at a recent DAO conference.⁴⁵⁶ He reported on a study of Western Australian school children and their exposure to alcohol advertising that found:

*two-thirds of primary school children recognised the Bundaberg Rum character Bundy Bear and linked him to alcohol [emphasis added]... when the survey included both primary and secondary schools, three-quarters of students recognised Bundy Bear and matched him to a bottle of alcohol.*⁴⁵⁷

The study found that “**self-regulation isn’t working and there seem to be loopholes that mean children are exposed to high levels of alcohol advertising on television.**”⁴⁵⁸ International research has shown that youth who are exposed to a greater number of alcohol advertisements on average drink more than youth who see fewer advertisements. A study conducted in the United States showed that:

the amount of advertising expenditures in 15 to 26-year-olds’ media environment and the amount of advertising recalled related to greater youth drinking. Youth younger than the legal drinking age [21 in the USA] displayed a similar pattern of advertising effects as the entire age range. ...Greater alcohol advertising expenditures in a market were related to both greater levels of youth drinking and steeper increases in drinking over time. [emphasis added] Youth who lived in markets with more alcohol advertising drank more,

⁴⁵³ ABAC, ‘The Code’. Available at: www.abac.org.au/publications/thecode/. Accessed on 25 February 2011.

⁴⁵⁴ ABAC, ‘Frequently Asked Questions’. Available at: www.abac.org.au/about/. Accessed on 3 March 2011.

⁴⁵⁵ Commercial Television Industry Code of Practice, January 2010, Free TV Australia. Available at: www.freetv.com.au/content_common/pg-Code-of-Practice-.seo. Accessed on 3 March 2010.

⁴⁵⁶ Professor Robert Donovan, ‘Self-regulation of Alcohol Advertising in Australia: All Hype no Hope: ‘there’s no blindness like snow blindness’. Prepared for the 17th Western Australian Drug and Alcohol Symposium: ‘Hope Hype or Hard Evidence: Alcohol and Other Drug Practice in the New Millennium.’ Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1195&Command=Core.Download". Accessed on 4 March 2011.

⁴⁵⁷ Ms Cathy O’Leary, ‘TV Bear a Rum Deal’, *The West Australian*, 8 December 2010, p13.

⁴⁵⁸ Ibid.

*increased their drinking levels more over time, and continued to increase drinking levels into their late 20s.*⁴⁵⁹

Professor Daube showed the Committee a new product which he thinks is aimed directly at young people, particularly women, which Western Australian data in Chapter One show are drinking in a far riskier way than young men. It was a cask of Smirnoff Vodka mixed with blood orange flavouring that contained 10 standard drinks at a cost of \$22.50, or \$2.25 per drink. This is far less than competing products such as a ‘stubby’ of beer or bottle of wine. He referred the Committee to the on-line advertisement for the product that has about three-quarters of the actors as young attractive and glamorous women in their early twenties (see Figure 4.2 below).⁴⁶⁰

Figure 4.2- Screenshot from Australian vodka advertisement⁴⁶¹



Changing attitudes to impact of alcohol on young people

As explained in Chapter One, recent advances in neuroscience show that an adolescent’s brain does not finish maturing until the mid-20s and is therefore more vulnerable to the effects of alcohol than an adult’s brain. The research of Dr Jon Currie, Director of Addiction Medicine, St Vincent’s Hospital, Melbourne, suggests that the early exposure of the brain to alcohol when it is still developing may lock the brain into addiction for life, as it alters brain pathways.⁴⁶²

⁴⁵⁹ Ms Leslie Synder, *et al.*, ‘Effects of Alcohol Advertising Exposure on Drinking Among Youth’, *Archives of Pediatrics and Adolescent Medicine*, vol. 160, January 2006, pp18-24.

⁴⁶⁰ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p4.

⁴⁶¹ Smirnoff Australia, ‘Smirnoff Vodka & Ocean Spray Cranberry - Expertly Mixed Then Boxed’, 15 August 2010. Available at: www.youtube.com/watch?v=66xKLWrvGKU. Accessed on 29 April 2011.

⁴⁶² Dr Jon Currie, ‘Addiction is a brain disease and it matters! Recovery-focused treatment in a neurobiological age’, Powerpoint presentation for Freshstart 2010 Recovery-focussed Drug Treatment Seminar, 21 August 2010. Available at: www.freshstart.org.au/information/2010-recovery-focussed-drug-treatment-seminar#currie. Accessed on 4 March 2011.

Professor Steve Allsop from the National Drug Research Institute (NDRI) told the Committee how the new evidence has changed his position on alcohol as a father:

*As a father, it has changed my views of my children...I was of the mind that children do not get drinking skills wrapped at the bottom of their beds when they turn 18 and perhaps we need to help develop those skills. Some people point to the European style of allowing access to small amounts of alcohol. I changed from that view, as a father, to one who encouraged my children to delay the onset of drinking...*⁴⁶³

The link between young drinkers, damage to their brain development, and alcohol advertising cannot be ignored. The alcohol industry-funded organisation *Drinkwise* has been running a campaign ‘Kids and Alcohol Don’t Mix,’ which particularly targets parental provision of alcohol to underage drinkers.⁴⁶⁴ While this is a useful message, it ignores the role played by alcohol advertising in portraying alcohol as attractive to children and young people. Research has shown that “alcohol commercials are among the most likely to be remembered by teenagers and most frequently mentioned as their favourites.”⁴⁶⁵

A study carried out in Ireland found that “most teenagers believed that the majority of alcohol advertisements were targeted at young people. This was because the advertisements depicted scenes - dancing, clubbing...- with which young people could identify.” The study found:

*teenagers interpreted alcohol advertisements as suggesting - contrary to the code governing alcohol advertising - that alcohol is a gateway to social and sexual success and as having mood altering and therapeutic properties.*⁴⁶⁶

During its deliberations for the National Binge Drinking Strategy in 2009, the Council of Australian Governments (COAG) Ministerial Council on Drug Strategy (MCDS) addressed the issue of the regulation of alcohol advertising. The MCDS consists of Federal, State and New Zealand government ministers responsible for drug and alcohol policies, including ministers for health, police, corrective services and mental health. Its communiqué said that:

*Ministers supported the need for strengthening alcohol advertising regulation ... the Ministers ... agreed that the existing Alcohol Beverages Advertising Code (ABAC), which is meant to ensure that alcohol advertising is responsible and doesn’t encourage underage drinking, **had significant shortcomings and should be reformed** as a mandatory co-regulatory scheme. Ministers supported a series of proposals about alcohol advertising regulation to be presented to COAG including:*

- Mandatory pre-vetting of all alcohol advertising

⁴⁶³ Professor Steve Allsop, Director, National Drug Research Institute, Curtin University, *Transcript of Evidence*, 11 May 2010, p12.

⁴⁶⁴ Drinkwise Australia, ‘Kids and Alcohol Don’t Mix’. Available at: www.drinkwise.org.au/c/dw?a=da&did=1014227&pid=1270792055. Accessed on 19 April 2011.

⁴⁶⁵ Eurocare, ‘Alcohol Marketing and Young People’. Available at: www.eurocare.org/resources/policy_issues/advertising. Accessed on 9 March 2011.

⁴⁶⁶ Ibid.

- *Expanding the ABAC management committee to have a more balanced representation between industry, government and public health*
- *Expanding the adjudication panel to include a representative specialising in the impact of marketing on public health*
- *Expanding the coverage of the scheme to include emerging media, point-of-sale and naming and packaging, and*
- ***Meaningful and effective sanctions for breaches of the Code.***⁴⁶⁷ [emphasis added]

While some of these COAG recommendations appear to have been implemented, many have not. The 2009 ABAC annual report says that naming and packaging have now been included in the scheme.⁴⁶⁸ It is unclear to the Committee why other COAG recommendations that would have more impact, such as mandatory pre-vetting and meaningful sanctions, have not yet been implemented.

This message on the need for stricter controls on advertising of alcohol was repeated in the 2009 National Preventative Health Strategy's the *Roadmap for Action*.⁴⁶⁹ Recommendation three is clear on the need to further regulate alcohol promotions:

In a staged approach, phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including:

- *Advertising during live sport broadcasts,*
- *Advertising during high adolescent/child viewing,*
- *Sponsorship of sport and cultural events.*

Monitor and evaluate the effectiveness of the voluntary approach to alcohol promotions agreed by the Ministerial Council on Drug Strategy in April 2009.

*Introduce independent regulation through legislation if the co-regulatory approaches are not effective in phasing out alcohol promotions from times and placements which have high exposure to young people up to 25 years.*⁴⁷⁰

The Federal Government's response to these recommendations was published in May 2010.⁴⁷¹ The Federal Government noted the recommendations but said its approach was to instead pursue

⁴⁶⁷ Ministerial Council on Drug Strategy, *Communique - 24 April 2009*. Available at: www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/mcdis-communicues. Accessed on 9 March 2011.

⁴⁶⁸ Alcohol Beverages Advertising Code, *The ABAC Scheme Annual Report 2009*, 2009, pi.

⁴⁶⁹ National Preventative Health Taskforce, *Australia: The Healthiest Country by 2020, National Preventative Health Strategy - the Roadmap for Action*, Commonwealth of Australia, Canberra, 2009. See pp24-30 for alcohol recommendations.

⁴⁷⁰ *Ibid*, p25.

“voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation.”⁴⁷²

The response also said “COAG will consider recommendations from the Ministerial Council on Drug Strategy for reform of ABAC as a mandatory co-regulatory scheme” but then describes the ways in which the “alcohol industry itself is moving in response to several other recommendations of the Taskforce in this area.” The Federal Government committed to “continue to monitor whether action from the alcohol industry is sustained, well evaluated and successful over the next three years.”⁴⁷³

This makes it clear that the Federal Government has no plans to take any action on this issue until after the next election. In addition, the MCDS has since been disbanded effective from 30 June 2011. This means that the report it had prepared on binge drinking and submitted to COAG in November 2009 for consideration has lost its champion.⁴⁷⁴ According to the Department of Health and Ageing, the MCDS priorities will now be pursued at a bureaucratic level:

*Ministers agreed that for the future, the officials-level Intergovernmental Committee on Drugs should continue its work of coordinating Commonwealth, State and Territory efforts to implement the National Drug Strategy, and that relevant Ministers would meet on occasions when Ministerial-level policy decisions and direction were required.*⁴⁷⁵

While the Federal Government is hesitant to take action on this issue, the 2011 Alcohol Education and Rehabilitation Foundation survey has shown that the Australian public is supportive of moves to change the way alcohol advertising is regulated:

*Over two-thirds (69%) of all adults support a ban of alcohol advertising on television before 8.30pm, seven days a week ... the majority of Australians (58%) support a move to establish an independent regulatory body on alcohol advertising.*⁴⁷⁶

⁴⁷¹ *Taking Preventative Action* - The Government’s Response to the report of the National Preventative Health Taskforce, Minister for Health the Hon Nicola Roxon, 11 May 2010. Available at: www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/taking-preventative-action. Accessed on 9 March 2011.

⁴⁷² Ibid, p93.

⁴⁷³ Ibid, p94.

⁴⁷⁴ Council of Australian Governments Meeting, 13 February 2011, *Communique*. Available at: www.coag.gov.au/coag_meeting_outcomes/2011-02-13/index.cfm?CFID=3953724&CFTOKEN=14962668. Accessed on 8 March 2011.

⁴⁷⁵ Department of Health and Ageing, ‘Media Releases and Communiques, Ministerial Council on Drug Strategy’, 25 February 2011. Available at: www.health.gov.au/internet/main/publishing.nsf/Content/mr-yr11-dept-dept250211.htm. Accessed on 1 April 2011.

⁴⁷⁶ Alcohol Education and Rehabilitation Foundation (AERF), *2011 AERF Annual Alcohol Poll: Community Attitudes and Behaviours*, AERF Ltd, Canberra, April 2011, p9.

(c) Legislation in other jurisdictions to ban advertisements

There have been two attempts to introduce bills in other Australian jurisdictions to limit alcohol advertising, particularly those aimed at young people:

- The *Alcohol Toll Reduction Bill 2007* was introduced by Senator Steve Fielding. An inquiry by the Standing Committee on Community Affairs supported the broad aims of the Bill 2007 but it did not agree “that the provisions in the Bill represent the best approach to addressing the serious harms caused by alcohol”.⁴⁷⁷
- the Hon Fred Nile, MLC, introduced the *Alcoholic Beverages Advertising Prohibition Bill 2010* into the NSW Parliament. The Bill lapsed when Parliament was prorogued for the 2011 election. The Bill proposed the establishment of the Alcohol Advertising Prohibition Committee to prepare a timetable for the removal of advertisements promoting alcoholic beverages and the termination of alcohol sponsorships.⁴⁷⁸

While not aimed at alcohol, the Australian Government introduced the *Tobacco Advertising Prohibition Amendment Bill 2010* on 17 November 2010 in the Federal Parliament to amend the *Tobacco Advertising Prohibition Act 1992*. This Bill will see a person commit an offence if they publish in Australia a tobacco advertisement electronically on the internet or on platforms such as mobile phones.⁴⁷⁹ The Minister for Health and Ageing, Hon Ms Nicola Roxon, said “this legislation will bring restrictions on tobacco advertising on the internet into line with restrictions in other media and at physical points of sale.” The maximum penalty for each offence under the legislation will be \$13,200.⁴⁸⁰ If passed, this Bill could provide a model to ban alcohol electronic advertisements.

(d) Western Australian action

The national system of alcohol advertising self-regulation is outside the jurisdiction of the State Government to take independent action. However, the Minister for Racing and Gaming, the Hon Terry Waldron, said to the Committee that changes were needed:

I actually look at some of the advertising and I certainly think there could be some changes in the way it is advertised at times. I discussed that with the Director [of Liquor Licensing]

⁴⁷⁷ The Senate- Standing Committee on Community Affairs, ‘Alcohol Toll Reduction Bill 2007 [2008]’, June 2008. Available at: www.aph.gov.au/Senate/committee/clac_ctte/alcohol_reduction/report/c01.pdf, p33. Accessed on 26 May 2011.

⁴⁷⁸ Parliament of NSW, ‘Alcoholic Beverages Advertising Prohibition Bill 2010’, 2010. Available at: www.parliament.nsw.gov.au/prod/parlment/nswbills.nsf/1d4800a7a88cc2abca256e9800121f01/fb77c700e2e369ceca25741e001b5dd8?OpenDocument. Accessed on 26 May 2011.

⁴⁷⁹ *Tobacco Advertising Prohibition Amendment Bill 2010* (Commonwealth). Available at: http://parlinfo.aph.gov.au/parlInfo/download/legislation/bills/r4488_first/toc_pdf/10268b01.pdf;fileType%3Dapplication%2Fpdf. Accessed on 10 June 2011.

⁴⁸⁰ Hon Ms Nicola Roxon, Minister for Health and Ageing, *Internet Tobacco Advertising to Face New Tough Restrictions*, Media Statement, Canberra, 17 November 2010.

*and I think it is an Australia-wide issue. It is obviously an issue for the industry and for the Federal Government as well. I probably need to do some more work in that area, which I will certainly do.*⁴⁸¹

The Minister did not know exactly what the State Government powers were but agreed to look at what influence and input it could have.⁴⁸² The Director General of the Department of Racing, Gaming and Liquor told the Committee that it was clear that the *Liquor Control Act* does not provide him with the power to address alcohol advertising broadly within Western Australia:

*Those objects [of the current act] put my powers directly over the licensed premises. Much of the advertising is outside of licensed premises. I do not control newspapers or those aspects. All I can do on a case-by-case basis—it has been done in some areas in the north—is limit for very specific reasons what a particular licensee can and cannot do. I do not have the power under the Act presently to put a very broad blanket restriction on advertising.*⁴⁸³

Mr Sargeant said that his preference was that, rather than investing the Director of Liquor Licensing with the power to control advertising, the Parliament should decide on advertising restrictions. However, the divide of responsibilities between the Federal and State Government made this difficult:

*What the restriction should be, should be clearly set down. To be fair, a lot of the success with the advertising [controls relating to smoking] came from Commonwealth involvement. One of the problems we have is that the Sky service, for instance, comes in through a satellite into Western Australia; it is not generated from Channels Seven or Nine. A lot of our newspapers and magazines are printed in the eastern states. It is a national issue that would be better addressed nationally with support from local legislation.*⁴⁸⁴

Finding 28

It is unlikely that the Federal Government will implement the 2009 recommendations of the Ministerial Council on Drug Strategy and the National Preventative Health Strategy's recommendations relating to the phasing out of alcohol promotions from times and placements with high exposure to young people up to 25 years of age.

⁴⁸¹ Hon Mr Terence Waldron, Minister for Racing and Gaming, Parliament of Western Australia, *Transcript of Evidence*, 8 September 2010, p11.

⁴⁸² Ibid.

⁴⁸³ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p8.

⁴⁸⁴ Ibid.

Recommendation 28

The Minister for Health and the Minister for Mental Health write to their counterparts in other States recommending that the Federal Government implement the 2009 Ministerial Council on Drug Strategy recommendations relating to the phasing out of alcohol promotions from times and placements with high exposure to young people up to 25 years of age.

International research is not clear on what limits to alcohol marketing might be effective in lowering alcohol harms, as there are only a small number of jurisdictions that have actually limited such advertising. Most jurisdictions have made their alcohol regulations more lenient. Despite the lack of empirical evidence, researchers believe the success of previous measures such as limiting tobacco advertisements, means that the “extensive restriction of [alcohol] marketing would have an impact.”⁴⁸⁵

In addition to lobbying the Federal Government, the State Government should examine what capacity it has to control advertising within Western Australia and legislate against alcohol advertising where it is able. Any proposal for controlling advertising within Western Australia should be developed in consultation with public health marketing experts, not the alcohol industry. State Government initiatives in this area would be an interim step to more complete action by the Federal Government. It could be a similar staged process as was done over a number of years with restricting tobacco advertisements.

Section 65B of the *Liquor Control Act 1988*

Section 65B of the *Liquor Control Act 1988*, which was inserted into the Act by the *Liquor and Gaming Legislation Amendment Act 2006*, details “Prescribed conditions relating to the responsible promotion of liquor.” The insertion of this section into the Act represented the first move by Governments in Western Australia to curtail by legislation the promotion of alcohol consumption in the State.

The regulations:

may prescribe conditions that:

(a) prohibit promotional activity in which liquor is offered free or at reduced prices; or

(b) limit the circumstances in which promotional activity referred to in paragraph (a) may take place,

⁴⁸⁵

Professor Thomas Babor *et al.*, *Alcohol, No Ordinary Commodity: Research and Public Policy Second Edition*, Oxford University Press, Oxford, 2010, p196 & p246.

*and may provide that any licence, or any licence of a prescribed class, is subject to those conditions.*⁴⁸⁶

This section of the State’s *Liquor Control Act 1988* could allow the State Government to immediately prohibit the use of offers for cheaper alcohol products if they are bought as a package of six, a dozen or a carton.

The Kununurra Hotel was recently fined \$15,000 and banned from having ‘happy hours’ due to a series “of alcohol-fuelled problems at the venue.” The Liquor Commission said the hotel had failed to fulfil its obligations to minimise alcohol-related harm. The Commission also banned the hotel from engaging in “advertising, promotions or offers of cheap or discounted liquor”.⁴⁸⁷

In Victoria and Queensland, it is only the promotion of liquor through any event that might facilitate the excessive consumption of alcohol that is prohibited by legislation. Traditional promotional methods are not restricted. Responsible Alcohol Victoria told the Committee that their Director had banned more than 30 promotions that were considered ‘inappropriate’ in terms of having the potential to lead to risky drinking.⁴⁸⁸

Section 2 of Western Australia’s *Constitution Act 1889* establishes the power of the Parliament of Western Australia to pass legislation it deems appropriate “for the peace, order, and good Government of the Colony of Western Australia and its Dependencies”.⁴⁸⁹ It could be argued that this would allow the State Parliament to outlaw the promotion of liquor. The State Government would not be able to outlaw the advertising of alcohol on television or radio, as these are deemed (by clause v of section 51 of the *Commonwealth Constitution Act*) to be within the legislative domain of the Federal Government.

The Parliament of Western Australia could pass legislation banning liquor advertising in local television and radio media outlets, but any such legislation would be rendered null and void by the *Commonwealth Constitution Act*. The State Parliament could try to legislate and force the Commonwealth to act to overturn the local legislation, and thus provide for a nation-wide debate about alcohol advertising.

A model– the Western Australian *Tobacco Products Control Act 2006*

The Parliament could ban alcohol advertising in public spaces, such as on billboards or in the form of event signage. The best example of existing legislation that achieves this objective is the State’s *Tobacco Products Control Act 2006*. Sections 31 through 35 of the Act prohibit tobacco products

⁴⁸⁶ State Law Publishers, ‘Liquor Control Act 1988’, nd. Available at: www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_546_homepage.html. Accessed 19 April 2011.

⁴⁸⁷ Mr Ronan O’Connell, ‘Pub Gets Fine and ‘happy hour’ Ban, *The West Australian*, 11 May 2011, p5.

⁴⁸⁸ Mr Brendan Facey, Director, Responsible Alcohol Victoria, *Transcript of Evidence*, 13 October 2010, p3.

⁴⁸⁹ AustLII, ‘Constitution Act 1889’, nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/ca1889188/. Accessed on 28 April 2011.

from being advertised in public spaces. It is an example of where the State Government has moved to limit the impact of an unhealthy legal product.

At a minimum, the State Government has the power to ban alcohol advertisements in the following formats prepared in the State:

- outside and inside liquor outlets licensed under the *Liquor Control Act*;
- printed material distributed in letter boxes;
- outdoor advertisements;
- advertisements inside sporting venues; and
- newspapers and other publications printed and distributed within the State.

This is one policy area that a witness from the Australian Hotels Association (WA) supported Government action being taken. In response to a question of whether he supported the state-wide banning of alcohol advertisements, the AHA Vice President, Mr Martin Peirson-Jones, said “Yes, I would.”⁴⁹⁰

Recommendation 29

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* to further limit alcohol advertising in Western Australia:

- outside and inside liquor outlets;
- through printed material distributed in letter boxes;
- through outdoor advertisements;
- inside sporting venues; and
- through newspapers and other publications printed and distributed in Western Australia.

⁴⁹⁰

Mr Martin Peirson-Jones, Kimberley Accommodation Pty Ltd, *Transcript of Evidence*, 30 August 2010, p8.

Recommendation 30

The Director General, Department of Racing, Gaming and Liquor use Section 65B of the *Liquor Control Act 1988* to prohibit discounting of alcohol products such as when they are bought in a package of six, a dozen or a carton.

4.2 Sport sponsorship by alcohol companies

The sponsorship of sporting clubs by the alcohol industry is one of the more contentious areas about which the Committee received evidence. Witnesses provided the Committee with very different views regarding the need for alcohol sponsorship. Public health advocates were unanimous in their opposition to alcohol sponsorship of sporting activities, while sporting representatives claimed the sponsorship money was vital to their ability to continue to run programs, especially youth development programs.

Both sides of the argument made comparisons with the policy decisions made around tobacco sponsorship of sport and the phased ban on tobacco advertising in Western Australia that was supported by replacement grants from Healthway.

Research shows that alcohol sponsorship of sport is:

*associated with heavier drinking by individual players, teams and clubs...but its main purpose is to link alcohol brands to the buying public's favourite sports. Anheuser-Busch, Heineken, and Carlsberg regularly spend around US \$20 million to sponsor a major international sports event that attracts a global fan base.*⁴⁹¹

(a) International situation

The Committee was told that the marketing of alcohol products via international sporting events involves integrated campaigns that stress brand personality. These campaigns include branded merchandise and ticket competitions at retail outlets around the world, utilised all media, unpaid sports coverage, as well as direct promotional opportunities at the event itself.⁴⁹²

The issue of alcohol sponsorship of sport was frequently raised during the Committee's study trip to Europe. In 2011 Turkey joined Norway in banning all alcohol advertising and sponsorship of

⁴⁹¹ Professor Thomas Babor *et al*, *Alcohol: No Ordinary Commodity, Research and Public Policy, Second Edition*, Oxford University Press, Oxford, 2010, p85.

⁴⁹² Ibid.

sport.⁴⁹³ The Committee received evidence in Scotland and France of their attempts to handle this issue. Their policies represent very different approaches to it.

Scotland

The Scottish Government and Alcohol Industry Partnership (SGAIP) has drawn up voluntary guidelines to encourage “responsible attitudes to alcohol. They establish best practice for the promotion of alcohol brands through sponsorship in Scotland.”⁴⁹⁴ The Scottish guidelines relate specifically to:

*commercial sponsorship by brands and are not intended to encroach on local community support initiatives undertaken by the drinks industry, eg by a village pub or local distillery.*⁴⁹⁵

The core principles of the guidelines seek to create best practice in the area by “promoting responsible consumption and protecting those below the age of 18.” The guidelines require brands to promote a responsible drinking message through their sponsorship, and to avoid any sponsorship that targets, or would appear attractive, to people under the age of 18. In addition, the code includes provisions relating to sampling of alcoholic beverages at sponsored events, to the integration of responsible drinking messages and the avoidance of inappropriate messages, and specific commitments that “alcohol brands will not be applied to children’s clothing, toys, games or other items with primary appeal to under 18s.”⁴⁹⁶

The guidelines have only been effective since 1 January 2009, and compliance is monitored by the SGAIP. Given the short period within which the guidelines have been in effect, it is difficult to evaluate their impact, although the annual progress report of the SGAIP for 2009-10 details some of the positive responsible drinking initiatives undertaken under the guidelines.⁴⁹⁷

The British Medical Association reported on the broader influence of alcohol sponsorship in the UK:

the sponsorship of sport and cultural events, many with a particular appeal to the young, has become a key promotional vehicle. ... In 2006, the financial services industry accounted for 19.2% of sports sponsorship, alcoholic drinks industry 11.6% and the sports

⁴⁹³ James in Turkey, ‘Time, Gentlemen: Efes Pilsen, Turkey’s Top Basketball Team, is Forced Off Court’, 8 January 2011. Available at: www.jamesinturkey.com/2011/01/time-gentlemen-efes-pilsen-turkeys-top.html. Accessed on 23 May 2011.

⁴⁹⁴ Scottish Government, *Alcohol Sponsorship Guidelines for Scotland*, Scottish Government and Alcohol Industry Partnership, Edinburgh, 2008, p2.

⁴⁹⁵ Ibid.

⁴⁹⁶ Ibid, p7.

⁴⁹⁷ The Scottish Government and Alcohol Industry Partnership, *Working Together to Promote Responsible Drinking and Tackle Alcohol Related Harm: Progress Report for 2009/10*, 30 September 2010, p8. Available at: <http://www.scotland.gov.uk/Topics/Health/health/Alcohol/resources/SGAIP2009-10>. Accessed on 10 March 2011.

*goods industry 10.2% of active deals. Forty-nine of the 71 UK sponsorship deals included in the analysis were paid for by the brewing industry, with the rest by other alcohol producers... by using sports sponsorship, drinks companies can expose their brands to a traditionally 'hard to reach' group of active, affluent young men and women.*⁴⁹⁸

France

The French approach to sport sponsorship is more regulated than the voluntary approach in Scotland. The *Loi Evin*, discussed above, also bans alcohol sponsorship of sport in France. The law has had some negative impacts on some sports. It:

*had an important disruptive side effect in Europe concerning sport. Television retransmission of several international football matches was cancelled. Moreover, the law made it impossible for the American brewer Anheuser Busch to sponsor the 1998 Football World Cup in France, in spite of heavy lobbying of the French Government. It is important to note that a new sponsor was found in the Casio company.*⁴⁹⁹

France successfully hosted the 1998 FIFA World Cup with the *Loi Evin* in place and currently host the multi-nation Heineken Cup Rugby competition, renamed the H-Cup.⁵⁰⁰

(b) Australian situation

Recent Australian research with over 650 sportspeople has shown a link between alcohol sponsorship and more hazardous drinking compared to non-alcohol sponsorship. Receipt of alcohol industry sponsorship in various forms was associated with significantly higher levels of drinking. Receipt of similar forms of sponsorship from non-alcohol industries (such as, building firms, food or clothing companies) was not related to higher drinking levels. Of the 30% of sportspeople receiving alcohol industry sponsorship, 68% met World Health Organisation criteria for classification as hazardous drinkers.⁵⁰¹

Research by Nielsen Media from 2008 suggests that approximately \$300 million is spent on alcohol sponsorship in Australia each year.⁵⁰² The National Preventative Health taskforce looked at alcohol sponsorship of sport as part of its work in developing its 2009 Strategy.

⁴⁹⁸ British Medical Association, *Under the Influence: the Damaging Effect of Alcohol Marketing on Young People*, BMA Board of Science, London, September 2009, p15-16.

⁴⁹⁹ Dr Alain Regaud, Dr Michel Craplet, 'The 'Loi Evin': a French Exception', *The Globe*, Issues 1&2, 2004. Available at: www.ias.org.uk/resources/publications/theglobe/globe200401-02/g1200401-02_p33.html, p2. Accessed on 25 February 2011.

⁵⁰⁰ Dr Kerry O'Brien, *Evidence Mounting on the Harms of Alcohol Industry Sponsorship of Sport*, Media Statement, Monash University, Caulfield East, Victoria, 31 January 2011.

⁵⁰¹ Ibid.

⁵⁰² Submission No. 57 from Healthway, 22 June 2010, p3.

A major recommendation was:

*In a staged approach, phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including: ... sponsorship of sport and cultural events.*⁵⁰³

The Federal Government's noted this recommendation but responded:

*While the Government is supportive of limiting the exposure of children to advertising that may unduly influence them, the Government **will not** [emphasis added] consider regulatory action at this time.*⁵⁰⁴

The Federal Government's response goes on to outline their proposed alternative approach:

*In the 2010 Budget, as part of the \$50 million extension to the National Binge Drinking Strategy, the Government is announcing \$25 million over four years for a community sponsorship fund to provide an alternative to alcohol sponsorship for community sporting and cultural organisations. To be eligible for sponsorship under the community fund, organisations will need to agree not to accept sponsorship from the alcohol industry.*⁵⁰⁵

According to the Department of Health and Ageing, this new fund is due to be established in 2011 and applications will be invited from community-based sporting and cultural organisations.⁵⁰⁶ This initiative will be welcomed by many organisations but the total funding over four years is just \$25 million, or about \$6 million a year. This is about 2% of the \$300 million that the alcohol industry spends on sponsorship and is unlikely to reduce the scope of this sponsorship.

There are other, less expensive, options to regulate sports sponsorship. Sponsorship is currently not subject to any form of regulation and falls outside of the scope of the ABAC scheme. The ABAC complaint adjudication panel has itself raised the incongruity of sponsorship arrangements being outside the jurisdiction of ABAC. In a recent 2011 determination upholding a complaint, the ABAC complaint panel stated:

the Panel repeats its statements in previous determinations that the ABAC scheme as currently designed does not deal with sponsorship arrangements. It is an entirely legitimate question as to whether such arrangements should be subject to specific regulation via a quasi-regulatory scheme such as the ABAC, or by direct government regulation. ... As it stands, an incomplete and narrow scrutiny of sponsorship might occur

⁵⁰³ National Preventative Health Taskforce, *Australia: the Healthiest Country by 2020: National Preventative Health Strategy - the Roadmap for Action*, Commonwealth of Australia, Canberra, 30 June 2009, p25.

⁵⁰⁴ *Taking Preventative Action - The Government's Response to the report of the National Preventative Health Taskforce*, Minister for Health the Hon Nicola Roxon, 11 May 2010. Available at: [www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/taking-preventative action p95](http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/taking-preventative-action-p95). Accessed on 25 February 2011.

⁵⁰⁵ Ibid.

⁵⁰⁶ Department of Health and Aging, 'National Binge Drinking Strategy Community Sponsorship Fund'. Available at: www.health.gov.au/internet/alcohol/publishing.nsf/Content/csf. Accessed on 11 March 2011.

*via the occasional intersection of the arrangements with the ABAC scheme in cases where an “alcohol beverage advertisement” within the scope of the ABAC scheme is produced. When it occurs, this scrutiny is of the ad, not the actual sponsorship arrangements, and all which might be involved in the arrangements.*⁵⁰⁷

Given this argument, it would be appropriate for the Federal Government to develop a consistent national approach for managing sports sponsorship.

Recommendation 31

The Premier report to Parliament by December 2011 on the efforts of the State Government’s lobbying of the Federal Government to fund and implement a national approach to replace the sponsorship of sporting bodies by alcohol companies.

(c) Evidence from Healthway and Western Australian sporting organisations

The extent of alcohol sponsorship of Western Australian sporting bodies and its impacts on youth was described by Professor Daube:

*Our kids are swamped by the promotion of alcohol in association with sport. Every major televised sport—AFL, cricket, NRL, rugby union, soccer or motor racing—they all ensure that kids get the message that sporting success is linked to alcohol. It is everywhere—cricket players are mobile billboards, grounds, boardings, television and so on. A survey that we published a year or two ago showed that in major sponsored sporting events, the sponsor’s logo was clearly visible between 44 and 74% of playing time, and the 74% was alcohol. There are no controls.*⁵⁰⁸

Professor Daube gave another example of a recent full-page advertisement for cricket sponsored by Johnnie Walker. He said “there are 12 references to Johnnie Walker in the ad itself, plus another one to VB for good measure.” The advertisement outlines the cost of children’s tickets and provides the URL of a website for children to visit:

I went into the website under my own name but as a 10-year-old, ... and it let me in as a child. The only thing that children cannot get into is the competition to carry the drinks; otherwise, kids can get in. If kids go into that website to select the Johnnie Walker team, by the end of the process they will have had a minimum of 52 exposures to the Johnnie Walker

⁵⁰⁷ ABAC Complaints Panel, *Determination No: 7-8/11*, ABAC, 21 February 2011, para 51, p12. Available at www.abac.org.au/publications/adjudication-decisions/ on link: 7,8/11 - Jim Beam - 21 February 2011. Accessed on 3 March 2011.

⁵⁰⁸ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p5.

*name. I think there is something that is just outrageous about that kind of promotion that does not protect children.*⁵⁰⁹ [emphasis added]

(i) Operation of Healthway

Policy action in Western Australia on this issue has occurred in the absence of action by the Federal Government. The Western Australian Health Promotion Foundation, known as Healthway, was established in 1991 under section 15 of the *Tobacco Control Act 1990* as an independent statutory body reporting to the Minister for Health. Healthway now functions under Part 5 of the *Tobacco Products Control Act 2006*.⁵¹⁰

Healthway provides sponsorship of sporting, arts and racing organisations to promote healthy messages, and this has been a key feature of its business model since 1991. Its objectives are:

- to encourage healthy lifestyles through the effective promotion of health messages relating to Healthway priority areas;
- to facilitate structural and policy change within organisations and venues to create healthy environments;
- to facilitate opportunities for priority population groups to participate in healthy activities, with either physical activity and/or social engagement benefits; and
- to reduce the promotion of unhealthy messages or brands which are inconsistent with Healthway priority areas.⁵¹¹

Healthway provides approximately \$12 million per year in sponsorships in Western Australia, which is double what the Federal Government's new fund will provide across Australia. These sponsorships total about 60% of its annual expenditure. According to Healthway:

*the formation of social norms strongly associated with the consumption of alcohol, particularly amongst young people, is a key feature of the drinking culture in Western Australia.*⁵¹²

Healthway's co-sponsorship policy seeks to reduce the influence of alcohol sponsorship on the development of these social norms and means that organisations applying for sponsorship:

must declare any existing food, drink or alcohol related sponsors associated with their activities or events. Healthway undertakes a risk assessment on these co-sponsorship

⁵⁰⁹ Ibid.

⁵¹⁰ Submission No. 57 from Healthway, 22 June 2010, p2.

⁵¹¹ Ibid.

⁵¹² Ibid, p4.

*arrangements to determine the extent to which they contribute to harm from alcohol or obesity and thus undermine health promotion returns.*⁵¹³

The deputy chair of the Healthway board described the new focus on alcohol sponsorship:

*One of the major reforms that we are implementing in the area of health sponsorships is to critically examine at what level we support sporting and arts organisations and racing organisations if they currently have sponsorship from alcohol and junk food companies. I think that the result is going to be that they either tone down significantly the benefits that they are currently giving to their alcohol and junk foods sponsors, or they make a choice. By “tone down”, I mean there might be a request to remove all promotion of the beer brand and reduce the Carlton and United Brewery sponsorship to exclusive serving rights; so the beer that is being served at the function is a Carlton and United Brewery brand, but there is no brand advertising at the event.*⁵¹⁴

The approach taken by Healthway has not been welcomed by some Western Australian sporting organisations. Various sporting codes gave evidence to the Committee about their frustration with this approach and why Healthway should not try to reduce alcohol sponsorship of sporting organisations. A survey of more than 68 members of the Western Australian Sports Federation (WASF) found “a growing number of complaints ... about Healthway’s ‘onerous’ conditions and restrictions”. The WASF claim that “sporting bodies are preparing to turn their backs on Healthway” funding.⁵¹⁵

Healthway listed the concerns it had heard from sporting bodies and provided the Committee with their response to them:

- *alcohol advertising only affects brand preference and does not increase consumption.*
Many research studies have shown the strong links between alcohol advertising and increased alcohol consumption in young people and underage drinkers.
- *some sporting organisations’ programs would not survive without the revenue derived from alcohol sponsorship.*
The previous experience with the replacement of tobacco sponsorship funds would suggest this would not be the case.
- *sponsorship is already regulated.*
Sponsorship is not currently subject to any form of regulation in Australia.

⁵¹³ Ibid.

⁵¹⁴ Mr Maurice Swanson, Deputy Chair, Healthway, and Chief Executive Officer, National Heart Foundation of Australia (WA Division), *Transcript of Evidence*, 19 May 2010, p6.

⁵¹⁵ Mr Gareth Parker, ‘Healthway Support ‘bad for sport’’, *The West Australian*, 9 June 2011, p3.

In relation to a criticism that the benefit provided to alcohol companies for sponsorship is related to brand awareness through ‘pourage’ rights at venues that serve alcohol, Healthway commented that its co-sponsorship policy:

*does not prohibit or restrict the capacity of sponsored organisations to enter into pourage or supplier agreements with alcohol companies. These arrangements fall outside the scope of the policy. The reality however is that sponsorship arrangements limited only to supplier agreements are uncommon. Most supplier agreements come packaged with commitments relating to alcohol brand and/or product promotions.*⁵¹⁶ [emphasis added]

Healthway said it does not accept that the financial outcomes currently derived from alcohol sponsorship of art, sports and racing organisations, outweigh the detrimental effects of alcohol promotion.⁵¹⁷ Healthway told the Committee that in Australia it was politically difficult for any government to act to reduce alcohol and junk food sponsorship of elite, high-profile sports as the exposure the companies are getting is phenomenal:

*The alcohol and junk food sponsors are concentrated in the higher-profile sports, because that is where they have got the television coverage...football is the major one, but cricket is now just a bombardment of junk food and booze, particularly the short forms of the game. ...It is like we have got a cap gun and they have got a full artillery aimed at the consumer. It creates a culture, and that culture is sustained by all of the elements of the package that they are pumping millions of dollars into.*⁵¹⁸

Recommendation 32

The Minister for Health write to the Federal Minister for the Department of Health and Ageing requesting that Western Australia’s proportion of the new Federal funding over four years for community sponsorship funds (to provide an alternative to alcohol sponsorship for community sporting and cultural organisations) be awarded to Healthway to administer.

(ii) Evidence from sporting bodies

Netball

The Committee heard from a wide range of sporting representatives for whom sponsorship poses differing challenges.

⁵¹⁶ Submission No. 57 from Healthway, 22 June 2010, p6.

⁵¹⁷ Ibid p7.

⁵¹⁸ Mr Maurice Swanson, Deputy Chair, Healthway, and Chief Executive Officer, National Heart Foundation of Australia (WA Division), *Transcript of Evidence*, 19 May 2010, p6.

Netball WA gave evidence that it does not receive any funding from alcohol companies at all:

*We have formed a partnership with Healthway ... and we understand that netball is Healthway's highest funded sport, both in sponsorship and program funding. In order to comply with the requirements of that sponsorship, Netball WA has adopted a health policy, which means that everyone in the sport within Western Australia has to comply with a health policy.*⁵¹⁹

Netball WA is lobbying its national association to adopt a similar policy:

*Western Australia is using its best endeavours to try to have a similar policy enacted by Netball Australia - a national policy. We are halfway there; the national association has agreed there will not be any alcohol sponsorship for any program associated with junior sports.*⁵²⁰

Netball has over 36,000 direct members and the Department of Sport and Recreation estimates that over 100,000 people attend a netball match every weekend and a further 45,000 people play netball at centres that are not affiliated with Netball WA.⁵²¹ Mr Henderson, Chief Executive Officer of Netball WA, explained the financial impact of its policy prohibiting all unhealthy sponsorship (including alcohol, junk food and high-sugar drinks):

*As part of this process, I undertook a comprehensive survey of netball associations to see the extent of, if I can call them this, 'non-complying messages' ... it was actually incredibly limited. There was, in any case, no alcohol throughout netball - in terms of sponsorship ... there was very limited sponsorship associated with fast foods and even less with high-sugar drinks. The financial impact of the adoption of our policy across the whole of netball is something in the order of \$25,000, of which Netball WA is compensating those associations ... It was quite surprising; frankly, I thought that there would be more.*⁵²²

Netball WA receives over \$500,000 a year in funding from Healthway for both its community programs and the West Coast Fever team in the trans-Tasman competition. Healthway is the West Coast Fever's principal sponsor, and the team promotes the Drug and Alcohol Office's 'Alcohol, think again' message.⁵²³

Bowls

The President of Bowls WA, Mr Frank Lilley, told the Committee that there are approximately 30,000 to 35,000 bowls players throughout the State and only a very limited amount of alcohol sponsorship in the sport. However, the consumption of alcohol during the games was a challenge for the sport, although "on the surface we do not have lots of problems associated with binge

⁵¹⁹ Mr Scott Henderson, Chief Executive Officer, Netball WA, *Transcript of Evidence*, 9 June 2010, p2.

⁵²⁰ *Ibid*, p3.

⁵²¹ *Ibid*, p2.

⁵²² *Ibid*.

⁵²³ *Ibid*.

drinking and that type of behaviour.” The board of Bowls WA has concerns about the sport’s culture, because bowls “is one of the few games where people can actually play the game and have a drink at the same time”.⁵²⁴

Mr Lilley explained that, while his organisation would like to see further progress in reducing the extent to which people drink while playing bowls, significant progress has already been made in moving away from full-strength to light beer:

*Light beer is what the people at our clubs mainly drink now. The sales of the full-strength beer would be significantly down. I would also mention that sponsorship is not really an issue with bowling. We might have some arrangements at club level with a particular brewery, but we do not have sponsorship per se at an association level.*⁵²⁵

Mr Lilley explained that any negotiations for sponsorship of bowls are not done at a centralised level but on a:

*club-by-club basis, and it is very low key. What tends to happen is that a club will sell Swan beers and they are given half a dozen casks. You are talking very low key, you are not talking about multimillions or even thousands of dollars of sponsorship; and we certainly do not have any of our state events, whatever you call the Swan Brewery singles or something like that.*⁵²⁶

Football

Football West is responsible for the promotion and regulation of football (soccer) throughout Western Australia and has a membership of approximately 33,000 players across the State, of which 20,000 are junior players.⁵²⁷ It receives annual funding from Healthway of \$200,000, which is subject to the co-sponsorship policy described above.

Football West does not receive any sponsorship from the alcohol industry. However, it argued to the Committee that Healthway’s co-sponsorship policy meant it missed out on funds from fast food and soft drink industries at a time of financial difficulty. Mr Hugg, Football West’s Chief Executive Officer, said:

we are, however, concerned at the increasing tendency to link legal and readily available off-the-shelf consumer products, such as fast food, soft drinks, alcohol and other such items, into the same category as tobacco and illicit drugs. ... there is no such thing as a healthy cigarette; whereas in these other categories, moderation and the provision of healthy alternatives can indeed be effective messages that we should be looking at promoting, as opposed to totally demonising anything that is put in one’s mouth.

⁵²⁴ Mr Frank Lilley, President, Bowls WA, *Transcript of Evidence*, 9 June 2010, p2.

⁵²⁵ Ibid, p4.

⁵²⁶ Ibid, p5.

⁵²⁷ Football West Ltd, *Annual Report 2010*. Available at: <http://fule-creative.com.au/fwannualreport/report>. Accessed on 14 March 2011. Mr Peter Hugg, Chief Executive Officer, Football West, *Transcript of Evidence*, 9 June 2010, p14.

*... grassroots community sport relies heavily on the support from such areas and sponsors; most often for its junior development programs, coach education initiatives and more general participatory and competition programs.*⁵²⁸

Football West made clear to the Committee the financial challenges faced by community-oriented organisations:

*By that I mean cold, hard, everyday reality and what crosses my desk: what is happening out there in club land, in the many zones and regions of WA, to the mums and dads and to the volunteer coaches and in my office where almost daily I and -I am sure- my fellow colleagues in the sports world are faced with running a major state sporting organisation under rather difficult circumstances. ... I have had to slash budgets, cut programs and deny staff the opportunity to conduct some wonderful initiatives which they want to implement.*⁵²⁹

Football West emphasised to the Committee that the ‘policy vacuum’ in the Federal Government means that each state organisation develops their own policies, leading to discrepancies across the country:

*the Australian Sports Commission benefits from and promotes two companies that would be considered inappropriate and frowned upon here in Western Australia. Similarly, our national governing body for the sport, Football Federation Australia, currently and in the past also benefits from similar sponsorship support from three major worldwide food and drink partners. Several of the most successful and most popular programs ever run in Australian sport have been run by football- under the old guise of soccer- the Coca Cola Youth Development program and the McDonalds Super Skills activities. ... Across the country, Football West is the only, I repeat only, football body that does not receive such support.*⁵³⁰

There seems to be two reasons for objections from sporting organisations to the Healthway approach. The first is a pragmatic, financial motivation:

*The message coming from Healthway now is that we are still getting the same amount of money as we got from tobacco, but it also wants us to not take sponsorship from alcohol and related fast foods. ... the reason being that that is worth a lot of money to us ... If Healthway wants to deliver the message through Football West, for example, in relation to alcohol and fast food, then in the same way as it did with tobacco, it is going to have to consider paying for the delivery of that message, otherwise sports will go the other way.*⁵³¹

A secondary, more philosophical argument, centres on the idea of working in partnership with the alcohol industry to try to create better drinking patterns in youth. It was argued that “why should the industry that makes a profit from the sale of alcohol not pick up some of this tab for us in

⁵²⁸ Mr Peter Hugg, Chief Executive Officer, Football West Ltd, *Transcript of Evidence*, 9 June 2010, p5.

⁵²⁹ *Ibid*, p6.

⁵³⁰ *Ibid*, p7.

⁵³¹ The Hon Mr Bob Kucera, Board Member, Football West Ltd, *Transcript of Evidence*, 9 June 2010, p10.

terms of education, particularly when we see that it is willing to do that?”⁵³². Football West felt that they could benefit from such a ‘social responsibility’ approach:

*we need to work in partnership with industry; similarly with the fast food industry. The indications we are getting from both those industries are that they want to work with sports. Their markets are juniors. ... At the end of the day, big companies like Lion Nathan and Carlton and United Breweries have a social responsibility, the same as we do. The way forward is to work in partnership, and equally with the health professions.*⁵³³

Cricket

The Committee received similar evidence from the Western Australian Cricket Association (WACA) about the beneficial commercial partnership for the sport with the alcohol and fast food industries:

*Without the income derived from alcohol sponsorship, the WACA, as a not-for-profit organisation, would be seriously impeded in its ability to deliver the diverse range of broad-based participation and high-performance programs in the Western Australian community. ... Sponsorship of cricket by alcohol companies is targeted primarily at brand awareness and brand switching through pourage arrangements at cricket venues...our alcoholic beverages partners work with us to actively support cricket at the grassroots level and have already taken it one step further with an emphasis on educating the cricket community on responsible consumption of alcoholic beverages.*⁵³⁴

Like Football West, the WACA advocated a partnership perspective:

*it is the WACA’s position that this opportunity to reach directly into communities through our existing frameworks is one that should be maximised with the delivery of educational messages. Engaging with companies who work with the products every day and who have stringent socially responsible policies is a worthwhile venture. ... If the restriction of sponsorship was enforced, the WACA and the broader cricket community would suffer through a significant loss of financial resources in the delivery of our programs.*⁵³⁵

The WACA receives an annual six figure sum from its alcohol industry sponsors, and provides services for 40,000 junior and 50,000 senior players. The WACA CEO, Mr Wood, stated that he “would have no problem with giving up alcohol-industry sponsorship money” if it were replaced by reliable long-term government funding.⁵³⁶ The WACA’s current funding from Healthway has been reduced to \$180,000 due to its association with alcohol industry sponsors.⁵³⁷

⁵³² Ibid, p12.

⁵³³ Ibid, p16.

⁵³⁴ Mr Graeme Wood, Chief Executive Officer, Western Australian Cricket Association, *Transcript of Evidence*, 22 September 2010, p2.

⁵³⁵ Ibid.

⁵³⁶ Ibid, p3.

⁵³⁷ Ibid.

One issue the WACA highlighted for the Committee was the extent to which national arrangements in sporting organisations take precedence over state arrangements. The WACA has its sponsorship arrangement with Lion Nathan, but:

*Cricket Australia has its sponsorship with Fosters, which is the international sponsorship for anything done overseas and you would no doubt be aware of the VB sponsorship ... Cricket Australia owns the signage rights for major events. It owns the event; we run the event for Cricket Australia. If it has a competing sponsor, that sponsor's right is overarching; it takes over from whatever there is at the State level.*⁵³⁸

This information implies that a voluntary code on alcohol sponsorship for sporting organisations in Western Australia may well be ineffectual as it would only impact on agreements signed in this State. In the case of cricket, these State agreements limiting alcohol sponsorship would then be overridden by agreements made by national sporting bodies. Only regulatory action, with a notice period of some years, would limit sponsorship in Western Australia in these cases.

However, if such local legislation was more stringent than other jurisdictions, then some events may not come to Western Australia. Mr Wood said:

*We have a venue agreement with Cricket Australia. We need to provide the venue. If we cannot provide the venue in the state in which Cricket Australia wants it [with appropriate advertisements], unfortunately we do not get Test matches or the one-day internationals.*⁵³⁹

Australian Rules football

The Western Australian Football Commission (WAFC) represents the development of Australian Rules football and has 120,000 participants and estimates that “the footy family is probably made up of half a million people when you take in members of the Eagles and the Dockers, participants, volunteers, umpires, and even just WAFL attendances”.⁵⁴⁰

The Committee was told the WAFC gets:

*direct about \$400,000 from the Department of Sport and Recreation. That is the main State Government funding. We do have arrangements with the Office of Road Safety and Healthway, but they are direct sponsorship agreements for specific outcomes.*⁵⁴¹

⁵³⁸ Ibid.

⁵³⁹ Ibid, p4.

⁵⁴⁰ Mr Wayne Bradshaw, Chief Executive Officer, Western Australian Football Commission, *Transcript of Evidence*, 9 June 2010, p7.

⁵⁴¹ Ibid, p9.

Mr Bradshaw, the WAFC Chief Executive Officer, recognised that his sport has a role to play in changing people's behaviours to alcohol:

*we believe that the issue of alcohol in the community is a cultural issue and that footy can play a key role in changing the behaviours and cultures of people. ... we are committed to health reform and we believe that footy can continue to make an absolute commitment to creating better communities, and that football can have an impact in delivering positive messages associated with alcohol. We believe that in terms of alcohol sponsorship, benefit accrued significantly outweighs the negatives associated with the alcohol sponsorship in terms of promotion.*⁵⁴²

The WAFC recognised the extent to which high-profile sporting figures are role models within the community, whether or not this is a role they wish to embrace for themselves. This brings with it considerable responsibility for the individual players, but also the sport as a whole:

*Footy is a high profile sport...Any time a player sneezes, he is going to be in the paper. Football carries a big responsibility. ... If you look historically at the role that footy has played in racial vilification, with the Nicky Winmar incident and things that arose out of that years ago, racial vilification has now been eradicated in football, and hopefully in sport, largely as an initiative by football. The AFL recently commenced a program on respect towards women. The AFL is currently in year three of a five-year program related to alcohol.*⁵⁴³

In relation to the alcohol sponsorship of football in Western Australia, Mr Bradshaw said his organisation received funding in exchange for 'pourage' rights at Subiaco Oval and the clubs. He explained it was paid for brand awareness activities rather than "promotion per se". He argued that, unless there was a ban imposed by government, liquor would be poured at Subiaco Oval as the:

*all-of-football deal actually currently makes Fosters the preferred brand; it is not about drinking more or having more alcohol consumption, it is about selecting Fosters over another brand in licensed premises that have the ability to serve alcohol at any event. There is very little funding applied or promotion undertaken; in terms of the sponsorship, it is broken up into pourage and sponsorship of competitions, so the whole Country Football League is sponsored by Fosters ...*⁵⁴⁴

Like the other sports, Mr Bradshaw was keen to emphasise that the WAFC tries to keep the alcohol sponsorship activities separated from its junior players, even though the funding is used to run these programs:

The AFL is very serious about it. It is a big community issue. From our perspective, it is about the misuse of alcohol more than the use of alcohol, which is a legal commodity, part

⁵⁴² Ibid p4.

⁵⁴³ Ibid, p6.

⁵⁴⁴ Ibid p5.

*of our social fabric. It is about responsible service of alcohol. We believe that footy can play a really big role in changing attitudes as a longer-term process rather than just saying, "Wipe out the sponsorship", because the impact that would have on us would be significant. We would have to drop programs, we would have to sack staff and we would not be able to undertake the community development role that we undertake.*⁵⁴⁵

Many of the same 'money buys capacity' arguments were made in relation to tobacco sponsorship of sport two decades ago. However, many witnesses saw the tobacco issue as different to alcohol in that they believed that alcohol can be consumed in a moderate fashion relatively safely:

*We have had meetings with other sports and we are all committed to undertaking some health reform measures associated with alcohol. We understand the issues associated with the misuse of alcohol. That is the point; it is the misuse of alcohol and the attitudes that are engendered. I think out of a coordinated campaign amongst all sports - I am sure I am speaking for all the sports - we are absolutely committed to doing that, and we think we can do that at a junior level where values are being formed and where we can work with our coaches.*⁵⁴⁶

(iii) A role for State Government intervention?

The witnesses from Football West made it clear that, while they appreciated their broader social responsibilities, the sport's finances and their ability to run State-wide programs ultimately counted for more:

*As a major sport, we understand our responsibility and obligations and we do not shy away from these. In fact, we actively encourage and endorse these and we wish to do far more. ... We have to look at the big picture: the real cost to us is the inability to do this. Other sports have made that value judgement: \$500,000 from an unhealthy company like McDonald's, or \$200,000 from Healthway. What are they going to choose?*⁵⁴⁷

Mr Swanson, the Heart Foundation's CEO, saw the possible solution to this:

*we need to be creative like we were with tobacco and have a hypothecated tax and make the industry pay for the replacement. The only way we could get the tobacco manufacturers out of sport was to have a health promotion fund that replaced them. I really do not believe that in their heart of hearts most sports, arts or racing organisations, for that matter, are comfortable promoting booze. ... they know what booze does to people both at an individual level and at a community wide level with road trauma, domestic violence, et cetera... They would be much more comfortable promoting a wholesome health message than they would a booze message. We have to create a replacement. I think that is what we have to do.*⁵⁴⁸

⁵⁴⁵ Ibid, p7.

⁵⁴⁶ Ibid p10-14.

⁵⁴⁷ Mr Peter Hugg, Chief Executive Officer, Football West Ltd, *Transcript of Evidence*, 9 June 2010, p6 & p11.

⁵⁴⁸ Mr Maurice Swanson, Deputy Chair, Healthway, and Chief Executive Officer, National Heart Foundation of Australia (WA Division), *Transcript of Evidence*, 19 May 2010, p6.

The Minister for Sport and Recreation, and Racing and Gaming, the Hon Terry Waldron, told the Committee that rather than preventing alcohol sponsorship of sporting organisations, the Government should use state-wide sporting networks to promote a healthy message of lower consumption:

*do not stop sponsorship through alcohol companies - change it. ...Use that network to promote and to deliver the messages about responsible service and responsible consumption. ... I think alcohol companies should be able to support sporting clubs and we should utilise that ... There may be restrictions about what they can do in sponsorship, and if an alcohol company wanted to walk away from that, then that would be their decision. ...I see it as changing the message, not throwing it out, because I think if you throw it out, we lose that opportunity.*⁵⁴⁹

Minister Waldron said cutting all alcohol funding to the State's sporting bodies posed too great a risk to the sporting programs:

*Some of the funding that comes through the alcohol and other companies makes it possible for those volunteers to keep doing what they do. If we end up cutting all the funding, it gets too hard, people throw up their hands, and that is when the baby goes out with the bathwater, because then you do not have the sports...*⁵⁵⁰

Minister Waldron emphasised the need to use sponsorship money to provide greater education programs in the junior clubs:

*I think we can assist our junior clubs through our senior clubs in education for kids before they get there. I can remember a time when you would see underage people at country sporting venues having a few cans. You very rarely see that now, and that is what we risk throwing out with the bathwater.*⁵⁵¹

In the absence of Federal Government regulation, the State Government should amend the *Liquor Control Act 1988* to phase out the sponsorship of sporting bodies in Western Australia by alcohol companies. Associated regulations could include provisions such as:

- alcohol sponsorship branding must not be applied to merchandising and promotional material aimed at junior players and spectators;
- alcohol sponsorship must not provide alcoholic beverages as prizes for sporting events;
- where sporting grounds are shared between junior and senior sides, sponsorship branding, such as signage, must be removed or covered for junior events; and

⁵⁴⁹ Hon Mr Terry Waldron, Minister for Racing and Gaming; Sport and Recreation, *Transcript of Evidence*, 8 September 2010, pp3-4.

⁵⁵⁰ Ibid, p4.

⁵⁵¹ Ibid.

- all alcohol sponsorship messages must include responsible drinking and health messages, such as the NHRMC guidelines.

Recommendation 33

In the absence of Federal Government action, the Minister for Health and the Minister for Racing and Gaming table in Parliament by June 2012 amendments to the *Liquor Control Act 1988* to phase out the sponsorship of sporting bodies in Western Australia by alcohol companies.

Recommendation 34

The Minister for Health by June 2012 increase the annual funding to Healthway to allow it to compensate sporting organisations which lose alcohol sponsorship due to the proposed amendments to the *Liquor Control Act 1988* to phase out the sponsorship of sporting bodies.

4.3 Health labelling

The labelling of alcoholic beverages is addressed in this chapter as the ABAC advertising code applies to product packaging and labelling. The labelling on alcohol packaging is frequently addressed by companies along with other presentational issues such as advertising, packaging and warning signs at point-of-sale.

(a) International situation

The argument for including health warnings on alcohol beverage containers is based on two main concerns:

- public health: warning labels on alcohol products, like those on tobacco, will alert drinkers to the hazards of alcohol consumption and possibly assist to reduce levels of hazardous consumption.
- consumer rights: consumers have the right to know what is in a product and what effect it will have on them, including information such as the energy content of a beverage, ingredient listing and nutritional information.

Internationally, the two best known examples of government mandated warning labels on alcohol products are France and the United States. In France, all alcohol labels must carry a warning to pregnant women about risks to the foetus of drinking alcohol during pregnancy. The warning can

be either in text form, translated from the French as ‘consumption of alcoholic beverages during pregnancy even in small amounts can seriously damage the child’s health’, or in the form of the pictogram in Figure 4.3.

Figure 4.3- French warning label on alcohol containers



French producers and distributors predominantly use the pictogram, and examples of a text warning are difficult to find. This pictogram has also been adopted by producers and distributors in other European countries, particularly since the adoption of the European Union *Alcohol Strategy*.⁵⁵²

The European Union *Alcohol Strategy* supports the need for consumers to have access to proper information about the health consequences of alcohol consumption. Labels on containers with information about the impact of hazardous and harmful alcohol consumption are seen as an effective measure to raise awareness of health risks. However, there is as yet no standardised approach in Europe, with various countries introducing different measures. Only France and Germany have mandatory requirements for labelling.⁵⁵³ Many countries, including the UK, have voluntary schemes.

In May 2007, the UK Government entered into a voluntary agreement with the alcohol industry to introduce health warning labels on alcoholic drink containers by the end of 2008. The agreed messages were to include:

- the drink’s unit content;

⁵⁵² Mr Walter Farke, ‘Health warnings and responsibility messages on alcoholic beverages – a review of practices in Europe,’ Catholic University of Applied Sciences, Germany, Feb 2011. Available at: [http://protect-project.eu/wp-content/uploads/2011/02/WP5-Alcohol-labelling-practices-in-Europe-14-02-11\[1\], p4 & p7](http://protect-project.eu/wp-content/uploads/2011/02/WP5-Alcohol-labelling-practices-in-Europe-14-02-11[1], p4 & p7). Accessed on 22 March 2011.

⁵⁵³ Ibid, p7.

- the recommended Government drinking guidelines: *UK Chief Medical Officers recommend men do not regularly exceed 3-4 units daily and women, 2-3 units daily*;
- the website address of the Drinkaware Trust;
- one of three health messages: ‘*Know your limits*’, ‘*Enjoy responsibly*’ or ‘*Drink responsibly*’; and
- an alcohol during pregnancy message: ‘*Avoid alcohol if pregnant or trying to conceive*’.⁵⁵⁴

A 2009 report detailed the degree of compliance with this voluntary regime. The research conducted a survey of over 600 beverage labels from samples purchased from supermarkets, convenience stores and off-license outlets and found that:

- 43% of the samples included the unit information;
- 32% included the Drinkaware Trust website;
- the three responsible drinking messages were only used on between 3.1- 10% of the samples. Alternative wording was used in 22% of cases and tended to emphasise the brand (ie Enjoy *brand name* in moderation);
- the sensible drinking guidelines were included in the agreed format in only 2.4% of samples. An alternative form was used in 11.8% of samples; and
- the textual pregnancy warning was used in only 2% of the samples with a pictogram used in 14.4%. An alternative warning was used in 2.2% of cases. (*Before/during pregnancy, most studies show that 1-2 units of alcohol once or twice a week do not cause harm in pregnancy*).⁵⁵⁵

This research shows that a voluntary labelling system is ineffective. Voluntary labelling clearly shies away from negative messages, and where any message is included, it is more likely to be a positively phrased message - such as ‘Enjoy Responsibly’ rather than ‘Know your limits’. As *Alcohol Concern* concluded, “Current labelling is counter intuitive, falls short of government’s expectations and does not sufficiently protect public health.”⁵⁵⁶

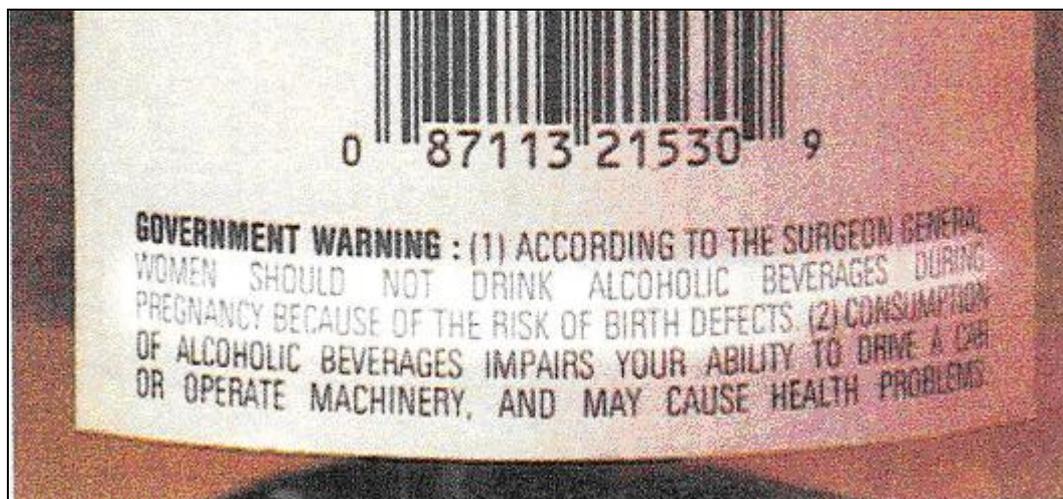
⁵⁵⁴ Eurocare, ‘*Labelling Initiatives: A Brief Summary of Health Warning Labels on Alcoholic Beverages*’, European Alcohol Policy Alliance, Brussels, August 2009, p10.

⁵⁵⁵ Ibid, pp11-12.

⁵⁵⁶ Mr Walter Farke, ‘Health Warnings and Responsibility Messages on Alcoholic Beverages – A Review of Practices in Europe,’ February 2011. Available at: [http://protect-project.eu/wp-content/uploads/2011/02/WP5-Alcohol-labelling-practices-in-Europe-14-02-11\[1\]](http://protect-project.eu/wp-content/uploads/2011/02/WP5-Alcohol-labelling-practices-in-Europe-14-02-11[1]), p28. Accessed on 22 March 2011.

Outside the EU, there is a broad range of approaches taken to the issue of labelling. In the USA, a warning label on alcoholic beverages was introduced in 1989. Since then, all alcoholic beverage containers must carry the warning shown in Figure 4.4.⁵⁵⁷

Figure 4.4- US textual warning label



A broad range of countries also have some form of mandated alcohol warning label, as listed in Table 4.2 below.

⁵⁵⁷

Ibid, p8.

Table 4.2- Summary of warning labels required in 16 countries⁵⁵⁸

Country	Text of labels
Argentina	"Drink with Moderation" and "Prohibited for people under 18 years old"
Brazil	"Avoid the risks of excessive alcohol consumption"
Colombia	"This product is harmful to the health of children and pregnant women" "The excessive use of alcohol is harmful to your health" "Prohibited for sale to minors"
Costa Rica	One of the two following messages must be placed on bottles: "Drinking liquor is harmful to health" "The abuse of liquor is harmful to health"
Ecuador	"Warning. The excessive consumption of alcohol restricts your capacity to drive and operate machinery, may cause damage to your health, and adversely affects your family. Ministry of Public Health of Ecuador. Sale prohibited to minors under 18 years of age"
Guatemala	"The excessive consumption of this product is harmful to the health of the consumer", or "The consumption of this product causes serious harm to your health"
Honduras	The law states that: "Preventative legends must be displayed on all alcoholic beverage packaging".
India (State of Assam)	"Consumption of liquor is injurious to health"
Mexico	"Excessive consumption of this product is hazardous to health"
Portugal	"Drink alcohol in moderation"
South Korea	One of the three following messages: (a) "Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer and is especially detrimental to the mental and physical health of minors" (b) "Warning: Excessive consumption of alcohol may cause liver cirrhosis or liver cancer and, especially, women who drink while they are pregnant increase the risk of congenital anomalies" (c) "Excessive consumption of alcohol may cause liver cirrhosis or liver cancer, and consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may increase the likelihood of car accidents or accidents during work" <i>On spirits:</i> "Excessive drinking may cause cirrhosis of the liver or liver cancer and increase the probability of accidents while driving or working"
Taiwan	"Excessive consumption of alcohol is harmful to health" or one of the following: "To be safe, don't drink and drive" "Excessive drinking is harmful to you and others" "Please do not drink if you are a minor"
Thailand	"Warning: Drinking Liquor Reduces Driving Ability" and "Forbidden to be sold to children under 18 years old"
United States	"GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcohol impairs your ability to drive a car or operate machinery, and may cause health problems."
Venezuela	One of the following warning statements or something similar is required: "The abuse of alcohol beverages can damage the health" "Excessive consumption can be harmful to health"
Zimbabwe	"(1) Alcohol may be hazardous to health if consumed to excess. (2) Operation of machinery or driving after the consumption of alcohol is not advisable"

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Professor Tim Stockwell, Centre for Addictions Research of BC, University of Victoria, 'A Review of Research Into the Impacts of Alcohol Warning Labels on Attitudes and Behaviours', February 2006. Available at: www.carbc.ca/Portals/0/PropertyAgent/2111/Files/25/Alc%20Warning%20Labels%20TS.pdf, p3. Accessed on 29 March 2011.

Considerable research has been done into the efficacy of warning labels as a way of improving public health. However, as a review for the Canadian government noted, almost all the research has been based on the USA label.⁵⁵⁹ This review examined a range of studies on the impact of warning labels and found that while there was little evidence for labels being effective in changing risk behaviour or drinking habits, there was evidence for other changes, such as:

- prompting target groups to discuss the health effects of drinking;
- increased awareness and recall of the labels and the health messages, particularly by young people and high-risk drinkers;
- increased awareness of the US message relating to birth defects by women of childbearing age; and
- increased levels of public support for the labels in the US after they were introduced.

The Canadian government review concluded that studies on the impact of the US alcohol warning label agreed that effects on drinking behaviour were either nonexistent or minimal. However, health researchers:

*have almost universally suggested that warning labels have the potential to contribute to positive outcomes as part of a larger range of more proven strategies, and especially if they are enhanced so as to be more noticeable, impactful and varied.*⁵⁶⁰

One influential study concluded that “considering the small size and relative obscurity of the typical US warning label, it is surprising that any impacts have been observed.”⁵⁶¹

(b) National situation

The National Preventative Health Taskforce’s (NPHT) report released in 2009 addressed the need for action on the issue of alcohol labelling. The report acknowledged the research discussed above and contrasted it with the tobacco labelling experience which:

offers strong evidence that warning labels can be effective not only in increasing information and changing attitudes, but also in changing behaviour. The successful use of tobacco warning labels suggests that alcohol warning labels should:

- *be graphic and attention-getting;*
- *occupy a considerable portion of the package surface, for example at least 25% of the physical space;*
- *involve rotating and changing messages.*

⁵⁵⁹ Ibid, p4.

⁵⁶⁰ Ibid, p7.

⁵⁶¹ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity; Research and Public Policy*, Second Edition, Oxford University Press, Oxford, 2010, p203.

*Perhaps most importantly, labels should complement, and be complemented by, a wider range of strategies aimed at changing behaviour.*⁵⁶²

The NPHT recommended that the Federal Government “require health advisory information labelling on containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol.”⁵⁶³

Alcohol is already subject to some labelling requirements administered by the regulatory body Food Standards Australia New Zealand (FSANZ). FSANZ administers the Australia New Zealand Food Standards Code, which lists requirements for foods such as additives, food safety, labelling and GM foods. Food standard 2.7.1 sets out the current requirements for alcohol labelling, which include a requirement for a declaration of alcohol by volume and a requirement for standard drink labelling.⁵⁶⁴

The Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) agreed in 2009 to undertake a comprehensive review of food labelling law and policy. The review’s report, *Labelling Logic: The Final Report of the Review of Food Labelling Law and Policy*, was presented to the Parliamentary Secretary for Health and Ageing in January 2011.

The report considered that alcohol was clearly within the mandate of the review, despite arguments by some submissions that alcohol should be subject to separate regulation. It saw no prima facie reason for excluding alcohol from the review as:

*there are compelling reasons for applying labelling changes to alcohol in the light of growing evidence relating to the short- and long- term adverse health effects of alcohol consumption.*⁵⁶⁵

The Review Panel endorsed the NPHT’s recommendation. It recognised that “warning labels in isolation are unlikely to be effective in modifying behaviour” but “believes it would be premature to rule out the value of alcohol warning labels ... it is [the] linkage with wider educative campaigns that is the critical factor, at least for generic warnings.”⁵⁶⁶

⁵⁶² National Preventative Health Taskforce, *Australia: the Healthiest Country by 2020: National Preventative Health Strategy - the Roadmap for Action*, Commonwealth of Australia, Canberra, 30 June 2009, p252.

⁵⁶³ Ibid.

⁵⁶⁴ Food Standard 2.7.1 ‘Labelling of Alcoholic Beverages and Food Containing Alcohol’. Available at: www.foodstandards.gov.au/foodstandards/foodstandardscodeold/standard271labelling4271.cfm. Accessed on 29 March 2011.

⁵⁶⁵ Review of Food Labelling Law and Policy, *Labelling Logic: The Final Report of the Review of Food Labelling Law and Policy*, report prepared by Review Panel, Dr Neal Blewett AC, Commonwealth of Australia, Canberra, 29 January 2011, p78.

⁵⁶⁶ Ibid, p80.

The Review Panel recommended “that generic alcohol warnings be placed on alcohol labels but only as an element of a comprehensive multifaceted national campaign targeting the public health problems of alcohol in society”.⁵⁶⁷

The Review Panel also discussed the issue of pregnancy-specific warnings. Given the serious risks of Foetal Alcohol Spectrum Disorder, it recommended that:

*a suitably worded warning message about the risks of consuming alcohol while pregnant be mandated on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages, as support for ongoing broader community education.*⁵⁶⁸

The Review Panel made two further recommendations in relation to alcohol warning labels. Recommendation 26 stated that the “energy content be displayed on the labels of all alcoholic beverages, consistent with the requirements for other food products.” Recommendation 27 found that “drinks that are mixtures of alcohol and other beverages comply with all general nutritional labelling requirements, including disclosure of a mandatory Nutrition Information Panel.”⁵⁶⁹

The whole-of-Ministerial Council response to the report is being coordinated by the federal Department of Health and Ageing. If the Ministerial Council accepts the recommendations of the Review Panel it will receive considerable public support for the changes to alcohol labelling.

Recent research carried out in Victoria by the Victorian Health Promotion Foundation (VicHealth) found that “85% of people interviewed support the introduction of labels detailing health information on alcohol products.” As the Chief Executive of VicHealth stated, “communicating health messages to consumers through product packaging is an efficient and effective way to reduce harm.” Professor Robin Room, of the Turning Point Alcohol and Drug Centre in Melbourne, also commented that:

*product labels can serve a number of purposes including providing information about the product to the consumer. Adding health information to alcohol products also helps to establish an understanding in the community that alcohol is a special and hazardous commodity.*⁵⁷⁰

The research in Victoria on alcohol labelling showed that there was “almost an expectation that some kind of health advisory label was likely to be introduced for alcohol products in Australia.”⁵⁷¹

⁵⁶⁷ Ibid.

⁵⁶⁸ Ibid, p82.

⁵⁶⁹ Ibid, p83.

⁵⁷⁰ *Victorians Call for Health Labelling on Alcohol Products*, Media Statement, VicHealth, Melbourne, 2 August 2009.

⁵⁷¹ VicHealth, ‘Alcohol Health Information Labels: Report of Qualitative Research into Health Information Labels on Alcoholic Beverages’, 2 August 2009. Available at: www.vichealth.vic.gov.au/en/Publications/Alcohol-Misuse/Alcohol-health-information-labels.aspx, p5. Accessed on 21 March 2011.

The research found that:

*awareness of the health consequences associated with alcohol was quite limited ... Participants were surprised by the link between alcohol and breast cancer and some were curious about the link with brain damage. Responses to these specific pieces of information suggest that health awareness campaigns, such as health information labels, that were aimed at increasing awareness of the direct health consequences of alcohol could be expected to affect drinking behaviours over time.*⁵⁷²

The CEO of VicHealth, Mr Todd Harper, commented that it is incongruous that Australian alcohol producers who export to the United States already label their products with a health warning to meet the US Government requirements, but products for Australian consumption do not have a health warning on the label: “why is it that we add health warnings for foreign consumers but we don’t give the same information to Australian consumers?”⁵⁷³

The Ministerial Council expects to consider its response to the review at its meeting in December 2011.⁵⁷⁴ The Western Australian Minister for Health is a member of the Council and will be involved in the process of developing its response to the Review Panel’s report. The Committee recommends that the Minister for Health support the adoption of the Ministerial Council’s alcohol labelling recommendations.

Finding 29

The Australia and New Zealand Food Regulation Ministerial Council’s comprehensive review of food labelling law and policy has produced compelling recommendations for the introduction of health message labelling on alcohol beverage containers.

Recommendation 35

The Premier report to Parliament by December 2011 on the efforts of the State Government’s lobbying of the Federal Government to implement the recommendations of the Australia and New Zealand Food Regulation Ministerial Council’s review relating to the national introduction of a health message warning on the labels of all alcohol products.

⁵⁷² Ibid, p4.

⁵⁷³ VicHealth, *Victorians Call for Health Labelling on Alcohol Products*, Media Statement, Melbourne, 2 August 2009.

⁵⁷⁴ Labelling Review Response Secretariat, Department of Health and Ageing, Electronic Mail, 31 March 2011, p1.

(c) Western Australian evidence

The Committee received evidence from the Cancer Council of Western Australia which strongly supported the introduction of warning labels on alcoholic beverage containers. This support is based on the Cancer Council's perception of the need for consumers to be informed of the little known cancer-related risks of drinking:

*alcohol is a known carcinogenic... Essentially, we are in a situation in which we have a known carcinogen that people, for the large part, are not terribly aware of... The scientific evidence says that alcohol consumption contributes to cancer on a dose-response effect; that is, the more you drink, the more you increase your risk...*⁵⁷⁵

The Committee also received evidence from Woolworths, one of the largest retailers of alcohol in Western Australia. Woolworths has begun to introduce its own labelling requirements for its home-brand alcohol products:

*We are actually the first people in the industry to start introducing pregnancy warnings on the labels of our own products. Where our own products appear, you will gradually see the introduction of a message that says, "If you are pregnant or think you are becoming pregnant (sic), the safest option is not to drink"... If the government decides to put health warnings on alcohol labels, okay, great, we will sell them with health warnings.*⁵⁷⁶

In light of the high levels of public support for the concept of warning labels, action by the State Government on this issue would be well received. Changing the text of the labels on bottles and cans would not be a particularly expensive undertaking for the producers of alcoholic beverages if they were given notice of the change.

The Western Australian wine industry has a large impact relative to its size as it produces premium wines. The Wine Industry Association of WA told the Committee it:

*represents about only 4% of the nation's crush: that is, the total wine grape crush that is produced for wine in Western Australia is only 4% of the total Australian wine crush. Saying that, we actually produce about 20% of the nation's premium-style wines.*⁵⁷⁷

A State Government requirement for a warning label on all beverages produced within Western Australia would ensure that 20% of the premium wine produced in Australia would have to meet this requirement. It would encourage other jurisdictions to follow its lead. Also, there are more than 30 breweries in Western Australia, many with interstate and overseas markets, that would be included within this requirement.

⁵⁷⁵ Mr Tony Slevin, Director Education and Research, Cancer Council of Western Australia, *Transcript of Evidence*, 23 June 2010, p2.

⁵⁷⁶ Mr Shane Tremble, Licensing and Acquisitions Manager, Woolworths Liquor Group, *Transcript of Evidence*, 09 June 2010, p10.

⁵⁷⁷ Mrs Aymee Mastaglia, General Manager, Wine Industry Association of Western Australia, *Transcript of Evidence*, 12 May 2010, p2.

Recommendation 36

In the absence of Federal Government regulation, the Minister for Health and the Minister for Racing and Gaming table in Parliament by June 2012 amendments to the *Liquor Control Act 1988* to introduce a system of health message labelling on alcohol products produced in Western Australia.

A large FASD research project is underway in the Kimberley run by the Nindilingarri Cultural Health Services. The Chairperson of Nindilingarri said the project received \$1 million from the Federal Government, and their education programs included health warnings for drinkers:

We also sat with the women's group, we went into communities and we produced resources that we used. You can see the two plastic cups that we have put messages on. Nindilingarri has given those cups to the [Fitzroy] Crossing Inn and they serve alcohol out of those cups. Also in front of me you can see the poster that goes with those cups, so that is placed down at the Crossing Inn.⁵⁷⁸

Recommendation 37

The Minister for Racing and Gaming table in Parliament by December 2011 amendments to the *Liquor Control Act 1988* making it a condition of liquor licences for drinking glasses to include an indication of the number of standard drinks.

⁵⁷⁸

Ms Maureen Carter, Chief Executive Officer, Nindilingarri Cultural Health Services, *Transcript of Evidence*, 29 July 2010, pp2-3.

CHAPTER 5 AFFORDABILITY – THE PRICING OF ALCOHOL PRODUCTS

5.1 Introduction

Reducing the affordability of alcohol products by increasing their price is a key strategy for any campaign to reduce the consumption of these products.⁵⁷⁹ The report on alcohol by the National Preventative Health Taskforce (NPHT) will be discussed later in this chapter. It states that over 50 studies worldwide have shown that when alcohol increases in price, consumption is reduced.⁵⁸⁰

Government action in Australia to increase price has already proved important in controlling and reducing consumption in other sectors, such as tobacco products and the use of water and electricity. The regular increase in tobacco taxes and charges has been a major factor associated with the drop in the consumption of cigarettes, from around 40% of adults smoking in the early 1980s to about 15% presently.⁵⁸¹

The Committee was told:

*The biggest body of evidence we have is to do with the price and taxation of alcohol. ... meta-analysis indicates that a 10% increase in the price of alcohol leads to a 4-5% reduction in the consumption of alcohol. The reduction in consumption has a broad impact on the public's health.*⁵⁸²

The need for State Government action is urgent, as highlighted in Figure 5.1 which shows a standard bottle of wine being sold in a major outlet in a large regional town in February 2011 at \$1.95 each (**or \$1.85 each when bought as a dozen**)– a price less than that for bottled water.

⁵⁷⁹ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity*, 2nd Ed, Oxford University Press, Oxford, 2010, p109.

⁵⁸⁰ National Preventative Health Taskforce, 'Australia the Healthiest Country by 2020- Technical Report No 3, Preventing Alcohol-related Harm in Australia: A Window of Opportunity.' 2009. Available at: [www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/09C94C0F1B9799F5CA2574DD0081E770/\\$File/alcohol-jul09.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/09C94C0F1B9799F5CA2574DD0081E770/$File/alcohol-jul09.pdf). Accessed on 10 June 2011.

⁵⁸¹ Professor Mike Daube, Deputy Chair - National Preventative Health Taskforce, *National Preventative Health Strategy*, AHHA National Conference, October 2009.

⁵⁸² Professor Steve Allsop, Director, National Drug Research Institute, Curtin University, *Transcript of Evidence*, 11 May 2010, p7.

Figure 5.1- Cheap wine sold in regional Western Australia (February 2011)

However, the taxing of alcoholic products is a process controlled by the Federal Government. This chapter summarises Australia's alcohol taxation system. It reviews the situation of government efforts at increasing the price of alcohol products in other jurisdictions. Finally, it concludes with some actions that the State Government can undertake that will increase the price of alcohol products.

5.2 Current taxation of alcohol in Australia

The current method of alcohol taxation in Australia is likely to be a significant factor in the success of programs aimed at reducing alcohol-related harm, as low prices increase the consumption of alcohol. In addition to the Goods and Services Tax (GST), other taxes on alcohol influence its production and consumption. These can be grouped under:

- volumetric taxes – locally produced beer, spirits and ready to drink (RTD) products have a volumetric excise duty. These products are taxed at the same level whether they are low or high alcohol;
- ad valorem taxes – these apply to imported wines (customs tax) and locally-produced wines. They are based on the price of the product and do not take into account its alcohol content. A wine equalisation tax (WET) applies to locally-produced wine products and cider; and
- hypothecated alcohol tax – is one where the proceeds are applied to programs which reduce alcohol-related harms, such as the Northern Territory's *Living with Alcohol Program*. This program commenced in 1992 and involved a levy on alcoholic drinks with more than a 3% alcoholic content. This resulted in an increase in cost of approximately 5 cents per standard drink. The levy was used for public health and treatment services until 2002 but was found by the High Court to be unconstitutional.

The non-GST volumetric excise duty per standard drink is as follows:

- packaged full-strength beer– 33 cents;
- packaged mid-strength beer– 30 cents;
- packaged low strength beer– 22 cents;
- ready to drink products (full strength)– 44 cents;
- spirits– 75 cents
- semi-premium bottled wine– 22 cents; and
- cask wine– 7 cents.⁵⁸³

The complexity in alcohol taxation was part of the Henry tax review and is explained further below. Providing an incentive for liquor manufacturers to produce low and mid-strength drinks and reducing the taxation of other low-alcohol products such as wine may encourage their consumption in lieu of high-alcohol products.

5.3 International situation

(a) Overview

Alcohol: No Ordinary Commodity states that more than 50 economic studies conducted in many regions of the world have demonstrated that increased taxes are directly related to reductions in alcohol use and related social problems, such as domestic violence, and physical health problems, such as cancer, liver cirrhosis, and heart disease.⁵⁸⁴ While the United States Government relied on alcohol taxes for about a third of its total revenues in the early Twentieth Century, most developed countries now collect between 2-5% of their revenues from alcohol taxes. Generally governments view alcoholic beverages as “especially suitable for taxation because of their detrimental social and public health consequences.”⁵⁸⁵

⁵⁸³ Mr Roger Nicholas, ‘Understanding and Responding to Alcohol-related Social Harms in Australia. Options for Policing’, (March 2008). Available at: www.ndlerf.gov.au/pub/Alcohol%20Paper%20-%209%20May%202008.pdf, p28. Accessed on 10 June 2011.

⁵⁸⁴ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity*, 2nd Ed, Oxford University Press, Oxford, 2010, p109.

⁵⁸⁵ *Ibid*, pp110-111.

The World Health Organization (WHO) is one of many international and national health organisations that strongly endorse the use of policies such as an increase in alcohol taxation, as an effective preventative strategy to reduce alcohol-related harm.⁵⁸⁶

The editor of *Alcohol: No Ordinary Commodity*, Professor Babor, told the Committee that as alcohol becomes less expensive relative to other commodities and relative to a person's disposable income, people will drink more of it. This is particularly so if they have been socialised into a culture that sees alcohol as relatively normal. He recounted an experiment he conducted with a group of heavy drinkers and light drinkers living on a research ward in a hospital for four weeks. The drinkers could work to pay for alcohol during the day. The researchers gave the participants half-priced drinks during three hours in the afternoon. The researchers found that both the light drinkers and the heavy drinkers doubled their alcohol consumption during that three-hour period when alcohol was freely available.⁵⁸⁷

The effect of price changes on alcohol consumption has been more extensively investigated around the world than any other potential control measure. Three recent reviews of published econometric studies (including data from Australia) show similar results after analysing about 250 studies into the impact of price increases on alcohol consumption. The results of these three studies are summarised in Table 5.1 below. They find that a consumer's demand for alcohol:

- is price responsive;
- is 'inelastic' and consumption will drop by 5% with a 10% increase in price (ie an inelastic value of -0.5 ⁵⁸⁸); and
- varies between beverage categories.⁵⁸⁹

Price elasticity is the percentage change in quantity demanded by a purchaser in response to a 1% change in the price of a product. The three reviews of 250 studies gave an average price elasticity for alcohol of -0.5 (beer was -0.4 , wine and spirits were -0.7).

⁵⁸⁶ National Preventative Health Taskforce, 'Australia: the Healthiest Country by 2020- Technical Report No 3, Preventing Alcohol-related Harm in Australia: A Window of Opportunity', 24 July 2009. Available at: [www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf), p23. Accessed on 7 April 2011.

⁵⁸⁷ Professor Thomas Babor, Professor of Community Medicine and Public Health, School of Medicine, University of Connecticut, *Briefing*, 7 February 2011.

⁵⁸⁸ Price elasticity of demand is a measure used in economics to show the responsiveness, or elasticity, of the quantity demanded of a good or service to a change in its price. It gives the percentage change in quantity demanded in response to a one percent change in price (holding constant all the other determinants of demand, such as income). Price elasticities are almost always negative. See http://en.wikipedia.org/wiki/Price_elasticity_of_demand. Accessed on 20 May 2011.

⁵⁸⁹ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity*, 2nd Ed, Oxford University Press, Oxford, 2010, pp112-113.

Table 5.1- Alcohol Median Price and Consumption Elasticity Studies⁵⁹⁰

Report	Alcohol	Wine	Beer	Spirits
Fogarty (2006)	n/a	-0.77	-0.38	-0.70
Gallet (2007)	-0.52	-0.70	-0.36	-0.68
Wagenaar et al. (2007)	-0.51	-0.69	-0.46	-0.80

While there were overall similarities in the results, there were variations in the elasticities between countries and at different time. Babor *et al.* reports that the Fogarty study found that elasticity is related to the market share of a product. Thus in a country where beer is the dominant beverage, then beer will be relatively ‘inelastic’ with an increase in price not having much of an impact on purchasing preferences. In the same country, an increase in the price of wine and spirits would have a greater effect on the demand for these products.

The impact of price on alcohol consumption rates can change over time. *Alcohol: No Ordinary Commodity* presents data for studies undertaken in Sweden over the last 100 years (see Table 5.2).

Table 5.2- Variation in Alcohol Price Elasticity in Sweden over Time⁵⁹¹

Period	Beer elasticity	Spirit elasticity	Wine elasticity
1920-1951	-1.2	-0.5	-1.6
1968-1986	-0.4	-0.2	-0.9
1984-2004	-0.9	-0.8	-0.6

Research contained in *Alcohol: No Ordinary Commodity* highlights five important issues for governments to consider in relation to pricing issues:

- the discounting of alcoholic beverages by the use of ‘happy hours’, selling products as ‘loss leaders’ or discounts for purchases in quantity have the most impact on consumption rates. This suggests that a minimum price for alcohol would be effective in reducing alcohol-related harm;
- alcohol taxation may reduce overall social inequalities and provide more substantial health benefits on economically disadvantaged people;
- a change in alcohol price was consistently related to changes in youth drinking rates.

⁵⁹⁰ Ibid.

⁵⁹¹ Ibid.

- research from a small number of studies has been mixed on whether increases in price have an impact on heavy drinkers. Some research shows significant elasticities of up to -1.9 (ie a 10% increase in price will lead to a drop in consumption by 19%), while others show little impact; and
- research on price increases on the health impacts on heavy drinkers has consistently shown dramatic reductions in alcohol-related mortality from cirrhosis and suicide. A recent study found that an increase in excise tax resulted in reductions of alcohol-related disease mortality between 11-29% over a period of 20 years.⁵⁹²

One area of research where there has been consistent findings is that higher taxes and increased prices for alcohol products is directly related to a lower level of traffic fatalities. This research is predominantly from the United States and shows a significant relationship, especially for younger drivers. When most states in the United States increased the legal drinking age to 21 years, this had a positive effect in reducing traffic fatalities.⁵⁹³

(b) Scientific evidence for minimum pricing

The evidence of the effectiveness of a 45-50p minimum price per British standard unit for alcohol products comes from the research at Sheffield University led by Professor Meier that was subsequently published in *The Lancet*. This research was based on the use of an epidemiological model which looked at 18 pricing policies using data from the United Kingdom (UK) Expenditure and Food Survey and the General Household Survey. The research assessed the effect of policy on household alcohol consumption and from this modelled the effect of consumption changes on mortality and disease prevalence for 47 illnesses.⁵⁹⁴

The Sheffield University model provides results for every five-year age band of males and females as well as heavy drinkers versus non-heavy drinkers. The model includes deaths, illnesses, costs to the UK National Health System from GPs or at hospitals and accident emergency attendances. It includes a range of 28 different crimes and 47 different chronic and acute health conditions. The model is being revised for the UK Government to also look at income and social profiles and this should lead to better predictions around alcohol-related harm.

The Lancet article reported that general price increases:

were effective for reduction of consumption, health-care costs, and health-related quality of life losses in all population subgroups. Minimum pricing policies can maintain this level

⁵⁹² Ibid, pp119-123.

⁵⁹³ Ibid, pp123-124.

⁵⁹⁴ Dr Robin Purshouse *et al.*, 'Estimated Effect of Alcohol Pricing Policies on Health and Health Economic Outcomes in England: An Epidemiological Model', *The Lancet*, vol. 375, 17 April 2010, pp1355-64. One unit of alcohol is defined as 10 millilitres in the United Kingdom, and as 10 grams (12.7 ml) in Australia- see http://en.wikipedia.org/wiki/Unit_of_alcohol. Accessed 20 June 2011.

*of effectiveness for harmful drinkers while reducing effects on consumer spending for moderate drinkers.*⁵⁹⁵

Professor Meier was asked by the UK Department of Health to model the implications and effectiveness of a minimum pricing policy starting at 15p per unit up to 70p per unit, in 5p pence increments. Her results show that below 30p per unit there was not a major effect on health, crime or employment-related harms because too few of the alcohol products sold in the UK are in that price range. The average off-trade, or grocery, unit price is already around 40p to 42p per unit.

From 30p per unit onwards, the savings in costs associated with the harm from alcohol rise quite dramatically to about 60p and 70p per unit. At these higher levels drinkers might start using more home brewing because so many alcohol products would get expensive.⁵⁹⁶

Appendix Fifteen shows the reduction in consumption and number of deaths avoided for different minimum prices. In summary, this research showed that:

- a 10% general price increase would reduce consumption by 4.4% and deaths by 1,460 per year at 10 years after policy implementation; and
- a 45p minimum price would lead to a similar consumption reduction of 4.5% but with 1,970 deaths avoided.⁵⁹⁷

Professor Meier told the Committee that in Europe licensing laws had become more lax in relation to licensing hours, outlet density controls and price controls. At the same time the liquor industry had become much more powerful because of global consolidation. The main four trans-national companies (Anheuser-Busch, Azapia Moore, Diageo and Pernod Ricard) account for about 70% of the total alcohol market. It then becomes increasingly difficult for governments to do something that is effective about reducing the harm from alcohol without interference from the industry.⁵⁹⁸

Professor Meier said that her team is now undertaking similar modelling for Canada, which has had a minimum price for alcohol for some time. She has undertaken a recent trip to Australia to see if her model could be used here too.

(i) United Kingdom legislation proposals

In his 2008-09 public health report⁵⁹⁹, the United Kingdom's Chief Medical Officer (CMO), Sir Liam Donaldson, said the nation was blighted by 'passive drinking' – with innocent bystanders

⁵⁹⁵ Ibid.

⁵⁹⁶ Ibid.

⁵⁹⁷ Ibid.

⁵⁹⁸ Professor Petra Meier, Professor of Public Health, University of Sheffield, *Briefing*, 31 January 2011.

⁵⁹⁹ Sir Liam Donaldson, Chief Medical Officer, '150 years of the Annual Report of the Chief Medical Officer: On the State of Public Health 2008', 16 March 2009. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_096231.pdf. Accessed on 7 April 2011.

the collateral damage of drunk drivers, domestic violence and antisocial behaviour. He said easy access to cheap alcohol was “killing us as never before” and must be curbed with tough licensing laws, price rises and a shift in public opinion that makes being drunk as unacceptable as smoking.⁶⁰⁰

The CMO proposed a minimum charge of 50p per unit of alcohol to be imposed on beer and wine throughout the UK. This proposal for a minimum price grew from two reports:

- the British Medical Association called for minimum price levels for the sale of alcoholic products as a part of a comprehensive alcohol control strategy in its September 2009 report *Under the Influence: The Damaging Effect of Alcohol Marketing on Young People*;⁶⁰¹ and
- the House of Commons Health Committee *Alcohol: First Report of Session 2009–10* in December 2010 found that a 50p per unit minimum price would save over 3,000 lives per year, and a 40p per unit minimum price would save over 1,100 lives per year.⁶⁰²

The House of Commons Health Committee report said that “the consumption of alcohol is sensitive to changes in price and that it is **economic illiteracy** to suggest otherwise.”⁶⁰³ It suggested there were three advantages to applying a minimum price to alcohol products rather than increasing duties on them:

- (i) Supermarkets do not pass on the full rises in duty to customers but get the alcohol industry to absorb them. This could not happen with minimum prices;
- (ii) Supermarket and other off-licence sales would be much more affected by a minimum price than hotel sales since most hotels sell alcohol at a higher price than any minimum price which has been proposed. It is often safer for drinkers to drink at hotels than at other locations (such as parties) as they provide security staff and bar staff trained in responsible drinking; and

⁶⁰⁰ Mr Sam Lister, The Sunday Times, ‘Chief Medical Officer Vows to Press on with Anti-Alcohol Campaign, Despite No 10 Rebuff’, 17 March 2009. Available at: www.timesonline.co.uk/tol/life_and_style/health/article5916887.ece. Accessed on 7 April 2011.

⁶⁰¹ British Medical Association, ‘Under the Influence: The Damaging Effect of Alcohol Marketing on Young People’, 7 September 2009. Available at: www.bma.org.uk/health_promotion_ethics/alcohol/undertheinfluence.jsp. Accessed on 7 April 2011.

⁶⁰² The Health Committee, House of Commons, ‘Alcohol: First Report of Session 2009–10’, 10 December 2010. Available at: www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm, p328, p111. Accessed on 7 April 2011.

⁶⁰³ Ibid, p127.

- (iii) Minimum pricing would encourage people to buy products that contain a lower level of alcohol.⁶⁰⁴

The CMO's proposal was rejected by then-Prime Minister, Mr Gordon Brown who said he was protecting the interests of the "sensible majority of moderate drinkers".⁶⁰⁵ However, the House of Commons Health Committee found that 44% of all the alcohol purchased in the UK is consumed by just 10% of the population and a minimum price of 40p per unit "would cost a moderate drinker (defined as someone who drinks about 6 units per week which is the average consumption of drinkers) about 11p per week" extra.⁶⁰⁶

Local action in the UK

Many people were unhappy that a minimum price for alcohol had not been set by the British Government. In late 2010 officials in Manchester suggested the city become the first to block cut-price drinks. Ten councils agreed that alcohol products should not sell for less than 50p a unit due to the costs arising from a 200% increase in alcohol-related violence over just four months. Police and health officials clamped down on alcohol promotions such as two-for-ones and drink as much as you can for £5.99.⁶⁰⁷

Current UK proposal

The current Conservative-Liberal Democrat Government is now proposing a minimum price on sales of alcohol at a rate below that of **duty plus VAT**, rather than including the cost of producing the products. Health campaigners say that is too low to have an impact on reducing alcohol-related harms, but the liquor industry described the proposals as a 'pragmatic solution'.⁶⁰⁸

⁶⁰⁴ The Health Committee, House of Commons, 'Alcohol: First Report of Session 2009–10', 10 December 2010. Available at: www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm, p310, p111. Accessed on 7 April 2011.

⁶⁰⁵ Mr David Hencke and Mr Andrew Sparrow, The Guardian, 'Gordon Brown Rejects Call to Set Minimum Prices For Alcohol', 16 March 2009. Available at: www.guardian.co.uk/politics/2009/mar/16/gordon-brown-alcohol-pricing. Accessed on 7 April 2011.

⁶⁰⁶ The Health Committee, House of Commons, 'Alcohol: First Report of Session 2009–10', 10 December 2010. Available at: www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15102.htm, p326. Accessed on 7 April 2011.

⁶⁰⁷ Mr Stephen White, Mirror, 'Manchester wants Minimum Price on Booze to Curb Drunks', 23 November 2010. Available at: www.mirror.co.uk/news/top-stories/2010/11/23/manchester-wants-minimum-price-on-booze-to-curb-drunks-115875-22733318/#ixzz1InhYDJeY. Accessed on 7 April 2011.

⁶⁰⁸ BBC News, 'Minimum Alcohol Price Levels Planned by Coalition', 18 January 2011. Available at: www.bbc.co.uk/news/uk-politics-12212240. Accessed on 7 April 2011.

Finding 30

In the United Kingdom it has been estimated that a minimum price of 50p per unit of alcohol would save over 3,000 lives per year and a price of 40p would save 1,100 lives per year.

Recommendation 38

As a matter of urgency, the Drug and Alcohol Office or the National Research Drug Institute at Curtin University be provided with funding by the Minister for Mental Health or the Minister for Health to collaborate with Sheffield University to ascertain the appropriate minimum price for alcohol in Western Australia. This outcome of this research be presented as a report to Parliament by April 2012.

(ii) Scottish legislation

The sale of cheap alcoholic products as ‘loss leaders’ in off-license premises such as supermarket chains saw the Scottish National Party (SNP), who were in government in 2010, announce a proposal for new legislation to set a minimum price of 45p per unit price (or per 10 millilitres or eight grams of alcohol). Health Secretary, Ms Nicola Sturgeon, maintained that costs would only rise for high-strength products sold at rock-bottom prices, such as cider. Ms Sturgeon said that by introducing a minimum price, there would be 50 fewer deaths in the first year after the policy was implemented, a £5.5m reduction in health care costs and 1,200 fewer hospital admissions from alcohol-related conditions.⁶⁰⁹

The Bill was passed on 10 November 2010 but without the provision for a minimum price, which was defeated 76 votes to 49 votes when both the Conservative and Labour Party MSPs opposed it. The new *Alcohol etc (Scotland) Act 2010* does include some new initiatives aimed at lowering alcohol consumption, such as a measure to reduce discounts for quantity purchases:

*6(B) 1 A package containing two or more alcoholic products (whether of the same or different kinds) may only be sold on the premises at a price equal to or greater than the sum of the prices at which each alcoholic product is for sale on the premises.*⁶¹⁰

⁶⁰⁹ *BBC News*, ‘Ministers Propose Scottish Minimum Drink Price of 45p’, 2 September 2010. Available at: www.bbc.co.uk/news/uk-scotland-11155653. Accessed on 7 April 2011.

⁶¹⁰ Scottish Parliament, ‘Alcohol etc. (Scotland) Bill’, 11 November 2010. Available at: www.scottish.parliament.uk/s3/bills/34-AlcoholEtc/b34bs3-aspassed.pdf. Accessed on 7 April 2011.

Since the attempt to introduce minimal pricing by the SNP was lost, there has been a general election in May 2011 which saw the SNP re-instated with a clear majority. Their election policy stated:

*Our effort to introduce minimum pricing was blocked by opposition politicians who were prepared to put party politics ahead of public health. Minimum pricing of alcohol is evidence based, and supported by doctors, nurses, the police and all those on the front line who deal with the effects of alcohol abuse. An SNP government will introduce a Minimum Pricing Bill as a priority in our first legislative programme and we will seek to build a coalition of support for it in Parliament to match the one that already exists outside of Parliament.*⁶¹¹

The SNP now has the numbers in Parliament but has yet to introduce an amendment to introduce minimum pricing. A new development is that the new leader of the Scottish Liberal Democrats has announced he will “back renewed SNP plans to impose a minimum price for alcohol.”⁶¹²

5.4 Australian data

In the past two years there have been two influential Australian reports that have addressed the importance of the need for government action on increasing the price of alcohol to prevent alcohol-related harm:

- the National Preventative Health Taskforce’s *Australia: the Healthiest Country by 2020* released in July 2009;⁶¹³ and
- the final report of the Australia's Future Tax System Review, known as the ‘Henry Report’ in May 2010.⁶¹⁴

(a) National Preventative Health Taskforce

The National Preventative Health Taskforce (NPHT) found that alcohol is more affordable in Australia today compared to 20 years ago. The proportion of average weekly expenditure spent by Australian households on alcoholic beverages in 1984 was 3.4% (\$12.30), compared to 2.6%

⁶¹¹ Scottish National Party, ‘Scottish National Party Manifesto 2011’, 2011. Available at: http://votesnp.com/campaigns/SNP_Manifesto_2011_lowRes.pdf, p15. Accessed on 9 June 2011.

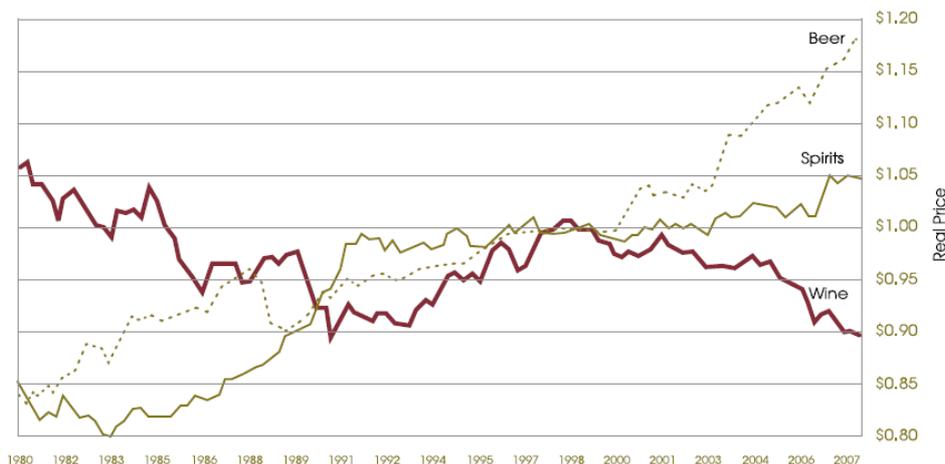
⁶¹² The Courier, ‘Willie Rennie Says Liberal Democrats will Now Support SNP’s Minimum Alcohol Pricing Plans’, 7 June 2011. Available at: www.thecourier.co.uk/News/National/article/14619/willie-rennie-says-liberal-democrats-will-now-support-snp-s-minimum-alcohol-pricing-plans.html. Accessed on 9 June 2011.

⁶¹³ National Preventative Health Taskforce, ‘Australia: the Healthiest Country by 2020- Technical Report No 3, Preventing Alcohol-related Harm in Australia: A Window of Opportunity’, 24 July 2009. Available at: [www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf). Accessed on 7 April 2011.

⁶¹⁴ Australian Government, ‘Australia's Future Tax System- Report to the Treasurer’, 2 May 2010. Available at: www.taxreview.treasury.gov.au/content/Content.aspx?doc=html/pubs_reports.htm. Accessed on 7 April 2011.

(\$23.32) in 2003–2004. Figure 5.2 shows the changes in the relative real prices of alcohol products in Australia over the past 30 years (with June 1999 rated at \$1.00).⁶¹⁵

Figure 5.2- Real price of alcoholic beverages relative to other consumption (1980 - 2008)



The NPHT said that “Australia’s alcohol tax system can best be understood as a constantly changing reflection of the history of alcohol consumption in Australia” and the “changing powers of taxation between state and territory governments and the Australian Government.” Different products, such as wine, spirits, beer, ciders, fortified wines, are taxed differently.⁶¹⁶ Table 5.3 below outlines the different taxes that apply in Australia for different alcohol products.

Table 5.3- Types of Alcohol Taxes Applied by Category⁶¹⁷

Tax	Beer	Spirits and RTDs	Wine	Cider
GST	Yes	Yes	Yes	Yes
Excise duty	Yes	Yes	No	No
WET	No	No	Yes	Yes
Customs duty (ad valorem)	No	Yes (imported)	Yes (imported)	No
Customs duty (volumetric)	Yes (imported)	Yes (imported)	No	No

⁶¹⁵ National Preventative Health Taskforce, ‘Australia: the Healthiest Country by 2020- Technical Report No 3, Preventing Alcohol-related Harm in Australia: A Window of Opportunity’, 24 July 2009. Available at: [www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf), p9. Accessed on 7 April 2011.

⁶¹⁶ Ibid.

⁶¹⁷ Ibid, p24.

The NPHT estimated that during 2008-09, the Australian Government collected over \$6 billion as a result of the production and consumption of alcohol. However, a substantial disparity exists between the amount of tax revenue received by the Government from drinking alcohol compared to the overall amount spent in attempting to prevent the harmful consumption of alcohol. For example, for \$1 spent on alcohol interventions aimed at adolescents, the Australian Government receives around \$7 in alcohol tax revenue.⁶¹⁸

Over the last 15 years, there have been a series of changes in the level of Australian excise and taxation applied to various forms of the ready to drink (RTD) product segment of the alcohol market. The NPHT said these changes:

*have resulted in major shifts in drinking patterns across Australia, particularly in relation to brown spirit pre-mixed drinks (mostly around 5% alcohol by volume in 375ml cans) and white spirit pre-mixed bottled drinks (mostly around 5% alcohol by volume in 375ml bottles). With each price change, sales of these RTDs have increased or decreased quite significantly.*⁶¹⁹

The NPHT said that the current taxation rates translate into a wide variety of taxation per standard drink of alcohol and “the current system represents a massive distortion of this principle.”⁶²⁰ Professor Daube told the Committee that the current alcohol taxation system was a ‘mess’ and ‘dysfunctional’ and needed to be urgently addressed by the Australian Government.⁶²¹

The NPHT described an approach in the 1980s that had been effective in encouraging the production and sale of low-alcohol beer. The excise duty (or tax) for beer less than 3.5% alcohol by volume was reduced and as a result more low-alcohol beer was sold, thus creating a financial incentive for an increase in the production of low-alcohol products.⁶²²

The NPHT highlighted the advantage of introducing a minimum floor price **in addition to a volumetric excise tax**. In addition to taxation reform, the NPHT suggested that raising the price of the cheapest forms of alcohol (a process known as raising the ‘floor price’ or minimum price) could be a significant factor in achieving a lowering of per capita consumption of alcohol.

Unfortunately, the NPHT suggested that raising the ‘floor price’ for alcohol will probably impact more on young people, Indigenous communities, heavy drinkers and lower socio-economic groups. It will create a shift in per capita alcohol consumption, rather than just a change in product

⁶¹⁸ Ibid.

⁶¹⁹ Ibid, pp25-26.

⁶²⁰ Ibid.

⁶²¹ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p2.

⁶²² National Preventative Health Taskforce, ‘Australia: the Healthiest Country by 2020- Technical Report No 3, Preventing Alcohol-related Harm in Australia: A Window of Opportunity’, 24 July 2009. Available at: [www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/\\$File/discussion-28oct.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/A06C2FCF439ECDA1CA2574DD0081E40C/$File/discussion-28oct.pdf), p25. Accessed on 7 April 2011.

preference.⁶²³ In some remote Western Australian communities the sale of large wine casks (the cheapest form of alcohol) have been banned. This is in effect an increase in the minimum floor price of alcohol.

Finding 31

The Commonwealth/State GST Agreement prohibits Western Australia from imposing its own state tax on alcohol.

Recommendation 39

The Minister for Health direct the Department of Health to work with Parliamentary Counsel by December 2011 to enable an amendment to the *Public Health Act 1911* to introduce a minimum floor price to prevent the sale in Western Australia of the cheapest forms of alcohol.

(b) Henry Tax Review

The Australia's Future Tax System Review, known as the 'Henry Tax Review' made two recommendations in regard to alcohol. One was recommendation 17:

*All alcoholic beverages should be taxed on a volumetric basis, which, over time, should converge to a single rate, with a low-alcohol threshold introduced for all products. The rate of alcohol tax should be based on evidence of the net marginal spillover cost of alcohol.*⁶²⁴

The Review admitted that the social and health costs of alcohol abuse by individuals are not effectively targeted by the current tax arrangements. In particular it argues that WET, as a value-based revenue-raising tax, is not well suited to reduce social harm. It gives an example of a two litre wine cask in Alice Springs costing \$10.99 which included about \$1.59 of wine equalisation tax. An equivalent volume of alcohol in full strength beer would attract \$7.48 in excise and in spirits \$16.45. It recommends shifting wine taxation from an *ad valorem* to a volumetric basis as a priority.⁶²⁵

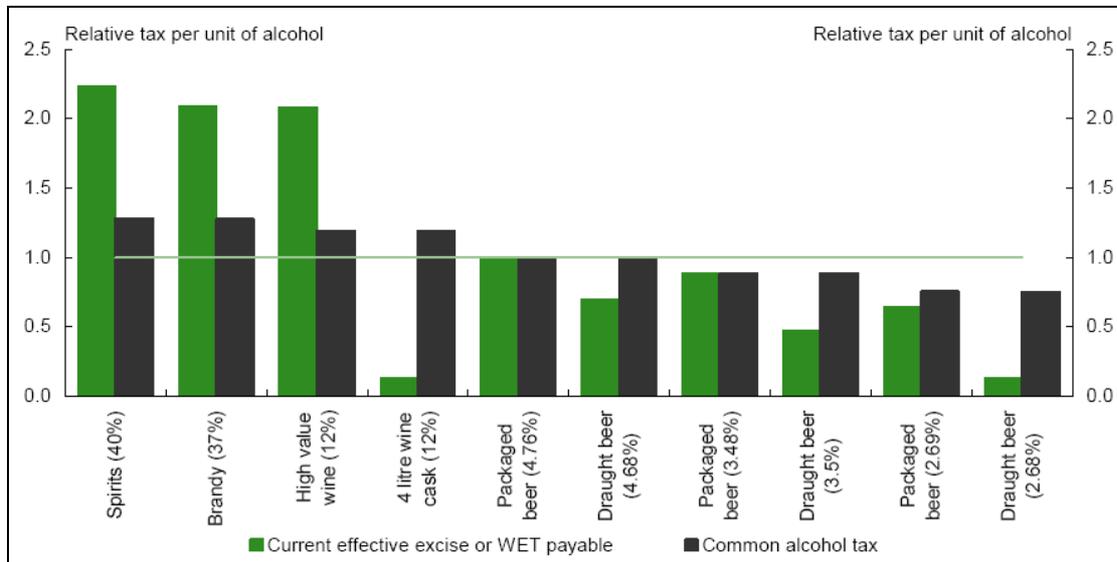
⁶²³ Ibid, p26.

⁶²⁴ Australian Government, 'Australia's Future Tax System- Report to the Treasurer', 2 May 2010. Available at: www.taxreview.treasury.gov.au/content/downloads/final_report_part_2/AFTS_Final_Report_Part_2_Chapter_E.pdf, p442. Accessed on 7 April 2011.

⁶²⁵ Ibid, p437.

Figure 5.3 below shows the impact, as calculated by the Review, of a proposed common alcohol tax on various beverage categories.

Figure 5.3- Relative taxation of alcohol under a common alcohol tax, by beverage type#⁶²⁶



The tax per unit of alcohol is measured relative to full-strength packaged beer.

The Review suggests that the Australian Government “should develop and announce a long-term transition path to a common alcohol tax” to ensure that sudden price rises or price falls do not adversely affect production or consumption decisions.⁶²⁷ However, health advocates want Australians to change their consumption decisions in relation to alcohol products in a more timely fashion. As at April 2011, the Australian Government has not made an announcement as to the Henry Tax Review’s recommendations on alcohol.⁶²⁸

5.5 Alcohol products as a ‘loss leader’

In evidence to the Committee, representatives of the two major supermarket chains, who also control about 50% of the nation’s alcohol sales, showed a clear understanding of the impact of price on the level of sales of alcohol products.

⁶²⁶ Ibid, p440.

⁶²⁷ Ibid, p443.

⁶²⁸ Australian Government, ‘A Tax Plan for our Future’, nd. Available at: www.futuretax.gov.au/pages/default.aspx. Accessed on 8 April 2011.

For example, in relation to the new national tax on Ready to Drink (RTD) or ‘alcopops’ products, the Committee heard:

*Initially, it had an impact, and there was a downturn in sales of those products, but there was a switch in our numbers between alcopops and also heavy beer and some wine products as well. ... There was also a bit more uptake in bottled spirits.*⁶²⁹

The evidence from Coles is that RTDs sales recovered and “are around about the levels they were prior to the tax.”⁶³⁰ This is further evidence that a minimum price approach to alcohol products should be combined with the Henry Review’s suggestion for a revised alcohol tax.

The two large supermarket chains, Coles and Woolworths, operate a majority of the alcohol outlets in Australia. For example, the Committee was told that in Western Australia, Coles activities included:

- serving 184,000 customers each week;
- 93 liquor stores that employ over 770 team members;
- three key brands– 1st Choice Liquor Superstore, Liquorland and Vintage Cellars; Vintage Cellars is the fine wine line, Liquorland the convenience brand and the superstores offer a broad range of products at competitive prices; and
- operating six hotels.⁶³¹

The Committee was worried about anecdotal evidence that these large chains advertised some alcohol products as ‘loss leaders’ to attract customers into their stores. When questioned directly about this, Mr Holloway from Coles told the Committee:

*We do not set out to make a loss or anything like that in our promotions. When you see low prices, that is generally the way the market has reacted more as a whole than anyone setting out to sell anything at a loss.*⁶³²

This year a public furore developed over claims from Fosters that Coles and Woolworths were indeed selling Carlton Draught beer as a ‘loss leader’ as part of a ‘beer war’. Fosters stopped supplying this product to a number of stores owned by both Coles and Woolworths nationwide.⁶³³ Coles, which owns Liquorland, Vintage Cellars and 1st Choice Liquor, said that “our customers

⁶²⁹ Mr Shawn Holloway, Operations Merchandise Manager, Coles Liquor, *Transcript of Evidence*, 12 May 2010, p2.

⁶³⁰ Ibid, p3.

⁶³¹ Ibid, p5.

⁶³² Ibid, p3.

⁶³³ Mr Trevor Chappell, ‘Retailers Deny Cut-Price Beer War, *The West Australian*, 23 March 2011, Available at: <http://au.news.yahoo.com/thewest/a/-/breaking/9058233/woolies-rejects-beer-war-claims/>. Accessed on 8 April 2011.

use promotional discounts to acquire additional supplies, which doesn't mean they engage in binge drinking".⁶³⁴ Confidential information presented to the Committee indicated that Liquorland was selling cans of *Emu Draught* beer in August 2010 at \$0.76 per can, when small competitors had to pay Lion Nathan \$0.91 a can as their wholesale price.

This loss-leading practise has occurred over the past three years but Fosters was worried about taking action as it was concerned by the growth in 'private label' beer and wine products being developed by the supermarkets. It is estimated that the sale of cheaper private label wine products will count for 10% of the Australian market and private label beer products will double by 2013.⁶³⁵

The Australian Medical Association also recently attacked both Coles and Woolworths for their alcohol price-cutting 'war' when both large retailers slashed their prices for cartons of premixed rum and cola drinks by between \$15-20 just prior to Easter. These new prices were below the recommended retail and \$7-12 below the independent wholesale price.⁶³⁶

Finding 32

Recent information about the action of Fosters in withholding its products indicates that Coles misled the Committee in its evidence that it did not price alcohol products in its stores in a way that they acted as 'loss leaders'.

The image in Figure 5.1 above of \$1.95 for a bottle of wine (or \$1.85 purchased as part of a dozen bottles) in Woolworth's Dan Murphy store shows that such 'loss leading' strategies are not restricted to beer sales. At this cost, the wine price is about 24c for a standard drink compared with other common products, such as mid-strength beer, which costs about \$2.10 per standard drink.⁶³⁷ A comparison of the different price for a standard drink from liquor products is shown in Table 5.4.

⁶³⁴ Mr Ben Harvey, 'MPs off on \$90,000 European Booze Study', *Weekend West*, 29 January 2011, p5.

⁶³⁵ Ms Adele Ferguson, 'Beer Today, None Tomorrow as Brewer takes on Big Chains', *Sydney Morning Herald*, 25 March 2011, pBusinessDay5.

⁶³⁶ Mr Adrian Beattie, 'AMA Anger Over Cheap Booze', *The West Australian*, 20 April 2011, p34 and Ms Vanda Carson, 'Supermarket Price War Switches to Pre-mixed Drinks', 19 April 2011. Available at: www.watoday.com.au/action/printArticle?id=2314262. Accessed on: 20 April 2011.

⁶³⁷ Mr Peter Hogan-Smith, Venue Manager, Belvidere's Bar, Bistro and Bottleshop, *Transcript of Evidence*, 8 September 2010, p6.

Table 5.4- Price of standard drinks⁶³⁸

Product	Container size and cost	Cost per standard drink
Cheapest RTD (4 pack)	250ml cans/bottles for \$13.00	\$3.25
Mid-priced wine	750ml bottle for \$19.95	\$2.40
Mid-strength beer	750ml bottle for \$4.40	\$2.10
Full-strength beer	750ml bottle for \$4.90	\$1.81
Cheapest spirit (eg scotch)	750ml bottle for \$24.00	\$1.20
Cheapest cask wine	4l cask for \$13.00	\$0.43
Clean-skin wine	750ml bottle for \$1.95	\$0.24

This action by a Woolworth’s owned liquor chain to price its products as a ‘loss leader’ contradicts evidence given to the Committee that:

*At Woolworths we take our role as a responsible retailer of alcohol very seriously. We are the largest alcohol retailer in Australia. ...all aspects of our liquor operations are subject to an alcohol strategy that includes a strict buying charter to ensure that products that target minors or **encourage irresponsible drinking are not sold in our stores** [emphasis added].⁶³⁹*

The Chairman of the Liquor Commission told the Committee that “the advertising by the Dan Murphy’s and Vintage Cellars is substantial. They have big and concerted advertising campaigns.” He was worried about the “cheap and cheerfuls—the casks and flagon market”:

If you are advertising cheap alcohol, it makes it readily accessible. If people have a budget for alcohol, they can now drink twice as much and get it for half the price.⁶⁴⁰

Finding 33

The actions of Coles and Woolworths in retailing alcohol products do not match their stated positions in evidence to the Committee that they are responsible retailers of alcohol and committed to the responsible service and supply of alcohol.

⁶³⁸ Mr Peter Hogan-Smith , Electronic Mail, 7 July 2010, p1.

⁶³⁹ Mr Shane Tremble, Licensing and Acquisitions Manager, Woolworths Liquor Group, *Transcript of Evidence*, 9 June 2010, p2.

⁶⁴⁰ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p8.

The Committee was told by a witness from an independent chain of alcohol outlets that competition was fierce with regular discounting of recommended prices by 15-20%. It also heard that new on-line entrants were reinforcing this competition. As an example, a carton of VB stubbies was being advertised on-line for \$37.99 while the owner of a large bottle-shop had to pay \$36 to the wholesaler for the same product.⁶⁴¹

Alcohol sales in Western Australia are now about 80% through the large chains (or ‘off-premises’) and about 20% through hotels and nightclubs (or ‘on-premise’). This development over the past two decades will need to be considered by the State Government when considering actions it can take to reduce the level of alcohol-related harm in Western Australia.

5.6 Recommended actions by the State Government

An editorial in *The West Australian* this year said that:

*the depth of the problem indicates that measures to tackle the alarming trend [of alcohol use among children] are needed and needed urgently...consideration should be given [by the Government] to action across a number of areas. These are likely to include the issues of price...*⁶⁴²

As outlined above, there seems to be little action that the State Government can initiate in terms of increasing the taxation of, or setting a minimum price for, alcohol products sold in the State. However, some remote Western Australian communities, with the support of the State Government, have banned the sale of large wine casks, the cheapest form of alcohol. This is in effect an increase in the minimum floor price of alcohol.

Despite trying, the Committee could not obtain advice from the Solicitor General’s office, the Attorney General’s office or the Director of Liquor Licensing on what new actions the State Government could take, in terms of affecting the price of alcohol products sold in Western Australia, under the existing Act. The Director of Liquor Licensing told the Committee that “I appear as a representative of the Minister for Racing and Gaming and liquor; therefore, I am not in a position to give my personal views on matters, but a view on policy as I see it.”⁶⁴³

⁶⁴¹ Mr Peter Hogan-Smith, Venue Manager, Belvidere’s Bar, Bistro and Bottleshop, *Transcript of Evidence*, 8 September 2010, p4.

⁶⁴² —, ‘Editorial’, *The West Australian*, 23 February 2011, p24.

⁶⁴³ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, p1.

Recommendation 40

The Premier urgently negotiate with the Federal Government to increase taxes on alcohol products by introducing a tiered volumetric tax in addition to a minimum retail price per standard drink.

There are immediate initiatives the State Government can take that will increase the costs to the liquor industry that will be passed onto consumers as increased drink prices, and hence act like a 'tax'. In the State's own *Liquor Control Act 1988*, Section 64 allows for the Director of Liquor Licensing, where it is in the public interest, to:

*impose conditions on licensees restricting the sale and supply of liquor from licensed premises. A condition may include a limitation, prohibition or an authorisation on any licence or permit and can relate to any aspect of business carried out under the licence, or any activity that takes place at the licensed premises.*⁶⁴⁴

As at 30 June 2010 there had been 11 Section 64 Restrictions applied in regional areas such as the Kimberley, Goldfields and the Pilbara. For example, the restrictions on liquor outlets in Derby are:

- 1 Full strength packaged liquor may only be sold between 12.00 noon and 8.00pm Monday to Sunday for the hotel/tavern licences and club licence; and between 12.00 noon and 8.00pm Monday to Saturday for the two liquor store licences.
- 2 The sale of 750 ml beer bottles (ie: "king browns") containing mainstream beer is prohibited.
- 3 The sale of wine in casks or flagons is limited to one two (2) litre cask or flagon, per customer, per day.
- 4 The sale of fortified wine (ie: port, sherry, muscat, etc) in a two (2) litre cask or flagon is prohibited and is limited to less than two litres of fortified wine, per customer, per day.
- 5 The licensee is prohibited from, and shall not authorise, any external promotion which advertises the price of full strength "mainstream" packaged beers (ie: regular beer with over 3.5% ethanol by volume); RTDs (Ready To Drink spirit or wine mixes); 2 litre wine casks; or spirits, whether the price is discounted or not. The licensee is also prohibited from any external promotion which links the purchase of full strength "mainstream" packaged beer, RTDs, spirits or 2 litre cask wine with any prize, contest or other customer incentive.

⁶⁴⁴ Department of Racing, Gaming and Liquor, 'Liquor Restrictions', nd. Available at: www.rgl.wa.gov.au/Default.aspx?NodeId=92&DocId=113. Accessed on 7 April 2011.

- 6 The sale and supply of liquor is prohibited before 12 noon on any day, except where it is sold ancillary to a meal.
- 7 The sale and supply of packaged liquor is prohibited –
- a. in an individual container that contains more than one litre of relevant liquor; or
 - b. in an individual glass container that contains more than 400 millilitres of beer;
- except –
- a. to a liquor merchant; or
 - b. with the written permission of the Director of Liquor Licensing.
- 8 For the purposes of (a), ‘relevant liquor’ means a substance intended for human consumption that at 20 degrees Celsius contains more than 6% ethanol by volume.

There does not seem to be any legislative limitation on the Director of Liquor Licensing using Section 64 restrictions about particular products (such as in No. 2, 3 and 4 above) for all liquor outlets in Western Australia.

Recommendation 41

By December 2011 the Director of Liquor Licensing extend the current Section 64 restrictions in the Kimberley and Pilbara limiting the sale of particular alcohol products to all other regions of the State where the annual litres per capita consumption of alcohol is greater than the Western Australian average.

Many of the new initiatives recommended by the Committee in this chapter above have already been legislated for in other jurisdictions and include:

- outlaw discount prices for quantity purchases of a product [Scotland];
- ban ‘happy hours’ that offer discounted drink prices [Victoria];
- increase the cost of a liquor licence based on a calculation that includes items such as the total amount of alcohol sold and the number of instances of violence associated with that outlet [Victoria];
- mandate the use of non-glass drinking containers in all liquor outlets [Queensland].

The Committee heard from the Director of Liquor Licensing that he already has power under the existing Act to take action in regard to discounted prices and 'happy hours':

*All my powers, as you quite correctly described, relate to activity on licensed premises. Whilst there is power, it does refer to the fact that I can put a condition on a licence which talks about price differentials. This is mainly for on-site consumption. People will start saying, "Well, if you come in from 6 o'clock to 8 o'clock we'll give you half price drinks, and from 8 o'clock to 10 o'clock we will give you certain priced drinks." I can actually control that. That's quite clearly where my powers lie.*⁶⁴⁵

In terms of additional powers flowing from alcohol-related harm, the Director said that the Act would need to be changed:

*I think there is a possibility of that being incorporated under the present structure of the Act, but there's a big question mark as to whether the head of power is actually that clear that it would survive a Supreme Court challenge. So it would be better to have it clearly spelt out in the Act.*⁶⁴⁶

⁶⁴⁵ Mr Barry Sargeant, Director General, Department of Racing, Gaming and Liquor, *Transcript of Evidence*, 22 September 2010, pp13-14.

⁶⁴⁶ *Ibid*, p14.

CHAPTER 6 EDUCATION AND TRAINING PROGRAMS

6.1 Introduction

The Committee's Inquiry has two terms of reference that deal with education and training issues:

- the evidence base, content, implementation and resourcing (including professional training) for health education and other interventions on alcohol and illicit drugs for school-aged students; and
- the adequacy of the current education and training of medical and allied health professionals in the alcohol and drug field.

The Inquiry's second interim report into illicit drugs addressed many of the education and training issues relevant to the drug and alcohol sector, as most organisations in this sector offer programs for both alcohol and other drugs. This report will therefore not duplicate the material contained in the earlier report, but will address education and training issues that are specifically relevant to alcohol.

6.2 Health education for school-aged students

As discussed in the illicit drug interim report, there is considerable debate among experts as to how effective education programs are in creating behavioural change, both in the short and longer term. Many witnesses were strong supporters of the need for educational programs for school students, particularly on alcohol. However, some health experts were wary about the importance placed on education programs and the extent to which they can be manipulated to reduce focus on other, possibly more effective, interventions. The Heart Foundation, for example, warned the Committee that the alcohol industry lobby tends to emphasise the need for education programs:

*The reason they do that is they know it does not work. In isolation, it is useless. What they want to do is distract you by doing that and to leave them alone to get on with the really important things.*⁶⁴⁷

However, while education programs on their own may not be particularly effective in changing behaviour, one of the recurring themes of the Committee's evidence was the need for these programs to be tied in to broader, society-wide efforts relating to alcohol. The Department of Communities reported to the Committee that:

There is good evidence that drug awareness programs can produce changes in young people's knowledge about drug use and its consequences, however information alone appears to be insufficient to change intention to use drugs or actual use in the long term. Drug education programs have consistently shown short-term effects on intention and drug use, but the effects diminish by late high school years unless they are supplemented by

⁶⁴⁷

Mr Maurice Swanson, Executive Officer, Heart Foundation, *Transcript of Evidence*, 19 May 2010, p8.

*other strategies such as social marketing, community mobilisation or parent involvement.*⁶⁴⁸

The Drug and Alcohol Office (DAO) agreed with this position:

*An evidence-based drug and alcohol education strategy for schools is a fundamental component of a comprehensive approach to addressing drug and alcohol problems. The school setting provides a unique opportunity to significantly influence young people as they pass through critical phases of development. There is strong evidence to show that early childhood interventions and prevention programs, specifically school-based drug and alcohol education, can reduce a range of risk factors that are related to drug and alcohol use and build protective factors that can protect against future drug and alcohol problems as well as a range of other social and health problems.*⁶⁴⁹

This comprehensive approach is promoted by organisations in other parts of the world. The Scottish charity *Alcohol Focus* told the Committee that they consider alcohol education is most effective when it is part of a comprehensive approach which also addresses the physical and social environment in which people drink.⁶⁵⁰

The Manager of the State's School Drug Education and Road Aware (SDERA), Mr Bruno Faletti, said the:

*whole approach of drug [and alcohol] education very much sits in a demand reduction sphere. The outcomes of drug [and alcohol] education should be measured with regard to it being an educational strategy so it has educational outcomes. A lot of the time people expect some quite unrealistic behavioural outcomes from drug education, being a reduction in drug use. While we aspire to that, it may not be realistic.*⁶⁵¹

One area where education on alcohol use can be useful is in the perception of students of what is 'normal' use amongst their peer group. This approach is known as the 'social norms' approach. As Professor David Foxcroft, a British expert, described it to the Committee, the social norms approach is a preventative approach for young people, based on the idea that young people overestimate how much their friends are drinking, which acts as a form of peer pressure. Because young people overestimate how much their friends drink, that motivates them to drink more themselves. As an example of this effect, the Australian School Student Alcohol and Drug

⁶⁴⁸ Submission No. 32 from Department for Communities, 10 August 2009, p4.

⁶⁴⁹ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p1.

⁶⁵⁰ Dr Evelyn Gillan, Chief Executive, Alcohol Focus Scotland, *Briefing*, 2 February 2011.

⁶⁵¹ Mr Bruno Faletti, Manager, School Drug Education and Road Aware, *Transcript of Evidence*, 09 June 2010, p1.

(ASSAD) Survey Results found in 2008 that 25.8% of Western Australian students thought their peers had smoked cannabis in the past week, while only 4.5% admitted to having done so.⁶⁵²

The idea of the social norms approach is to correct that misperception by providing feedback which says, ‘actually, your friends aren’t drinking a lot more than you; they’re not drinking as much as you think they are.’ If the misperception is corrected, that takes away the motivation for young people to drink more, and reduces the rates of alcohol misuse in the young student and young adolescent population.⁶⁵³

This approach is endorsed by SDERA:

*The norms around drug use need to be readdressed so that young people do not think everybody does this, and I think it is an opportune time to do that. Social norms, providing accurate information and the ability to provide some skill development are all realistic outcomes of drug education.*⁶⁵⁴

Mission Australia reported to the Committee on the importance of this form of education, making the point that sometimes media coverage can play a negative role in perceptions of the problem:

*Young people are highly sensitive to perceptions of what is ‘normal’ amongst their peers, and they often overestimate the amount of alcohol and drugs consumed by those around them. Studies have shown that young people’s perceptions of the drinking habits of their peers are important predictors of their own drinking behaviour. The current high profile of young people and binge drinking in the media can also further compound the existing problem by normalising the practice. Normative education can help to address this, and needs to be based on the local culture and context.*⁶⁵⁵

Other than the impact of peers, a second debate in the literature is around the efficacy of one-off intervention style programs delivered by outsiders who visit a school, versus an ongoing education program delivered as part of the normal curriculum by a class teacher. In Western Australia, the State Government has chosen to prioritise the delivery of alcohol education via the usual class teacher rather than one-off interventions. As DAO describes:

There have been many drug and alcohol education interventions that have been implemented in schools. Despite this, only a limited number have been based on evidence, and have been adequately evaluated. Midford (2002) argues that the decisions around what makes for good drug education have sometimes been influenced by the effective marketing of programs, or because they reflect popular community views on how harms

⁶⁵² Ms Rebecca Haynes, ‘Australian School Student Alcohol and Drug (ASSAD) Survey Results from 2008’, 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1217&Command=Core.Download, slide 18. Accessed on 22 March 2011.

⁶⁵³ Professor David Foxcroft, Psychologist, Oxford Brookes University, *Briefing*, 31 January 2011.

⁶⁵⁴ Mr Bruno Faletti, Manager, School Drug Education and Road Aware, *Transcript of Evidence*, 9 June 2010, p2.

⁶⁵⁵ Submission No. 22 from Mission Australia, 31 July 2009, p4.

*should be prevented. Independent reviews of some of these programs and research into the effectiveness of one-off interventions have shown that, at best, most have no effect on behavioural outcomes and, at worst, can increase interest in drug use.*⁶⁵⁶

As discussed in the Committee's second interim report, the SDERA program is the main school alcohol and other drug education program in Western Australia and its annual funding in 2009-10 was "\$1,023,000 from the Drug and Alcohol Office, specifically for State-funded drug education... about \$380,000 from the Commonwealth Government to implement national drug strategy initiatives, and then we receive some road safety funding."⁶⁵⁷

The State's largest non-government provider of alcohol and drug education sessions in schools, Life Education Western Australia (Life Ed), gave evidence to the Committee that sought the reinstatement of State Government funding. This proposal was detailed further in the Committee's illicit drugs interim report.

A further issue regarding school programs is the perception that drug and alcohol education is a difficult area that poses challenges to teachers:

*The learning area of health and physical education is a compulsory part of the school curriculum. However the subject matter used to deliver the outcomes of this learning area is for the school to decide. Drug and alcohol education is an area in which undergraduate teachers receive very little training, is controversial, and is believed to send mixed messages to the parent body (eg "they teach drug education, so there must be a drug issue in the school.") Therefore it is often overlooked in place of less controversial but important health topics. Effective drug and alcohol education requires well trained teachers, provided with evidence-based curriculum resources, who have adequate dedicated time to teach the subject.*⁶⁵⁸

DAO therefore recommends that drug and alcohol education should be a mandatory part of the core health and physical education curriculum. This recommendation was echoed by other groups who provided evidence to the Committee's inquiry. WANADA, the Western Australian Network of Alcohol and Other Drug Agencies, also spoke of the need for government to ensure that schools participate in the SDERA program:

But the schools do not always choose to do that. ... There are also examples where a school will not participate in the SDERA program but they will get someone they know who used to use drugs or a bikie and talk, as an example, which is not always evidence based. They do not provide the opportunity for their teachers to go and get the training. I think that we would certainly like to see more incentives for schools to participate in the SDERA

⁶⁵⁶ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p2.

⁶⁵⁷ Mr Bruno Faletti, Manager, School Drug Education and Road Aware, *Transcript of Evidence*, 9 June 2010, p3.

⁶⁵⁸ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p10.

*program as a prevention initiative; and also make those links with the alcohol and drug services so that they can link in if there are at-risk children, or parents for that matter.*⁶⁵⁹

Finding 34

Drug and alcohol education is not currently a core part of the curriculum in all government schools in the State.

Recommendation 42

The Minister for Education ensure that drug and alcohol education becomes a mandatory part of the curriculum in all schools, and that schools are encouraged to engage with the School Drug Education and Road Aware program.

Given the difficulties teachers face in handling drug and alcohol education topics, the Committee considers that the State Government should advocate for better and more comprehensive drug and alcohol education training as a part of teacher training curricula. This could be done by encouraging tertiary institutions that provide courses and qualifications in teaching to include this subject area as a mandatory part of their teacher training program. The Committee recommended in its second interim report that the State Government fund further training of the State's trainee school teachers. Embedding alcohol and drug education within the normal health education curriculum of schools was recommended by the University of Canberra.⁶⁶⁰

Finding 35

Alcohol education programs are most effective when part of a broader, whole of population strategy that includes other facets, such as being incorporated in teacher-training curricula.

⁶⁵⁹ Ms Jill Rundle, Executive Director, Western Australian Network of Alcohol and Other Drug Agencies, *Transcript of Evidence*, 25 August 2010, p6.

⁶⁶⁰ Mr Rod Ballard *et al.*, 'Principles for Drug Education in Schools', 1994. Available at: http://education.qld.gov.au/health-safety/promotion/drug-education/docs/r_principlesde.doc. Accessed on 5 May 2011.

Recommendation 43

The Minister for Education encourage the State's universities to develop a more comprehensive undergraduate and postgraduate teacher training curriculum in alcohol and drug issues.

The Drug and Alcohol Office also raised the issue of accessing children and young people who are outside the school environment for any reason. Youth services funded through the Department of Child Protection (DCP) in Western Australia are:

*primarily for disadvantaged young people commencing secondary education and up to 18 years of age who may be at risk due to a number of factors. These factors may include family conflict, truancy, drug and alcohol use (including volatile substances), poor social skills, and isolation from their peers. Increasingly, youth services manage young people with high support and complex needs, and challenging behaviours, who are likely to have experienced multiple risk factors.*⁶⁶¹

In 2009, DCP provided \$3.2 million for 47 services for young people at risk:

*DCP have [sic] indicated that young people are increasingly presenting at services for young people at risk, with more complex needs such as drug and alcohol, and mental health issues. Numbers of young people participating in the services continue to increase; however according to DCP these services often find it necessary to limit numbers due to safety, duty of care and liability concerns.*⁶⁶²

Given the clear vulnerability of this group, increasing the capacity of youth services should be a priority for the State Government, especially in regional and remote areas. As described in the Committee's first interim report on the Kimberley, services in remote areas are in desperate need of augmentation. As DAO argues:

*Increased capacity in State-funded youth services is required to provide adequate service provision and to implement specific strategies to work with young people with drug and alcohol problems. It is suggested that increased capacity would ensure that each service is able to provide at least one full time equivalent service and provide for increased coverage across the State. This model would recognise the higher cost of providing services in regional and remote areas and provide for the purchase of services (including diversionary activities or services to address individual client needs) when other alternatives are not available.*⁶⁶³

⁶⁶¹ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p14.

⁶⁶² Ibid.

⁶⁶³ Ibid, p15.

Recommendation 44

The Minister for Child Protection substantially increase funding to youth service organisations in the 2012-13 budget to increase the provision of diversionary, early intervention and positive lifestyle strategies targeted at young people at risk of drug and alcohol problems.

6.3 Tertiary level education and intervention programs

International research has found that university and tertiary level students often have higher rates of risky and hazardous drinking than their non-student peers in the wider community. One study of students in New Zealand found that “the prevalence of hazardous drinking...was almost twice as high among students, while harmful drinking...was three times as prevalent.”⁶⁶⁴

A recent US study compared 18-29 year-olds in the general population with college students and showed:

*that monthly heavy drinking (5+ drinks per occasion for men, 4+ for women) was significantly more common in college students than in the general population sample (24% vs. 20%). A diagnosis of alcohol dependence was also significantly more common among college students than among their non-student peers (15% vs. 12%).*⁶⁶⁵

In 2007 a study carried out at the Curtin University of Technology in Western Australia invited 13,000 undergraduate students to participate in a program evaluating a web-based alcohol screening program. After screening, students were randomised and the intervention group received a 10 minute web-based motivational assessment and personalized feedback. Of the 7,237 who agreed to participate, 2,435 were scored in the hazardous harmful range and 84% of these completed at least one follow up. After a month, the participants who received the intervention drank less often, drank smaller quantities per occasion, and drank less alcohol overall than did the control students.⁶⁶⁶

Healthway provided funding to both the University of Western Australia (UWA) and Curtin University to implement programs to target problematic drinking among their student populations. At Curtin, the THRIVE (Tertiary Health Research Intervention Via Email) web-based program

⁶⁶⁴ Dr Kyp Kypri, Matthew Cronin and Craig S. Wright, ‘Do University Students Drink More Hazardously Than Their Non-Student Peers?’, *Addiction*, vol. 100, no.5, 2005, p713-714.

⁶⁶⁵ Ibid.

⁶⁶⁶ Kypros Kypri *et al*, ‘Randomized Controlled Trial of Proactive Web-Based Alcohol Screening and Brief Intervention for University Students’, *Archives of Internal Medicine*, vol. 169, no.16, 14 September 2009, p1508-1514. ‘Respondents who scored 8 on the Alcohol Use Disorders Identification Test (AUDIT) and had exceeded the Australian National Health and Medical Research Council’s guidelines for acute risk (binge drinking: 4 standard drinks for women, 6 for men) in the last 4 weeks were considered to have screened positive for unhealthy alcohol use.’

was implemented. THRIVE is a web-based questionnaire that provides feedback to students on their alcohol and tobacco use and its potential effects on their health and lives more broadly.⁶⁶⁷

Research on the effectiveness of the THRIVE project found that “heavy drinkers who received the e-SBI [electronic screening and brief intervention] drank 17% less alcohol than controls one month after screening and 11% less alcohol six months after screening.”⁶⁶⁸ The researchers concluded that:

*Given the scale on which proactive e-SBI can be delivered and its acceptability to student drinkers, we can be optimistic that a widespread application of this intervention would produce a benefit in this population group. The e-SBI, a program available free for nonprofit purposes, could be extended to other settings, including high schools, general practices, and hospitals.*⁶⁶⁹

At UWA, a similar web-based program (the Tertiary Alcohol Project (TAP)) was implemented. The TAP website “is designed to provide practical information to students regarding alcohol consumption and social norms.”⁶⁷⁰ The website also provides links to counselling for alcohol issues and campus-based services.

Finding 36

Web-based screening and brief intervention programs on alcohol aimed at problem drinkers among tertiary students are a useful initiative given the high proportion of students who drink at risky levels.

⁶⁶⁷ Curtin University of Technology, ‘THRIVE - Online Alcohol Intervention (Tertiary Health Research Intervention Via Email)’. Available at: <http://wachpr.curtin.edu.au/thrive/index.cfm>. Accessed on 5 May 2011.

⁶⁶⁸ Kypros Kypri *et al*, ‘Randomized Controlled Trial of Proactive Web-Based Alcohol Screening and Brief Intervention for University Students’, *Archive of Internal Medicine*, vol. 169, no.16, 14 September 2009, p1512.

⁶⁶⁹ *Ibid*, p1513.

⁶⁷⁰ University of Western Australia, ‘Tertiary Alcohol Project’, May 2011. Available at: www.tap.uwa.edu.au/. Accessed on 5 May 2011.

Recommendation 45

The Minister for Mental Health provide annual funding in the 2012-13 budget to expand web-based intervention programs (such as TAP and THRIVE) to all tertiary institutions in Western Australia. This funding is to be used for the ongoing research, promotion, management and evaluations of these programs. The Drug and Alcohol Office should report on the outcomes of these programs in its annual reports.

6.4 Education for parents

An important theme that emerged from the Committee's evidence was the clear need for better education for parents on alcohol-related issues. Professor Toumbourou from Deakin University stressed the need to provide education to parents to help them understand the most beneficial way to handle alcohol in relation to their children. Many parents mistakenly believe that the 'Mediterranean model' of providing alcohol to their children in family settings will help them to develop better skills for handling alcohol.

However, Professor Toumbourou's research shows this is not the case, and:

there are benefits to reducing alcohol problems in our society if we can encourage more children to not use alcohol until they reach the legal drinking age or to at least wait until they are close to the legal drinking age. That will require a change on the part of the parents, who are often providing alcohol to children in the hope that it will train them to use alcohol moderately. Our evidence is showing that it is not having that effect; it is having the reverse impact. It is leading children to become hardened to alcohol at too young an age and they go on to have greater problems later on. The reason for that is partly physiological because alcohol has a greater impact on the developing brain.⁶⁷¹

Dr Foxcroft of Oxford Brookes University also reported that, despite the belief that the 'Mediterranean model' helped to reduce problems such as binge drinking in young people, in reality binge drinking is now becoming a serious problem in regions such as northern Italy, Spain, and parts of France.⁶⁷²

As described in Chapter One, recent medical research and neuroscience advances have shown that alcohol can have negative consequences on the developing brain of adolescents. It would seem

⁶⁷¹ Professor John Toumbourou, School of Psychology, Deakin University, *Transcript of Evidence*, 30 March 2011, p2.

⁶⁷² Professor David Foxcroft, Psychologist, Oxford Brookes University, *Briefing*, 31 January 2011.

that this information is not well known within the community, as research from 2008 shows that 40% of young people got their last alcoholic drink from their parents.⁶⁷³

A recent press article reported on research which showed that of 2,282 St John Ambulance call-outs in 2009-10 where the primary reason was alcohol intoxication, 352 (or 15%) of them were for people aged 18 or younger. Five were children under 12 and “WA ambulances are being called to treat almost one child or teenager a day for alcohol intoxication.”⁶⁷⁴

As Professor Daube pointed out, “this is the tip of the iceberg and these are only the children who are disastrously drunk and at immediate risk.” He went on to say:

*we need much more comprehensive action at all levels, because we have a culture where drinking to get drunk is becoming the norm for kids and that has to change. The answers aren't just for governments because you have to wonder where the parents are when young children are drinking themselves comatose.*⁶⁷⁵

The Committee heard in many regional areas, such as the Kimberly, of the need for the family to be involved in addressing youth drinking. In Katanning the Committee was told by Police:

*there are parents and guardians who do not object to their kids as young as 12 and 13 drinking alcohol. The majority of burglaries in Katanning are of licensed premises and generally involve kids stealing alcohol; they may even break into a house to just steal alcohol. The numbers are not high, but certain recidivist offenders commit burglaries just for alcohol.*⁶⁷⁶

In country regions, a small number of problem youth drinkers create a large amount of demand for a range of government agencies, especially the justice system. In Katanning the Committee was told there were about “20 recidivist problem children” and that:

*Eighty per cent of the young people who come before juvenile justice teams—which is the diversionary program—we see only once. Eighty per cent of the remaining 20% who return, we see only two or three times.*⁶⁷⁷

The Committee was briefed by the Executive Director of the Drug and Alcohol Services South Australia who highlighted a number of issues to do with modern families.

⁶⁷³ Hon Mrs Helen Morton, Minister for Mental Health; Disability Services, Hon Mrs Robyn McSweeney, Minister for Child Protection; Community Services; Seniors and Volunteering; Women’s Interests; Youth, ‘Young People and Alcohol’ - An Important Guide for Parents, Media Statement, Government of Western Australia, Perth, 6 April 2011.

⁶⁷⁴ Ms Cathy O’Leary, ‘Blind Drunk’ Kids Spark Health Warning’, *The West Australian*, 22 February 2011, Available at: <http://au.news.yahoo.com/thewest/a/-/newshome/8880649/>. Accessed on: 6 April 2011.

⁶⁷⁵ Ibid.

⁶⁷⁶ Mr Gregory Crofts, Katanning Police, WA Police, *Transcript of Evidence*, 21 September 2009, p9.

⁶⁷⁷ Ms Claire Heffernan, Manager, Community and Youth Justice, Department of Corrective Services, *Transcript of Evidence*, 21 September 2009, p10.

He suggested these might be factors that have led to a higher proportion of youth drinking alcohol at a younger age:

- each generation of parents is more permissive about the behaviour of their children;
- about one in six children in Australia live in single-parent families; and
- children have much more access to money and technology such as mobile phones.⁶⁷⁸

The State Government has recently focussed on this problem by releasing a guide for parents on how to approach youth drinking. In line with the National Health and Medical Research Council (NHRMC) guidelines, the booklet recommends no alcohol consumption before 15 years of age, delaying initial consumption for as long as possible, and provides tips to parents on how to communicate with their children on these issues. The Minister for Mental Health said that “parents had to be role models and influence and educate their children about the effects of alcohol and the risky behaviour associated with drinking at an earlier age.”⁶⁷⁹

It is clear that the issue is a difficult one for the State Government to address and that it poses considerable challenges for parents. However, research shows how important it is to inform and assist parents as much as possible. According to DAO:

*parent programs can provide an opportunity to highlight the important influence of parents and family on drug and alcohol use norms, attitudes and behaviours, and reinforce drug and alcohol education received directly by students. As many parents have a heightened concern about their child’s use or potential use of drugs and alcohol, there is merit in channelling these concerns constructively, so that the advice and actions communicated by parents regarding drug and alcohol use are consistent with school-based drug and alcohol education programs. Evidence also supports the positive influence that broader parenting programs can make to the prevention of drug and alcohol problems in young people.*⁶⁸⁰

The headmaster at Scotch College in Perth outlined how his school helped parents create ‘social contracts’ with their adolescents about what sort of behaviour was expected of them at parties, including whether parents will supply alcohol for the children if they go out. The contracts were developed as alcohol was now a bigger problem than illicit drugs.⁶⁸¹

⁶⁷⁸ Mr Keith Evans, Executive Director, Drug and Alcohol Services South Australia, SA Health, *Briefing*, 28 September 2009.

⁶⁷⁹ Ms Angela Pownall, ‘Parents Warned not to Give Kids Alcohol’, *The West Australian*, 7 April 2011, <http://au.news.yahoo.com/thewest/a/-/wa/9150531/>.

⁶⁸⁰ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p7.

⁶⁸¹ Ms Yasmine Phillips, ‘School Grog Ousts Drugs’, *The Sunday Times*, 29 August 2010, p38.

While parent education programs are less well-developed than school-based programs, elements of a successful program have been identified by DAO:

- sensitivity to the cultural context of the family;
- strategies to engage participation;
- flexible delivery, both with regard to scheduling and content;
- supporting parents to communicate clearly, and set goals for their child's behaviour;
- booster sessions for parent interventions; and
- general principles of adult learning in the design of effective interventions.⁶⁸²

Although parents have an important influence on their child's alcohol use, research has shown there are a range of other complex influences, including the practices of other parents, and school and community influences. A tolerant approach to youth alcohol use on the part of these sections of the community may provide a source of access to alcohol that contravenes the values and preferences within a child's family.⁶⁸³

(a) Impact on compliance with the liquor laws

One area where this form of parental education could create significant benefits is around the State's liquor licensing laws. The Committee was told by several retailers of the difficulties their staff face in handling parents who wish to buy alcohol for their under-age children. A representative from Woolworths, which has approximately 25% of the State's packaged liquor market, explained their approach:

Preventing the sale of alcohol to underage customers is a key challenge for our staff members. To assist them in this task we have implemented the ID 25 program. It essentially means that employees must ask for identification from anyone who looks 25 or younger. This is supported by prominent in-store signage and point-of-sale material. We have also initiated the Don't Buy It For Them campaign. It is designed to inform our customers about the danger of secondary supply of alcohol to minors. There is an enormous level of ignorance amongst the general public around secondary supply legislation and we have taken it upon ourselves to fill that gap by way of this campaign and the point-of-sale material that we use.⁶⁸⁴

⁶⁸² Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p7.

⁶⁸³ Associate Professor John Toumbourou, Mr Bosco Rowland and Ms Aimee Jeffreys, *Prevention of Alcohol-related Harms: Could an Alcohol-abstinence Focus through Childhood and Adolescence Reduce Alcohol-related Harm?*, DrugInfo Clearinghouse, West Melbourne, 2005, p11.

⁶⁸⁴ Mr Shane Tremble, Licensing and Acquisitions Manager, Woolworths Liquor Group, *Transcript of Evidence*, 9 June 2010, p2.

Coles gave evidence in support of parent education programs. It has many alcohol retail businesses in Western Australia and one of the emerging trends for their alcohol businesses:

*has been customer complaints to us about our team members not serving their child or daughter who may well be 18 years old, but not able to provide adequate proof. ... It is a difficult and challenging situation for our team members because some of these interactions can get quite heated. There seems to be a perception of parents having a social right to do with their kids as they like. If it is in their own home, that is up to them; but when they are in our stores, we have a responsibility to uphold and that is what we do.*⁶⁸⁵

The Department for Communities also supported the need for parental education programs:

*The condoning and encouraging of excessive drinking in Australia is reinforced through cultural messages that, although subtle, serve to contradict anti-drinking messages. A number of minors who provided input into DfC's recent youth consultation process reported that their parents are their chief suppliers of alcohol. DfC therefore promotes an intergenerational approach to alcohol education that places a degree of responsibility on parents/guardians through, for example, parent alcohol awareness campaigns.*⁶⁸⁶

Changes to the *Liquor Control Act 1988* proposed above in regard to secondary supply could assist in raising parental awareness, although a public campaign aimed at parents and older siblings might be more effective. One existing campaign is DrinkWise's *Kids and Alcohol don't mix* campaign. DrinkWise is a not-for-profit organisation established in 2005 by the alcohol industry and focused on "promoting change towards a healthier and safer drinking culture in Australia."⁶⁸⁷ It is governed by a board of six community and six industry representatives and its structure:

*represents a unique opportunity to link the preventative health sector, community, industry and government's objectives. The Board is supported by a small team who bring a range of knowledge and expertise from public health, education, government, business and the media.*⁶⁸⁸

DrinkWise has been criticised by some public health advocates as it is funded by the alcohol industry, and that the industry which profits from selling alcohol is significantly represented on the board. The *Kids and Alcohol Don't Mix* campaign seems to be a positive effort to place the current research relating to the impact of alcohol on the adolescent brain in the public arena. The campaign is aimed at parents of young people who may have started drinking, often under-aged.

⁶⁸⁵ Mr Shawn Holloway, Operations Merchandise Manager, Coles Liquor, *Transcript of Evidence*, 12 May 2010, p8.

⁶⁸⁶ Submission No. 32 from Department for Communities, 10 August 2009, p5.

⁶⁸⁷ DrinkWise, 'Who We Are', nd. Available at: www.drinkwise.org.au/c/dw?a=da&did=1018514. Accessed on 12 April 2011.

⁶⁸⁸ Ibid.

DAO said that:

*Currently, there are limited resources available to customise campaigns to local areas and target groups, such as Aboriginal people and communities, pregnant women, young people (particularly young women) and parents. ... However, these are areas identified area for future development.*⁶⁸⁹

Finding 37

Research clearly articulates the need for parental education programs as part of a broad strategy to lower the State's current alcohol consumption rate.

Recommendation 46

The Minister for Mental Health ensure in the 2012-13 budget that there are funds for a comprehensive education campaign for parents to make them aware of the dangers of supplying their children with alcohol, and the provisions and penalties within the *Liquor Control Act 1988* as it applies to the purchase and supply of alcohol to minors.

6.5 Education of the general public

(a) Campaign on alcohol, health risks, and the drinking culture

There is a significant public desire for reliable and easy to understand information regarding the risks of alcohol consumption. While warning labels can go some way towards providing this information to the consumer, such efforts need to be reinforced by a public health media campaign. In addition, there is significant public support for a campaign on drunkenness. DAO reported to the Committee that “in a recent Western Australian survey, 73% of respondents thought that there should be more public education about drunkenness.”⁶⁹⁰

The National Preventative Health Taskforce report addressed the need for a public education campaign. Key action area two of the report is to “increase public awareness and reshape attitudes to promote a safer drinking culture in Australia”. The Taskforce reports that:

there has been considerable research conducted into the effectiveness of public health and safety campaigns, both within Australia and overseas. A systematic review of evaluations

⁶⁸⁹ Submission No. 37- Part D from the Drug and Alcohol Office, 4 August 2010, p47.

⁶⁹⁰ Submission No. 37- Part C from the Drug and Alcohol Office, 23 September 2009, p35.

*of various mass media campaigns that were aimed at reducing drink driving and alcohol-related road accidents in Australia, New Zealand and North America found that campaigns ... have been effective in reducing drink driving and alcohol-related crashes.*⁶⁹¹

As the Cancer Council WA reported to the Committee, while alcohol is a known carcinogen, much of the community is either unaware or does not accept this fact.⁶⁹² Any effort to inform the public of this risk requires a comprehensive approach that should include both labelling and a public health campaign to inform consumers.

Many witnesses argued the need to address the general 'drinking culture' in Australia. DAO reported to the Committee on the current culture:

*I would like to talk now about Western Australia's drinking culture. Drinking to excess and getting drunk is often tolerated, supported and celebrated. That is very much embedded within society and our current culture. A recent survey found that about 77% of Australians aged 14 years and over considered the regular use of alcohol acceptable. It also found that 44% of people considered it appropriate to get drunk, and of that 44%, 13% indicated it was always appropriate, even in front of children.*⁶⁹³

This evidence was supported by Mr James Freemantle, Chairman of the Liquor Commission:

*I think now there is a good body of evidence, not just anecdotal evidence, to say that the impact of alcohol in the community now is significantly greater than it probably was a decade ago. I think there is a different attitude to alcohol, and I think that the problem now is that it is socially acceptable, particularly in the most vulnerable age group of 18 to 25, that getting drunk... is perfectly socially acceptable and is a natural form of celebration of various events, whatever they may be, or just because it is Friday or Saturday night.*⁶⁹⁴

Dr Tarun Weeramanthri, the State's Chief Health Officer, gave as his first priority area for the Government to take action to:

*reduce the community acceptance of drunkenness. Whatever we do, we have to address the drinking culture amongst mainstream, middle-class people who see themselves as not problem drinkers, as well as everyone else. I am saying that if we do not address that group, I do not think we have a public health approach ... that clearly requires a range of strategies, but always with the knowledge that we are actually trying to change social norms.*⁶⁹⁵

⁶⁹¹ National Preventative Health Taskforce, *Australia: the Healthiest Country by 2020, National Preventative Health Strategy - the roadmap for action*, Commonwealth of Australia, Canberra, 30 June 2009, p245.

⁶⁹² Mr Tony Slevin, Director, Education and Research, Cancer Council of WA, *Transcript of Evidence*, 23 June 2010, p2.

⁶⁹³ Mr Eric Dillon, Acting Executive Director, Drug and Alcohol Office, *Transcript of Evidence*, 11 May 2010, p6.

⁶⁹⁴ Mr James Freemantle, Chairman, Liquor Commission of WA, *Transcript of Evidence*, 19 October 2010, p2.

⁶⁹⁵ Dr Tarun Weeramanthri, Executive Director, Public Health Division, Department of Health, *Transcript of Evidence*, 11 May 2010, p10.

A recent opinion piece by the Commissioner for Children and Young People argued that:

*We cannot hope to address the harmful impact excessive alcohol use has on young people without accepting that we all have a part to play in changing attitudes towards how we drink alcohol... We also need major public education programs - as we had for tobacco - targeting the entire community, including parents and other role models, as well as young people.*⁶⁹⁶

Some work is already being done, such as the DAO *Alcohol Think Again* campaigns, but it is clear that a great deal more resources are needed for public health campaigns on alcohol to have a significant effect. Professor Hastings said the reason the public health alcohol campaigns do not have as large an effect as alcohol advertising is “because we are spitting into the wind. There is just too much pushing it in the other direction.”⁶⁹⁷

While one proposal is to limit advertising, as discussed above, a second response is to more effectively resource the public health campaigns. Professor Daube proposed that:

*The Drug and Alcohol Office, where I chair the board, is running some very good campaigns with minimal funding and it is up against massive promotion. We do not have good, properly funded, sustained public education in this area and we have shown over the years, in health and other areas, that works if it is well done, well funded and sustained - tobacco, HIV-AIDS, immunisation, road safety. We know it works if it is adequately funded. ... I would like to see an allocation for that of ... on the basis of experience in other areas - at least \$5 million a year on public education on alcohol.*⁶⁹⁸

Finding 38

With greater resourcing, public health media campaigns could be a useful tool to assist cultural change in the community by reducing alcohol-related harm from risky levels of drinking and ‘determined drunkenness’.

⁶⁹⁶ Ms Michelle Scott, Commissioner for Children and Young People in WA, ‘We Must all Act to Curb Excess Alcohol Intake’, *The West Australian*, 23 February 2011, p24.

⁶⁹⁷ Professor Gerard Hastings, Director, Institute for Social Marketing, University of Stirling, *Transcript of Evidence*, 12 August 2010, p11.

⁶⁹⁸ Professor Mike Daube, Director, McCusker Centre for Action on Alcohol and Youth, Curtin University, *Transcript of Evidence*, 20 October 2010, p3.

Recommendation 47

The Minister for Mental Health increase the resources of the Drug and Alcohol Office for a large-scale alcohol-related public health media campaign, funded in part by an increase in the annual liquor licence fees.

(b) A campaign on Foetal Alcohol Spectrum Disorder (FASD)

One topic on which the State Government should undertake urgent action is a public health campaign about foetal alcohol spectrum disorder (FASD). The Committee heard compelling evidence of the impact pre-natal exposure to alcohol can have on a developing foetus. The impact of alcohol exposure on a foetus is considered of such concern that the NHRMC guidelines recommend that pregnant women should avoid alcohol completely. The Telethon Institute for Child Health Research (TICHR) reported that:

*Prenatal alcohol exposure can cause an array of adverse effects such as birth defects, neurobehavioural problems and poor growth. These effects are often grouped under the umbrella term Foetal Alcohol Spectrum Disorder (FASD), and Foetal Alcohol Syndrome (FAS) is the most well-recognised of these disorders. These problems frequently have lifelong health, educational and social consequences for the individual exposed.*⁶⁹⁹

While lack of awareness and difficulties in diagnosis make it difficult to assess the prevalence rate of FASD in Western Australia, recent research estimated a prevalence rate of 0.5 per 1,000 births across the State.⁷⁰⁰

Much of the current discussion of FASD within the community tends to focus on FASD being an Indigenous problem. While it is certainly true that there are significant rates of FASD within the Indigenous population, it is also true that many of these communities are more aware of the issue than the non-Indigenous community. As discussed in our first interim report on the Kimberley, significant research and awareness programs have already been initiated in the State's regions with a large Indigenous population.

However, Indigenous Australians made up only 3.8% of the State's population in 2006.⁷⁰¹ Of great concern to the Committee was research that showed that 59% of women surveyed by the

⁶⁹⁹ Submission No. 8 from Telethon Institute of Child Health Research, 29 July 2009, p1.

⁷⁰⁰ Dr Tarun Weeramanthri, Executive Director of Public Health, Department of Health, Supplementary Information (Part A), 11 May 2010, p3.

⁷⁰¹ Australian Bureau of Statistics, '4705.0 - Population Distribution, Aboriginal and Torres Strait Islander Australians, 2006', 15 August 2007. Available at: www.abs.gov.au/Ausstats/abs@.nsf/e8ae5488b598839cca25682000131612/14e7a4a075d53a6cca2569450007e46c!OpenDocument. Accessed on 18 May 2011.

TICHR in Western Australia in 2004 had drunk alcohol while pregnant. This means a considerable proportion of the State's non-Indigenous female population is also at risk.

Nearly 50% of women surveyed by the TICHR had not planned their pregnancy, meaning that even if they decided not to drink while pregnant, they may have done so prior to being aware that they were pregnant. An Australia-wide study in 2006 found that "over a third were unaware of the adverse effects of alcohol on the unborn child and that over 95% want, and expect, health professionals to ask and advise about alcohol use."⁷⁰²

Of further concern was evidence from the Executive Director of the King Edward Memorial Hospital's Women and Newborn Health Service that for the patients using their service who have drug and alcohol issues, "alcohol is probably the main problem, and that is because it is cheap, it is freely accessible and, to some extent it is socially condoned. Alcohol is always a big issue."⁷⁰³ Dr Frazer went on to describe the awareness problems linked to alcohol use in pregnancy:

*Generally the biggest issue we see with pregnancy, because alcohol is so accepted as part of society and so easily available, is that women might often not perceive that they have an alcohol issue. They may not disclose it to a treating doctor. Sometimes, we see that it is actually family members...who raise it with the treating clinicians as a problem... the difficulty is that often it is not perceived as a problem and is not disclosed until, usually, late in the pregnancy.*⁷⁰⁴

A representative of the Women's Health Services reinforced the need for taking action:

*In some ways I think we have focused on illicit drug use almost to the detriment of some of the better work that we need to do with alcohol. Both we and King Edward have had the experience to say **that infants born affected by alcohol are far scarier than some of these being born affected by illicit substances**. You were speaking about neonatal abstinence syndrome, but the thing about it is that it is a soul-destroying thing to witness... A lot of the evidence is that it is transitory...that is not the case with alcohol, as we know...I do not know what we need to do about that because I am not an expert in that area, but it does cause me concern, because you can not deal with something that you are blind to...*⁷⁰⁵
[emphasis added].

Unfortunately, research by the TICHR in 2002-2004 showed that only 12% of health professionals in Western Australia knew the diagnostic criteria for FASD, and 97% were not well prepared to deal with it.⁷⁰⁶ In addition "less than half routinely asked pregnant clients about alcohol use in pregnancy or provided information to women about alcohol use or its consequences to the unborn

⁷⁰² Ibid, p2.

⁷⁰³ Dr Amanda Frazer, Executive Director, Women and Newborn Health Service, King Edward Memorial Hospital, *Transcript of Evidence*, 8 June 2010, p4.

⁷⁰⁴ Ibid, p13.

⁷⁰⁵ Ms Joanne Hodson, AOD Service Manager, Women's Health Services, Department of Health, *Transcript of Evidence*, 8 June 2010, p9.

⁷⁰⁶ Submission No. 8 from Telethon Institute for Child Health Research, 29 July 2009, p2.

child.”⁷⁰⁷ Over 95% of women surveyed in 2006 expect health professionals to ask about and advise on alcohol use.⁷⁰⁸

The Salvation Army gave evidence on this issue that during 2008:

*in Alcohol Awareness Week, we did a survey around foetal alcohol syndrome. The results were startling and really quite frightening. They were very frightening - particularly in the rural and remote areas there is a high incidence of Indigenous women who drink whilst they are pregnant. But it is not just Indigenous women - it was significantly high across the board.*⁷⁰⁹

Mr Bradley Woods from the Australian Hotels Association (AHA) gave evidence to the Committee of a program run in regional areas by the alcohol industry using a ‘No grog for me’ poster and register:

*That is a program that we ran last year trying to encourage young girls or women who either know they are pregnant or are becoming pregnant to voluntarily declare that they do not wish to purchase alcohol and to set themselves up on a register so the staff do not serve them. Without doing that, there is nothing in the [Liquor Control] Act that allows us to not serve them alcohol.*⁷¹⁰

While initiatives such as this by the liquor industry are commendable, it is clear that if such programs target only Indigenous women in regional and remote environments, they are too-narrowly targeted to have an impact on the 60% of pregnant women in the State who drink alcohol.

The Minister for Community Services announced in 2010 the publication by her department of a small booklet with information on FASD for people working with children and families. She also announced an intention to work more closely with the AHA to distribute a poster aimed at convincing pregnant women not to drink.⁷¹¹

A broader program of awareness is urgently needed. Drinking while pregnant is a sensitive issue involving an individual woman’s right of free choice and her responsibility to her unborn child. Any campaigns need to be based on current NHMRC guidelines which recommend no drinking during pregnancy and while a mother is breastfeeding.

⁷⁰⁷ Ibid, p12.

⁷⁰⁸ Ibid, p3.

⁷⁰⁹ Ms Jenny Begent, Minister of Religion, Salvation Army, *Transcript of Evidence*, 25 August 2010, p2.

⁷¹⁰ Mr Bradley Woods, Chief Executive Officer, Australian Hotels Association WA, *Transcript of Evidence*, 9 June 2010, p13.

⁷¹¹ Hon Mrs Robyn McSweeney, Minister for Community Services, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 9 September 2010, p6259-6260.

Finding 39

Foetal Alcohol Spectrum Disorder is a serious health issue in Western Australia due to the risk associated with drinking alcohol while pregnant.

Recommendation 48

The Minister for Health and the Minister for Mental Health provide funds in the 2012-13 budget so that the Drug and Alcohol Office can coordinate, in conjunction with the Telethon Institute for Child Health Research and public health social marketing experts, a media campaign on the dangers of consuming alcohol while pregnant.

6.6 Training of medical and allied health professionals

The training of medical and allied health professionals was addressed in the Committee's second interim report on illicit drugs. Given the importance of this issue to the quality of the services provided to Western Australians with alcohol problems, this report will examine the current structure of alcohol and other drug services in the tertiary hospitals and how this impacts on the training opportunities for medical students.

Professor Gary Hulse told the Committee that there were several problems related to the alcohol and drug training medical students receive at university. One significant problem is the lack of coordination of alcohol and drug content across medical training courses. In the past, the Commonwealth provided funding to the medical schools for coordinators of alcohol and drug education and training, "their real job was to look at the vertical and horizontal integration: not necessarily doing the teaching but looking at how this was all taught within medical schools."⁷¹² However, this mechanism is no longer funded and "consequently, you have a situation at the moment where we do not have a coordinator across those disciplines."⁷¹³

As Professor Hulse describes:

I know that a lot of the State attitudes were, "Well, if the universities want this, then they are federally funded, so they should really look at providing this position themselves." The problem is that the people who were actually being produced are the ones who are servicing the State, and so it becomes a spurious argument to say that someone else should

⁷¹² Professor Gary Hulse, Professor of Addiction Medicine, University of Western Australia, *Transcript of Evidence*, 18 August 2010, p2.

⁷¹³ *Ibid*, p3.

*be funding it, especially when it was such a small amount of resources that were being looked for.*⁷¹⁴

A second problem Professor Hulse identified is a lack of access to clinical placements for medical students in the alcohol and drug treatment area:

*I do not have one place to send a medical student who is on an alcohol and drug placement within a hospital where I can say, "Here is the unit that is dealing with alcohol and drug issues." If I want to provide medical education and training, I have to take random luck that there will be someone on one of those units and that they will be given competent treatment and that there will be someone there to do that. There is no repository where ... we can put people in there and we can teach them about withdrawal issues, about the long-term management, about the assessment of hepatitis C, the morbidities, endocarditis ...*⁷¹⁵

Professor Hulse said that Western Australia is the only State that does not have specialist alcohol and drug services within its teaching hospitals, and this is a significant deficit. He "cannot organise [the] clinical placements of students so that they actually have access and exposure to the relevant elements that are going on."⁷¹⁶

Dr Quigley, Director of Clinical Services at Next Step, agreed on the need to strengthen training opportunities for medical students:

*The doctors from Next Step do have input into undergraduate medical education, but at UWA and at Notre Dame it is just two one-hour lectures in the whole course...in addition, all students from both the medical schools get a half-day placement at Next Step, so the amount of training really is very limited and certainly could be strengthened. The doctors who have graduated might have some very basic knowledge - very basic - in drug and alcohol but very little skills or experience in actually treating outpatients.*⁷¹⁷

A solution to this issue is the creation of dedicated alcohol and drug service areas within each of the State's teaching hospitals. Dr Quigley said these would provide training rotation opportunities for medical staff trainees and would also focus services for alcohol and drug services in one location in each hospital. He said "it is really the luck of the draw whether students, during their medical term, happen to have been in the right location when they have had that type of exposure."⁷¹⁸

⁷¹⁴ Ibid.

⁷¹⁵ Ibid, p4.

⁷¹⁶ Ibid, p4.

⁷¹⁷ Dr Allan Quigley, Director of Clinical Services, Next Step, Drug and Alcohol Office, *Transcript of Evidence*, 02 September 2010, p2.

⁷¹⁸ Ibid, p7.

Alcohol and other drugs positions

Royal Perth Hospital (RPH) receives approximately 64,000 patients a year, of which it is estimated that around 30% of those patients who present at the hospital may have a significant drug and alcohol problem (approximately 19,200, or 370 a week). Problems with alcohol represent the vast majority of these cases– “probably over 90% of cases.”⁷¹⁹ RPH has only two nurses dedicated to AOD issues, one in the emergency department, and one in the hospital:

*When that nurse is on leave, that position is largely not covered. It is very piecemeal...all the tertiary hospitals gained an additional drug and alcohol nurse on the back of the amphetamine summit because we said we had no ability to do anything preventative from an integration viewpoint. ... broadening that cover to be at least a seven day a week - not 24 hours a day, but certainly mornings, would be a great start right across the tertiary system, largely because we would have the greater burden of presentations ...*⁷²⁰

The advantages of increasing the number of AOD staff would include better treatment and better research:

*Once we develop a bit of a department culture we would have the ability to collect better statistics and to trial better interventions and to follow-up on interventions. The other part of our submission referred to research nurse allocation which, again, is fairly cheap as far as the whole system is concerned. These people could collect statistics on drug and alcohol trial presentations. We could do trial interventions, hospital-based interventions. We could follow up and find out what happens to people beyond our borders.*⁷²¹

The situation at Sir Charles Gairdner Hospital (SCGH) is slightly better than at RPH. SCGH has between 70-75,000 patients a year, of which over 3,000 patient contacts are related to drug and alcohol (approximately 58 a week).⁷²² The AOD service is run out of the psychiatry department and has 2.5 full time equivalents that cover six days a week, “they would love to be able to cover Sundays as well, which they would see as a great advantage ... Certainly it would be very useful to have seven days coverage for both ED and the hospital.”⁷²³

If RPH were to achieve the same ratio of staff to patient drug and alcohol presentations as SCGH, they would need to have 16 dedicated AOD nursing staff. A recommendation in regard to the need for additional AOD nursing places in Perth hospitals and those in regional areas was made in the Committee’s second interim report on illicit drugs. The Committee encourages the State Government to implement this recommendation.

⁷¹⁹ Dr David McCoubrie, Medical Doctor representing the Clinical Staff Association, Royal Perth Hospital Emergency Department, *Transcript of Evidence*, 8 June 2010, p2.

⁷²⁰ Ibid, p12.

⁷²¹ Ibid.

⁷²² Dr Roger Swift, Sir Charles Gairdner Hospital, *Transcript of Evidence*, 8 June 2010, p4.

⁷²³ Ibid, pp12-13.

Addiction medicine specialists

The Australasian Chapter of Addiction Medicine's submission specifically addressed the issue of workforce development. Dr Quigley told the Committee that there are currently only 13 fellows of the Chapter in Western Australia, but that the state really needed at least 20, including addiction medicine specialist services in regional areas such as Bunbury, Kalgoorlie, Geraldton and Broome.⁷²⁴

Dr Quigley also supported the call for dedicated alcohol and drug services in the tertiary hospitals:

*in other States around the country there are alcohol and drug withdrawal beds within the campuses of hospitals. I think a strong case can be made to strengthen the hospital-based drug and alcohol services...I think the Chapter would support the strengthening and developing of hospital-based drug and alcohol services and having some better access to beds, particularly for the emergency departments.*⁷²⁵

While acknowledging the tertiary hospitals already have two alcohol and drug nurses, he argued for the augmentation of an AOD team, with an additional alcohol and drug consultant:

*Once you have those three people, you may start to think who else we might need and is there a benefit from also having someone from social work and from psychology, and do you also need some reception staff. But that would be about as big as I would see those services. There may be four or five clinicians plus some clerical support. With that sort of a team, you can start to provide an outpatient service and a hospital liaison service, and you can strengthen the education and training for students.*⁷²⁶

The advantages of having an AOD team, rather than just nurses, included better treatment services for patients:

*Lots of people in hospital beds who, through the screening process, would be identified as having a drug problem, might initially see a drug and alcohol nurse, but then have that backed up by, if needed a consultation with a drug and alcohol specialist. The doctors in the hospital will need support and advice about managing drug and alcohol problems - how to do detox and provide post-detox treatment. ... medical students would get more exposure to drug and alcohol issues as part of their teaching-hospital experience ...*⁷²⁷

Dr Quigley estimated that an addiction medicine specialist in a tertiary hospital would cost approximately \$350,000 a year. The creation of one position at each of the State's three tertiary hospitals would therefore cost about \$1 million a year.

⁷²⁴ Submission No. 19 from Dr Allan Quigley, Chair of the WA Branch of the Australasian Chapter of Addiction Medicine, 31 July 2009, p1.

⁷²⁵ Dr Allan Quigley, Director of Clinical Services, Next Step, Drug and Alcohol Office, *Transcript of Evidence*, 2 September 2010, p3.

⁷²⁶ Ibid, p8.

⁷²⁷ Ibid, p4.

In order to meet the training requirements for these consultants, and to assist in increasing the number of addiction medicine fellows in the State to the required level of around 20, Dr Quigley recommended that Next Step be funded to create a further three training positions as:

Increasing the health workforce to 20 Fellows of the Chapter is going to be very difficult and will require a very proactive effort over the next 5 years. Only 2 of the current Chapter Fellows are less than 50 years of age and retirement will halve the existing specialist addiction medicine workforce over the next 5-10 years. To meet the current shortfall in Fellows and replace doctors when they retire, the Chapter's training program needs to be increased. Next Step is accredited to provide training in addiction medicine and has one funded trainee position. The Chapter believes that a least three training positions are needed to meet workforce requirements.⁷²⁸

Each training position is estimated to cost about \$200,000 per annum.

Finding 40

It is important that the Western Australian community has well trained medical staff in the area of alcohol and drug treatment services. The Committee recommended the need for additional Alcohol and Other Drug nursing places in Perth hospitals and those in regional areas in its second interim report on illicit drugs.

Recommendation 49

The Minister for Health and Minister for Mental Health should engage with the university medical schools in Western Australia to ensure that funding is provided by 2013 for a coordinator to ensure that alcohol, drugs and mental health are included in their medical program curricula.

Recommendation 50

The Minister for Health and Minister for Mental Health fund in the 2012-13 budget an additional seven FTE of addiction medicine specialists to cover the State's metropolitan tertiary and secondary hospitals.

⁷²⁸

Submission No. 19 from Dr Allan Quigley, Chair of the WA Branch of the Australasian Chapter of Addiction Medicine, 31 July 2009, p2.

Recommendation 51

The Minister for Health and Minister for Mental Health fund in the 2012-13 budget three additional training positions for addiction medicine specialists.

CHAPTER 7 ALCOHOL TREATMENT PROGRAMS

7.1 Overview

Alcohol treatment services range from support and advice for people who feel their drinking is impacting on their life, family and work; through to medically managing their withdrawal for people who are dependent on it. The Committee's second interim report outlined how many researchers propose that the long-term use of alcohol or illicit drugs changes the brain so that alcoholism is like a chronic disease, making it very difficult for many alcohol-dependent people to reach abstinence.⁷²⁹

There is also a genetic component to alcoholism. The 10th *Special Report to the U.S. Congress on Alcohol and Health* estimated that approximately 50-60% of the risk for developing alcoholism is genetic.⁷³⁰ Drinkers have four times the risk of being diagnosed as an alcoholic if they have an alcoholic relative.⁷³¹ Other researchers have found that the effectiveness of the medication ondansetron to reduce problem drinking in alcohol-dependent individuals was dependent on the genetic makeup of the drinkers who receive it.⁷³²

The Committee heard evidence from many of the State's treatment services that the primary drug for which people seek assistance is alcohol. Table 7.1 shows this data for both the State and nationally for people undergoing treatment in 2008-09.

⁷²⁹ Mr Keith Evans, Executive Director, Drug and Alcohol Services South Australia, SA Health, *Briefing*, 28 September 2009.

⁷³⁰ U.S. Department of Health and Human Services, '10th Special Report to the U.S. Congress on Alcohol and Health', June 2000. Available at: <http://pubs.niaaa.nih.gov/publications/10report/intro.pdf>, pxiii. Accessed on 21 April 2011.

⁷³¹ Dr Vladimir Poznyak, Coordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, World Health Organisation, *Briefing*, 4 February 2011.

⁷³² National Institute on Alcohol Abuse and Alcoholism, 'Gene Variants Predict Treatment Success for Alcoholism Medication', 19 January 2011. Available at: www.niaaa.nih.gov/NewsEvents/NewsReleases/Pages/Genevariantspredicttreatmentsuccessforalcoholismmedication.aspx. Accessed on 21 April 2011.

Table 7.1- Principal drug of concern for treatment episodes (2008-09)#⁷³³

Principal Drug	Australia	Western Australia	WA treatment episodes
Alcohol	45.8%	45.5%	7,084
Amphetamines	9.2%	19.8%	3,083
Cannabis	22.5%	15.9%	2,476
Heroin	10.3%	8.5%	1,323
Methadone	1.5%	2.1%	327
Benzodiazepines	1.5%	0.8%	125
Ecstasy	1.0%	0.7%	109
Cocaine	0.3%	0.2%	31
Other drugs	2.6%	5.1%	794

Excludes data on those seeking treatment in relation to the drug use of others.

The government-funded Next Step service reported that 60% of their work is related to alcohol.⁷³⁴ The community-based treatment agency, the Palmerston Association, agreed that:

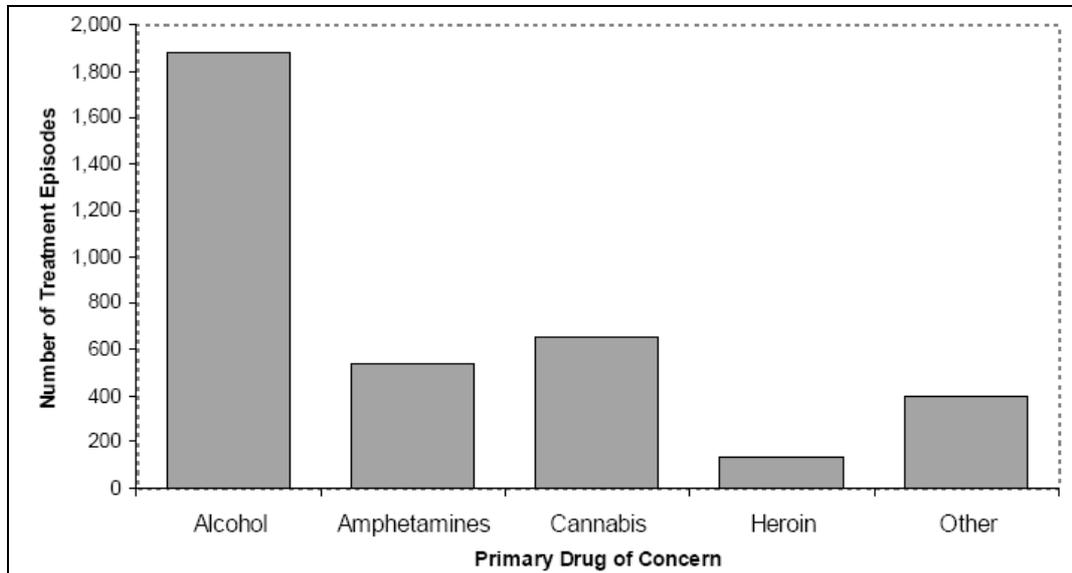
*The primary drug of concern that presents to Palmerston is alcohol. Close to about 45% of our clients would say that alcohol was their primary drug of concern. It varies, but that is broadly the figure. That reflects not that Palmerston is an alcohol service provider but the pervasiveness of alcohol in our community, yet it is not the drug that gets the most public attention. ... it is in fact alcohol that our clients predominantly present with. They are people of all ages, from young people through to older people.*⁷³⁵

Figure 7.1 below shows that treatments for alcohol as the primary drug of concern are the main treatments for Indigenous, as well as non-Indigenous Western Australians. In 2008-09, Indigenous clients engaged in 3,613 treatment episodes in the State, or about 17.1% of all episodes. Alcohol was the primary drug of concern for 1,880 (or 52%) of these episodes.

⁷³³ Australian Institute of Health and Welfare, 'Alcohol and Other Drug Treatment Services in Australia 2008–09', December 2010. Available at: www.aihw.gov.au/publications/hse/92/11500.pdf. Accessed on 10 December 2010.

⁷³⁴ Dr Allan Quigley, Director of Clinical Services, Next Step, Drug and Alcohol Office, *Transcript of Evidence*, 2 September 2010, p5.

⁷³⁵ Hon Ms Sheila McHale, Chief Executive Director, Palmerston Association Inc, *Transcript of Evidence*, 16 June 2010, p2.

Figure 7.1- Open treatment episodes for Indigenous clients, by primary drug of concern (2008-09)⁷³⁶

The Committee was told that the Drug and Alcohol Office is well regarded interstate, and many similar organisations send their staff here to study the Western Australian programs. However, whilst there is a greater focus on alcohol treatments, the level of funding available to the drug and alcohol sector across Australia has not kept pace. Programs are required to provide higher levels of complexity of service, plus deal with co-morbidity issues and staff in this sector feel they have to ‘do more with less’.⁷³⁷

It is not well understood outside the medical sector that withdrawal from alcohol dependence can have serious medical side effects, including the risk of death. To some extent, the perception of the general public is that illicit drug detoxification is the more risky process. The Committee heard that:

*An outpatient opiate detox is not a complicated procedure from a doctor’s point of view and does not have the potential risks that an alcohol detox has. Alcohol detox is much trickier.*⁷³⁸

The Committee is therefore concerned that one of the recurring themes in the Inquiry’s evidence was the inability of patients to access Next Step’s services. Staff from both Royal Perth Hospital and Sir Charles Gairdner Hospital reported on the difficulties they faced in getting places at Next Step for people ready to be discharged from hospital, either because of the level of care required by the person (eg medication requirements) or because of a lack of beds.

⁷³⁶ Submission No. 37- Part D from the Drug and Alcohol Office, 4 August 2010, p124.

⁷³⁷ Mr Keith Evans, Executive Director, Drug and Alcohol Services South Australia, SA Health, *Briefing*, 28 September 2009.

⁷³⁸ Dr Allan Quigley, Director of Clinical Services, Next Step, Drug and Alcohol Office, *Transcript of Evidence*, 2 September 2010, p5.

Dr Quigley, Director of Clinical Services at Next Step, agreed that capacity issues at Next Step were a problem:

*I think you have identified a problem and it is about the number of drug and alcohol detoxification beds that we have in Perth and in the State. Currently at Next Step we have 13 beds and four Aboriginal beds. The Drug and Alcohol Office has provided or operated many more beds than that in the past. I think it was closer to around 28 beds going back over 10 years ago. So I do not think we can be sure that on a population basis we actually have the right number of acute drug and alcohol withdrawal beds...*⁷³⁹

The Drug and Alcohol Office (DAO) funds additional residential rehabilitation beds in the non-government sector, where many patients move to following their Next Step withdrawal program. There is a gap where people who still require some form of medical oversight fall ‘between the cracks’ of the current hospital-based services and the community-based rehabilitation services. If dedicated alcohol and drug services are created in the tertiary hospitals, this may assist. However, if this initiative is not implemented, it is clear that Next Step requires additional funding to increase its capacity.

Recommendation 52

The Minister for Health by June 2012 either:

- fund and create a four-bed dedicated unit at each tertiary hospital and three secondary hospitals in the Perth metropolitan area for patients admitted with alcohol or drug related problems; or
- fund an additional 24 beds for patients requiring treatment of drug and alcohol problems in the Perth metropolitan area.

Recommendation 53

That by June 2012 the Minister for Regional Development fund and create additional dedicated beds for patients requiring drug and alcohol treatment at major regional hospitals.

7.2 The benefit of brief interventions

One treatment approach repeatedly referred to in evidence as an example of best treatment practice is the ‘brief intervention’ (BI). This approach views any contact an at-risk drinker may

⁷³⁹ Ibid, p3.

have with medical and treatment services as an opportunity to address their alcohol use. This may occur during a visit to a general practitioner, contact with a health nurse, a treatment service or even in a hospital emergency department.

The ‘opportunistic’ approach of BIs is recognised internationally as an extremely important tool. The World Health Organization includes BIs in its list of recommended policy options and interventions in its recent report *Global Strategy to Reduce the Harmful Use of Alcohol*. Policy option 21 (b) is that health services should support:

*initiatives for screening and brief interventions for hazardous and harmful drinking at primary health care and other settings; such initiatives should include early identification and management of harmful drinking among pregnant women and women of child-bearing age...*⁷⁴⁰

In addition, *Alcohol: No Ordinary Commodity*, lists BIs as one of the most effective of the policies it assesses to reduce alcohol-related harms. Brief interventions with at-risk drinkers achieve the highest rating for all three criteria: effectiveness; breadth of research support; and cross national testing.⁷⁴¹ It describes BIs as:

*characterised by their low intensity and short duration, consisting of one to three sessions of counselling and education. The aim is to motivate high-risk drinkers to moderate their alcohol consumption rather than promote total abstinence. During the past two decades, more than 100 randomized controlled trials have been conducted to evaluate the efficacy of brief interventions. The cumulative evidence...shows that clinically significant reductions in drinking and alcohol-related problems can follow from brief interventions. Nurses are as effective as doctors in producing behaviour change and the positive effects have been observed in adolescents, adults, older adults, and pregnant women.*⁷⁴²

Despite the clear evidence of the efficacy of this approach in addressing alcohol issues with at-risk drinkers, BIs may be difficult to implement for already overburdened medical practitioners. In addition, as discussed in the previous chapter in regard to FASD, many general practitioners are uncomfortable raising the issue of alcohol use with their patients. Research suggests that the reasons GPs might be reluctant to address a patient’s drinking include: difficulties identifying individuals at risk; confusion regarding the current drinking guidelines and benefits of drinking in moderation; lack of confidence in using the brief intervention technique and concerns not to offend the patient.⁷⁴³

⁷⁴⁰ World Health Organization, *Global Strategy to Reduce the Harmful Use of Alcohol*, WHO Press, Geneva, 2010, p12.

⁷⁴¹ Professor Thomas Babor *et al.*, *Alcohol: No Ordinary Commodity, Research and Public Policy, Second Edition*, Oxford University Press, Oxford, 2010, p247.

⁷⁴² *Ibid*, p219.

⁷⁴³ World Health Organization Europe, *Evidence for the Effectiveness and Cost-effectiveness of Interventions to Reduce Alcohol-related Harm*, WHO Press, Copenhagen, 2009, p43.

A 2009 report on brief interventions by WHO found:

*There is evidence for general under-activity in discussing drinking with service users. Evidence suggests that even when drinking is heavy, service users are not being asked about their drinking, and advice on drinking behaviour is provided less often than for other lifestyle behaviour, such as exercise, diet and smoking, and less often than service users expect.*⁷⁴⁴

GPs would be assisted in making use of BIs by improvements to medical training in alcohol and drug issues proposed in the previous chapter. Better coverage of alcohol issues in the undergraduate medical degrees, coupled with better training placements in treatment agencies such as Next Step, would significantly improve practitioner knowledge, technique and confidence in using this intervention.

A recent study looked at the implementation of a program of BIs among trauma patients admitted to RPH and demonstrated the benefits of this approach. The project's preliminary findings referred to BI programs implemented in US hospitals that demonstrated the effectiveness of BI for reducing alcohol consumption and injury in trauma settings:

*A seminal randomised controlled trial examined the effectiveness of a brief psychological intervention among 300 patients admitted for alcohol-related injury and demonstrated a 47% reduction in alcohol-related injury up to three years later. The effectiveness of this model of care is well established with these results replicated in other international trauma settings...yet they have not been translated into a clinically useful model of care within Australian trauma settings.*⁷⁴⁵

This study identified a current 'gaping hole in service delivery' as on average there are 415 trauma admissions at RPH each month, of which about 168 are alcohol-related trauma patients. Yet only 60 people per month are referred for substance-related problems.⁷⁴⁶ The reasons for focussing on these patients are persuasive as intoxicated trauma patients are 2.5 times more likely to be readmitted within the next two years, and there is an injury recurrence rate of 44% in five years.

The RPH study implemented a system of screening and BIs for these patients. Preliminary results suggested that "patients who drink at harmful or dependent levels account for 55% of the trauma patients screened at RPH".⁷⁴⁷ The study was able to assess 181 patients and provide BIs for 91 patients. The researchers considered the patient's interaction with the hospital as a 'teachable

⁷⁴⁴ Ibid.

⁷⁴⁵ Dr Melanie Newton, 'Screening and Brief Intervention for Alcohol Use Among Trauma Patients in WA: Bridging the Gap between Evidence and Practice', Paper presented at *Hope Hype or Hard Evidence? Alcohol and Other Drugs Practice in the New Millenium* seminar, Fremantle, 31 August 2010.

⁷⁴⁶ Ibid, p5.

⁷⁴⁷ Ibid, p26.

moment' that enabled cost-effective access to the widest population of problem drinkers, at a moment when they were likely to be receptive to health messages about alcohol.⁷⁴⁸

Finding 41

The Committee considers that the approach of using brief interventions with patients, either at the primary health care level or when they interact with tertiary services, is a cost-effective and useful approach for reducing alcohol-related harms.

Recommendation 54

The Minister for Health and the Minister for Mental Health should provide funds for the development of a training package for all health practitioners on the effectiveness and implementation of brief interventions to decrease alcohol consumption for those drinking above NHMRC recommended guidelines. The Ministers should encourage the Australian Medical Association, the Australian Nursing Federation and other relevant health care organisations and practitioners to advocate for this practice with their members.

7.3 Co-morbidity of alcohol-dependency and mental illness

Experts in the alcohol and other drug field acknowledge that alcohol issues cannot be dealt with in isolation from other challenges that a person may face, particularly mental health challenges. The then-Acting Commissioner of the Mental Health Commission told the Committee that there are "high rates of substance use by people being treated for mental illness, such that many now argue that dual diagnosis...should be seen as the expectation rather than the exception."⁷⁴⁹

He quoted a range of studies that show that mental health problems and alcohol (and drug) problems co-occur in a large proportion of the treatment population:

** a 2007 population health study in Victoria suggested that at least half of all Australians with a mental health disorder also have an alcohol or other drug issue.*

** a 2005 Australian study by Burns, Teesson and O'Neill, which is titled The impact of co-morbid anxiety and depression on alcohol treatment outcomes found that 69% of people in outpatient treatment for alcohol problems had at least one co-occurring depressive or anxiety disorder...*

** the 2007 National Drug Strategy Household Survey reported that around 15.3% of*

⁷⁴⁸ Ibid, p27.

⁷⁴⁹ Mr Neil Guard, Acting Commissioner, Mental Health Commission, *Transcript of Evidence*, 8 June 2010, p3.

Australians aged 18 and over who were at high risk of alcohol-related harm in the short term also experienced high or very high levels of psychological distress.

** the Australian Bureau of Statistics' National Survey of Mental Health and Wellbeing: Summary of Results, 2007 reported that 21.4% of those diagnosed with a mental disorder in the past 12 months consumed alcohol every day.⁷⁵⁰*

The impact of this co-morbidity can be significant for the patient and the services assisting them:

The impact will depend on the type and severity of alcohol use and of the mental illness. Somebody with an anxiety disorder who is drinking slightly above the recommended level will have a different treatment path than, say, somebody with schizophrenia who is clearly alcohol dependent. What we do understand is that the risks for comorbidity and suicide are almost six times greater. ... We also know that with treatments they attend more often and they stay longer. Their treatment is more costly and they use up the limited available resources.⁷⁵¹

Co-morbidity impacts on both the substance and the mental illness treatment services:

While we have been talking about the burden of substance misuse on mental health services, it is also important to understand the burden of mental illness on substance misuse services Substance misuse services are also managing a cohort of people who present with substance use but when you look more closely, have a lot of other mental health problems...⁷⁵²

Professor Hulse told the Committee of the day to day problems that both the AOD and the mental illness treatment services at Sir Charles Gairdner Hospital faced:

If I go back to Charlie's and I walk down to the ward under my office, 75 or 80% of those people who have severe psychiatric issues have alcohol and drug problems; the two go hand in hand together. Yet we develop services that, by and large, do not provide the alcohol and drug and the mental health at the same time; it seems bizarre to me. If you have a service that does not deal with major psychiatric morbidity or with major alcohol and drug problems, you have just lost 75% of the population that you are meant to be servicing.⁷⁵³

Mr Neil Guard described to the Committee some of the progress that has been made in addressing co-morbidity issues in Western Australia:

significant effort has been applied to building more effective linkages between the mental health and alcohol and drug services in Western Australia ... One of the most significant there is the State strategic dual diagnosis planning group, which was an initiative sponsored by both the mental health division and the Drug and Alcohol Office and which

⁷⁵⁰ Ibid.

⁷⁵¹ Mr David James, Manager, Mental Health Commission, *Transcript of Evidence*, 8 June 2010, p4.

⁷⁵² Ibid, p8.

⁷⁵³ Professor Garry Hulse, Professor Addiction Medicine, University of Western Australia, *Transcript of Evidence*, 18 August 2010, p6.

*brought together many of the significant key stakeholders from across the two sectors to basically advance a more integrated agenda. ... Joint workforce development planning is significantly supported by the workforce development and resources of the Drug and Alcohol Office ... piloting and evaluating joint assessment tools ...now within specialist drug and alcohol services, for example, the comprehensive assessment of people with an alcohol problem now routinely occurs.*⁷⁵⁴

The creation of the Mental Health Commission in Western Australia and the combination of the Drug and Alcohol Office and Mental Health Commission as a portfolio under the Minister for Mental Health in Western Australia are important steps in ensuring a coordinated response to these problems. The creation of the Western Australian Collaboration for Substance Use and Mental Health (WACSUMH) is a further advance which will focus work on the priority areas of workforce development; integrated care pathways; prevention and promotion; and maximising funding opportunities.⁷⁵⁵

Professor Allsop highlighted that, given the high degree of patient dual diagnosis, improving treatment for people with drug and alcohol issues requires increased investment in the mental health area:

*People who are thus affected are much bigger users of the services but have much poorer health outcomes...if we want to better manage co-existing mental health and drug problems, ... for me it is also about a significant investment in mental health. Part of the problem is that people in the mental health services do end up being gatekeepers. One of the reasons for that is the huge demand for services.*⁷⁵⁶

Several community treatment organisations gave evidence of the need for alcohol and drug and mental health issues to be taught in conjunction in the medical training and allied health professional training offered in the State's universities and TAFEs:

*It would be extremely helpful to know that at that tertiary education level, whether it be at university or through the various TAFE courses that often feed into a lot of community-level alcohol and mental health workers, there would be the inclusion of comorbid drug and alcohol and mental health treatment frameworks that are consistent, predictable, evidence-based, best practice and based on a what-works framework and that we consistently knew that people coming through that system would end up with.*⁷⁵⁷

The need to improve curriculum coverage of drug and alcohol issues was recommended in the previous chapter. The suggested creation of a curriculum coordinator role at university medical schools should ensure that mental health co-morbidities are also adequately addressed within these curricula.

⁷⁵⁴ Mr Neil Guard, Acting Commissioner, Mental Health Commission, *Transcript of Evidence*, 8 June 2010, p4.

⁷⁵⁵ Submission No. 53 from Mental Health Commission, 09 June 2010, p18.

⁷⁵⁶ Professor Steve Allsop, Director, National Drug Research Institute, *Transcript of Evidence*, 11 May 2010, p3.

⁷⁵⁷ Ms Melinda Mission, Team Manager, Great Southern Mental Health Service, Western Australian Country Health Service, *Transcript of Evidence*, 11 September 2009, p13.

7.4 Community treatment services

A range of community treatment services that provide both drug and alcohol services were discussed in the Committee's second interim report on illicit drugs. This report does not repeat this information but will instead examine a systemic issue related to community-based treatment service provision. This section will also consider the significant alcohol treatment programs delivered by non government organisations.

(a) Disparities between community sector and government conditions

The Committee received compelling evidence regarding difficulties with workforce retention and development issues in the community services area. One facet of this problem is the difficulties faced by many non-government organisations in providing housing and adequate remuneration for staff working in remote regions of the State, and this was addressed in our first interim report.

The Western Australian Network of Alcohol and Other Drug Agencies (WANADA), outlined several problems relating to funding that make it difficult for community treatment services to provide an optimal service to their clients. These include:

- **insufficient funding** from Government for services that cater for clients and their families. WANADA highlighted that the “complex nature of family interaction combined with alcohol and drug misuse requires intense resource allocations placing the burden on alcohol and other drug services in regard to additional staffing and training to deliver services to families”;⁷⁵⁸
- **short-term and insecure funding** as the majority of current Government funding is for only a one to three year period and “this does not allow organisations to forward plan; allow successful projects to continue; provide adequate project set-up time, and does not provide staff with job security”; and
- **lower pay rates for non-government organisation staff** results in problems with recruitment and retention. WANADA said “on average, non-government workers get paid 30% less than government workers who are doing the same or similar jobs” and that “the Community Services sector is in the midst of a workforce crisis and without immediate increase in funding to services, workers will continue to leave the sector. In the past two years 253 staff left the sector...indicating better pay as the key factor for leaving and 123 workers resigned as a result of stress or burnout.”⁷⁵⁹

⁷⁵⁸ Submission No. 25 from WANADA, 31 July 2009, p11.

⁷⁵⁹ Ibid.

In terms of staff pay rates, this was also raised by the Alcohol and other Drug Council of Australia (ACDA), which said it:

*strongly believes that the pay disparity between community service providers in the non-government sector and their counterparts employed by Government needs to be addressed in order to attract the appropriately qualified staff. If attractive salary packages and career development opportunities can not be provided, then people will continue to leave the sector.*⁷⁶⁰

WANADA recommended to the Committee that:

- funding needs to be provided to services so all family members who need it, can receive treatment in their own right, regardless of the treatment status of the family member affected by substance misuse;⁷⁶¹ and
- Governments should consider funding drug and alcohol agencies for extended periods of four to 10 years.

The Western Australian Council of Social Service (WACOSS) supported WANADA proposals, particularly:

*the premise that constraints on the drug and alcohol sector are leading to a reduction in availability of services to those in need. ... Short term funding and excessive red tape restrict the ability of services to act proactively, retain staff and appoint resources where they are needed most. WACOSS supports WANADA's recommendations to increase the length of funding periods and reduce the red tape burden for all community services.*⁷⁶²

In its first interim report, the Committee recommended that 'the Treasurer ensure that by the end of 2011 a regional funding index of at least 20% be provided to enable government and non government organisations to attract and retain staff in the Kimberley'.⁷⁶³

The Committee notes that the 2011-12 State Budget allocated more than \$600 million over five years to the not-for-profit sector to:

address a shortfall in the amount paid to NFP organisations for the services they provide ... Of the additional funding provided in this year's budget, \$491 million over four years will be used to provide an average 25% increase in funding for service agreements with NFP organisations by 2014-15. This money will fund:

⁷⁶⁰ Submission No. 27 from Alcohol and Other Drug Council of Australia, 4 August 2009, p2.

⁷⁶¹ Ibid.

⁷⁶² Submission No. 39 from Western Australian Council of Social Service, 21 August 2009, p1.

⁷⁶³ Education and Health Standing Committee, *Alcohol Restrictions in the Kimberley: a 'window of opportunity' for improved health, education, housing and employment*, Legislative Assembly, Parliament of Western Australia, Perth, 2011, p127.

- an upfront, across the board, 15% price adjustment for human services contracts from 1 July 2011; and

- a second increase averaging 10% to apply from 1 July 2013 as human service contracts are reviewed, linked to the roll out of contracting reforms.

*It is expected that most of the funding will be used to increase the salaries of the many thousands of workers in NFP organisations.*⁷⁶⁴

The Budget papers recognise the need for contracting reforms in this sector, including the need for “less onerous and cumbersome reporting requirements on the sector, and standardis[ed] contracting practices across government agencies.”⁷⁶⁵ The Committee welcomes these new initiatives by the State Government and hopes they will significantly improve the operating environment for all not-for-profit organisations, but particularly those working in the vital area of drug and alcohol treatment and prevention.

Finding 42

The Committee considers that the alcohol treatment services provided by community drug and alcohol services throughout the State are extremely valuable but have been impacted by insufficient funds provided over short funding periods. The additional funding allocated in the 2011-12 State Budget and its proposed contracting reforms provide an opportunity to significantly improve the operating environment of not-for profit human services organisations in Western Australia.

Recommendation 55

The Minister for Mental Health monitor the effectiveness of the increased funding in the 2011-12 State Budget to non-government organisations offering alcohol treatment programs, and ensure that funding agreements are for periods longer than three years to reduce the uncertainty within that sector.

Holyoake Australian Institute for Alcohol and Drug Addiction Resolutions

The Committee heard that the Holyoake Wheatbelt Community Drug Service Team is based in Northam but offers satellite services throughout the Wheatbelt. However, it does not have enough staff to offer its services in towns such as Merredin or in Moora. Its services are primarily aimed at clients with alcohol problems, but the other main drugs are cannabis and amphetamines. About

⁷⁶⁴ Government of Western Australia, ‘Western Australia State Budget 2011-12: Factsheet’. Available at: www.dtf.wa.gov.au/cms/budget.aspx?id=2018, p3. Accessed on 23 May 2011.

⁷⁶⁵ Ibid, p4.

40% of its clients are Indigenous and about 70% of its clients are male. Of the 408 clients it saw in 2008-09, most were aged 15 to 39 years.⁷⁶⁶

While Holyoake has a rehabilitation centre in Northam for a limited range of clients, the Committee was told:

*We obviously need a rehabilitation service of some sort; I am talking about not only Merredin but also the Wheatbelt as a whole. Rehabilitation services for youth and for adults that can work with highly complex clients, dual-diagnosed clients, that are well supported and well funded.*⁷⁶⁷

Recommendation 56

The Minister for Regional Development fund by June 2012 at least one drug and alcohol rehabilitation centre, and associated services, in each WA Country Health Service region.

The Salvation Army's programs

The Salvation Army provides a suite of treatment services, many of which cater for people with both drug and alcohol issues. These include sobering up centres; counselling and referral; residential treatment services; programs for ex-prisoners; support groups and programs to service particular populations such as homeless people. The organisation receives State Government funding to provide these services, and "the Salvation Army also commits enormous amounts of its own dollars and in our residential rehab we can match the government dollar for dollar, and sometimes more in terms of what we give."⁷⁶⁸

The Salvation Army invests "in excess of \$3 million annually in the Western Australian community to provide social services to disadvantaged Western Australians", and in the year to August 2010, provided services to 15,000 people in the priority areas of alcohol treatment, affordable housing, homelessness and poverty relief.⁷⁶⁹ While the scale of these activities is extensive, the Salvation Army told the Committee that "focussing on a preventative approach I think is where, if the Salvation Army was asked, it would like most of its money to go - the preventative intervention end."⁷⁷⁰

⁷⁶⁶ Mr Eric Nordberg, Regional Manager, Holyoake Australian Institute for Alcohol and Drug Addiction Resolutions, Wheatbelt Community Drug Service Team, *Transcript of Evidence*, 7 September 2009, pp4-5.

⁷⁶⁷ Ibid, p13.

⁷⁶⁸ Ms Jenny Begent, Minister of Religion, The Salvation Army, *Transcript of Evidence*, 25 August 2010, p4.

⁷⁶⁹ Submission No. 70 from The Salvation Army, 20 August 2011, p1.

⁷⁷⁰ Ms Jenny Begent, Minister of Religion, The Salvation Army, *Transcript of Evidence*, 25 August 2010, p2.

The Salvation Army supported the concerns raised by WANADA and ACDA. It highlighted the need for increased funding as “programs are under threat due to the inability of Government funding to keep pace with the increased demand for and cost of treatment.”⁷⁷¹ In addition, they highlighted the need for:

- better workforce development opportunities for the drug and alcohol sector;
- services to better address the needs of people with dual diagnosis of drug and alcohol problems and mental health problems; and
- better training for GPs and allied medical health professionals in the area of drugs and alcohol.

Alcoholics Anonymous’ programs

Alcoholics Anonymous (AA) has an estimated membership of about 20,000 throughout Australia, and approximately 1,800 members in Western Australia. AA holds 111 meetings each week in the Perth metropolitan area, and 50 in country areas. It runs a telephone helpline, which receives approximately 200 after-hours calls each month, and 90 during business hours. AA reported that it is a voluntary organisation, with a small central service office to provide support to its volunteer groups. It is entirely self-funded:

*one of the traditions of AA is that they like to do things by themselves for themselves for other people who are seeking help as far as alcohol is concerned. They like to be self-supporting; they will not accept money from outsiders.*⁷⁷²

The AA’s clientele has changed:

*about 40 years ago, the average age was 42 when people would start to realise they had a problem. We are now looking at young people in their teens who regularly come to AA, and certainly lots of people in their 20s...I think that people are now being much more comfortable about recognising that alcohol destroys their lives long before it used to, when they had actually lost their job, lost their wife and lost their money.*⁷⁷³

The AA system works in a similar fashion to a therapeutic community. A group of alcoholics provide support to each other to address their problems and use a ‘twelve-step’ process:

The steps are based on, initially, spiritual principles that if you try to do it on your own, you are going to fail. You need to hand over to some higher power, which might be the power of the group, the power of the great spirit, a Christian power or a Buddhist power. You are recognising that there is more to life than just simply making money and losing it

⁷⁷¹ Submission No. 70 from The Salvation Army, 20 August 2011, p2.

⁷⁷² Dr Harold Bates-Brownsword, Board Member and Class A Trustee, General Service Board of Alcoholics Anonymous Australia, *Transcript of Evidence*, 11 August 2010, p2.

⁷⁷³ Dr David Nelson, Medical Practitioner, Alcoholics Anonymous, *Transcript of Evidence*, 11 August 2010, pp3-4.

and getting married and losing it. ... Most of the steps then deal with logical steps, such as getting forgiveness for things you have done wrong, and a lot of us feel bad feelings about things that have happened in the past. ... Get rid of the guilt, sort out the things that you have done wrong and make amends and work out a different way of living. I spend all my life talking to people about how to relax and meditate and how to be peaceful and find positives. ... Then finally the most important step of all is the twelfth step where, having changed your life, having seen something different in your life through the fellowship of AA and the 12 steps, why do you not go and help somebody else?⁷⁷⁴

One area where AA does a great deal of work is within the Western Australian prison system:

Each one of the prisons in Western Australia is covered by [AA] members visiting. ... I have had reports from local people that, for the most part, they are well attended and there are some people who attend on a regular basis, so you know they are really trying to deal with their alcoholism.⁷⁷⁵

7.5 Alcohol treatment and corrective services

The Committee's two earlier interim reports addressed some of the issues related to drug and alcohol treatment services and the State's justice and corrective service systems. The first interim report discussed the high rate of alcohol-related offending, especially by young people, in the Kimberley region. The second discussed the various diversion programs for drug-related offending and treatment services. This report focuses on alcohol and its interaction with the justice and corrective system more broadly.

(a) Alcohol diversion programs

State diversion programs

Diversion programs for offenders affected by illicit drugs are widely used within the Australian and Western Australian justice systems. However, a similar diversion program does not exist for alcohol-related offending. As a representative from Palmerston in the Great Southern said:

The diversion program is effectively only for illicit drugs through the courts... it cannot be for alcohol. This is a glitch, if you like, and it is being discussed ad nauseam with your federal counterparts. It is a problem for us on lots of levels. ... otherwise [offenders] are simply referred on court-based programs if it is alcohol-related offending...but it is just a general program; it is not a target program.... They put them on an order, and that order might include a counselling or treatment for their alcohol problem, but it is not the diversion program.⁷⁷⁶

⁷⁷⁴ Dr David Nelson, *ibid*, p5.

⁷⁷⁵ Mr Harold Bates-Brownsword, Board Member and Class A Trustee, General Service Board of Alcoholics Anonymous, *Transcript of Evidence*, 11 August 2010, p3.

⁷⁷⁶ Mr Bryan Taylor, Great Southern Community Drug Service Team, Palmerston Association Inc, *Transcript of Evidence*, 11 September 2009, p6.

This evidence was reinforced by the Magistrate Hamilton who told the Committee the court diversion programs in Western Australia do not:

*cover rehabilitation of people with alcohol problems; it is specific to drug problems. I suppose in my experience, the two are more often than not a problem in combination. It is rather difficult when you have people with serious alcohol problems. Unless they are prepared to admit that they use drugs of one kind or another, they cannot access the service.*⁷⁷⁷

The Magistrate gave the Committee an example of a 14 year old girl whose juvenile offending was alcohol-related. Her school attendance in 2010 was just 5% and she was in Rangeview on remand at the time of the Committee's hearing. The Youth Justice Services proposal was to give her "some DVDs and some PowerPoint formats to take home and watch overnight." The Magistrate explained the inadequacy to the Committee:

*She does nothing except sit at home and get drunk or go out with young cousins or uncles or whatever and drink. She does so because she is absolutely bored. She is bored because she is not at school. She has absolutely no motivation of any kind and lives in a house where there would be a minimum of 10 people at any one time. ... I was scathing, just ever so slightly, about that [Youth Justice Services] approach.*⁷⁷⁸

The Committee heard from Magistrate Hamilton of a pilot eight-week project she was supporting for Indigenous youth aged 12 to 14 years from the region. She used bail conditions with some young boys from Mt Barker for them to attend a Nyoongahs camp at Nowanup. The boys required the permission of their parents and the program received no government funding (and was not supported by Youth Justice Services) but was supported by the local Indigenous families who transferred their Centrelink payments to pay for their children to attend. The Magistrate reported that the President of the Children's Court, Judge Denis Reynolds, has described the program as "a model for how we deal with Indigenous youth in the justice system in this State."⁷⁷⁹

WANADA argued in its submission that there is another gap in this State:

*Diversion programs are successful at addressing alcohol and other drug problems in offenders. However, the participation rate of Indigenous offenders is low. This is a result of numerous barriers presented to Indigenous offenders that exclude them from accessing diversion programs. These exclusions include: those who have been previously convicted of violent crime; those with alcohol related offences; those with co-existing mental illness and that an admission of guilt is a requirement.*⁷⁸⁰

⁷⁷⁷ Ms Elizabeth Hamilton, Magistrate, Department of the Attorney General, *Transcript of Evidence*, 20 August 2010, p1.

⁷⁷⁸ Ibid, p4.

⁷⁷⁹ Ibid, p5.

⁷⁸⁰ Submission No. 25 from Western Australian Network of Alcohol and Other Drug Agencies, 31 July 2009, p8.

Representatives from treatment agencies suggested the preferred option was for people to be referred to therapeutic communities for a mandated period of treatment, rather than sending them to prison “and their getting a criminal record, because it is a social crime in a sense, it would be far better for those people to have the option of going into treatment.”⁷⁸¹

Swedish diversion system

Diversion for alcohol-related offending is an extremely useful mechanism for managing low-level offending and was recommended by witnesses, most often in the context of discussion on the ‘Swedish system’. The Swedish system operates slightly differently to a diversion program in Western Australia. In Sweden, courts can require an individual to undergo treatment separate to any proceedings for criminal offences. An official from the Swedish family and social services department described their system as one that prefers treatment on a voluntary basis, but that empowers the courts to impose mandatory treatment if a person’s behaviour requires it. If the social services were in contact with a person whose alcoholism meant that they could not take care of themselves, or their behaviour severely endangered someone else’s health, a court sentence could be obtained to put the person into enforced treatment.

The treatment service endeavours to engage the person in a plan for ongoing, voluntary treatment as much as possible. Enforced treatment usually lasts for several months. While each program is based on an individual’s needs, they are often residential programs inside a treatment facility. The average enforced treatment program is between two and six months, and is paid for by the government.⁷⁸²

The Salvation Army commented on the Swedish approach:

*I think it is a really good way to go with those people who are small-time users, or maybe a third or fourth-time user. I say that because prison is expensive and we all know what it costs to keep a prisoner. It is half that to keep someone in resi-rehab... I mean it is an Australian culture as opposed to a Swedish culture. ...we look to the United States for some of our practice in terms of our social work or our social context, and it rarely translates well from the United States back into an Australian culture.*⁷⁸³

⁷⁸¹ Ms Carol Daws, Board Member, Western Australian Network of Alcohol and Other Drug Agencies, 25 August 2010, p12.

⁷⁸² Ms Karin Nilsson Kelly, Department of Family and Social Services, Sweden, *Briefing*, 10 February 2011.

⁷⁸³ Ms Jenny Begent, Minister of Religion, The Salvation Army, *Transcript of Evidence*, 25 August 2010, p9.

Recommendation 57

The Minister for Mental Health and the Minister for Corrective Services should, as a matter of urgency, fund in the 2012-13 budget the development of a State-wide alcohol diversion program. This program should be offered during the pre-sentence process to all offenders convicted of an offence where alcohol is a contributing factor. Where these offenders are sentenced to prison, it should be a mandatory program.

(b) Treatment programs delivered in prison

The Committee received clear evidence from the Department of Corrective Services on the effectiveness of treatment programs for people with alcohol and drug programs, and that they can significantly reduce the State's recidivism rate:

*We know that if a person completes a treatment program in prison, generally their recidivism will drop from 40% to below 30%, so we can demonstrate a treatment effect of 10% across most program types. That figure is taken out of the COAG report on government services measure of two years after release. Our most recent data says that a person who completes a program will be 10% less likely to recidivate within two years...*⁷⁸⁴

In Katanning the Police told the Committee of an innovative approach by the magistrate in dealing with people brought to court for drinking-related issues that helped keep some out of prison:

*Magistrate Hamilton—will at times remand them for what ends up to be a significant period of time. Instead of fining them, she will say, “Okay, I will see you next month. During this next month you are not allowed into any licensed premises; you are not allowed to blow over .07 or .05”—whatever level she indicates—“and you must present yourself to a police officer on request for testing of alcohol.”*⁷⁸⁵

This approach enables Police to administer the preliminary test that they use for drink-driving offences if they see the bailed person on the street. The Committee heard that over their time on bail, these people do not go into licensed premises as they know they will get caught. Within reason, Police will “knock on their door any time of the day or night to test them, and they stay under.” Police gave evidence that these individuals do not re-offend because they are not consuming alcohol. This process in Katanning:

is having a significant impact on the number of times the Police have contact with these people when they are not drinking. It has dramatically reduced, as in almost to the point of zero. ... when they are on these restrictions through bail, the 16 Police officers sit back

⁷⁸⁴ Mr Mark Glasson, Director of Offender Services, Department of Corrective Services, *Transcript of Evidence*, 23 June 2010, p6.

⁷⁸⁵ Mr Gregory Crofts, Katanning Police, WA Police, *Transcript of Evidence*, 21 September 2009, p11.

*and they can relax and know at least that they are not going to that house for another six months. It is as dramatic as that.*⁷⁸⁶

Need for programs

A significant proportion of the State's current prison population has been assessed as requiring an alcohol or drug treatment program:

*We know that the drug use careers of offenders study that has been done identified that 60% of offenders have had some sort of alcohol and drug use problem... We also know that at any point in time, roughly 27% of the prison population have an assessed need for drug and alcohol treatment.*⁷⁸⁷

The Minister for Mental Health recently stated that 54% of the State's prisoners have a mental disorder and that 20% have a serious mental illness.⁷⁸⁸ These figures confirm the information above about the co-morbidity between mental health and alcohol consumption. The Department of Corrective Services told the Committee that the Drug Using Careers of Offenders survey (DUCO) "identifies that approximately 62% of prisoners have alcohol and other drugs (AOD) problems which equates to 4,874 prisoners needing a service in 2005/06. However 4,440 did not receive a service."⁷⁸⁹ Additionally, "the Department's community needs and risk assessment tool for adults identified that 53% (6,500) of all adults on a community order had an alcohol or other drug problem."⁷⁹⁰

The Palmerston Association called for greater activity in this area:

*the prevalence of drug and alcohol use among the prison population is high either prior to going into prison or even within prison.... Our observations are that there are insufficient supports within the prison system for people who have drug and alcohol issues... We think we could be doing a lot more. There is lost opportunity to work with a population that we know has high alcohol and drug use and dependency. From our observations it is not seen as core business of Corrective Services...*⁷⁹¹

Public health experts identify the prison community with alcohol problems as an opportunity to intervene for the benefit of not just of the individual, but for the wider community:

To not intervene is a lost opportunity. It is a lost opportunity for the individual, and, or course, those individuals go back to their communities, and if they go back to their

⁷⁸⁶ Ibid, p12.

⁷⁸⁷ Mr Mark Glasson, Director of Offender Services, Department of Corrective Services, *Transcript of Evidence*, 23 June 2010, p5.

⁷⁸⁸ Hon Mrs Helen Morton, Minister for Mental Health, Drive Program, Radio 6PR, 19 April 2011.

⁷⁸⁹ Submission No. 26 from Department of Corrective Services, 7 August 2009, p2.

⁷⁹⁰ Ibid.

⁷⁹¹ Hon Sheila McHale, Chief Executive Officer, Palmerston Association Inc, *Transcript of Evidence*, 16 June 2010, p3-4.

*communities with that lost opportunity, then that does not only have an impact on them; it has an impact on the whole community. ...For me, if we want to reduce reoffending and if we want to improve the quality of life for people leaving the justice system, one of the areas that we have to invest in is health care in relation to alcohol and other drug use [in prison].*⁷⁹²

Professor Allsop said “often, alcohol is actually left out of the other drug use element” in prisons:

*Part of it, I understand, is that there are very limited resources within the justice system, so for us to be effective, we do need to invest some resources into the justice system, but downstream that is going to have a significant public health benefit for communities ... if we want to reduce reoffending ... then to not invest well, at best, is a lost opportunity and, at worst it can exacerbate matters for the individual and the community.*⁷⁹³

The Department of Corrective Services reported that:

*Over recent years the Department has experienced a period of decreased program delivery. This coincided with a number of external events that made the attraction and retention of staff difficult. The changes to workforce availability that have occurred over the last year following the economic slow down have enabled service delivery to increase over the last 12 months. Projections for 2009-10 also forecast an increase of 85% over 2008-09 delivery.*⁷⁹⁴

Finding 43

The Department of Corrective Services reports that its treatment services have recently received a significant boost. However, there are likely to be a substantial number of prisoners, particularly in regional prisons, who will not receive proper treatment programs for their alcohol and other drug problems.

Recommendation 58

The Minister of Corrective Services and the Minister for Mental Health increase funding in the 2012-13 budget to ensure that every prisoner who is identified and assessed as needing an alcohol or drug treatment program is able to receive one, irrespective of which prison they are held in.

⁷⁹² Professor Steve Allsop, Director, National Drug Research Institute, *Transcript of Evidence*, 11 May 2010, p4.

⁷⁹³ Ibid.

⁷⁹⁴ Mr Mark Glasson, Director of Offender Services, Department of Corrective Services, *Transcript of Evidence*, 23 June 2010, p4.

(c) Treatment programs after prisoners are released

A final area that requires the State Government's attention is the issue of treatment programs for people who have been released from prison. When prisoners are released back into the community, the initial period of readjustment is likely to be a time when any treatments gains can potentially be lost. Palmerston identified this period as critical:

*the message that we want to give is that there is a population we know of, and we could be doing a lot more certainly in the post-prison time in particular. I understand the first two weeks of coming out of prison is the most vulnerable time, yet we do not have specific programs that can target that period.*⁷⁹⁵

Palmerston has identified a possible approach, but funding it has been a problem:

*we have a big shortfall in prison programs. ... we have a prison in the [Albany] region - and there are some real opportunities, we think, to work with offenders prior to release; perhaps a model by which we work with them six or eight weeks prior to release and then perhaps six or eight weeks post-release, and a family-inclusive model would be very effective. That is sort of what we set up, and what we are practising by the by anyway, but they [DCS] would not fund it...*⁷⁹⁶

WANADA also told the Committee that their:

*member agencies state that the workload associated with Department of Corrective Service clients is significantly higher than for clients in the general community with drug-related problems. WANADA is concerned that the Department of Corrective Service client workload is impacting on the availability of services to non-mandated clients ...*⁷⁹⁷

WANADA claimed that in this way:

*Department of Corrective Services have cost shifted their responsibility for alcohol and other drug service to an already strained sector which is experiencing a reduction in accessibility for community members due to the increase (sic) [demand] by Department of Corrective Services to provide a service to their clients.*⁷⁹⁸

Many of these people seeking treatment in the community services, who did not receive it while in prison and can not access it after their release, may then end up back in prison. One of the means by which community treatment services are attempting to manage this problem was by capping the proportion of clients accepted from DCS:

⁷⁹⁵ Hon Sheila McHale, Chief Executive Officer, Palmerston Association Inc, *Transcript of Evidence*, 16 June 2010, p3-4.

⁷⁹⁶ Mr Bryan Taylor, Great Southern Community Drug Service Team, Palmerston Association Inc, *Transcript of Evidence*, 11 September 2009, p7-8.

⁷⁹⁷ Submission No. 25 from Western Australian Network of Alcohol and Other Drug Agencies, 31 July 2009, pp7-8.

⁷⁹⁸ Ibid, p7.

*A lot of services have now capped it because it impacts on the culture of the organisation. It is anywhere between 10 and 30%, but an average of about 20-something per cent...they are not funded. This displaces people who want to voluntarily participate in treatment. As a result of not being able to access services, obviously, they may get involved in criminal activity and end up in the system.*⁷⁹⁹

The community sector is dealing with untreated released prisoners or people on community service orders “who are not willing to or not at a stage where they are motivated to change their behaviour”, and:

*That impacts on the morale of staff who are seeing people who are not willing to participate in treatment effectively, or they do not show up, so it is ineffective use of our resources as well. Yes we would certainly like to see Corrective Services put in some resources to support that development and to support the sector to meet their client’s needs.*⁸⁰⁰

By contrast, the Department of Corrective Services argued that once released from prison, its (often untreated) clients should access community services like any other member of the community. The Department acknowledged that the current prison treatment services are inadequate, and that “significant additional funds are required to expand the provision of drug treatment services within the community”, but DCS should not be responsible for these funds as:

*it is unreasonable for offenders to be treated differently and that additional funds are required for generic community-based services to ensure that the needs of offenders can be met within mainstream services. The Department does not accept responsibility for the post-release housing or education of offenders, as these are the responsibility of other agencies. Similarly it believes that deficits in the funding of drug and alcohol agencies should not be borne by offenders because of their prior or existing involvement with the Department of Corrective Services.*⁸⁰¹

The overall capacity of the community treatment services is obviously the problem here, and as the Department of Corrective Services has suggested, there needs to be a significant investment in this sector in order to meet the demand.

⁷⁹⁹ Ms Jill Rundle, Executive Director, Western Australian Network of Alcohol and Other Drug Agencies, *Transcript of Evidence*, 25 August 2010, p13.

⁸⁰⁰ Ibid.

⁸⁰¹ Submission No. 26 from Department of Corrective Services, 7 August 2009, p6.

Recommendation 59

The Minister of Corrective Services and the Minister for Mental Health allocate funding in the 2012-13 budget to ensure that every prisoner counselled or treated in prisons for alcohol or drug problems continues to be treated on discharge from prison. This counselling or treatment to be part of any parole or release conditions for prisoners and, wherever possible, be delivered by the same health care professional on a monthly basis for a minimum of three months.

Recommendation 60

The Minister for Mental Health significantly increase funding in the 2012-13 budget to the alcohol and drug community treatment sector to increase its capacity and expand the number of places for clients referred by the Department of Corrective Services.

APPENDIX ONE

SUBMISSIONS RECEIVED

The Inquiry received the following submissions.

SUBMISSION NO.	DATE	NAME	ORGANISATION
1	1 July 2009	Mr Matthew Allen	
2	3 July 2009	Mr Kevin Moran	
3	15 July 2009	Cr Bill Mitchell, President	WA Local Government Association
4	28 July 2009	Mr David Perrin, Executive Officer	Drug Advisory Council of Australia
5	15 July 2009	Mr Maurice Swanson, Chief Executive	Heart Foundation Western Australia
6	16 July 2009	Dr Eric Visser, Chair	WA Regional Committee for the Faculty of Pain Medicine of the Australian and New Zealand College
7	20 July 2009	Dr Alex Wodak, Director	Alcohol and Drug Service, St Vincent's Hospital NSW
8	29 July 2009	Professor Carol Bower, Senior Principal Research Fellow	Telethon Institute for Child Health Research
9	29 July 2009	Mr Barry Sargeant, Director General	Department of Racing, Gaming and Liquor
10	3 August 2009	Dr Alison Ritter, Acting Director	National Drug and Alcohol Research Centre
11	29 July 2009	Mr Wes Morris, Centre Coordinator	Kimberley Aboriginal Law and Culture Centre
12	30 July 2009	Ms Etza Peers, Clinical Nurse Consultant Alcohol and Drug Service	Sir Charles Gairdner Hospital

EDUCATION AND HEALTH STANDING COMMITTEE

13	4 August 2009	Dr Susan Carruthers, Chair	Western Australian Viral Hepatitis Committee
14	30 July 2009	Dr David Phillips, National President	Family Voice Australia
15	31 July 2009	Associate Professor Moira Sim	
16	31 July 2009	Mr Bruno Faletti, Manager	School Drug Education and Road Aware
17	31 July 2009	Ms Yvette Pollard, Manager Research and Policy	beyondblue
18	5 August 2009	Professor Steve Allsop, Director	National Drug Research Institute
19	31 July 2009	Dr Allan Quigley, Chair	Australasian Chapter of Addiction Medicine, WA Branch
20	31 July 2009	Professor Gary Hulse	School of Psychiatry and Clinical Neurosciences, University of WA
21	31 July 2009	Mr Iain Cameron, Executive Director	Office of Road Safety
22	31 July 2009	Mr Ross Kyrwood, WA State Director	Mission Australia
23	7 August 2009	Dr Steve Patchett, Chair	People with Exceptionally Complex Needs Project
24	31 July 2009	Mr Mark Porter, Program Manager, Multisystemic Therapy	South Metropolitan Area Health Service, Department of Health
25	31 July 2009	Mr Luke van Zeller, Operations Manager	WA Network of Alcohol and other Drug Agencies
26	11 August 2009	Mr Ian Johnson, Commissioner	Department of Corrective Services
27	7 August 2009	Ms Kathrin Stroud, Strategic Communications and Policy Officer	Alcohol and other Drugs Council of Australia

EDUCATION AND HEALTH STANDING COMMITTEE

28	11 August 2009	Mr Steve Parry, Acting Director General	Department of Housing
29	11 August 2009	Hon Ms Sheila McHale, CEO	Palmerston Association Inc
30	11 August 2009	Dr Khim Harris, Executive Officer	Fresh Start Recovery Programme
31	11 August 2009	Ms Pualine Bagdonavicius, Public Advocate	Office of the Public Advocate
32	11 August 2009	Ms Susan Barrera, Director General	Department for Communities
33	11 August 2009	Ms Ann Deanus, CEO	Women's Health Services
34	11 August 2009	Dr Marie Deverell, Research Fellow	Public Health Advocacy Institute of WA
35	18 August 2009	Dr Steve Patchett, Executive Director	Mental Health Division, Department of Health
36	18 August 2009	Ms Sharyn O'Neill, Director General	Department of Education and Training
37- Part A & B	25 August 2009	Mr Neil Guard, Executive Director	Drug and Alcohol Office
37- Part C	23 September 2009	Mr Neil Guard, Executive Director	Drug and Alcohol Office
37- Part D	4 August 2010	Mr Eric Dillon, Acting Executive Director	Drug and Alcohol Office
38	25 August 2009	Ms Michelle Scott, Commissioner	Commissioner for Children and Young People
39	25 August 2009	Ms Sue Ash, CEO	Western Australian Council of Social Service Inc
40	25 August 2009	Dr Stuart Reece	
41	28 August 2009	Ms Alison Sinclair, State Manager SA/WA	Quality Management Services Inc
42	2 October 2009	Dr Nigel Armstrong, Chairman Elect	RPH Clinical Staff Association

EDUCATION AND HEALTH STANDING COMMITTEE

43	30 October 2009	Jay Bacik, CEO	Life Education
44	5 March 2010	Mr John Ryan, CEO	anex
45	6 March 2010	Mr Simon Barwood, President	WA Nightclubs Association
46	10 May 2010	Mr Greg Swensen	
47	11 May 2010	Professor Steve Allsop, Director	National Drug Research Institute
48	11 May 2010	Ms Aymee Mastaglia, Acting CEO	Wine Industry Association of Western Australia
49	19 May 2010		Australian Medical Association Ltd
50	9 June 2010	Mr Wayne Bradshaw, CEO	West Australian Football Commission Inc
51	9 June 2010	Mr Peter Hugg, CEO	Football West
52	8 June 2010	Mayor Kevin Morgan	Town of Cottesloe
53	8 June 2010	Mr Neil Guard, Acting Commissioner	Mental Health Commission
54	11 June 2010	Mr Matthew Piggott, Coordinator Environmental Health & Building	City of Fremantle
55	21 June 2010	Dr Amanda Frazer, Executive Director	Women and Newborn Health Service, DOH
56	21 June 2010	Mr Terry Slevin, Director, Education and Research	Cancer Council Western Australia
57	21 June 2010	Mr David Malone, Executive Director	Healthway
58	24 June 2010		Western Australian Local Government Association
59	13 July 2010	Ms Becky Adamson, Research Officer	Fresh Start Recovery Program

EDUCATION AND HEALTH STANDING COMMITTEE

60	11 August 2010	Mr Harold Bates-Brownsword, Trustee	Alcoholics Anonymous Australia
61	12 August 2010	Professor Gerard Hastings, Director of the Institute for Social Marketing	University of Stirling, UK
62	13 August 2010	Inspector Jim Cave, Kimberley District Police Office	WA Police
63	13 August 2010	Senior Sergeant Brevet, OIC Dampier Peninsular Police Station	WA Police
64	13 August 2010	Sergeant Brad Warburton, OIC Wyndham Police Station	WA Police
65	13 August 2010	Senior Sergeant Graham Sears, OIC Kununurra Police Station	WA Police
66	13 August 2010	Sergeant David Risdale, Balgo MFPF	WA Police
67	13 August 2010	Senior Sergeant Mick Wells, OIC Derby Police Station	WA Police
68	12 August 2010	Mr Martin Peirson-Jones	Kimberley Accommodation
69	25 August 2010	Mr Steven Robins, Assistant Commissioner, Adult Community Corrections	Department of Corrective Services
70	25 August 2010	Major Jenny Begent	Salvation Army
71	2 September 2010	Dr Rosanna Capolingua, Dr YES program	Australian Medical Association (WA) Foundation
72	17 September 2010	Dr Fiona Farrington, Assistant Dean Health Sciences	University of Notre Dame, Australia
73	22 September 2010	Mr Graeme Wood, Chief Executive Officer	Western Australian Cricket Commission

EDUCATION AND HEALTH STANDING COMMITTEE

74	19 October 2010	Dr Eric Visser, Pain Medicine Specialist	
75	19 October 2010	Mr Wes Morris, Coordinator	Kimberley Aboriginal Law and Culture Centre
76	19 October 2010	Professor David Clark	Wired In
77	13 May 2011		Clinical Senate of Western Australia

APPENDIX TWO

HEARINGS

The Inquiry held the following hearings.

DATE	NAME	POSITION	ORGANISATION
26 August 2009	Mr Neil Guard	Executive Director	Drug and Alcohol Office
	Mr Eric Dillon	Director, Client Services	Drug and Alcohol Office
	Mrs Myra Browne	Director, Policy, Strategy and Information	Drug and Alcohol Office
7 September 2009 MERREDIN	Mr Eric Nordberg	Regional Manager	Holyoake Australian Institute for Alcohol and Drug Addiction Resolutions
	Mr Luke Turner	Diversion Officer and Counsellor-Educator	Holyoake, Wheatbelt Community Drug Service Team
	Sgt Michael Daley	Acting Officer in Charge, Merredin	WA Police
	Ms Elizabeth Marmion	Acting Operations Manager, Eastern Wheatbelt, WACHS Merredin Hospital	Department of Health
	Mr Cecil Stones	Health Service Manager, WACHS Merredin Hospital	Department of Health
	Councillor Ken Hooper	Shire President	Shire of Merredin
	Mr Frank Ludovico	Chief Executive Officer	Shire of Merredin
	Councillor Julie Townrow	Shire Councillor	Shire of Merredin
	Mrs Wendy Jardine	Primary Health Manager, WACHS, Wheatbelt Population Health	Department of Health

EDUCATION AND HEALTH STANDING COMMITTEE

	Mrs Shelley Lombardini	Project Coordinator	Eastern Wheatbelt Early Years Network
	Dr Gabriel Adeniyi	Medical Practitioner	Merredin Medical Clinic
	Mrs Beth Gearing	Liaison Officer	Merrittville Retirement Village
	Mrs Jeanette Fegan	District Community Care Coordinator, WACHS Merredin Hospital	Department of Health
	Mrs Bree Hetherington	Occupational Therapist, WACHS Merredin Hospital	Department of Health
	Ms Suzann Franklin	Clinical Nurse, Eastern Wheatbelt Aboriginal Health	Department of Health
	Mr Michael Hayden	Chairperson	Merredin Aborigina23456782
11 September 2009 ALBANY	Mr Garry Adams	Acting Regional Director, WACHS Great Southern	Department of Health
	Superintendent Dene Leekong	Great Southern District Office, Albany	WA Police
	Mr Bryan Taylor	Community Drug Service Team	Palmerston-Great Southern
	Ms Marcelle Cannon	Manager, Mental Health	WA Country Health Service-Great Southern
	Ms Melinda Misson	Team Manager, Mental Health	WA Country Health Service-Great Southern
	Ms Suzanne Seeley	Nurse Director, WACHS Great Southern	Department of Health
	Dr Jonathon Mulligan	Medical Director, WACHS Great Southern	Department of Health
	Mr Mark Robinson	Acting Operations Manager, Albany Hospital, WACHS Great Southern	Department of Health
	Mr William Madigan	Executive Director	City of Albany

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Bruce Manning	Chief Executive Officer	Great Southern Development Commission
	Mr Russell Pritchard	Regional Manager	Great Southern Development Commission
	Mr Peter King	Director	St John Ambulance Australia (WA) Inc
	Mr Ashley Wilson	Regional Manager	St John Ambulance Australia (WA) Inc
	Miss Stacey Abbott	Station Manager	St John Ambulance Australia (WA) Inc
	Mr Moray McSevich	District Director	Department for Child Protection, Great Southern
	Mr Juan Clark	Manager, Community Health, WACHS Great Southern	Department of Health
	Ms Suzanne Millar	Regional Manager, Aged-care, WACHS Great Southern	Department of Health
	Ms Natalie Galantino	Service Coordinator	Silver Chain, Great Southern
	Mr Andrew Markovs	Manager	Men's Resource Centre
	Mr Lester Coyne	Manager, Aboriginal Health, Great Southern Aboriginal Health Service	Department of Health
	Ms Sandra Crowe	Population Health Director, WACHS Great Southern	Department of Health
14 September 2009 KALGOORLIE	Miss Deborah Clark	Chairperson	Kalgoorlie Local Drug Action Group
	Ms Rosemary Hunt	Executive Manager	Centrecare Kalgoorlie
	Ms Sue Cristopoulos	Manager, Clinical Services	Bega Garnbirringu Health Service

EDUCATION AND HEALTH STANDING COMMITTEE

	Miss Karen Kujawski	Manager, Social Support Unit	Bega Garnbirringu Health Service
	Associate Professor Christine Jeffries-Stokes	Paediatrician, Kalgoorlie Regional Hospital, WACHS Goldfields	Department of Health
	Ms Geraldine Ennis	Regional Director, WACHS Goldfields	Department of Health
	Dr Peter Barratt	Medical Practitioner, Kalgoorlie Regional Hospital, WACHS Goldfields	Department of Health
	Mr David Bowdidge	Operations Manager, WACHS Goldfields	Department of Health
	Ms Karen De Bonde	Goldfields Regional Nurse Director, WACHS Goldfields	Department of Health
	Mrs Erin Bond	Allied Health Coordinator, WACHS Goldfields	Department of Health
	Ms Lucy Murphy	Coordinator of Nursing, Kalgoorlie Regional Hospital, WACHS Goldfields	Department of Health
	Mrs Sharon Lenton	Regional Aged Care Manager, WACHS Goldfields	Department of Health
	Ms Sherryl Wolfenden	Regional Manager, MPS and Aged Care, WACHS Goldfields	Department of Health
	Dr Charles Douglas	Public Health Physician, Goldfields Population Health, WACHS Goldfields	Department of Health
	Mrs Karine Miller	Regional Coordinator, Community Nursing, WACHS Goldfields	Department of Health
	Dr Anne Mahony	Director, Population Health, WACHS Goldfields	Department of Health

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Lisa O'Loughlin	Administration Officer	Eastern Goldfields Community Centre
	Mr Anthony Chisholm	Acting Chief Executive Officer	City of Kalgoorlie-Boulder
	Mr Robert Hicks	Chief Executive Officer	Goldfields-Esperance Development Commission
21 September 2009 KATANNING	Mr Gregory Crofts	Police Officer, Katanning	WA Police
	Ms Claire Heffernan	Manager, Community and Youth Justice	Department of Corrective Services
	Mr Carl Beck	Deputy Chief Executive Officer and Manager of Community Services	Shire of Katanning
	Mrs Fiona Berger	Acting Director of Nursing—Health Service Manager, Katanning Health Service, WACHS Great Southern	Department of Health
	Dr Nicolas du Preez	General Practitioner, Katanning Health Service, WACHS Great Southern	Department of Health
	Ms Lynette Davey	Psychologist	
	Mr Robert Douglas	Executive Manager, Community Development	Baptistcare
	Ms Suzanne Millar	Manager Aged-care, WACHS Great Southern	Department of Health
28 September 2009	Mr Keith Evans	Executive Director	Drug and Alcohol Services South Australia
30 September 2009	Associate Professor Nicholas Lintzeris	Policy Committee, Chapter for Addiction Medicine	Royal Australasian College of Physicians
	Dr Alex Wodak	Director, Alcohol and Drug Service	St Vincent's Hospital, NSW
4 November 2009	Mr Chips Mackinolty	Policy and Strategy Manager	AMSANT

EDUCATION AND HEALTH STANDING COMMITTEE

11 May 2010	Mr Eric Dillon	Acting Executive Director	Drug and Alcohol Office
	Mrs Myra Browne	Director, Policy, Strategy and Information	Drug and Alcohol Office
	Mr Gary Kirby	Director, Prevention and Workforce Development	Drug and Alcohol Office
	Mr Matt Brown	Director of Member Advocacy	RAC WA
	Professor Steve Allsop	Director	National Drug Research Institute, Curtin University
	Dr Tarun Weeramanthri	Executive Director, Public Health	Department of Health
12 May 2010	Mr Barry Sargeant	Director General	Department of Racing, Gaming and Liquor
	Mr Shawn Holloway	Operations Merchandising Manager, WA	Coles
	Mr Tim Brown		WA Night Clubs Association
	Ms Aymee Mastaglia	Acting CEO	Wine Industry Association of WA (Inc)
19 May 2010	Mr Maurice Swanson	Chief Executive	Heart Foundation
	Mr Terry Slevin	Education and Research Director	Cancer Council of WA
	Mr Steve Pratt	Nutrition and Physical Activity Manager	Cancer Council of WA
	Prof Gary Geelhoed	President	Australian Medical Association WA
26 May 2010	Dr Karl O'Callaghan	Commissioner	WA Police
	Mr Iain Cameron	Executive Director	Office of Road Safety
8 June 2010	Professor Carol Bower	Senior Principal Research Fellow, Alcohol and Pregnancy Research Group	Telethon Institute for Child Health Research

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Jo-Anne Hodson	Drug and Alcohol Service Manager	Women's Health Services
	Dr Amanda Frazer	Executive Director	King Edward Memorial Hospital
	Mr Neil Guard	Acting Commissioner	Mental Health Commission
	Mr Wynne James	Manager Policy and Strategy Directorate	Mental Health Commission
	Dr David McCoubrie	Emergency Department	Royal Perth Hospital
	Dr Roger Swift	Emergency Department	Sir Charles Gairdner Hospital
	Ms Deborah Walley	Manager Ambulance Education	St John Ambulance
	Ms Alison Hailes	Executive Manager Planning & Community Development	WA Local Government Association
	Mr Frank Edwards	Chief Executive Officer	City of Perth
	Mr Matthew Piggott	Coordinator Environmental Health & Building	City of Fremantle
	Mr Kevin Morgan	Mayor	Town of Cottesloe
9 June 2010	Dr Steve Kinnane	Researcher, Nulungu Centre for Indigenous Studies Arts and Sciences	University of Notre Dame Australia
	Mr Bradley Woods	Chief Executive Officer	Australian Hotels Association WA
	Mr Bruno Faletti	Manager, School Drug Education and Road Aware	Department of Education
	Mr Wayne Bradshaw	Chief Executive Officer	WA Football Commission Inc
	Mr Scott Henderson	Chief Executive Officer	Netball WA
	Mr Peter Hugg	Chief Executive Officer	Football West
	Hon Mr Bob Kucera	Board member	Football West

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Frank Lilley	President	Bowls WA
16 June 2010	Dr George O'Neil		Fresh Start Recovery Programme
	Mr Jeff Cloughton	Chief Executive Officer	Fresh Start Recovery Programme
	Hon Ms Sheila McHale	Chief Executive Officer	Palmerston Association Inc
	Mr Bram Dickens	Manager, South Metro Community Drug Team	Palmerston Association Inc
23 June 2010	Mr Terry Slevin	Director, Education and Research	Cancer Council of WA
	Mr Steve Pratt	Manager, Nutrition and Physical Activity	Cancer Council of WA
	Mr David Malone	Executive Director	Healthways
	Ms Jackie Tang	Deputy Commissioner	Department of Corrective Services
	Mr Mark Glasson	Director, Offender Services	Department of Corrective Services
26 July 2010 BROOME	Ms Jennifer Evans	Curriculum Manager, Kimberley District Education	Department of Education
	Mr Bruno Faletti	State Manager	School Drug Education and Road Aware
	Dr David Atkinson	Acting Medical Director/Medical Educator	Kimberley Aboriginal Medical Services Council
	Ms Kerry Winsor	Regional Director	WA Country Health Service, Kimberley
	Mr Kim Darby	Operations Manager	WA Country Health Service, Kimberley
	Dr Suzanne Phillips	Senior Medical Officer, Broome Hospital	WA Country Health Service, Kimberley
	Mr Robert Goodie	Regional Manager, Kimberley Mental Health and Drug Service	WA Country Health Service, Kimberley

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Sally Malone	Regional Coordinator, KCDST, Kimberley Mental Health and Drug Service	WA Country Health Service, Kimberley
	Mr Graeme Campbell	Shire President	Shire of Broome
	Mr Kenneth Donohoe	Chief Executive Officer	Shire of Broome
	Mr Alan Clements	Acting superintendent, Broome Regional Prison	Department of Corrective Services
	Mr Norm Smith	Manager, Community and Youth Justice Kimberley	Department of Corrective Services
	Ms Gaelyn Shirley	Team Leader, Community and Youth Justice	Department of Corrective Services
	Ms Rebecca Ross	Regional Programs Development Officer, Community and Youth Justice	Department of Corrective Services
	Inspector James Cave	Police Inspector, Kimberley District Office	WA Police
	Senior Sergeant Robert Neesham	Officer in Charge, Broome Police Station	WA Police
	Sergeant Thomas Stafford	Police Sergeant, Broome	WA Police
	Ms Leonie Kelly	Director/Chairperson	Milliya Rumurra
	Mr Christopher Bin Kali	Director	Milliya Rumurra
	Ms Mary Ann Martin	Board Member	Milliya Rumurra
27 July 2010 BEAGLE BAY/ ONE ARM POINT	Ms Rowena Mouda	Chairperson	Ardyaloon Inc
	Mr Peter Hunter	Councillor	Ardyaloon Inc

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Veronica Yue		Ardyaloon Community
	Mr Brian Lee	Chairperson	Djarindjin Aboriginal Corporation
	Mr Daniel Howard	Bus driver	Djarindjin Aboriginal Corporation
	Ms Maria Lombardi	Manager, Beagle Bay Clinic	Kimberley Aboriginal Medical Services Council
	Senior Sergeant Neville Ripp	OIC, Dampier Peninsula Police Station	WA Police
	Sergeant Jane Korculanic	Dampier Peninsula Police Station	WA Police
	Sergeant Noel Howie	Dampier Peninsula Police Station	WA Police
BALGO	Mr Christopher Cresp	Chief Executive Officer	Palyalatju Maparnpa Health Committee
	Mr Bede Lee	Chairman	Palyalatju Maparnpa Health Committee
	Sergeant David Risdale	Balgo Police Station	WA Police
28 July 2010 DERBY	Mrs Margaret D'Antoine	Manager	Garl Garl Walbu Alcohol Association Aboriginal Corporation
	Ms Olwyn Webley		Kinway-Anglicare WA, Broome
	Ms Zoe Evans	Coordinator of Standby Suicide Response Service, West Kimberley	Kinway-Anglicare WA, Broome
	Mr Stephen Austin	Chief Executive Officer	Mowanjum Community
	Mr Eddie Bear	Chairman	Mowanjum Community
	Mr Vincent Bear	Elder and Councillor	Mowanjum Community
	Mr Gregory Spinks	Coordinator	Numbud Patrol
	Ms Elsia Archer	President	Shire of Derby - West Kimberley

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Peter McCumstie	Councillor	Shire of Derby - West Kimberley
	Mr Paul White	Deputy President	Shire of Derby - West Kimberley
	Dr Brian Collings	Senior Medical Officer	Royal Flying Doctor Service, Western Operations
	Hon Mr Ernest Bridge	President	Unity of First People of Australia
	Ms Jeanny Catlin	Project Coordinator/ Nurse	Unity of First People of Australia
	Senior Sergeant Michael Wells	OIC, Derby Police Station	WA Police
29 July 2010 FITZROY CROSSING	Mr Joe Ross	FaHSCIA Contractor	
	Mr Shayne Stewart	General Manager	Crossing Inn
	Mr Geoffrey Brooking	Chairman	Kimberley Aboriginal Law and Culture Centre
	Mr Neil Carter	Cultural Heritage Officer	Kimberley Aboriginal Law and Culture Centre
	Mr Wes Morris	Coordinator	Kimberley Aboriginal Law and Culture Centre
	Ms Hayley Diver	Regional Training Coordinator	Kimberley Mental Health and Drug Service
	Ms Sally Malone	Regional Coordinator	Kimberley Community Drug Service Team
	Mr Patrick Green	Director	Leedal Pty Ltd
	Mr John Rodrigues	Chief Operations Manager	Leedal Pty Ltd
	Ms Emily Carter	Chairperson	Marninwarntikura Women's Resource Centre

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Patricia Dick	Mobile Playgroup Worker	Marninwarntikura Women's Resource Centre
	Ms Christine Gray	Manager, Family Violence and Prevention Unit	Marninwarntikura Women's Resource Centre
	Ms Lisa Brough	Team Leader, Women's Shelter	Marninwarntikura Women's Resource Centre
	Ms Maggie Kirby	Administrative Assistant	Marninwarntikura Women's Resource Centre
	Ms Bridget Miller	Art Therapy Coordinator	Marninwarntikura Women's Resource Centre
	Ms Tammy Munroe	Mobile Playgroup Worker	Marninwarntikura Women's Resource Centre
	Mr Paul Miller	Manager, Community Garden	Marninwarntikura Women's Resource Centre
	Mr Billy Surprise	Certificate II student	Marninwarntikura Women's Resource Centre
	Mr Matthew Waye	Certificate II student	Marninwarntikura Women's Resource Centre
	Ms Maureen Carter	Chief Executive Officer	Nindilingarri Cultural Health Services
	Ms Sharyn Burvill	Area Manager	Shire of Derby - West Kimberley
	Dr Ralph Chapman	Acting Senior Medical Officer, Fitzroy Valley Health Services	WA Country Health Service, Kimberley
	Mrs Carol Erlank	Director of Nursing, Fitzroy Crossing Hospital	WA Country Health Service, Kimberley
	Mrs Rosalie Lupton	Community Health Nurse Manager, Fitzroy Crossing Hospital	WA Country Health Service, Kimberley

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Brian Wilson	Acting Operations Manager, Derby-Fitzroy Health Services	WA Country Health Service, Kimberley
	Ms Joanne Wraith	Child and Adolescent Mental Health Professional, KMHDS	WA Country Health Service, Kimberley
	Senior Sergeant Ian Gibson	OIC, Fitzroy Crossing Police Station	WA Police
30 July 2010 FITZROY CROSSING	Mr Heath Sanderson		Men's Shed
	Mr Paul Jefferies	Principal	Fitzroy Crossing District High School
NOONKANBAH	Mr Denis Boke		Yunggora (Noonkanbah) Community
	Mr Dickey Cox	Community Elder	Yunggora (Noonkanbah) Community
	Ms Francine Cox		Yunggora (Noonkanbah) Community
	Mr Malcolm Skinner		Yunggora (Noonkanbah) Community
	Mr John Smith		Yunggora (Noonkanbah) Community
1 August 2010 BROOME	Ms Jillian Coole	Clinical Team Leader	Milliya Rumurra Aboriginal Corporation
	Ms Maria Lovison	Chief Executive Officer	Milliya Rumurra Aboriginal Corporation
2 August 2010 WYNDHAM	Ms Lesley Evans	Chief Executive Officer	Ngnowar-Arewah Aboriginal Corporation

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Ruth Bath	District Director of Nursing	WA Country Health Service, Kimberley
	Ms Wendy McKinley	Acting Operations Manager, Halls Creek and Wyndham Hospitals	WA Country Health Service, Kimberley
	Ms Monica Frain	Acting Director, Population Health	WA Country Health Service, Kimberley
	Sergeant Bradley Warburton	OIC, Wyndham Police Station	WA Police
KUNUNURRA	Ms Emma White	District Director	Department for Child Protection
	Ms Sally Malone	Regional Coordinator	Kimberley Community Drug Service Team
	Ms Edna O'Malley	Deputy Chair/Member	Miriuwung Gajerrong Ord Enhancement Scheme
	Ms Anna Moulton	Program Manager	Miriuwung Gajerrong Ord Enhancement Scheme
	Mr Graeme Cooper	Chief Executive Officer	Ord Valley Aboriginal Health Service
	Mr Gary Gaffney	Chief Executive Officer	Shire of Wyndham - East Kimberley
	Cr Fred Mills	President	Shire of Wyndham - East Kimberley
	Dr Erik Beltz	Senior Medical Officer	WA Country Health Service, Kimberley
	Mr Terry Howe	Nurse, Kimberley Mental Health and Drug Service	WA Country Health Service, Kimberley
	Mr David Williams	Acting Operations Manager, Kununurra	WA Country Health Service, Kimberley
	Ms Kerry Winsor	Regional Director	WACHS, Kimberley
	Sergeant Scott Moyle	Kununurra Police Station	WA Police
	Senior Sergeant Graham Sears	OIC, Kununurra Police Station	WA Police

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Ralph Addis	Chief Executive Officer	Wunan Foundation
	Mr Ian Trust	Executive Chair	Wunan Foundation
11 August 2010	Mr Jay Bacik	Chief Executive Officer	Life Education Australia
	Mr Michael McAuliffe	Chairman	Life Education WA
	Mr Bernie Foley	Executive Officer	Life Education WA
	Pastor Lance Macormic	WA State Officer	Family Voice Australia
	Mr Richard Egan	National Policy Officer	Family Voice Australia
	Reverend Malcolm Smith	Executive Director	Teen Challenge WA
	Mr Harold Bates-Brownsword	Trustee	Alcoholics Anonymous Australia
	Dr David Nelson	Trustee	Alcoholics Anonymous Australia
12 August 2010	Professor Gerard Hastings	Director of the Institute for Social Marketing	University of Stirling (Scotland)
18 August 2010	Ms Michelle Scott	Commissioner	Commissioner for Children and Young People
	Mr Terry Murphy	Director General	Department for Child Protection
	Professor Gary Hulse	Director of Research and Education in Alcohol and Drugs	University of WA
20 August 2010 Albany	Justice Elizabeth Hamilton	Magistrate	
	Mr Anthony Bourne	Manager	Palmerston Association Great Southern
	Ms Karina Bateman	Team Leader, Yarning and Parenting Program	Palmerston Association Great Southern
25 August 2010	Ms Jill Rundle	Executive Director	Western Australian Network of Alcohol and other Drug Agencies

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Cheryl Davenport	Chair	Western Australian Network of Alcohol and other Drug Agencies
	Mr Wayne Flugge	Aboriginal Services Manager	Western Australian Network of Alcohol and other Drug Agencies
	Ms Carol Daws,	Chief Executive Officer	Cyrenian House
	Mr Steve Robins	Assistant Commissioner, Adult Community Corrections	Department of Corrective Services
	Mr Adrian Robinson	Director, North, Adult Community Corrections	Department of Corrective Services
	Mr Richard Bostwick	School of Nursing	Edith Cowan University
	Ms Wendy Scapin	College of Nursing	University of Notre Dame, Australia
	Captain Ken Smith	Manager Harry Hunter Rehabilitation Services	Salvation Army
	Major Jenny Begent	State Director	Salvation Army
30 August 2010	Mr Martin Peirson-Jones	Director	Kimberley Accommodation Pty Ltd
2 September 2010	Dr Rosanna Capolingua	Dr Yes Program	Australian Medical Association (WA) Foundation
	Mr Thomas Bartlett	Medical student	Australian Medical Association (WA) Foundation
	Dr Allan Quigley	Chair	Australasian Chapter of Addiction Medicine, WA Branch
	Ms Susan Alarcon	Director of Operations, Next Step	Drug and Alcohol Office
	Dr Susan Carruthers	Chair	WA Viral Hepatitis Committee
	Ms Cherie Toovey	Tour Presenter, Parliamentary Education Office	Parliament of Western Australia

EDUCATION AND HEALTH STANDING COMMITTEE

	Dr Eric Visser	Chair	WA Regional Committee for the Faculty of Pain Medicine of the Australian and New Zealand College
	Mr Peter Fry	Volunteer	Alternatives to Violence Project
	Mrs Alison (Sally) Herzfeld	Volunteer	Alternatives to Violence Project
	Ms Jo Vallentine	Activist	Alternatives to Violence Project
	Associate Professor Ted Wilkes	National Drug Research Institute	Curtin University
8 September 2010	Hon Mr Terry Waldron	Minister for Racing, Gaming and Liquor	
	Mr Peter Hogan-Smith	Venue Manager	Belvidere's Bar, Bistro and Bottleshop
22 September 2010	Mr Barry Sargeant	Director General	Department of Racing, Gaming and Liquor
	Mr Rob Watson	Manager Health and Safety	BHP Billiton Iron Ore (WA)
	Mr Graeme Wood	Chief Executive Officer	Western Australian Cricket Association
12 October 2010	Lieutenant General John Sanderson AC	Chairman	Indigenous Implementation Board
13 October 2010	Mr Allan Jackson	General Manager Climate Change, Water and Environment	Rio Tinto
	Mr Brendan Facey	Director	Responsible Alcohol Victoria
19 October 2010	Mr James Freemantle	Chairman	Liquor Commission of WA
20 October 2010	Professor Mike Daube	Director	McCusker Centre for Action on Alcohol and Youth, Curtin University
	Professor D'Arcy Holman	Independent Chairperson	Road Safety Council of WA

EDUCATION AND HEALTH STANDING COMMITTEE

	Hon Mr Tom Stephens, MLA	Member for Pilbara	
21 February 2011	Mr Grahame Searle	Director General	Department of Housing
	Mr Steven Parry	General Manager, Service Delivery	Department of Housing
	Mr Graeme Jones	Acting Executive Director, Aboriginal Housing	Department of Housing
	Mr Gregory Cash	Director, Affordable Housing Policy	Department of Housing
	Mr Peter Lonsdale	Acting Director, Housing Programs	Department of Housing
23 February 2011	Mr Patrick Walker	Director General	Department of Indigenous Affairs
	Mr Clifford Weeks	Acting Deputy Director General	Department of Indigenous Affairs
	Mr Brian Wilkinson	Chief Operating Officer	Aboriginal Affairs Coordinating Committee
31 March 2011	Professor John Toumbourou	Chair in Health Psychology, School of Psychology	Deakin University

APPENDIX THREE

BRIEFINGS HELD

The Inquiry received the following Briefings.

DATE	NAME	POSITION	ORGANISATION
29 September 2009 SOUTH AUSTRALIA	Mr Keith Evans	Executive Director, Drug and Alcohol Services South Australia	SA Health
	Dr David Panter	Executive Director, State-wide Service Strategy	Department of Health, SA
29 September 2009 New South Wales	Dr Marianne Jauncey	Medical Director	Medically Supervised Injecting Centre- Sydney
30 September 2009	Dr Alex Wodak	Director, Alcohol and Drug Service	St. Vincent's Hospital, Sydney
	Associate Professor Nicholas Lintzeris	Policy Committee, Chapter for Addiction Medicine	Royal Australasian College of Physicians
	Dr Richard Matthews	Deputy Director General, Strategic Development	NSW Health
30 September 2009 VICTORIA	Mr Todd Harper	Chief Executive Officer	VicHealth
4 November 2009 NORTHERN TERRITORY	Mr Chips Mackinolty	Policy and Strategy Manager	AMSANT, NT
9 December 2009 TASMANIA	Mr Michael Pervan	Chief Executive Officer, Southern Area Health Service	Department of Health and Human Services, TAS
13 October 2010 VICTORIA	Mr Brendan Facey	Director	Responsible Alcohol Victoria
10 December 2010	Mr Patrick Walker	Director General	Department of Indigenous Affairs
	Mr Cliff Weeks	Deputy Director General	Department of Indigenous Affairs

EDUCATION AND HEALTH STANDING COMMITTEE

	Mr Brian Wilkinson	Chief Operating Officer	Aboriginal Affairs Coordinating Committee
13 December 2010	Mrs Lee Musumeci	Principal	Challis Early Childhood Education Centre
31 January 2011 UNITED KINGDOM	Dr Adrian Bonner	Director, Institute of Alcohol Studies	University of Kent, United Kingdom
	Professor David Foxcroft	School of Health and Social Care	Oxford Brookes University, United Kingdom
	Dr Phil Hadfield	Visiting Senior Research Fellow, Centre for Criminal Justice Studies, School of Law	University of Leeds, United Kingdom
	Dr Petra Meier	Professor of Public Health	University of Sheffield, United Kingdom
	Mr David Raynes	Consultant	United Kingdom
	Ms Kathy Gyngell	Chair, Addictions Policy Forum	Centre for Policy Studies, United Kingdom
1 February 2011	Professor Vivienne Nathanson	Director of Professional Activities	British Medical Association, United Kingdom
	Professor Averil Mansfield	Chair, Board of Science	British Medical Association, United Kingdom
	Mr Robert Okunno	Head, Parliamentary Relations	British Medical Association, United Kingdom
	Mr George Roycroft	Deputy Head, Science and Education Department	British Medical Association, United Kingdom
	Rt Hon Mr Kevin Barron	Member for Rother Valley	House of Commons, United Kingdom
2 February 2011	Mr Paul Waterson	Chief Executive	Scottish Licensed Trade Association
	Professor Gerard Hastings	Director, Institute for Social Marketing	University of Stirling, United Kingdom
	Hon Ms Shona Robison, MSP	Minister for Public Health and Sport	Scottish Parliament

EDUCATION AND HEALTH STANDING COMMITTEE

	Hon Mr Fergus Ewing, MSP	Minister for Community Safety	Scottish Parliament
	Dr Evelyn Gillan	Chief Executive	Alcohol Focus Scotland
	Mrs Jane Wilson	Children and Young Persons Development Officer	Alcohol Focus Scotland
	Professor Neil McKeganey	Founding Director, Centre for Drug Misuse Research	University of Glasgow
	Ms Christine Grahame, MSP	Convener, Health and Sport Committee	Scottish Parliament
	Mr Ross Finnie, MSP	Deputy Convener, Health and Sport Committee	Scottish Parliament
	Ms Rhoda Grant, MSP	Member, Health and Sport Committee	Scottish Parliament
	Dr Ian McKee, MSP	Member, Health and Sport Committee	Scottish Parliament
	Dr Richard Simpson, MSP	Member, Health and Sport Committee	Scottish Parliament
	Mr Doug Wands	Clerk, Health and Sport Committee	Scottish Parliament
3 February 2011 SWITZERLAND	Mr Sanjeev Commar	Minister-Counsellor (Health)	Australian Permanent Mission to the United Nations, Geneva
	Dr Anthony Kasozi	Deputy Secretary General	International Federation of the Blue Cross, Switzerland
	Ms Christine Aebli	Communication Officer	International Federation of the Blue Cross, Switzerland
	Dr Holger Lux	Board Member	International Federation of the Blue Cross, Switzerland
	Dr Khan		Heroin Assisted Treatment Program, Geneva

EDUCATION AND HEALTH STANDING COMMITTEE

	Dr Kausman		Heroin Assisted Treatment Program, Geneva
4 February 2011	Dr Vladimir Poznyak	Coordinator, Management of Substance Abuse Team, Department of Mental Health and Substance Abuse	World Health Organisation, Geneva
7 February 2011 FRANCE	Professor Thomas Babor	Head, Department of Community Medicine and Health Care	University of Connecticut
	Dr Michel Craplet	Chairman	European Alcohol Policy Alliance (Eurocare), Belgium
	Mr Etienne Apaire	President	Mission interministerielle de lutte contre la drogue et la toxicomanie (MILDT), Paris
	Ms Myriam Safatly	Coordinator, Prevention	Mission interministerielle de lutte contre la drogue et la toxicomanie (MILDT), Paris
	Ms Sylvie Vella	Coordinator, Legal Protection of Youth	Mission interministerielle de lutte contre la drogue et la toxicomanie (MILDT), Paris
	Dr Ruth Gozlan	Coordinator, Health Research	Mission interministerielle de lutte contre la drogue et la toxicomanie (MILDT), Paris
	Ms Soraya Berichi	Prevention Subdivision	Mission interministerielle de lutte contre la drogue et la toxicomanie (MILDT), Paris
8 February 2011 BELGIUM	Dr Brendan Nelson	Ambassador of Australia to the European Union and NATO	Department of Foreign Affairs and Trade
	Professor Freya Vander Laenen	Director, Institute for International Research on Criminal Policy	University of Ghent, Belgium

EDUCATION AND HEALTH STANDING COMMITTEE

	Ms Charlotte Colman	Department of Criminal Law and Criminology	University of Ghent, Belgium
	Ms Despina Spanou	Principal Adviser, Health and Consumers Directorate-General (SANCO)	European Commission, Belgium
	Mr Pieter de Coninck	Principal Adviser, Health and Consumers Directorate-General (SANCO)	European Commission, Belgium
	Mr Timo Jetsu	Policy Officer, Health and Consumers Directorate-General (SANCO)	European Commission, Belgium
	Mrs Marijs Geirnaert	Director	Vereniging Voor Alcohol - en andere drugproblemen (VAD), Belgium
	Ms Doriane Fuchs	Policy Officer for Health Promotion and Disease Prevention	European Public Health Alliance, Belgium
	Ms Dorota Sienkiewicz	Policy Officer for Health Inequalities and Policy Coherence	European Public Health Alliance, Belgium
	Professor Wouter Vanderplasschen	Department of Orthopedagogics	University of Ghent, Belgium
9 February 2011 SWEDEN	Mr Paul Stephens	Ambassador of Australia to Sweden	Department of Foreign Affairs and Trade
10 February 2011	Ms Karin Nilsson- Kelly	Section Head	Ministry of Health and Social Affairs, Sweden
	Professor Börje Olsson	Director, Centre for Social Research on Alcohol and Drugs (SoRAD)	University of Stockholm, Sweden
	Professor Jan Blomquist	Researcher, Centre for Social Research on Alcohol and Drugs (SoRAD)	University of Stockholm, Sweden

EDUCATION AND HEALTH STANDING COMMITTEE

	Dr Jessica Storbjork	Researcher, Centre for Social Research on Alcohol and Drugs (SoRAD)	University of Stockholm, Sweden
	Professor Sven Andreasson	Director, Alcohol and Drugs Division	National Institute for Public Health, Sweden
	Professor Ted Goldberg	Professor of Social Work	University of Stockholm, Sweden
31 March 2011	Professor John Toumbourou	Chair in Health Psychology, School of Psychology	Deakin University

APPENDIX FOUR

STUDENT FORUMS

The Inquiry held two student forums:

DATE	NAME	SCHOOL
13 August 2010	Mr David D'Agistino	Canning Vale College
	Mr Sean Murphy	Canning Vale College
	Mr Trent Srankhuizen	Canning Vale College
	Ms Nicola Brescianini	Chisholm Catholic College
	Mr Jordan D'Souza	Chisholm Catholic College
	Ms Victoria Phan	Chisholm Catholic College
	Ms Mel Carpenter	John Forrest Senior High School
	Mr Andrew Philp	John Forrest Senior High School
	Ms Carina Pirozzi	John Forrest Senior High School
	Ms Cara Halliley	Santa Maria College
	Ms Xaysja Hill	Santa Maria College
	Ms Nina Pano	Santa Maria College
	Mr Duncan Finlay	Southern River College
	Ms Sabina Hansen	Southern River College
	Mr Benjamin Gray	Thornlie Christian College
	Mr Joshua Klenner	Thornlie Christian College
	Ms Michelle Riley	Thornlie Christian College

EDUCATION AND HEALTH STANDING COMMITTEE

20 August 2010	Ms Claire Bertola	Albany Senior High School
	Ms Kate Kerr	Albany Senior High School
	Mr Alex Lane	Albany Senior High School
	Mr Shannon McLeery	Albany Senior High School
	Ms Jade Shelton	Albany Senior High School
	Ms Katherine Zambonetti	Albany Senior High School
	Mr Louis Clarke	Great Southern Grammar
	Ms Rhiannon Kirby	Great Southern Grammar
	Mr Darcy Lubcke	Great Southern Grammar
	Mr Kyle McCabe	Great Southern Grammar
	Ms Georgia Mountford	Great Southern Grammar
	Ms Lucy Murray	Great Southern Grammar
	Ms Naomi Michael	North Albany Senior High School
	Mr Bronson Slebos	North Albany Senior High School
	Ms Amanda Sobey	North Albany Senior High School
	Ms Rebekah Stone	North Albany Senior High School
	Mr Kiefer Wyllie	North Albany Senior High School
	Mr Daniel Bontempo	St Joseph's College
	Ms Casey Hooper	St Joseph's College
	Ms Karri MacDonald	St Joseph's College
	Mr Hamish MacGregor	St Joseph's College
	Ms Mia Page	St Joseph's College
	Mr Jack Walker	St Joseph's College

APPENDIX FIVE

LEGISLATION

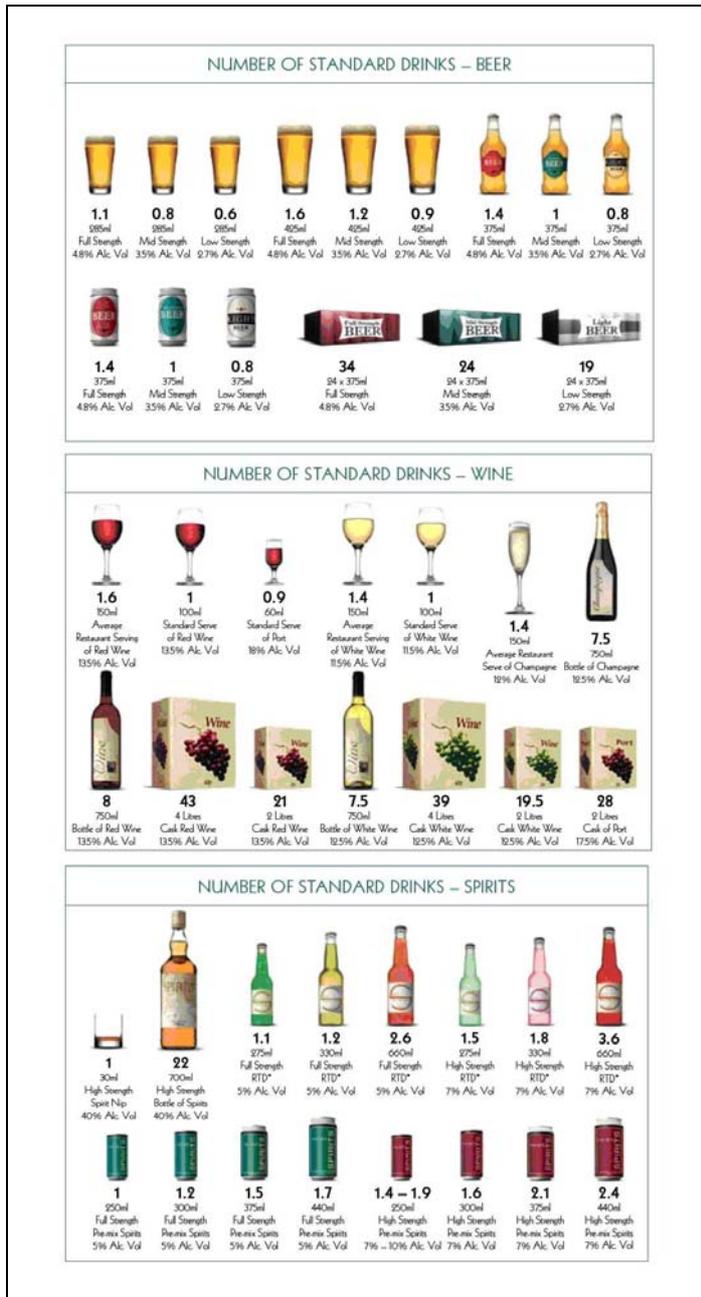
List of Legislation used in the Inquiry.

Legislation	State (or Country)
Alcohol and Drug Authority Act 1974	Western Australia
Alcohol And Drug Authority Repeal Bill 2005	Western Australia
Alcohol Toll Reduction Bill 2007	Commonwealth
Alcoholic Beverages Advertising Prohibition Bill 2010	New South Wales
Butane Products Control Bill 2009	Western Australia
Cannabis Control Act 2003	Western Australia
Cannabis Law Reform Act 2010	Western Australia
Children and Community Services Act 2004	Western Australia
Constitution Act 1889	Western Australia
Drug Summit Legislative Response Act 1999	New South Wales
Health (Public Buildings) Amendment Regulations 2002	Western Australia
Health (Public Building) Regulations Act 1992	Western Australia
Licensing Act of 2003	United Kingdom
Licensing (Scotland) Act 2005	Scotland
Liquor Act	Northern Territory
Liquor Act 1992	Queensland
Liquor Act 2007	New South Wales
Liquor Act 2010	Australian Capital Territory
Liquor Control Act 1988	Western Australia
Liquor Control Amendment Bill 2010	Western Australia

Liquor Control Reform Act 1998	Victoria
Liquor Control Reform Amendment Bill 2011	Victoria
Liquor and Gaming Legislation Amendment Act 2006	Western Australia
Liquor Licensing Act 1997	South Australia
Misuse of Drugs Amendment Bill (No. 2) 2010	Western Australia
National Minimum Drinking Age Act 1984	United States of America
Poisons Act 1964	Western Australia
Police Offences Act 1935	Tasmania
Road Traffic Act 1974	Western Australia
Sale of Liquor Act 1989	New Zealand
Sale and Supply of Liquor and Liquor Enforcement Bill (2010)	New Zealand
Tobacco Advertising Prohibition Amendment Bill 2010	Commonwealth
Violent Crime Reduction Act 2006	United Kingdom
Young Offenders Act 1994	Western Australia

APPENDIX SIX

THE AUSTRALIAN STANDARD DRINK⁸⁰²



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National Health and Medical Research Council, 'The Australian Standard Drink', 29 October 2009. Available at: www.nhmrc.gov.au/your_health/healthy/alcohol/index.htm#sta. Accessed on 3 June 2011.

APPENDIX SEVEN

SELECTED INTERNATIONAL ALCOHOL CONSUMPTION DATA (1980-2008)⁸⁰³

Annual per capita consumption in litres of pure alcohol for adults (15 years and over) in some Western or developed countries.

Nation	1980	1991	2001	2006	2007	2008
Australia	12.9	10.11	9.53	10.40	10.32	10.08
Austria	13.8	12.83	10.79	12.80	-	12.50
Belgium	14.00	11.49	10.31	9.69	-	10.70
Canada	10.70	8.28	7.70	8.00	8.10	8.20
Czech Republic	-	12.37	15.05	14.94	15.23	12.10
Denmark	11.70	11.53	11.60	10.80	-	10.90
Finland	7.90	9.22	8.95	10.14	10.45	10.30
France	19.50	14.88	14.20	13.66		12.60
Germany	14.20	13.92	12.46	11.90	11.62	9.90
Greece	-	10.59	8.65	8.95	-	9.00
Ireland	9.60	10.62	13.76	13.36	-	12.40
Italy	13.20	10.82	8.61	8.02	-	8.10
Japan	6.63	8.03	8.03	7.48	7.29	-
Korea	14.77	8.24	11.45	11.81	-	-
Netherlands	11.30	10.03	9.95	9.41	9.32	9.25
New Zealand	11.80	11.33	8.83	9.34	9.19	9.49

⁸⁰³ World Health Organisation, 'Recorded Adult Per Capita Consumption, from 1980, Total', 2011. Available at: <http://apps.who.int/ghodata/?theme=GISAH&vid=52140>. Accessed on 9 June 2011, and OECD, 'Health at a Glance: Europe 2010', 2010. Available at: http://ec.europa.eu/health/reports/docs/health_glance_en.pdf. Accessed on 9 June 2011.

EDUCATION AND HEALTH STANDING COMMITTEE

Norway	5.30	4.90	5.49	6.46	6.60	6.75
Poland	-	8.75	7.71	10.43	10.34	10.73
Portugal	-	15.93	12.21	12.45	-	11.40
Russian Federation	7.91	7.51	10.02	11.12	11.45	11.50
Spain	18.40	13.23	11.46	9.99	-	11.70
Sweden	6.70	6.28	6.00	6.80	-	6.90
Switzerland	13.50	13.01	10.08	10.20	10.40	10.20
United Kingdom	9.40	9.41	10.33	11.39	-	10.80
USA	10.50	8.71	8.25	8.59	8.78	-

APPENDIX EIGHT

NUMBER OF ALCOHOL-RELATED DEATHS IN WESTERN AUSTRALIA (1997-2005)⁸⁰⁴

Condition/Effect	Males	Females	#Persons
Alcohol harm (acute)			
Alcoholic poisoning	10	6	16
Aspiration	3	3	6
Fall injuries	38	32	70
Fire injuries	18	7	25
Drowning	20	6	26
Occupational & machine injuries	2	0	3
Suicide	533	130	663
Assault	55	34	89
Child abuse	2	1	3
Road injuries - pedestrian	52	8	60
Road injuries - vehicle	298	38	336
<i>Total acute harm</i>	<i>1,031</i>	<i>265</i>	<i>1,297</i>
Alcohol harm (chronic)			
*Alcoholic psychosis	43	15	58
*Alcohol dependence	66	12	78
*Alcohol abuse	52	11	63
*Alcoholic poly neuropathy	1	0	1
*Alcoholic cardiomyopathy	51	8	59
*Alcoholic liver cirrhosis	432	153	585
Chronic pancreatitis	13	3	16
Unspecified liver cirrhosis	75	45	119
Oropharyngeal cancer	121	36	157
Oesophageal cancer	236	87	322
Liver cancer	133	50	183
Laryngeal cancer	76	11	87
Female breast cancer	0	229	229
Epilepsy	18	14	32
Hypertension	23	0	24
Supraventricular cardiac dysrhythmias	85	113	198
Oesophageal varices	4	1	5
Gastro-oesophageal haemorrhage	0	2	2
Acute pancreatitis	12	13	25
Ischaemic heart disease	0	0	0
Heart failure	0	0	0
Choleithiasis	0	0	0
Psoriasis	0	0	0
Stroke	431	3	1
<i>Total chronic harm</i>	<i>1,872</i>	<i>806</i>	<i>434</i>
Total harm	2,903	1,071	2,678

Source – Department of Health, Epidemiology Branch 2008
 * These conditions are wholly attributable to alcohol.
 # The use of aetiologic fractions sometimes results in fractions of cases. Thus the number of persons may not equal the sum of males and females because numbers are rounded for presentation.

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Submission No. 37- Part D from the Drug and Alcohol Office, 4 August 2010, p31.

APPENDIX NINE

ALCOHOL CONSUMPTION AMONG STUDENTS AGED 12–17 YEARS (2008)⁸⁰⁵

DRINKER CATEGORY	Age (years)						12–17
	12	13	14	15	16	17	
Sample size	(n)						
Male	169	227	224	338	289	128	1375
Female	152	211	248	324	275	134	1344
Persons	321	438	472	662	564	262	2719
Never drank	(%)						
Male	23.2	16.7	10.6	8.5	8.3	7.5	13.2
Female	41.7	24.8	12.9	7.7	8.7	9.4	18.6
Persons	32.1	20.6	11.7	8.1	8.5	8.5	15.9
A few sips only							
Male	64.7	51.7	40.1	21.0	16.3	14.9	38.0
Female	51.0	49.5	43.8	24.6	13.8	7.2	34.7
Persons	58.1	50.6	41.9	22.8	15.0	11.0	36.4
< 10 alcoholic drinks							
Male	6.2	17.3	19.3	19.9	18.8	13.3	16.0
Female	7.4	12.4	19.6	21.7	19.3	15.2	15.9
Persons	6.8	14.9	19.5	20.8	19.1	14.3	15.9
> 10 alcoholic drinks							
Male	6.0	14.2	29.9	50.5	56.6	64.3	32.8
Female	0.0	13.3	23.6	46.1	58.2	68.1	30.8
Persons	3.1	13.8	26.9	48.3	57.4	66.2	31.9
Drank in the past 12 months							
Male	40.0	55.7	66.8	79.4	81.0	81.2	65.1
Female	28.2	50.1	61.8	80.1	84.9	87.2	62.6
Persons	34.3	53.0	64.4	79.7	82.9	84.2	63.9
Drank in the past month							
Male	18.1	27.1	38.5	57.6	58.4	63.5	40.9
Female	8.8	26.5	40.7	51.1	65.2	58.2	39.4
Persons	13.6	26.8	39.6	54.4	61.8	60.8	40.2
Drank in the last week (current drinkers)							
Male	10.5	18.4	20.1	35.6	36.3	39.4	24.8
Female	4.1	17.7	23.3	32.4	33.6	27.4	22.3
Persons	7.4	18.1	21.6	34.0	34.9	33.3	23.6
*At risk^(a) drinkers (current drinkers)^(b)							
Male	10.8	0.0	16.9	21.7	24.5	50.7	21.3
Female	14.3	5.6	22.9	25.5	35.0	61.2	27.9
Persons	11.8	2.5	20.1	23.4	29.7	55.0	24.3

(a) Males were considered at risk if they consumed more than 7 drinks on any day in the past week. Females were considered at risk if they consumed more than 5 drinks on any day in the past week.

(b) Students who reported drinking more than 20 alcoholic drinks on any one day were excluded.

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Drug and Alcohol Office, 'Australian School Student Alcohol and Drug Survey: Alcohol Report 2008', September 2010. Available at:
www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1192&Command=Core.Download,p21. Accessed on 11 April 2011.

APPENDIX TEN

ALCOHOL CONSUMPTION AMONG STUDENTS AGED 12–15 YEARS (1993-2008)⁸⁰⁶

Alcohol behaviour	School students aged 12–15 years					
	1993	1996	1999	2002	2005	2008
Ever drank						
			(%)			
Male	*90.2	*89.9	*88.8	87.5	87.1	85.2
Female	*85.9	*85.7	*87.5	*84.5	*83.7	78.2
Persons	*88.1	*87.9	*88.1	*86.1	*85.4	81.8
Drank in the last twelve months						
			(%)			
Male	*70.1	*72.5	*70.1	*70.2	60.9	60.2
Female	*61.4	*67.1	*68.5	*64.7	54.6	55.0
Persons	*65.9	*69.9	*69.3	*67.7	57.8	57.7
Drank in the last month						
			(%)			
Male	*41.2	*42.4	*44.8	*45.9	36.4	35.0
Female	34.6	*38.4	*43.5	*39.2	32.8	31.7
Persons	*38.0	*40.4	*44.1	*42.8	34.6	33.4
Drank in the last week (current drinkers)						
			(%)			
Male	*29.2	*29.1	*30.9	*31.1	23.8	20.9
Female	22.7	*25.5	*30.9	*26.1	20.4	19.3
Persons	*26.0	*27.4	*30.9	*28.8	22.2	20.1
Mean number of drinks per week ^{(a)(b)}						
			(n)			
Male	4.5	4.9	5.4	5.4	5.5	5.1
Female	*3.5	4.8	4.3	4.1	5.0	4.4
Persons	*4.1	4.8	4.9	4.8	5.3	4.7
Drank at-risk (current drinkers) ^{(a)(b)(c)}						
			(%)			
Male	*8.7	10.6	14.0	14.3	15.3	14.1
Female	*11.6	17.3	18.4	16.1	24.5	19.5
Persons	*10.0	13.7	16.2	15.0	19.5	16.5

^(a) Among 'current drinkers', students who have consumed alcohol in the past week. Students who reported drinking more than 20 alcohol drinks on any one day were excluded.

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Drug and Alcohol Office, 'Australian School Student Alcohol and Drug Survey: Alcohol Report 2008', September 2010. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1192&Command=Core.Download,p24. Accessed on 11 April 2011.

ALCOHOL CONSUMPTION AMONG STUDENTS AGED 16–17 YEARS (1993-2008)⁸⁰⁷

Table 9: Prevalence of alcohol consumption among school students aged 16–17 years, by gender, Western Australia, 1993–2008

Alcohol behaviour	School students aged 16–17 years					
	1993	1996	1999	2002	2005	2008
Ever drank						
			(%)			
Male	*95.5	*95.5	*97.0	92.6	94.9	92.0
Female	*94.8	*96.8	*96.6	*94.5	*95.0	91.1
Persons	*95.2	*96.2	*96.8	*93.5	*94.9	91.5
Drank in the last twelve months						
			(%)			
Male	*88.3	*88.1	*92.2	*86.6	*88.3	81.0
Female	86.2	*91.5	*90.9	*90.3	*89.7	85.7
Persons	*87.3	*89.8	*91.5	*88.3	*89.0	83.4
Drank in the last month						
			(%)			
Male	66.2	*68.4	*75.5	*66.9	*73.8	60.2
Female	59.7	*72.8	*70.7	67.6	*70.3	62.8
Persons	63.0	*70.7	*73.0	*67.2	*72.0	61.5
Drank in the last week (current drinkers)						
			(%)			
Male	*48.4	*53.3	*56.5	45.9	*52.2	37.4
Female	*39.3	*56.8	*50.9	*45.2	*49.0	31.4
Persons	*43.9	*55.1	*53.6	*45.6	*50.6	34.4
Mean number of drinks per week ^{(a)(b)}						
			(n)			
Male	7.2	8.8	10.3	10.0	10.0	10.0
Female	5.9	6.6	6.2	6.6	5.7	7.1
Persons	6.6	7.5	8.4	8.1	7.5	8.8
Drank at-risk (current drinkers) ^{(a)(b)(c)}						
			(%)			
Male	*22.4	36.2	42.8	37.0	38.1	34.3
Female	32.0	37.5	39.1	38.9	36.6	42.8
Persons	*26.7	36.9	41.0	37.9	37.3	38.3

^(a) Among 'current drinkers', students who have consumed alcohol in the past week. Students who reported drinking more than 20 alcohol drinks on any one day were excluded.

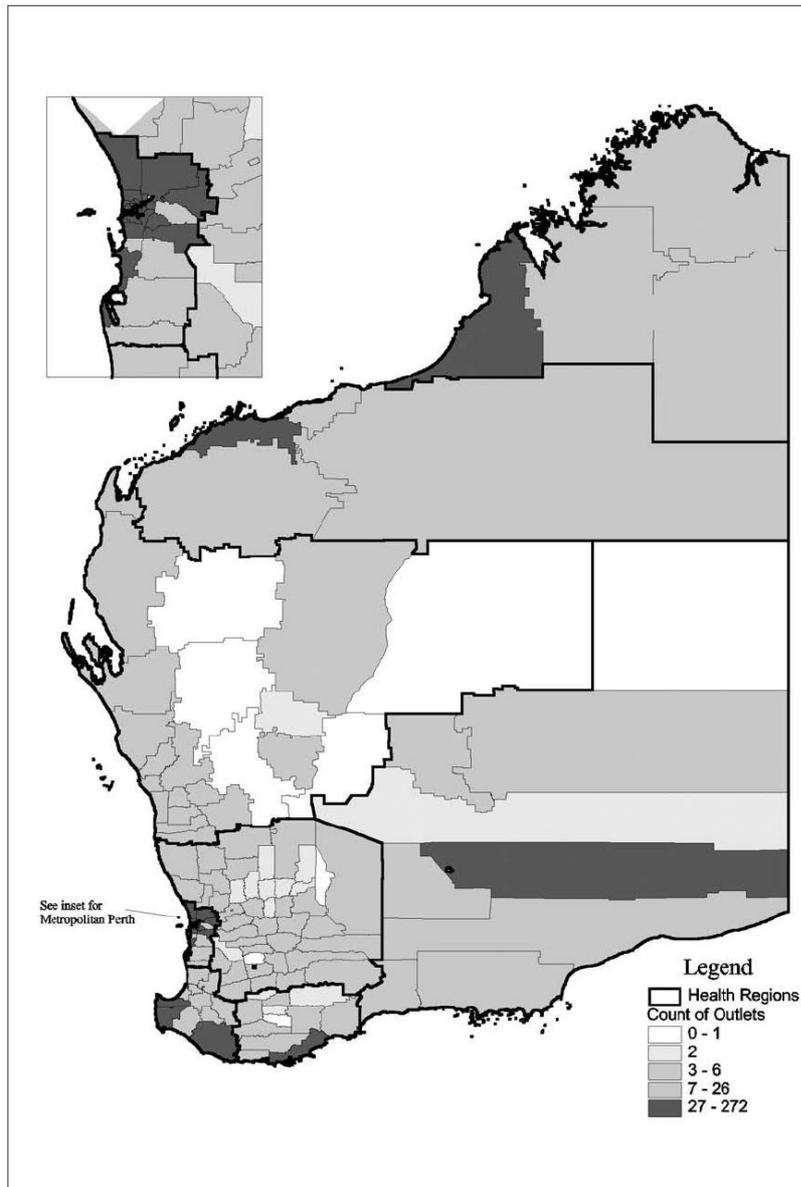
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Drug and Alcohol Office, 'Australian School Student Alcohol and Drug Survey: Alcohol Report 2008', September 2010. Available at:
www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1192&Command=Core.Download,p27. Accessed on 11 April 2011.

APPENDIX ELEVEN

ALCOHOL OUTLET DATA FOR WESTERN AUSTRALIA

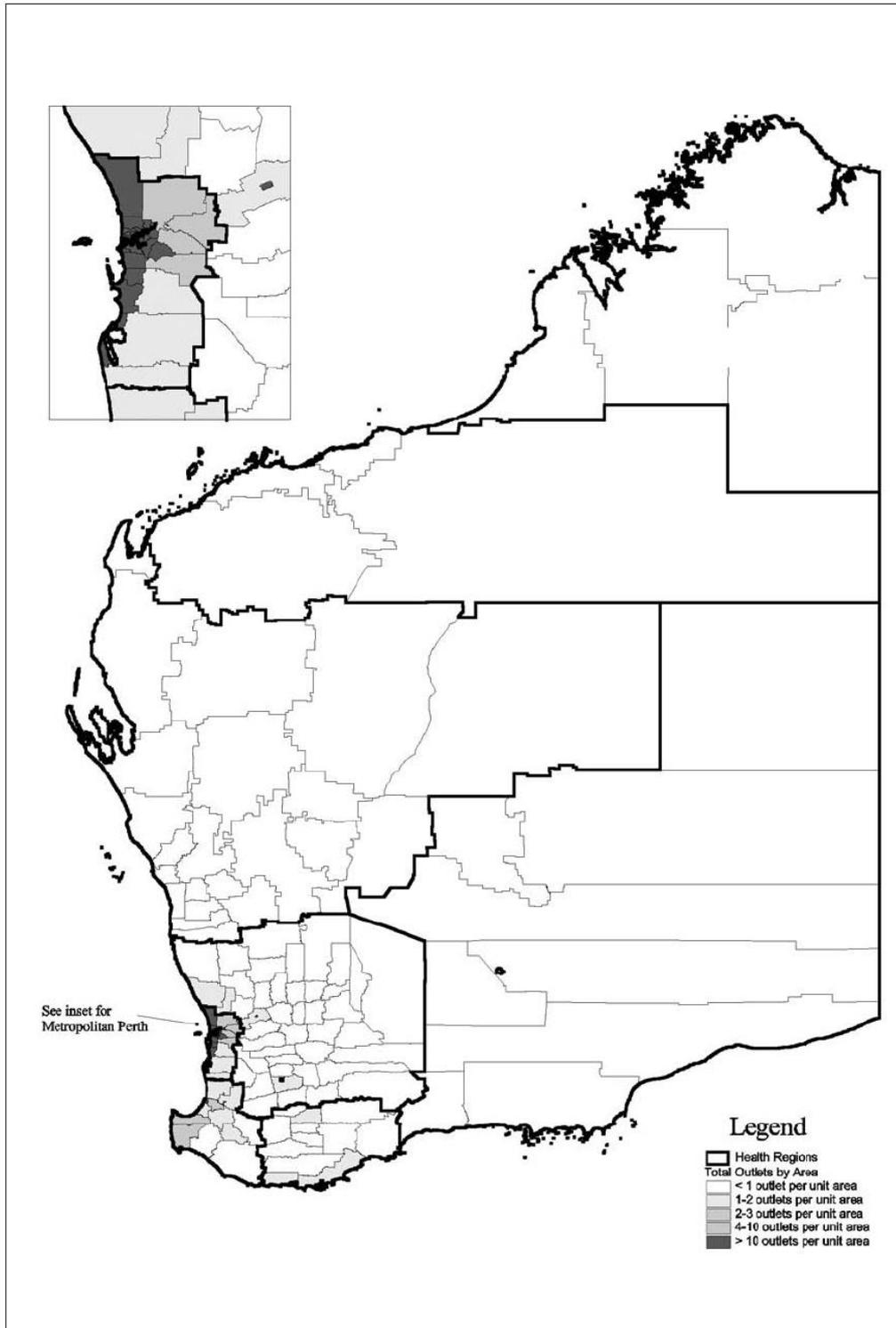
Distribution of total licensed outlets by Local Government Areas (2000-01)⁸⁰⁸



808

National Drug Research Institute, Curtin University, 'Predicting Alcohol-related Harms from Licensed Outlet Density: A Feasibility Study', 2007. Available at: www.ndlrf.gov.au/pub/Monograph_28.pdf, p28. Accessed on 21 April 2011.

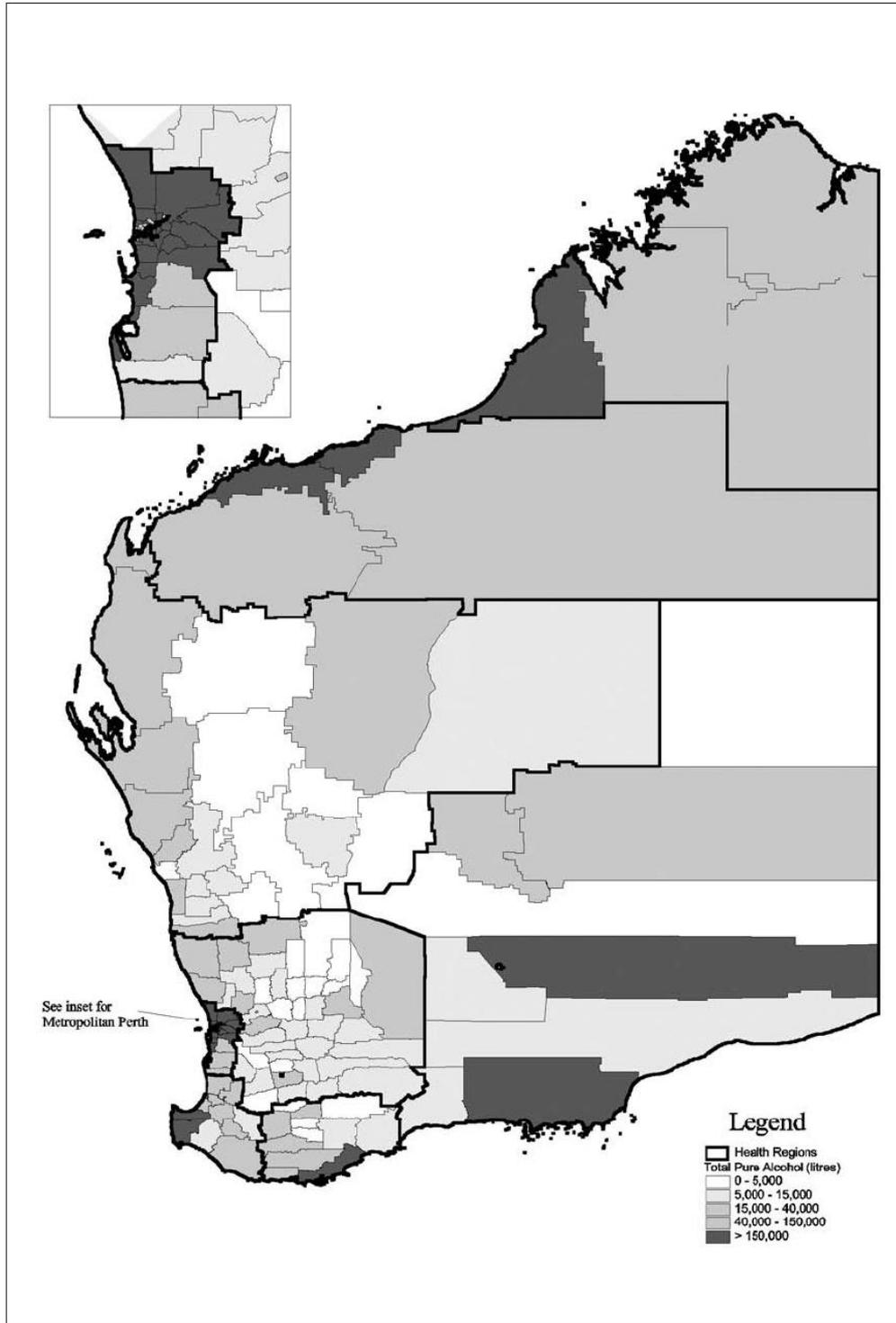
Distribution of total licensed outlets by per unit land area, by LGA (2000-01)⁸⁰⁹



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Ibid, p30.

Distribution of pure alcohol beverage purchases, by LGA (2000-01)⁸¹⁰



810 Ibid, p40.

APPENDIX TWELVE

ANNUAL NEW LIQUOR LICENCES GRANTED IN WESTERN AUSTRALIA (1999-2010)⁸¹¹

Licence Type	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	TOTAL
Liquor store	5	5	2	2	2	5	7	2	16	15	61
Small bar	0	0	0	0	0	0	0	0	11	19	30
Hotel	1	0	0	0	4	1	1	1	0	2	10
Hotel (restricted)	0	1	1	4	1	1	2	2	1	4	17
Tavern	3	3	2	5	7	7	6	10	10	17	70
Nightclub	0	1	0	0	0	0	0	0	0	1	2
Restaurant	59	50	57	53	47	44	45	49	36	46	486
Special facility	45	38	28	37	37	31	35	40	14	33	338
Producer	35	55	66	61	51	54	53	36	25	24	460
Wholesaler	13	14	20	20	24	28	19	21	15	24	198
Club	10	1	3	4	3	3	3	2	2	4	35
Club (restricted)	12	18	9	15	15	7	9	12	9	14	120
TOTAL	183	186	188	201	191	181	180	175	139	203	1,827

A 'special facility' licence can be given to a works canteen, theatre or cinema, reception or function centre, transport facility, education and training institution, auction centre, sports arena or B&B lodging. See: www.rgl.wa.gov.au/ResourceFiles/ApplicationKits/Liquor/Special_facility.pdf.

⁸¹¹ Data for 1999-2000 to 2008-09 from submission No. 9- Part A from Department of Racing, Gaming and Liquor, 12 May 2010, p1 and for 2009-10 from www.rgl.wa.gov.au/ResourceFiles/Publications/Reports/2010/DRGL.pdf, p13. Accessed on 3 June 2011.

APPENDIX THIRTEEN

VICTORIAN LIQUOR LICENCE FEES (JANUARY 2011)⁸¹²

Application Type	Details	Fee
Application for a new licence	<ul style="list-style-type: none"> • Late night (general) • Late night (on-premises) • Late night (packaged liquor) • General • On-premises • Restaurant and cafe • Packaged liquor • Full club • Restricted club • Pre-retail • Vignerons • Renewable limited 	\$387.70
Application for a BYO permit	<ul style="list-style-type: none"> • BYO permit 	\$208.30
Application for a temporary limited licence	<ul style="list-style-type: none"> • Temporary limited <ul style="list-style-type: none"> - where the applicant holds an existing licence/permit (other than a temporary limited licence or a major event licence) - where the applicant does not hold an existing licence/permit (other than a temporary limited licence or a major event licence) 	<p>\$92.50</p> <p>\$50.00</p>
Application for a major event licence - single applicant	<ul style="list-style-type: none"> • Major event where a single applicant makes one or more licence applications in relation to the event (e.g. Big Day Out) 	\$795.90
Application for a major event licence - multiple applicants	<ul style="list-style-type: none"> • Major event where multiple applicants make licence applications in relation to the event (e.g. licences with respect to the St Kilda Festival) 	\$119.40 per licence
Application to modify a licence	<ul style="list-style-type: none"> • Variation of licence or BYO permit • Amalgamated club • Approval of nominee or director • Relocation of licence • Relocation of BYO permit • Transfer of licence or BYO permit • Temporary underage authority for an entertainment event 	\$174.70

⁸¹² Department of Justice (Victoria), 'Liquor Licence Fees', January 2011. Available at: www.justice.vic.gov.au/wps/wcm/connect/justlib/DOJ+Internet/Home/Alcohol/Apply+for+a+Liquor+Licence/JUSTICE++Alcohol++Liquor+Licence+Fees+effective+1+January+2011+%28PDF%29. Accessed on 15 April 2011.

Annual licence renewal fee		=			[Base fee + Operating hours risk fee (if applicable) + Compliance history risk fee (if applicable)]		X	Venue capacity multiplier* (if applicable)
Select licence category								
Late night (general) Late night (on-premises)	=	\$812.70	+	\$3,250.80 if not authorised to trade past 3am or \$6,501.40 if authorised to trade past 3am	+	\$3,250.80 if 1-2 or \$6,501.40 if 3 or more paid infringements or successful prosecutions between 1 January 2010 and 30 September 2010 For subsequent years, the period will be 1 October to 30 September The only offences which trigger this fee are supplying alcohol to underage or intoxicated persons and permitting underage or drunken/disorderly persons on the licensed premises	X	Venue capacity multiplier applies based on the applicable patron capacity as per the table below
General On-premises	=	\$812.70	+	\$1,625.30 applies if authorised to trade past 11pm	+		X	Venue capacity multiplier applies to these licence categories if the compliance history risk fee applies
Restaurant and cafe Restricted club	=	\$200.00	+	N/A	+		X	
Full club	=	with gaming \$812.70 without gaming \$400.00	+	N/A	+		X	
Packaged liquor Late night (packaged liquor)	=	\$1,625.30	+	\$4,876.10 if authorised to trade during non-standard hours**	+		X	
Pre-retail	=	\$812.70	+	N/A	+		X	N/A
Vigneron's Renewable limited BYO permit	=	\$200.00	+	N/A	+		X	N/A
*Venue capacity multiplier								
Number of patrons	Multiplier	Number of patrons	Multiplier	Number of patrons	Multiplier			
0-200	1	501-600	2	901-1000	3			
201-300	1.25	601-700	2.25	1001-1100	3.25			
301-400	1.5	701-800	2.5	1101-1200	3.5			
401-500	1.75	801-900	2.75	1201-1300	3.75			
				1301+	4			
Patron numbers for the venue capacity multiplier are determined by either the total maximum capacity specified as a licence condition, or if no capacity is specified on the licence, the lesser of the numbers permitted under the relevant planning or occupancy permit. In the absence of this information, the Director of Liquor Licensing is able to determine venue capacity based on a ratio of one patron per 0.75 square metres for the area available to the public for on premises consumption. Note: Where patron numbers for accommodation and function areas are specified on a licence they may be excluded from the venue capacity multiplier in some cases.								
** A risk fee of \$4,876.10 applies for packaged liquor licences authorised to trade during any of the following non-standard hours: <ul style="list-style-type: none"> • before 9am and/or after 11pm Monday to Saturday • before 10am and/or after 11pm Sunday • before 12 noon and/or after 11pm ANZAC Day 								



APPENDIX FOURTEEN

QUEENSLAND LIQUOR LICENCE FEES (2010-11)⁸¹³

Annual Licence Fees	
Fee Description	Fee
Base fee for Commercial Hotel licence	\$2,867.50
Base fee for each detached bottle shop	\$3,185.75
Base fee for Commercial Special Facility Licence	
If Licensee is not authorised to sell or supply liquor at any time between 5am and 10am for each additional liquor outlet beyond 10 liquor outlets	\$7,964.95
If Licensee is authorised to sell or supply liquor at any time between 5am and 10am for each additional liquor outlet beyond 10 liquor outlets	\$1,061.90
Base fee for Commercial Other licence	\$10,619.30
Base fee for Community Club licence	\$1,061.90
Club with 2000 members or less	\$531.45
Club with more than 2000 members	\$2,336.00
Base fee for Community Other licence	\$265.70
Risk Criterion - Extended Trading Hours	
Approved extended trading hours for the licensed premises between 7am and 9am	
During Weekends only	\$796.15
Otherwise	\$1,061.90
Approved extended trading hours for the licensed premises between 9am and 10am	
During Weekends only	\$398.60
Otherwise	\$531.45
Approved extended trading hours for the licensed premises between 12am and 3am	
During Weekends only	\$5,972.95
Otherwise	\$7,964.95
Approved extended trading hours for the licensed premises between 3am and 5am	
During Weekends only	\$7,964.95
Otherwise	\$10,619.30
Risk Criterion - Provision of Prepared Food	\$1,061.90
Risk Criterion - Compliance History	
An infringement notice was served on the licensee and the licensee paid the fine in the previous licence period	\$5,150.00
The Chief Executive decides to take disciplinary action relating to the licence, and in the previous licence period	
The licensee did not appeal against the decision or the tribunal confirmed or set aside the decision or substituted another decision	\$10,300.00
The licensee was convicted of a supply offence, and in the previous licence period, the offence was taken to have contributed to	
the death of a person or a serious assault committed against a person on or near the licensed premises	\$20,600.00

⁸¹³

Office of Liquor and Gaming Regulation, Queensland, 'Fees and Charges', July 2010. Available at: www.olgr.qld.gov.au/resources/reports/liquor_licensing_20110421_110256.pdf. Accessed on 18 April 2011.

APPENDIX FIFTEEN

ESTIMATED UK POPULATION-LEVEL EFFECT OF MINIMUM PRICE ON CONSUMPTION AND HEALTH OUTCOMES⁸¹⁴

	% reduction in mean consumption	Health outcomes at full effect*			
		Reduction in deaths (per year)	Reduction in illness per year (1000s)		Gain in QALYs per year (1000s)
			Chronic	Acute	
£0.70 minimum price	18.6%	7150	100.2	23.3	52.1
£0.50 minimum price	6.9%	2930	40.9	8.1	20.7
£0.40 off-trade and £1.00 on-trade minimum price	5.4%	1910	28.6	7.0	14.7
£0.45 minimum price	4.5%	1970	27.7	5.1	13.8
10% general price increase	4.4%	1460	20.5	5.8	11.2
Ban all off-trade discounts	2.8%	1140	15.4	3.6	8.2
£0.40 minimum price	2.6%	1180	16.9	2.9	8.2
£0.30 off-trade and £0.80p on-trade minimum price	2.1%	570	9.5	2.4	4.8
Ban off-trade discounts >10%	1.6%	660	8.8	2.1	4.7
£0.35 minimum price	1.4%	600	9.0	1.3	4.2
Ban off-trade discounts >20%	0.8%	330	4.4	1.1	2.4
£0.30 minimum price	0.6%	250	4.1	0.4	1.7
10% low-price on-trade increase	0.5%	120	2.1	0.6	1.1
Ban off-trade discounts >30%	0.3%	140	1.8	0.5	1.0
10% low-price off-trade increase	0.2%	110	1.6	0.0	0.7
Ban off-trade discounts >40%	0.1%	50	0.7	0.2	0.4
£0.20 minimum price	0.1%	30	0.6	-0.3	0.1
Ban off-trade discounts >50%	0.0%	0	0.0	0.0	0.0

QALYs=quality-adjusted life years. *Full effect reached 10 years post implementation. †Cumulative net saving (£million, including QALYs valuation).

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Dr Robin Purshouse *et al.*, 'Estimated Effect of Alcohol Pricing Policies on Health and Health Economic Outcomes in England: An Epidemiological Model', *The Lancet*, vol. 375, 17 April 2010, p1357.

APPENDIX SIXTEEN

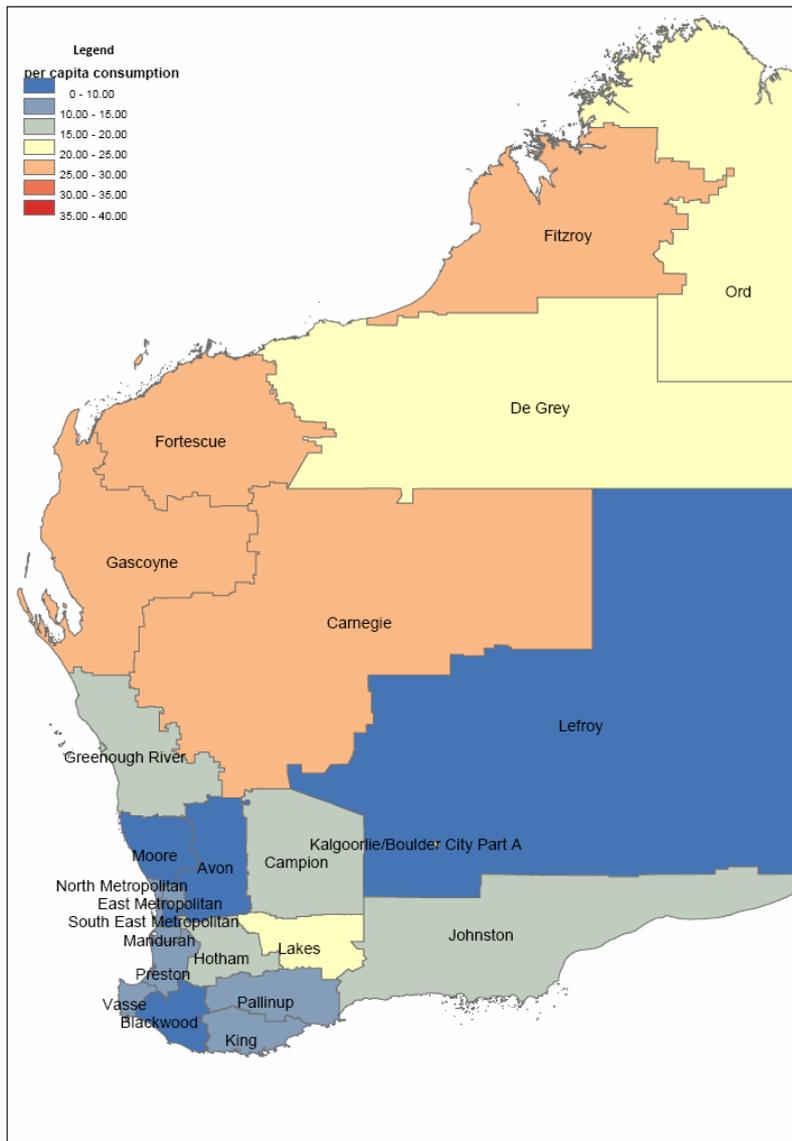
LIQUOR OUTLETS WITHIN 2KM OF MAYLANDS⁸¹⁵



815 Ms Lisa Baker, MLA, Electronic Mail, 3 May 2011, p1.

APPENDIX SEVENTEEN

ESTIMATED REGIONAL ANNUAL PER CAPITA PURE ALCOHOL CONSUMPTION (2007-08)⁸¹⁶



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National Drug Research Institute, 'National Alcohol Sales Data Project- Final Report, 2009', May 2011. Available at: www.dao.health.wa.gov.au/Publications/tabid/99/DMXModule/427/Default.aspx?EntryId=1259&Command=Core.Download,p56. Accessed on 26 May 2011.

APPENDIX EIGHTEEN

AUSTRALIAN COHORT ALCOHOL CONSUMPTION DATA (1940-1979)⁸¹⁷

Table A18.1- Prevalence of alcohol use by Australian birth cohort (1940-1979)

Year	Lifetime Use	Prevalence by 15 yo	Average Age First Consumed
1940-44	97.6%	15.7%	18 yo
1945-49	97.8%	19.3%	18 yo
1950-54	96.8%	20.3%	17 yo
1955-59	95.9%	28.0%	17 yo
1960-64	97.5%	34.5%	16 yo
1965-69	97.2%	40.7%	16 yo
1970-74	98.0%	45.9%	15 yo
1975-79	97.2%	45.6%	15 yo

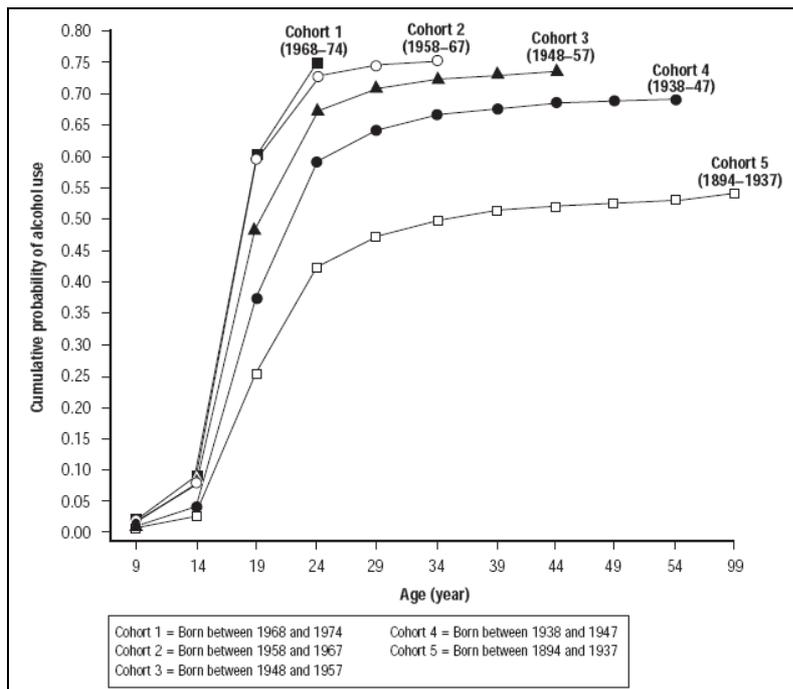
⁸¹⁷

Degenhardt, L., Lynskey, M., & Hall, W. 'Cohort Trends in the Age of Initiation of Drug Use in Australia'. Sydney: National Drug and Alcohol Research Centre, University of NSW, 2000. Available at: [http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_23/\\$file/TR.083.pdf](http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/TR_23/$file/TR.083.pdf), p4, 7 & 10. Accessed on 15 December 2010.

APPENDIX NINETEEN

UNITED STATES ALCOHOL USE AND DEPENDENCY, BY BIRTH COHORT (1894-1974)⁸¹⁸

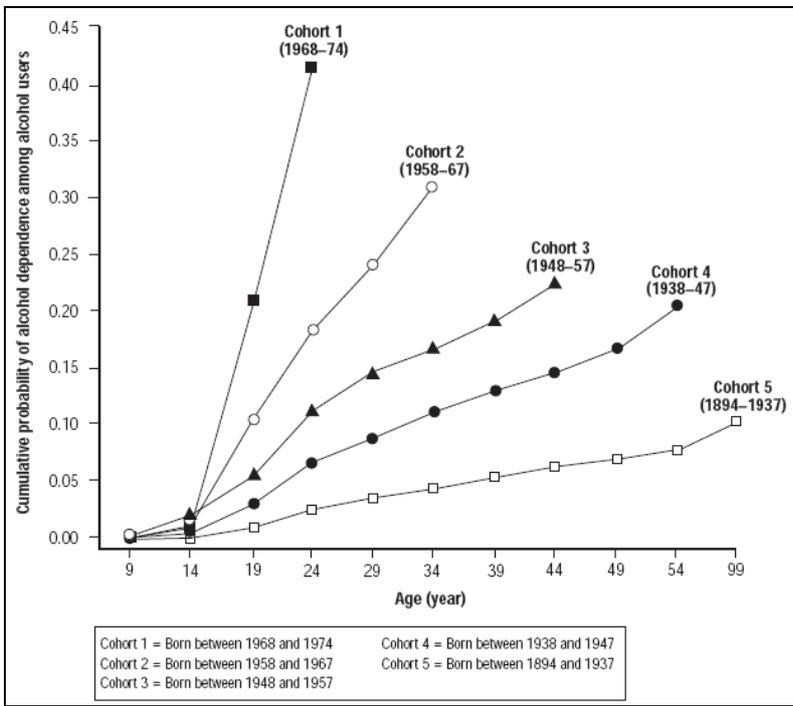
Figure A19.1- Cumulative probability of alcohol use, by United States birth cohort (1894-1974)



⁸¹⁸

U.S. Department of Health and Human Services. '10th Special Report to the U.S. Congress on Alcohol and Health', 2000. Available at: <http://vidyya.com/pdfs/1123involvement.pdf>, pp41-42. Accessed on 21 April 2011.

Figure A19.2- Cumulative probability of alcohol dependence, by United States birth cohort



APPENDIX TWENTY

SELECTED SECTIONS OF THE LIQUOR CONTROL ACT 1988⁸¹⁹

13. The Director

[(1) *deleted*]

- (2) The Director is responsible for the administration of this Act, other than those aspects of administration that relate to the Commission.
- (3) A person appointed to be, or to act in the office of, Director of Liquor Licensing in the exercise of the jurisdiction conferred by that office —
 - (a) has the jurisdiction conferred on that office by this Act, and shall exercise that jurisdiction faithfully and impartially; and
 - (b) has in the exercise of that jurisdiction the same protection and immunity as has a member of the Commission.

14. Staff

- (1) There shall be appointed, as may be necessary —
 - (a) inspectors to —
 - (i) ensure that licensed premises conform to proper standards; and
 - (ii) examine records relating to liquor transactions and subsidies; and
 - (b) such other officers as are required to assist the Commission and the Director in the administration of this Act.

91. Suspension on ground of public interest

- (1) The Director may, at discretion or on an application made by or on behalf of the Commissioner of Police, suspend the operation of any licence or permit, for such period or on such occasion as the Director thinks fit, if the Director considers it is in the public interest to do so.

⁸¹⁹ AustLII, 'Liquor Control Act 1988', nd. Available at: www.austlii.edu.au/au/legis/wa/consol_act/lca1988197/. Accessed on 18 April 2011.

114. Closure of licensed premises by police

- (1) Where a member of the Police Force for the time being on duty at any place has reasonable grounds for believing that at or in the vicinity of that place —
- (a) civil disorder, a breach of the peace or a threat to public safety is occurring or is likely to occur; and
 - (b) in the interests of maintaining the peace or ensuring public safety it is or may be desirable that licensed premises be closed,

that person may require the licensee, or an employee or agent of the licensee, to close the licensed premises or a part of those premises, or to cease the sale, supply or consumption of liquor (including the sale of packaged liquor) on or from the premises or a part of the premises, for a specified period or until further notice, and a person who, without reasonable cause, contravenes a requirement so made commits an offence.

115. Disorderly persons etc.

- (1) Where a licensee, whether personally or by an employee or agent —
- (a) permits —
 - (i) drunkenness; or
 - (ii) violent, quarrelsome, disorderly or indecent behaviour,to take place on the licensed premises; or
 - (b) permits any reputed thief, prostitute or supplier of unlawful drugs to remain on the licensed premises; or
 - (c) permits or suffers to be conducted on the licensed premises any gaming or betting which contravenes section 110(1) of the *Gaming and Wagering Commission Act 1987* or any other activity which contravenes a provision of another written law,
- that licensee, and the employee or agent concerned, commits an offence.

153. Functions of inspectors and other officers of the licensing authority

- (1) An inspector, or a person authorised by the Director under section 15, may examine, and shall report on, any matter affecting the administration of this Act upon which the Director requires a report and, in particular —
- (a) shall report to the Director on the extent and standard of services provided in licensed premises;
 - (b) shall report to the Director on the nature and extent of premises proposed to be licensed and on plans for proposed new licensed premises or for extensions or alterations to, the rebuilding and reinstatement of, or the change in use of any part or parts of, existing licensed premises; and
 - (c) shall appear before, and assist, the Commission, or the Director, whenever so required by the Director.

155. Duties of police

- (1) The Commissioner of Police shall issue all such orders, and give all such directions, to members of the Police Force as may, in the opinion of the Commissioner, be necessary to —
 - (a) prevent any sale, supply or consumption of liquor that contravenes this Act;
 - (b) ensure the proper and lawful exercise of any licence granted or permit issued under this Act;
 - (c) ensure the lawful and orderly conduct of licensed premises and of unlicensed premises on which liquor may be publicly consumed and ensure the good behaviour of persons present on those premises; and
 - (d) provide for the making of such reports to, and the bringing of such applications, complaints and objections before, the licensing authority as may be necessary or required for the proper administration of this Act.
- (2) Nothing in this section shall be read or construed as limiting any power or authority conferred on a member of the Police Force by any other Act or law.
- (3) Where a member of the Police Force suspects on reasonable grounds that on any premises, whether or not licensed premises —
 - (a) liquor is being sold, supplied, consumed or stored unlawfully, or an offence against this Act is otherwise being committed; or
 - (b) that there is on licensed or other premises evidence of an offence against this Act,
 that member of the Police Force may, without warrant other than this subsection, enter and search the premises, using such force as may be reasonably necessary for the purpose.
- (4) A member of the Police Force may seize any liquor, including any container or packaging, suspected on reasonable grounds of having been illegally sold, supplied, consumed or stored, or to be in the possession of a person unlawfully or for an unlawful purpose, and which may be required as evidence for the purpose of proceedings in respect of an offence under this Act or be liable to forfeiture under this Act.
- (5) Subject to section 161, sections 146 to 150 of the *Criminal Investigation Act 2006*, with any necessary changes, apply to and in respect of seizing a thing that is or may be seized under this Act.
- (6) If a person is contravening section 110(4A) a member of the Police Force may seize an opened or unopened container of liquor involved in the contravention.
- (7) If a person is contravening section 119 a member of the Police Force may seize a container of liquor in the person's possession if —
 - (a) the container is opened; or
 - (b) the container is unopened and either —
 - (i) the person is consuming liquor during a period, and in an area, specified in a special event notice under section 126E; or
 - (ii) the member of the Police Force believes on reasonable grounds that the person has caused, is causing or is likely to cause, undue offence, annoyance, disturbance or inconvenience to other persons in the vicinity.
- (8) If a person is contravening section 152O(1) a member of the Police Force may seize an opened or unopened container of liquor involved in the contravention.
- (9) Despite subsection (5), a member of the Police Force who seizes a container of liquor under subsection (6), (7) or (8) must dispose of it as soon as is practicable after it is seized.

168. Institution of prosecutions

- (1) A prosecution for an offence against this Act may be instituted —
 - (a) in the name of the Director, by the Director or any person to whom the Director has delegated that function; or
 - (b) by a member of the Police Force,and any prosecution instituted in the name of the Director shall, in the absence of evidence to the contrary, be deemed to have been authorised by the Director.
- (2) An officer of the licensing authority may appear on behalf of the Director in any proceedings for an offence against this Act.

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