

AODCCC Position Statement

Alcohol and Other Drug Consumer & Community Coalition (AODCCC) response to the review of the Liquor Control Act 1988 and the broader liquor regulatory framework in Western Australia (WA).

About AODCCC

The AODCCC is the peak body for alcohol and other drug consumer-driven systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families, and supports, who are impacted by alcohol and other drug use.

AODCCC is a membership-driven not-for-profit association with over 422 members as of 20/12/2022.

It is our commitment to ensure that these voices are heard and can stand side to side with community leaders, sector professions, policy makers and government to educate and inform while addressing the common stigmas associated with alcohol and other drug use in our society. Our mission is to promote the interests, education, and welfare of those affected by alcohol and other drug use through community understanding, shaped by the voice of people and families with a living or lived experience of alcohol and other drugs.

WA State Government Proposal

The State Government, through the Department of Local Government, Sport and Cultural Industries (DLGSC) is reviewing the Liquor Control Act 1988 (the Act) and the broader liquor regulatory framework in Western Australia (WA).

Liquor in Western Australia is regulated under the following:

- Liquor Control Act 1988 (the Act)
- Liquor Control Regulations 1989 (the Regulations)
- 27 sets of Liquor Control (Restricted Area) Regulations
- Liquor Commission Rules 2007
- 53 liquor policies.

The Act and Regulations regulate the sale, supply and consumption of alcohol, and aims to minimise harm or ill-health caused to people due to the use of alcohol. The legislation is supported by liquor policies, which provide additional guidance on the Act and Regulations

Liquor licensing decisions and disciplinary matters are determined by the licensing authority — the Director of Liquor Licensing (DLL) and the Liquor Commission.

The DLL is a statutory position held by the chief executive officer of DLGSC that assists with administration of the Act. The DLL, who has powers of delegation, makes most decisions about liquor licensing applications and other matters.

The Liquor Commission determines, or reviews complex liquor licensing matters, including complaints, awarding of costs, and provides policy advice relating to liquor control. The Liquor Commission Rules regulate the practice and procedure of the Liquor Commission and matters that are related and subject to the Regulations. DLGSC inspectors (under delegation from the DLL) and officers from the Western Australian Police Force manage the compliance and enforcement of liquor laws across Western Australia.

Reform themes and objectives

To guide the consultations, potential reforms are grouped under the following themes:

- 1. Improved licensing framework reduce red tape and maximise opportunities for industry
- 2. Modernised legislation and structural reform
- 3. Enhanced harm minimisation, enforcement, and compliance, including rewarding compliant operators
- 4. Simpler systems digital solutions to create efficiencies for industry and the regulator
- 5. Stronger industry education and information to enhance industry understanding and knowledge

A full list of proposed changes can be found here

AODCCC Position and Recommendations

The AODCCC acknowledges the challenges that exist in relation to addressing the complex and multi-faceted nature of alcohol-related harms within the community.

Alcohol related harm is the highest burden on our health system with over 402 Western Australian's hospitalised and 8 recorded deaths each week [1]. In addition, intersecting issues including domestic violence [3,4] and road traffic fatalities [5] related to alcohol use has been devastating for our communities. Currently the Alcohol induced death rate is the highest it has been in 10 years [6].

Proposals from the WA State Government seek to improve access to liquor licences and regulations around the serving of alcohol, with a view to attract new business opportunities, minimise wait times to access licences and increase business hours and situations in which alcohol can be served (take aways, restaurant standing areas, public holidays). This will inevitably increase alcohol access for our community. Research has indicated that an increased density of alcohol outlets, through a range of venues, will inevitably result in increased alcohol usage, particularly in urban adolescents [2].

The AODCCC position is that the State Government needs to give careful consideration to the bio-psycho-social impacts of the proposed changes on the WA community. The WA Government's Sustainable Health Review [8] states that "Alcohol-related health problems are largely preventable and account for significant social, physical, emotional, and economic and health system costs. As the most prevalent drug used in WA, behind tobacco, alcohol causes the most drug-related harm...". The health and wellbeing of our community needs to be prioritised by the Government, more so than the economic and entertainment benefits of increasing alcohol availability and sales.

The WA's hidden crisis: Harm from alcohol report [7] highlights that "Not enough is being done to prevent the growing harms fuelled by alcohol in our community. Harm from alcohol is unacceptably high in WA". The AODCCC echoes this and concedes that the deep-routed normalisation of alcohol use at harmful levels within our society further contributes to these issues. For many Western Australian's the toll Alcohol has had on their lives has been generational and change is needed to break the cycle of alcohol related harm. These alcohol-related societal issues require long-term initiatives and a commitment by all levels of government and community to reduce their impacts.

AODCCC proposes the following points be considered when reviewing the Liquor Control Act 1988 and the broader liquor regulatory framework in Western Australia (WA).

• Alike to the Tobacco Plain Packaging Regulations 2011, the AODCCC advocates that it be a legislative requirement for all licensed venues (including online outlets) to display clear, visible, alcohol-related health information to the public, in addition to a list of the alcohol-related supports available in the community. This recommendation seeks to increase alcohol-related education, whilst honouring the autonomy of an individual to make an accurately informed choice about their personal use. It is important to note that this information should be made available in varied formats, to facilitate diverse understanding.

- To mitigate the potential increase of alcohol-related harms correlated with increased alcohol availability, increased pathways to alcohol-related supports needs to be prioritised by the WA Government. These supports should be trauma-informed and guided by shame-sensitive practices. Furthermore, careful consideration needs to be given to the intergenerational factors that contribute to alcohol use. Resources and supports need to be targeted towards providing care in a holistic, culturally appropriate, and meaningful way which address these intergenerational components.
- Similar to suicide prevention initiatives, any media portrayals, or alcohol-related advertisements, should include a list of supports for people experiencing alcohol-related concerns.
- Whilst we acknowledge that politicians also have the autonomy to use alcohol, the AODCCC questions whether
 publicly advertising and/or associating alcohol use within their working role, for the purpose of publicity, and
 relatability, (e.g during campaigns and sporting events), without providing education on alcohol-related
 harms, and available supports for those with alcohol-related issues, is contradictory, a poor use of tax-payers
 money, and does not align with Australia's Harm Reduction initiatives.
- Community consultations which foster the engagement of people with a direct/indirect lived and/or living
 experience of alcohol use need to be at the forefront of this work. This ensures that any adopted initiatives
 are community-led, versus, externally imposed, resulting in more meaningful and person-centred outcomes.

References

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