



**Response to: Discussion Paper Tranche 2 Liquor Reform Options**

Liquor Regulatory Reform

Local Government, Racing, Gaming and Liquor Group

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## **Acknowledgement of Country**

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The Alcohol and other Drug Consumer & Community Coalition acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of this country and its waters. We pay our respect to elders past and present and extend this to all Aboriginal and Torres Strait Islander peoples.

## **Recognition of Lived and Living Experience**

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We recognise the individual and collective expertise of those with a lived or living experience of alcohol and other drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.

## About AODCCC

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The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the state peak body for alcohol and other drug consumer-driven systemic advocacy in Western Australia (WA). With more than 900 members onboard, the AODCCC is a conduit for individuals and families with living & lived experience of alcohol and other drugs to have their voice heard. Our aim is to empower the voices of consumers, their families and supports, ensuring the health and wellbeing of our community. The knowledge, insights and expertise of lived & living experience is integral not only to the work of the AODCCC but also plays a vital role for communities all over WA.

Thank you for the opportunity provided to enable our members and our organisation to respond to the 'Discussion Paper: Tranche 2 Liquor Reform Options'.

The consumption of alcohol is widespread and evidently has a hugely significant impact in Australian communities. The availability of alcohol is prevalent. There were 225.4 million litres of pure alcohol available for consumption in 2022-2023. In the same year 31% of people aged 14 and over consumed alcohol in ways that put their health at risk. In 2023 alcohol accounted for over half of all drug-related hospitalisations resulting in 1667 alcohol induced deaths, the highest rates of alcohol-induced deaths in over 20 years. [1]

The limited emphasis on harm minimisation within the discussion paper raises serious concerns about the broader public health implications for Western Australia. As alcohol-related harms continue to escalate across the state, the absence of explicit safeguards risks tipping decision-making in favour of industry interests rather than prioritising community wellbeing. This underscores the urgent need to embed harm reduction principles across all levels of government—not as an afterthought, but as a foundational approach to policy. Threading harm reduction through every department ensures that public health remains central to governance, helping to protect vulnerable populations and foster healthier, more resilient communities.

The AODCCC believes WA liquor licensing reform presents a powerful opportunity for the WA Government to balance industry growth with community protection and to further embed harm minimisation strategies that aim to reduce alcohol-related health, social, and economic harms whilst also supporting responsible business and industry practices and whole community wellbeing.

## Reference Group

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The AODCCC's focus is broad, active and effective consumer and community engagement. Since June 2022, the AODCCC has invested in a direct engagement member's reference group (RG) to support this endeavour. Members of the RG receive equitable compensation and participate in a monthly meeting. The RG support the AODCCC to engage the community to ensure grassroots input that reflects current community needs. The RG also supports the AODCCC to authentically identify what needs to change to create positive impact within communities [2]. The AODCCC believes utilising lived and living experience (LLE) in liquor licensing reform is a powerful way to ensure policies are grounded in real-world impact, reduce stigma, and promote community-led solutions. The AODCCC strongly advocates for continuous collaboration with LLE advocates and evidenced based participatory methods at all stages of liquor reform.

The AODCCC RG dedicated their September meeting to 'Discussion Paper: Tranche 2 Liquor Reform Options'. Several participants initial response to the document was one of confusion, frustration, disappointment and then hope.

"Jargon had to be read over and over for me to understand it, the tone of the paper was robotic" (AODCCC RG Member)

"This document is clearly a profit driven agenda, 16- and 17-year-olds serving alcohol is just a cheap labour option and for them to do it untrained is certainly not underpinned with the principle of community protection or harm reduction" (AODCCC RG Member)

"There is no mention of online sales. People are dying." (AODCCC RG Member)

"It's good to see they are considering limits on when and what is advertised in relation to alcohol – do we even need to advertise alcohol?" (AODCCC RG Member)

Through expert organisational guidance the RG members worked through the complexity of the discussion paper and assessed the reforms using their LLE lens of alcohol and its associated harms. The participants robustly discussed their concerns and provided a broad spectrum of insight and expertise. They identified several potential licencing loopholes and were gravely concerned about the likelihood of this leading to a lack of compliance and an increase of breaches. The participants also highlighted that the reforms also appear to fail to address the rapid growth of online sales and delivery of alcohol in our communities.

## **RG Concerns & Recommendations – Our Members Voice**

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### *1. Untrained 16- & 17-year-olds serving alcohol alongside a meal.*

Allowing 16- and 17-year-olds to serve alcohol raises serious concerns about safety, responsibility, and the wellbeing of minors. While some argue that lowering the age could support rural hospitality industries and offer young people income and work ethic, the risks far outweigh the benefits without proper safeguards. These teens are often employed as cheap labour and lack essential training—at the very least, Responsible Service of Alcohol (RSA) certification should be mandatory. Young people are impressionable and may not recognise signs of intoxication, leaving them vulnerable to peer pressure and unable to respond appropriately to situations involving drink driving, drink spiking, or alcohol poisoning. Without guaranteed compliance and adequate supervision, we risk desensitising minors to alcohol and exposing them to harm. Protecting young workers means prioritising their safety over convenience.

### *2. Licence types: simplifying and streamlining categories to make them more flexible by combining types and reduce total from 15-9. This will result in an increase in packaged liquor licenses.*

Simplifying and streamlining liquor licence categories from 15 down to 9 carries significant public health implications. By making licence types more flexible and combining categories, the number of packaged liquor licences is expected to rise, which directly increases alcohol availability in communities. Greater access to packaged liquor has been linked to higher rates of alcohol consumption, particularly in areas with already high outlet density. This can lead to a surge in alcohol-related harms such as domestic violence, drink driving, chronic disease, and mental health issues. The risk is

especially pronounced in vulnerable populations, including young people and those in rural or disadvantaged areas, where increased exposure can normalise excessive drinking and reduce barriers to access. Without strong regulatory oversight and public health safeguards, this licensing reform could inadvertently fuel long-term health burdens and social costs [3].

3. *Extending trading hours on Sundays and certain public holidays outside of metropolitan Perth, resulting in the increase availability of packaged alcohol in regional WA.*

Extending trading hours on Sundays and select public holidays outside metropolitan Perth increases the availability of packaged alcohol in regional Western Australia, raising significant public health concerns. From a harm minimisation perspective, greater access to alcohol—especially during traditionally low-consumption periods—can heighten risks of binge drinking, domestic violence, and alcohol-related injuries. Regional communities often face limited health and emergency services, making them particularly vulnerable to the consequences of increased alcohol exposure. Without robust safeguards and community consultation, this policy shift may undermine efforts to reduce alcohol-related harm and place additional strain on local support systems.

4. *Granting the Director of Liquor Licensing (DLL) discretionary power to issue liquor licences to petrol stations in regional areas. This will result in Increased availability of alcohol in regional areas.*

Granting the DLL discretionary power to issue liquor licences to petrol stations in regional areas raises serious public health and safety concerns. This policy shift would significantly increase the availability of alcohol in communities that often face higher rates of alcohol-related harm and limited access to support services. Petrol stations, by nature, are high-traffic, convenience-focused environments, and normalising alcohol sales alongside fuel and everyday items risks desensitising consumers—especially young people—to the presence and consumption of alcohol. Without strict oversight and harm minimisation measures, this could lead to increased drink driving, underage access, and a rise in risky drinking behaviours. The move may also undermine community efforts to reduce alcohol-related harm and erode the integrity of responsible licensing practices.

5. *Enabling the Minister to rapidly impose emergency restrictions on alcohol supply in circumstances where community wellbeing is at risk.*

The proposal to grant the Minister authority to swiftly implement emergency alcohol restrictions in communities identified as at risk warrants careful consideration—particularly in Aboriginal communities where the implications are deeply nuanced. While the intention may be to safeguard wellbeing, it is essential that any intervention be grounded in genuine, respectful engagement with those most affected. Communities themselves hold the knowledge, lived experience, and cultural insight necessary to shape effective responses. Without meaningful consultation and local leadership, top-down measures risk undermining community agency, eroding trust, and producing outcomes that may inadvertently cause harm.

Alcohol misuse often reflects broader systemic challenges such as poverty, intergenerational trauma, and limited access to essential services. Addressing these issues requires more than blanket restrictions—it calls for culturally responsive,

community-informed strategies that empower rather than impose. Locally led engagement has shown promising results in fostering pride, resilience, and tailored solutions that reflect the unique needs of each community. The key question becomes: how will these decisions be made, and what mechanisms are in place to ensure communities are not just heard, but actively leading the way? A truly effective harm minimisation approach must prioritise partnership, respect, and long-term investment in community-driven change.

6. *Empowering the DLL to ban advertising that promotes dangerous drinking practices.*

The proposal to empower DLL to ban advertising that promotes dangerous drinking practices is strongly supported by the AODCCC RG members, who view it as a meaningful advancement in harm minimisation efforts within the media landscape. Members welcomed this commitment to reducing alcohol-related harm and highlighted the importance of responsible messaging. As a further recommendation, the RG suggested a structured advertising sequence: beginning with a LLE advert, followed by the alcohol advertisement itself, and concluding with a prominently displayed support contact for individuals seeking help. Crucially, members proposed that this entire sequence be funded by alcohol companies, ensuring industry accountability while promoting public health. This approach not only reinforces safer drinking norms but also provides immediate pathways to support, aligning commercial messaging with community wellbeing.

## **AODCCC Recommendations**

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### **1. Expansion of juveniles (16+) being able to serve alcohol ancillary to a meal.**

We strongly oppose the proposal to allow 16- and 17-year-olds to sell alcohol (even ancillary to a meal) without mandatory training. This change prioritises business convenience over the wellbeing of young people and undermines Australia's commitment to child safety and harm minimisation.

#### **Evidence-Based Concerns**

- National Alcohol Guidelines clearly state that people under 18 should not consume alcohol due to heightened risks to brain development, mental health, and long-term wellbeing [4].
- It is illegal to sell alcohol to minors, yet this proposal would allow minors to sell a product they are prohibited from purchasing—creating a dangerous contradiction.
- Removing the requirement for Responsible Service of Alcohol (RSA) training strips away a critical safeguard that helps young workers understand the risks and responsibilities involved in alcohol service.

#### **Emotional and social impact:**

Imagine a 16-year-old, still navigating adolescence, being placed in a position where they must manage adult responsibilities—like refusing service to intoxicated patrons or handling aggressive behaviour—without proper training or support. This is not just inappropriate; it's unfair.

Young people deserve environments that nurture their growth, not expose them to adult pressures and potential harm. Alcohol is not a neutral commodity—it's a substance linked to

violence, injury, and addiction. Asking minors to serve it without preparation sends a troubling message about whose interests we value most.

- Do not proceed with the proposal to remove RSA training requirements for 16- and 17-year-olds.
- Amend the Liquor Control Act to prohibit minors from serving alcohol, even when ancillary to a meal.
- Reinforce WA's leadership in child safety by ensuring that all alcohol service roles are reserved for trained adults.

Let's not compromise the safety of our youth for the sake of convenience. Their wellbeing must come first.

## **2. Licence types: simplifying and streamlining categories to make them more flexible by combining types and reduce total from 15-9**

To position WA as a national leader in alcohol harm reduction, we recommend that any reform to liquor licence categories—particularly the proposed reduction from 15 to 9 types—be guided by a public health-first approach. While streamlining may improve administrative efficiency, it must not inadvertently increase the number of packaged liquor licences without robust safeguards.

WA has already laid the groundwork for harm minimisation:

- The Liquor Control Act 1988 mandates harm minimisation plans from licensees.
- The Banned Drinkers Register (BDR) is being made permanent in regional WA, reflecting a commitment to targeted intervention.

These initiatives demonstrate intent and infrastructure. However, Deloitte's independent evaluation of the BDR urges caution [5]:

The BDR shows promise but is hampered by limited wraparound health services, enforcement gaps, and lack of community education. Without a whole-of-government response—including culturally competent treatment, stronger police powers, and public awareness—the BDR risks becoming a symbolic measure rather than a transformative one.

Simplifying licence categories may unintentionally increase access to packaged liquor, especially in vulnerable communities. This risks: normalising high-volume takeaway alcohol sales, undermining regional harm minimisation efforts and increasing secondary supply and impulse purchasing.

We urge government to:

- Pause automatic expansion of packaged liquor licences under the new framework.
- Embed harm minimisation criteria into all licence approvals, including community impact assessments.
- Strengthen the BDR by implementing Deloitte's recommendations for health, enforcement, and education support.
- Monitor and evaluate the impact of licence reforms on alcohol-related harm, particularly in high-risk regions.
- Implement an Online Sale and Delivery (OS&D) license category.

WA could lead the nation—not just in reforming liquor licensing, but in proving that streamlined systems can still uphold strong public health protections.

### **3. Extending trading hours on Sundays and certain public holidays outside of metropolitan Perth.**

The AODCCC recommends cautious extension of trading hours in rural and remote WA.

Extending alcohol trading hours outside metropolitan Perth must be approached with care, especially in rural and remote regions where alcohol-related harm is disproportionately high. The following recommendations aim to balance community wellbeing with regulatory flexibility.

Prioritise harm minimisation over commercial convenience

- WA's Liquor Control Act 1988 embeds harm minimisation as a guiding principle for all licensing decisions.
- Any extension of trading hours should be subject to a public interest assessment, including potential impacts on alcohol-related violence, drink-driving, and domestic harm.

Consider regional vulnerabilities

- Rural and remote communities often face limited access to health services, policing, and alcohol treatment programs.
- Extended trading hours may increase alcohol availability in areas already struggling with high rates of alcohol-related hospitalisations and fatalities.

Require community consultation and local oversight

- Decisions must be community-informed, not imposed top-down.
- Local governments, Aboriginal health services, and community leaders should be involved in assessing whether extended hours are appropriate for their region.

Monitor and evaluate impact

- Introduce mandatory data collection on alcohol-related incidents before and after any changes to trading hours.
- Use this data to review and adjust licensing conditions as needed.

Restrict high-risk licence types

- Limit extended trading hours for packaged liquor outlets, which are linked to higher rates of binge drinking and secondary supply.
- Focus any flexibility on low-risk venues (e.g. restaurants with strict RSA protocols).

Align with broader alcohol policy

- Ensure consistency with the National Alcohol Strategy 2019–2028, which calls for reduced alcohol availability as a key harm reduction measure [6].

Extending trading hours may seem like a minor regulatory shift—but in rural WA, it could have major consequences. Let's make sure every policy change reflects the lived realities of these communities and puts their safety first

### **4. Granting the Director of Liquor Licensing (DLL) discretionary power to issue liquor licences to petrol stations in regional areas.**



The AODCCC recommends upholding restrictions on rural petrol station liquor licensing. In alignment with the AODCCC's guiding principle of harm minimisation, we strongly recommend not proceeding with the proposal to grant discretionary liquor licensing powers to the DLL for rural petrol stations.

Rural petrol stations are uniquely positioned as high-traffic, transient service points where impulse alcohol purchases may directly contribute to increased drink-driving risk. Western Australia's regional road fatality rates remain disproportionately high compared to metropolitan areas, with alcohol consistently implicated as a contributing factor in rural crashes.

Introducing alcohol sales at these locations undermines public safety efforts, if the proposal is advanced, it must include robust risk mitigation, including:

- Physical and visual separation of alcohol from fuel and food services
- Strict controls on hours of alcohol sale
- Mandatory staff training on responsible service

The road toll is not just a number—it reflects lives lost, families shattered, and communities impacted. Licensing rural petrol stations to sell alcohol risks compounding this toll.

#### **5. Enabling the Minister to rapidly impose emergency restrictions on alcohol supply in circumstances where community wellbeing is at risk.**

The AODCCC advises that no new powers should be granted to the Minister to impose alcohol restrictions on communities without meaningful community involvement. While urgent interventions may be necessary in times of crisis, top-down imposition risks deepening stigma, eroding trust, and undermining long-term outcomes. Research shows that community-led alcohol restrictions are more effective and sustainable than externally imposed measures. Local ownership, consultation, and collaboration are key to successful harm reduction strategies. Poorly conceived interventions—whether imposed or withdrawn without consultation—can retraumatise communities and reinforce discriminatory narratives.

Risks of ministerial overreach: imposing restrictions without local input may exacerbate feelings of disempowerment, especially in Aboriginal and Torres Strait Islander communities. It risks misdiagnosing the root causes of alcohol-related harm, which often stem from broader social determinants like poverty, trauma, and systemic inequality.

- Do not grant unilateral powers to the Minister to impose alcohol restrictions.
- Establish clear, transparent criteria for when urgent interventions may be considered, with oversight from independent bodies.
- Require community consultation and leadership in all stages of intervention design, implementation, and review.
- Commission research into the causal links between alcohol and community crises, ensuring culturally informed methodologies.
- Support community capacity-building through programs like Local Drug Action Teams (LDATs), which foster local solutions and resilience.

Let's not treat communities as passive recipients of policy. They are the experts in their own lived realities—and when empowered, they are the most effective agents of change.

#### **6. Empowering the DLL to ban advertising that promotes dangerous drinking practices.**

We commend the Department of Local Government, Industry Regulation and Safety for its forward-thinking proposal to empower the DLL to ban advertising that promotes dangerous drinking practices. This is a bold and necessary step toward reducing alcohol-related harm across Western Australia.

By introducing regulations and guidelines that could restrict alcohol advertising near schools, playgrounds, and other child-focused environments, the DLGIRS is sending a clear message: community wellbeing comes before commercial influence. This approach aligns with best practice in public health and reflects a genuine commitment to protecting vulnerable populations—especially children and young people—from the normalisation of risky drinking behaviours. To ensure these reforms are truly effective and equitable, it is essential that the development of regulations and guidelines be shaped through a local LLE lens. Communities most affected by alcohol-related harm must have a voice in how advertising is regulated in their environments. Their insights offer invaluable context, cultural relevance, and practical wisdom that cannot be replicated through top-down policy alone. We are grateful to see WA embracing its role as a national leader in harm minimisation. With community voices at the centre, this initiative has the potential to transform not just policy—but lives.

## **Conclusion**

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The AODCCC recognises that Western Australia stands at a critical juncture. The evidence is clear: alcohol-related harm in our state is unacceptably high, deeply entrenched, and disproportionately affects vulnerable communities.

Liquor licensing reform offers a unique opportunity to disrupt the generational cycle of alcohol harm and reposition WA as a national leader in public health innovation. With the infrastructure already in place—from the Liquor Control Act's harm minimisation framework to the newly established Office of Alcohol and Other Drugs—WA is equipped to lead with courage, compassion, and clarity.

But leadership requires more than policy—it demands partnership. Embedding local lived and living experience lens into every stage of reform ensures that those most affected by alcohol harm are not just heard but empowered to shape the solutions. Their stories, insights, and resilience must guide us toward a system that prioritises wellbeing over profit, and healing over harm.

We urge government to embrace this moment with bold, evidence-based action. By aligning with existing commitments, leveraging new governance structures, and championing reforms that balance economic vitality with community safety, WA can set a new national standard—one that honours lived experience, protects future generations, and redefines what responsible alcohol policy looks like.

The time for incremental change has passed. The time for transformative leadership is now.

Thank you for considering these recommendations. We look forward to your response.

The AODCCC Team & Community Members.



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**Alex Arpino**  
**AODCCC Executive Manager**

## References

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1. [Alcohol, tobacco & other drugs in Australia, Alcohol - Australian Institute of Health and Welfare](#)
2. [Reference Group Evaluation Report](#)
3. [Modelling the public health and safety impacts of liquor licensing changes on communities: Enhancing evidence-based liquor licensing decisions](#)
4. [Australian Alcohol Guidelines revised | Australian Government Department of Health, Disability and Ageing](#)
5. [Evaluation of Harm Minimisation Measures in Banned Drinkers Areas](#)
6. [National Alcohol Strategy 2019–2028 | Australian Government Department of Health, Disability and Ageing](#)