



Response to Director of Liquor Licensing

Objection: Venueslive Management Services (WA) Pty Ltd application number A727562178 for variation of conditions for a Special Facility Licence (Sports Arena).

March 2026

Acknowledgement of Country

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

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

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the peak body for alcohol and other drug consumer and community informed systemic advocacy in Western Australia. With more than 990 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.

Introduction

We express concern and object to the application to vary conditions of a liquor licence for the premises known as Perth Rectangular Stadium (PRS).

In Western Australia, an emerging pattern is evident, reflected in the application by Venueslive Management Services (WA) Pty Ltd to remove existing safeguards, such as ethanol limits, and to increase access to alcohol by expanding the number of temporary bars, contrary to key harm minimisation conditions. These represent more than mere hospitality adjustments; they are policy decisions that reshape the conditions of shared public space, spaces already characterised by high emotional intensity, strong sporting rivalries, and, at times, fragile boundaries between celebration and harm.

The applicant indicates through the Public Interest Assessment (PIA) that they seek to align licence conditions with comparable major venues, including Optus Stadium. We understand from media reporting that Optus Stadium recently permitted the sale of full-strength beer, where previously only mid-strength beer was allowed, effectively removing an established harm minimisation measure. Notably, this change did not require a formal variation of licence conditions, nor were they advertised for public comment in the way the current application is required to be. A method deployed which limited community transparency, public scrutiny of potential alcohol-related harms, and the objectives of harm minimisation. It is therefore concerning to see similar venues such as PRS now seek to align itself with changes implemented through a method that constrained community input and negated further consideration of downstream impacts to safety, health and community risks.

Removing the 3.5% ethanol limit and lifting restrictions on the number of temporary bars will expand alcohol availability in the PRS sporting environments. Further promotion of alcohol as part of a so-called “family-friendly” experience risks intensifying existing dynamics of intoxication, crowd behaviour, and related harms. The

introduction of higher-strength alcohol and additional vendors will not occur in a vacuum; national sports advertising and sponsorship are explicitly aimed at expanding brand exposure and consumption. This is a context where alcohol is already deeply embedded in our sporting culture, the proposed changes will further normalise and reinforce alcohol availability, and consumption within sport.

Community Voices

The Alcohol and Other Drug Consumer and Community Coalition (AODCCC) objects to the proposed removal of the 3.5% ethanol limit, increasing the number of temporary bars and associated changes to alcohol service conditions at PRS.

This submission is informed by the insights, expertise, and lived and living experience (LLE) of AODCCC members gathered through a range of engagement mechanisms,

including annual membership surveys, training events, community forums, reference groups, and targeted consultations undertaken in March 2026 regarding alcohol availability at Perth sporting stadiums. This ongoing engagement ensures that the perspectives of people with lived and living experience (LLE) are consistently represented at local, state and national levels of systemic advocacy.

This objection is grounded in the lived and living experience (LLE) shared by AODCCC members who have repeatedly reported that intoxication, antisocial behaviour, and safety concerns are already present at sporting events. Our members voices are consistently expressing that increasing alcohol strength and availability in high-density, emotionally charged environments further intensifies harm, undermines family and community safety, and erodes the inclusivity within public sporting events. This is particularly of relevance for families, children, non-drinkers, and individuals with LLE of alcohol-related harm.

Summary of Key Themes Directly from our Members Voices:

The Venueslive Management Services (WA) Pty Ltd application seeks to weaken key conditions within harm minimisation which are in place to reduce alcohol-related harm at PRS. Such perceptions risk eroding trust in the Director of Liquor Licensing (DLL) decision-making and contribute to community opposition to proposed variations. A strong theme within member responses was the perception that the proposed changes prioritise commercial interests over individual and community health.

“Why is it a needed thing? Why would this be necessary? How would it change customer experience? It makes it harder to responsibly serve alcohol as lots of people can just go to different vendors at the game.”

Practical challenges in enforcing Responsible Service of Alcohol (RSA) requirements are another key concern. In stadium venues with multiple service points, refusal of service can be easily circumvented, significantly undermining the effectiveness of existing harm-reduction measures and increasing the likelihood of service to intoxicated patrons. Concerns were raised about the difficulty of monitoring intoxication levels when multiple vendors enable patrons to avoid refusal of service. From an LLE perspective, ineffective RSA systems create greater risk for those sensitive to intoxicated aggression and those who rely on safe public environments to participate in community life.

“Baffled & not a little infuriated, as the community progresses towards low alcohol drinks?”

Members reported that intoxication and community safety concerns are already present. There is a strong expectation that removal of the 3.5% ethanol limit would further escalate antisocial behaviour, particularly affecting families, children, and non-drinkers. While exposing higher risk drinkers to further risk of harm. This raises concern that increasing alcohol strength in high-density sporting venues impacts the perceived safety of public events.

“I think some patrons at these events consume too much alcohol anyway. This increases risks of more violence, domestic violence, abuse, risking driving a motor vehicle, being abusive on public transport, harming oneself and others.”

These views reflect broader community concerns, that weakening existing harm-minimisation safeguards, whilst contradicting already established health policy and prevention efforts. AODCCC notes that alcohol-related harm does not end at the stadium boundary. Post-event intoxication impacts families and communities, with consequences evident on our roads, within emergency departments, and across first responder systems. Alcohol-related injuries, including those resulting from alcohol-fueled violence, remain an ongoing and well-documented reality. Members also highlighted the links between alcohol misuse, interpersonal violence, Intimate Partner Violence and Family and Domestic Violence underscoring the broader social harms that extend beyond the final siren and the stadium boundary.

“We need community services to be present (in the stadiums) to offer information and links to support. We need teams of harm minimisation health workers and much bigger alcohol-free zones”

“Being an Aussie and had been to some football games last year people were still getting drunk and rowdy off mid strength, so to have full strength beer would create

more money for the stadium but creating more antisocial atmosphere and behaviour not really fair for those who don't drink and young children."

"To make the alcohol more accessible and allow full strength increases risks of more violence... risks when driving a motor vehicle, fighting after the game, and becoming abusive on public transport."

AODCCC submits that foreseeable downstream impacts must be considered in assessing public interest and potential harm.

Ethical and Political Objections

AODCCC urges the Director of Liquor Licensing (DLL) to consider the significant power imbalances that arise where the alcohol industry, dominated by large multinational corporations and associated industry bodies have a strong commercial interest in shaping alcohol policy and public discourse. The alcohol industry's primary obligation to profit creates an inherent and well-documented conflict of interest with public health objectives, particularly where increased consumption directly aligns with profit maximisation.

In pursuit of market growth, the alcohol industry employs sophisticated marketing and sponsorship strategies designed to normalise alcohol use and expand consumption across multiple settings, including sport, seen through digital platforms, and public spaces. These practices contribute to increased exposure to alcohol promotion, including among children, young people, and other vulnerable populations, while minimising or obscuring the well-established health and social harms associated with alcohol use. The impacts of these strategies are not abstract.

Communities experience increased harm, families bear the social and emotional costs of alcohol-related illness and injury, and governments absorb substantial healthcare, policing, and social service costs. For many individuals, particularly those with lived experience of alcohol-related harm these dynamics undermine wellbeing, recovery, and participation in community life.

Conclusion

Ultimately, alcohol is a drug that the government permits and regulates for supply within the community. This places a responsibility on government to ensure that regulation prioritises public health, transparency, and harm minimisation, rather than commercial or revenue-driven outcomes.

AODCCC strongly advocates that the Director of Liquor Licensing (DLL) give substantive weight to the voices of our members, whose concerns are grounded not in theoretical

risk but in LLE of alcohol-related harm. These experiences reflect the enduring realities of unsafe public spaces, repeated exposure to alcohol-fuelled environments, and the profound personal, social, and community costs that follow.

Community sentiment clearly demonstrates a deep unease with the further weakening of harm-minimisation safeguards, a strong expectation that regulatory decisions prioritise protective measures, and that DLL uphold safety, inclusion, and wellbeing for all members of the community.

Based on our community engagement, AODCCC objects to the Venueslive Management Services (WA) Pty Ltd application (A727562178) to vary conditions of a Special Facility Licence (Sports Arena). This objection is submitted in the interest of prioritising public health, community safety, and the wellbeing of the broader community.