



Public Health Association
AUSTRALIA

**South Australian Branch of the Public Health
Association of Australia submission on the Liquor
Licensing Reform: Sale of Wine in Supermarkets**

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

South Australian Liquor Licensing Reform

On 13 February 2013, the South Australian (SA) Branch of the PHAA received an opportunity to respond to the SA Government proposal of a new liquor licence class within the *Liquor Licensing Act 1997* (the Act) that will allow wine to be sold in supermarkets. The SA PHAA provide the following feedback outlining critical key points addressing issues associated with this amendment to the Act. The SA PHAA is available to elaborate further on any of these points if the opportunity is made available.

The SA PHAA believe that central to the Act should be a focus on minimising the impact of alcohol problems in our community and preventing harms caused by alcohol. Alcohol is a major cause of myriad health and social problems, including crime, violence, road crashes, and other direct and indirect forms of social disruption. Alcohol is the cause of both short-and long term problems; its consequences are felt by users and many others in the community. The costs of alcohol to the community, from healthcare to law enforcement to a range of intangible costs, are substantial. We hold most concern for those most vulnerable within our population and, in particular, the long term harmful consequences that this amendment could impose on these populations, most notably, children and adolescents. The SA PHAA believes that:

- Alcohol is a commodity with potential to cause great harm.
- The ability to sell alcohol is a privilege, not a right.
- The highest priority of the *Liquor Licensing Act* should be the prevention and minimisation of harm and ill-health due to the use of liquor.
- The protection of young people and vulnerable groups should be a priority of the Act.
- Alcohol-related harm is entirely preventable; and
- Limiting and ensuring appropriate availability of alcohol should be a prime consideration in any amendment to the *Liquor Licensing Act*.

In composing this response we draw on the work of colleagues included in a recent submission to a review of the *Liquor Control Act 1988* Western Australia (WA). In the submission, the McCusker Centre for Action on Alcohol and Youth Centre caution “against changes to the Act that would increase the overall physical or economic availability of alcohol, including opening up new retail opportunities for alcohol in supermarkets or other premises currently prohibited under the Act”. The report recommends that “careful consideration be given to the potential for any proposed changes to the Act to lead to the increased availability of alcohol, and action be taken to prevent this where the potential is identified”.¹ We also draw on a position statement by the WA Alcohol and Youth Action Coalition on alcohol availability.²

Access and availability to retail opportunities that sell alcohol

The amendment to Act as proposed expands access to alcohol through increased availability and increases community exposure to alcoholic beverages. Here we define availability of alcohol as “the ease or convenience of obtaining alcohol”.³ Research has demonstrated consistent links between

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the availability of alcohol in a region and the alcohol-related problems experienced by the community.^{4,5,6,7,8,9} Australian research on the impact of changes in alcohol availability was summarised by the National Preventative Health Taskforce as follows: “The results of this research are clear: liberalising alcohol availability is likely to increase alcohol-related problems”.⁴

The density of alcohol sales outlets is a frequently used measure of availability.¹⁰ Australian^{11,7,12} and international^{13,14} evidence demonstrates consistent associations between increasing density of licensed premises in an area and higher rates of violence, and also increased road crashes,^{15,16} child abuse and neglect,¹⁷ and negative impacts on neighbourhood amenities¹⁸ and mental health.¹⁹ Increased outlet density leads to an increasingly competitive alcohol market-place, which may result in lower prices²⁰ and hence increased ease of access to alcohol. Increased physical availability of alcohol is often associated with increased promotion of alcohol (e.g. at point of sale) which in turn stimulates demand for alcohol.²¹ The preamble to the discussion document provided to support public consultation on this amendment indicates that one reason for amending the Act is “to improve South Australian wine producers’ access to the retail liquor market”. It is difficult to see how this change would not stimulate demand for alcohol.

Trading hours and days

- The amendment to the act includes very specific hours of sale and we see this as an important inclusion.

Evidence from Australia^{7,6,22} and overseas^{23,24} has consistently demonstrated that increased liquor trading hours are associated with increased alcohol-related problems, including violence in and around premises, violent crime and impaired-driver road crashes. Conversely, earlier closing times have been associated with less alcohol-related harm, and restrictions on the trading hours of alcohol have been associated with reduced levels of alcohol-related problems.²⁴ We acknowledge that clear boundaries for trading hours and days of access to wine within supermarkets have been included within the amendment to the Act and, therefore, officially trading hours will not be extended through the amendment. However, this will not compensate for the increased physical availability of wine products that are proposed to be sold within the supermarkets and the increased exposure across seven-day trading periods.

Designated floor space and exposure to alcohol of employees who are minors

We note that the amendment also includes the provision that the display and sale of wine will be limited to a designated part of the supermarket and to a limited area. However, as the availability of alcohol is often associated with alcohol promotion, there are also concerns regarding young people’s increased exposure to alcohol promotion. There is a need for greater consideration of the cultural implications for young people of increased exposure to alcohol and alcohol advertising in venues frequented by families and young people, and where minors are often employed, such as supermarkets. Increased exposure to alcohol and alcohol advertising is associated with increased consumption and alcohol-related harms. Strong controls on the availability of and access to alcohol are an essential component of a comprehensive approach to the prevention of harm from alcohol.^{4,25} Small supermarkets often have only two or three tills next to each other. We strongly recommend that, if this amendment goes forward, that a separate till, only for wine sales, should be

required and a wording change made to the amendment. It is not adequate to propose that “employees working at the checkout where the wine is purchased must not be minors”.

Economic availability of alcohol

The economic availability of alcohol relates to the price: the cheaper it is, the higher its economic availability. There is a strong evidence base to support policies that regulate the economic availability of alcohol as a strategy to reduce alcohol-related harm.²⁶ While we recognise the role of Federal authorities in regard to regulating the economic availability of alcohol, including through taxation and approaches to pricing, there are important areas where action at the State-level is both necessary and appropriate.

Young people are particularly price sensitive. Evidence on the impact of alcohol price on young drinkers consistently shows that changes in alcohol prices are related to changes in youth drinking.^{27,28} In particular, these are associated with alcohol industry practices such as heavy discounting of alcohol products, competition between liquor retailers focused on price and price-focused alcohol advertising and promotion. Certain types of alcohol are regularly advertised and sold at extremely low cost, in particular cask wine and ‘cleanskin’ wine. Surveys of drink preferences show that young people are likely to consume this type of wine.^{29,30} Although the supermarkets will be restricted to selling “wine in bottles”, price competition and wine producers’ willingness to reduce prices in order to enter the lucrative market, may make the wine sold through supermarkets relatively inexpensive. It is well recognised that there is a substantial difference between the price of packaged liquor (e.g. take-away alcohol sold from bottle shops for consumption off-premise) and on-premise alcohol (e.g. alcohol sold at hotels and bars for consumption on site). Concerns have been expressed that this price differential has contributed to harmful drinking patterns.³¹ ‘Pre-drinking’ or ‘pre-loading’, the practice of consuming alcohol prior to going out, often in substantial quantities and at a rapid pace, has emerged as a common practice among young people. Apparent motivations for this behaviour include avoidance of paying for high priced drinks at venues.³² Concerns have been raised that pre-drinking may be linked to very high levels of alcohol consumption and a range of harms including alcohol-related violence.³² The increased availability of very cheap alcohol (driven by market competition between producers and retailers) seems likely to increase the price differential between the two forms of alcohol sales, and thereby increase the financial incentive for ‘pre-loading,’ leading to increased negative social and health consequences amongst young people.

Research in the United Kingdom outlined that in recent years supermarkets and off-licenses have played a pivotal role in the expansion of domestic wine drinking. The role of supermarkets in driving down the cost of alcohol has been brought to the forefront in recent years. Proposals on minimal unit pricing and below cost sales reflect a growing consensus that pricing strategies in the ‘off’ trade (e.g. retail sales for domestic consumption) may be a more significant driver of alcohol problems than ‘on-site’ trading (e.g., late licensing pubs).³³

There is a critical need to collect local-level alcohol sales data from SA liquor licensed venues to monitor the social and health consequences of liquor licensing reform over time. Local-level alcohol sales data should be made available to researchers with a focus on and in policy planning to improve the evidence base for alcohol policy, the evaluation of policy initiatives and the monitoring of alcohol

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indicators in SA. Robust measures of alcohol consumption are essential for the development of effective evidence-based policy responses to alcohol-related harm. Alcohol sales data are considered to be the best indicator of alcohol consumption at a population level as they are not susceptible to the errors inherent in self-report surveys,³⁴ and can be used to identify patterns of consumption of different beverage types.³⁵

Conclusion

The SA PHAA appreciates the opportunity to make this submission and comment on this important piece of legislation for South Australia. We question the case, as it is presented in the discussion document, for improving access for SA wine growers to the retail liquor market and making small supermarkets more viable since this amendment will also increase access to alcohol within the SA population. We recognise the issues described in the document and support the needs of local industry but suggest that there are many other measures which would address these problems without increasing the availability of alcoholic beverages. In summary the SA PHAA:

- Recommends that any amendment to the Act adopt a pro-active, evidence-based approach to preventing harm from alcohol by acknowledging the strong and consistent evidence for reducing the availability of alcohol and focus amendments to the Act on reducing the availability of alcohol, not increasing availability.
- Cautions against changes to the Act that would increase the overall physical or economic availability of alcohol, including opening up new retail opportunities for alcohol in supermarkets or other premises currently prohibited under the Act.
- Recommends that careful consideration be given to the potential for any proposed changes to the Act to lead to the increased availability of alcohol, and that action be taken to prevent this where the potential is identified.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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On behalf of the SA Branch Executive
Public Health Association of Australia

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