AUSTRALIAN MEDICAL ASSOCIATION
(SOUTH AUSTRALIA) INC

29 January 2016

Hon Timothy Anderson QC
Liquor Licensing Review
Consumer and Business Services
GPO Box 1719, ADELAIDE SA 5001

CBSReforms@sa.gov.au

Dear Mr Anderson

Liquor Licensing Discussion Paper

Thank you for providing the AMA(SA) with the opportunity to respond to the Liquor Licensing Discussion paper issued last year for consultation. As alcohol is a product that can harm, public health considerations should be foremost in decisions about its provision, availability and marketing. There is evidence that effective regulation is very important in reducing alcohol-related harm.

The issue of alcohol-related harm has been the subject of advocacy by the AMA, both nationally through its federal office, and on a state level through state AMAs. The AMA is a member of the National Alliance for Action on Alcohol (NAAA), a national coalition of more than 70 health and community organisations from across Australia that was formed with the goal of preventing and reducing harms caused by alcohol. The AMA also collaborates at times with FARE (the Foundation for Alcohol Research and Education) on alcohol policy issues.

Some key documents produced by the federal AMA on this topic are:

- An AMA position statement on *Alcohol and Alcohol Related Harms* (2012) (https://ama.com.au/position-statement/alcohol-consumption-and-alcohol-related-harms-2012) (enclosed)
- An AMA information paper on *Alcohol Use and Harms in Australia* (2009). (https://ama.com.au/alcohol-use-and-harms-australia-2009-information-paper)
- An AMA publication *Alcohol and young people: time for a new policy agenda* (https://ama.com.au/alcohol-marketing-and-young-people)
- AMA National Alcohol Summit Communique 2014 (https://ama.com.au/media/ama-national-alcohol-summit-communique)

We view with some caution and concern the language in the discussion paper that associates alcohol sale and consumption with vibrancy, and talks about greater flexibility in the regulation of liquor, and encouraging entrepreneurialism and new business models. The AMA(SA) believes that we must continue to work against our unhealthy Australia-wide excessive drinking culture. The net result must be less risky consumption; less injury and harm; less drinking among the young.

Postal: PO Box 134 North Adelaide SA 5006 First Floor Newland House 80 Brougham Place North Adelaide SA 5006
Phone: (08) 8361 0100 Fax: (08) 8267 5349 admin@amasa.org.au www.amasa.org.au ABN 91 028 693 268

The AMA(SA) does not seek to comment on all the regulatory aspects of liquor licensing canvassed in the discussion paper, but has restricted feedback to the topics below:.

- ***Should the number and hours of trading of licensed venues in an area be a relevant consideration?***
- ***Should a retail liquor merchant's licence be limited or categorised by size?***
- ***Should closing times, lock-out times or last drinks be set for particular areas?***
- ***Should alcohol be able to be sold in supermarkets?***
- ***Should small venue licences currently restricted to the CBD be available in other locations?***
- ***Is the requirement to apply separately for an extension of trading hours or entertainment consent unnecessary red tape that impacts vibrancy?***
- ***The South Australian Government does not have the power to regulate the price of alcohol. We need to consider how the price of alcohol impacts upon alcohol-related harm … Should the State Government be working together with the Commonwealth Government to reduce alcohol access and abuse?***

Availability of alcohol – density of outlets

Careful consideration should be given to the number and hours of trading of licensed and unlicensed premises. Greater availability of alcohol is, unsurprisingly, linked with greater alcohol-related harm. The National Preventative Health Taskforce reports that research from three states has linked alcohol availability and alcohol-related problems, particularly linking rates of violence to density of outlets.

The AMA(SA) has previously advocated that a review of the density of licensed premises in high-risk areas may be of benefit. FARE indicated in 2013 that there has been a considerable increase in alcohol availability in SA, with the number of liquor licenses having increased by 60 per cent over 14 years from 1996 to 2009. It also indicated there were 224 people aged 18 years and older per licensed premises in South Australia – the highest number of licensed premises per head of population across all jurisdictions. It has called on the SA Government to establish and enforce saturation zones in areas that are identified as already having large numbers of liquor licenses, including small venue licenses, and to introduce cumulative impact and cluster control policies for the determination of new liquor licenses.

As consumption is clearly linked to availability of alcohol outlets, we have reservations and concern about the possible introduction of additional venues through which alcohol can be purchased, including supermarkets. Alcohol, if sold in supermarkets, should not be promoted, and should be located in a separate area, rather than in the general aisles, providing consumers with options to avoid the areas where alcohol is displayed for sale. Introducing additional access to alcohol through another avenue such as supermarkets may also affect the availability of alcohol (through longer supermarket trading hours).

In terms of types of licensed venues that provide alcohol, our greatest concerns primarily focus on aspects such as the level of alcohol consumption; alcohol pricing; vigilance to responsible service; hours of access to alcohol; promotion to young people; and irresponsible promotion.

The discussion paper raises the topic of the "needs test" in which a business owner is required to "demonstrate why the licence is necessary or why other licensed venues in the area do not adequately cater to the needs of the public." We are interested to note that South Australia is the only state to have such a test, with other states having implemented different measures to balance competition and reduce alcohol-related harm.

How language is used helps to shape and reinforce attitudes, and we would make the point that terms such as 'need' and 'necessary' are more suitable to the requirements of life, such as access to clean water, nutritious food, and health care services – as opposed to alcohol, as a discretionary consumable that in fact has proven negative health impacts. The underlying

assumption behind the ‘needs test’ appears problematic from a population health point of view. We would prefer a neutral term such as “alcohol assessment test”.

Measures that seek to reduce Australia’s culture of binge drinking, and that reduce availability and access to alcohol will have positive impacts on the health system and on the broader community. Reducing the availability of alcohol via lockouts and designated last drink times, as well as restriction on the availability of take away alcohol, is known to noticeably reduce the incidence of alcohol-related violence.

The AMA holds that liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms. Also that State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol-related harm in that respective State or Territory.

Research and Data Collection

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms. The AMA nationally holds that:

- *Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.*
- *Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.*

We note that FARE has already called for the SA Government to mandate the collection and publication of alcohol sales data in SA, as recommended by the Australian National Preventative Health Agency. It has advocated that SA make alcohol sales data publicly available in a format which can be easily accessed, used and analysed by policy makers and researchers.

Availability of alcohol – Trading hours

Alcohol consumption contributes considerably to the burden of trauma and illness within the community. In relation to licensed premises, this is seen especially in the emergency departments of our major public hospitals on Friday and Saturday nights and the early hours of Saturday and Sunday mornings, when the emergency loads in the hospital ‘peak’ and where a significant number of admissions may be alcohol intoxication or substance abuse related. Presentations vary from acute alcohol intoxication to road trauma associated with drunken driving and traumatic assault injuries. Road trauma is the leading cause of death among young Australians. Between a quarter and a third of fatal crashes on Australia’s roads involve drivers or riders with blood alcohol levels above the legal limit, with males and young people being over-represented. Alcohol at or over 0.05 g/100 mL (%) was found to be present in 29.1 per cent of all drivers in fatal accidents in Australia.

Alcohol related traumatic injuries commonly seen are those relating to facial fractures and hand fractures following fights or assaults, including ‘glassings’ where severe lacerations, usually facial, are caused following assault with a broken bottle or glassware. Such traumatic injuries typically present to emergency departments after midnight and typically occur within or just outside a licensed premise. For this reason, the AMA(SA) has previously indicated support for a ban of the use of glassware in at-risk venues, where appropriate.

The peak danger time for harm relating to alcohol consumption is late at night. In Queensland, as an example, it has been estimated previously that there are as many as 4000 hospital emergency department presentations per year due to alcohol-related injury. The Queensland Injury Surveillance Unit statistics for January 1999 to June 2010 indicate that the peak time for

alcohol related injuries was between 1am and 2am. Friday nights (between 2am and 3am) and Saturday nights (between 1am and 2am) were the peak times for attendance at a hospital emergency department with an alcohol related injury. It is important to note that hospital presentations associated with excess alcohol consumption or alcohol-related assault or injury, including road accidents, can have the effect of reducing access to hospital services for others in need of medical care.

Newcastle is frequently cited to highlight how licensing restrictions, particularly regarding trading hours, can reduce alcohol-related violence and public drunkenness. Since restrictions were introduced in Newcastle in 2008, there was reported to have been a 37% decrease in late-night assaults.

The Late Night Code

The AMA(SA) has previously considered provisions of the General Code of Practice for licensed premises, which applies to all licensed venues, and the Late Night Trading Code of Practice, which currently applies to venues that trade past 3am.

We note that currently the Late Night Code requires venues to implement a range of measures at various times of the evening including queue management, drink marshals (to monitor the behaviour and alcohol consumption of patrons), enhanced closed circuit television (CCTV) and metal detectors, as well as restricting entry onto the licensed venue (excluding the Adelaide Casino) after 3am, and places restrictions on the use of glassware and the supply of certain types of alcoholic beverages after 4am. We note that licensed hotels, entertainment venues and special circumstances licences that have an authorised capacity of more than 400 people and trade past 4am pay the highest fee of $11,337. It would be interesting to consider how this cost weighs against associated harms that may arise from drinking during these timeframes, at these venues.

We would strongly support measures to reduce access to alcohol late at night and in the early hours of the morning. For this reason we are concerned at the suggestion of “reducing the administrative burden of applying for and extending trading hours within each licence category”. We have previously advocated for ‘late night code’ provisions to apply earlier than those currently in place, and have also been a strong advocate for restrictions on the use of glassware. As we note that it is proposed to bring forward a number of the measures contained in the Late Night Code to apply to venues earlier in the evening, we reiterate our in-principle support for this concept.

Licensing restrictions and requirements

The AMA(SA) would support increased licensing restrictions to better deal with alcohol-related harm in the community. Increased restrictions would need to be informed by local data to ensure they are suitable to community needs and risk, and be evidence-based. We acknowledge recent Government initiatives in this area, but consider that these measures could be stronger.

The AMA(SA) has previously indicated support for a ban on the use of glass drinking vessels in at-risk venues, and criticized irresponsible drinking promotions.
The AMA(SA) further advocates that a ‘happy hour’ be just that – ie that there be no more than a one-hour period in a 24-hour period in which there are reduced alcohol prices. The AMA nationally holds that all licensed premises should set a ‘minimum floor price’ for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets. We note that FARE has called on the SA Government to amend the Liquor Licensing Act 1997 to legislate for a minimum floor price for alcohol sold at both on- and off-licence premises to stop reckless discounting by licensees.

Staff training in responsible service is also important to ensure staff are well trained in recognising the signs of intoxication, and that some of these signs may be confused with some disabilities. Liquor licenses should be reviewed annually to assess responsible service. The AMA also holds that the sale of energy drinks, and the mixing of energy drinks with alcohol, should be prohibited in licensed venues. Other points of AMA advocacy are that licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking, and that glasses for alcohol at venues should indicate their volume in terms of standard drinks.

"The South Australian Government does not have the power to regulate the price of alcohol. We need to consider how the price of alcohol impacts upon alcohol-related harm and whether the State and Commonwealth Governments can work closely together to address this issue. Should the State Government be working together with the Commonwealth Government to reduce alcohol access and abuse?" (Discussion Paper)

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses. Pricing of alcohol is a key factor in its consumption. The AMA(SA) would strongly encourage the state government to work with the Commonwealth government to reduce alcohol access and abuse. In particular, it is a matter of long-standing national AMA policy that:

- *Alcohol products should be taxed on the basis of the volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.*
- *Alcohol taxes should be set at a level that sustains high prices for alcohol products, so that price signals reflect the very substantial social costs of alcohol consumption.*
- *Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.*

The above discussion canvasses some of the AMA(SA) and AMA's previous advocacy regarding alcohol consumption and harm, and liquor licensing and availability. Also attached for your reference is a copy of the AMA's national Position Statement on *Alcohol Consumption and Alcohol-Related Harms (2012)*, some of the content of which is referenced or reproduced above.

We welcome the opportunity to be involved in further consultation, and ask to be updated on any response or government activity in relation to the Discussion Paper, and any proposed reforms. Some of the matters canvassed in the Discussion Paper are not the subject of a pre-existing AMA/AMA(SA) position, and should the government put forward specific proposals for change, we seek the opportunity to comment further once these details are available.

Yours sincerely

Dr Janice Fletcher
MBBS(Hons1) BSc MD FRACP FRCPA
President, AMA(SA)

Enc. AMA Position Statement on Alcohol Consumption and Alcohol-Related Harms (2012)

Alcohol Consumption and Alcohol-Related Harms
2012

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others' health at risk.

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol and its affordability.

The harms of excess alcohol use are significant and warrant serious measures, especially regarding adolescents and youth. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

Prevention

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

Alcohol marketing and promotion

In Australia's contemporary media and communications landscape, the community is exposed to alcohol marketing at an unprecedented level and from multiple sources. This is particularly true of young people who use new digital technologies and are exposed to alcohol marketing on mobile phones, online video channels, interactive games, and social networks such as Facebook and Twitter. Marketing of alcohol is increasingly sophisticated and multidimensional, integrating online and offline promotions with the sponsorship of music and sporting events, the distribution of branded merchandise, and the proliferation of new alcoholic brands and flavours. There is compelling emerging evidence linking alcohol marketing and alcohol consumption, particularly among young people. While children, adolescents and teenagers are likely to be more susceptible to this marketing and promotion, people into their mid-twenties are also susceptible, and are also at highest risk of alcohol-related harms. There is an urgent and unmet need to tackle this problem with more robust and rigorous policy and regulation to supplement parental oversight and responsibility.

The AMA recommends the following preventive measures.

There is strong evidence that self-regulation and voluntary codes are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people. The regulation of alcohol marketing and promotion should be statutory and independent of the alcohol and advertising industries, and should carry meaningful sanctions for non-compliance.

Such regulations should:

- prohibit marketing communications, packaging and branding that targets, or appeals to, children and young people;
- prohibit the production and sale of alcoholic energy drinks, and ban any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues;
- prohibit the sponsorship of sporting events, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. Organisations should be encouraged and assisted to source alternative funding;
- limit the amount of alcohol marketing as well as its content. The volume of alcohol marketing that young people are exposed to has consistently been shown to affect their drinking behaviours, and is not sufficiently addressed through content regulations;
- prohibit alcohol advertising and promotion in locations, publications, and at times that are likely to influence teenagers and children. This should apply to point of sale promotions, branded merchandise, product placement, and new digital technologies such as social media, viral campaigns, mobile phones, and through online behavioural profiling;
- require that alcohol advertising encourages no more than the daily levels of consumption recommended by the NHMRC for low-risk drinking, and indicates what those levels are;
- require that all contexts of alcohol promotion include simple and clearly visible information about the health risks of excess consumption, and urge pregnant women not to consume alcohol. This should include point-of-sale, naming and digital media.

Mechanisms should be developed for global governance and standard setting to control alcohol marketing across national borders. Models for this may include the WHO Framework Convention on Tobacco Control.

Health education for young people regarding alcohol consumption should include a strong focus on critical media literacy skills.

Product Content and Information

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.

- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.

- Governments and other stakeholders should address the public's understanding of how various drinking vessels for alcohol (e.g. wine glasses, beer glasses) translate into a "standard drink" measure.

- Alcohol products should have simple and clearly visible front-of-pack labels that warn of the health risks of excess consumption, and urge pregnant women not to consume alcohol.

- Labelling of energy drinks should include warnings about the potential harms associated with mixing alcohol and energy drinks.

Access and Availability of Alcohol

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.

- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.

- State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol-related harm in that respective State or Territory.

- The sale of energy drinks, and the mixing of energy drinks with alcohol, should be prohibited in licensed venues.

Pricing and Taxation of Alcohol

- Alcohol products should be taxed on the basis of the volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.

- Alcohol taxes should be set at a level that sustains high prices for alcohol products, so that price signals reflect the very substantial social costs of alcohol consumption.

- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.

- All licensed premises should set a 'minimum floor price' for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

Public Education, Schooling and Family Education

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.

- Classroom-based programs that develop teenagers' decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.

- Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.

- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

Alcohol and Pregnancy

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy can be guaranteed to be safe for the foetus.

Early Identification and Intervention

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

The Role of Doctors

Doctors have an important role to play in providing advice to their patients about the harms of excessive alcohol use. Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30 per cent of patients visiting a GP were at-risk drinkers. This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.

To maximise these opportunities for early intervention, the AMA believes it is important that:

- there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;

- grant programs should be established to support the development and implementation of 'whole-of-practice' programs for problematic alcohol use, suited to practice populations;

- media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

Law Enforcement and Diversion Programs

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.

Treatment of Problematic Alcohol Use

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual's goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialised alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar 'dual diagnoses'. These should include GP led services where there is expertise.
- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.

- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for Indigenous peoples. Resources such as the *Alcohol Treatment Guidelines for Indigenous Australians* should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

Research and Data Collection

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.

- The evidence base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.

- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups

- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

Responsibility for Policy and Action

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.

- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own “local alcohol action plans” to respond to local needs.

- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

AMA PUBLIC HEALTH AND CHILD AND YOUTH HEALTH COMMITTEE