



Government of Western Australia
Mental Health Commission

Our ref: MHC-01363

Mr John Atkinson
Chairman
Review Committee for the Liquor Act Review 2013
C/O Executive Officer
Liquor Act Review Committee
PO BOX 6119
East Perth WA 6892

Dear Mr Atkinson

RE: LIQUOR ACT REVIEW 2013

Thank you for the opportunity to provide a submission to the Review Committee for the Liquor Control Act 1988.

Whilst the use of alcohol is very much embedded in Australian society, there are growing and long standing concerns about the harms caused by alcohol consumption. Whilst many people use alcohol responsibly, there are significant numbers of people and segments of the community that consume alcohol in ways that can have short and long term harmful effects.

It is often stated that alcohol is no ordinary commodity. Problems associated with the use of alcohol include significant social, physical, emotional and economic costs to the community.

Over two-fifths (42.9%) of 16-17 year old Western Australian school students who drank in the last week reported that one of the main reasons they drink is to get drunk. In addition, approximately forty three per cent (817,000) of Western Australians, 14 years of age or more, drank at a risky level for harm in a single session at least once in the 12 months previous to the 2010 national survey.

In 2010, WA residents were hospitalised a total of 15,776 times for conditions due to alcohol. They consumed 80,226 bed days at an approximate cost of \$100,235,960.

Importantly, harmful alcohol consumption impacts on population groups that are highly vulnerable. For example, people with mental illness and young people who

Clause 3(1) [redacted] (2012). Australian School Student Alcohol and Drug Survey: Alcohol Report 2011 - Western Australian results. Drug and Alcohol Office Surveillance Report: Number 8. Perth: DAO

Clause 3(1) [redacted] 2012, National Drug Strategy Household Survey 2010: Western Australian Supplementary Tables, DAO Surveillance Report: Number 06. Drug and Alcohol Office, Perth.

3 Epidemiology Branch & Cooperative Research Centre for Spatial Information (CRC-SI), Department of Health, 2013



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are least able to manage the effects of alcohol and may experience particularly adverse outcomes from the combined effects of strong pharmaceutical medication and alcohol.

Our young people are particularly vulnerable to developing mental health problems and or mental illness, often combined with misusing drugs and alcohol. In fact, 75 per cent of all severe mental illness begins before the age of 24 years.⁴

Excessive alcohol consumption is a health risk factor that contributes to morbidity and mortality. Alcohol consumption may also interact with mental health in various ways, including that people who are diagnosed as having an Alcohol Dependence are more likely to suffer from other mental health problems; and that people with mental health problems are at particular risk of experiencing problems relating to alcohol.⁵

The findings of National Survey of Mental Health and Wellbeing indicate that of the people who reported that they drank nearly every day, more than one in five (21%) had a 12-month mental disorder.⁶

Mental disorders may co-occur for a variety of reasons, and Substance Use disorders frequently co-occur. A person with co-occurring diseases or disorders is likely to experience more severe and chronic medical, social and emotional problems than if they had a single disease or disorder. People with comorbid conditions are also more vulnerable to alcohol and drug relapses, and relapse of mental health problems. Higher numbers of disorders are associated with greater impairment, higher risk of suicidal behaviour and greater use of health services.⁷

The review of the Liquor Control Act 1988 provides a timely opportunity to ensure that the checks and balances in the management of alcohol are reset to reduce and minimise alcohol related harm.

The Mental Health Commission (the Commission) is strongly of the view that the minimisation of harm or ill-health caused to people, or any group of people, due to the use of liquor should be the primary object of the Liquor Control Act.

All other considerations should be subsidiary to this. Nothing is more important than the safety, health and wellbeing of the community, particularly young people and vulnerable members of the community such as those who have mental illness or mental health problems.

⁴ Commonwealth of Australia, 2004. 'Responding to the mental health needs of young people in Australia: discussion paper, principles and strategies'. Canberra.

⁵ Department of Veteran's Affairs (DVA), 2004. Alcohol and mental health. Retrieved 10 September 2008 from <http://www.therightmix.gov.au/>

⁶ Australian Bureau of Statistics, 'National Survey of Mental Health and Wellbeing', 4326.0, Australia, 2007.

⁷ Commonwealth Department of Health and Aged Care (CDHAC), 2001. National Comorbidity Project. A report on the National Comorbidity Workshop prepared by [redacted] of the National Drug and Alcohol Research Centre. Commonwealth of Australia, Canberra.



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The impact of the availability and marketing of alcohol on harmful alcohol consumption needs consideration as part of the current review. There is evidence that proliferation of alcohol outlets can be linked to increases in harm.^{8,9} Consideration should be given to including in the Liquor Control Act, the capacity to consider outlet density and the cumulative impact of this on the community when assessing applications for liquor licenses.

Related to the issue of availability of alcohol and the potential for increased levels of harm, is the matter of relaxation of existing rules that may increase access to alcohol, for example in restaurants and cafes. The Commission recommends that very careful consideration is given to this issue along side density of outlets and always in the context of minimising harm to the community.

If the community is to play an increasing role in changing attitudes and behaviour in relation to harmful alcohol use then it needs to have an effective mechanism to influence input into the liquor licensing process. Processes should be reviewed to ensure that they encourage input, are not adversarial and that the onus of proof in relation to contested matters is aligned with the minimisation of alcohol-related harm and ill health.

The adverse impact of alcohol consumption on children should not be underestimated and any measures that reduce the exposure of children to alcohol warrant further consideration. Whilst underage supply of alcohol and drinking is illegal on licensed premises and in public spaces, there is no current legislation in Western Australia that addresses the supply of alcohol to people under the age of 18 years on private premises. The review of the Liquor Control Act provides an opportunity to address this issue.

Measures that reduce drunkenness will clearly have a positive impact in reducing harm. Responsible service of alcohol is a critical issue and the Review of the Act should include an assessment as to whether the penalties for breaching the Act are meaningful and sufficiently timely.

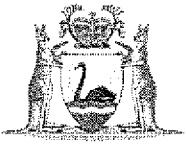
Whilst it is acknowledged that there are difficulties associated with restricting advertising of alcohol, this is an area that warrants careful review. It is important to limit the exposure of children and young people to alcohol advertising and promotions. There is clear research that shows that exposure to alcohol advertising can influence a child's attitudes, beliefs and behaviours towards alcohol use.^{10,11}

Clause 3(1) ⁸ [redacted] (2010). Alcohol, no ordinary commodity, research and public policy. New York.: Oxford University Press.

Clause 3(1) ⁹ National Drug Research Institute (2007), Restrictions on the sale and supply of alcohol: Evidence and outcomes, National Drug Research Institute, Curtin University of Technology, Perth.

Clause 3(1) ¹⁰ [redacted] (2009) Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. Alcohol Alcohol., agn115. Retrieved from <http://alcalc.oxfordjournals.org/cgi/content/abstract/agn115v1>. doi:1093/alcalc/agn115

Clause 3(1) ¹¹ [redacted] (1998) Impact of liking for advertising and brand intelligence on drinking and alcohol-related aggression: a longitudinal study. Addiction, 93(8), 1209-1217.



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It is important that government and the community have access to the best data available on alcohol consumption and information that will assist in reducing harm. Existing data sources should be maintained and where appropriate expanded, particularly where they provide evidence over a significant timespan. The Commission understands that the Australian National Preventative Health Agency and the National Drug and Law Enforcement Fund have called for the ongoing collection of alcohol wholesale sales data to inform evidence based policy decisions and the Commission supports this position.

I trust this submission will be of assistance to the review. If you require any further information or assistance, Mr Eric Dillon, Director Policy, Strategy and Planning at the Mental Health Commission will be pleased to help and is available on [REDACTED]

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Yours sincerely

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Eric Dillon
DIRECTOR, POLICY, STRATEGY AND PLANNING
MENTAL HEALTH COMMISSION

8 March 2013.