Cancer Council Western Australia
submission to the
Review of the Liquor Control Act 1988

Terms of reference
In considering the interest and needs of the West Australian community, the committee is to have particular regard to:

- balancing the requirements of consumers for liquor and related services with minimizing harm or ill-health caused to people or any group of people, due to the use of liquor;
- the interests and needs of persons selling or supplying liquor; and
- the interests and needs of the tourism industry and other hospitality industries in this state.

25 February 2013

Terry Slevin (terry@cancerwa.asn.au)
Steve Pratt (spratt@cancerwa.asn.au)

Cancer Council Western Australia
15 Bedbrook Place
Shenton Park  WA  600
08 9388 4333
Thank you for the opportunity to make a submission to the review of the Liquor Control Act 1988.

Cancer Council Western Australia
Cancer Council WA has been the leading non-government cancer agency in Western Australia since 1958. Our vision is to achieve a cancer-free future for the people of Western Australia. Our Mission is to minimise the incidence and impact of cancer on our community through advocacy, research, education and by providing people affected by cancer with support to enhance their quality of life.

Alcohol and cancer
Cancer Council Australia estimates that up to 5,070 new cases of cancer in Australia (or approx. 5% of all cancers) in 2005 were attributable to long-term, chronic use of alcohol; cancer was one of the top five causes of alcohol-attributable deaths in Australia in 2005.¹

The International Agency for Cancer Research classifies alcohol as a Group 1 carcinogen. Group 1 is the highest carcinogen (cancer-causing agent) classification and confirms that alcohol is "a known cause of cancer in humans. Even low levels of alcohol consumption increase the risk of developing a number of other cancers."²

From the evidence available, it appears that there is no threshold (or safe limit) of alcohol consumption in relation to cancer risk. The more alcohol consumed over a lifetime, the greater the risk of developing alcohol-related cancers.

Alcohol consumption is a cause of cancers of the breast, mouth, pharynx and larynx, oesophagus and bowel (in men) and probably increases the risk of bowel (in women) and liver cancers. There is no evidence for recommending alcohol consumption to protect against cancer. Any health benefit that might be gained from low-level drinking can be obtained from other sources, such as fresh fruit and vegetables, which carry no cancer risk.³

Reducing risky and high-risk alcohol consumption, particularly over the long term, is therefore an important objective for reducing Australia's cancer burden.

Patterns of drinking in Western Australia
In 2010, more than 50 percent of Western Australian adults (from age 14 years) drank at least weekly. An additional 32 percent also drank alcohol, but less than weekly (table 1).⁴ When compared to Australia, more Western Australians drank daily and at least weekly. This is cause for concern.

<table>
<thead>
<tr>
<th>Alcohol drinking status</th>
<th>Western Australia</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males (%)</td>
<td>Females (%)</td>
</tr>
<tr>
<td>Daily</td>
<td>11.2</td>
<td>3.7</td>
</tr>
<tr>
<td>At least weekly</td>
<td>46.9</td>
<td>39.9</td>
</tr>
<tr>
<td>Less often than weekly</td>
<td>27.9</td>
<td>36.2</td>
</tr>
</tbody>
</table>

Table 1: Alcohol drinking status, proportion of the population aged 14 years and over by sex, Western Australia and Australia, 2010⁴

In 2010, almost one Western Australian in four drank at a level considered to increase lifetime risk of alcohol-related harm (more than two standard drinks per day) (table 2)⁴. This is a substantial proportion of the population who are at increased risk of alcohol-related cancers, suggesting this is
not a minority problem. Alcohol-related harm is a community issue. Of particular concern, when compared to the rest of Australia, a greater proportion of Western Australians drink at risky levels.

<table>
<thead>
<tr>
<th></th>
<th>Western Australia</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Low risk</td>
</tr>
<tr>
<td>Males 18+</td>
<td>11.3</td>
<td>53.6</td>
</tr>
<tr>
<td>Females 18+</td>
<td>18.6</td>
<td>67.8</td>
</tr>
<tr>
<td>Persons 18+</td>
<td>14.9</td>
<td>61.3</td>
</tr>
</tbody>
</table>

Table 2: Alcohol consumption, people aged 14 years and over at risk over a lifetime (2009 guidelines), by age and sex, 2010

Objects of the Liquor Control Act

In light of the harms caused by alcohol consumption and the high prevalence of risky drinking in Western Australia, Cancer Council believes that it is appropriate and essential that the primary objects of the act remain; “…to regulate the sale, supply and consumption of liquor”, and “…to minimize harm or ill-health caused to people, or any group of people, due to the use of liquor;”.

In contrast, it is at odds that commercial interests of the liquor, tourism and hospitality industries are given equal consideration to minimising the harms associated with alcohol. They are in essence conflicting objectives and not possible to balance in a practical or meaningful way. Consequently, we believe that the third object, “…to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the State”, should be a secondary rather than primary object of the act.

Specific considerations

Licence density and total number

Currently, the Liquor Control Act 1988 does not provide specifically for consideration of outlet density (that is, number of licences in a geographic – eg local government – area) or outlet clustering (that is, number of licences in an immediate proximity) when considering applications. Section 33 of the Act stipulates that “…the licensing authority has an absolute discretion to grant or refuse an application under this Act on any ground, or for any reason, that the licensing authority considers in the public interest” and Section 38 (4) outlines matters that may be considered in the public interest. Cumulative harm, or total outlet density is not listed as a matter that can be considered.

The link between outlet density and alcohol-related harm is a clear one. Australian data show that on-premises liquor licence density is linked to an increase in violence, whereas off-premises liquor licence density is linked to an increase in chronic alcohol-related harm. In each case, higher outlet density leads to a geographically localised increase in alcohol consumption, but manifests in different types of harm. Recent evidence from Western Australia also links higher outlet density with an increase in alcohol consumption and to greater mental health morbidity.

Outlet density is of sufficient concern to other jurisdictions to warrant restrictions on new licence applications. Victoria and New South Wales have both moved to restrict new licences in specific local government areas in an attempt to ameliorate alcohol-related harm.

Cancer Council Western Australia is concerned that, despite a clear association between outlet density and drinking behaviour, the Act does not stipulate licence number or outlet density in the
public interest provisions. With the recent evidence of harm associated with outlet density, it is important that the Act includes specified provision for consideration of same.

Community consultation
The Liquor Control Act 1988 Section 73 (10) states that, “the burden of establishing the validity of any objection lies on the objector.” For many in the community this burden of proof combined with the formal nature of the process makes objection inaccessible. Additionally, the requirement to provide any objections – which identify the complainant – to the applicant is potentially very intimidating.

Cancer Council Western Australia believes that the Act needs to strike a better balance between encouraging community participation and discouraging frivolous and vexatious complaints. It is important that the community participates in the licencing process without fear or favour. For this reason, a much simpler, less onerous process for members of the public to object to applications should be outlined in Section 73, pursuant to Section 74. Ideally, the process for objections from community members should be directly with the licencing authority, which may choose to notify the applicant. Additionally, the process should relax the requirements for substantiation, thereby allowing the licencing authority to consider all objections from the community, and allow community remembers to remain anonymous when the applicant is notified of the objection.

Wholesale sales data
Wholesale sales data is the only way of accurately monitoring total alcohol consumption by the population. Self-report consumption surveys, such as the National Drug Strategy Household Survey (NDSHS), the Australian School Students Alcohol and Drug (ASSAD) survey and the National Health Survey (NHS) are all prone to under-reporting. That is, people typically report drinking less alcohol than they actually do. For example, in a recent review from the United Kingdom, under-reporting resulted in population estimates of alcohol consumption being less than half of the reality (5.6 compared with 11.5 litres of pure alcohol per adult). 

Cancer Council Western Australia impresses the need for ongoing collection of wholesales sales data to accurately calculate per capita alcohol consumption. Ongoing collection of self-report drinking behaviour is also necessary to more closely monitor individual drinking behaviours and patterns, and the association between alcohol and health outcomes, such as cancer.
References