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Professor Ian Harper  
Competition Policy Review Secretariat  
The Treasury  
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Dear Professor Harper

#### SUBMISSION TO THE COMPETITION POLICY REVIEW

Thank you for the opportunity to provide a submission to the *Competition Policy Review Draft Report* (Draft Report).

I am concerned that the recommendations made in the Draft Report will greatly increase the availability of alcohol in Australia and lead to significant increases in alcohol harms. I would like to offer my support to the submission prepared by the Foundation for Alcohol Research and Education (FARE). FARE is an independent not-for-profit organisation working to stop the harm caused by alcohol by joining with communities, governments, health professionals and police across the country.

Alcohol is not like other products such as orange juice or cornflakes, it is a product that requires special laws and restrictions about where it can be sold, when it can be sold and who can consume it. These regulations reflect the harm that alcohol can cause and are both in the public interest and for the public's benefit. Alcohol should not be subject to same economic principles as cornflakes and orange juice as neither of these, when you increase their availability, will cause significant harm in the community.

The Draft Report states that the aim of Competition Policy is to "*improve the welfare of Australians*" but the recommendations outlined in the Draft Report will not achieve this, as they will lead to the increased availability of alcohol and increased harms. The previous review of Competition Policy resulted in vast increases in number and types of premises selling alcohol across Australia. This has contributed to alcohol-related harms which include 15 deaths (62% increase in ten years) and 430 hospitalisations each day.<sup>1</sup>

Among the programs that the Ted Noffs Foundations runs are detoxification and residential treatment programs for 13 to 18 year old children and adolescents dealing with substance use and mental health issues. In our assessments prior to treatment it is striking that the onset of substance use continues to occur at an earlier age. We have worked with young people who started their substance use at seven years old. On average substance use begins at 10 years old for young people in our programs. Alcohol is generally the first substance young people use. The research work completed by Deakin University clearly points to a correlation between alcohol use by children and adolescents and the density of alcohol outlets<sup>2</sup>. Further research at Deakin indicates parents are more likely to buy alcohol for their teenage children the higher the density of bottle shop outlets.

Nationally the age of initiation into substance use in children/adolescents between 1995 and 2010 dropped from 17.1 years to 14.8 years. While the National Household Survey shows young people are getting smarter on the whole in how they use substance and education and treatment is working, the cohorts of vulnerable children/adolescents in programs like ours are highly vulnerable.

This vulnerability is a direct result of family/community vulnerability exacerbated in part by alcohol use.

We recently dropped our entry to residential treatment age from 14 to 13 years. We are being requested to work with 11 years olds in residential treatment for substance use. The welfare of Australian children and adolescents will not be improved by an increased availability of alcohol.

Thank you once again for the opportunity to raise these important issues with you.

Yours sincerely,

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<sup>1</sup> Gao, C., Ogeil, R. and Llyod, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point

<sup>2</sup>The relationship between the density of alcohol outlets and parental supply of alcohol to adolescents [B. Rowland<sup>a,1</sup>](#), [J.W. Toumbourou<sup>a</sup>](#), [L. Satyen<sup>a</sup>](#), [M. Livingston<sup>b, c</sup>](#), [J. Williams<sup>a, d, e</sup>](#)