Public Health Association
AUSTRALIA

Public Health Association of Australia

Submission to the Competition Policy Review (Draft Report)

Competition Policy Review Secretariat
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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. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all.

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 the development of policy, capacity building and advocacy. 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 supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health. The PHAA is an active participant in a range of population health alliances including the *Australian Health Care Reform Alliance*, the *Social Determinants of Health Alliance*, the *National Complex Needs Alliance* and the *National Alliance for Action on Alcohol*.

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 providing a close involvement in the development of policies. In addition to these groups the PHAA's 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 governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Preamble

PHAA welcomes the opportunity to provide a submission to the *Competition Policy Review Draft Report* (Draft Report).

The PHAA is concerned that the recommendations outlined in the Draft Report will greatly increase the availability of alcohol in Australia and lead to significant increases in alcohol harms.

We understand the Review Panel's draft recommendations will have a number of implications for the sale and supply of alcohol:

- Removing retail trading hour restrictions, including in regard to alcohol retailers (Draft recommendation 51);
- Reducing constraints on supermarkets and convenience stores being able to sell alcohol (Draft recommendation 11);
- Removing restrictions related to planning and zoning for alcohol outlets (Draft recommendation 10).

Opposition to these proposals by the PHAA

The PHAA opposes these recommendations due to their potential to increase harm from alcohol. The basis of our concerns are summarised in the sections to follow.

Health and social harms from alcohol

Alcohol is a major cause of myriad health and social problems, 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 drinkers 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 also substantial.

Recently published estimates of the burden of disease associated with alcohol in Australia identified that 5,554 deaths and 157,132 hospitalisations were attributable to alcohol in 2010.[1] This equates to 15 deaths and 430 hospitalisations each day.

The largest survey of alcohol harm in emergency departments undertaken in Australasia, released in November 2014, identified that 92% of respondents reported having experienced assaults or physical threats from drunk patients in the last 12 months and 98% had experienced alcohol-related verbal aggression.[2] Previous research conducted by the Australasian College for Emergency Medicine found that up to one in three presentations to some emergency departments in Australasia were alcohol-related.[3]

Alcohol-related harms also place a major burden on policing resources. Nationally, police use one quarter of their budgets responding to alcohol-related incidents.[4]

The Draft Report briefly acknowledges the harms caused by alcohol as a rationale for the regulation of alcohol.

"The risk of harm to individuals, families and communities from problem drinking and gambling is a clear justification for regulation." (p109)

However, overall, the Draft Report does not reflect an understanding of the extent of harm from alcohol in Australia or the very substantial costs associated with the level of harm.

The Draft Report emphasises that regulation should be "at least cost to consumers" (p109). When considering the costs to consumers in regard to alcohol and its regulation, it is essential to consider the direct and indirect costs to individuals, families, communities and governments of the broad range of short- and long-term harms caused or contributed to by alcohol.

Alcohol is no ordinary commodity

Alcohol should not be treated as an ordinary commodity due to its potential to cause a wide range of health and social harms. Professor Sir Ian Gilmore, Chair of the UK Alcohol Health Alliance and former President of the Royal College of Physicians of London, supports this position:

"We have to accept...that 'alcohol is not an ordinary commodity'. If it is left to personal choice as an entirely libertarian issue, we will run into problems. It is a drug. It is a drug of dependence. It is a psychoactive drug. It happens to be legal. We do not want to make it illegal, but it does require different handling from soap powder and other things that may be dealt with otherwise by the free market." [5]

Babor and colleagues, in their influential text, 'Alcohol: no ordinary commodity', reviewed an extensive range of policy options based on their effectiveness in reducing alcohol use and/or harms, the breadth of research support, and the extent to which the strategy has been tested in multiple countries and cultures. Regulating the physical availability of alcohol to reduce access was identified among the strongest policies for reducing alcohol harms.[6]

The Draft Report appears to sweep alcohol together with all other areas of retail. The PHAA believes that treating alcohol as an ordinary commodity is overly simplistic and does not reflect an appreciation of alcohol's potential to cause very significant health and social harms to the drinker and to others.

Alcohol regulations should be based on the best available evidence

Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol. Promoting competition while ignoring this evidence will have a detrimental effect on the health and safety of the community.

Below is a brief summary of the evidence regarding the public health implications of the availability of alcohol.

Research has demonstrated consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there.[7-12] The findings of Australian research on the impact of changes in alcohol availability was summarised by the National Preventative Health Taskforce, "The results of this research are clear: liberalising alcohol availability is likely to increase alcohol-related problems".[7]

Trading hours and days

Evidence from Australia and overseas 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.[13-16] 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.[17, 18]

Outlet density

The density of alcohol sales outlets is a frequently used measure of availability.[19] Australian and international evidence has established consistent associations between the density of licensed premises in an area and rates of violence,[11, 20-23] with further evidence relating to road crashes, child abuse and neglect, neighbourhood amenity, and mental health.[12, 24-27]

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.[28]

The expert recommendations of Australian and international health authorities are consistent with this evidence. The communique released by the Australian Medical Association following the National Alcohol Summit in October 2014 stated:

"State and Territory Governments, in conjunction with local government, can make a big difference, particularly in relation to the density of drinking establishments, opening hours, and policing licences."[29]

The World Health Organization's *Global Strategy to Reduce the Harmful Use of Alcohol* emphasises that policies and interventions to reduce harm from alcohol should be "guided and formulated by public health interests" and identifies regulating the availability of alcohol (including the number and locations of alcohol outlets, and trading hours and days) as a priority policy intervention.[30]

Competition policy should not impede effective alcohol regulation

Reducing and preventing the health and social harms caused by alcohol should be the highest priority of alcohol policy and regulation. Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol. Governments' ability to act on this evidence and use regulatory approaches to reduce or prevent harm from alcohol should not be limited by competition policy.

The extent of preventable health and social harm associated with alcohol warrants effective alcohol policy which prioritises reducing and preventing harm from alcohol, rather than an approach which seeks to increase competition above all else. In order to respond to the substantial health and safety concerns associated with alcohol, it is essential to preserve the ability of governments at all levels to introduce appropriate harm reduction measures.

Recommendations

The PHAA recommend:

1. The recommendations of the Competition Policy Review should reflect that alcohol is no ordinary commodity and should be treated differently to other retail products, based on its potential to cause harm.
2. Preserve the ability of governments at all levels to introduce controls on the sale and supply of alcohol within their jurisdiction to respond to and/or prevent alcohol-related harm.
3. Proposed changes to Competition Policy should not increase or have the potential to increase the overall physical or economic availability of alcohol.
4. No further deregulation of retail trading hours for alcohol.
5. Supermarkets should not be allowed to sell alcohol.
6. Convenience stores should not be allowed to sell alcohol.

Conclusion

Competition policy should not undermine public health or be an obstacle to the appropriate and effective regulation of alcohol. The PHAA are very keen to ensure that competition policy does not increase the availability of alcohol or impede governments' ability to appropriately regulate the availability of alcohol.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact the PHAA should you require additional information or have any queries in relation to this submission.

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