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### **Title: Booze barns – fuelling hazardous drinking in Australia ?**

Latest data confirms that drinking by Australians persists as a public health problem, despite a plateauing of consumption levels in recent years. In 2011-12, 19.5% of adults exceeded the National Health and Medical Research Committee (NHMRC) guidelines considered to be risky to their lifetime health by consuming more than two standard drinks on average per day. During the same period, 31% of males and 14% of females aged 15-17 years exceeded alcohol guidelines for single occasion risk in the previous year. When compared to other Organisation for Economic Co-operation and Development (OECD) countries, Australia's per capita consumption of alcohol is above the OECD average of 9.1 litres (ANPHA, 2013).

Alcohol still plays a major role in a range of health issues and crime with 70% of street offences dealt with by police in New South Wales being alcohol related. Excessive alcohol use, can increase the risk of becoming a victim or offender of crime (ANPHA, 2013). While such consequences are important, they are overshadowed by the less visible effects of alcohol on chronic diseases (stroke, liver cirrhosis, some cancers) which contributes to significantly more of the alcohol-attributable disease burden (Livingston, 2013).

This risky drinking along with its health and social consequences, highlight why constant vigilance is needed to identify *factors* that can be modified to control the excessive alcohol consumption that continues to afflict Australian society.

One of those purported *factors* is the rapid increase in the number of *packaged liquor outlets* throughout Australia (outlets that sell alcohol only for take away consumption, and often referred to as *bottle shops* or *off-licences*). Of particular concern is the rise of the *large warehouse style discount liquor stores* (also referred to *liquor superstores* or

*booze barns*) in many Australian communities. The two big supermarket chains that dominate food retailing are also the big players in the *booze barn* industry

Police cadets in Western Australia (WA) were recently used to test adherence to the “ID under-25 code” (the requirement to request identification from anyone who looks under 25 prior a liquor purchase) at *packaged liquor outlets*. Remarkably, 72% of the cadets were able to make a purchase without having to produce identification, making a mockery of the industry’s self-regulation claims. It is interesting to note that the outlets which most often breached the social responsibility code were the ‘*big players*’ in the business! (Callaghan, 2103).

Residents generally welcome changes and developments in their community that improve local social amenity. This can include new restaurants, small bars and other venues for socializing, as well as access to alcohol. The majority of residents, who drink alcohol, do so with minimal problems. However, the normalisation of alcohol in Australian society is now recognised as a major contributor to harmful drinking by youth and by other vulnerable groups (Hildebrand, In Press 2013). Hence, for any new development that is likely to further normalize alcohol use and lead to a substantial increase in alcohol availability, the potential benefits need to be carefully weighed up with potential harms that could accrue. The introduction of *liquor superstores* is such a development that warrants particular scrutiny.

There seems to be few benefits if any to local communities from the presence of *liquor superstores* but there are many potential negative effects (MacNaughton & Gillan 2011).

General problems include:

- Increased drinking particularly by youth and socially disadvantaged people related to increased availability and lower prices (due to discounting and special promotions);
- Drinking in local parks and streets/laneways in proximity to the liquor outlets, especially by at risk and socially disadvantaged people;
- Increased crime, and violence in the local area;

- Unfair commercial competition with smaller, locally owned liquor outlets (due to ruthless purchasing policies of *liquor superstores*, and purported subsidization of their liquor sales from profits on food sales by their supermarkets); and
- Traffic congestion in relation to customers being attracted to the new outlets.

A growing body of well researched evidence indicates a strong connection between the *density of packaged liquor outlets, the size of the outlets, the availability and affordability* of alcohol, and increased consumption along with a range of serious problems including assaults (Mair, Gruenewald et al 2013; MacNaughton & Gillan 2011). Briscoe et al (2001) examined the relationship between types of violent crime (assault, malicious damage to property and offensive behaviour) and the patterns of alcohol consumption in NSW. Offences were more common in postcodes with higher volumes of alcohol sales. There were significant correlations between alcohol sales through *packaged liquor outlets* and malicious damage to property and offensive behaviour incidents. Other studies also reported *packaged liquor outlet* density was positively associated with rates of assault, domestic violence, chronic disease and very heavy episodic drinking (Livingston, 2013).

A Victorian study found an association between the density of *packaged liquor outlets* and an increased consumption of alcohol at levels related to harm. It was recommended that reducing the number of such alcohol outlets could reduce the levels of harmful alcohol consumption, especially in socially disadvantaged / lower socioeconomic status groups and young people (Kavanagh et al, 2011).

Other studies too show that greater density of *packaged liquor outlets* is associated with: increased rates of: child maltreatment (Freisthler et al. 2004); vehicle accidents (Treno et al, 2007); pedestrian injuries; and injuries amongst young adults (Gruenewald et al. 2010), harmful consumption of alcohol and hospital contacts for anxiety, stress and depression, (Pereira et al 2013), and other adverse health outcomes (Stockwell et al 2013)

There is a clear and strong relationship between the *relative price* of alcohol and alcohol consumption (including risky and hazardous consumption). Provision of alcohol at lower costs (typical of *liquor superstores*) is known to increase purchase and consumption among various groups, especially those on limited incomes (MacNaughton & Gillan 2011). Conversely, increased alcoholic beverage taxes and prices are related to reductions in alcohol use and related problems (Babor et al. 2010) *and* significant health benefits were observed when minimum alcohol prices increased (Stockwell et al 2013)

A recent survey in WA demonstrated that *cheap liquor availability* (typical of *liquor superstores*) influences increased alcohol purchase frequency, purchase quantity, and consumption frequency and quantity. The purchase and consumption patterns of 18-29 year olds were most impacted by availability of cheap alcohol (DAO, 2011).

As a community we have a responsibility to ensure harm related to alcohol use is minimised for at risk people including the socially disadvantaged and our children and youth. The health promotion fraternity has opportunities if not obligations to lend their skills to actively support their communities in advocacy against the spread of *liquor superstores* across Australia.

Peter Howat

Colin Binns

Jonine Jancey

*PH is a Councilor in the City of South Perth where residents are actively opposing the establishment of one of the big grocery chain's booze barn application . CB was founding Director of the National Drug Research Institute in 1986 and PH was a Research Fellow.*

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