

Independent Liquor & Gaming Authority  
Liquor Applications  
GPO Box 7060  
SYDNEY NSW 2001

23 May 2017

I refer to Cellarbrations application for a Packaged Liquor Licence (APP-0002917309) located at Shop 3, Ground Floor, 22-26 Albert Street, Freshwater.

**Northern Sydney Local Health District (NSLHD) Health Promotion objects to the granting of this packaged liquor licence as it does not satisfy section 48(5) of the *Liquor Act 2007*.** The overall social impact of this particular licence will be detrimental to the well-being of the local and broader community. The rationale and evidence for our position is outlined below.

NSLHD Health Promotion has an active interest in measures to prevent or reduce alcohol-related harms such as malicious damage, interpersonal violence, accidental injury and long-term health impacts.

While we do not object to the majority of new liquor licence applications, we object to the granting of this particular packaged liquor licence due to the following concerns:

#### **1. Selective and misleading use of data in the applicant's Community Impact Statement (CIS)**

The purpose of the CIS is to consider the impact on the *local* community (as stipulated on the Liquor & Gaming NSW website). However this CIS does not sufficiently consider the local context, such as the interaction between outlet density (in a particular precinct) and the local distribution of disadvantage, crime, risky drinking, domestic violence and alcohol-related hospitalisations. For example, the applicant uses national alcohol consumption figures and NSW assault figures to support its claim that this packaged liquor licence will not be harmful to the local Freshwater community. This is not a valid assessment and is simply the selection of data to support a vested claim.

As well as misrepresenting the local context, the applicant's selective use of national and state data misrepresents the "general societal" context. The applicant associates an increase in the number of packaged liquor licences (57% in NSW from 2008-14) with an overall decline in alcohol consumption (nationally) and alcohol-related assaults (in NSW) to suggest that increased licence densities do not cause increased levels of harm.

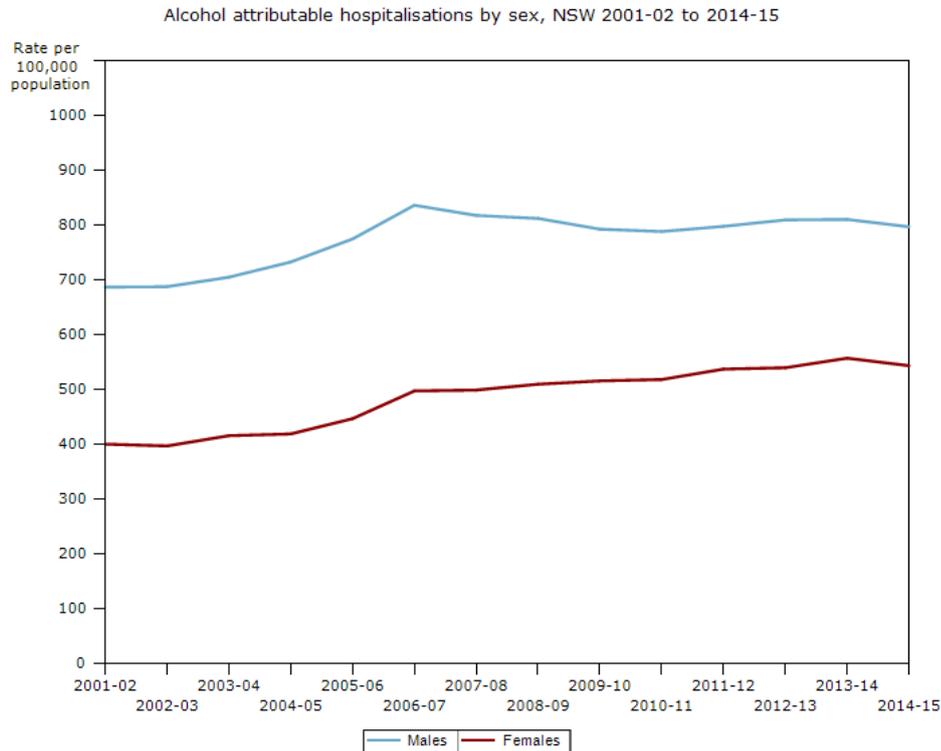
This is a completely false representation of data and against all of the evidence on alcohol outlet density and harms.

Peer reviewed studies (both in Australia and internationally) have consistently demonstrated the link between increased outlet density and harm including assaults, adolescent drinking, domestic violence, drink driving, homicide, suicide, chronic diseases and child maltreatment<sup>1</sup>. The applicant downplays the true magnitude of alcohol related harm by ignoring that, across many indicators and over a broader time period, alcohol related harm has remained high. In NSW for example, the alcohol-attributable hospitalisation rate per 100,000 people has increased by 23% between 2001-02 and 2014-15, and overall numbers of admittances have increased by 50% (35,953 to 53,933).

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<sup>1</sup> Livingston M., Wilkinson C., Room R., Community impact of liquor licences: an Evidence Check rapid review brokered by the Sax Institute ([www.saxinstitute.org.au](http://www.saxinstitute.org.au)) for the NSW Ministry of Health, 2015.

Graph 1: NSW Alcohol-Attributable Hospitalisation Rate per 100,000 population Trends



Source: NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

‘Risky drinking’ (at levels likely to cause long-term health problems) in NSW and in Northern Sydney Local Health District has also remained consistently high with more than 1 in 4 people still drinking at levels that pose long term risks to their health in 2016<sup>2</sup>.

A significant omission of this CIS when discussing reductions in alcohol consumption and assaults since 2008 is the impact of highly successful government supply reduction interventions over the same period, including the national ‘alcopops tax’ introduced in 2008 and alcohol trading restrictions in key NSW locations such as Newcastle and Kings Cross.

Another misrepresentation of the local context by this CIS relates to ‘the demonstrated or likely needs of patrons’. The consumer convenience argument (‘particularly for mothers’) is invalid as customers in Freshwater Village can already purchase alcohol from the existing retail precinct, without the need to commute to another destination.

## 2. Over-supply of alcohol in Freshwater

The number of outlets providing alcohol in Freshwater since 2010 has increased from approximately 5 to more than 13. While it may be argued that a small number of liquor outlets may add to the amenity and vibrancy of a given precinct, Freshwater now has clearly passed a ‘tipping point’ where further supply of alcohol can only be harmful to the community.

There are currently two packaged liquor licences permitting the physical purchase and take-away sales of alcohol in the small Freshwater community (plus a packaged outlet attached to the Harbord Beach Hotel licence), as well as 3 additional online retailers. There is also a hotel licence, a large club licence, as well as two on-premise licences with primary service authorisations (PSAs) effectively operating as small bars within the precinct.

<sup>2</sup> NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Table 1: Packaged Liquor Licence Rate - Comparisons

	Population	PLL Count	PLL Rate	Club Count	Club Rate	Hotel Count	Hotel Rate
<b>NSW</b>	6,917,658	2,469	35.70	1,316	19.02	2,132	30.82
<b>Freshwater (current)</b>	8,252	5*	60.59	2	24.24	1	12.12
<b>Northern Beaches LGA (current)</b>	251,696	103	40.92				
<b>Freshwater with 1 additional PLL</b>	8,252	6*	72.71				

\*Excludes packaged liquor outlet attached to the Harbord Beach Hotel licence.

From the above table, the addition of the proposed licence will push Freshwater's packaged liquor licence rate further above the NSW average. The applicant suggests that online packaged liquor licences should be omitted from these figures to only reflect fully operating bottle shops. If the Authority were to accept this direction from the applicant to selectively omit certain packaged liquor licences, then we suggest the Authority must include the fully operating bottle shop attached to the Harbord Beach Hotel licence (which is a stand-alone/drive through bottle shop as demonstrated in picture 1 below). In this case, the packaged liquor outlet rate (48.47) in Freshwater would still be well above the NSW rate of 35.7, even when discounting the three online packaged liquor licenses.

Picture 1. The stand-alone Harbord Beach Hotel bottle shop



In a recent ILGA Decision Report for a packaged liquor licence in Milsons Point the Authority contends that where licence density is elevated across the broader community the contribution to harm of a new licence will be more diffuse at the level of that community, given the number and location of other licenced premises authorised to sell takeaway liquor across the wider geographic area of the LGA. This rationale is

used by the Authority to suggest that the impact of the licence on the already high hospitalisation rates is minimised “by reason of the many packaged liquor outlets, hotels and clubs capable of selling takeaway liquor throughout that geographical area”<sup>3</sup>. This rationale contradicts the previously stated position of the ILGA Board, with the Chairperson’s Report from the 2011/12 ILGA Annual Report<sup>4</sup> stating:

*“where an area already has a large number of packaged liquor outlets... the applicant generally argues that one additional licence will have no detrimental impact in addition to that already being experienced. However, if that were so, then there would never be need to call a halt to granting new licences. The Authority considers that, when statistics indicate an existing or developing problem ..., it would be irresponsible to continue to increase the number of liquor outlets on the basis that another outlet could not make things worse.”*

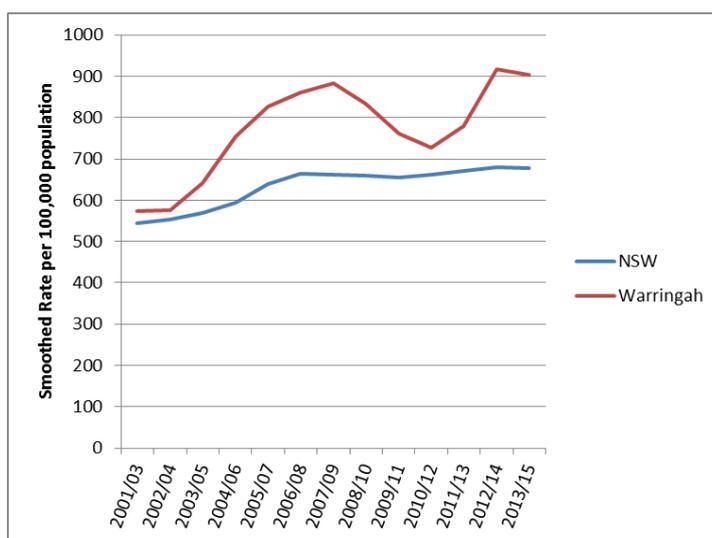
We trust the Authority to remain consistent with this previously stated approach, ensuring social impacts resulting from excessive outlet density are adequately addressed and considered in the decision making process.

While existing liquor outlet density is an important predictor of the likelihood and extent of alcohol related harm generated by a new licence, there are several contextual factors such as hospitalisations, the local distribution of domestic violence and malicious damage, as well as socio-economic influences that provide much greater certainty regarding the likelihood of harm that a new licence will generate. These contextual factors are discussed below:

### 3. Alcohol-attributable hospitalisations

The former Warringah Local Government Area (which covers Freshwater) has experienced an increase in hospitalisations since 2001 and is currently 33% higher than the state average (see Graph 2 below). Furthermore, Northern Sydney Local Health District has the highest overall *rates* and *numbers* of alcohol-attributable hospitalisations in the state of NSW (Graphs 3 & 4).

Graph 2: Warringah LGA vs NSW Alcohol-Attributable Hospitalisation Rates from 2001 to 2015

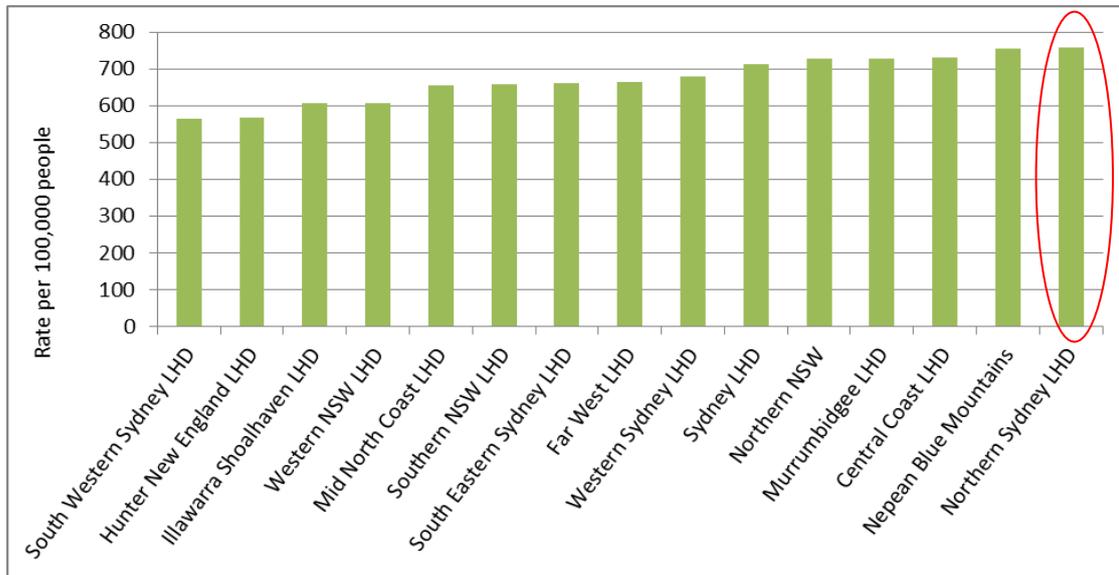


Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

<sup>3</sup> ILGA Decision under section 45 of the Liquor Act 2007 – Application for New Packaged Liquor Licence – Chambers Cellars, Milsons Point – 17 May 2017

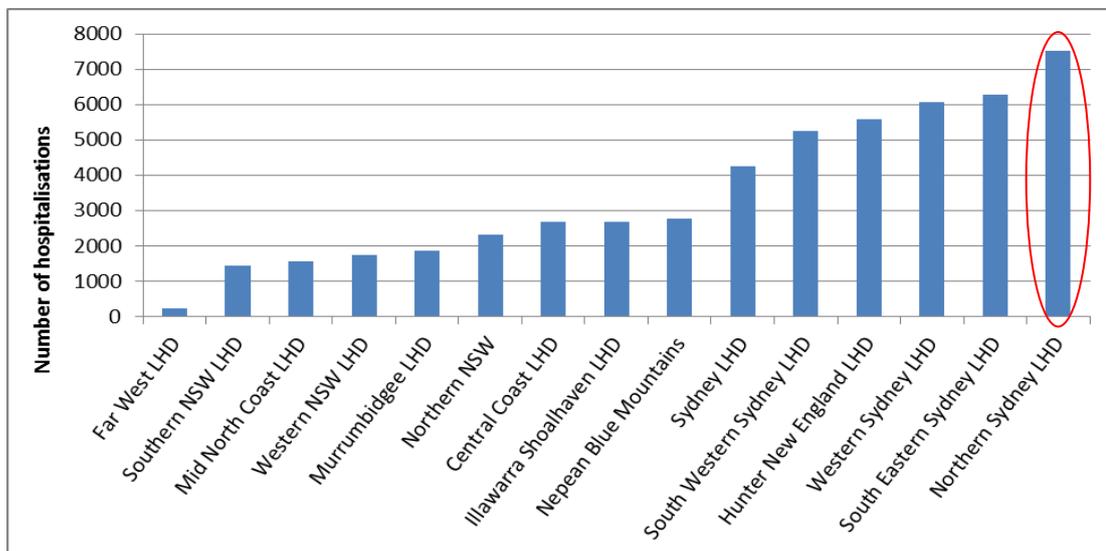
<sup>4</sup> ILGA Annual Report 2011/12. Available at <http://www.liquorandgaming.nsw.gov.au/Documents/ilga/annual-report/2011-2012-Annual-Report.pdf> (Accessed 24/05/2017)

Graph 3: Alcohol-Attributable Hospitalisation Rates by LHD, 2014/15



Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

Graph 4: Alcohol-Attributable Hospitalisation number by LHD, 2014/15

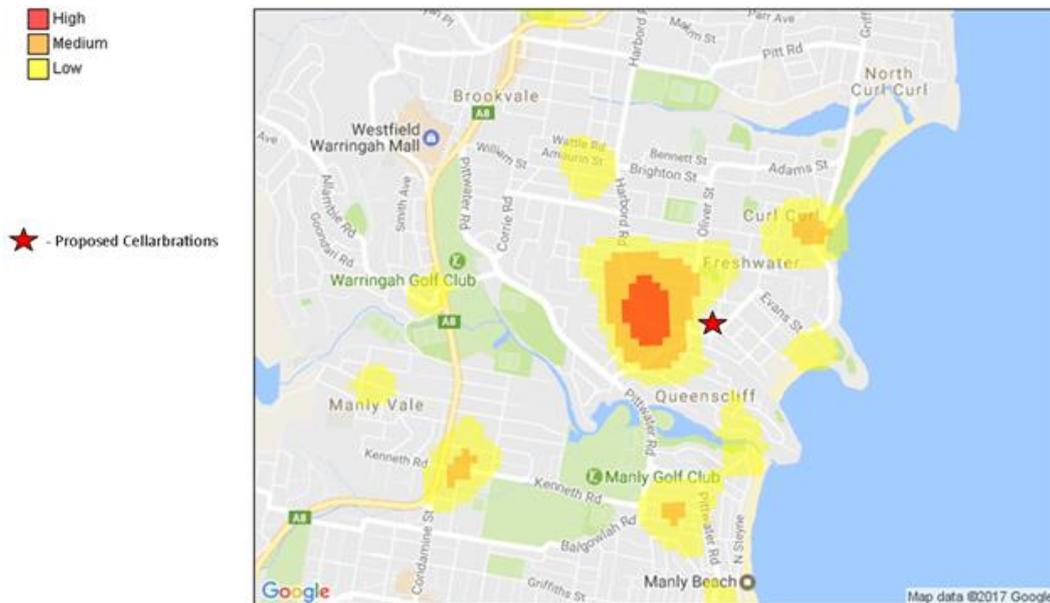


Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

#### 4. Domestic violence

The proposed packaged liquor licence is located within very close proximity (approx 200m) to a high domestic violence hotspot (see image 2). There is strong evidence linking domestic violence with the local density of packaged liquor outlets. Livingston (2011) identifies a 3.3% increase in domestic violence with a 10% increase in off-licence liquor. The granting of an additional packaged liquor licence is likely to increase the incidence of both domestic violence and alcohol-related assaults in the local area.

Image 2: Incidents of Assaults (Domestic assault) from January 2016 to December 2016

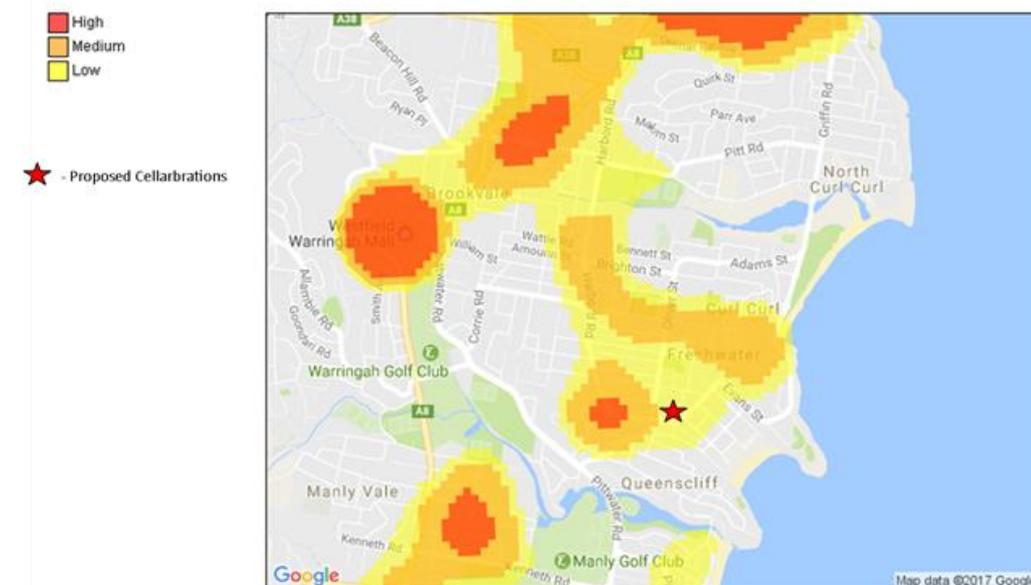


Source: NSW Bureau of Crime Statistics and Research

### 5. Malicious damage

Within a very close proximity (approx 200m) to the proposed Cellarbrations Freshwater packaged liquor licence is a high density malicious damage hotspot (see image3).

Image 3: Incidents of Malicious Damage to property from January 2016 to December 2016



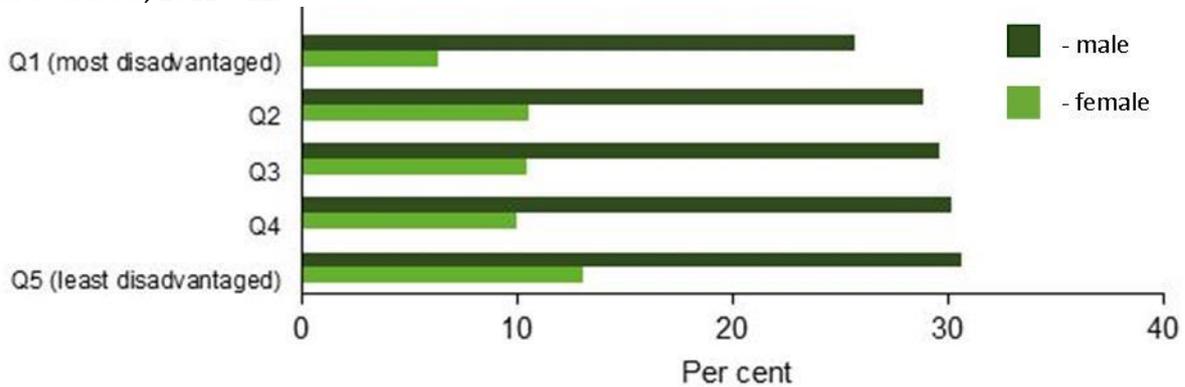
Source: NSW Bureau of Crime Statistics and Research

### 6. Socio-economic influences

The relationship between vulnerability to alcohol-related harm and socio-economic status is far more complex than the applicant’s simplistic assertion that “the advantaged nature of the local community... suggests that this is not a local community showing any appreciable vulnerability to such harms”.

According to an Australian Institute of Health and Welfare analysis of the Australian Health Survey 2011-12, adults living in the *least* disadvantaged areas are 1.4 times more likely to exceed alcohol consumption guidelines than those living in the *most* disadvantaged areas (22% compared with 16%)<sup>5</sup>.

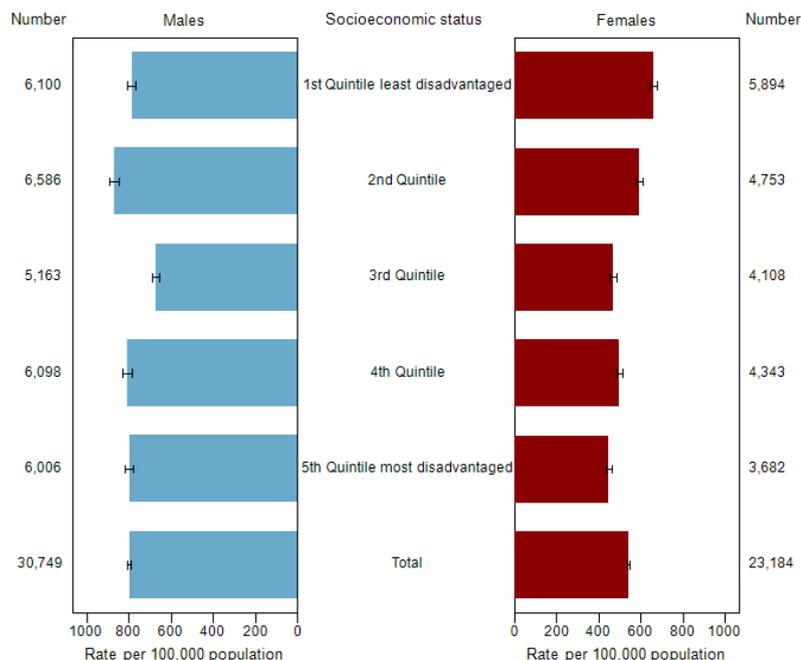
*Graph 5: Exceed of lifetime alcohol risk guidelines in persons aged 18 and over, by selected population characteristics, 2011 – 12.*



Source: AIHW analysis of ABS 'Microdata: Australian Health Survey, National Health Survey, 2011-12'

Healthstats NSW data also indicates that the *least* disadvantaged population are more likely to drink daily or weekly than the rest of the population<sup>6</sup>. The negative outcomes resulting from this regular and excessive drinking is reflected in the alcohol-attributable hospitalisation figures by socioeconomic status (Graph 6), highlighting the *least* disadvantaged population accounting for the most alcohol-related admittances.

*Graph 6: Alcohol- Attributable Hospitalisations by Socioeconomic Status and Sex, NSW 2014-15*



Source: NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health.

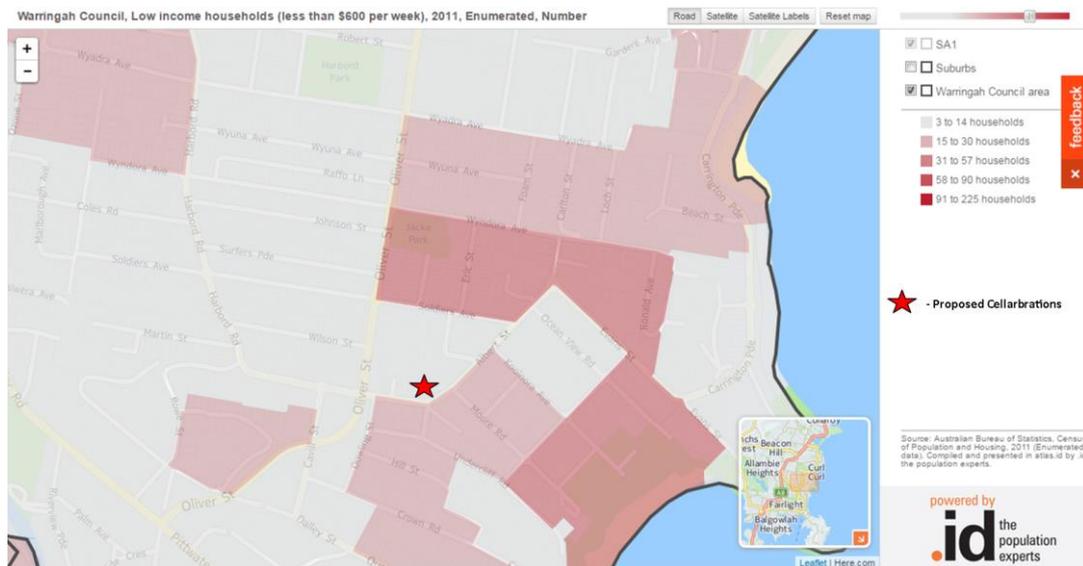
<sup>5</sup> AIHW analysis of ABS 'Microdata: Australian Health Survey, National Health Survey, 2011-12'

<sup>6</sup> NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health. Available at [http://www.healthstats.nsw.gov.au/Indicator/beh\\_alcfreq/beh\\_alcfreq\\_ses?&topic=Socioeconomic%20status&topic1=topic\\_ses&code=ses](http://www.healthstats.nsw.gov.au/Indicator/beh_alcfreq/beh_alcfreq_ses?&topic=Socioeconomic%20status&topic1=topic_ses&code=ses)

<sup>5</sup> Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. Compiled and presented by .id , the population experts. (Enumerated data)

Adding to the complexity (and contrary to the applicant’s generalisation that “the local community comprises an advantaged one”) is that pockets of disadvantage exist within Freshwater. Image 5 highlights over 200 households in the immediate vicinity with low incomes (less than \$600 per week) and there are 38 social housing properties in the Freshwater suburb<sup>5</sup>.

Image 5: Warringah Council, Low Income Households (less than \$600 per week), 2011, Enumerated, Number



Source: Australia Bureau of Statistics, Census of Population and Housing, 2011 (Enumerated data). Compiled and presented in atlas.id

Findings from the Household Expenditure Survey 2009-2010 highlight that the most disadvantaged spend a larger proportion of total household income on alcohol<sup>7</sup>. This has particular relevance to health as money spent on alcohol cannot be spent on essential items such as food and medical services.

## 7. Secondary Supply of Alcohol

NSLHD Health Promotion has a history of working to reduce the potential of liquor outlets to be a source of alcohol for minors, either by direct purchase attempts or secondary supply avenues, through projects such as our highly successful “Stop the Supply” campaign which has now been adopted in several other jurisdictions in Australia and overseas.

Research indicates that as the number of alcohol outlets increase in an area, the rate of adolescent alcohol use increases, with the most vulnerable young people aged 12 – 14 years<sup>8</sup>.

The proposed packaged liquor outlet is located directly opposite Freshwater Village Plaza (~30m distance), which is a very popular gathering place for children and young people in the area. Image 6 depicts the close proximity between the Plaza and the proposed licence.

It is well established that increased exposure to alcohol-related activity in childhood negatively impacts on alcohol-related attitudes and behaviours in adulthood<sup>6</sup>. ‘Normalising’ and ‘role modelling’ are key factors that shape behaviour, particularly among children. In this scenario, direct daily exposure to alcohol retail activity, sales and marketing have a strong ‘normalising’ effect, and frequent observation of adults purchasing alcohol generates a strong ‘role-modelling’ effect.

<sup>7</sup> Yusuf, F., Leeder, S.R., Making sense of alcohol consumption data in Australia. Medical Journal of Australia, 203(3): 128-30, 2015.

<sup>8</sup> Rowland, B., Toumbourou, J.W., Satyen, L., Tooley, G., Hall, J., Livingston, M., (2014). Associations between alcohol outlet densities and adolescent alcohol consumption: A study in Australian students. Addictive Behaviours 39:282-288.

<sup>6</sup> Department of Education: Drugs in Schools Policy.

[https://www.det.nsw.edu.au/policies/student\\_serv/student\\_welfare/drug\\_incid/PD20020040.shtml](https://www.det.nsw.edu.au/policies/student_serv/student_welfare/drug_incid/PD20020040.shtml)

*Image 6: Proximity of proposed development to Freshwater Village Plaza*



In conclusion, the increased access to alcohol generated by the proposed Cellarbrations Freshwater is likely to increase the alcohol-related harms in the local community, including domestic violence, malicious damage and alcohol-attributable hospitalisations. Therefore, we strongly oppose the granting of this packaged liquor licence.

If you have any questions, please do not hesitate to contact Melissa Palermo NSLHD Health Promotion (Northern Beaches) on 02 9976 9579 or [Melissa.Palermo@health.nsw.gov.au](mailto:Melissa.Palermo@health.nsw.gov.au).

Kind regards,

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