

Booze barns: fuelling hazardous drinking in Australia?

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Latest data confirm 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 Council (NHMRC) guidelines (<http://www.nhmrc.gov.au/your-health/alcohol-guidelines>, verified 5 August 2013) 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 men and 14% of women aged 15–17 years exceeded alcohol guidelines for single occasion risk in the previous year. When compared with other Organization for Economic Co-operation and Development (OECD) countries, Australia's per capita consumption of alcohol is above the OECD average of 9.1 L.¹

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 (NSW) being alcohol related. Excessive alcohol use can increase the risk of becoming a victim or offender of crime.¹ Although such consequences are important, they are overshadowed by the less-visible effects of alcohol on chronic diseases (stroke, liver cirrhosis, some cancers), which contribute to significantly more of the alcohol-attributable disease burden.²

This risky drinking, along with its health and social consequences, highlights 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). The rise in the number of large warehouse-style discount liquor stores (also referred to as liquor superstores or booze barns) throughout Australia is of particular concern due to their size, budget pricing and aggressive marketing. 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 years of age prior to a

liquor purchase) at packaged liquor outlets. Remarkably, 72% of 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 that most often breached the social responsibility code were the 'big players' in the business.³

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 socialising, as well as access to alcohol. Most 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 other vulnerable groups.⁴ Hence, for any new developments that are likely to further normalise 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 seem to be few benefits, if any, to local communities from the presence of liquor superstores, but there are many potential negative effects.⁵ 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 and/or 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 the purchasing policies of liquor superstores, and purported subsidisation 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.^{5,6} A NSW study showed the relationship between types of violent crime (assault, malicious damage to property and offensive behaviour) and the patterns of alcohol consumption in NSW,⁷ with offences being more common in areas with higher volumes of alcohol sales. There were also significant correlations between alcohol sales through packaged liquor outlets and malicious damage to property and offensive behaviour incidents.

Other studies have also reported packaged liquor outlet density to be positively associated with rates of assault, domestic violence, chronic disease and very heavy episodic drinking,² as well as child maltreatment,⁸ vehicle crashes,⁹ pedestrian injuries, injuries among young adults,¹⁰ harmful consumption of alcohol and hospital contacts for anxiety, stress, depression¹¹ and other adverse health outcomes.¹² Research indicates that reducing the density of these packaged liquor outlets may decrease harmful levels of alcohol consumption, especially in socially disadvantaged and/or lower socioeconomic status groups and young people.¹³

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.⁵ Conversely, increased alcoholic beverage taxes and prices are related to reductions in alcohol use and related problems,¹⁴ and significant health benefits have been observed when minimum alcohol prices are increased.¹² 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 the availability of cheap alcohol.¹⁵

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.

Disclosure

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

References

1. Australian National Preventive Health Agency (ANPHA). State of preventive health 2013. Report to the Australian Government Minister for Health. Canberra: ANPHA; 2013.
2. Livingston M. To reduce alcohol-related harm we need to look beyond pubs and nightclubs. *Drug Alcohol Rev* 2013; **32**: 113–4. doi:10.1111/dar.12026
3. O'Callaghan K. Last orders for liquor industry ID compliance. *West Australian* 31 July 2013, p. 16.
4. Hildebrand J, Maycock B, Burns S, Zhao Y, Allsop S, Howat P, Lobo R. Design of an instrument to measure alcohol related psychosocial influences in the development of norms amongst 13–17 year old adolescents. *BMJ Online* 2013; in press.
5. MacNaughton P, Gillan E. Re-thinking alcohol licensing. Edinburgh: Alcohol Focus Scotland; 2011.
6. Mair C, Gruenewald PJ, Ponicki WR, Remer L. Varying impacts of alcohol outlet densities on violent assaults: explaining differences across neighborhoods. *J Stud Alcohol Drugs* 2013; **74**: 50–8.
7. Briscoe S, Donnelly N. Temporal and regional aspects of alcohol-related violence and disorder. Alcohol Studies Bulletin, No. 1. Sydney: NSW Bureau of Crime Statistics and Research; 2001.
8. Freisthler B, Midanik LT, Gruenewald PJ. Alcohol outlets and child physical abuse and neglect: applying routine activities theory to the study of child maltreatment. *J Stud Alcohol* 2004; **65**(5): 586–92.
9. Treno AJ, Johnson FW, Remer LG, Gruenewald PJ. The impact of outlet densities on alcohol-related crashes: a spatial panel approach. *Accid Anal Prev* 2007; **39**: 894–901. doi:10.1016/j.aap.2006.12.011
10. Gruenewald PJ, Freisthler B, Remer L, LaScala EA, Treno AJ, Ponicki WR. Alcohol ecological associations of alcohol outlets with underage and young adult injuries. *Alcohol Clin Exp Res* 2010; **34**(3): 519–27. doi:10.1111/j.1530-0277.2009.01117.x
11. Pereira G, Wood L, Foster S, Haggart F. Access to alcohol outlets, alcohol consumption and mental health. *PLoS ONE* 2013; **8**(1): e53461. doi:10.1371/journal.pone.0053461
12. Stockwell T, Zhao J, Martin G, McDonald S, Vallance K, Treno A, Ponicki W, Tu A, Buxton J. Minimum alcohol prices and alcohol densities in British Columbia, Canada: estimated impacts on alcohol-attributable hospital admissions. *Am J Public Health* doi:10.2105/AJPH.2013.301289
13. Kavanagh AM, Kelly MT, Krnjacki L, Thornton L, Jolley D, Subramanian SV, Turrell G, Bentley RJ. Access to alcohol outlets and harmful alcohol consumption: a multi-level study in Melbourne, Australia. *Addiction* 2011; **106**(10): 1772–9. doi:10.1111/j.1360-0443.2011.03510.x
14. Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. 2010. Alcohol: no ordinary commodity—research and public policy, 2nd edn. Oxford: Oxford University Press; 2010.
15. 15 Drug and Alcohol Office (DAO). Cheap drinks. Perth: Drug and Alcohol Office, Government of Western Australia; 2011.