

Peter Minchin  
Director Liquor Control and Arbitration  
Department of Local Government, Sport and Cultural Industries  
[rql@dlqsc.wa.gov.au](mailto:rql@dlqsc.wa.gov.au)

Dear Director,

**RE: Inquiry into the Availability of Packaged Liquor in the Kimberley and Pilbara Regions**

Thank you for extending an invitation to the Western Australian Network of Alcohol and other Drug Agencies (WANADA) to provide a submission to this inquiry.

WANADA is supportive of the submissions lodged by Mission Australia and the Kimberley Aboriginal Health Planning Forum. These submissions, developed by local services operating in Kimberley and Pilbara regions, highlight the depth of evidence available indicating significant social, health and economic harms as a result of alcohol consumption. For example in the Pilbara, levels of alcohol consumption are significantly higher than the national average and are clearly associated with a range of related harms<sup>1</sup>, such as:

- domestic assaults, which were seven times the rate of metropolitan WA, and almost five times the State-wide rate
- rates of alcohol-related offending
- higher than the State average alcohol-related hospitalisation rates
- high rates of self-harm, attempted suicide and suicide.

The Kimberley region reflects similar concerning statistics, for example with regards to high levels of alcohol consumption<sup>2</sup> and alcohol-related hospitalisations.<sup>3</sup>

Data provides substantial evidence that supports the need for whole-of-population approaches that reduce and restrict alcohol availability to reasonable quantities. Any initiative to reduce and restrict availability needs to be accompanied by information, education, community awareness raising and investment in service capacity to address alcohol related harms.

WANADA strongly supports whole-of-population alcohol reduction measures, such as those available via Section 64. These approaches do not stigmatise or seek to individualise the harms experienced by people. Problematic alcohol consumption cannot be seen as an individual choice. Whole of population approaches that reduce access are supported by a strong evidence base, for example:

- Increases in a population's per capita consumption result in an increase in the consumption of the heaviest drinkers, the prevalence of heavy drinkers, and the rate of alcohol-related harm.<sup>4</sup>

---

<sup>1</sup> WA Government (2019), Decision of Director of Liquor Licensing (2019), Pilbara Inquiry – Imposition of Conditions Pursuant to S 64.

<sup>2</sup> Department of Health Western Australia. WA health and Wellbeing Surveillance System 2013-2017.

<sup>3</sup> For example, WA Country Health Service Planning and Evaluation Unit (2018), *Kimberley Health Profile*.

<sup>4</sup> Skog O.J. The collectivity of drinking cultures: a theory of the distribution of alcohol consumption. *Br J Addict* 1985; 80: 83–99.

- Consumption rates and alcohol problems increase when alcohol becomes more available through commercial or social sources.<sup>5</sup>
- Higher alcohol sales among off-premises outlets were associated with increased risk of alcohol-related injury.<sup>6</sup>
- Targeted studies of restrictions in WA have highlighted positive benefits across a broad range of health and social indicators.<sup>7,8,9</sup>
- The recent Sustainable Health Review prioritised population-level action to address alcohol related harms, recommending the State Government implement a minimum unit price for alcohol.<sup>10</sup> WANADA notes the State Government has accepted the Review's recommendations. WANADA strongly supports the introduction of a minimum unit price for alcohol and notes that stakeholders in the Kimberley and Pilbara have called for its urgent implementation. WANADA is of the view that the introduction of multiple whole-of-population initiatives (i.e. minimum unit price and restrictions) would only add to any evaluation, as the combined and complementary initiatives in the Kimberley and Pilbara could be compared with single initiatives in other regions.

WANADA recognises that several submissions to the inquiry have recommended longitudinal evaluation of any restrictions implemented. WANADA supports the evaluation of initiatives to both contribute to the evidence base, and to fine-tune initiatives over the longer term where required. For an evaluation to be effective, however, it is essential that the process is inclusive and enables co-design with communities and service providers, in both the pre-evaluation and evaluation. An evaluation process must capture baseline and longitudinal changes in data such as:

- Alcohol related harms (e.g. hospital presentations and offences where alcohol was a contributing factor)
- The impact on treatment and other service providers (e.g. number of people seeking and accessing treatment and support for alcohol related concerns)
- Changes in social and health factors.

WANADA notes that the inquiry requested information regarding services and programs provided in the Pilbara and Kimberley towns. Several organisations receive funding from State and Commonwealth Government sources to provide critical alcohol and other drug services in these regions. There are, however, not enough services to meet current and projected local demand. The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (2018 Update)<sup>11</sup> outlines the need for significant investment across all alcohol and other drug service types to meet demand. It is important to note that the modelling for this Plan does not reflect any recent increases in demand as a result of the COVID-19 pandemic. Increases in alcohol-related harms as a result of the pandemic have been anecdotally reported to WANADA from both service providers and community members from several towns subject to this inquiry.

---

<sup>5</sup> Babor, Thomas F. (2010), Alcohol: No Ordinary Commodity – a summary of the second edition. *Addiction*, 105: 769-779. doi:[10.1111/j.1360-0443.2010.02945.x](https://doi.org/10.1111/j.1360-0443.2010.02945.x)

<sup>6</sup> Hobday, M., Chikritzhs, T., Lian, W., and Meuleners, L. (2015) The effect of alcohol outlets, sales and trading hours on alcohol-related injuries presenting at emergency departments in Perth, Australia, from 2002 to 2020. *Addiction*, 110: 1901-1909. Doi: 10.1111/add.13063

<sup>7</sup> Midford, R., McKenzie, J., Mayhead, R. (2016). "It fits the needs of the community": Long-term evaluation of the Norseman Voluntary Liquor Agreement. Canberra: Foundation for Alcohol Research and Education.

<sup>8</sup> Drug & Alcohol Office. The Impact of Liquor Restrictions in Halls Creek, Quantitative Data - 24 month review. November 2011.

<sup>9</sup> Kinnane S, Farrington F, Henderson-Yates L, Parker H. Fitzroy Valley Alcohol Restriction Report: An evaluation of the effects of a restriction on take-away alcohol relating to measurable health and social outcomes, community perceptions and behaviours after a two year period. Perth: University of Notre Dame Australia, Drug and Alcohol Office, Government of Western Australia; 2010

<sup>10</sup> Sustainable Health Review. (2019). Sustainable Health Review: Final Report to the Western Australian Government. Department of Health, Western Australia.

<sup>11</sup> Mental Health Commission (2019). Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) Update 2018, Mental Health Commission, Government of Western Australia.

Investment in alcohol and other drug services in the Kimberley and Pilbara will support efforts to address alcohol-related harms. To be effective, however, a balanced approach that encompasses a range of different measures is required. This is a foundational premise in Australia’s alcohol and other drug policy setting – the National Drug Strategy outlines a “national commitment to harm minimisation through balanced adoption of effective demand, supply and harm reduction strategies”.<sup>12</sup> In the National Alcohol Strategy, a priority area of focus is managing availability, price and promotion. The Strategy lists licencing restrictions, price mechanisms such as a minimum unit price or volumetric excise tax, and advertising restrictions as evidence-based demand and supply reduction strategies.<sup>13</sup>

## About WANADA

---

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the specialist alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven, not-for-profit association.

Currently, WANADA represents 95 alcohol and other drug services across Western Australia, of which 37% are located in regional, rural and remote areas.

WANADA is driven by the passion and hard work of its member organisations, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management; harm reduction; peer based; prevention; and community development services.

---

<sup>12</sup> Commonwealth Department of Health (2017). National Drug Strategy 2017-2026, Department of Health, Commonwealth Government of Australia

<sup>13</sup> Commonwealth Department of Health (2019). National Alcohol Strategy 2019-2028, Department of Health, Commonwealth Government of Australia.