



Public Health Association
AUSTRALIA

Public Health Association of Australia submission on The Liquor Licensing Reform Options Discussion Paper

Contact for recipient:

Liquor and Gaming New South Wales

A: 4 Parramatta Square | 12 Darcy Street |
Parramatta NSW 2150

E: liquorpolicy@liquorandgaming.nsw.gov.au

T: 1300 024 720

Contact for PHAA:

Terry Slevin – Chief Executive Officer

A: 20 Napier Close, Deakin ACT 2600

E: phaa@phaa.net.au **T:** (02) 6285 2373

11 January 2023

Contents

Preamble	3
The Public Health Association of Australia	3
Vision for a healthy population	3
Mission for the Public Health Association of Australia	3
PHAA Response to the <i>Liquor and Gaming NSW Liquor Licensing Reform Discussion Paper</i>.	4
Revise alcohol delivery laws	4
Alcohol content	5
Alcohol should not be delivered late at night	5
Drone delivery	6
Minimise children’s exposure to alcohol	6
Protect children from alcohol delivery	6
Uphold the restrictions on children in licensed venues	6
Prevent predatory online marketing	6
Refrain from extending liquor trading periods	7
Strengthen harm reduction regulations	7
Streamlining applications versus meaningful community consultation	7
Regulate the license builder process	8
Oversight on all applications before approval	9
Conclusion	9
References	10

Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



Public Health Association
AUSTRALIA

The Liquor Licensing Reform Options Discussion Paper

The Discussion Paper was largely developed to address two key commitments made in the *24-hour Economy Strategy for Greater Sydney* ('the Strategy') released in September 2020. These commitments were:

- Continue to streamline approval processes for licensing and planning applications, develop a plan for integrated processes wherever possible, and reduce overall approval timeframes and duplication.
- Explore the introduction of a new risk-based licensing model to reduce the number of liquor licence types and classes and minimise complexity and red tape.

To address these commitments, the Paper was divided into parts A (licensing and planning) and part B (risk-based licence model and related reform options). All aims, bar one, centre around business development, diversification and streamlining the licence process.

We recognise positive desires in the discussion paper relating to improving community engagement and access to licensing consultation, including aligning liquor licensing with development application planning processes, enhanced notifications and improving the inclusion and diversity of consultation.

However, PHAA is concerned that several proposals are contradictory to these desires and the one harm reduction aim ("continue to manage harms associated with the sale and supply of alcohol and appropriately tailor licence types and conditions to individual businesses, their needs, and associated risks" p.3), and instead involve de-regulation of previously installed evidence-based harm minimisation protections.

PHAA Response to the *Liquor and Gaming NSW Liquor Licensing Reform Discussion Paper*.

PHAA welcomes the opportunity to provide input to the *Liquor and Gaming NSW Liquor Licensing Reform Discussion Paper*. We certainly agree with the aim to manage harm associated with alcohol, however, we would like to put forward a number of key changes to improve on the Paper's proposals to achieve this aim.

Revise alcohol delivery laws

The PHAA agrees with the NSW Government's moves to regulate alcohol delivery laws, ensuring that age identification checks are required, minors not be given alcohol and ensuring that liquor is not delivered to an intoxicated person.⁽¹⁾ Alcohol is responsible for a substantial burden of death, disease, and injury in Australia, affecting not only the drinkers themselves, but also children, families, and the broader community. The costs of alcohol related harms are significant and far exceed government revenue from alcohol taxation.⁽²⁾

Due to the recent growth in alcohol delivery services, there has been little research into its specific health impacts. However, international research demonstrates that, in general, increased physical availability of alcohol leads to higher levels of alcohol use and harm.⁽³⁾ Online alcohol delivery services have the potential

to substantially increase convenience and encourage competitive pricing, and thus may contribute to increased harm.⁽⁴⁾

Alcohol content

The Discussion Paper commits to continuing the COVID-19 era introduction of certain business being able to sell takeaway alcohol with food. We recognise that the purchasing limits for an individual are as follows:

- One bottle of wine up to 750 millilitres,
- Six containers with a maximum volume of 2.25 litres combined of either beer, cider, or premixed drinks, and
- For restaurants and cafés, up to four house-made cocktails in sealed containers with a combined maximum volume of 1 litre.

However, on average a 750 millilitre bottle of wine has 7-8 standard drinks, about twice the limit recommended for a person in one day.⁽⁵⁾ Let alone the 2.25 litres of beer or pre-mixed drinks, where such drinks vary broadly in terms of alcohol content, meaning that although six beers at 4 percent is still more than the daily limit, six beers at 7 per cent is well above the National Health and Medical Research Council's guidelines regarding alcohol consumption.

While alcohol does not cause family and domestic violence, alcohol products contribute to the likelihood of family violence occurring and the severity of harms that result from violence.⁽⁶⁾ With 37 per cent of alcohol-related assaults occurring in the home, and more than half (57 per cent) of those being domestic violence,⁽⁶⁾ Liquor and Gaming NSW must consider the safety of families and children before expanding the availability and convenience of alcohol delivery.

Recommendation: To reduce the risks associated with alcohol consumption, these limits must be based on the number of standard drinks in accordance with the above National Health and Medical Research Council's guidelines, rather than volume of liquid.

Recommendation: Include online alcohol sales and delivery outlets in community consultation processes and in risk rating calculations to accurately reflect retail outlet location density.

Alcohol should not be delivered late at night

Time is an important factor affecting levels of alcohol harm. Alcohol-related assaults increase substantially between 6pm and 3am (peaking between midnight and 3am), and as stated, most of these are in the home and involve domestic violence.⁽⁶⁾ Acute alcohol consumption increases the risk of attempted suicide,⁽⁷⁾ and at a population level greater levels of consumption are associated with increased suicide risk.⁽⁸⁾ In Australia, suicides and sudden or unnatural deaths involving alcohol predominantly happen at night, in the home environment.^(9,10)

The Discussion Paper indicates that the home delivery of alcohol can occur until midnight. In light of the evidence regarding the risk of violence, suicide and unnatural deaths, and the Discussion Paper's intention of a risk-based model aimed to manage the harms associated with the sale and supply of alcohol, this timeframe for alcohol delivery is not appropriate.

The safety of delivery staff is also important to consider. If the customer appears intoxicated, the deliverer by law cannot provide them with alcohol. However, without the support of other staff or security, this places the deliverer in a vulnerable position to verbal or physical abuse.

Recommendation: We recommend that there should be no delivery of alcohol between 10pm and 10am any day of the week.

Recommendation: Introduce a delay of two hours between purchase and delivery of alcohol, to stop rapid supply of alcohol to people who may be intoxicated or dealing with alcohol dependence.

Drone delivery

Home delivery options for takeaway food in Australia have exploded since the pandemic. However, policy makers were behind the ball in creating regulations for this industry, resulting in over 80% of advertising on these platforms being for junk-food and poor working conditions for deliverers.⁽¹¹⁾ The increased usage of food delivery has spurred on the creation of drone delivery services.

This technology is here and currently being trialled in South-East Queensland.⁽¹²⁾ If pre-emptive regulations are not created, there will be no way for a drone to discern the age or identification of customer, nor can it ensure that the person who ordered the alcohol will be the one to receive it, nor can it judge the sobriety of the customer. The expansion of alcohol home delivery services represents a shift in alcohol availability.

Recommendations: NSW Liquor and Gaming must act now on drone delivery technology in regard to alcohol delivery from restaurants and liquor stores. Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol.

Recommendations: Regulations may include a minimum two-hour delay between ordering and delivery, setting a cut off time, and maintaining that licensed premises must have a fixed address.⁽¹³⁾ However, there is no clear answer how this technology could confirm presence of minors or inebriation level of the recipient or anyone else in their company.⁽¹³⁾

Minimise children's exposure to alcohol

Protect children from alcohol delivery

Currently, NSW requires that delivery persons must check a customer's identification for their age and must not deliver alcohol to an intoxicated person. Although we support these limitations, delivery services can still provide avenues for children to access alcohol, as research indicates that delivery drivers regularly fail to check identification and leave alcohol unattended.⁽¹⁴⁾

Alcohol use can cause irreparable damage to the developing brain.⁽¹⁵⁾ Alcohol is an addictive psychoactive drug that diminishes responsible decision-making, leading to greater likelihood of risky behaviours, thereby magnifying the vulnerabilities of children. Alcohol contributes to the three leading causes of death among adolescents: unintentional injuries, homicide, and suicide.⁽⁵⁾

Recommendations: To avoid children receiving alcohol delivery, delivery staff need support and protection to ensure they can conduct their work safely and comply with the provision of alcohol laws.

Uphold the restrictions on children in licensed venues

The Discussion Paper's stated purpose was to address commitments the NSW Government made to a 24-hour economy. PHAA fails to see where underaged, unaccompanied persons play a role in a 24-hour economy, yet the Paper outlines several situations where children may be unattended in licensed venues.

The change stipulates that minors "must be accompanied by a "responsible adult" whenever liquor is being sold/supplied", with a particularly concerning exception where, if a minor is a resident of the premises (accommodation is supplied on premises), then a minor can attend the bar without a responsible adult. This is not conducive to the risk-based model and reducing harms associated with alcohol.

Recommendations: Uphold current license restrictions on access to licensed venues by children and young people, to limit exposure to alcohol promotion commonly found in licensed venues.

Prevent predatory online marketing

Young people are heavily exposed to alcohol marketing in many different forms including television, radio, social media, online video channels, mobile phones, sponsorship of sporting and music events, and outdoor media.⁽¹⁶⁾ Exposure to alcohol advertising influences young people's attitudes about drinking and increases

the likelihood that adolescents will start to use alcohol and will drink more if they are already using alcohol.^(17,18) Children under 18 years should not be exposed to advertisements for online sales and delivery of alcohol.

Recommendations: We recommend banning exploitative alcohol advertisements, including ads for online sales and delivery of alcohol, which target people (especially young people) who may be vulnerable. Exploitive behaviour may include incentivising purchasing alcohol in bulk, buy-now-pay-later schemes, and push notifications.

Refrain from extending liquor trading periods

Considering the risks associated with the provision of alcohol, PHAA is strongly against the proposal to expand liquor trading hours on Sundays and certain holidays. Currently, alcohol sales are limited on Sundays from 10am till 10pm, with further restrictions enforced on Good Friday and Christmas. The proposed change aims to streamline alcohol sales, so that it may be purchased from 5am to midnight every day. This disregards the proven fact that appropriate controls on the physical and economic availability of alcohol are essential components to effectively preventing and reducing harm from alcohol.⁽¹⁹⁾

If the Paper wants a risk-based model and to “manage harms associated with the sale and supply of alcohol”, then it should use all appropriate policy levers impacting the availability of alcohol (including alcohol outlet density, trading hours, planning and land use). Liquor licensing laws should be prioritising public safety and adopt a proactive, evidence-based approach to minimising and ideally preventing, the harms from alcohol. However, this proposal would make alcohol more accessible, thus increasing the risk of harms to the consumer, their families, children, the community and road safety.

Recommendations: Do not go forward with the extension of trading hours for liquor. The 10am-10pm trading hour limits should even be applied to other days of the week, i.e., Monday-Wednesday. The six-hour closure requirement must also be maintained without exemptions. Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol.

Strengthen harm reduction regulations

There is an established and consistent association between the density of licensed premises in an area and rates of violence,^(20,21) with further evidence relating to road crashes, child abuse and neglect, neighbourhood amenity, and mental health.^(22,23) Also, Aboriginal and Torres Strait Islander people experience alcohol related health issues at higher rates than non-Indigenous people.⁽²⁴⁾ Advocates have long called for meaningful community engagement, including Aboriginal and Torres Strait Islander community engagement and involving a diversity of input to improve health and well-being outcomes for their communities.⁽²⁵⁾ This is why community consultation should be a mandatory and meaningful component of any license application.

There are several concerning regulatory rollbacks that the Discussion Paper proposes, however PHAA will focus on: streamlining the customer centric application, the license builder model, and interim approvals.

Streamlining applications versus meaningful community consultation

The Discussion Paper states that it wants to make the licensing approval process more streamlined and easier for the customer (i.e., applicant). The changes proposed in the Paper make it clear that in order to streamline the application, meaningful community consultation is lost.

A clear example of decreased community consultation is the proposal to halve the community consultation period from two rounds of consultation to one round. These two 30-day consultation periods respond to

separate issues (existing concern and Community Impact Statement [CIS]), therefore each will receive different input from community members.

Our concerns are that one 30-day round is not sufficient to provide quality community consultation and both rounds be maintained. However, we do support making meaningful adjustments to the consultation process. For instance, community submissions and applicant responses should both be published in full and with enough time for community review.

Also, all supporting documentation including the Social Impact Assessment and any decisions made by local council or the courts in the planning stages of the application should be published. It should be required that the Applicant must demonstrate that they have provided genuine responses to submissions, and that this directly impacts the licencing decision-making process.

To reiterate, the Discussion Paper hopes to achieve a risks-based model through their changes. We affirm that the development of policies intended to reduce harm from alcohol should be protected from influence by commercial interests and be driven by a proactive, preventative evidence-based approach.

Recommendation: Maintain the mandatory 30-day pre-application Community Impact Statement process and the 30-day post-application consultation.

Recommendation: Make the CIS process more transparent. Publish all relevant documents on the Noticeboard, including the applicant responses to community submissions.

Recommendation: Include engagement with an open and diverse community of relevant stakeholders (i.e., people with lived experience, researchers and alcohol policy experts, and public health bodies). Do not restrict consultation timeframes or access based on an Applicant-assessed risk rating.

Recommendation: Adopt a *community-centric approach* to liquor licensing, that prioritises the voice, expectations, needs and aspirations of the community, to minimise harm from alcohol to the community. Currently the process prioritises the commercial interest.

Regulate the license builder process

An important proposal in the Paper is the introduction of the license builder system to reduce the number of licenses/classes and again streamline the process for the applicant. This change is supported by claims of being limited and in the public interest. However, we argue that there is no greater public interest than public safety.

Part of this proposal will enable venues to expand their licensing capacity without needing to provide multiple applications. Although we recognise that this is more convenient, it is unjust for new licences to be applied to, without consulting those who live around the venue, particularly those with lived experience. There should always be caution applied when commercial interests wish to expand their provision of alcohol, as due to conflicting interests, their planning may not always be prioritised to reduce harm caused by alcohol.⁽²⁶⁾

Recommendation: Ensure that any new endorsements or licensing options added to expand business operations within a 'licence-builder' model include community consultation requirements and evidence-based harm minimisation measures as conditions. This should apply to all endorsements (new, temporary, promotional etc.).

Recommendation: Commission independent research (similar to the current CAPR investigation for the ILGA), to determine the associated risks of harm from alcohol of different licence types and their conditions, before reducing or changing the number of license and subclasses.

Oversight on all applications before approval

Another concerning change is the expansion of “interim approvals”, which would now allow low-risk venues applicants to begin trading alcohol before receiving a full approval. As is, small bars can receive these approvals, which we do not support, but to expand this policy is certainly not decision making which would reduce the risk of harm caused by alcohol in the community.

It is also unclear what the definition of a low-risk venue is, or how the risk assessing digital tool makes this conclusion. What factors are considered to make it low risk? What about the community the venue is based in? Or its proximity to a school, hospital, or recovery centre? Not only are the definitions of the risk levels and assessment process opaque, the interim approvals again disregard the input from the community and does not align with a risks-based model aimed at reducing harm caused by alcohol.

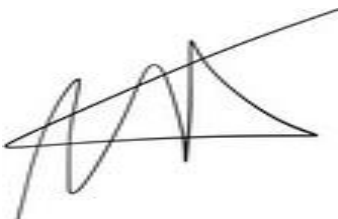
Recommendation: Require all applications to have regulatory oversight before granting approval to operate, so that community input can be assessed alongside all risk factors (trading hours, patron capacity, location and compliance history). No ‘interim approval’ for applications, including ‘low-risk’.

Conclusion

PHAA supports the broad directions of the Discussion Paper. However, we need to ensure appropriate considerations of health and public safety in line with this submission. This includes the following points:

- Alcohol delivery limits must be based on alcohol content, not volume.
- Alcohol delivery should be limited to between 10pm and 10am any day of the week.
- Greater lengths to minimise children’s exposure to alcohol should be taken.
- NSW Liquor and Gaming must start considering drone delivery of alcohol now, before it starts.
- Trading hours must not be extended on Sundays and specific holidays.
- License applications should be community centred, not commercial interest centred.
- Ensure the license builder process is properly regulated and all applications receive appropriate oversight (no interim approvals).

The PHAA appreciates the opportunity to make this submission and to enforce again, that one of the Discussion Paper’s aim is to manage harms. However, the proposals wish to make alcohol more accessible through the expansion of trading hours, license availability, de-regulated applications and home delivery. We sincerely hope our evidence-based recommendations will assist in these revisions. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Associate Professor Kate McBride
PHAA NSW Branch President



Dr Raglan Maddox
PHAA Alcohol, Tobacco and Other Drugs Special
Interest Group Convenor

References

1. Liquor and Gaming NSW. Alcohol delivery laws [Internet]. NSW Government. 2022 [cited 2022 Dec 9]. Available from: <https://www.liquorandgaming.nsw.gov.au/resources/alcohol-delivery-laws>
2. Daube M, Stafford J. Alcohol and tax — time for real reform. Medical Journal of Australia [Internet]. 2016 Apr 4 [cited 2022 Dec 9];204(6):218–9. Available from: doi: 10.5694/mja16.00022
3. Babor TF, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol: No Ordinary Commodity [Internet]. Oxford University Press; 2010 [cited 2022 Dec 9]. Available from: <https://doi.org/10.1093/acprof:oso/9780199551149.001.0001>
4. Centre for Alcohol Policy Research, Foundation for Alcohol Research and Education. ALCOHOL HOME DELIVERY SERVICES: AN INVESTIGATION OF USE AND RISK [Internet]. Melbourne; 2019 Nov [cited 2022 Dec 9]. Available from: <https://fare.org.au/wp-content/uploads/Alcohol-home-delivery-services.pdf>
5. National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol [Internet]. Canberra; 2020 [cited 2022 Dec 9]. Available from: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol#block-views-block-file-attachments-content-block-1>
6. Briscoe S, Donnelly N. Temporal and Regional Aspects of Alcohol-Related Violence and Disorder [Internet]. 2001 May [cited 2022 Dec 9]. Available from: https://www.bocsar.nsw.gov.au/Pages/bocsar_publication/Pub_Summary/Alcohol_Bulletin/ab01-Temporal-and-Regional-Aspects-of-Alcohol-Related-Violence-and-Disorder.aspx
7. Borges G, Bagge CL, Cherpitel CJ, Conner KR, Orozco R, Rossow I. A meta-analysis of acute use of alcohol and the risk of suicide attempt. Psychol Med [Internet]. 2017 Apr 8 [cited 2022 Dec 9];47(5):949–57. Available from: DOI: 10.1017/S0033291716002841
8. Norström T, Rossow I. Alcohol Consumption as a Risk Factor for Suicidal Behavior: A Systematic Review of Associations at the Individual and at the Population Level. Archives of Suicide Research [Internet]. 2016 Oct 8 [cited 2022 Dec 9];20(4):489–506. Available from: DOI: 10.1080/13811118.2016.1158678
9. Darke S, Dufrou J, Torok M, Prolov T. Characteristics, circumstances and toxicology of sudden or unnatural deaths involving very high-range alcohol concentrations. Addiction [Internet]. 2013 Aug [cited 2022 Dec 9];108(8):1411–7. Available from: DOI: 10.1111/add.12191
10. Darke S, Dufrou J, Torok M. Toxicology and Circumstances of Completed Suicide by Means Other than Overdose. J Forensic Sci [Internet]. 2009 Mar [cited 2022 Dec 9];54(2):490–4. Available from: DOI: 10.1111/j.1556-4029.2008.00967.x
11. Partridge SR, Gibson AA, Roy R, Malloy JA, Raeside R, Jia SS, et al. Junk Food on Demand: A Cross-Sectional Analysis of the Nutritional Quality of Popular Online Food Delivery Outlets in Australia and New Zealand. Nutrients. 2020 Oct 12;12(10):3107.
12. Industry News: Technology. Roll'd and KFC take to the skies with drone delivery. Shopping Centre News. 2021 Oct;
13. Pettigrew S, Booth L, Farrar V, Godic B, Karl C, Brown J, et al. Expert stakeholders' views on the potential nature and impacts of autonomous alcohol home delivery. Drug Alcohol Rev [Internet]. 2022 Nov 12 [cited 2022 Dec 14]; Available from: <https://doi.org/10.1111/dar.13574>

14. Mojica-Perez Y, Callinan S, Livingston M. Alcohol home delivery services: An investigation of use and risk. [Internet]. Melbourne; 2019 Nov [cited 2022 Dec 12]. Available from: <https://fare.org.au/wp-content/uploads/Alcohol-home-delivery-services.pdf>
15. Bava S, Tapert SF. Adolescent Brain Development and the Risk for Alcohol and Other Drug Problems. *Neuropsychol Rev* [Internet]. 2010 Dec 19 [cited 2022 Dec 12];20(4):398–413. Available from: DOI: 10.1007/s11065-010-9146-6
16. Aiken A, Lam T, Gilmore W, Burns L, Chikritzhs T, Lenton S, et al. Youth perceptions of alcohol advertising: are current advertising regulations working? *Aust N Z J Public Health* [Internet]. 2018 Jun [cited 2022 Dec 12];42(3):234–9. Available from: <https://doi.org/10.1111/1753-6405.12792>
17. Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*. 2017 Jan;112:7–20.
18. Sargent JD, Babor TF. The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal. *J Stud Alcohol Drugs Suppl* [Internet]. 2020 Mar [cited 2022 Dec 12];(s19):113–24. Available from: DOI: 10.15288/jsads.2020.s19.113
19. World Health Organization. The SAFER technical package: Five areas of intervention at national and subnational levels [Internet]. Geneva; 2019 [cited 2022 Dec 12]. Available from: <https://apps.who.int/iris/bitstream/handle/10665/330053/9789241516419-eng.pdf?sequence=1&isAllowed=y>
20. Livingston M. Alcohol outlet density and assault: a spatial analysis. *Addiction* [Internet]. 2008 Apr [cited 2022 Dec 15];103(4):619–28. Available from: DOI: 10.1111/j.1360-0443.2008.02136.x
21. Livingston M. The ecology of domestic violence: the role of alcohol outlet density. *Geospat Health*. 2010 Nov 1;5(1):139.
22. Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, Robertson N. Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Aust N Z J Public Health*. 2012 Dec;36(6):537–42.
23. Pereira G, Wood L, Foster S, Haggart F. Access to Alcohol Outlets, Alcohol Consumption and Mental Health. *PLoS One*. 2013 Jan 16;8(1):e53461.
24. Gray D, Cartwright K, Stearne A, Siggers S, Wilkes E, Wilson M. Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people. *Australian Indigenous Health Bulletin* [Internet]. 2018 Jan [cited 2022 Dec 15];18(1). Available from: <https://aodknowledgecentre.ecu.edu.au/healthinfonet/getContent.php?linkid=590984>
25. E. Stearne A, Lee KSK, Allsop S, Shakeshaft A, Wright M. First Nations Australians' self-determination in health and alcohol policy development: a Delphi study. *Health Res Policy Syst* [Internet]. 2022 Dec 21 [cited 2022 Dec 15];20(1):12. Available from: <https://doi.org/10.1186/s12961-022-00813-6>
26. Freeman B, MacKenzie R, Daube M. Should tobacco and alcohol companies be allowed to influence Australia's National Drug Strategy? *Public Health Res Pract*. 2017;27(2).