ALCOHOL INDUSTRY VS. PUBLIC HEALTH PRESENTATIONS AT JUDICIAL REVIEWS OF LIQUOR LICENSE

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Introduction / Issues: In Australia, public health advocates aiming to limit alcohol availability expend significant energy objecting to new outlets in licensing and planning hearings. A recent systematic review highlighted the low success rate of public health representatives and identified several weaknesses of public health evidence in these settings. This study critically reviews the arguments put forward by industry and public health actors in liquor and planning hearings and assesses the best ways forward for researchers wishing to facilitate harm minimisation through these regulatory mechanisms.

Method / Approach: We assessed the scientific evidence presented in 23 cases from Victoria, New South Wales and Western Australia using deductive content analysis.

Key Findings: We identified 4 main arguments that industry used during hearings—causal inference, non-linearities, differentiation, and risk mitigation. Arguments were used across all hearings and raised fundamental questions that public health evidence was often ill-equipped to respond to. For example, industry representatives were able to argue that public health evidence presenting associations between availability and harm rates logically implied that no new licences should be granted anywhere.

Discussions and Conclusions: The success of industry arguments in liquor and planning hearings highlighted the challenges of applying epidemiological evidence to individual case studies. Public health representatives require more specific studies that better disaggregate risky characteristics of outlets/neighbourhoods or agreed-upon guidelines specifying areas of high risk. In general, we argue that public health arguments are unlikely to be very successful in judicial settings and that other policy approaches may be more productive.

Implications for Practice or Policy (optional): These findings have particular implications and will be of use for researchers and public health experts participating in future licensing hearings, especially those wishing to facilitate harm minimisation through regulatory mechanisms such as state licensing authorities.

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