



SEPTEMBER 2016

ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's *Global strategy to reduce the harmful use of alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

INTRODUCTION

ALCOHOL'S IMPACT ON CHILDREN

All children deserve the best start in life. They deserve to live in a safe, supportive, and caring environment that nurtures them as they grow. They also deserve to grow up in a society that supports and enables them to live long, healthy, and happy lives.

For a country like Australia, and in a jurisdiction like the Australian Capital Territory (ACT), this should be the norm. However, we continue to fail our children. Too many children live in poverty. Too many children are victims of violence. And far too many children are exposed to risk factors that expose them to both short and long-term harms.

Alcohol is one of these risk factors.

With attention often focused on violence around pubs, clubs and bars, alcohol's impact on children is often overlooked. This is a concern as alcohol can adversely affect children's lives from a very young age, and the consequences can be devastating.

Alcohol use can affect an unborn child. It can lead to

children being physically abused, exposed to domestic violence, ending up in the child protection system, and teenage death.

Each year more than a million children (22 per cent of all Australian children) are affected in some way by the drinking of others.¹ Among these, 140,000 children were substantially affected and more than 10,000 Australian children are in the child protection system because of a carer's drinking.²

We know that the environment we live in is contributing to these harms. The normalisation of alcohol is reinforced by the increasing number of outlets selling alcohol and its continual promotion.

This is an unhealthy environment.

As a community, it is our responsibility to ensure we are giving our kids the best start in life.

PLAN OF ACTION

The good thing is that there are actions we can take to address these issues. A bold plan of action is required, which recognises that we as a community have a role to play in protecting children from alcohol harm.

A plan that addresses the harm associated with packaged liquor, because we know for far too long the sale of packaged liquor has gone under the radar. A plan that takes action on the insidious nature of alcohol marketing and the impact this is having on our children. A plan that supports innovative programs that provide our children with skills to see through the alcohol industry's marketing tactics. A plan that holds industry to account and ensures that their activities are not resulting in further harms.

The Foundation for Alcohol Research and Education (FARE) has developed such a plan. This plan recognises that action is required across multiple levels. It includes actions that will empower individuals, mobilise communities, modify the environment, and enforce legislation to protect our children from alcohol harms.

This election, we are calling on political parties and candidates to address the way alcohol is marketed and sold in our community to ensure that no Canberra child is a victim of alcohol harm.

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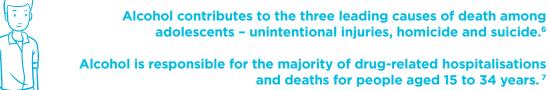
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ALCOHOL'S IMPACT ON OUR CHILDREN

Prenatal alcohol exposure can result in Fetal Alcohol Spectrum Disorders (FASD). FASD can result in a variety of conditions, including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.³

More than a million children (22 per cent of all Australian children) are affected in some way by the drinking of others.⁴

Alcohol is responsible for between 15 to 47 per cent of child abuse cases reported in Australia.⁵



ACTION IS REQUIRED ACROSS FOUR AREAS

1. EMPOWER AND SUPPORT INDIVIDUALS

- Provide \$1 million over four years to establish a Fetal Alcohol Spectrum Disorder (FASD) clinic in the ACT.
- Provide \$200,000 over two years to roll out the Game Changer+ program to all 19 government high schools in the ACT.
- ▶ Maintain annual funding of \$2.2 million for the ACT Health Promotion Grants Program.

2. GIVE COMMUNITIES A GREATER VOICE

- Strengthen community engagement in liquor licensing matters.
- Expand the Liquor Advisory Board to include a parent representative.

3. CREATE A HEALTHY ENVIRONMENT

- Ban alcohol advertising on all ACT Government property.
- Ban alcohol advertising from ACT sporting grounds.
- Isolate alcohol products in supermarkets to areas children cannot access and restrict alcohol promotions to inside this area.
- Regulate on- and off-licence promotions equally, and ban bulk purchase promotions that result in alcohol being sold for less than one dollar per standard drink.
- Amend planning and liquor licensing legislation to require outlet density to be considered when granting new liquor licences.
- Enforce "special control zones" where community protection from alcohol harm is required.
- Increase annual licence fees for all bottle shops by a minimum of 25 per cent.

4. ENFORCE INDUSTRY ACCOUNTABILITY

- Introduce Controlled Purchase Operations to enforce supply to minor legal provisions and grant ACT Policing power to impose tough sanctions on those who breach the law.
- Ban alcohol promotions that associate alcohol with sporting or cultural events.
- Actively monitor alcohol promotions and impose tough and timely sanctions on those who undertake banned promotional activities.





The harms from alcohol have the potential to impact children throughout their life, from prenatal to teenage years and all the way into adulthood.

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure.⁸ In Australia, 56 per cent of women consume alcohol when they are pregnant and 26 per cent continued to drink after becoming aware of their pregnancy.⁹

The primary disabilities associated with FASD are directly linked to the underlying brain damage caused by this exposure and can result in a variety of conditions including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.¹⁰

Due to the nature of the neurological damage caused by prenatal alcohol exposure, people with FASD need care and support throughout their life." However, people with FASD and their families and carers have difficulty in accessing disability support services and funding because of a lack of official diagnosis.

With the closest FASD diagnostic service located in Sydney, it is not easy for the Canberra community to access diagnostic and support services. The ACT has been described as one of the most difficult jurisdictions in Australia for people living with FASD and their carers to access services. While the Australian Government recently released the Australian FASD Diagnostic Instrument and Referral Guide, the existence of only three FASD clinics across Australia limits its implementation and prevents children and adults from accessing the support they need.

The potential of alcohol harm continues through to teenage years. Research has shown that people aged 15 to 17 represent one of the prime grooming ages for the alcohol industry. A report titled, *They'll drink* bucket loads of the stuff, an analysis of internal alcohol industry marketing documents in the United Kingdom (UK) revealed that alcohol producers and advertisers identified in the documents are keen to recruit new drinkers and establish their loyalty to certain brands. The report revealed that market research data on 15 and 16 year olds was often used to influence the development of promotional materials.¹²

Chronic diseases such as heart disease, dementia, stroke, kidney disease, cancer and type 2 diabetes are all too common in Australia, accounting for 83 per cent of premature deaths (deaths among people aged less than 75 years)¹³ and 66 per cent of the total burden of disease.¹⁴ In the ACT, nearly half of the population are living with at least one chronic disease condition.¹⁵

A recent report published by the *Australian Institute* of *Health and Welfare* found that at least 31 per cent of the burden of disease is preventable, due to the modifiable risk factors of tobacco and alcohol use, high body mass, and physical inactivity.¹⁶ The latest data from the ACT Chief Health Officer shows that 41 per cent of all potentially preventable hospitalisations were for chronic disease.¹⁷

THE SOLUTIONS

Provide \$1 million over four years to establish a Fetal Alcohol Spectrum Disorder (FASD) clinic in the ACT.

We need to make it easier for children and adults living with FASD in the ACT to access diagnostic and support services. Obtaining a diagnosis for FASD early in life is crucial to improving outcomes and quality of life. A diagnosis allows for an understanding of an individual's specific needs and identification of the appropriate healthcare, education, and service needs of the individual and families/ carers.

FASD diagnosis is determined through a multidisciplinary approach undertaken by a range of health professionals including paediatricians, clinical or neuro psychologists, occupational therapists, speech and language therapists, physiotherapists, and social workers.

Funding of \$1 million over four years will ensure that a Canberra clinic employs a part-time paediatrician who can coordinate access to allied health services needed by the child. The funding will also provide opportunities for the clinic to continue to build capacity for health professionals to diagnose FASD and manage after care.

Provide \$200,000 over two years to roll out the Game Changer+ program to all 19 government high schools in the ACT.

Media literacy programs, such as the Foundation for Alcohol Research and Education (FARE)'s Game Changer+ pilot program, equip children with the knowledge and skills to critically analyse advertising and marketing approaches.

Game Changer+ takes a proactive and preventative approach to educating high school students about marketing strategies employed by the alcohol industry. It aims to enable students to think critically about alcohol messages in a way that empowers them to rethink their choices and behaviours regarding alcohol consumption. The eight-lesson program, which complements schools' existing curriculum, is currently being taught to Year 9 and Year 10 students at four high schools, as part of an ACT pilot.

The ACT pilot is due to be completed at the end of 2016. Yet, there is a need to equip more local students with the knowledge and skills to critically analyse alcohol marketing strategies. The endorsement already received from participating schools demonstrates that Game Changer+ is not only engaging and relevant for students, but is a valuable addition to the curriculum. To build on the positive progress achieved as part of the ACT pilot project, funding of \$200,000 over two years is required to roll out the program across all 19 government high schools.

Maintain annual funding of \$2.2 million for the ACT Health Promotion Grants Program.

Childhood health and lifestyle behaviours carry through to adulthood. With chronic disease being described as Australia's greatest health challenge, it is essential that our children are equipped with the knowledge to make healthy choices from a young age. Thousands of Canberrans have directly benefited from health promotion grants funded through the ACT Government's ACT Health Promotion Grants Program. The highly successful program focuses on reducing smoking and alcohol-related harm, supporting active ageing, and improving outcomes in relation to overweight and obesity.18

The ACT Health Promotion Grants Program, comprising the Healthy Canberra Grants and the Health Promotion Innovation Fund, is critical to addressing chronic disease in our community. Ongoing and annual funding of \$2.2 million is required to enable the continuation of the ACT Health Promotion Grants Program.

The communities that our children are growing up in are affected by alcohol in many ways. Communities endure the noise and disruption from licensed venues, people avoid areas where alcohol use and misuse makes them feel unsafe, and their children too often witness alcohol-fuelled violence.

Communities should be able to have a say on how alcohol is made available in their surrounds, whether it be through engaging in liquor licensing application processes, making complaints or contributing to broader alcohol policy debates. However, for a range of reasons, communities' ability to do so is constrained.

Only five per cent of Australians

have made a complaint about a licensed venue and almost half feel they do not have enough say in the number of licensed venues in their local area.¹⁹ In the ACT, making complaints regarding liquor licences is difficult due to the limited information available on the complaint process and the requirement for complaints to be submitted in writing.

There is currently no formal process in the ACT by which relevant stakeholders are directly consulted about liquor licence applications. While a 30 day consultation period begins once a new liquor licence application is lodged, public representations made to the Commissioner for Fair Trading are limited to addressing issues such as venue suitability and the people associated with the venue.²⁰

Under the current licensing regime, those opposing a liquor licence application must demonstrate that likely harms from a licence approval outweigh any likely benefits. Placing the burden of proof on objectors hinders community engagement in licensing matters because community objectors do not necessarily have the capabilities (in terms of time, financial costs, and research capacity) to meet the burden of proof.

Community members also have a role to play in developing and implementing alcohol policy in the ACT. The Liquor Advisory Board (LAB) established in 2010 provides advice to the Attorney General on matters associated with the operation and effectiveness of the *Liquor* Act 2010 (the Act). Members of the LAB also provide advice on measures that support the harm minimisation and community safety principles contained within the Act. While LAB membership is already diverse and includes representatives from the community, police sector, health sector, and industry, there have been recent calls for a music and arts industry representative to be included on the LAB.

THE SOLUTIONS

Strengthen community engagement in liquor licensing matters.

Public participation and engagement in licensing matters is essential to the achievement of transparent and democratic governance. The process needs to be easier for communities to participate in liquor licensing matters. One such way is to notify and actively seek input from key stakeholders (such as ACT Health, ACT Policing, community groups, and education institutions), who will be affected by new or amended liquor licences. Enhancing access to, and the type of information available on, the Access Canberra website will also assist communities when objecting to a liquor licence. This information should include an interactive crime map which shows incidents, offences, and assaults by location, including both domestic and nondomestic and alcohol and nonalcohol-related.

Strengthening community engagement can also be

achieved by requiring licensees to prove that a liquor licence is in the local community's interest during the licence application process. The Western Australia model takes the view that completing a public interest assessment should be part of an applicant's business planning and is also a valuable document for informing the community about the proposed manner of trade. A public interest test also assists the licensing authority in assessing the impact of the application on the community, including existing services and amenities. Disadvantaged communities will benefit from this, as they are often powerless to stem the increase of liquor outlets and experience disproportionate levels of health and social harms.

To make it easier for communities to make complaints, the Access Canberra website should be updated to provide clear and relevant information on how to make complaints and the scope for making complaints should be broadened to allow complaints to be made online or over the phone.

Expand the Liquor Advisory Board to include a parent representative.

As a community, we have a responsibility to ensure that liquor licensing and alcohol policy decisions protect children from alcohol harms. Given the commitment from the current ACT Government to include a music and arts industry representative, the LAB membership should be balanced by the addition of a community member who represents the interests of parents and children. This provides an opportunity to build on the recent legislative changes which make secondary supply of alcohol an offence, by continuing to strengthen the role of parents in making decisions relating to their children and managing their children's alcohol consumption.



The broader environment, such as the way alcohol is promoted and the number of alcohol outlets, is exposing children to alcohol harm.

Children and adolescents are being exposed to unprecedented levels of alcohol marketing and promotions and this exposure influences their drinking behaviour.^{21,22,23} Studies consistently demonstrate that volume of alcohol advertising exposure is the strongest predictor of future consumption patterns in young people, including earlier initiation of alcohol consumption, and heavier consumption among people who already drink.²⁴

Alcohol promotions at sporting grounds are particularly concerning because alcohol sponsorship of sporting events has been shown to result in children and young people associating alcohol with sport.^{25,26} An Australian study found that alcohol advertising during sport is extensive. has features that appeal to children, and instils the idea that consumption of the alcohol product is associated with sport as well as positive personality traits and success.²⁷ A qualitative study found high awareness of alcohol sponsors and alcohol brands advertised during sporting telecasts among grade five and six primary school students.28

Alcohol advertising is also

occurring at bottle shops through the use of point of sale (POS) promotions. These promotions occur at the point where an alcohol purchase is made, such as sale prices, free gifts with purchases, and price discounts for bulk purchases. Price-based liquor promotions are particularly concerning because the cheaper the price of alcohol, the greater the volume of alcohol consumed and the risk to the individual and others of alcohol-related harms.²⁹ POS promotions are particularly effective in encouraging the purchase of increased volumes of alcohol.^{30,31} POS promotions are also becoming increasingly prolific, with a study finding that alcohol outlets in Sydney have an average of 30.2 POS promotions per outlet.³²

There is a growing body of research highlighting the association between density of packaged liquor outlets and rates of alcohol harm, including changes in rates of assault, domestic violence, and chronic alcohol-related disease.^{33,34,35} Alcohol outlet density (that is, the number of active liquor licences in an area) is also exposing children to a range of alcohol harm. Research has consistently found an association between alcohol outlet density and negative alcohol-related outcomes such as assaults, adolescent drinking, domestic violence, drink driving, homicide, suicide, and child maltreatment.^{36,37,38} Children who live with domestic violence, whether they are witnesses of the violence or experience the abuse directly, are likely to experience mental health issues,³⁹ are at a particularly

high risk of being perpetrators or victims of abuse themselves, and are likely to develop their own alcohol and drug problems.⁴⁰

THE SOLUTIONS

Ban alcohol advertising on all ACT Government property.

One of the ways in which children in the ACT are exposed to alcohol advertising is at bus stops. To reduce this exposure, the current ban on ACTION buses must be extended to include the light rail, and transport-related infrastructure such as bus stops. Licensed premises should also be banned from advertising on ACT Government property.

Ban alcohol advertising from ACT sporting grounds.

Sport is a health promotion activity and its association with an unhealthy product such as alcohol is counter-intuitive at best and harmful at worst. This type of alcohol marketing is visible to children and young people, as sporting events are often held or televised during times when they are likely to be watching or in attendance at the event.

Canberra sporting grounds, such as GIO Stadium and Manuka Oval, should be as family-friendly as possible and should not expose children to alcohol promotions. To achieve this, current alcohol advertising restrictions on ACT Government property must be extended to include ACT sporting grounds.



Isolate alcohol products in supermarkets to areas children cannot access and restrict alcohol promotions to inside this area.

Children are being exposed to alcohol and alcohol promotions through its placement in supermarkets across Canberra. The *Liquor Regulation 2010* does not require alcohol products to be isolated from other products. This means that alcohol can be purchased in the same transaction along with everyday grocery items, such as bread and milk. This normalises alcohol and sends the wrong message to our children.

To prevent children from being exposed to alcohol and alcohol promotions in supermarkets, alcohol products should be isolated in a single area, away from other products, and alcohol sales should be conducted at a separate or dedicated checkout. In addition, alcohol promotions should be restricted to inside the designated 'liquor area' and should not be visible from outside this area.

Regulate on- and offlicence promotions equally and ban bulk purchase promotions that result in alcohol being sold for less than one dollar per standard drink.

ACT liquor laws also do not provide grounds for regulatory intervention in the reckless discounting of alcohol at offlicence premises, including supermarkets. In the ACT, bottle shops are able to get away with running irresponsible alcohol promotions such as those involving discounts of 50 per cent or more.

The Liquor Regulation 2010 and the Liquor (Responsible Promotion of Liquor) Guidelines 2012 do not adequately address harm minimisation in the promotion of alcohol. To address this, ACT liquor laws should be strengthened to address both on- and off-licence promotions with equal weight. Promotions involving bulk purchases that result in alcohol being sold for less than one dollar per standard drink should also be banned.

Amend planning and liquor licensing legislation to require outlet density to be considered when granting new liquor licences.

The World Health Organization (WHO) has identified the importance of considering alcohol policies in the prevention or mitigation of domestic violence.⁴¹ While factors such as noise impact,⁴² patron capacity,⁴³ and impact on the local community⁴⁴ are considered when assessing an application for a liquor licence or permit in the ACT, there is no requirement for consideration to be given to the number and concentration of active licensed premises in the relevant local area.

All planning and liquor licensing processes should consider outlet density as a factor through the development of cumulative impact policies. Cumulative impact policies take into consideration the impact additional liquor licences will have on a community, particularly in areas where there is a large number of liquor licences.

Enforce "special control zones" where community protection from alcohol harm is required.

The Attorney-General should be granted power to declare "special control zones" where community protection from alcohol harm is required. Such decisions should be made when alcohol-related harms are deemed significant and should be determined on the basis of existing outlet density levels and crime data (both domestic and non-domestic statistics).

In addition, liquor licence applications and amendments in "high risk zones" should only be approved if the Commissioner for Fair Trading is satisfied that any public safety concerns of the Chief Police Officer, ACT Health, and other relevant stakeholders have been addressed, and that the licensed venue will not contribute to further harm.

Increase annual licence fees for all bottle shops by a minimum of 25 per cent.

The contribution of bottle shops to alcohol harm should not be underestimated. Nearly 80 per cent of alcohol consumed in Australia is sold by packaged alcohol outlets, and this proportion has been steadily increasing.⁴⁵ To address the contribution of packaged alcohol to family violence, preloading and alcohol-related disease and injury, annual licence fees should be increased by a minimum of 25 per cent.

Children are still being exposed to alcohol harm because legislation is either not strong enough or is not being enforced. This is despite ACT liquor laws including provisions that are designed to protect children from alcohol harm.

For example, alcohol products that are likely to have special appeal to young people are banned.⁴⁶ It is an offence to supply alcohol to children,47 and an offence to advertise and promote the supply of alcohol using images, symbols, designs, names or characters that have special appeal to children or young people.48 Prosecution for an offence of supplying alcohol to a child or young person under Section 110 (7) of the *Liquor Act 2010*, requires a police officer to have witnessed the supply of alcohol to the person. The ACT does not currently have laws in place that enable police to assess a licensee's compliance with laws relating to the sale or supply of alcohol to minors.

The "appeal to children and young people" clauses exist within the legislation to stop attempts by the alcohol industry to specifically target children and young people through irresponsible promotions. Despite the existence of these clauses, these types of promotions are still occurring.

An example of this is the recent promotion involving free, limited-edition, blue Victoria Bitter (VB) cans, based on the State of Origin New South Wales Blues 2016 team jersey. The State of Origin is a series watched by thousands of families across Australia and the promotion had strong appeal to minors because the VB can mimicked the jersey of children's National Rugby League role models. The advertisement was directly associated with a sport popular among Australian children, and was promoted in a newspaper read by thousands of families across New South Wales and the ACT.

According to the Australian Bureau of Statistics, children aged 15 to 17 years reported the highest participation rate in sport and physical recreation (74 per cent).⁴⁹ At a jurisdiction level, the ACT has the highest participation rate for sport and physical recreation in the country (73 per cent).⁵⁰

In May 2016, FARE submitted a complaint to the ACT Commissioner for Fair Trading on this promotion. The basis of the complaint was that the promotion breached ACT liquor laws, including the harm minimisation and community safety principles, as it involved the provision of free drinks and was likely to have special appeal to minors due to its association with the State of Origin.

Regrettably, the complaint was dismissed with the Commissioner for Fair Trading stating that harm minimisation measures implemented as part of the promotion were "sufficient to control and reduce the risk of the VB can being provided to minors".51 FARE has evidence that these harm minimisation measures were not enforced, demonstrating the inadequacy of current legislation. Without adequate legislation and enforcement mechanisms, ACT children will continue to be exposed to alcohol harms.

THE SOLUTIONS

Introduce Controlled Purchase Operations to enforce supply to minor legal provisions and grant ACT Policing power to impose tough sanctions on those who breach the law.

The National Health and Medical Research Council Australian guidelines to reduce the risks from drinking alcohol, recommend that not drinking alcohol is the safest



option for children and young people under 18 years of age.⁵² Drinking from a young age can damage the developing brain⁵³ and increase the risk of experiencing alcohol-related problems later in life.⁵⁴ For these reasons, no one should be supplying alcohol to minors.

To enforce supply to minor provisions in the *Liquor Act 2010* and ensure licensees are fulfilling their responsibilities, Controlled Purchase Operations (CPOs) should be introduced. CPOs involve supervised minors attempting to buy alcohol from licensed premises to test licensees' compliance with supply laws. Licensees have nothing to fear from introduction of CPOs if they are doing the right thing and abiding by the Act.

CPOs need to occur on a regular basis as part of normal enforcement activities. Those licensees who are found to have breached the Act should be penalised appropriately. ACT Policing need to be granted power to swiftly and consistently impose tough sanctions on premises that breach ACT liquor laws.

Compliance testing is not new. New Zealand currently uses CPOs for alcohol service and these have worked effectively for many years to support New Zealand Police in their applications to licensing authorities for the suspension or cancellation of offenders' liquor licences.55,56 In the ACT, compliance testing involving supervised minors attempting to buy tobacco products is allowed under Part 6A of the Tobacco and Other Smoking Products Act 1927.57

Ban alcohol promotions that associate alcohol with sporting or cultural events.

While the playing of sport should be encouraged among children, the promotion of alcohol in association with sport, should not. Regulation 29 of the Liquor Regulation 2010 should be strengthened by banning advertising or promoting the supply of alcohol in a way that associates alcohol consumption with a sporting or cultural event. Regulation 29(1)(c)(v) should also be amended to include 'heroes' and 'role models'. Implementing these changes in the ACT would assist in preventing alcohol advertising that appeals to children.

Actively monitor alcohol promotions and impose tough and timely sanctions on those who undertake banned promotional activities.

Legislation designed to protect children from alcohol harm needs to be complemented by effective enforcement. For enforcement to be effective, it needs to be ongoing, frequent, unpredictable, well publicised, and perceived by the target groups (licensees, staff, and patrons) as highly likely to occur.⁵⁸

Relying on the community to submit complaints is not an effective form of enforcement. Access Canberra needs to be sufficiently resourced to proactively monitor alcohol promotions and respond to prohibited promotional activities in a timely manner. Harm minimisation measures implemented by the alcohol industry as part of alcohol promotions should always be tested.

Tough sanctions should be imposed on licensees for breaching ACT liquor laws by undertaking banned promotional activity. Penalties should be applicable retrospectively and not just when the promotion is active.

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