



**Public Health Association**  
AUSTRALIA

## **Submission from the Public Health Association of Australia to the Senate Community Affairs Committee Inquiry into Alcohol Toll Reduction Bill 2007**

### **Introduction**

The Public Health Association of Australia Inc (PHAA) is a national organization comprising individual members and representing over 40 professional groups concerned to promote health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's submission on the Alcohol Toll Reduction Bill 2007.

### **Background**

The PHAA draws on information from a range of its members including Professor Allsop from the National Drug Research Institute in West Australia and Professor Howat who is Co-Director, WA Centre for Public Health and Co-Director, WA Centre for Health Promotion Research, School of Public Health at Curtin University.

1) Professor Steve Allsop and his colleague Tanya Chikritzhs have published the following:

*It is not accurate to claim that alcohol problems are restricted to a minority of people who are heavy drinkers: a large proportion of alcohol-related problems arise from the acute effects of alcohol – intoxication or drunkenness – which affect a relatively large proportion of the population, at least occasionally. To illustrate, using Australian self-reported consumption data from 2001:*

- *A large proportion of alcohol is consumed at levels that pose risk in the long-term (44%);*
- *62% of alcohol consumed is drunk at levels that pose risk in the short-term; and*
- *24% of males and 17% of females are at risk of harm in the short-term at least once a month.*

*The harms are experienced across the whole community. For example:*

- *Some research indicates that as much as 60% of all police attendances and 90% of all late night calls involve alcohol;*
- *In the 12 months prior to June 2000, NSW police identified as alcohol-related almost 14,000 assault incidents (23% of all such incidents) and over 5,000 offensive behaviour incidents (58% of all such incidents);*
- *In 1998/99, it was estimated that 8,661 Australians were hospitalised as a result of injuries sustained in alcohol-related assaults (a rate of 4.6 per 100,000 persons);*
- *Every year, about 50 teenagers (14-17yrs) die from alcohol-attributable injury and disease and another 3,500 are hospitalised; and*
- *Between 1993/94 and 2000/01 over half a million Australians were hospitalised due to risky/high-risk drinking, some 110,000 of whom were older Australians (65yrs+). These admissions are costly - in a single year in this period, alcohol problems demanded 400,000 hospital bed-days.*

*In addition to the obvious human toll, the negative consequences translate to a high economic cost. For example, in Australia, the cost of alcohol use in one year (1998-1999) was estimated to be \$A7.6 billion.*

Professor Peter Howat has provided the following additional background information:

- *Alcohol is the most important risk factor for fatal and non-fatal injuries in Australia, with around 1,100 injury deaths and 27,000 injury hospitalisations attributed to alcohol every year between 1990 and 2001.<sup>1</sup>*
- *In Australia, alcohol is the most commonly used licit and illicit substance among young people.<sup>2</sup> According to the 2005 Australian School Students' Alcohol and Drug (ASSAD) survey data, 86% of 14 year olds had tried alcohol, and 70% of 17 year olds had consumed alcohol in the month prior to the survey. The proportion of students drinking in the week prior to the survey increased with age from 10% of 12 year olds to a peak of 49% among 17 year olds.*
- *The Australian Alcohol Guidelines<sup>3</sup> recommend against adults and adolescents drinking seven or more drinks in one day for males and five or more drinks in one day for females. In Australia, among current drinkers, 30% of 15 year olds and 44% of 17 year olds had consumed alcohol at these levels in the previous week.<sup>4</sup> Similarly, a series of studies conducted between 2000 and 2004 found that more than 40% of 15-17 year olds had consumed alcohol at these unsafe levels on their last drinking occasion.<sup>5</sup>*
- *In Australia, around 90% of 18-24 year olds have drinking patterns that place them at high risk of acute harm, such as assault, sexual exploitation and accidental injuries.<sup>6</sup> Data from longitudinal studies suggest that adolescents who drink excessive amounts of alcohol are at increased risk of becoming heavy users of alcohol in adulthood.<sup>7</sup>*

## **References**

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4. White V, Hayman J. Monograph 58: Australian secondary school students' use of alcohol in 2005. Australian Government Department of Health and Ageing (Drug Strategy Branch), Canberra, 2006.
5. King E, Taylor J, Carroll T. Alcohol consumption patterns among Australian 15-17 year olds from 2000 to 2004. Sydney: Australian Government Department of Health and Ageing, 2005.
6. Bonomo YA, Bowes G, Coffey C, et al. Teenage drinking and the onset of alcohol dependence: a cohort study over seven years. *Addict* 2004;99:1520-1528.
7. Anderson A, Due P, Holstein BE, Iversen L. Tracking drinking behaviour from age 15–19 years. *Addict* 2003;98(11):1505–1511

**Additional background reading:**

8. Aguire-Molina M, Gorman D. Community-based approaches for the prevention of alcohol, tobacco and other drug use. *Annual Rev Public Health* 1996;17:337-358.
9. Howat, P, Sleet, DA, Maycock, B, Elder, R. 2007. Effectiveness of health promotion in preventing alcohol related harm. In: McQueen, David V., & Jones, Catherine M., eds. *Global Perspectives on Health Promotion Effectiveness*. New York: Springer Science & Business Media.
10. Donovan K, Donovan R, Howat P, Weller N. Magazine alcohol advertising compliance with the Australian alcohol beverages advertising code. *Drug and Alcohol Review*. 26(1):73-81, 2007.
11. Howat P, Sleet D, Elder R, Maycock B. Preventing alcohol related traffic injury: A health promotion approach. *Traffic Injury Prevention (special issue)*. 5(3):208-219, 2004.

The Alcohol Policy of the PHAA is undergoing review at the moment. However, although slightly out of date since its 2003 review, the policy provides an insight into the issues:

- *Alcohol related problems are recognised by the National Health and Medical Research Council as one of Australia's most serious health problems. Harmful and hazardous alcohol consumption is estimated to have caused 3,290 deaths in 1997, as well as 72,302 hospitalisations. An estimated 4.9% of Australia's total disease burden is a result of excessive alcohol consumption. Alcohol misuse is second to tobacco as a preventable cause of death and hospitalisation. Additionally, alcohol misuse is a large factor in motor vehicle accidents, falls, drowning, burns, suicide, occupational injuries, interpersonal violence, domestic violence and child abuse.*
- *There are beneficial health and social effects of moderate alcohol consumption.*
- *In 1998, over one-third of adult Australians reported being either verbally or physically abused by someone under the influence of alcohol.*
- *In 1997/8 Australia was ranked 20th in the world for per capita alcohol consumption, with Australians over the age of 14 years consuming 9.03 litres of absolute alcohol per capita annually. The number and severity of alcohol related problems, such as traffic accidents, accidental falls and other accidents, illness, assaults and other crimes is generally related to per capita alcohol consumption.*
- *Data on per capita consumption is an imprecise indicator of harm likely to be caused by alcohol. The National Alcohol Indicators Project (2001) estimated that 46% of male drinkers and 32.5% of female drinkers had consumed alcohol at a high risk level at least once a month in the past year.*
- *Alcohol misuse is a serious concern for Aboriginal and Torres Strait Islander peoples, with 68% of those who consume alcohol consuming it at a harmful level. The majority of this*

- population view alcohol as the leading cause to drug-related deaths and as the drug of most concern.*
- *Though there has been a general reduction Australian alcohol consumption levels in recent years, there has been a rise in consumption among younger Australians. Research finds that they are drinking more often, at higher risk levels and at an earlier age. The 2001 National Drug Strategy Household Survey found that high risk drinking levels are higher among females aged 14-19 than males of the same age (4.7% of females vs. 2.7% of males).*
  - *Research on alcohol advertising suggests that adolescents and children are a uniquely vulnerable audience. The evidence indicates that advertising and other positive media portrayals of alcohol are significantly reinforcing factors and help 'normalise' consumption.*
  - *The depiction of alcohol consumption in popular films and television programs, along with product placement, has been as effective as a marketing ploy for alcohol as it has been for tobacco. It is claimed that such incidental advertising may be more effective than actual television advertisements in reinforcing and normalising drinking behaviour.*
  - *Voluntary advertising codes controlled by the advertising and alcohol industries were established with the promise that the industries would be responsible in their marketing approaches. Numerous breaches of the codes have been documented, but have generally failed to move governments into taking more strict action, as they have with cigarette advertising.*

The PHAA Policy on Alcohol (with references) is attached.

## Binge Drinking

The PHAA responded positively to the announcement by the Federal Government that they would be taking serious action to deal with 'binge drinking'. Our response included a series of comments in print and electronic media. These comments were primarily drawn from our media release welcomed the announcements by the Health Minister. The release included the following:

*"The Government's new plan on binge drinking is a massive step forward," according to President of the Public Health Association, Professor Mike Daube. "It is time for appropriate action to protect the health and social well-being of our young people. This program ticks the most important boxes, and will make a real difference".*

*"We welcome the announcement by Health Minister Nicola Roxon because it reflects a comprehensive approach to binge drinking. At last the Federal Government is willing to take the issue seriously and provide serious funding," he added.*

*"Tackling binge drinking should neither be dismissed as wowsery nor taken lightly by some who think that 'it has always been part of Australian culture". This is a major social problem, requiring determined action.*

*"It's enormously encouraging that they are spending real money rather than the peanuts prevention usually gets," he said. "It will not be cheap to run campaigns that even start to*

*match drinks industry promotion – but this is an important start. At last too the door is opening to curbs on the massive levels of alcohol advertising that are now effectively uncontrolled .”*

*“This announcement is especially welcome because it focuses on the crucial target group of binge drinkers. Drinking with the intention of getting drunk carries with it huge health and social implications – and this issue needs to be squarely faced by modern society.”*

*Professor Daube concluded by saying “The Public Health Association welcomes the effort that is being made in this difficult area and extends an offer to the Health Minister to use its networks to support the approach that has been adopted.”*

The PHAA will continue to support action by government and all Senators and Members of Parliament to deal sensibly with the complex issue of harmful and hazardous use of alcohol.

## Specific comments on the Bill

### **Objects**

The objects of the Bill (Section 3) receive the full support of the PHAA. Our Association has set out the health issues arising from harmful and hazardous use of alcohol. The success of government intervention with regard to tobacco has been a great success. It provides a rationale for the adoption of legislation that plays a role in intervening in the free market when there is considerable evidence of harmful use of a product. Therefore, we argue that there are adequate grounds for intervention using legislation to reduce the harm associated with harmful and hazardous use of alcohol. The objects of this Bill provide an appropriate starting point. However, we emphasise that the legislation must be taken as part of a comprehensive approach in dealing with harmful and hazardous use of alcohol.

### **Suggested amendments to Schedule 1**

The PHAA has a number of specific suggestions for consideration by the Committee. Our purpose in suggesting such amendments is to make the legislation more effective.

#### **1. Division 3A 49A Australian Communications and Media Authority Act 2005**

The PHAA suggests the Senate Committee makes the following recommendation to amend Section 49A of the Australian Communications and Media Authority Act 2005:

- Immediately following 4(d) insert a new sub-subsection
  - “4 (e) one associate member representing the public health sector.”
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**Rationale:** The public health sector is concerned with prevention as a key part of improving health outcomes. The inclusion of a person with expertise and understanding of public health issues from health promotion, through empowerment to the social, economic and environmental determinants of health will provide appropriate insight and advice to the

Australian Communications and Media Authority in making sensible decisions regarding broadcasting of advertisements relating to alcohol.

## 2. Food Standards Australia and New Zealand Act 1991

The PHAA suggests the Senate Committee makes the following recommendation to amend Section 87A of the *Food Standards Australia and New Zealand Act 1991*:

- Immediately following (1) (d) insert a new subsection
  - “(1) (d) (i) information on food content as required by other food products sold in Australia (and New Zealand)
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**Rationale:** The PHAA is keen to ensure that alcohol falls under the same banner as other foods with regard to identifying content. Foods and beverages other than alcohol are required to have this information so that consumers have the ability to assess the health impact that foods and additives might have on their own health and well-being. There is simply no good reason why alcohol should be exempt. As an example, recently released “low carbohydrate beer” may be very helpful to some regular drinkers in assisting in the control of weight. However, a person knowing the alternative additives may well make a decision that consuming such a product is not in their own health interests.

## Conclusion

The PHAA is very supportive of the Bill and believes that in the context of other announcements about “binge drinking” by the government the legislation will be an excellent step in fulfilling its worthwhile ‘objectives’. However,

- there is room for improvement in the Bill as indicated
- this Bill provides an appropriate opportunity for the Senate Committee to explore what the next steps ought to be to improve public policy in the area of misuse of alcohol. A few examples provide some insight into the approach that would be supported by our organisation:
  - **Appropriate pricing of alcohol** is a key issue that could prove an appropriate recommendation for this Senate Committee. Note that in mid March Alistair Darling, UK Chancellor of the Exchequer, made the following announcement: *“... as incomes have risen, alcohol has become more affordable. In 1997 the average bottle of wine bought in a supermarket cost £4.45 in today’s prices; if you into a supermarket today, the average bottle of wine will cost about £4. So from midnight on Sunday, alcohol duty will increase by 6 per cent above the rate of inflation. Beer will rise by 4p a pint, cider by 3p a litre, wine by 14p a bottle and spirits by 55p a bottle, and those duties will increase by 2 per cent above the rate of inflation in each of the next four years.”*
  - **Support for major, sustained, well-funded public health education campaigns** using health promotion messages. The campaigns that are currently run by the multi-national alcohol companies are rarely challenged. There is good evidence

from areas such as tobacco about the impact of public health education in the context of a comprehensive approach. It is not appropriate for public education programs on alcohol to be run by the industry.

- The PHAA would be delighted to provide recommendations about further steps in policy that go beyond the examination of this legislation.

Should the Senate Community Affairs Committee wish any further information from the Public Health Association of Australia, we would be delighted to assist.

A handwritten signature in black ink that reads "Michael Moore". The signature is written in a cursive, flowing style.

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