

20 March 2008

Committee Secretary
Community Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Sir/Madam

**SUBMISSION TO AUSTRALIAN SENATE INQUIRY INTO THE ALCOHOL TOLL
REDUCTION BILL 2007**

Thankyou for the opportunity to make a submission to the Australian Senate inquiry into the *Alcohol Toll Reduction Bill 2007*.

I am very pleased to enclose a submission from VicHealth - the Victorian Health Promotion Foundation, for consideration by the Community Affairs Committee of the Australian Senate.

For all enquiries relating to this submission, please contact Brian Vandenberg, Senior Program Advisor, Tobacco Control and Alcohol Harm Reduction Unit at VicHealth (tel 9667 1315 or email bvandenberg@vichealth.vic.gov.au).

I look forward to the outcomes of the Committee's inquiry.

Yours sincerely



Todd Harper
Chief Executive Officer

**Submission to the Australian
Senate Community Affairs
Committee**

**Inquiry into *The Alcohol Toll
Reduction Bill 2007***

March 2008

Our commitment to reducing alcohol misuse

Alcohol is a new VicHealth priority for 2006–2009. For many years we have engaged in debates around alcohol misuse and supported programs that promote responsible drinking. However, with binge drinking among young people rising we need to strengthen our efforts to reduce alcohol related harm. While the social use of alcohol is widely accepted, alcohol-related harm in Victoria results in premature disability and death associated with road trauma, workplace accidents, drowning, sexual assault, domestic and interpersonal violence, and self harm.

We acknowledge the task of reducing alcohol-related harm is challenging and requires the efforts of many other stakeholders over a long period of time. Our contribution will be focused on lowering risky behaviours of young people but still inclusive of wider community changes necessary to reduce alcohol-related harm.

Our Goal

To further reduce the harms associated with alcohol consumption.

Our Objectives

- Facilitate a consolidated approach to reduce alcohol misuse.
 - Build stronger public advocacy on issues relating to alcohol-related harm.
 - Work with government to establish a coalition of key Victorian stakeholders and develop a united vision.
 - Advocate for stronger controls on advertising and licensing laws.
 - Support programs aimed at increasing local community action to reduce harm.
- Build evidence on the social impacts of alcohol consumption and identify effective interventions for reducing alcohol-related harms.
 - Fund research to build knowledge and evidence on alcohol related behaviours, and effective interventions.
- Develop programs to reduce alcohol-related harms.
 - Lead the development of new approaches that tackle the underlying determinants of alcohol misuse among young people.
 - Continue to develop and strengthen programs that promote responsible drinking and shift cultural norms around drinking.

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EXECUTIVE SUMMARY

- VicHealth supports *The Alcohol Toll Reduction Bill 2007* (“The Bill”).
- VicHealth welcomes stricter national regulation of alcohol advertising and the introduction of health information labelling on alcohol products.
- VicHealth supports an approach that prevents and reduces alcohol related harm and promotes a healthier and safer drinking culture in Australia.
- VicHealth views the proposed legislation, on its own, as having only limited potential to affect changes in Australia’s drinking culture.
- VicHealth therefore recommends a multi-faceted approach to changing the drinking culture, comprising an extensive range of complementary strategies.
- VicHealth recommends that prevention strategies should primarily target the adult population, with some focus also on particular at-risk groups such as young people.
- VicHealth recommends that prevention strategies should be selected according to the available scientific evidence and should be properly monitored and regularly evaluated to measure their effectiveness.

1. INTRODUCTION

1.1 Its time for action on the alcohol issue

VicHealth welcomes and supports *The Alcohol Toll Reduction Bill 2007* ("The Bill"). Right now in Australia, there is an opportunity to take steps towards preventing and reducing alcohol misuse in our community. Across government and the non-government sector, as well as in the general community, there is a growing concern about the misuse of alcohol and its harmful effects. There are also mounting expectations for a plan of action that will have a real impact on the problem. The Bill is an important step in that direction.

We now have a world-class health system to treat the thousands of Australians who experience illness and injury every year. Many of these, unfortunately, are due to alcohol. However, this demand on our health system is preventable. Similarly, the enormous strain on our police forces and other important community services that is caused by alcohol is also preventable. The trouble and personal distress caused by alcohol in local communities and families can too be prevented.

Its time for Australia to embrace a prevention approach to our unsafe and unhealthy drinking culture. An approach that reduces harm and promotes health.

Taking a prevention and health promotion approach need not be overly complicated; nor need it take years to implement or to see any results. Furthermore, health promotion and prevention can be highly cost effective because it results not only in preventing the human cost of illness and injury, but also enormous resource savings for our health system, police, and businesses. It also prevents the tremendous social costs experienced by families and individuals affected by alcohol. In simple terms, this approach promotes healthy communities.

1.2 Deciding what to do does not have to be guess work

Importantly, there is no single prevention strategy that will fully address the alcohol problem. While the Bill does contain important elements of a comprehensive plan, it is limited to a small number of strategies. What is required, because it is known to be the most effective method, is a multi-faceted approach comprising an extensive range of complimentary strategies. Importantly, many of the most effective prevention strategies lie outside the traditional health sector. While these strategies do vary in cost effectiveness, together they represent a comprehensive prevention approach. These are summarised in the table below.

The effectiveness and cost rating of various alcohol strategies

	Strategy	Effectiveness	Cost to Implement
1	Regulate pricing	★ ★ ★	\$
2	Lower BAC limits for all drivers	★ ★ ★	\$ \$
3	Enforce liquor licensing laws	★ ★ ★	\$ \$ \$
4	Limit availability of alcohol	★ ★ ★	\$
5	Restrict hours of alcohol sales	★ ★ ★	\$
6	Limit density/no. of alcohol outlets	★ ★	\$
7	Community mobilisation	★ ★	\$ \$
8	Workplace interventions	★ ★	\$ \$
9	Curb alcohol sponsorship in sport	★	\$ \$ \$
10	Social marketing	★	\$ \$ \$

Source: Adapted from Babor *et al* (2003)

1.3 The ultimate objective is to change the drinking culture

The following are recommended to the Senate Committee as guiding principles for a comprehensive action plan on alcohol:

- **Its not just a youth issue:**

Strategies should primarily target the adult population, with some focus also on particular at-risk groups such as young people.

- **Whole of government action is required:**

VicHealth supports the Prime Minister's recent announcement of a new national binge drinking strategy.

- **Multi-sectoral collaboration is the key:**

The most effective health promotion and prevention strategies lie outside the role of the traditional health system.

- **Changing the drinking culture:**

Banning alcohol altogether or promoting total abstinence is not the objective of a health promotion and prevention approach – the aim is to modify the determinants of alcohol consumption to support and encourage a safer approach to drinking.

1.4 There are goals worth aiming for and measuring

By preventing and reducing the harmful impact of alcohol misuse and promoting a safer and healthier drinking culture, tremendous benefits can be gained for the Australian community, in terms of both our health and general quality of life.

Aims	Measurable Outcomes
Improvements in:	<ul style="list-style-type: none"> • Increased rates of alcohol consumption at low-risk levels. • Increased feelings of safety in public places, especially at night. • Increased rates of workplace productivity in sites of intervention.
<ul style="list-style-type: none"> • Physical health 	
<ul style="list-style-type: none"> • Mental health 	
<ul style="list-style-type: none"> • Public order 	
<ul style="list-style-type: none"> • Perceptions of safety 	
<ul style="list-style-type: none"> • Workplace productivity 	
Reductions in:	<ul style="list-style-type: none"> • Reduced number of presentations to hospital for alcohol problems. • Reduced number of criminal offences involving alcohol. • Reduced number of pedestrian and driver/passenger fatalities and injuries involving alcohol.
<ul style="list-style-type: none"> • Illness and Injury 	
<ul style="list-style-type: none"> • Violence & anti-social behaviour 	
<ul style="list-style-type: none"> • Road accidents 	
<ul style="list-style-type: none"> • Crime 	

2. COMMENTS ON THE BILL

2.1 General Comments

VicHealth welcomes and supports the proposed federal legislation which aims “to create a culture of responsible drinking, and to facilitate a reduction in the alcohol toll resulting from excessive alcohol consumption”. VicHealth welcomes stricter national regulation of alcohol advertising and the introduction of health information labelling on alcohol products, as proposed in The Bill. VicHealth views regulation of alcohol advertising and health information labelling of alcohol products as necessary and important elements in an overall strategy to prevent and reduce the harmful consumption of alcohol in the Australian community. These elements reflect two important health promotion principles:

- creating environments that support healthy choices; and,

- increasing the community's skills and resources to promote healthy behaviours and empowering individuals to make informed decisions (WHO 1986).

However, on its own, VicHealth views the proposed legislation as having only limited potential to affect positive changes in Australia's drinking culture. VicHealth therefore supports the implementation of other complimentary elements of an overall alcohol harm reduction strategy for Australia, as outlined in our strategic framework for the prevention and reduction of alcohol misuse (see figure below).

VicHealth's strategic framework for the prevention and reduction of alcohol misuse



2.2 Comments relating to:

Object (a) Limit the times at which alcohol products are advertised on radio and television for the protection of young people.

Object (c) Provide for all alcohol advertisements to be pre-approved by an Australian Communications Media Authority Division containing experts from the health industry, drug and alcohol support services and motor vehicle accident trauma support services.

VicHealth supports Objects (a) and (c) of the The Bill.

VicHealth has previously made public submissions on the issue of alcohol advertising and these form the basis of the comments below. A recent submission by VicHealth to the Australian Competition and Consumer Commission on the matter of the Australian Beverages Advertising Code (ABAC) is available at:

<http://www.vichealth.vic.gov.au/Content.aspx?topicID=174>

VicHealth supports the introduction of new time limits for when alcohol products are advertised on radio and television, in the interests of protecting young people.

VicHealth notes that the National Alcohol Strategy 2006-2009 (see MCDS 2006: 26) reports that “the wide-ranging ways in which alcohol is promoted is a major force behind Australia’s drinking cultures. Advertising in mainstream media, especially print and television advertising is particularly influential, especially upon young and impressionable groups in the community.

VicHealth supports that broadcasting of advertisements be restricted to after 9.00pm and before 5.00am. This should apply 7 days a week, including public holidays. This should also apply during live broadcasts of sports events, irrespective of the time or day of these broadcasts.

VicHealth notes that the National Alcohol Strategy 2006-2009 (see MCDS 2006: 10) reports that more than two thirds (71.4 per cent) of Australians would support a proposal to limit alcohol advertising on television until after 9.30 pm.

VicHealth considers the alcohol industries’ current self-regulatory approach to alcohol advertising, known as the Australian Beverages Advertising Code (ABAC) scheme, both in its substance and administration, to be of very limited effectiveness in regulating alcohol advertising in Australia. This view is supported by evidence.

Despite the ABAC scheme's rules which discourage advertising that has "strong or evident appeal to children or adolescents", research shows that a substantial amount of alcohol advertising is communicated to young people. For example, several advertisements for alcoholic beverages screened on television in metropolitan Melbourne were found to be more likely to reach 13 to 17 year olds than adults, as shown in the table below.

Advertising on metro Melbourne television, year to March 2005

Product	Total Annual Spend	Frequency of ads	Relative exposure (of 13-17 years olds Vs 18-29 year olds)
Heineken Lager	\$ 94,000	110	1.12
Cougar Bourbon	\$ 45,000	103	1.04
Archers Spri Schnapps	\$ 57,000	110	1.04
Bundaberg Rum Dry & Lime Mix	\$ 36,000	88	1.06
Orlando Jacobs Creek Sparkling Rose	\$ 89,000	34	1.11

Source: King, Taylor, and Carroll (2005a)

Recent research has revealed that there is very limited public awareness and confidence in the ABAC scheme (see King Talyor Carroll 2005b). Less than three in ten (28 per cent) people surveyed reported an awareness of restrictions or regulations covering the advertising of alcohol, in terms of what can be said or shown. Furthermore, most people surveyed did not know how to make an effective complaint (King, Taylor, and Carroll 2005b).

Only one in seven (14 per cent) people surveyed reported they had heard of the ABAC scheme, and of these people, the majority (57 per cent) could not describe what they thought the scheme related to. **It is estimated that only 3 per cent of total adult population are aware of the existing ABAC scheme and know what it relates to** (King, Taylor, and Carroll 2005b p.2).

Most people surveyed did not know how to make an effective complaint and the few people who had complained were not satisfied with the result. Among the 30 per cent of people who reported being concerned about any alcohol advertising, only 2 per cent had made a formal complaint. Some of the reasons why those who were concerned but who did not make a complaint included the belief it would not achieve anything (30 per cent), not having time (25 per cent), and not knowing who how/where to complain (15 per cent). Among the few who did complain, none reported having complained to the Advertising Standards Bureau or to the ABAC scheme. 5

of the 7 people who did complain reported not being satisfied with the outcome of the complaint (King, Taylor, and Carroll 2005b p.2).

With regards to compliance and enforcement of the current ABAC scheme, VicHealth disputes the alcohol industries' claims that there is 100 per cent industry compliance with decisions under the scheme. For instance, VicHealth is aware that very recently, following adjudication by the ABAC panel to uphold a complaint relating to an advertisement for 'Bondi Blonde' beer, the manufacturer responsible for the advertisement did not comply with the ABAC adjudication that the advertisement be withdrawn. Because the ABAC scheme is self-regulatory and panel decisions are therefore not enforceable, this situation highlighted the significant weakness in compliance under the ABAC scheme.

For all of the above reasons, VicHealth supports that all alcohol advertisements be pre-approved by an Australian Communications Media Authority Division containing experts from the health industry, drug and alcohol support services and motor vehicle accident trauma support services, as proposed in the Bill.

2.3 Comments relating to:

Object (b) Provide for compulsory health information labels for alcohol products.

VicHealth supports Object (b) of the The Bill.

VicHealth recently submitted comments to Food Standards Australia New Zealand (FSANZ) in relation to a proposal to introduce a health advisory label on alcoholic beverages advising of the risks of consuming alcohol when planning to become pregnant, and during pregnancy. This submission is available at:

<http://www.vichealth.vic.gov.au/Content.aspx?topicID=174>

VicHealth's comments to FSANZ are repeated below as they relate equally to The Bill.

VicHealth recommends:

- That the revised NHMRC guidelines for low-risk drinking (NHMRC 2008 in press) should be the basis for the messages in the health information labels.
- That the health information labels should be both textual and graphic for ease of comprehension.
- That the health information label should be mandatory under the Australia New Zealand Food Standards Code rather than a voluntary system implemented by the alcohol beverage industry.

- That there should be strict guidelines on the wording, format and legibility standards relating to health information labels.
- That the timing of implementation of the labels should be within 12 months from the date of amendment of the Australia New Zealand Food Standards Code.

VicHealth notes that although the evidence regarding the effectiveness of health information labels in changing drinking behaviour is inconclusive, there is evidence to suggest a degree of increased awareness of alcohol related harms due to advisory labels, which combined with the effects of other public health measures, may translate into a change in behaviour.

VicHealth recommends that in order to aim for maximum effectiveness of health information labels, any such measures should be implemented in the context of a broader social marketing strategy with the objective of increasing community awareness of alcohol related harm and to promote lower risk drinking behaviour.

VicHealth also recommends that health information labels should be updated as new evidence and other information becomes available.

VicHealth supports the National Alcohol Strategy 2006-2009 (see MCDS 2006) which includes the following recommendations:

1A *Increase community awareness and understanding of the extent and impacts of intoxication.*

- *Continue to work with industry to develop labelling of alcohol products to facilitate knowledge and self-monitoring through readily seen, consistent, graphic standard drinks labelling.*
- *Promote the Australian Alcohol Guidelines aiming for consistency and clarity of messages across all alcohol-related health and safety arenas.*

4D *Develop and implement social marketing campaigns to reduce alcohol-related harms.*

- *Develop a social marketing campaign with the aims of:*
 - *reducing the perceived acceptability of intoxicated behaviour;*
 - *promoting the Australian Alcohol Guidelines and standard drink labels and measures; and,*
 - *increasing awareness of the significant costs to individuals, families, communities and the Australian economy of harmful use of alcohol.*

The National Alcohol Strategy also reports that more than two thirds of Australians (69.9 per cent) would support a proposal to add information about the national alcohol guidelines to alcohol beverage containers (MCDS 2006: 10).

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The VicHealth vision for health

VicHealth envisages a community where:

- Health is a fundamental human right
- Everyone shares in the responsibility for promoting health
- Everyone benefits from improved health outcomes

Our mission is to build the capabilities of organisations, communities and individuals in ways that:

- Change social, economic, cultural and physical environments to improve health for all Victorians
- Strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

↓ VicHealth's Focus ↓

Promotion

Prevention

Early
Intervention

Treatment

Rehabilitation