



Submission from the Australasian Faculty of Public Health Medicine to the Senate Community Affairs Committee Inquiry into Alcohol Toll Reduction Bill 2007

20 March 2008

The Australasian Faculty of Public Health Medicine (AFPHEM) is Australia's organisation of specialist public health physicians. Public health physicians have training and experience in both clinical medicine and public health. They have the skills needed to understand and reduce the risks of disease, disability and death in both individuals and in population groups. The AFPHEM aims to achieve a high standard of population health through the practice of public health medicine, the training and continuing professional development for members, the promotion of public debate on matters of public health importance and the encouragement of public health research. Fellows of the AFPHEM currently hold the positions of chief health officers or deputy chief health officer in NSW, WA, Victoria, the ACT and the NT as well as Chief Executive Officer of the NT Dept of Health.

The AFPHEM has a long history of supporting evidence based public policy regarding substance use including alcohol and was a key contributor to the *Royal Australasian College of Physicians Alcohol Policy: Using evidence for better outcomes* (RACP 2005).

The AFPHEM would like to indicate its strong support for the proposed Bill and in particular its focus on young people. The burden of ill health and death associated with alcohol misuse is well known. In relation to the proposed Bill, the AFPHEM notes that recent years have seen worrying trends in alcohol consumption in young people.

- In 2004 6.5% men and 7.5% of women consumed alcohol to levels considered risky to health in the long term¹ in the previous 12 months (AIHW 2008).

¹ Risky consumption for women was considered 29 – 42 standard drinks/week. For women 15 – 28 standard drinks a week is considered risky.

- In 2004 3.6% of men and 2.1% of women consumed alcohol to levels considered at high risk to health in the long term² in the previous 12 months (AIHW 2008).
- Although the rate of abstention in Indigenous Australians is higher than non Indigenous, around 15% of Indigenous Australians consumed alcohol to risky levels within the past week with those from non remote communities being more likely than remote communities to engage in risky alcohol consumption.(AIHW 2008).
- Young people are more likely to binge drink than older people, with 21% of 17 year olds reporting a recent episode of binge drinking (ANCD 2008).
- More than 40% of 15-17 year olds reporting current drinking had consumed more than 7 drinks (for males) or 5 drinks (for females) the last time they had a drink (King 2005) with 30% of 15 year olds and 44% of 17 year olds having done so in the past week (White 2006).

In addition to indicators of consumption of alcohol amongst young people, indicators of subsequent alcohol related harm give cause for concern. Binge drinking is known to be associated with increased risk of road crashes, violence, acquired brain injury and also increased likelihood of risky sexual activity. Notifications of sexually transmitted have been steadily increasing in recent years in particular in the 15-24 year old age group (NCHECR 2004-7). Young drivers are substantially over-represented in road crash fatalities and injuries and are known to be at a particularly greater risk of crash after having consumed alcohol (Senserrick 2003).

The AFPHM welcomes adequate labelling of alcohol containing beverages in increase consumers literacy in alcohol consumption. The AFPHM notes that this in itself may not necessarily change drinking behaviour.

The AFPHM also welcomes the focus of the Bill on alcohol advertising which we believe is in need of closer scrutiny. The AFPHM notes that over \$100 million is spent on the promotion of alcohol in the mainstream media annually with this figure having grown from \$29 million in 1991. Most free to air TV promotion occurs on weeknights after 830pm, although 40% occurs on weekends and public holidays. On these days, 38% occurs during the day (5am – 830pm) much of which is related to sporting events and clearly with a substantial audience of very young people (DoHA 2005).

The last 15 years has seen the emergence of a vast array of new ready to drink (RTD) alcohol products: spirits combined with either fruit juices or sweet carbonated drinks which have proved very popular with young people. There have been substantial increases in the consumption of these products in recent years: from 13,589,000 liters in 2004 to 16,383,000 liters in 2006 (ABS 2006). The Alcohol Consumption In Australia Snapshot 2004-05 showed that of risky/high risk drinkers aged 18-24 years, 75% drank ready to drink spirits and liqueurs. The National Drug and Alcohol Research Centre recently completed a study into the palatability of RTD beverages

² High risk consumption is considered more than 42 standard drinks/week for men and more than 28 for women

amongst young people “Young People and Alcohol: Taste Perceptions, Attitudes and Experiences” (Copeland 2005). It found that young people have difficulty distinguishing the alcohol flavour and content in milk based and sweet fruity soft drink based RTDs and that caution should therefore be exercised when using these products as a base for alcoholic beverages.

Despite denials, there is evidence that the industry has specifically developed these products and targeted its promotional activities towards young people (Jones 2008). Mat Baxter of Naked Communications, marketer of the premixed spirit Absolut Cut, confirmed that young people, implicitly including minors, are targeted with premixed spirits: ‘It’s one of the few drinks where you don’t necessarily know you’re drinking alcohol and that’s a conscious effort to make these drinks more appealing to young people’ (Stark 2007). He described the super-strength category as particularly attractive for product innovation: ‘. . . the real area for growth, if you can carve [it] out, is still 7% with a sophisticated but affordable drink that will appeal to young people on a budget who want to get drunk very quickly’ (Koremans 2007)

Alcohol advertising is clearly a major tool of the industry in promoting alcohol consumption and the AFPHM particularly welcomes the third object of the Bill. There has been increasing concern over the past many years with the self regulatory nature of alcohol advertising. The National Committee for the Review of Alcohol Advertising in 2003 identified several important shortcomings with the systems and recommended that while self regulation should continue, a number of changes to the system were required. It left open the possibility of regulation should the changes not be made or their impact be unsatisfactory. This led to the establishment of the Alcohol Beverages Advertising Code (ABAC). A subsequent analysis of the application of the revised code suggested that the Advertising Standards Board was not applying the ABAC in a way that would represent community standards or protect the community from offensive or inappropriate advertisements (Jones 2008).

It is worth noting two key aspects of the current system. Firstly, many advertisements or promotions are once-off or very short term events. If a complaint arises, the ASB will often not consider it formally as by the time it reaches the ASB, the promotion has been discontinued and the ASB apparently does not usually consider advertisements that have already been discontinued. This, in combination with the lack of penalty for any breach of the code means the industry may breach the code without consequence.

The AFPHM believes that the establishment of the proposed Responsible Advertising of Alcohol Division (RAAD) could be an important step in changing the way the alcohol advertising industry goes about its business and in reducing inappropriate alcohol advertising.

The AFPHM would like to recommend that one of their Fellows would make a strong contribution to the proposed Responsible Advertising of Alcohol Division. The AFPHM has fellows who have specialist training and experience in both the clinical aspects of harmful alcohol use and dependence as it affects individuals and their families and an understanding of the public health and policy issues, including health promotion and education, that pertain to alcohol as a public health issue.

Conclusion

The AFPHM welcomes the introduction of the Alcohol Toll Reduction Bill as an important element of Australia's effort to reduce alcohol related harm. It reinforces the measures proposed in the Australian Government's Binge drinking. The AFPHM recommends that any or all of these initiatives be thoroughly evaluated during and after implementation to gauge their effectiveness as instrument in modifying drinking behaviour and consequent harms at the individual and community level.

The AFPHM offers its Fellows to serve on the RAAD and would be grateful for the opportunity to enter a dialogue with the Senate Community Affairs Committee to contribute further to development of policies to reduce alcohol related harm in the Australian community.

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