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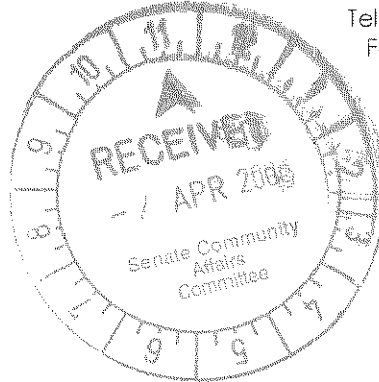


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Senator Claire Moore
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Community Affairs Committee
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Dear Senator

Thank you for writing to me and inviting a submission to be made in regard to the Alcohol Toll Reduction Bill 2007. I have enclosed (*) both general and specific comments about the Bill for consideration by your Committee.

Alcohol is a major problem for the Northern Territory. Any initiatives that will effectively reduce the nature and extent of local alcohol-related harms are welcome.

The Bill offers some useful options in terms of providing health information and containing alcohol marketing, but each of the measures warrants some clarification and more detailed examination to ensure it is well targeted. Moreover, I would strongly advocate that the proposed measures be part of a more comprehensive and integrated plan. While the measures have the potential to impact on the drinking culture of the country, they would be better placed if other complementary strategies were identified at the same time.

I understand the Senate has recently endorsed an enquiry being held into alcohol. That might provide an appropriate forum for a more integrated package of measures to be formulated for the Australian Government to lead.

I trust the enclosed comments will be helpful to the Committee and I look forward to hearing about the future prospects of the proposed Bill.

Yours sincerely

CHRIS BURNS

Encl (*) 20 MAR 2008



NORTHERN TERRITORY COMMENT
on
Alcohol Toll Reduction Bill

NORTHERN TERRITORY SITUATION

Alcohol brings a range of personal, social and economic benefits to the community. Unfortunately its abuse and misuse brings levels of personal harm and public inconvenience and intrusion that are unacceptable. The provision and consumption of alcohol are legitimate activities, but they need to occur in ways that are responsible and in keeping with community standards. Strategies that can facilitate this effectively are to be welcomed.

Reducing alcohol-related harm is a priority for the Northern Territory Government. A culture of excessive drinking has long been entrenched in the Territory. This has resulted in the Territory bearing a higher cost than the rest of the country in terms of more severe levels of harm, a greater demand on services to address that harm and more opportunity costs being borne by the community as resources are directed away from other areas.

The latest per capita consumption figure calculated for the Northern Territory was 17.3 litres of pure alcohol. This is around 70% higher than the rest of the country. Moreover, there is a greater prevalence of drinking patterns in the Territory that place individuals at risk of short and long term harms. Conservative estimates are that 35% of the population drink at levels that risk short term harm – 70% more than for the nation as a whole – and 16.4% drink at levels risking long term harms - this is 66% higher than for the country as a whole.

These patterns of drinking translate to heightened levels of harm that affect individuals, families and the community at large. For example, half of fatal road crashes are alcohol-related and more than two-thirds of prison receptions are for offences that involved alcohol. The Northern Territory has the highest death rate attributable to alcohol and the highest alcohol-related hospitalisation rate in the country.

With some 30% of the population being Indigenous, it is also notable that the burden of alcohol-related harm is significantly higher among Aboriginal people. Aboriginal people have higher rates of alcohol-related deaths than the non-Aboriginal population. Moreover, among Aboriginal people in Central Australia, for example, the alcohol-related death rate is twice the national rate for Aboriginal people.

Addressing this local situation is complicated by a range of factors that include historical traditions, cultural diversity, distance and sparse population, social mobility and demographic imbalances. Indeed the circumstances of the Territory are distinct and argue for different strategies and emphases to be taken in looking for solutions that will reduce alcohol-related harm. Achieving sustainable changes in the Northern Territory drinking culture demands approaches that are distinct and more intensive than in other jurisdictions. While the proposed Bill offers some innovation, it must be

recognised that the situation in the Northern Territory will only be marginally addressed by the measures.

GENERAL COMMENT

Fundamental to any action is acknowledgment that problems and solutions are multi-dimensional. It is accepted that problems are multi-faceted, occurring from a mix of personal, social, economic, political and environmental factors. It follows that successful solutions cannot simply address one dimension in isolation. The Government's approach considers the interplay between factors that contribute to different problems and seeks to modify them in an integrated and complementary fashion. This means balancing a range of controls and education and other intervention responses and a variety of policies targeting supply, demand and harm reduction. It also requires a mix of long term and short term strategies and strategies targeted at the whole population, particular groups or settings, and individuals and families at risk.

The proposed Bill is limited in the approach being taken. It is focused only on advertising and promotion. While these dimensions are important contributors to the overall culture of alcohol, it is preferable that they be addressed in conjunction with other strategies. Admittedly Senator Fielding states that the Bill is only "an important first step" and that there are "obviously other measures which could also be adopted to tackle Australia's alcohol toll". An attempt to map out those other measures should be made so there is less chance that the proposed Bill is left as a single ad hoc initiative. Complementary support from the Australian Government could come from areas such as pricing and taxation, public interest provisions for alcohol in the application of competition policy, strategic and sustained information campaigns, and workforce training and development.

It is noted that the Senate recently agreed to a motion from Senator Andrew Murray for an enquiry into alcohol, incorporating aspects as diverse as pricing, marketing, regulation, availability and consumption, and others. This may be the forum in which a more comprehensive approach can be identified. It may be prudent to deal with the proposed Bill as part of that process so it becomes part of a considered and strategic framework rather than an isolated initiative.

SPECIFIC COMMENT

Having made this point, comments can still be made within the marketing focus of the proposed legislation. The *Alcohol Toll Reduction Bill* proposes health labelling on alcohol products, restricting the hours that alcohol advertising can be broadcast on television and radio, introduce a new approval process for alcohol advertising, and ban alcohol advertisements that are aimed at children or which are linked to various forms of success. There are several matters that might be considered with respect of each of these suggestions.

HEALTH LABELLING

The range of information to be included under the labelling provision is not clear, but some observations to be considered are:

- The promotion of standard drinks is useful for providing some reference for monitoring consumption, albeit that effort may be required to motivate people to *monitor their consumption* at that level. The continued promotion of standard drink labelling should be supported and enhanced, especially as health consequences are assessed according to standard drink measures.
- It is debatable whether labels based on *NH&MRC safe drinking guidelines* should be on products. This arises from factors such as the changing nature of the guidelines, the complexities associated with individual differences, the balancing of benefits and risks, the distinctions between long-term and short-term harms, and the relevance to different sub-groups of drinkers. It would be better to have more targeted approaches to the information generated by NH&MRC so it can be delivered in more meaningful and engaging ways.
- Empirical research indicates that explicit health warning labels are unlikely to affect behaviour, especially among those most susceptible to risks. Of course this will be mediated by the content of the warnings and how they are actually presented. However the personal deflection of messages might arise from inconsistent experiences of drinking which does not lead to problems, the positive outcomes that link to alcohol, the remote nature of long term health risks and similar considerations. The more health messages resonant with an individual the greater the impact might be. *In this context the crucial element is how to deliver messages in a meaningful way.*
- There may be more of a place for health warnings to the extent that they can raise awareness of potential negative outcomes and contribute to the social dialogue about alcohol. Yet, for populations such as that which exists in the Northern Territory, sensitivity needs to be exercised in how these are presented. Literacy is a critical mediator and, even if pictorial representations are given, they must respect cultural bounds and not issue offence.

These various issues need to be fully considered before any decision to mandate certain information on products.

BROADCASTING RESTRICTIONS AND ADVERTISING BANS.

The proposed broadcasting limits are intended to stop alcohol being marketed to young people. This measure has appeal, but it ignores the exposure that comes from other marketing avenues (sponsorship, signage, print, point of sale, cinema, internet) and the overwhelming personal influence of witnessing older/other people drinking. Prohibiting broadcast over extended prime time hours will remove one part of the active Australian culture that normalises alcohol as an integral and acceptable part of life, but to impose this without working on the myriad of other influences could be seen as unfair and simplistic and, ultimately, could be ineffectual.

Indeed, if advertisements aimed at children or making links to success are to be banned, there is a question of whether broadcasting restrictions are also required. Alcohol is a legal commodity, it delivers benefits to people and the producers and retailers have a right to advertise and promote. Constraints need to recognise this and

ensure that alcohol is not unduly demonised (vis a vis other goods and services that are implicated in social cost and harm).

Alcohol has detrimental effects on maturing bodies and prohibitions on advertising that appeals to children should be supported. Similarly advertisements that equate drinking alcohol with delivering various forms of success need to be limited. But to implement such standards there needs to be unambiguous guidelines to define advertisements that would breach such requirements. The past indicates that clear distinctions on these matters are not always possible and, as a consequence, any assessments should lean toward a conservative interpretation of any criteria that may be used.

ADVERTISING APPROVAL

Self regulation currently occurs through the Alcohol Beverages Advertising Code (ABAC). Adjudication occurs by a panel of three, one of whom has a professional background related to Public Health (appointed by the Ministerial Council on Drug Strategy) and none who can have been part of the alcohol industry for several years, if at all. But the majority of the Management Committee comes from industry bodies and this raises concerns about conflict of interest. These concerns are probably most apparent when borderline advertisements have to be judged as being in breach of guidelines or not, including during any pre-vetting procedure. The introduction of the Responsible Advertising of Alcohol Division (RAAD) might ensure that a more stringent interpretation of such advertisements is made.

Recent changes have been discussed for the operation of the ABAC and these might deserve some time to show that a more responsible approach is being taken. Given this and the observation that it is only a proportion of advertisements that are problematic under ABAC, a group such as the RAAD could be most useful as an adjunct to existing system. It is when the ABAC process does not produce unanimous agreement about an advertisement that the RAAD should get involved. To give RAAD, with its proposed membership of medical, road trauma and treatment experts, full responsibility for all alcohol advertising would be to ignore all the other elements involved in marketing of a legitimate and legal product. It would be liable to charges of introducing significant levels of censorship that are not widely applied to other commercial products of potential harm in the community.

The whole issue of advertising is vexed and deserves further research. Nevertheless it is undeniable that advertising is pervasive and increasingly sophisticated. While controls can be exerted, this needs to be matched by alternative campaigns that challenge the unacceptable messages linked to alcohol. Such campaigns need to be of a quality that competes with the standards used by the alcohol industry. They also need to be sustained and ongoing so they are more than the occasional reality check islands in the endless sea of positive messages that are spruiked by industry.

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