

SUBMISSION

Re: Inquiry into the Alcohol Toll Reduction Bill 2007

to the Community Affairs Committee
Department of the Senate
Parliament House
CANBERRA ACT 2600
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INTRODUCTION

The issues raised in this submission are drawn from over 45 years of experience and observation whilst serving communities in Adelaide and country towns in South Australia with my husband. They are also based on Health Reports, articles on alcohol and its effects - from the media and the Alcohol & Drug Information Service Research Department. (see Sources on page 11 of this Submission)

SUMMARY

With emphasis on the aims of the Bill and four terms of reference,
I examine:

1. The nature of alcohol as a freely available beverage in Australian society.
2. The known facts about the effects of alcohol on consumers.
3. The rippling effects on others, including its cost to the community.
4. The recommendations of researchers on how to reduce the toll.
5. A call for a compassionate Government and people to act speedily.



1. The nature of Alcohol as a freely available beverage in Australian Society.

It is important that our attitudes are formed in the light of knowledge of the facts, and not hearsay or prejudice. Most people are susceptible to what their friends think and do. Governments may be influenced due to the enormous tax revenue alcohol provides. Alcohol is a food and a drug. It is rich in calories, liberating energy and heat but it does not provide minerals, proteins or vitamins. The chemical compound (i.e. the psycho-active ingredient) found in alcoholic beverages is ethyl alcohol or ethanol. It is a central nervous system depressant, although in small amounts it may appear to have a mild stimulant effect. It is a legal drug sanctioned by social norms in Australia – 70% to 80% of Australians drink in a way which seemingly creates few problems. A standard drink contains 10% pure alcohol. Currently, the label on each container shows the number of standard drinks.

Every person who begins drinking alcohol has a 1 in 10 chance of becoming physiologically or psychologically (or both) dependant on it. This fact regarding the addictive properties of alcohol needs to be widely made known.

These facts about the nature of alcohol bear witness to it not being an ordinary commodity. It is a special commodity and laws that are in place from many decades ago are there for good reasons and need to be properly policed. 12year old males consume 5.4 million drinks annually. (Australian Alcohol & Drug Foundation) This problem needs to be addressed. The community needs to be aware of the inherent dangers of early age drinking.

The above facts also indicate that it is unwise to have alcohol products advertised in Super-market leaflets alongside normal, healthy food, presumably to find its place in the weekly shopping trolley. A well-known nation-wide electrical company recently enticed its customers with a bonus of several bottles of wine with the purchase of a refrigerator.

2. The known facts about the effects of Alcohol on consumers.

The proposed Bill legislates to put health information on the labels of all alcoholic products.

The effects of alcohol consumption are dependent on a number of factors:

- the type & quantity of alcohol consumed,
- age, weight and gender of the consumer,
- the person's body chemistry,
- the food in the stomach at the time,
- the person's drinking experience,
- the situations in which drinking occurs.

In relationship to the Blood Alcohol Concentration (BAC), mild euphoria and stimulation of behaviour occurs initially, becoming more pronounced as the BAC rises – the result is that the person concerned is likely to believe their performance is enhanced when the reverse is more likely to be the case.

Alcohol was more likely to be the principal drug of concern among the older age groups (especially those aged over 30 years) from the web. site of the Alcohol & Drug Foundation SA.

People at risk (.05-.08) usually become talkative, act & feel self-confident. Judgement and movement are affected and inhibitions are reduced.

- More risky (.08-.15) Some or all of the following generally take place – slurring of speech, balance and co-ordination problems, the slowing down of reflexes and visual attentiveness along with unstable emotions, nausea and possible vomiting.
- High risk (.15-.30%) With this measure of consumption most people are unable to walk without help. They become apathetic and sleepy with laboured breathing. They are unable to remember events, have loss of bladder control and a possible loss of consciousness.
- Death (over .30%) Following the loss of consciousness, there is the distinct possibility of death. A coma is entered into followed by death.

The web site of the Alcohol & Drug Foundation SA reveals that during 2003, 10% of the South Australian population aged 14 years and over had



consumed alcohol at levels considered risky or high risk for alcohol-related harm in the long term.

During 2003 across all age groups, larger proportions of the population consumed alcohol in a manner that puts them at high risk levels of alcohol-related harm in the short term, compared to risk of long term harm.

Intoxication risks:

Alcohol accounts for two-thirds of the years of life lost from drinking. It is responsible for:

- 30% of road accidents (State laws permit .05% - there is evidence of effects on performance at lower levels – the risk of a crash is 5 times greater than at 0%)
- 44% of fire injuries
- 34% of falls and drownings
- 16% of child abuse cases
- 12% of suicides
- 10% of industrial accidents.

Short term effects - include illness and loss of work through hangovers and driving offences. It contributes to criminal behaviour. In Australia 70% of prisoners convicted of violent assaults have drunk alcohol before committing the offence, and 40% of domestic violence offences involve alcohol.

In 2003 almost half of the population aged 14 years and over (48.3% in SA) had consumed alcohol at levels considered low risk for alcohol-related harm in the short term (web-site Alcohol & Drug Foundation SA) In 2004, persons in the 20-29 years age group were most likely to consume alcohol in a manner that put them at risk of harm in the short term (66.9% in SA).

Long-term effects - According to the Alcohol & Drug Foundation SA, persons in the 20-29 years age group were most likely to consume alcohol in a way that put them at risk of alcohol-related harm in the long term (a total of 15.6% in SA). In Australia 3000 people die every year through excessive alcohol consumption. 65000 are hospitalized. Conversation with a psychiatrist at the Royal Adelaide Hospital (RAH) revealed that two thirds



of patient beds in the particular ward were occupied by people with nicotine-related illnesses and one third through alcohol-related illnesses.

I should mention our reason for being there. A 34 year old male whom we have known since being called by a telephone emergency service to attend his home in the Eastern suburbs of Adelaide 20 years earlier. (His parents both lived with serious alcohol problems. His Dad died at 44 years of age, his Mother at 53 both due to their alcohol drinking habits.) Recently, their son had determined to stay in his flat and drink himself to death. We called Crisis Care who sent the Police who put him in the RAH under 24 hour security. This turned into compulsory detention for another 3 weeks. At this point in time, he is still alive. Six years ago, an RAH doctor told him he had 10 years to live if he continued drinking.

During pregnancy. Medical researchers have now discovered Foetal Alcohol Syndrome (FAS) (physical abnormalities, growth retardation and developmental delay, memory loss and behavioural difficulties) or the more common Foetal Alcohol Effects (FAE). We will face a nightmare if urgent action is not taken. Teachers tell us of the enormous problems they are likely to encounter teaching a class with just one FAS child. Imagine the education disaster if every class in the State had several children with these incurable problems.

Further to the story above, the young man's younger sister was born with an arm and hand deformity which has caused her great embarrassment and difficulty, especially in teenage years. It would seem the deformity was due to the BAC in the placenta during her formation in the womb. Remarkably, she has never taken alcohol throughout her life, is happily married and expecting their first child with no concern regarding FAS!

Other possible physical long-term effects

▶ heart damage ▶ high blood pressure and stroke ▶ liver cirrhosis ▶ cancers of the digestive system ▶ other digestive system disorders (stomach ulcers),
▶ sexual impotence, ▶ reduced fertility ▶ increased risk of breast cancer
▶ sleeping difficulties ▶ concentration and memory loss ▶ brain damage with mood and personality changes.

Dr. Melvin H. Knisely, (Prof. of Anatomy at the Medical University of South Carolina, Charleston USA) years ago conclusively demonstrated that alcohol rapidly enters the bloodstream from the stomach and intestines and circulates to all parts of the body within a few minutes. The main effect is on the brain where it gradually anaesthetises control centres, starting with

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the higher intellectual functions. 90% is broken down by the liver which can only handle a certain amount of alcohol at any one time. The lungs and kidneys eliminate the remaining 10%.

Brain damage is not merely an end effect, but occurs progressively from the first cells destroyed by the first drink a person takes, and that damage accumulates with every drink. Dr. Knisely discovered that the circulating blood cells become agglutinated which seriously interferes with blood circulation. Agglutination means the red blood cells adhere together in wads until the blood becomes "a sludge" – this is the medical term used. This results in blood cells being restricted in oxygen (anoxia). The neurons ("thinking cells") of the brain require a high oxygen supply continuously. If complete oxygen deprivation lasts 3 minutes or more they are seriously damaged. After 15 or 20 mins. the damage is most likely to be permanent. Brain cells do not multiply and are virtually irreplaceable.

As the BAC level in the blood rises, all systems and organs are affected, resulting in the effects mentioned above. Anxieties, fears, shyness, fatigue and other personal problems only seem to disappear. This gives a temporary 'lift', but unresolved issues return, accompanied by other complications because of uncontrolled and out-of-character behaviour.

The ABC Radio National Health Report on October 8, 2007 examined the effects of alcohol, tobacco and other drugs on teenage brains, and how alcohol is truly poisonous. The Presenter was Norman Swan. He interviewed several people who have done extensive research on the effects of alcohol binge drinking by teens over a period of time.

Russell Viner (an expatriate Australian & now Associate Professor in Adolescent Medicine at the Institute of Child Health in London) has followed 16,000 adolescents through to adulthood to find out what happened to those who were binge drinkers (1 in 5 of those recorded). Binge drinking was defined as four drinks in a row (some say five) at any one time.

The children were all born during one week in 1970 and were surveyed every 5 years – a good opportunity to track their progress. It was already known that binge drinking in adolescence is linked with violence and being excluded from school, but the long-term outcomes were unknown. The survey began in 1986 when they were 16. The final assessment was in 2000, at age 30.

It revealed a whole range of adverse outcomes in adulthood in those who binge drank compared with those who didn't. Binge drinkers were about 50% more likely to have mental health problems as adults, about 50% more

likely to have an alcohol use problem, 2 or 3 times more likely to be homeless after adolescence, about 50% more likely to have a court conviction, usually a criminal conviction, and about 50% more likely to have had significant harmful accidents. They are also more likely to end up being of lower socio economic status, earning less money. They were about twice as likely to leave school without any educational qualifications.

It's the behaviour related to binge drinking that is associated with these outcomes, including impulsiveness, slightly out of controlness and risk-taking behaviour. The view taken by middle class and upper socio economic groups that it's "lower class jobs" is not necessarily true. The predisposition to binge drinking lessened in those who were connected to their family and whose parents were firm, loving and who set limits. Russell Viner insists "that alcohol education per se is unlikely to have much effect on binge drinking. Good connection to family, to school and promoting mental health are much more likely to reduce the behaviours of binge drinking."

Dr Dan Lubman (Orygen Research Centre at the University of Melbourne) says "... that in fact the brain is constantly changing and whilst it reaches adult size by the age of five, adolescence is a key time for rewiring of the brain, creating great opportunity for new learning, new opportunities, new growth". The negative side to this is "... that it's more susceptible for damage by external toxins" e.g. stressful life events and alcohol. A pruning process which takes place in the brain during adolescence should leave brain connections more efficient and more optimal. The last part of the brain to actually mature is the front part - very much involved in judgement, long-term planning, regulating emotions, thoughts, feelings" and surely moral values. So that part of the brain involved in drives and motivations matures earlier - leading to seeking out new pleasures and risks - than the part regulating our behaviour with good judgement.

In Australia the first use of alcohol is constantly moving to a lower age level, as it accompanies a culture of acceptance and the social norm and a constant barrage of advertising. It would seem that for the sake of our youth these norms need to be (as with nicotine) seriously and deliberately modified in our society. In fact young people have more need of models than critics!

The fact that adolescent brains are much less sensitive to the sedative effects and the motor co-ordination effects than adults means they can drink a lot more and sustain a lot higher BAC than adults. Memory lapses and black-outs can be sustained by adolescents without awareness of it. Hence they

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get into very risky situations – fights, drink/driving and sex encounters which may be dangerous and later regretted. This casts serious doubt on the validity of the minimum drinking age remaining at 18. Recently at the service desk in a super-market I noticed a large sign indicating that people whose age looked under 25 had to produce ID before being sold cigarettes.

Professor Robin Room (Director of the AER Centre for Alcohol Policy Research at Turning Point in Melbourne) in his ABC interview with Norman Swan, added that a study by the World Health Organisation on the global burden of disease shows that alcohol ranks very high on the list of risk factors for disability adjusted life years i.e. disability and death. Over a period of 15 years half of the funeral services my husband conducted were the result of death at an earlier than normal age through the excessive consumption of alcohol and alcohol related illnesses. The potential benefits of a small amount of drinking for the heart, Professor Room says is outweighed by heavy binge drinking which is bad for the heart. In SA in 2005-2006, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 45% (or 3915 episodes of 8766) of all closed treatment episodes. Nationally, 39% of closed treatment episodes had alcohol as the principal drug of concern. How many liver transplants will we be needing for the current binge drinkers by the time they turn 30 if something radical isn't done immediately?

All of the above effects surely mean, as in the proposed Act, that health information labels must be on all alcohol products.

3. The rippling effect of Alcohol and its cost to the Community.

It is estimated that for every person with an alcohol problem, nine others are directly affected. Apart from Intoxication Effects mentioned above, alcohol affects the following:

Family relationships: Excessive spending on alcohol can result in inadequate provision of food and other necessities. Patterns of unwise drinking usually go from generation to generation.

Employment: An employee's (or employer's) efficiency, reliability, work performance and ability to hold down a job are impaired.



Decision-making: A person in an alcohol inebriated state can neither make good decisions re his/her behaviour nor receive good advice.

Neighbourhood disturbances: There are many recent evidences of this, involving noise and threats which cause fear, not peace, in a community.

Costs from tax-payers' money: The annual health cost alone from alcohol consumption is 15 billion dollars. The Government spends \$1 on alcohol education and rehabilitation for every \$6 it receives in tax revenue.

4. Recommendations by Researchers on how to reduce the Alcohol toll.

Professor Robin Room (Director of the AER Centre for Alcohol Policy Research at Turning Point in Melbourne) gives conclusions from his research:

1. **What the health system can do.** Brief assessments and interventions by doctors and nurses for people exhibiting alcohol-related health problems e.g. asking about alcohol use and giving straight-forward, simple, commonsense advice. People usually listen to their medical practitioners.
2. **Taxation is very cost-effective** and recommended by alcohol and education rehabilitation programs suggesting taxing according to the alcohol content. The "hip pocket" effect can act as a deterrent. The population would have to be brought on-side with the need for such a move.
3. **Controls on drinking and driving,** where Australia has led the world in reducing rates using random breath testing and license confiscation, must be maintained in spite of the high cost. The incongruity of licensing motels - providing alcohol readily for travelling motorists - should be reviewed.
4. **Controls on alcohol availability,** making it more difficult for people to get it e.g. all the outlets closed for 1 day a week and limiting trading hours. The high proportion of young drivers and their passengers killed or maimed on the roads means a re-focus on the minimum drinking age from 18 to 21. It is easy for some 15/16yr olds now to cheat the law.

5. **Restriction on advertising.** The other 3 clauses in the Bill by the Hon. Steve Fielding refer to advertising. They are all vital first step measures.

Many of us know, at least in theory, how the sights and sounds, the colour and the language and setting in advertisements is all calculated to urge us to buy a product. The appeal to keep up with the best people around us has a very strong resonance with youth in particular. Thus the pre-approval of a Government body with the breadth of experience in its composition and understanding of all the real issues for all alcohol advertising is an excellent measure. Professor John Dwyer (Emeritus Prof. of the University of NSW) questions the independence of the current "Drink-wise" body. The positive move by the Prime Minister, The Hon. Kevin Rudd to use sporting heroes to warn of risky behaviour with alcohol is to be commended.

5. A call for a compassionate Government and people to act decisively and speedily.

Our political leaders in a bi-partisan way need to acknowledge the GIGANTIC dimensions of the alcohol problem that Australia faces today. A refusal to be "ostrich-like" and a willingness to face the facts of the destructive effects of much excess drinking and addiction to alcohol (as with nicotine) by Government and people can bring the adjustment we need. The cultural norm of alcohol being an essential ingredient for celebration and happiness must cease. Surely the unadulterated exuberance and excitement of success, to be adequately expressed, doesn't require a potentially dangerous drug.

It will take Government Ministers with steel and determination to make the moves necessary, and the media to co-operate to resist the entrenched, massive, irrational and greedy alcohol industry and foolish pressure in sporting clubs. The latter need to recognize the truth that alcohol (as one WA foot-baller affirmed on the media) is behind sporting stars' failures not their prowess. David Parkin, a previous AFL coach, when interviewed by Graham Cornes, on the 5AA Drive Time Sports Show (Wednesday, March 19, 2008) said, "98% of AFL footballers' mis-demeanors are due to alcohol. He advocates Football Clubs reconsider total abstinence.



We need the Government through this proposed Act to begin building again the strong walls around the top of the "alcohol cliff", rather than spending millions trying to pick up the pieces of human lives at the bottom. This is not a matter of economics but of life and death issues. "She'll be right mate"! . . . is not the truth here. Governments and people who trade and make wealth on other people's weaknesses deserve no toleration. Is it not possible for our Government and people who really care about the well-being of others to make steady, determined, statesman-like steps in the right direction?

The Hon. Steve Fielding is to be thanked and congratulated for making this move to begin a resolution of our cultural malady.

SOURCES OF INFORMATION

Alcohol & Drug Foundation of South Australia Research

Statistics of alcohol use in SA

Alcohol use in the general population

Alcohol use among SA secondary school students

Indicators of harm associated with alcohol use.

Articles in the Adelaide "The Advertiser", early March 2008

"Teens tip \$112m in drink tax annually" & "Bans to cut binge drinking"

Their sources: Prime Minister's 2020 ideas summit in the "Sunday Mail" and the Australian Drug Foundation, Study by University of Queensland researchers.

Alcohol and you – Leaflet published in 1986 by the Alcohol and Drug Foundation SA "in the interests of Community Health".

Drinking damages the brain – by Dr Melvin H Knisely, Professor Of Anatomy at the Medical University of South Carolina in Charleston, USA in the '60s

The Health Report on ABC Radio National on October 8, 2007, Drugs and the teenage brain.

SAA Drive Time Sports Show on Wednesday, March 19, 2008. David Parkin, a past AFL Coach.

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March 20, 2008