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**Legal and Constitutional Affairs References Committee inquiry:  
The need for a nationally-consistent approach, negotiated, developed  
and delivered by the Federal Government together with all state and  
territory governments, to address and reduce alcohol-fuelled  
violence.**

Committee Secretary  
Senate Legal and Constitutional Affairs Committee  
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The Australian Medical Association (AMA) is pleased to provide a submission to the Legal and Constitutional Affairs References Committee. The AMA is very concerned about the need for consistent national approaches to alcohol-fuelled violence, and the AMA has played a leading public role in addressing this problem for a number of years.

The Terms of Reference for this inquiry cover a wide range of issues, however the AMA submission is most relevant to:

- (c) the viability of a national strategy to ensure adoption and delivery of the most effective measures, including harmonisation of laws and delivery of education and awareness across the country, and funding model options for a national strategy.

As an organisation representing medical practitioners, the AMA has long been concerned about alcohol-related violence within the community. Unfortunately excessive alcohol consumption has become common place in Australia, and appropriate measures by government to limit the harms resulting from this behaviour are long overdue.

Doctors are at the front line in dealing with the devastating effects of excessive alcohol consumption. They deal with the fractured jaws, the facial lacerations, the eye and head injuries that can occur as a result of excessive drinking. Doctors, and those working in hospitals and ambulatory services, see the deaths and life-long injuries sustained from car accidents and violence fuelled by alcohol consumption.

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Many of the people who are injured are not the ones who consume alcohol, they are often innocent victims. The apparently random violent attacks, terrible car accidents and domestic assaults fuelled by alcohol necessitates urgent action and leadership at the Commonwealth level. Every time a young person loses their life in alcohol-related violence there is a renewed push to take action to ensure a life was not lost in vain; and that government will do something to ensure that it will not happen again.

Unfortunately, as long as no decisive action is taken to address alcohol-fuelled violence, there continues to be a risk that we are now perceiving these incidents as normal and we, as a community, are becoming immune to the horrific consequences of excessive alcohol consumption.

### **AMA National Summit on Alcohol**

The concern among medical practitioners about alcohol and alcohol-fuelled violence led to the AMA hosting a National Summit on Alcohol in 2014. The Summit brought together a range of experts from sectors such as emergency medicine, policing, domestic violence, child development and welfare, communications, advertising and social media, general practice, and Aboriginal and Torres Strait Islander health, and addiction medicine, to name a few. Importantly, attendees also heard from the victims of alcohol-related violence.

The AMA National Summit on Alcohol stated that tolerating, and even glorifying, binge drinking must stop. Governments must do everything within their power to change the prevailing attitude towards alcohol and protect the innocent from harm. Yet, almost two years after the AMA's Alcohol Summit, the scourge of excessive alcohol consumption and alcohol-related violence is still being felt throughout the community, and more often by the most vulnerable, including children and young people.

The message arising from the Summit was clear – Federal Government action on alcohol is overdue. The Communique from the AMA National Summit on Alcohol is attached at the end of this submission and a brief summary is provided below. It provides further details and the AMA's recommendations for Commonwealth action on alcohol, including an updated National Alcohol Strategy that should:

1. provide for a consistent national approach to access and availability;
2. an effective and sustained advertising and social marketing campaign around unsafe drinking and the harms associated with excess alcohol use;
3. increasing the availability of alcohol prevention and treatment services;
4. measures that respond specifically to the particular needs and preferences of Aboriginal and Torres Strait Islander people, and other culturally and linguistically diverse groups;
5. statutory regulation of alcohol marketing and promotion;
6. clear and consistent monitoring and measurement of alcohol use;
7. review current alcohol taxation and pricing arrangements; and
8. prohibiting political donations from the alcohol industry and the development of a code of conduct to guide government engagement with the alcohol industry.

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## **National Strategy on Alcohol and Nationally Consistent Approaches**

The AMA is hopeful that the National Alcohol Strategy 2016-2021 will be finalised and released in 2016, as the previous National Strategy on Alcohol expired in 2011.

The National Strategy on Alcohol is as a matter of priority, and must establish a process to genuinely engage with state and territory governments to ensure a coordinated and consistent approach to reducing alcohol-related harm.

The decision to abolish the Australian National Preventive Health Agency was based on the premise that the Commonwealth Department of Health would continue the work on health prevention, including reducing alcohol-related harm. The delay in releasing the Strategy indicates that the Commonwealth Department of Health has not prioritised this policy area.

The AMA supports measures that seek to reduce Australia's culture of binge drinking, and that reduce availability and access to alcohol. Such measures are supported by evidence and will have positive impacts on the health system and on the broader community. Reducing the availability of alcohol via lockouts and designated last drink times, as well as restrictions on the availability of take-away alcohol, should noticeably reduce the incidence of alcohol-related violence. While the AMA is not prohibitionist, there can be little doubt that many Australians need to learn to socialise and have fun without consuming copious amounts of alcohol.

In the contemporary media environment, young people are exposed to alcohol marketing at unprecedented levels. This marketing is sophisticated and multidimensional, integrating online and offline promotions with the sponsorship of music and sporting events, the distribution of branded merchandise and the proliferation of new alcoholic brands, products and flavours. Marketing has powerful impacts on young people, with an extensive body of research indicating that alcohol marketing shapes young people's attitudes and behaviours, encouraging them to take up drinking, and to drink more once they do. The current self-regulatory approach is voluntary, limited in scope, unable to enforce penalties and ultimately fails to protect young people. The AMA supports stronger and more robust policy in relation to alcohol marketing. Specific recommendations on the measures that should be implemented are provided below.

The AMA also supports restrictions on the availability of 'rapid intoxication drinks'. The reality is that when consumed rapidly, any type of alcoholic beverage will result in intoxication. However, the sale of 'shots' is problematic as these standard drinks are typically consumed in a single mouthful. Drinkers can fairly quickly lose track of the number of shots they have consumed, and become extremely intoxicated in a very short amount of time. Some venues voluntarily refuse to serve shots and also limit customers to two drinks per order. These potential solutions should be canvassed further through a National Strategy on Alcohol.

Another area of concern for the AMA is the combination of alcohol and so called 'energy drinks'. The mixture of alcohol (a depressant) with high levels of caffeine (a stimulant) has problematic physiological impacts, particularly for cardiovascular health. Consuming alcohol and energy drinks is likely to leave drinkers with the perception that they are less intoxicated than they actually are, resulting in poor decision making and increased risk taking. Alcohol and energy drink combinations, regardless of whether they are sold in pre mixed containers or mixed at a license venue, should be outlawed.

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The AMA also notes that a number of non-government organisations (NGOs) who engage in advocacy in sectors that are affected by the impact of alcohol, such as Indigenous health, family and domestic violence, and mental health, have seen their funding cut, or significantly reduced. Some treatment and support services have also had their funding reduced or terminated. These cuts/reductions are detrimental to efforts to reduce and treat the impact of alcohol and alcohol-related harms.

### **Alcohol and Indigenous Australians**

The proportion of Aboriginal and Torres Strait Islander people who consume alcohol is actually lower than the rest of the population. However, the evidence is that Indigenous Australians who do consume alcohol are doing so at far more harmful levels, and alcohol-related conflict is a significant problem, especially in rural and remote communities.<sup>1</sup>

The AMA believes that successive federal governments have failed to show leadership and invest in programs and resources to assist Aboriginal and Torres Strait Islander people in addressing alcohol-related harm.

At the 3<sup>rd</sup> National Indigenous Drug and Alcohol Conference in 2014, the then Federal Assistant Minister for Health said that the “Australian Government is committed to improving Aboriginal and Torres Strait Islander health as a priority”. Yet, in the Federal Government’s recent response to the House of Representatives Standing Committee on Indigenous Affairs report: *Alcohol, Hurting People and Harming Communities*<sup>2</sup>, the Government agreed to only two of the report’s twenty three recommendations to address the harmful use of alcohol in Indigenous communities. Importantly, one of the report’s recommendations was to empower Aboriginal and Torres Strait Islander people to decide how they want to address alcohol problems within their own communities.

The Government’s response to this report is disappointing. This is an example of Government failing to act on their own commitment to address a critical issue that could ultimately lead to improved health and life outcomes for Aboriginal and Torres Strait Islander people. The AMA wants to see the Government allow Aboriginal and Torres Strait Islander people to take a lead role in responding to their own health needs and reduce the harmful effects of alcohol within their communities.

Excessive use of alcohol is a major cause of liver disease, brain damage, transport accidents, domestic violence and crime. It is a big problem for all Australians, however the effects of alcohol on Aboriginal and Torres Strait Islander people are particularly concerning. Despite consuming alcohol at rates similar to, or lower than, non-Indigenous Australians, Aboriginal and Torres Strait Islander people are much more likely to be hospitalised for, or die, from alcohol-related harm. The 2014 *Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF)*<sup>3</sup> report shows that between 2008 and 2012, Aboriginal and Torres Strait Islander males died from alcohol-related causes at five times the rate of non-Indigenous males and Indigenous females, six times the rate of their non-Indigenous counterparts. The AMA views this as unacceptable, and further evidence of the urgent need to address alcohol consumption rates.

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<sup>1</sup> <http://www.aic.gov.au/publications/current%20series/rip/1-10/04.html>

<sup>2</sup> [http://www.aph.gov.au/Parliamentary\\_Business/Committees/House/Indigenous\\_Affairs/Alcohol/Report](http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol/Report)

<sup>3</sup> <http://www.health.gov.au/indigenous-hpf>

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Alcohol-related harm also accounts for more than five per cent of Indigenous people's total disease and injury burden and is strongly linked to imprisonment. The AMA's *2015 Report Card on Indigenous Health*<sup>4</sup> shows that Aboriginal and Torres Strait Islander people are commonly imprisoned for violent offences - often related to alcohol. In 2014, 35 per cent of Aboriginal and Torres Strait Islander prisoners were charged or convicted with acts intended to cause injury, compared with 16 per cent of non-Indigenous prisoners.

The finalisation and implementation of National Alcohol Strategy that targets alcohol prevention and treatment must include measures that specifically respond to the particular needs and preferences of Aboriginal and Torres Strait Islander people. The Government should also implement the recommendations in the *Alcohol, Hurting People and Harming Communities* report, which would be a significant step in stopping the preventable harms caused by alcohol misuse.

### **The Cost of Alcohol-Fuelled Harm**

The AMA recognises that alcohol is not the only problematic substance in the community. In 2015, the Federal Government took quick and decisive action to reduce the impact of crystal methamphetamine or 'ice'. In the space of a year the National Ice Taskforce undertook extensive consultations and formulated the National Ice Action Strategy. The Government accepted and funded the Strategy to the extent of \$300 million. While the AMA is genuinely supportive of the Government's action on ice, we are disappointed that alcohol has not received the same amount of attention or funding.

Alcohol-fuelled violence is a major problem for Australia's hospital and hospital staff. A study conducted by the Australasian College for Emergency Medicine in 2014 found that during peak alcohol drinking times, such as the weekend, up to one in eight hospital patients were there because of alcohol-related injuries or medical conditions. The report noted that the sheer volume of alcohol-affected patients created more disruption to Emergency Departments than those patients affected by ice.<sup>5</sup>

Of particular concern to the AMA is that 98 per cent of medical staff who responded to a survey stated that they had experienced alcohol-related verbal aggression from patients in the previous 12 months.<sup>6</sup>

Assaults and abuse of doctors and nurses in Emergency Departments by patients affected by alcohol has been reported as widespread. An investigation by the ABC found the incidence of assaults in Queensland hospitals had "skyrocketed". The special ABC investigation reported "injuries to staff included fractures, cuts, trauma, anxiety and stress. Nurses have borne the brunt of those injuries but security officers, doctors and catering staff have also been attacked."<sup>7</sup>

As an organisation that represents medical practitioners, this situation is entirely unacceptable. Doctors, nurses, paramedics and others involved in provision of health and emergency care

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<sup>4</sup> <https://ama.com.au/2015-ama-report-card-indigenous-health-closing-gap-indigenous-imprisonment-rates>

<sup>5</sup> [https://www.acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-\(AHED\)-Proje.aspx](https://www.acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-(AHED)-Proje.aspx)

<sup>6</sup> [https://www.acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-\(AHED\)-Proje.aspx](https://www.acem.org.au/About-ACEM/Programs-Projects/Alcohol-Harm-in-Emergency-Departments-(AHED)-Proje.aspx)

<sup>7</sup> <http://www.abc.net.au/news/2015-12-10/staff-queensland-hospitals-endure-soaring-rates-patient-violence/7015594>

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should not simply accept the substantial likelihood of alcohol-related violence in the course of their employment.

A Medical Journal of Australia article, *Survey of alcohol-related presentations to Australasian emergency departments*, concluded that:

“One in seven ED presentations in Australian and New Zealand ... were alcohol-related, with some EDs seeing more than one in three alcohol-related presentations. This confirms that alcohol-related presentations to EDs are currently underreported and makes a strong case for public health initiatives.”<sup>8</sup>

There is now overwhelming evidence that alcohol causes far more injury, harm and loss of life than any drug, and that medical practitioners, as well as the general public, are being injured, traumatised and die because there are insufficient measures to curb the excessive consumption of alcohol in Australia.

### **Measures to Address Alcohol-Fuelled Harm**

The AMA supports those progressive state governments that have implemented measures to reduce alcohol-related violence. In NSW, Premier Mike Baird has introduced 1:30 am lockouts and 3:00 am last drinks in the Sydney CBD Entertainment Precinct. Troublemakers can be issued with temporary bans from the area, and there is also a State-wide ban on the sale of takeaway alcohol after 10:00 pm. The NSW laws also include revoking of Competency cards and disqualifications: (up to 12 months) for bar staff breaching responsible service of alcohol requirements.

While these measures will not completely solve all of the alcohol-related problems, they are a proven and effective place to start. Queensland has recently adopted similar reforms to address alcohol-related violence and reduce alcohol-related harm.

Data from the NSW Bureau of Crime Statistics and Research shows significant reductions in alcohol-related violence (45.1 per cent in Kings Cross and 20.3 per cent in the Sydney CBD entertainment precinct) since these measures were implemented, and they are consistent with earlier findings from Newcastle, where they introduced similar alcohol management policies.<sup>9</sup>

The AMA recognises that there is opposition among business owners and certain vested interests who think they may lose revenue as a result of alcohol management measures. There are claims that music and cultural aspects of the community will be ruined from these measures, and some argue that these measures impact on everyone, when only a small few are responsible for the problem.

The AMA refutes these claims. The truth is that most Australians drink at levels that puts themselves and others at risk of harm. An article in the Medical Journal of Australia, *Making sense of alcohol consumption data in Australia*<sup>10</sup>, is a useful guide to the consumption of alcohol and explains the differences in data collection and analysis. Regardless of which data is analysed, clearly too many Australians drink over the recommended safe levels; binge and

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<sup>8</sup> <https://www.mja.com.au/journal/2014/201/10/survey-alcohol-related-presentations-australasian-emergency-departments>

<sup>9</sup> <http://www.abc.net.au/news/2016-02-09/violence-in-sydney-down-lockout-laws-mike-baird-says-on-facebook/7152212>

<sup>10</sup> <https://www.mja.com.au/journal/2015/203/3/making-sense-alcohol-consumption-data-australia>



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excessive drinking is rife, and alcohol-related violence is not a small or isolated problem but exists in every city, town, suburb and community.

### **Conclusion**

Parliamentarians play a vital role in driving the agenda for changing the way Australians relate to alcohol. Politicians must act to protect the people they represent from alcohol-related violence. Like the response to ice, managing alcohol is not a party political issue, it is a safety issue.

The AMA's recommendations for addressing alcohol and alcohol-fuelled violence are contained in the Communique, specific recommendations on alcohol marketing and the attached AMA Position Statement, *Alcohol Consumption and Alcohol-Related Harms 2012*. A National Strategy on Alcohol is overdue and must be finalised and implemented as a matter of priority.

**23 MARCH 2016**

### **Contact**

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### **Attachments:**

Appendix A: AMA National Alcohol Summit Communique

Appendix B: Alcohol Marketing

Appendix C: AMA Position Statement on Alcohol Consumption and Alcohol-Related Harms 2012

## **Appendix A: AMA National Alcohol Summit Communique**



### **AMA NATIONAL ALCOHOL SUMMIT COMMUNIQUE**

The far-reaching impacts of alcohol-related harm underlie why Australia urgently needs a whole-of-government strategy to drive and coordinate action to address these factors.

The AMA is committed to reducing the harms from alcohol and the unacceptable impact they have on our citizens and community. The AMA believes these harms can only be effectively tackled through a nationally led strategy of high impact campaigns to change behaviours and address unhealthy drinking culture, effective regulation, and early intervention and treatment.

We look to the Australian Government to provide this leadership to address this significant health and social issue for the Australian community.

#### **The AMA's call to action**

As doctors and public health practitioners, we are at the frontline in dealing with the devastating effects of excess alcohol.

But addressing harmful alcohol use is not just the responsibility of the medical profession – prevention at every level is a shared responsibility.

This National Alcohol Summit has drawn together people from government, community leaders, medical and health experts, police, families of victims, and people who have experienced first-hand the myriad of harms that arise from alcohol. These are the voices of Australia's collective concern about this priority public health problem.

The harms associated with excess alcohol consumption are very significant for individuals and for society as a whole, and warrant our community's comprehensive response. Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

State and territory governments, in conjunction with local governments, can make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.



But at the heart of the solution is our national leader. There is an urgent and unmet need for the Australian Government to tackle this problem with more robust and rigorous policy and regulation to supplement parental oversight and responsibility.

Without that leadership, commitment and coordination, we at the frontline will continue to mop up the devastation caused by alcohol in Australia – the road fatalities, the victims of violence, the children who suffer the effects of the drinking around them.

The outcome of this summit is a call to action to the Australian Government – a call to develop an ambitious, comprehensive and world-leading National Alcohol Strategy to be funded and implemented from the 2015 Federal Budget, with eight defined outcome areas for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating responsible regulatory and licensing provisions across states and territories.

The Australian Government's new National Alcohol Strategy should:

- 1) specify a clear role for the Australian Government in coordinating a consistent approach across the nation to access and availability provisions.
- 2) include the development and implementation of effective and sustained advertising and community-led social marketing campaigns that address the public's understanding of unsafe drinking and the harms of excess alcohol use. Campaigns should target a range of priority audiences, including young people and pregnant women.
- 3) include the increased availability of specialised alcohol prevention and treatment services throughout the community, including: GP-led services and referral mechanisms; community-led interventions; safe sobering up facilities; increased availability of addiction medicine specialist services; treatment and detoxification services at all major hospitals; and services for acute alcohol abuse at hospitals with emergency departments.
- 4) include measures which specifically respond to the particular needs and preferences of Aboriginal and Torres Strait Islander people, and other culturally and linguistically diverse groups.
- 5) include the development and implementation of statutory regulation of alcohol marketing and promotion, independently of the alcohol and advertising industries, with meaningful sanctions for non-compliance. Particular attention should be paid to sponsorship and promotion in the community and professional sporting industries.
- 6) specify indicators and methods to monitor and measure alcohol use, alcohol sales data, and alcohol-related harms across the Australian community, and the effectiveness of different alcohol treatment options. Data collected by government departments and authorities should be readily available to alcohol researchers and program evaluators.
- 7) include a review of current alcohol taxation and pricing arrangements and how they can be reformed to discourage harmful drinking.
- 8) ensure transparent and independent policy development by prohibiting political donations from the alcohol industry and developing a code of conduct on government engagement with alcohol industry in line with the WHO's recommendations.

## **Appendix B: Alcohol Marketing**

### **Alcohol Marketing**

The AMA believes that the exposure of children and young people to alcohol marketing must be curtailed, and recommends the following measures:

1. The regulation of alcohol marketing and promotion, including as it relates to children and young people, should be statutory and independent of the alcohol and advertising industries. Experience in Australia and overseas demonstrates that self-regulation is not the answer.
2. Meaningful sanctions for serious or persistent non-compliance with marketing regulations should be introduced, particularly where those regulations relate to children and young people.
3. The sponsorship of sport by alcohol companies and brands should be phased out, with organisations encouraged and assisted to source socially responsible alternative funding.
4. Sponsorship by alcohol companies and brands should be prohibited at youth, cultural and musical events.
5. Given the cumulative effects of marketing, regulations need to limit the volume or amount of alcohol marketing, as well as its content.
6. The regulation of alcohol marketing should be expanded to incorporate point-of-sale promotions, branded merchandise, and new media and digital marketing, including marketing through social media, viral campaigns, mobile phones, and the use of data collection and behavioural profiling. Regulations should be sufficiently flexible to incorporate new and evolving digital marketing activities.
7. The amount spent annually on marketing by leading alcohol companies should be publicly disclosed, including expenditure on social media, online video, mobile campaigns, events sponsorship and product placement.
8. Continuing research into the extent and impact of online and digital marketing, and the effectiveness of different regulatory approaches to this form of marketing.
9. Options to develop a cross-border, international response to alcohol marketing should be pursued. The Framework Convention of Tobacco Control provides a possible model for global governance to control alcohol marketing. Examples of possible standard-setting mechanisms include World Health Organisation regulations, ISO standards and Codex Alimentarius Standards.
10. Health education addressing alcohol consumption should build the critical media literacy of young people. Preventing alcohol marketing to young people needs to be incorporated as part of a comprehensive and multi-faceted strategy addressing alcohol-related harms in Australia.

## **Appendix C**

### **Alcohol Consumption and Alcohol-Related Harms 2012**

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others' health at risk.

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol and its affordability.

The harms of excess alcohol use are significant and warrant serious measures, especially regarding adolescents and youth. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

#### **Prevention**

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

#### **Alcohol marketing and promotion**

In Australia's contemporary media and communications landscape, the community is exposed to alcohol marketing at an unprecedented level and from multiple sources. This is particularly true of young people who use new digital technologies and are exposed to alcohol marketing on mobile phones, online video channels, interactive games, and social networks such as Facebook and Twitter. Marketing of alcohol is increasingly sophisticated and multidimensional, integrating online and offline promotions with the sponsorship of music and sporting events, the distribution of branded merchandise, and the proliferation of new alcoholic brands and flavours. There is compelling emerging evidence linking alcohol marketing and alcohol consumption, particularly among young people. While children, adolescents and teenagers are likely to be more susceptible to this marketing and promotion, people into their mid-twenties are also susceptible, and are also at highest risk of alcohol-related harms. There is an urgent and unmet need to tackle this problem with more robust and rigorous policy and regulation to supplement parental oversight and responsibility.

The AMA recommends the following preventive measures.

There is strong evidence that self-regulation and voluntary codes are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people. The regulation of alcohol marketing and promotion should be statutory and independent of the alcohol and advertising industries, and should carry meaningful sanctions for non-compliance.

Such regulations should:

- prohibit marketing communications, packaging and branding that targets, or appeals to, children and young people;
- prohibit the production and sale of alcoholic energy drinks, and ban any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues;
- prohibit the sponsorship of sporting events, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. Organisations should be encouraged and assisted to source alternative funding;
- limit the amount of alcohol marketing as well as its content. The volume of alcohol marketing that young people are exposed to has consistently been shown to affect their drinking behaviours, and is not sufficiently addressed through content regulations;
- prohibit alcohol advertising and promotion in locations, publications, and at times that are likely to influence teenagers and children. This should apply to point of sale promotions, branded merchandise, product placement, and new digital technologies such as social media, viral campaigns, mobile phones, and through online behavioural profiling;
- require that alcohol advertising encourages no more than the daily levels of consumption recommended by the NHMRC for low-risk drinking, and indicates what those levels are;
- require that all contexts of alcohol promotion include simple and clearly visible information about the health risks of excess consumption, and urge pregnant women not to consume alcohol. This should include point-of-sale, naming and digital media.

*Mechanisms should be developed for global governance and standard setting to control alcohol marketing across national borders. Models for this may include the WHO Framework Convention on Tobacco Control.*

Health education for young people regarding alcohol consumption should include a strong focus on critical media literacy skills.

### **Product Content and Information**

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.
- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.

- Governments and other stakeholders should address the public's understanding of how various drinking vessels for alcohol (e.g. wine glasses, beer glasses) translate into a "standard drink" measure.
- Alcohol products should have simple and clearly visible front-of-pack labels that warn of the health risks of excess consumption, and urge pregnant women not to consume alcohol.
- Labelling of energy drinks should include warnings about the potential harms associated with mixing alcohol and energy drinks.

#### **Access and Availability of Alcohol**

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.
- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.
- State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol-related harm in that respective State or Territory.
- The sale of energy drinks, and the mixing of energy drinks with alcohol, should be prohibited in licensed venues.

#### **Pricing and Taxation of Alcohol**

- Alcohol products should be taxed on the basis of the volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.
- Alcohol taxes should be set at a level that sustains high prices for alcohol products, so that price signals reflect the very substantial social costs of alcohol consumption.
- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.
- All licensed premises should set a 'minimum floor price' for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

### **Public Education, Schooling and Family Education**

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.
- Classroom-based programs that develop teenagers' decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.
- Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.
- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

### **Alcohol and Pregnancy**

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy can be guaranteed to be safe for the foetus.

### **Early Identification and Intervention**

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

### **The Role of Doctors**

Doctors have an important role to play in providing advice to their patients about the harms of excessive alcohol use. Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30 per cent of patients visiting a GP were at-risk drinkers. This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.



To maximise these opportunities for early intervention, the AMA believes it is important that:

- there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;
- grant programs should be established to support the development and implementation of ‘whole-of-practice’ programs for problematic alcohol use, suited to practice populations;
- media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

### **Law Enforcement and Diversion Programs**

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.

### **Treatment of Problematic Alcohol Use**

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual’s goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialised alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar ‘dual diagnoses’. These should include GP led services where there is expertise.
- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.
- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for Indigenous peoples. Resources such as the *Alcohol Treatment Guidelines for Indigenous Australians* should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

### **Research and Data Collection**

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups
- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

### **Responsibility for Policy and Action**

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.

- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own “local alcohol action plans” to respond to local needs.
- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

### **AMA PUBLIC HEALTH AND CHILD AND YOUTH HEALTH COMMITTEE**