ROYAL AUSTRALASIAN COLLEGE OF SURGEONS RACS

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31 January 2017

Red Tape Committee
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Submission to the Senate Red Tape Committee's Inquiry into the effect of red tape on the sale, supply and taxation of alcohol

I write in response to the Senate Red Tape Committee's Inquiry into the effect of red tape on the sale, supply and taxation of alcohol.

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical education, training and high standards of practice in Australia and New Zealand. RACS has strongly advocated for recognition of the harmful effects of alcohol abuse for many years, not only for the increased risk of complication that it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole.

Surgeons and other health professionals are first-hand witnesses to the damage that alcohol-related harm causes on a daily basis. The burden that alcohol-related harm places on the community is considerable, including the extra strain on emergency departments, operating rooms and long-term suffering caused by non-communicable disease.

RACS appreciates the opportunity to contribute to this Senate inquiry and is able to nominate a representative to appear before any hearings to further discuss this submission or answer any associated questions.

If you would like to discuss any of the information in this submission further please contact Amy Kimber on

Yours sincerely

PROF SPENCER BEASLEY, FRACS
COLLEGE VICE PRESIDENT

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Submission to the Senate Red Tape Committee's Inquiry into *the effect of red tape on the sale, supply and taxation of alcohol*

2017

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ABOUT THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and international medical graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. RACS provides training in nine surgical specialties, cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery. The College plays an active role in setting standards of surgical care, training of surgeons and their participation in continuing medical education throughout practice.

As part of our commitment to standards and professionalism RACS strives to take informed and principled positions on issues associated with the delivery of health services.

BACKGROUND

RACS has strongly advocated for recognition of the harmful effects of alcohol abuse for many years, not only for the increased risk of complication that it poses to surgical patients, but also for the broader ramifications it has on the sustainability of our public health system and society as a whole. In the past year RACS has released an updated position paper on alcohol related harm and made multiple submissions to alcohol policy and regulatory reviews across Australia and New Zealand.

Surgeons are often confronted with the effects of alcohol misuse when treating patients with injuries resulting from road traffic trauma, interpersonal violence and personal accidents that are caused by excessive alcohol consumption. Alcohol misuse is also a significant contributor to the total burden of disease, including liver failure, gastrointestinal bleeding, upper gastrointestinal and oropharyngeal cancer and infections related to malnutrition.[1]

Surgeons and other health professionals are first-hand witnesses to the damage that alcohol-related harm causes on a daily basis. The burden that alcohol-related harm places on the community is considerable, including the extra strain on emergency departments, operating rooms and long-term suffering caused by non-communicable disease.

RACS appreciates the opportunity to contribute to this Senate inquiry and is able to nominate a representative to appear before any hearings to further discuss this submission or answer any associated questions.

SUMMARY OF RACS RECOMMENDATIONS:

- The findings of this Inquiry explicitly acknowledge:
    - That alcohol is no ordinary commodity and should be regulated for public health and safety considerations
- That a harm minimisation and prevention approach be the key consideration in all alcohol policy and regulation.
- That the alcohol industry should not participate in public health policy development.
- The findings of this Inquiry explicitly acknowledge
    - That the total costs to the Australian community arising from the oversupply, availability, promotion, service and supply of alcohol significantly exceeds the total revenue obtained by the government from the industry
- That taxation and other relevant fees be sufficient to ensure the costs of compliance and enforcement of any regulatory scheme be covered by the industry.
- That taxation and other relevant fees be sufficient to reduce the costs of alcohol related harms to society.
- Regulation should support and promote the rights of the community and reduce the regulatory burden imposed on non-industry stakeholders when working to reduce the harmful effects of alcohol in their communities.
- Appropriate safeguards and regulation should not be dismissed as red tape because they are inconvenient to industry.
- The impact on the health and safety of the community as a whole should be the primary focus of any regulatory scheme.
- RACS recommends that any regulatory scheme should, at a minimum, consider Australia's commitment to the WHO target of a 10 per cent relative reduction in the harmful use of alcohol by 2025.
- That the Commonwealth impose mandatory behavioural codes (such as labelling and advertising) across industry.
- That the Commonwealth impose harsher and swifter penalties for compliance breaches across the sector.
- Ending donations from the alcohol and hospitality industry to political parties to ensure that there is no conflict of interest in policy development and alcohol regulation.
- Abolish the WET and rebate and introduce a consistent volumetric tax on all alcohol products.
- Ensure that a volumetric tax is sufficient to cover the cost of regulation and compliance.
- Match tax increases to inflation and the cost of alcohol harm to society.
- The Commonwealth Government encourages the states and territories to adopt reduced trading hours for on and off-licence venues, and a reduction in outlet density.

INTRODUCTION

The main concern of the alcohol industry, including production, distribution and sale, is increasing the usage and sale of alcohol products. Their bottom line takes precedence over a corporate initiated response to alcohol's detriment to the general public and their own consumers. Despite multiple submissions from the industry stating otherwise, the 2015 *Harper Inquiry into Competition* found alcohol was not an ordinary commodity, like cereal or washing powder, and therefore it should be regulated on public interest and health grounds. [2]

RACS does not support ineffective and inefficient regulation or administrative requirements. However, the pervasive influence and wide scale harm of alcohol on society, particularly on younger and vulnerable sections, means that it is not enough to rely on individual responsibility or the "moral compass" of industry groups.

RACS is concerned that the use of the term "red tape" in reviews, such as this frame regulation, is inherently negative and giving the impression that the key concern of Government is the imposition of regulation on the industry, rather than the health and wellbeing of the community.

RACS is also concerned about the undue influence of the alcohol industry in policy development at all levels of government. Due to their clear conflict of interest, alcohol industry representatives should not be allowed to participate in public health policy development, due to an obvious conflict of interest.This Inquiry must acknowledge the need for strong regulation of the alcohol sector, putting the health of the community first, and not make the mistake of following industry argument that there is an economic or ideological justification to support deregulation of alcohol in the name of cutting red tape.

Alcohol policy and regulation should be informed by the WHO Global strategy to reduce harmful use of alcohol[3], with particular emphasis on the following principles:

- Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals supported by the best available evidence.
- Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.
- Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.

Alcohol takes a significant toll on hospitals, the taxpayer and the health of Australians. Above all, the Government has a responsibility to ensure that, wherever possible, its policies prioritise the health and safety of all Australians, regardless of industry interests.

RACS supports a harm minimisation approach for the regulation of alcohol in Australia, acknowledging that while there may be economic implications for industry, there are significant social and economic costs to the taxpayer and community as a whole when the sale, supply and taxation of alcohol is not adequately regulated.

RACS recommends:

- **The findings of this Inquiry explicitly acknowledge**
  - **That alcohol is no ordinary commodity and should be regulated for public health and safety considerations.**
- **That a harm minimisation and prevention approach be the key consideration in all alcohol policy and regulation.**
- **That the alcohol industry should not participate in public health policy development.**

TERMS OF REFERENCE A: THE EFFECTS ON COMPLIANCE COSTS (IN HOURS AND MONEY), ECONOMIC OUTPUT, EMPLOYMENT AND GOVERNMENT REVENUE;

RACS is not in a position to make detailed comment on the effects of compliance costs to the industry. The significant costs of alcohol-misuse to the Australian taxpayer and broader society, as well as the ability to accurately capture this information and aggregated data, should be the key considerations for Government.

Australian researchers have led the world in developing two key methodologies to measure the cost of alcohol to the drinker and those around them. In 2008 Collins & Lapsley used a new methodology to estimate the avoidable costs of alcohol abuse in Australia. In 2010 Laslett developed novel methods for costing different aspects of alcohol's harm to others, and applied these methods to estimate costs stemming from the alcohol-related behaviour of heavy drinkers. To ensure consistent data we need to repeat studies using and expanding upon the same methodologies.

The yearly costs identified in the Collins & Lapsley report and the Laslett report were analysed by one of the authors of the Laslett report in 2010 - and the total cost of alcohol misuse in Australia was found to be up to $36b.[4] This figure includes harm to the drinker and those associated with the drinker. In the same year, the Australian Government received an estimated $7.075b in total alcohol tax revenue.[5]

The revenue raised by government should, at the very least, be sufficient to cover the costs of compliance and enforcement of alcohol regulation. Given the significant gap in revenue and the costs of harm, fees and taxation should be increased to more appropriately offset the costs of alcohol misuse to society.

RACS recommends:

- **The findings of this Inquiry explicitly acknowledge**
  - **That the total costs to the Australian community are rising from the oversupply, availability, promotion and service of alcohol and significantly exceeds the total revenue obtained by the government from the industry.**
- **That taxation and other relevant fees be sufficient to ensure the costs of compliance and enforcement of any regulatory scheme are covered by the industry.**
- **That taxation and other relevant fees take into account the costs of alcohol harms to society.**

TERMS OF REFERENCE B: ANY SPECIFIC AREAS OF RED TAPE THAT ARE PARTICULARLY BURDENSOME, COMPLEX, REDUNDANT OR DUPLICATED ACROSS JURISDICTIONS;

RACS acknowledges the importance of having a streamlined regulatory process to ensure industry compliance, and provide clarity for those that it affects. However, 'red tape' should not simply be viewed as existing to place additional burden upon business. A comprehensive regulatory process can be a positive aspect to any system as it ensures a rigorous and appropriate framework and ensure that there are effective safeguards in place to monitor compliance.

If it is determined that unnecessary regulation exists, then any proposed reconfiguration needs to be driven by the community, with the community's best interest at heart. This approach requires the development of a regulatory environment that supports the principles of harm minimisation and promotes responsible attitudes towards alcohol. This approach is in contrast to deregulating existing safeguards simply to appease industry concerns about the scrutiny liquor licensing applications receive.

It is vital that any action to reduce regulatory burdens make the safety and health of non-industry stakeholders (consumers, local residents, children, etc.) the primary focus.

RACS recommends:

- **Regulation should support and promote the rights of the community and reduce the regulatory burden imposed on non-industry stakeholders when working to reduce the harmful effects of alcohol in their communities.**
- **Appropriate safeguards and regulation should not be dismissed as red tape because they are inconvenient to industry.**

TERMS OF REFERENCE C: THE IMPACT ON HEALTH, SAFETY AND ECONOMIC OPPORTUNITY, PARTICULARLY FOR THE LOW-SKILLED AND DISADVANTAGED;

In 2012-13, there were 7,744 emergency department presentations in Victoria in which alcohol was identified as a contributing factor. The rate of such presentations has increased by 58.6 per cent since 2003-04, from 8.7 per 100,000 to 13.8 per 100,000.[6] Overall, far too many people are affected by alcohol harm through assault,[7],[8] domestic violence,[9] road crashes,[10] and child maltreatment.[11,12,13]

Each week, on average, more than 100 Australians die and more than 3,000 are hospitalised as a result of excessive alcohol consumption.[14] Annually, an estimated 20,000 alcohol-related domestic violence cases involve injury to women and children,[15] and around two thirds of family violence homicides involve alcohol and/or illicit drugs. [16] The total cost of alcohol-related harm in Australia is $36 billion.[17] This high volume of avoidable tragedies puts an unnecessary burden on Australians and the health services that support them.

The range and magnitude of costs associated with alcohol consumption in Australia are large. This cost is borne by drinkers, their friends, family, government, and society more broadly. Some costs impact directly on business and government, including productivity and labour costs ($4.0 billion), healthcare ($2.2 billion), and crime ($1.6 billion). [18]Other costs are associated with the effect of drinking on households and family members ($1.7 billion), counselling and treatment ($110 million), child protection ($671 million) and the loss of life ($4.6 billion).[19]

A 2014 study conducted by the Australasian College of Emergency Medicine (ACEM), found that one in twelve presentations to emergency departments in Australasia were alcohol related. This figure increased to one in seven on weekends. [20] The repeat of this survey in 2016 found that alcohol continues to impact staff, patients and health systems with one in eight presentations to emergency departments being alcohol related. [21] In addition to the personal and societal harms of alcohol abuse is the safety of the medical profession as excessive alcohol intake increases the risk of all clinicians being exposed to violent behaviour.[22]

There is no question that health, social services and police resources all face significant pressures as a consequence of alcohol related harm. In addition to this the devastating consequences on individuals, families and communities are immeasurable. Any economic reasoning for deregulating the liquor licensing framework must be measured against the associated economic and social costs.

RACS recommends:

- **The impact on the health and safety of the community as a whole should be the primary focus of any regulatory scheme.**
- **RACS recommends that any regulatory scheme should, at a minimum, consider Australia's commitment to the WHO target of a 10 per cent relative reduction in the harmful use of alcohol by 2025.[23]**

TERMS OF REFERENCE D: THE EFFECTIVENESS OF THE ABBOTT, TURNBULL AND PREVIOUS GOVERNMENTS' EFFORTS TO REDUCE RED TAPE;

Historically, the effectiveness of leadership on alcohol policy at a federal level has been disappointing.

The 2014 national Alcohol Policy Scorecard rated the Commonwealth Government as the lowest performing of all jurisdictions in terms of efforts to develop and implement evidence-based alcohol policy. The Government's score has dropped 20 percentage points since 2013, mainly due to the absence of a whole-of-government strategic plan to address alcohol-related harm.[24]

Funding has ceased for organisations that provided expert advice on ways to reduce the harmful impacts of alcohol, such as the Alcohol and Other Drugs Council of Australia, the Drug and Alcohol Prevention and Treatment Advisory Committee, and the National Indigenous Drug and Alcohol Committee.

The Commonwealth must take the lead on alcohol regulation and show a real commitment to implementing policies that reduce the harmful effects of alcohol abuse to society, even where the industry is not supportive of such measures.

RACS recommends:

- **That the Commonwealth impose mandatory behavioural codes (such as labelling and advertising) across industry.**
- **That the Commonwealth impose harsher and swifter penalties for compliance breaches across the sector.**
- **Ending donations from the alcohol and hospitality industry to political parties to ensure that there is no conflict of interest in policy development and alcohol regulation.**

TERMS OF REFERENCE E: ALTERNATIVE INSTITUTIONAL ARRANGEMENTS TO REDUCE RED TAPE, INCLUDING PROVIDING SUBSIDIES OR TAX CONCESSIONS TO BUSINESSES TO ACHIEVE OUTCOMES CURRENTLY ACHIEVED THROUGH REGULATION;

A report from the Parliamentary Budget Office concluded that Australia's system of alcohol taxation is complex. The report acknowledged that there are varying exemptions and concessions available across different products. Additionally, it draws attention to the fact that Australian taxation of alcohol has not been developed from a set of consistent policy principles. [25]

While the Government has announced plans to overhaul the Wine Equalisation Tax (WET) rebate reducing the rebate cap from $500,000 to $350,000for eligible wine producers, this is still an illogical taxation arrangement. Originally designed to support small producers in rural and remote areas of Australia, the policy has been undermined by its availability to all producers, with large producers taking advantage of tax loopholes, and New Zealand producers having access to the rebate. The WET is different to other alcohol taxes in that it has no consideration for the alcohol content of the product and incentivises production.

Since the introduction of the WET and the associated rebate, the price of wine has fallen dramatically relative to the consumer price index (CPI).[26] Wine is now more affordable in Australia than it has been in three decades, and its affordability contributes to the way it is consumed and the harm it causes. Depending on the specials available on any particular day, wine is available for around 30 cents per standard drink, compared to beer at $1 and the cheapest spirits at around $1.50 per standard drink.[27]

Reducing the significant harms and costs of alcohol should be a key objective of alcohol taxation arrangements. Economic modelling commissioned by the Foundation for Alcohol Research and Education (FARE) has shown that replacing the WET and rebate with a ten percent increase to all alcohol excise and a volumetric tax on wine and cider would deliver $2.9 billion revenue and reduce alcohol consumption by 9.4 per cent.[28]

RACS recommends:

- **Abolish the WET and rebate and introduce a consistent volumetric tax on all alcohol products.**
- **Ensure that volumetric taxes are sufficient to cover the cost of regulation and compliance.**
- **Match tax increases to inflation and the cost of alcohol harm to society.**

TERMS OF REFERENCE F: HOW DIFFERENT JURISDICTIONS IN AUSTRALIA AND INTERNATIONALLY HAVE ATTEMPTED TO REDUCE RED TAPE;

Government emphasis on competition and reducing red tape has been one of the key drivers of the dramatic expansion in outlet numbers seen in most Australian states.[29]

Australian Capital Territory

The Government has been undertaking an extensive review of the *Liquor Act 2010*, and in July last year indicated it would not adopt the most controversial aspects of its proposed liquor reforms, including changed closing times, last drinks, and dramatically increased fees of between 300 to 500 per cent for venues open past 3am.

Between 2009-10 and 2012-13 there was a 23.7% increase in the number of patients being treated for alcohol-related injuries in ACT Emergency Departments, which demonstrates that regulatory efforts are not working.[30]

New South Wales

New South Wales introduced changes to the law in November 2015 that:

- Artificially limited the capacity of the community to seek a review of a licencing decision to those living within a 100m radius of a pub or bottle shop and who had made a submission
- Minimalised the independence of ILGA delegating most of the licence approvals to a government department reporting to the Minister responsible for liquor and gambling
- Reduced the amount of procedural and substantive fairness afforded community members and other parties who object to liquor license applications

When legislative reforms were introduced in Sydney NSW in 2014, assaults in Kings Cross declined by 32%, in the Sydney CBD Entertainment Precinct by 26%, and in the sub-section area of George Street South by 40%. Across NSW there was a 9% decrease.[31]

In Newcastle a reduction in the availability of alcohol led to a diversification of the night time economy, with alcohol sales being replaced by food sales.[32]

Despite these successes many of the changes are now being relaxed. [33]

Queensland

2013 revisions to liquor regulation in Queensland aimed at reducing the regulatory burden on business have actually relaxed the regulatory environment[34] and threatened public health oriented provisions in alcohol policy. [35]

South Australia

In 2011 a report by Flinders University highlighted that South Australia held the highest number of liquor licenses per capita of any Australian state or territory. [36]

The South Australian Government is currently reviewing the Liquor Licensing Act 1997. This follows an Independent Review which focussed on three main themes; red tape reduction, a safer drinking culture, and vibrancy. Despite advocating for stronger recommendations, overall RACS was pleased with the considered review undertaken by the Independent Reviewer, Justice Anderson, and believe that harm minimisation remained a central consideration when presenting his findings.

Western Australia

In 2009 the Western Australian Government established the Red Tape Reduction Group (RTRG) which was tasked to "Identify, report and recommend measures that would reduce the compliance burden on the community of excessive and sometimes redundant regulation." The RTRG releases an annual report card which "Highlights the Government's red tape reduction achievements and demonstrates its ongoing commitment to regulatory reform."

As part of RTRG initiatives a number of amendments to Liquor Licensing including increased trading hours and reducing restrictions on smaller and 'pop-up' venues. RACS again holds concerns with the language used by the RTRG and that a reduction in red tape should automatically be considered a government 'achievement.'

Victoria

The number of liquor licences in Victoria has increased dramatically over the past three decades – from fewer than 4,000 in 1986 to more than 21,000 in 2016. The number of packaged liquor licences has increased by 49.4 per cent over the past 15 years, and the number of 'big box' chain packaged liquor stores has increased from 3 to 68. [37]

Victoria is now the liquor licence capital of Australia, with more liquor licences than any other state or territory overall, and behind only South Australia in licences per capita.

RACS recommends:

- **The Commonwealth Government encourages the states and territories to adopt reduced trading hours for on and off-licence venues, and a reduction in outlet density.**

TERMS OF REFERENCE G: ANY RELATED MATTERS.

The College has developed these recommendations drawing on scientific evidence and the expertise of our Fellows in Australia and New Zealand, and other members of the medical profession.

This position paper outlines key areas where the College encourages governments to give consideration to the following policy areas as a means to reduce alcohol-related harms. These areas include:

- Restricting the physical availability of alcohol (Hours and Outlets)
- Restricting the economic availability of alcohol (Taxes)
- Reduce exposure to alcohol advertising
- Data collection, in particular the mandatory collection of data on whether alcohol use is a factor in emergency department presentations

The Position paper is attached to this submission and outlines RACS key policy areas in more detail.

Attachment: Royal Australasian College of Surgeons Alcohol Related Harm Position Paper

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POSITION PAPER **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

Subject:	Alcohol Related Harm	Ref. No.	REL-GOV-025

INTRODUCTION

The harmful use of alcohol is a significant contributor to the global burden of disease. The World Health Organisation (WHO) lists misuse of alcohol as the third leading risk factor for premature death and disability in the world. It is estimated that 2.5 million people worldwide died from alcohol-related causes in 2004, including 320,000 young people between 15 and 29 years of age.[1]

Alcohol misuse substantially contributes to social disruption, injury and death. In Australia about half the reported cases of interpersonal violence, domestic violence and sexual assault are related to excessive alcohol consumption.[2] Alcohol-fuelled incidents are also a factor in up to two thirds of police callouts and around half of homicides.

The College has developed its recommendations on reducing alcohol-related harm drawing on scientific evidence and the expertise of our Fellows in Australia and New Zealand, and other members of the medical profession.

CONTEXT

Surgeons are dramatically confronted with the effects of alcohol misuse when treating patients with injuries resulting from road traffic trauma, interpersonal violence and personal accidents that are related to excessive alcohol consumption. Alcohol misuse is also a significant contributor to the total burden of disease, including liver failure, GI bleeding, upper GI and oropharyngeal cancer and infections related to malnutrition.[3] Overall, hospitalisations relating to alcohol misuse continue to represent a significant and concerning proportion of the surgical workload.

Alcohol is legal but it is not an ordinary commodity. Public awareness of the extent of alcohol-related harm in Australia and New Zealand is limited. Alcohol has never been more affordable, available or heavily promoted than it is today,[4] and a major reason for this is the involvement of the alcohol industry in government decision making,[5] and lax advertising regulation.

HEALTH AND WELLBEING IMPACTS

Alcohol misuse is a causal factor in more than 200 diseases and injury conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, and eye disease.[6] Excessive alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, liver cancer, breast cancer and bowel cancer.[7]

The Australian study 'The Range and Magnitude of Alcohol's Harm to Others' released in 2010 by Laslett et al, was the first of its type in the world to quantify alcohol harm on those directly affected by the drinker. The study has contributed to WHO methodology as part of that agency's global strategy to reduce the harmful use of alcohol.[8]

The study found that an estimated 367 Australians died and nearly 14,000 people were hospitalised because of the drinking of others, in the year studied. In 2005, interpersonal violence resulted in 182 deaths, of which 42% (77 deaths) were estimated to be attributable to another person's drinking. A total of 277 deaths of people aged 15 years and over were estimated to be due to another's drinking and driving, with 31 of these being pedestrian deaths.[9]

In New Zealand, the prevalence of self-reported harm from others' drinking was higher than harm from own drinking (18% vs. 12% in the past year) and was higher in women and young people.[10] The link between alcohol and family violence in New Zealand has also been recently highlighted in a report from The Glenn Inquiry, which identified alcohol as one of the overwhelming contributors to the severity of domestic abuse.[11]

The following statistics further demonstrate the pervasive effects of harmful alcohol use and the significant cost to health services and the community:

Australia

- Each week, on average, more than 100 Australians die and more than 3,000 are hospitalised as a result of excessive alcohol consumption.[12]
- Every year more than 70,000 Australians are the victims of alcohol-related assaults of which 24,000 are victims of domestic violence. In addition, almost 20,000 children across Australia experience substantiated alcohol-related child abuse.[13]
- The total cost to society of alcohol-related problems in 2010 was estimated to be $14.352b.[14] The estimated cost of alcohol's negative impacts on others was estimated at $6.807b.[15] The same year, the Australian Government received an estimated $7.075b in total alcohol tax revenue.[16]
- More than one third (38%) of people aged 14 or older consumed alcohol at least once in 2013 at a level placing them at risk of injury, and one quarter had done so as often as monthly (26%).[17]
- 3.5 million Australians drank at levels that placed them at lifetime risk of an alcohol-related disease or injury (down 250,000 from 3.7 million in 2010).
- Young people are more likely to drink at risky levels and their increased alcohol consumption is linked to an increase in alcohol-caused hospitalisations.[18]
- The rate of alcohol-attributable death among Indigenous Australians is about twice that of the non-Indigenous population, with a particularly strong association apparent between alcohol use and suicide[19]. From 2000-2006, 87% of intimate partner homicides among Indigenous populations were alcohol related.[20]

New Zealand

- Each week, on average, 20 New Zealanders die as a result of excessive alcohol consumption.[21]
- Around a third of injury-based emergency department presentations are alcohol-related.[22]
- The latest results from 2013/14 show that one in six adults has a hazardous drinking pattern - one in three of these are 18-24 year olds, and one in three identify as Mäori.[23]
- National drinking surveys consistently show around 25% of drinkers – the equivalent of 700,000 New Zealanders – typically drink large quantities when they drink.[24]
- In 2012, alcohol was a contributing factor in 73 fatal crashes, 331 serious injury crashes and 933 minor injury crashes. These crashes resulted in 93 deaths, 454 serious injuries and 1,331 minor injuries.[25]
- Harmful drug use in 2005/06 caused an estimated $6,525 million of social costs. This is equivalent to the GDP of New Zealand's agricultural industry ($6,701 million).[26]
- Overall, Mäori have four times the alcohol-related mortality of non-Mäori.[27]

WHAT CAN BE DONE?

The Royal Australasian College of Surgeons endorses preventative measures as the best way to reduce alcohol-related harm, as well as delivering substantial health, social and economic benefits. The College supports coordinated efforts between governments, health professionals, health services and community organisations to reduce alcohol related harm and injury by the production of evidence-based policy reform. Since the corporate responsibility of the alcohol industry is to its shareholders to

increase profit, governments should exercise considerable caution to ensure that harm minimisation remains at the core of legislative objectives, and that public health is prioritised over financial benefit.

Given that the tax revenue received by the Commonwealth Government is not even half of the total estimated cost of alcohol-related harm, an increased proportion of tax revenue could arguably be used to implement strategies aimed at further reducing the social costs associated with alcohol misuse.

RECOMMENDATIONS

The College encourages governments to give consideration to the following policy areas as a means to reduce alcohol-related harms.

Restricting the physical availability of alcohol (Hours and Outlets)

The Australian Government's Preventative Health Taskforce, citing evidence compiled by the National Drug Research Institute, concluded that, 'Most Australian studies have shown that increased trading hours have been accompanied by significantly increased levels of alcohol consumption and/or harms.'[28] The Taskforce highlighted consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there. Many studies have also linked rates of violence to density of alcohol outlets.[29]

By regulating the physical availability of alcohol, through reduced trading hours and liquor outlet density restrictions, governments can make a significant contribution to reducing its negative impacts.

Restricting the economic availability of alcohol (Taxes)

International scientific evidence consistently shows that rates of alcohol consumption and resultant harm are influenced by price.[30] Alcohol taxation is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents. Even small increases in the price of alcohol can have a significant impact on consumption and harm.[31] However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia and New Zealand.[32]

The Henry Review of Australia's taxation system described Australia's present alcohol tax system as 'incoherent', and recommended a new approach based on volumetric or alcohol content-based tax.
The Australian Government's Preventative Health Taskforce also called for taxes on alcohol to be overhauled. Economic modelling commissioned by the Foundation for Alcohol Research and Education has shown that replacing the Wine Equalisation Tax and rebate with a ten percent increase to all alcohol excise and a volumetric tax on wine and cider would deliver $2.9 billion revenue and reduce alcohol consumption by 9.4 per cent.[33]

The New Zealand Ministry of Justice has suggested that imposing a minimum price per standard drink of alcohol will reduce harmful alcohol consumption, particularly among young people, who consume the highest quantities of low cost, high alcohol volume products.[34] It estimated a $1-$1.20 minimum price per standard drink would result in net benefits to society ranging from $44 million to $86 million in the first year.

Reduce exposure

Analysis of national drinking survey data from New Zealand indicates young people's drinking patterns have changed in recent years towards increased consumption per occasion,[35] and the New Zealand Ministerial Forum on Alcohol Advertising and Sponsorship has made recommendations to the Government about restricting the exposure of minors to alcohol advertising and sponsorship.[36]

A 2013 survey commissioned by the Salvation Army found that nearly three-quarters of Australians believed that alcohol and sport were too closely related. Two thirds of the survey respondents believed that alcohol sponsorship should be phased out of sport, and 70 per cent said that the amount of alcohol advertising that people under 25 see encourages them to drink more.[37]

Australian studies have shown that exposure to alcohol advertisements among Australian adolescents is strongly associated with increased drinking patterns.[38] The National Health and Medical Research Council recommends that parents of adolescents delay the age of drinking initiation as long as possible to protect the health and wellbeing of young Australians.[39]

Given current high levels of drinking among Australian and New Zealand youth, the College supports efforts to reduce young people's exposure to alcohol advertising through policy reforms aimed at reducing the proliferation of alcohol advertising.

Data collection

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse, however, agencies do not monitor or report the total costs to the community through alcohol related trauma and law enforcement, meaning we do not have a complete picture of the harm caused by alcohol in terms of its costs and effects on society.

Despite the evidence supporting the effectiveness of Screening and Brief Intervention (SBI) programs very few patients are asked about their alcohol use in the past year. A structured SBI program is inexpensive, takes little time to implement (5-10 minutes), and can be undertaken by a wide range of health and welfare professionals.

The College supports further investigation of how a suitable SBI program could be implemented in Australia and New Zealand, in particular the mandatory collection of data on whether alcohol use is a factor in emergency department presentations, either by the patient or another individual. Since data is essential for good public policy, the College also supports the mandatory collection of alcohol sales data.[40]

RESOURCES

As below.

REFERENCES/ACKNOWLEDGEMENTS

As below.

Approver: Governance & Advocacy Committee
Authoriser: Council

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