

Alcohol misuse: prevention and treatment

Introduction

- 5.1 This chapter is the first of three that look in some detail at the misuse of specific substances. Chapters 5 and 6 deal with the licit drugs, alcohol and tobacco. Chapter 7 considers the use of drugs that it is illegal to possess, such as cannabis and heroin, and the misuse of otherwise licit substances such as sniffing petrol. With alcohol and tobacco we have two forms of substance abuse, on which much work has been done and for which effective treatment exists. However, we know far less about preventing the use of illicit drugs and have difficulty treating their abuse.

Use of alcohol by Australians

- 5.2 The 2001 National Drug Strategy (NDS) Household Survey revealed that of nearly 27,000 Australians over 14 years of age who were surveyed, 90.4 per cent had consumed alcohol at some time in their lives, and 82.4 per cent had done so in the previous 12 months. While most drinkers reported drinking weekly or less than weekly, 34.4 per cent of all persons had put themselves at risk of alcohol-related harm in the short term at least once in the previous 12 months, and 9.9 per cent were at risk of long term harm.¹ Risk was defined in terms of the advice provided in the National Health and Medical Research Council's guidelines for levels of

1 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, Drug statistics series no 11, AIHW, Canberra, May 2002, pp 3-4, 15-16, 18-19.

drinking that 'minimise risks in the short and longer term, and gain any longer-term benefits'.²

- 5.3 Among 14-19 year olds, 73.6 per cent reported having used alcohol in the previous year, with people aged 20-29 years old being the most likely to expose themselves to long term risk of harm. The average age at which Australians first used alcohol was 17.1 years old. The majority of teenage drinkers consumed alcohol weekly or less than weekly (28.3 per cent and 44.9 per cent respectively) and female drinkers were more likely than males to consume at levels likely to expose them to long term risk of harm (14.6 per cent and 8.8 per cent respectively).³

Cost of alcohol misuse

- 5.4 According to the 2001 NDS Household Survey, 12.8 per cent of Australians had driven a motor vehicle in the previous year while under the influence of alcohol, and 4.9 per cent had been physically abused by someone under the influence of alcohol. Encouragingly, there had been a general decline between 1998 and 2001 in the level of potentially harmful activities undertaken by people under the influence of alcohol.⁴
- 5.5 Nevertheless, the Australian Institute of Health and Welfare reported that alcohol is a significant factor in motor vehicle fatalities and injuries, and is also associated with falls, drowning, burns, suicide and occupational injuries. The burden of harm is highest in the 15-24 age group, mainly due to road trauma.⁵ Collins and Lapsley revealed that in 1998-99 alcohol misuse caused 4,286 deaths and in 1998-99 consumed 394,417 hospital beddays.⁶
- 5.6 As indicated in the introduction to Chapter 4, the National Health and Medical Research Council considers that strong evidence exists for a link between the consumption of alcohol in moderate amounts and reduced

2 National Health and Medical Research Council, *Australian alcohol guidelines: Health risks and benefits*, NHMRC, Canberra, October 2001, pp 5-6, viewed 6/3/03, <<http://www.health.gov.au/nhmrc/publications/pdf/ds9.pdf>>.

3 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, pp 5, 16, 18.

4 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, pp 37-39.

5 Australian Institute of Health and Welfare. *Australia's health 2002: The eighth biennial health report of the AIHW*, AIHW, Canberra, May 2002, p 141.

6 Collins DJ & Lapsley HM, *Counting the cost: Estimates of the social costs of drug abuse in Australia in 1998-9*, Monograph series no. 49, Commonwealth Department of Health and Ageing, Canberra, 2002, p 9.

risk of heart disease in people from middle age onwards.⁷ While alcohol use contributes to the costs of illness and premature death, it also protects against it. Collins and Lapsley estimated that in 1998-99 alcohol caused 4,286 deaths but prevented over 7,029; 394,417 hospital beddays were attributable to alcohol abuse but alcohol's protective effect avoided the need for 255,443 beddays.⁸

- 5.7 Collins and Lapsley estimated that health care for alcohol-related problems cost the Australian community \$225.0 million in 1998-99. Collins and Lapsley claimed that \$90.4 million of this expenditure could have been avoided, had effective anti-drug policies and programs been introduced. These estimates took into account alcohol's protective medical impact.⁹
- 5.8 Collins and Lapsley also pointed out that alcohol tax revenue in 1998-99 exceeded the total costs borne by governments for alcohol-related expenditures by \$1.7 billion. Almost all this surplus accrued to the Commonwealth government.¹⁰

Response by governments

- 5.9 The National Alcohol Strategy's 'A Plan for Action 2001 to 2003-04' provides a broad, nationally coordinated approach to reducing alcohol-related harm. The strategy has primary aims:
- to reduce the incidence of premature alcohol-related mortality, and acute and chronic disease and injury;
 - to reduce social disorder, family disruption, violence and other crime related to the misuse of alcohol; and
 - to reduce the level of economic loss to individuals, communities, industry and Australia as a whole.¹¹

7 National Health and Medical Research Council, *Australian alcohol guidelines: Health risks and benefits*, p 69.

8 Collins DJ & Lapsley HM, p 9.

9 Collins DJ & Lapsley HM, pp x, 60.

10 Collins DJ & Lapsley HM, p 65.

11 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, endorsed by Ministerial Council on Drug Strategy, Commonwealth Department of Health and Ageing, Canberra, July 2001, p 7, viewed 28/1/03, http://www.health.gov.au/pubhlth/nds/resources/publications/alcohol_strategy.pdf.

It is structured around 11 key areas that comprehensively address the harms caused by alcohol while recognising the social and health benefits of drinking.¹² The action plan's key areas are shown in Box 5.1.

- 5.10 The strategy, endorsed by the Commonwealth, state and territory governments in 2001, was developed with the National Expert Advisory Committee on Alcohol playing a key role. This committee has a wide ranging membership including the alcohol beverages and hospitality industry, as well as representatives from public health, law enforcement, research, education, government, and community based service provision.¹³
- 5.11 The strategy lays out the roles and responsibilities of different levels of government. The Commonwealth government provides leadership in relation to policy development, establishing research needs, promoting work best done at the national level, fostering best practice, implementing public education programs, monitoring alcohol use, monitoring and reporting on outcomes, and through Food Standards Australia New Zealand (FSANZ) developing standards and regulations regarding labelling of alcohol products.¹⁴
- 5.12 Action by state and territory governments complements Commonwealth activities with respect to policy and program development. They focus on regulating the consumption and availability of alcohol, preventing drink driving, educating and informing the public, providing treatment, training the workforce, and monitoring and reporting on outcomes. Local governments are increasingly responding to local needs, for example, through local alcohol action plans and accords between police and local health authorities.¹⁵

12 Commonwealth Department of Health and Ageing, sub 238, p 22.

13 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, p 1.

14 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, p 20.

15 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, pp 19-20.

**Box 5.1 Key strategy areas and related actions in the National Alcohol Strategy
Action Plan**

Informing the community through information campaigns; public education on standard drinks labelling and the Australian Drinking Guidelines; community awareness of responsible serving provisions; complaints and appeals processes; awareness in schools, tertiary institutions, work places and the community; and awareness among parents and young people

Protecting those at higher risk, such as Indigenous people, pregnant women, prisoners and offenders, people with mental health disorders, older people and heavy drinkers

Preventing alcohol-related harm in young people by promoting mental health and parenting skills; educating and informing young people; and separating sporting activities and high risk drinking

Improving the effectiveness of legislation and regulatory initiatives in relation to liquor licensing, the availability of alcohol in local communities, numbers and types of licensed premises, further development of legislative frameworks and voluntary codes of practice, and underage drinking

Responsible marketing and provision of alcohol involving alcohol advertising codes, control of marketing strategies, and complaints mechanisms

Pricing and taxation through research and incentives to choose lower strength alcohol products

Promoting safer drinking environments focusing on licensed premises, public events, private homes, workplaces and the aquatic environment

Drink driving and related issues through public education, random breath testing, drink driving research, and a focus on pedestrians, road and automobile safety, and repeat offenders

Intervention by health professionals involving identifying those with alcohol-related problems, ensuring the availability of health care services to manage alcohol dependence, and providing services to remote areas

Workforce development across all sectors dealing with alcohol-related harm

Research and evaluation to develop the evidence base and involving dissemination of results.

Source: Ministerial Council on Drug Strategy, National Alcohol Strategy: A plan for action 2001 to 2003-04, Commonwealth Department of Health and Aged Care, Canberra, July 2001, p 7, viewed 28/1/03, <http://www.health.gov.au/pubhlth/nds/resources/publications/alcohol_strategy.pdf, pp 23-39.

- 5.13 A number of activities undertaken recently in relation to some of the strategy's key areas indicate those areas in which the Commonwealth government has been active, as indicated below.

- The National Alcohol Campaign, comprising an initial phase followed by booster phases, is focused on 15-24 year olds and parents of 12-17 year olds. It has cost \$9.6 million to date. Performing arts events, in the form of rock eisteddfods and croc festivals, are used to deliver the message to young people, supplementing print and electronic media.¹⁶ A recent initiative is contributing \$350,000 in sponsorship to the music industry to deliver messages to young people about choosing whether or not and how much to drink.¹⁷
- The National Alcohol Research Agenda has established a set of research priorities and principles to assist funding bodies and researchers to direct research at areas of greatest need and potential.¹⁸ The agenda identified three areas as particularly in need of research; they are Indigenous issues, biomedical research, and law enforcement.¹⁹
- The Alcohol Education and Rehabilitation Foundation has been set up to give grants from funds provided by the Commonwealth government and the private sector to community and other organisations. The foundation's grants support community education, workforce development, and evidence-based treatment, rehabilitation, research and prevention programs in relation to alcohol and other licit drugs. Commonwealth funding is set at \$115 million over four years (2001-02 to 2005-06).²⁰
- In 2001, the National Health and Medical Research Council issued a revision of the Australian Alcohol Guidelines which provide advice on the consumption of alcohol. The target groups for the guidelines include everybody who drinks alcohol, people doing things that involve risk or a high degree of skill, and people responsible for private and public drinking environments.²¹ A range of posters,

16 Commonwealth Department of Health and Ageing, sub 238, pp 24-25.

17 Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, *Federal government and Australian music industry to help spread responsible drinking messages*, media release, 26/11/02, p 1.

18 Commonwealth Department of Health and Ageing, sub 238, p 23.

19 *National Alcohol Research Agenda: A supporting paper to the National Alcohol Strategy: A plan for action 2001 to 2003-04*, Commonwealth Department of Health and Ageing, Canberra, March 2002, p 5.

20 Alcohol Education and Rehabilitation Foundation, About the Foundation, p 1, viewed 1/11/02, <http://www.aerf.com.au/about/about_index.htm>; Commonwealth Department of Health and Ageing, sub 238, pp 23-24.

21 Commonwealth Department of Health and Ageing, sub 238, p 23.

pamphlets and drinks coasters have been prepared for distribution at licensed premises and health care premises.²²

- The National Excise Scheme for low alcohol beer was introduced in 2002 to replace existing state and territory subsidy schemes with a nationally uniform concession. It is funded jointly by state, territory and the Commonwealth governments and was expected to lower the price of low alcohol beers in some states.²³

Issues in preventing and treating alcohol-related harm

- 5.14 Submissions to the inquiry and a number of recently published studies have identified for the committee several areas which should be targeted to reduce the harm caused by alcohol misuse. They are discussed below, starting with groups in the population who are at particular risk of alcohol misuse.

Australian youth

- 5.15 Concern has recently been expressed about binge drinking among young people. For Australians in general, the National Drug Research Institute found that 63.1 per cent of the alcohol consumed was on days when drinkers placed themselves at risk of injury and/or acute illness. For young drinkers aged 14-24 years, this figure was 80.9 per cent. While the overall consumption of alcohol in Australia has remained static over the last 10 years, heavy sessional drinking by young people has increased.²⁴
- 5.16 The NDS stated we know that parental and peer pressures are among the important factors that influence young people's drinking. Young people are affected by their parents' attitudes to alcohol, the guidance they provide to their children, and the example they set in their own use of alcohol.²⁵ The 2001 NDS Household Survey revealed in 2001, 36.6 per cent of Australians thought that heroin was the most serious concern for the

22 Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, *Knowing how much to drink the key to responsible alcohol consumption*, media release, 20/2/03, p 2.

23 Commonwealth Department of Health and Ageing, sub 238, p 24.

24 National Drug Research Institute, *Regular strength beer and spirits account for bulk of risky drinking by young people*, media release, 23/2/03, p 1.

25 *National Alcohol Research Agenda: A supporting paper to the National Alcohol Strategy: A plan for action 2001 to 2003-04*, pp 78-79.

general community, but only a fifth (20.0 per cent) nominated excessive drinking.²⁶

- 5.17 Lum et al stated that evaluation of the National Alcohol Campaign launch and first booster phase showed that campaign activities had effectively communicated with their target audiences of young people and the parents of teenagers, and influenced awareness, attitudes and behaviour.²⁷ In addition, research for the most recent phase of the National Alcohol Campaign (June to September 2002) indicated that parents were seeking help in dealing with teenage drinking and teenagers were looking to their parents to set boundaries about alcohol consumption.²⁸ This is doubly important in view of the National Alcohol Campaign finding that a majority of teenagers, despite having experienced the negative aspects of high-risk drinking behaviours, drank to get drunk.²⁹

Conclusion

- 5.18 The committee agrees that:
- there should be concern that the community views alcohol misuse as less significant than some other drugs when in fact it is responsible for a greater amount of harm;
 - the attitudes of parents and young community members in the dangers of excessive consumption of alcohol need to be urgently addressed;
 - parents play a pivotal role in setting boundaries for alcohol consumption; and
 - lack of guidance can lead young people to use alcohol primarily to get drunk, resulting in misuse and abuse.
- 5.19 The committee believes campaigns to assist parents and young people to understand the nature of alcohol misuse and to reduce alcohol-related problems are therefore important.

26 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed findings*, Drug statistics series no 11, AIHW, Canberra, December 2002, p 5.

27 Lum M, Ball J & Carroll T, *Evaluation of the booster phase of the National Alcohol Campaign: Research summary*, Commonwealth Department of Health and Ageing, Canberra, November 2002, pp 10-11, viewed 28/1/03, <<http://www.health.gov.au/pubhlth/publicat/document/reports/alcbooster.pdf>>.

28 Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, *Parents encouraged to talk to their teenagers about drinking*, media release, 16/6/02, p 1.

29 Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, *Teenagers drinking to get drunk at higher risk of harm*, media release, 26/6/02, pp 1-2.

- 5.20 The committee is impressed by the evidence of the effectiveness of public education campaigns. However, in the light of continuing concerns about young people's drinking, the committee believes that the campaign should continue. Future booster phases should address prevailing attitudes and awareness of alcohol-related issues in the light of emerging trends in alcohol use.

Recommendation 33

- 5.21 **The committee recommends that the Commonwealth government continue to:**

- **fund the National Alcohol Campaign;**
- **support the targeting of young people and parents of adolescents in future phases of the campaign; and**
- **evaluate the effectiveness of the campaign and use the results, together with other research, to determine the content for future campaign phases.**

- 5.22 Raising the legal age for drinking to 21 years was proposed by the National Woman's Christian Temperance Union as a way of reducing young people's drinking.³⁰ Forty-two per cent of respondents to the 2001 NDS Household Survey also favoured this approach.³¹ The Public Health Association of Australia suggested more effective policing of present laws relating to underage drinking.³²

Conclusion

- 5.23 The committee supports and recommends a greater focus on monitoring compliance by retailers with existing laws and penalising those who are found to have broken the law.

30 National Woman's Christian Temperance Union, sub 88, p 3.

31 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

32 Public Health Association of Australia, transcript, 21/11/00, p 296.

Recommendation 34

- 5.24 **The committee recommends that the State and Territory governments must strictly police compliance laws regulating the supply of alcohol to minors and introduce harsher penalties against those found to be not complying.**

Pregnant women

- 5.25 The National Alcohol Strategy revealed that high risk drinking during pregnancy can contribute to a variety of problems for the unborn child, including fetal death, congenital malformation, growth retardation and behavioural deficits.³³ O'Leary reported that fetal alcohol syndrome (FAS) is regarded as the leading, preventable cause of non-genetic intellectual handicap; it is particularly common among Indigenous people. The prevalence of FAS in Western Australia, for example, was 0.02 per 1,000 for non-Aboriginal children and 2.76 per 1,000 for Aboriginal children and these may be underestimates.³⁴

- 5.26 The dangers of excessive drinking during pregnancy are not as well known as they should be. O'Leary stated:

... The knowledge of women, both in the general community and within high-risk groups, of the risks associated with alcohol consumption during pregnancy and of FAS in particular is limited. This lack of awareness is compounded by a lack of counseling by physicians on the risks associated with maternal alcohol consumption ...³⁵

O'Leary also reported that a recent Australian study, for example, showed that less than a third of recently pregnant women had been advised about their alcohol consumption.³⁶

- 5.27 A course of action recommended to the committee by the Women's and Children's Hospital Adelaide during the committee's related inquiry into children's health and wellbeing was that there is clearly a need to provide the community, particularly adolescent girls and women of childbearing age, with the necessary knowledge to consume alcohol responsibly during

33 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, p 10.

34 O'Leary C, *Fetal alcohol syndrome: A literature review*, Prepared for the National Expert Advisory Committee on Alcohol, Commonwealth Department of Health and Ageing, Canberra, August 2002, pp 1-2, 19.

35 O'Leary C, p 2.

36 O'Leary C, p 26.

pregnancy or to decide on abstinence.³⁷ It was also suggested in evidence to the current inquiry from the Aboriginal Drug and Alcohol Council (SA) and the National Organisation for Foetal Syndrome and Related Disorders that public education campaigns should include warnings about the impact of alcohol on the unborn child, for example, by including information on this topic on labels on alcoholic drink containers.³⁸

Conclusion

5.28 The committee agrees:

- with suggestions that more needs to be done to inform women about the consequences of heavy drinking during pregnancy; and
- that a campaign highlighting the risks to the unborn child associated with alcohol consumption during pregnancy should be a priority.

Recommendation 35

5.29 **The committee recommends that the Commonwealth, State and Territory governments work to ensure that effective information is widely circulated to female adolescents, women and their partners on the dangers posed to unborn children by heavy drinking during pregnancy.**

Indigenous people

5.30 The 2001 NDS Household Survey revealed that, although the proportion of Indigenous people who drink is lower than for non-Indigenous Australians, they are significantly more likely to put themselves at risk of short and long term alcohol-related harm than non-Indigenous people: 48.7 per cent of Indigenous people were exposed to risk or high risk of short term harm on at least one occasion over the previous year, compared with 34.3 per cent of non-Indigenous people. Comparable figures for long term harm are 19.9 per cent and 9.7 per cent respectively.³⁹ In some Indigenous communities heavy drinking is associated with violence that presents significant problems.

37 The Women's and Children's Hospital, Adelaide, sub 7 to the Inquiry into Improving Children's Health and Well Being by the House of Representatives Standing Committee on Family and Community Affairs, p 3.

38 Aboriginal Drug and Alcohol Council (SA), sub 181, p 12; National Organisation for Foetal Syndrome and Related Disorders, sub 51, p 7.

39 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: Detailed findings*, p 110; Commonwealth Department of Health and Ageing, sub 238, p 10.

- 5.31 Gray et al reported that Indigenous people have taken a number of steps to restrict the consumption of alcohol in their communities, including:
- establishing wet canteens to control the availability of alcohol and teach people to drink moderately;
 - establishing dry areas where alcohol consumption is prohibited; and
 - petitioning liquor licensing authorities to place increased restrictions on the availability of alcohol.

They also reported sobering up shelters and night patrols in Indigenous communities help to limit the harm that intoxicated people cause to themselves and others.⁴⁰ The importance of appropriate programs is recognised in Recommendation 27 in Chapter 4.

Advertising

- 5.32 The Distilled Spirits Industry Council of Australia reported that the advertising of alcoholic beverages is controlled in Australia by the Alcohol Beverages Advertising Code and Complaints Management System (ABAC). ABAC is a self-regulatory advertising code which has been in operation since 1998. It requires advertisements to present a balanced and responsible approach to consumption and 'must not have an evident appeal to children or adolescents'.⁴¹
- 5.33 The ABAC code is supported by an independent complaints panel and the Alcohol Advertising Pre-Vetting System (AAPS). The AAPS is also a code, in this case agreed between the industry and the Commonwealth Department of Health. Under the AAPS code, the independent panel vets advertisements at an early stage in their development to ensure that they do not contravene the spirit and letter of the ABAC. According to the Distilled Spirits Industry Council of Australia, few complaints are made each year about the advertising of alcohol.⁴²
- 5.34 However, Jones and Donovan pointed out that the way in which some alcohol advertising has been conducted recently has been criticised for breaching the advertising guidelines.⁴³ The depiction of alcohol

40 Gray D, Sputore B, Stearne A, Bourbon D & Stempel P, *Indigenous drug and alcohol projects 1999-2000*, ANCD research paper 4, Australian National Council on Drugs, Canberra, 2002, p 6.

41 Distilled Spirits Industry Council of Australia, 'About DISCA: Community education – industry initiatives – affiliations – profiles', p 1, viewed 29/1/03, <<http://www.dsica.com.au/sections/about/industry.html>>.

42 Distilled Spirits Industry Council of Australia, 'About DISCA', pp 1-2.

43 Jones SC & Donovan RJ, 'Messages in alcohol advertising targeted to youth', *Australian and New Zealand Journal of Public Health*, vol 25(2), 2001, p 126.

consumption by attractive young people in situations characterised by excitement and sensuousness is seen as overstepping the limits and likely to influence drinking by young people, especially teenagers. Research by Carrol and Donovan has shown that exposure to some alcohol brands is higher for teenagers than for adults. Of particular concern is the alcohol industry's extensive marketing of alcohol over the internet where 'blatant breaches' of the advertising code have been found.⁴⁴

- 5.35 Under instruction from the Ministerial Council on Drug Strategy (MCDS), the Intergovernmental Committee on Drugs is reviewing the effectiveness of the current self-regulatory system for alcohol advertising. The findings of the review will be reported to the MCDS in August 2003. In addition, the National Expert Advisory Committee on Alcohol has been asked to examine the marketing and promotion of ready to drink alcoholic products to minors. The latter review was stimulated by concern about the recent dramatic increase in the consumption of ready to drink products among underage drinkers, particularly given their popularity among girls.⁴⁵ Alcoholic flavoured milk is a recent product released on to the market.⁴⁶ In February 2003 it was banned by the Victorian government. Its ban was appealed by the manufacturers but on 17 April 2003 the Victorian Civil and Administrative Tribunal dismissed the appeal.⁴⁷ Since then it has been reported that all states, except South Australia, have banned or are set to ban such products.⁴⁸
- 5.36 Among the suggestions on advertising, made to the committee in submissions to the inquiry, were banning the advertising of alcoholic drinks⁴⁹ in the same way as tobacco advertising is banned⁵⁰ and eliminating the sponsorship of sporting events by the industry.⁵¹ Of the Australians over 14 years of age canvassed by the 2001 NDS Household Survey, 43.9 per cent also supported banning alcohol sponsorship of

44 Carrol T & Donovan J quoted by Alcohol and other Drugs Council of Australia, 'What is shaping Australian perceptions on drugs', *ADCA News*, September-October 2002, p 4.

45 Hon Trish Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, *Federal government concerned about marketing alcohol to young people*, media release, 19/9/02, p 1.

46 See Alcohol and other Drugs Council of Australia, *Peak body calls for a ban on flavoured alcoholic milk*, media release, 18/9/02, <http://www.adca.org.au/policy/media_releases/2002_sept18.htm>.

47 See Australian Drug Foundation, *Alcoholic milk too much to swallow*, media release, 17/4/03, p 1.

48 Anderson L, Now you can get drunk on milk, *The Advertiser*, 28/5/03.

49 Waters K, sub 46, p 1.

50 National Council of Independent Schools' Association, sub 167, p 2.

51 National Woman's Christian Temperance Union, sub 88, p 3.

sporting events. Seven out of 10 Australians (69.5 per cent) supported limiting alcohol television advertising to after 9.30pm.⁵²

5.37 In the process of deciding on the best approach to regulating alcohol advertising, it is helpful to consider the evidence for advertising's impact on consumption. The Distilled Spirits Industry Council of Australia cited research showing that advertising has only a small role in shaping young peoples' attitudes and beliefs about drinking, compared to that played by parents and peers. It claimed that 'in fact, there is no compelling evidence of a correlation between advertising and either drinking patterns among young people, or rates of abuse'.⁵³

5.38 However, Strasburger's recent, extensive review of the evidence relating to the impact of advertising on young people concluded that:

Although the research is not yet scientifically "beyond a reasonable doubt," a preponderance of evidence shows that alcohol advertising is a significant factor in adolescents' use of this drug. For alcohol, advertising may account for as much as 10% to 30% of adolescents' usage ...⁵⁴

A further recent study by Snyder et al confirmed a 'small and positive' effect on youth drinking for exposure to alcohol advertising.⁵⁵

5.39 Martin said other research has shown that young people's beliefs, about how alcohol will affect them develop, before these youngsters have had direct experience with alcohol; their beliefs are strong predictors of intentions to use and actual, later consumption.⁵⁶ In other words, pre-adolescent children, as well as older people, may be affected by exposure to alcohol advertising.

5.40 Caswell reported that as evidence on the likely link between advertising and alcohol consumption has strengthened, public health considerations have assumed more significance.⁵⁷ The Australian Medical Association recommended that all alcohol advertising should encourage no more than

52 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

53 Distilled Spirits Industry Council of Australia, 'Alcohol advertising under attack', *National Liquor News*, September 2002, p 1, viewed 29/1/03,

54 Strasburger VC, 'Alcohol advertising and adolescents', *The Pediatric Clinics of North America*, vol 49, 2002, p 361.

55 Snyder L, Hamilton M, Fleming-Milici F & Slater MD, 'The effect of alcohol ads on youth 15-26 years old', *Alcoholism: Clinical and Experimental Research*, vol 26(6), 2002, p 902.

56 Martin SE, 'Alcohol advertising and youth: Introduction and background', *Alcoholism: Clinical and Experimental Research*, vol 26(6), 2002, p 900.

57 Casswell S, 'Does alcohol advertising have an impact on public health?', *Drug and Alcohol Review*, vol 14, 1995, p 395.

the level of consumption recommended in the national drinking guidelines.⁵⁸ Saffer pointed out that there is an increasing body of literature that suggests that alcohol counter-advertising is effective in reducing the alcohol consumption of teenagers and young adults.⁵⁹

Conclusion

- 5.41 The committee agrees that the dramatic increase in the use of ready to drink products by young people is of great concern and all governments must address the issue of the targeting of young people through advertising campaigns.
- 5.42 The committee strongly supports the advertising code's guideline that advertising should not make drinking attractive to young people, and is therefore very concerned by allegations that the code has been breached. It welcomes the decision by the MCDS to review advertising practices in the alcohol industry. It believes that, if the voluntary code has been consistently and significantly breached, serious consideration should be given to legislative regulation of alcohol advertising. It is also important that significant counter-advertising is carried out.

Recommendation 36

- 5.43 **The committee recommends that the Commonwealth Department of Health and Ageing table in parliament the report on the review of the effectiveness of the current regulatory system for alcohol advertising as soon as possible so the parliament can consider the need for appropriate legislation for the regulation of the advertising of alcohol.**

Recommendation 37

- 5.44 **The committee recommends that the Commonwealth government implement requirements that all advertising of alcoholic beverages encourage responsible drinking, by including information on the National Health and Medical Research Council's Australian Alcohol Guidelines.**

58 Australian Medical Association, sub 133, p 1.

59 Saffer H, 'Alcohol advertising and youth', *Journal of Studies on Alcohol*, Supplement no 14, 2002, p 173.

Labelling

- 5.45 FSANZ stated that labels on alcoholic beverages carry information on alcohol content and the number of standard drinks they contain.⁶⁰ According to the Australian Hotels Association, the concept of the standard drink has been one of the most effective public health promotions of recent years and should be maintained.⁶¹ The suggestion in the 2001 NDS Household Survey that the size of the standard drinks label be increased in size was supported by 67.9 per cent of Australians over 14 years of age.⁶²
- 5.46 In addition, the NDS Household Survey revealed that 71.0 per cent of survey respondents were in favour of adding the national drinking guidelines to containers.⁶³ A summary of the guidelines is shown in Table 5.1. These general guidelines are supplemented by 12 others specific to particular groups such as young people and women who are pregnant.⁶⁴
- 5.47 The Australian Drug Foundation proposed that further label information could usefully cover how to use alcohol less harmfully, for example, in relation to binge drinking and drinking in unsafe contexts with messages such as:
- 'Swimming after drinking alcohol can be dangerous.'
 - 'Drinking alcohol while pregnant may harm your unborn child.'⁶⁵

60 Food Standards Australia New Zealand, *Australia New Zealand Food Standards Code*, Standard 2.7.1: Labelling of alcoholic beverages and food containing alcohol, Issue 61, Anstat, Melbourne, 2001, viewed 24/2/03, <<http://www.foodstandards.gov.au/foodstandardscode/>>.

61 Australian Hotels Association, transcript, 21/5/01, p 949.

62 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

63 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

64 National Health and Medical Research Council, *Australian alcohol guidelines: Health risks and benefits*, pp 5-17.

65 Australian Drug Foundation, 'ADF position on alcohol health warning labels', pp 3-4, viewed 31/1/03, <<http://www.adf.org.au/inside/position/warning.htm>>.

Insert Table 5.1 here

5.48 It has been suggested in US research by Greenfield, cited by Roche and Stockwell, that warnings on alcoholic beverages stand as a counterbalance to the overly enthusiastic assertions of health benefits that some in the alcohol industry are keen to include on labels.⁶⁶ However, the former Australian New Zealand Food Authority made the following point when it rejected an application for warning labels on alcoholic beverages.

... simple, accurate warning statements, which would effectively inform consumers about alcohol-related harm, would be difficult to devise given the complexity of issues surrounding alcohol use and misuse, and the known benefits of moderate alcohol consumption.⁶⁷

Furthermore

Scientific evidence for the effectiveness of warning statements on alcoholic beverages shows that while warning labels may increase awareness, the increased awareness does not necessarily lead to the desired behavioural changes in 'at-risk' groups. In fact, there is considerable scientific evidence that warnings statements may result in an increase in the undesirable behaviour in 'at risk' groups.⁶⁸

Conclusion

5.49 Of the two suggestions made about warning labels and the national alcohol guidelines, the committee accepts FSANZ's advice on warnings, but believes that adding the guidelines to beverage containers would be a useful move.

Recommendation 38

5.50 The committee recommends that information from the National Health and Medical Research Council's Australian Alcohol Guidelines be included on alcoholic beverage container labels.

66 Roche AM & Stockwell T, 'Prevention of alcohol-related harm: Public policy and health' in *National Alcohol Research Agenda: A supporting paper to the National Alcohol Strategy: A plan for action 2001 to 2003-04*, Commonwealth Department of Health and Ageing, Canberra, March 2002, p 65.

67 Australia New Zealand Food Authority, 'Statement of reasons: Rejection of Application A359 – Requiring labelling of alcoholic beverages with a warning statement', 5/7/00, ANZFA, Canberra, 2000, p 1.

68 Australia New Zealand Food Authority, p 1.

Providing safe drinking environments

- 5.51 The way in which alcohol is served in licensed premises influences the extent of the harm caused by and to intoxicated persons. Several safer approaches were flagged with the committee, including such practices and activities as offering food with drinks, selling low alcohol beer, ensuring access to taxis or public transport⁶⁹, and installing breath testing machines.⁷⁰ The Commonwealth Department of Transport and Regional Services stated server intervention or responsible service programs can also assist, by educating servers about their legal rights and obligations, how to control alcohol consumption and how to manage intoxicated patrons.⁷¹ According to the National Alcohol Strategy, 'responsible server programs from accredited course providers should be made available to all managers and licensees, and staff compliance with safe serving practices encouraged'. Other tourism and hospitality staff should also receive training.⁷²
- 5.52 The Bureau of Crime Statistics and Research revealed that there is clear evidence that, at least in some parts of Australia, intoxicated drinkers continue to receive service even though it is against the law. More responsible service and enforcement of liquor laws could help prevent alcohol-related injury.⁷³ The National Drug Research Institute said to be fully effective, the policing of licensed premises must include elements of traditional enforcement as well as the development of voluntary codes of conduct such as accords.⁷⁴ There was strong support (by 85.0 per cent of respondents) from the 2001 NDS Household Survey for stricter laws against serving drunk customers.⁷⁵
- 5.53 There are a number of other preventive measures that can be taken with respect to the sale of alcohol. Research by Chikritzhs et al in Perth has shown that licensed premises with extended trading hours have significantly more assaults than normally trading premises, and were more often the last drinking place of convicted drink drivers with blood

69 Youth Substance Abuse Service, sub 102, p 7 also supported the provision of accessible public transport systems.

70 Aboriginal Drug and Alcohol Council (SA), sub 181, p 23 also supported the installation of coin-operated breath testing units in licensed premises.

71 Commonwealth Department of Transport and Regional Services, sub 164, p 3.

72 *National Alcohol Strategy: A plan for action 2001 to 2003-04*, pp 14, 17.

73 Bureau of Crime Statistics and Research, *Young adults' experience of responsible service practice in NSW*, media release, 26/7/02, pp 1-2.

74 National Drug Research Institute, sub 110, p 31.

75 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

alcohol levels of more than 0.08.⁷⁶ Restricting late night trading hours is therefore useful, but only just over half the respondents to the 2001 NDS Household Survey (50.9 per cent) supported this measure, and even fewer, supported reducing the number of outlets (28.7 per cent) and reducing trading hours for pubs and clubs (32.4 per cent). However, 72.8 per cent of Australians favoured stricter monitoring of late night premises.⁷⁷

Conclusion

- 5.54 For the reasons outlined, the committee favours the rigorous use and monitoring of responsible service practices in all licensed premises. Special attention should be paid to monitoring late night premises, both in relation to ensuring responsible service practices and in relation to patrons' behaviour when drunk. The readers' attention is also drawn to the recommendations specific to drink driving in Chapter 9.

Recommendation 39

- 5.55 **The committee recommends that the Commonwealth government, in consultation with State and Territory governments, ensure:**
- **the vigorous implementation of responsible service practices in licensed premises by adequately trained staff; and**
 - **that legislation that penalises irresponsible service practices is in place and strictly enforced, particularly in premises that trade late into the night.**

Pricing and taxation

- 5.56 All alcoholic beverages attract 10 per cent GST. On top of that, additional charges apply.
- The Wine Equalisation Tax (WET) applies to wines and certain other alcoholic beverages at a rate of 29 per cent; this tax is applied irrespective of alcohol content.

76 Chikritzhs T, Stockwell T & Masters L, 'Evaluation of the public health and safety impact of extended trading permits for Perth hotels and nightclubs', May 1997, *Conference Papers Collection*, CD-ROM, 2nd Australasian Conference on Drugs Strategy, Perth, Western Australia, 7-9 May 2002, p 1.

77 Australian Institute of Health and Welfare, *2001 National Drug Strategy Household Survey: First results*, p 35.

- Excise is imposed on other domestically manufactured beverages, such as beer and spirits, generally according to alcohol content.⁷⁸ Thus, under the National Excise Scheme for low alcohol beer, the excise on light beers is less than that on full strength beers and provides incentives to both consumers and producers of beer to favour low alcohol beer.

5.57 Alcohol and other Drug Council of Australia (ADCA) is critical of the inconsistent treatment of different alcoholic beverages:

... the WET results in the alcohol content of cheaper wine such as cask wine being taxed concessionally compared with all other alcoholic products. This encourages over-consumption of cask wine, which currently represents a high proportion of all wine sold. Australian studies have clearly shown that consumption of cask wine (and standard beer) is more closely associated with higher levels of violence, injury and illness than other wine and beer. At risk groups include younger persons who are so called 'binge drinking' and Aboriginal people.

Consequently, present Commonwealth Government alcohol taxation policy promotes alcoholic beverages that cause most harm to individuals and the community.⁷⁹

The Independent Winemakers Association argued in a similar vein in its submission to the inquiry.⁸⁰

5.58 In its policy statement on alcohol taxation, ADCA pointed out that:

... The majority of studies in various countries into the effects of changes in prices of alcoholic beverages on consumption levels have found that usually there are significant effects on overall consumption, with a price elasticity of 1 or less than 1. Few other policies have such clear evidence for effectiveness on overall consumption. There is considerable evidence that prices affect both levels of consumption and problem rates ...⁸¹

5.59 ADCA also commented that while research is inconclusive about the impact of prices on the heaviest drinkers, prices are likely to have a greater impact on the less well-to-do, such as young binge drinkers and Indigenous people.⁸²

78 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, 2002, p 6, viewed 29/1/03, <http://www.adca.org.au/policy/policy_positions/alcoholtaxationpolicystatement.pdf>.

79 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 7.

80 Independent Winemakers Association, sub 158, pp 1-2.

81 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 5.

82 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 5.

- 5.60 A volumetric tax not only provides incentives to consumers and producers to favour low alcohol products, but is also rational and equitable. ADCA said current inequities are illustrated by the fact that a standard drink of cask wine attracts tax of about six cents while a standard drink of spirits containing the same amount of alcohol is taxed at about 71 cents.⁸³ Furthermore, the Distilled Spirits Industry Council of Australia stated that all pre-mixed spirits carry the same excise, regardless of strength, and more excise is paid on pre-mixed spirits than on beer of equivalent strength.⁸⁴
- 5.61 ADCA advocated consistent taxing of all alcoholic beverages according to their alcohol content.⁸⁵ This call was supported by several other organisations in submissions to the inquiry⁸⁶, and ADCA's policy was endorsed by 18 others.⁸⁷ ADCA proposed that the tax should be set at a level that provides the highest net benefit to the community, that is, the benefits of the tax should be maximised while at the same time the costs to the community should be minimised. Any taxation changes should be introduced gradually to allow industry to adjust.⁸⁸
- 5.62 The Winemakers Federation of Australia (WFA) has opposed changes to the current system for taxing wine on several grounds.
- Increasing the tax imposed on the industry would damage it.
 - ⇒ The Australian wine industry is already subject to higher levels of taxation than most other Australian industries and its international competitors. Not only does the current system distort resource allocation in the economy, but it threatens the continuing viability

83 Alcohol and other Drugs Council of Australia, *A lost chance on alcohol taxation reform*, media release, 15/11/02, p 1.

84 Distilled Spirits Industry Council of Australia, *New low-alcohol excise rates applauded*, media release, 15/5/02, p 1.

85 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 1.

86 Drug & Alcohol Services Association Alice Springs, sub 198, p 1; National Drug Research Institute, sub 110, p 30.

87 The organisations supporting the Alcohol and other Drugs Council of Australia's policy for taxation based on alcohol content were the: Aboriginal Drug and Alcohol Council (SA); Alcohol and Drug Foundation (Queensland); Archbishop Peter Carnley, Primate, Anglican Church of Australia; Australian Catholic Health Care Association; Australian Council of Social Service; Australian Drug Law Reform Foundation; Australian Medical Association; Australian National Council on Drugs; DRUG-ARM Australia; Family Drug Support; Independent Wineries Association; National Indigenous Substance Misuse Council; NSW Alcohol and Drug Association; People against Drink Driving; The Salvation Army – Australian Southern Territory; Victorian Association of Alcohol and Drug Agencies; Wesley Mission – Drug Arm (New South Wales); The WA Network of Alcohol and Other Drug Agencies. They are mentioned in the Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 10.

88 Alcohol and other Drugs Council of Australia, *Alcohol taxation policy statement*, p 11.

of the industry in an increasingly competitive global economy. Rather than increase taxation, it should be decreased.

⇒ A volumetric tax would increase the cost of cask wine and drop that of premium wines, and cause wine consumption to fall. Writing in 2000, the WFA declared that ‘a volumetric tax threatens 80% of wine sales in Australia’.

- Increasing the cost of wine is unlikely to influence the behaviour of ‘the small number of individuals’ who misuse it.

The WFA said, were a volumetric tax to be introduced, it would be necessary to take into account the health benefits of moderate wine consumption.⁸⁹

Conclusion

5.63 In view of the harm caused by irresponsible alcohol consumption, particularly to more vulnerable Australians, the committee welcomes the introduction of excise on beer according to its alcohol content. In further recognition of alcohol’s potential for harm, the committee believes that the social benefits of replacing ad hoc taxation on alcohol with an across the board regime based on alcohol content be investigated.

Recommendation 40

5.64 **The committee recommends that the Commonwealth government investigate the social benefits of replacing ad hoc taxation on alcohol with an across the board regime based on alcohol content.**

Early interventions and treatment

5.65 Interventions of various kinds have been shown to be successful in helping people with alcohol-related problems to become abstinent or control their drinking. Evidence suggested that these interventions include:

- self help strategies, particularly for younger, milder cases;
- screening and brief advice in general practice and hospital settings for those who drink excessively;

89 Winemakers Federation of Australia, sub 59, pp 25-28.

- pharmacological treatment to prevent relapse in alcohol-dependent people, using drugs such as acamprosate and naltrexone best accompanied with psychosocial therapy⁹⁰; and
- a number of psychological interventions, such as cognitive behaviour therapy and 12 step programs like Alcoholics Anonymous.

Other evidence proposed further research is needed in some of these areas, among them the efficacy of using the internet for brief interventions and the relative effectiveness of different psychological therapies.⁹¹

- 5.66 The former Commonwealth Department of Health and Aged Care and Professor Saunders suggested although two effective pharmacological treatments (acamprosate and naltrexone) are available on the Pharmaceutical Benefits Scheme for treating alcohol dependence, only 1.5 per cent of alcohol-dependent people are currently receiving them.⁹² Professor Webster pointed out one reason for this: the majority of people with alcohol-related disorders do not recognise that they have a problem and do not seek help.⁹³
- 5.67 Another reason, Professor Webster said, for so few people being in treatment is that medical practitioners do not recognise the extent of the problem. General practitioners (GPs) tend not to associate problem drinking with younger people when in fact problem drinking is most prevalent among young people, especially 18-34 year olds.⁹⁴ Furthermore, Professor Saunders added that 'many medical practitioners are simply not aware of, or have no experience in the prescription of, these medications and, therefore, the treatment of patients with them'. Many alcohol and drug services are also not well linked with GPs.⁹⁵
- 5.68 Professor Saunders also pointed out that to improve the uptake of treatment by those with alcohol-related problems, we need continuing education for GPs, improved coordination with alcohol and drug services

90 Shand F, gates J, Fawcett J & Mattick R, National Drug and Alcohol Research Centre, *The Treatment of alcohol problems: A review of the evidence*, Prepared for the Commonwealth Department of Health and Ageing, NDARC, Sydney, June 2003, pp 70-71.

91 Saunders J, transcript, 15/8/02, p 1090; Teesson M, 'Does it work? Can it work? Is it worth it?' *CentreLines*, (9), National Drug and Alcohol Research Centres, December 2002, p 2; Teesson M & Proudfoot H, 'Interventions for alcohol dependence, abuse and excessive drinking', in *National Drug Strategy, National Alcohol Research Agenda: A supporting paper to the National Alcohol Strategy*, Commonwealth Department of Health and Ageing, Canberra, March 2002, pp 120-121; Webster I, transcript, 15/8/02, p 1112.

92 Commonwealth Department of Health and Aged Care, sub 145, p 115; Saunders J, transcript, 15/8/02, p 1090.

93 Webster I, transcript, 15/8/02, pp 1114-1115.

94 Webster I, transcript, 15/8/02, p 1114.

95 Saunders J, transcript, 15/8/02, p 1101.

and shared care arrangement of patients. Giving GPs incentives to provide brief interventions would also be useful.⁹⁶ The Commonwealth Department of Health and Ageing advised that clinical practice guidelines for GPs have been prepared and were made publicly available in June 2003.⁹⁷

Conclusion

5.69 The committee believes that three of the issues outlined above should be supported and so recommends some further research, incentives for GPs to provide brief interventions, and education for medical practitioners and others engaged in primary health care. The committee agrees that education for GPs should include information to raise their awareness of prescription treatments available to treat alcohol abuse. Better links between different parts of the health care system are already covered by Recommendation 24 in Chapter 4.

Recommendation 41

5.70 **The committee recommends that the Commonwealth, State and Territory governments:**

- **ensure that primary health care providers receive adequate training to deal with alcohol dependence and other alcohol use problems;**
- **provide incentives for medical practitioners to provide brief interventions for alcohol problems; and**
- **fund research into new approaches to treating alcohol dependence, including:**
 - ⇒ **trials of new drugs; and**
 - ⇒ **filling gaps in knowledge, like the efficacy of using the internet for brief interventions and the relative effectiveness of different psychological therapies.**

96 Saunders J, transcript, 15/8/02, pp 1090, 1101.

97 Commonwealth Department of Health and Aged Care, sub 145, p 102; National Drug and Alcohol Research Centre, *Guidelines for the treatment of alcohol problems*, prepared for the Commonwealth Department of Health and Ageing, Commonwealth Department of Health and Ageing, Canberra, June 2003, x 200p.

- 5.71 The committee has already recommended in this chapter that educational campaigns should target young people and their parents, and women of child bearing age and their partners. In addition to these efforts, the committee believes that a strong campaign should be undertaken, that is aimed more broadly at the Australian population at large, and will assist in intervening early in the development of alcohol misuse and dependence. It is important that everyone is more aware, than they are at present, of the various kinds of alcoholic drinks that are associated with different degrees of risk and harm.

Recommendation 42

- 5.72 **The committee recommends that the Commonwealth, State and Territory governments work together to run education campaigns that raise awareness of and level of knowledge about the risks associated with:**
- **the disparity in alcohol content within various alcoholic drinks; and**
 - **the different levels of intoxication during the process of alcohol consumption.**