CHAPTER 3

The evidence

3.1 Various studies undertaken in recent years show consumption patterns in relation to alcohol use. Some of those studies also provide statistics in relation to the use of alcohol broken down by both age and gender. There are additional studies that outline the health and social effects of alcohol use by young people. Some work has also been done to identify alcoholic drink preferences by type, age and gender. The Committee has considered considerable evidence on alcohol consumption patterns and its effects on young people from a number of such sources, and some of these are discussed below.

Alcohol consumption patterns

3.2 In 2007, approximately 83 per cent of the population aged 14 years and over were current drinkers, meaning they had consumed alcohol in the past 12 months.[1] The first results of the 2007 National Drug Strategy Household Survey released in April 2008, found that between 1991 and 2007, the consumption patterns for people aged 14 or older remained largely unchanged (see table 3.1 below).

Table 3.1–Alcohol Drinking Status: proportion of the population aged 14 years or older, Australia, 1991 to 2007. [2]

Drinking status	1991	1993	1995	1998	2001	2004	2007
			(per cent)				
Daily	10.2	8.5	8.8	8.5	8.3	8.9	8.1 #
Weekly	41.0	39.9	35.2	40.1	39.5	41.2	41.3
Less than weekly	30.4	29.5	34.3	31.9	34.6	33.5	33.5
Ex-drinker[(a)]	12.0	9.0	9.5	10.0	8.0	7.1	7.0
Never a full serve of alcohol	6.5	13.0	12.2	9.4	9.6	9.3	10.1 #

(a) Has consumed at least a full serve of alcohol, but not in the previous 12 months.

Difference between 2004 result and 2007 result is statistically significantly (2-tailed $\alpha = 0.05$).

3.3 The Australian Institute of Health and Welfare (AIHW) noted that while the consumption patterns overall remained largely unchanged, drinking patterns varied considerably across age and sex[3] as the following evidence shows.

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1 AIHW, *Submission 23*, p. 2.

2 Australian Institute of Health and Welfare, *2007 National Dug Strategy Household Survey*, First Results, April 2008, p. 18.

3 AIHW, *Submission 23*, p. 3.

Drinking patterns by sex and age

3.4 The survey found that consumption patterns for those aged 14 years or older varied considerably between males and females. It showed that males were almost twice as likely as females to drink daily (see table 3.2 below).

Table 3.2–Alcohol Drinking Status: proportion of the population aged 14 years or older, by sex, Australia, 2004, 2007. [4]

	Males		Females		Persons	
Drinking status	2004	2007	2004	2007	2004	2007
			(per cent)			
Daily	12.0	10.8 #	5.8	5.5	8.9	8.1 #
Weekly	47.6	46.8	35.0	35.9	41.2	41.3
Less than weekly	27.5	28.3	39.4	38.5	33.5	33.5
Ex-drinker(a)	6.0	5.8	8.2	8.1	7.1	7.0
Never a full glass of alcohol	6.9	8.2 #	11.6	12.1	9.3	10.1 #

(a) Has consumed at least a full serve of alcohol, but not in the previous 12 months.

Difference between 2004 result and 2007 result is statistically significantly (2-tailed α = 0.05).

3.5 The survey also found that the proportion of daily drinkers increased with age; the peak for daily drinkers was for those aged 60 years or older, and the peak for less-than-weekly drinkers was among teenagers (see table 3.3 below).

Table 3.3–Alcohol Drinking Status: proportion of the population aged 14 years or older, by age, Australia, 2007. [5]

	Age group						
Drinking status	14–19	20–29	30–39	40–49	50–59	60+	14+
				(per cent)			
Daily	1.0	2.3	4.6	8.5	11.8	15.6	8.1
Weekly	20.9	47.8	47.5	46.8	43.8	34.6	41.3
Less than weekly	49.1	37.0	35.7	32.3	30.4	25.1	33.5
Recent drinker(a)	*71.0*	*87.1*	*87.8*	*87.6*	*86.0*	*75.3*	*82.9*
Ex-drinker(b)	3.0	4.3	5.8	5.9	7.1	12.4	7.0
Never a full serve of alcohol	26.0	8.6	6.3	6.5	7.0	12.3	10.1

(a) Has consumed at least a full serve of alcohol in the previous 12 months.

(b) Has consumed at least a full serve of alcohol, but not in the previous 12 months.

Note: Statistical significance testing was not undertaken for this table.

3.6 The survey further found that in relation to young people:

4 Australian Institute of Health and Welfare, *2007 National Dug Strategy Household Survey*, First Results, April 2008, p. 19.

5 Australian Institute of Health and Welfare, *2007 National Dug Strategy Household Survey*, First Results, April 2008, p. 20.

- young adults (aged 18 to 19 years) were the most likely to consume alcohol (see table 3.4 below); and
- three in ten young people (aged 12 to 15 years) were current drinkers in 2007, with the same proportion for girls and boys.[6]

Table 3.4–Alcohol Drinking Status: proportion of the population aged 12 years or older, by age, Australia, 2007. [7]

	Age group				
Drinking status	12–15	16–17	18–19	12–19	12+
			(per cent)		
Daily	0.2	0.8	1.6	0.7	7.9
Weekly	2.1	17.8	41.1	15.9	40.0
Less than weekly	27.8	57.0	46.3	39.8	32.8
Ex-drinker[(a)]	2.4	4.2	1.7	2.7	6.8
Never a full serve of alcohol	67.5	20.3	9.2	40.9	12.5

(a) Has consumed at least a full serve of alcohol, but not in the previous 12 months.

Note: Statistical significance testing was not undertaken for this table.

Underage drinking

3.7 Despite the sale of alcohol being restricted to those over the age of 18, the consumption of alcohol by adolescents was shown to be common, and the proportion of teenagers drinking at least weekly was around 22 per cent.[8] The Australian secondary school students' use of alcohol in 2005 (ASSAD) report described the results of the eighth national survey on the use of alcohol by secondary school students. It found that alcohol was widely used by secondary school students, specifically:

- by age 14, around 86 per cent of students had tried alcohol and by the age of 17, 70 per cent of students had consumed alcohol in the month prior to the survey;
- 30 per cent of 15 year olds and 44 per cent of 17 year olds had consumed alcohol at the levels recommended for adults in the previous week;
- spirits in either premixed or non-premixed form were the most common types of drinks consumed by current drinkers of all ages; and
- more females than males drank premixed spirits and more males than females drank non-premixed spirits.[9]

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6 AIHW, *Submission 23*, p. 3.

7 Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey, First results*, April 2008, pp 20–21.

8 Australian Institute of Health and Welfare, *2007 National Dug Strategy Household Survey, First Results*, April 2008, p. xi.

9 Department of Health and Ageing, *Australian secondary school students' use of alcohol in 2005*, June 2006, p. 1.

3.8 However, the 2007 National Drug Strategy Household Survey argued that estimates of alcohol use by younger people should be interpreted with caution due to the low prevalence and smaller sample sizes for these age groups. It found that:

- in 2007, over two in three 12 to 15 year olds (67.5 per cent) had never consumed a full serve of alcohol;
- rates of abstinence fell from two thirds for 12 to 15 year olds to a rate for 18 to 19 year olds closer to the rate of abstinence for all people aged 12 years or older (12.5 per cent);
- rates of daily alcohol consumption increased with age but did not reach the 'population' rate (of 7.9 per cent for those aged 12 years or older); and
- in the age group 12 to 15 years, higher proportions of females than males consumed alcohol daily and weekly. In the age groups 16 to 17 and 18 to 19, higher proportions of females than males consumed alcohol less than weekly.[10]

Risky drinking

3.9 A study by Heale et al. of the proportion of alcohol drinkers in Australia drinking to levels that were likely to risk harm found that in young adults (18 to 24 years):

> 90 per cent of all alcohol was consumed in high-risk patterns, primarily due to drinking in ways which placed the drinker at risk of acute harm. The elevated rate of high-risk drinking in the young adult age group is due to young people being more likely to drink a large amount of alcohol in a short space of time, typically on weekends.[11]

3.10 Australian Bureau of Statistics (ABS) data from 2004–05 on alcohol consumption found that:

- among teenagers aged 14 to 19 years drinking at risky/high levels in the long term, 77 per cent of boys usually consumed regular strength beer while 85 per cent of girls usually consumed bottled spirits and liqueurs; and
- among risky/high risk drinkers aged 18 to 24 years, 75 per cent drank ready-to-drink spirits and liqueurs compared to 56 per cent of low risk drinkers of the same age.[12]

3.11 This data serves to highlight that ready-to-drink alcohol beverages (RTDs) are the preferred drink of choice for many young high risk drinkers, particularly for three

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10 Australian Institute of Health and Welfare, *2007 National Drug Strategy Household Survey, First results*, April 2008, pp 20–21.

11 Ministerial Council on Drug Strategy, *The Prevention of Substance use, risk and harm in Australia*, January 2004, p. 28.

12 Australian Bureau of Statistics, *4832.0.55.001 – Alcohol Consumption in Australia: A snapshot, 2004-05*, 25 August 2006, p. 4 and p. 7.

quarters of women in the 18 to 24 year age group, who seem to prefer them over other alcoholic drinks. This is a significant finding and the consumption of RTDs by younger people will be discussed in more detail later in this chapter.

3.12 A recent report from the Australian National Council on Drugs (ANCD), which combined several major statistical studies on substance abuse, found that young people engaging in risky drinking behaviour was the biggest problem faced by families. The report found:

- with the exception of tobacco, alcohol was the most widely used substance by young people with high rates of risky drinking reported across all surveys (and increasing with age);
- in any given week approximately 1 in 10 (or 168 000) 12 to 17 year olds reported risky drinking/drinking at harmful levels;
- in any given week 1 in 10 (or 31 325) 15 year olds reported risky drinking/drinking at harmful levels;
- in any given week 1 in 5 (or 54 116) 16 year olds drank at harmful levels; and
- in any given week 1 in 5 (or 59 176) 17 year olds reported risky drinking/drinking at harmful levels.[13]

3.13 At the release of the report on 25 February 2008, ANCD Chairman, Dr John Herron, noted that 'drug and alcohol use by young people has become normalised and is often seen as a rite of passage to adulthood'.[14] The report argued that alcohol and substance abuse was less likely among young people whose parents actively disapprove of alcohol use. The report's findings indicated that a significant proportion of teenagers of non-legal drinking age were risking serious potential harm to themselves and others by engaging in risky drinking behaviour. The findings effectively showed that 10 per cent of all 12 to 17 year olds and 20 per cent of all 16 year olds were drinking at harmful levels. Therefore, the Committee agrees that any policy measures which are designed with the intent to help reduce risky drinking behaviours in young people are worth considering.

3.14 Concerns were raised during the inquiry about some of the differences in survey results across various studies. Yet as Adjunct Professor Michael Moore told the inquiry:

> There has been a great deal of debate on whether or not there has been an increase in the harmful use of alcohol amongst teenagers. In fact, I think it is a side issue. I think it is really important for us to recognise that there is harmful use of alcohol going on extensively with young people and with older people as well. Whilst that harmful use of alcohol is going on,

13 ANCD Research Paper No. 15, *Supporting the families of young people with problematic drug use*, Chapter 1, 2008.

14 Media Release, Dr John Herron, Chairman of the Australian National Council on Drugs, 'Families in need of support', 25 February 2008.

> whether it has increased in the last four or five years or not, it is something that does need to be dealt with.[15]

3.15 Ms Kate Carnell, Chief Executive Officer of the Australian General Practice Network (AGPN), pointed out to the Committee that, while evidence did not suggest that problem drinking levels were worse now than they were 10 years ago, there was evidence to suggest that they were far too high now and that they were far too high 10 years ago. She stated:

> …we do have evidence to suggest that at the pointy end, the serious damage and the hospitalisations have increased quite significantly. We anecdotally believe there is evidence to suggest that younger children are drinking more regularly—the 12- to 16-year-olds—which came out of our survey and others. That will in the end produce bad health outcomes for those young people, but we do not have evidence.[16]

3.16 Dr Tanya Chikritzhs, Senior Research Fellow at the National Drug Research Institute (NDRI), argued that the evidence did not necessarily point to a static rate of consumption. She told the Committee:

> …when you look at the secondary school surveys, consumption has not been stable. The proportion of young people who drink overall has gone down somewhat, but—and this often gets misquoted in the media—the proportion of young people who are underage and drink at risky and high-risk levels for an adult, which is more than four and six standard drinks, is greater than it has been since the mid-1980s. This is based on national secondary school surveys. So, again, the proportion of young people drinking at risky and high-risk levels is greater than it has been since it began to be measured, and I think that is something we need to keep in mind. What that survey also showed is that young people's drinking preferences, particularly young women's, have shifted markedly from wine to premixed drinks, and that coincides quite well with the other. What I am saying is that the increased preference for premixed drinks coincides quite well with the increase in the proportion of young people who are drinking at risky and high-risk levels.[17]

3.17 As can be seen from the surveys presented above, evidence clearly shows there is a widespread problem with the illegal consumption of alcohol by underage drinkers or minors. Therefore, any policy measures which can be practically implemented to assist in curbing this problem, including the specific measure being examined by this inquiry, are viewed positively by the Committee.

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15 Adjunct Professor Michael Moore, PHAA, *Proof Committee Hansard*, p. CA15.

16 Ms Kate Carnell, *Proof Committee Hansard*, 12 June 2008, p. CA27.

17 Dr Tanya Chikritzhs, *Proof Committee Hansard*, 12 June 2008, p. CA66.

The consumption patterns of ready-to-drink alcohol beverages

3.18 It was suggested to the Committee that a number of factors have contributed to the popularity of RTDs with young drinkers, including:

- being cheaper in relation to other alcoholic beverages with comparative alcohol content;
- being flavoured with fruit or confectionery flavours, often heavily sweetened to mask the bitter and astringent taste of alcohol and appeal to the taste preferences of young people; and
- being attractive to young drinkers who were planning to get drunk because many 'premium' premixed spirits now comprised seven per cent alcohol by volume (ABV) so a bottle or can contained two standard drinks.[18]

3.19 The National Centre for Education and Training on Addiction (NCETA) raised concerns in their submission that RTDs appeared to be marketed primarily at young drinkers because the products contained:

- sweet fruity flavours;
- screwtops for easy portability;
- bright colours to assist in brand identification;
- high alcohol content (up to 18%) for rapid intoxication; and
- relatively low price and general widespread availability.[19]

3.20 A recent study of 12 to 30 year olds examined the acceptability to them of a range of different RTD's and found that, among the youngest age groups in the study, RTDs were the most commonly first used and most preferred alcoholic beverage.[20]

3.21 Recent data by the ABS released 18 April 2008 showed consumption of RTDs for persons aged 15 and over rose from 15.4 million litres in 2005 to 18.1 million litres in 2007.[21] The Alcohol Education and Rehabilitation Foundation (AER) noted that these figures made it the fastest growing category of all drinks and resulted in Australia having the highest per capita consumption of RTDs in the world, double that of the next biggest consumers Britain and New Zealand.[22]

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18 Australian Drug Foundation, The Cancer Council Victoria and VicHealth, *Submission 28*, p. 2.

19 NCETA, *Submission 10*, p. 5.

20 Copeland, J. et al. 'Young Australians and alcohol: the acceptability of ready-to-drink (RTD) alcoholic beverages among 12-30 year olds', *Addiction*, Society for the Study of Addiction, 2007, 102, p. 1744.

21 Australian Bureau of Statistics, *4307.0.55.001 – Apparent consumption of Alcohol*, Australia 2006–07, 18 April 2008.

22 Media Release, The Alcohol Education and Rehabilitation Foundation, 'AER welcomes 2020 Summit 'Big Ideas' to tackle binge drinking', 23 April 2008.

3.22 The Australian Medical Association (AMA) also highlighted some of the evidence that showed an increase in RTD consumption by younger people. In their submission they stated:

> The 2006 ASSAD survey indicates that there has been an increasing preference for RTDs among 12 to 17 year old males and females between 1999 and 2005. The 2007 National Drug Household Survey findings show that in 2007 females between 12 and 17 years had a very strong preference for drinking pre-mixed spirits and bottled spirits, stronger than for males in that age range.[23]

3.23 A research report *Alcohol consumption patterns among Australian 15 to 17 year olds from 2000 to 2004*, commissioned by the Department of Health and Ageing, found that for females the share of consumption for pre-mixed spirits/liqueurs increased across surveys from 11 per cent in 2000 to 55 per cent in 2004. For males, the consumption of pre-mixed drinks/liqueurs increased to over a third of the share of consumption.[24] The report found that:

- over three in five female drinkers reported consuming pre-mixed spirits on their last drinking occasion in 2004 (62 per cent). There was a large increase across surveys in the proportion of female drinkers consuming spirits, including pre-mixed spirits; and
- just over half of male drinkers reported in the 2004 survey that they consumed spirits and/or beer on their last drinking occasion (spirits 54 per cent and beer 55 per cent).[25]

3.24 The ASSAD report found that more girls than boys drank RTDs. The report stated that female drinkers from all of the age groups surveyed were more likely to report that they usually drank premixed spirits in 2005 than they did in 1999.[26] The survey found that 47 per cent of girls and 14 per cent of boys aged 12 to 17 had drunk RTDs in the previous week.[27] *Choice* also found that RTDs were the most commonly consumed form of alcohol among 12 to17 year old girls.[28] Analysis by the AIHW of the 2001, 2004 and 2007 National Drug Strategy Household Surveys showed variations in the preferences of alcoholic drinks consumed by different age groups and sexes across time. See tables 3.5 and 3.6 below.

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23 AMA, *Submission 33*, p. 3.

24 Department of Health and Ageing, Research Report, *Alcohol consumption patterns among Australian 15–17 year olds from 2000-2004*, March 2005, p. 6.

25 Department of Health and Ageing, Research Report, *Alcohol consumption patterns among Australian 15–17 year olds from 2000–2004*, March 2005, p. 2.

26 Victoria White and Jane Hayman, *Australian secondary school students' use of alcohol in 2005*, Report prepared for Drug Strategy Branch, Australian Government Department of Health and Ageing, June 2006, p. 2.

27 Drug Awareness (NSW), *Submission 4*, p. 2.

28 Drug Awareness (NSW), *Submission 4*, p. 2.

Table 3.5–Trends in preferences for specific alcoholic drinks, 2002–2007, males (per cent)[29]

		Age group						
Alcohol type	**Year**	**12–15**	**16–17**	**18–19**	**20–29**	**30–39**	**40+**	**Total**
Cask wine	2007	6.1	8.2	7.5	7.0	7.1	16.0	12.0
	2004	9.5	8.0	9.1	7.7	9.4	22.1	15.9
	2001	10.0	11.7	5.9	7.7	11.0	22.2	16.0
Bottled wine	2007	11.9	10.1	18.9	34.1	47.7	52.6	45.1
	2004	17.2	8.3	21.0	36.2	46.0	49.4	43.4
	2001	21.4	14.6	15.2	34.2	42.3	45.0	39.7
Regular strength beer	2007	29.0	50.6	63.9	68.0	61.0	40.1	49.8
	2004	34.9	51.2	67.8	68.6	55.3	35.7	47.0
	2001	44.2	62.9	71.7	67.1	59.1	38.2	50.1
Low alcohol beer	2007	13.5	12.5	5.7	11.0	17.5	29.4	22.3
	2004	23.7	14.2	5.5	12.7	23.1	33.6	26.0
	2001	21.4	18.4	8.9	15.4	26.3	36.1	28.3
Bottled spirits and liqueurs	2007	30.6	47.6	54.0	54.5	40.3	32.0	38.7
	2004	35.5	42.9	63.1	51.9	37.1	31.9	38.0
	2001	44.4	58.0	67.6	58.4	40.9	30.3	40.4
Pre-mixed spirits in a can	2007	36.9	56.3	60.7	47.6	28.5	10.9	24.3
	2004	50.2	55.7	65.3	42.0	27.9	9.3	23.0
	2001	43.8	57.9	53.5	34.8	19.5	5.5	18.2
Pre-mixed spirits in a bottle	2007	25.8	29.9	33.3	26.4	11.6	3.8	11.5
	2004	21.1	32.0	41.7	22.7	10.0	3.6	10.8
	2001	24.1	31.9	35.6	21.2	9.1	1.7	9.6

Notes:

1. Preferences are inferred from responses to the question 'What type of alcohol do you usually drink?'; respondents could select more than one usual drink.
2. The 2001 survey did not include 12–13 year olds. In this table, 14–15 year olds are shown in the 12–15 age group column for 2001. Therefore the trend for this column should be interpreted with caution. The totals for 2001 are for 14 years and over.

Source: AIHW analysis of National Drug Strategy Household Surveys.

3.25 For males, it was clear that RTDs were the preferred form of beverage for younger males than for those in older age groups. The Department summarised a key element of the findings, stating:

> When looking across the younger male age groups, where pre-mixed spirits in a bottle have been nominated as the preferred beverage, there is an observed increase in this preference with age: 25.8 per cent in 2007 among 12–15 year olds, 29.9 per cent among 16–17 year olds, peaking at 33.3% among males aged 18–19 years.[30]

29 AIHW, *Submission 23*, p. 5.

30 Department of Health and Ageing, *Submission 35*, p. 7.

Table 3.6–Trends in preferences for specific alcoholic drinks, 2002–2007, females (per cent)[31]

		Age group						
Alcohol type	Year	12–15	16–17	18–19	20–29	30–39	40+	Total
Cask wine	2007	3.8	7.3	9.7	10.7	10.9	19.3	15.2
	2004	8.8	11.0	16.0	13.6	14.8	26.8	20.8
	2001	12.4	15.8	18.4	14.9	19.8	30.3	23.9
Bottled wine	2007	15.4	16.5	28.0	60.0	69.0	70.2	63.8
	2004	19.5	21.0	32.7	54.4	62.0	66.8	59.8
	2001	24.7	20.1	30.7	57.3	62.0	61.6	57.3
Regular strength beer	2007	9.8	9.6	17.3	25.6	19.8	9.0	14.3
	2004	12.1	17.2	24.9	26.5	18.1	8.2	14.4
	2001	8.9	15.1	26.2	29.3	17.6	8.4	15.1
Low alcohol beer	2007	5.8	3.6	6.3	5.9	7.7	10.8	8.8
	2004	7.8	5.2	4.6	7.9	10.8	12.7	10.8
	2001	12.9	5.6	3.0	8.1	11.9	14.4	11.9
Bottled spirits and liqueurs	2007	53.3	54.4	73.9	58.3	44.2	33.5	42.4
	2004	46.1	64.4	69.8	61.5	43.1	34.4	43.5
	2001	51.7	59.1	76.8	64.4	48.8	33.4	45.4
Pre-mixed spirits in a can	2007	59.4	57.0	60.8	37.1	22.8	9.7	21.3
	2004	43.0	61.7	57.3	37.1	21.9	7.5	20.1
	2001	55.5	57.2	62.0	32.5	19.2	5.5	18.6
Pre-mixed spirits in a bottle	2007	49.9	68.5	68.9	47.3	28.7	11.0	25.4
	2004	55.1	80.8	75.4	51.8	27.2	10.5	26.8
	2001	63.6	70.8	76.4	47.7	25.3	7.1	24.7

Notes:

1. Preferences are inferred from responses to the question 'What type of alcohol do you usually drink?'; respondents could select more than one usual drink.
2. The 2001 survey did not include 12–13 year olds. In this table, 14–15 year olds are shown in the 12–15 age group column for 2001. Therefore the trend for this column should be interpreted with caution. The totals for 2001 are for 14 years and over.

Source: AIHW analysis of National Drug Strategy Household Surveys.

3.26 For females, the results showed that young females had a higher preference for RTDs than males. The preference for RTDs by females aged between 12 to 19 years ranged from 43 per cent to 76 per cent, compared with males whose preference for RTDs ranged between 21 per cent and 65 per cent.

3.27 The general attractiveness of RTDs was also evident in the sales figures. RTDs increased from three per cent of total alcohol sales in 1997 to 15 per cent of total sales in 2006, an increase of more than 450 per cent. The value of RTDs sold went from $942 million in 1997 to $5 134 million in 2006.[32] This was a significant increase and showed the popularity rise in these types of drinks over the last ten years or more. Prior to the introduction of the Government's recent measure to increase the

31 AIHW, *Submission 23*, p. 6.

32 Doran, Christopher M., and Shakeshaft, Anthony P., 'What price for public health: using taxes to curb binge drinking in Australia', *The Lancet*, in press, p. 2 and p. 5.

excise on RTDs, it was expected that RTD sales would surpass wine sales over a forecast period to 2012.[33] It is yet to be determined what result the Government's recently introduced measure will have on long term sales of RTD alcoholic beverages.

3.28 The Public Health Association of Australia (PHAA) commented about the effect the Government's measure had on RTD consumption since its introduction on 27 April 2008. While initial findings showed a 40 per cent decrease in RTD sales in the first month, and that early indications were that the approach seemed effective in some areas, they urged more follow up was needed.[34]

3.29 The Committee believes the measure shows some early signs of success in curbing the consumption increase of RTDs and agrees that more time is needed to evaluate its effectiveness.

Alcohol as a health and social issue

3.30 Evidence has clearly demonstrated the links between the misuse of alcohol and the resulting health effects and anti-social behaviour. The negative health effects of alcohol misuse are well established in medical literature, and young people are not immune to problems generally only associated with older, long term alcohol misusers. In addition to health problems, dangerous and criminal behaviour, accidents and violence are shown to be the unfortunate consequences of high risk drinking or other misuse of alcohol. Therefore, any measures which discourage the misuse of alcohol by young people and help protect them from the consequences of both the short and long term misuse of alcohol need to be encouraged.

Health consequences

3.31 AIHW reported that among young people aged 10 to 19 years, the proportion of total treatment episodes for which alcohol was the principal drug of concern increased from 15 per cent to 23 per cent over the past five years.[35]

3.32 Tobacco and alcohol use contributed to the majority of preventable health problems associated with drug use.[36] The report by the Ministerial Council on Drug Strategy on the Prevention of Substance Use, Risk and Harm in Australia found that:

> Alcohol causes the deaths and hospitalisation of slightly more children and young people than do all the illicit drugs combined and many more than

33 'Alcoholic Drinks in Australia', *Euromonitor International*, January 2008, p. 45.

34 PHAA, *Submission 24*, p. 7.

35 AIHW, *Submission 23*, p. 1.

36 Ministerial Council on Drug Strategy, *The Prevention of Substance use, risk and harm in Australia*, January 2004, p. 32.

> tobacco. These deaths are almost invariably caused by either intentional or unintentional injuries.[37]

3.33 As well as the long term risks associated with excessive alcohol consumption, there were a range of short term risks including: death by alcohol overdose; alcohol poisoning; unsafe sex; sexual assault; physical violence; motor vehicle deaths and accidents and additional risks to activities such as swimming, diving and surfing.[38]

3.34 The Australian Psychological Society pointed out that mental health issues needed to be considered in the overall context of harm resulting from risky drinking behaviour. They stated:

> The patterns of alcohol use by young people are of concern because the majority of the alcohol consumed by young people is drunk at levels that exceed the recommended levels for adults. Research associates current adolescent binge drinking patterns with brain damage, and we currently have the largest cohort of young women binge drinkers in our history.[39]

3.35 The Royal Australian College of Physicians (RACP) told the Committee that young people were 'particularly vulnerable to the harmful effects of alcohol because of the combination of inexperience of drinking, and the frequent combination of high risk drinking with high risk activity and potential accidental injury'. They went on to say that 'fortunately, most teenagers drinking at high risk manage to survive a usually brief period of adolescent turbulence without clinical interventions. Some however, will continue to drink at high risk levels and some will suffer irreparable harm'.[40]

3.36 Emeritus Professor Ian Webster of the Alcohol Education and Rehabilitation Foundation (AER) advised the Committee that evidence showed the earlier young people started drinking, the more likely they were to have 'continuing problems around alcohol and other drugs and to have subsequent mental health problems and that this in itself justified concern about RTDs and young people in general'.[41] He also advised the Committee:

> In the health system and in public health generally we have a measure we call the burden of disease. The burden of disease measures the extent of lives lost from a particular health event and the degree of disablement—in

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37 Ministerial Council on Drug Strategy, *The Prevention of Substance use, risk and harm in Australia*, January 2004, p. 31.

38 List compiled from Professor Sandra Jones and Parri Gregory, 'The impact of more visible standard drink labelling on youth alcohol consumption: Helping young people drink (ir)responsibly?, tabled at public hearing on 15 May in Canberra at the Alcohol Toll Reduction Bill 2007 inquiry, p. 3 and Fact Sheet on Alcohol and Young People available at: http://www.alcoholguidelines.gov.au/internet/alcohol/publishing.nsf/Content/743098662DA39D68CA25718E0081F1D9/$File/fs-young.pdf accessed on 28 May 2008.

39 The Australian Psychological Society Ltd, *Submission 20*, p. 12.

40 The Royal Australian College of Physicians, *Submission 25*, p. 4.

41 Emeritus Professor Ian Webster, *Proof Committee Hansard*, p. CA28.

> other words, the lack of productive life. When you look at the young age group, nine out of 10 of the causes of the burden of disease in young men are related to mental health problems, alcohol and drug problems; and eight out of 10 in young women. So substance use and its link to mental health problems is a predominant and major problem for the development of risks for young people whatever way you look at it, and it is an important area for our society to focus on.[42]

3.37 Research conducted by the National Drug Research Institute (NDRI) showed that alcohol was a major contributing cause of death and hospitalisation for young people, with the majority of alcohol related harms caused by episodes of drinking to intoxication. It revealed that:

- in the ten years from 1993–2002, an estimated 2 643 young Australians aged 15 to 24 died from alcohol attributable injury and disease due to risky/high risk drinking (about 15 per cent) of all deaths in that age group;
- from 1993–94 to 2001–02 there were an estimated 101 165 alcohol-attributable hospitalisations for young people, accounting for one–in–five (about 22%) of all hospitalisations in that age group;
- among under-aged drinkers, those in the 14 to 17 year age group, more than 80 per cent of all the alcohol was consumed at risky/high risk levels for acute harm; and
- over the ten years from 1993–2002, an estimated 501 underage drinkers (aged 14 to 17) died from alcohol attributed injury and disease caused by risky/high risk drinking in Australia, and another 3 300 were hospitalised for alcohol attributable injury and disease in 1999–00.[43]

3.38 A study of hospital admissions in Victoria showed that the rate of alcohol–caused hospital admissions between 1998–99 and 2005–06 increased significantly in those aged 16 to 24 years for both males and females. Females aged 18 to 24 years showed the highest increase in alcohol–caused hospital admissions from a rate of 6.0 per 10 000 persons in 1998–99 to 14.6 per 10 000 persons in 2005–06.[44] This increase in alcohol related hospital admissions in young people is of serious concern and serves to remind the Committee that any efforts to tackle risky drinking behaviour in young people can be justified simply on health grounds alone.

3.39 In responding to the Victorian study, Adjunct Professor Michael Moore, Chief Executive Officer of PHAA, stated:

> The data did show an upward trend in alcohol related harm among young Victorians aged 16 and over, because that is what the researcher, Michael

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42 Emeritus Professor Ian Webster, *Proof Committee Hansard*, p. CA27.

43 NDRI, *Submission 15*, p. 2.

44 Livingston, Michael, 'Risky alcohol consumption and young people', *Australian and New Zealand Journal of Public Health*, 2008 Vol. 32 No. 3, p. 269.

> Livingston, was looking at, and he was looking at it specifically in Victoria. The hospital emergency data showed a substantial increase in harm for young people, both male and female, between 16 and 24 and a particularly sharp increase amongst females aged 18 to 24… The real debate is: is there harmful and hazardous use of alcohol, what should the Government be doing about it, and should the Senate support that or not? I think that that survey does strengthen the view that an intervention is appropriate.[45]

3.40 Professor Steve Allsop, Director of the NDRI argued that the current costs of alcohol related harm were intolerable to the community and that previous research indicated that 'on average 50 young people under the age of 18 die each year due to alcohol, and if we look at 15 to 24 year olds this figure increases to 250 people on average dying each year and approximately 10 000 hospitalised each year'.[46]

3.41 As the Australian Drug Foundation, the Cancer Council Victoria and VicHealth told the Committee regarding the misuse of alcohol by young people:

> The harmful use of alcohol by young people is of concern to our organisations. Risky levels of alcohol use by young people are linked to increased risk of long term developmental damage and chronic disease including cancer. It can also give rise to increased risk of acute harms such as injury, and violence, as well as impacting negatively on the wider community.[47]

Social consequences

3.42 The Australasian Therapeutic Communities Association summarised, from a number of sources, a range of social consequences associated with substance abuse including alcohol. They stated in their submission that:

> Substance use is associated with problems beyond those experienced by the individual and poses considerable harm to the wider Australian community. For example, it is estimated that for every one person who drinks alcohol in large and/or frequent quantities, at least four other people are negatively affected. Harmful substance use can have a major impact on families through neglect, violence, separation, and financial and legal problems. It can affect work colleagues through absenteeism, loss of productivity, and work accidents, and the wider community through accidents and crime. Depending on the definitions used, up to 70% of crime is related to substance use.[48]

3.43 Alcohol use and the incidence of crime was an issue of major concern to most communities. Statistics on the prevalence of alcohol use among detainees was collated

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45 Adjunct Professor Michael Moore, *Proof Committee Hansard*, 11 June 2008, p. CA16.

46 Professor Steve Allsop, *Proof Committee Hansard*, 12 June 2008, p. CA59.

47 Australian Drug Foundation, The Cancer Council Victoria and VicHealth, *Submission 28*, p. 2.

48 Australasian Therapeutic Communities Association, *Submission 12*, p. 5.

through Drug Use Monitoring in Australia (DUMA) who conducted annual data collection and reporting on the age of first, and regular, illegal use for nine classes of drugs, including alcohol. Data released by DUMA in 2007 on the age of first reported alcohol use and the age of first arrest showed the average age of first alcohol use by detainees was 14 years for both males and females. The report stated that the average age at which detainees first tried alcohol was younger compared to the general population, who first consumed alcohol at around 17 years of age.[49]

3.44 While the report does not demonstrate a direct link between alcohol consumption and the actual crime detained for, its findings serve to highlight that detainees have, on average, been exposed to alcohol use at a much earlier age than the general population. As evidence presented earlier in this chapter shows, RTDs appear to be the most attractive form of alcohol for younger drinkers. Therefore any measures which decrease their attractiveness and help prevent younger people from starting to drink at an early age may also assist to prevent them from engaging in future criminal and antisocial behaviours.

3.45 Professor Steve Allsop of NDRI pointed out to the Committee that a large proportion of police time was devoted to alcohol related problems.[50] He stated:

> It is not about the small number of people who are severely alcohol dependent. Of course we need to have effective responses to them, but quite a lot of the harm in the community occurs from people who occasionally drink too much. They might not consider themselves heavy drinkers but, if you look, young people are highly over-represented in drink-driving accidents and mortality rates. You would not, by any definition, categorise them as regular, heavy, alcoholic drinkers, but occasionally very heavy drinking creates substantial harm for themselves and for the broader community. As I said, current levels of harm should be unacceptable to the broader community. It is a cost for all of us.[51]

Overseas experience

3.46 Underage drinking and heavy episodic drinking by young adults was a significant problem in all developed countries. Australia was not the only country undertaking measures to combat drinking problems. There was an unprecedented push underway to combat the effects of heavy drinking worldwide. In January 2008 the World Health Organisation (WHO) agreed to develop a strategy to tackle the problem, and in 2007 WHO issued a report which concluded that:

> The evidence shows that young people's [alcohol] consumption is particularly sensitive to price. Policies that increase alcohol prices have

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49 Australian Institute of Criminology web site, *Drug Use Monitoring in Australia: 2006 Annual report on drug use among police detainees*, http://www.aic.gov.au/publications/rpp/75/05_overview.html#selfo, accessed 10 June 2008.

50 Professor Steve Allsop, *Proof Committee Hansard*, 12 June 2008, p. CA 63.

51 Professor Steve Allsop, *Proof Committee Hansard*, 12 June 2008, p. CA 68.

> been shown to reduce the proportion of young people who are heavy drinkers, to reduce underage drinking, and to reduce per occasion binge drinking. Higher prices also delay intentions among younger teenagers to start drinking and slow progression towards drinking larger amounts.[52]

3.47 The NDRI advised the Committee that international evidence consistently indicated that 'increases in excise on alcohol has a significant effect on overall levels of alcohol consumption'.[53] Similarly, the Department of Health and Ageing told the inquiry that international literature suggested there were positive effects on the reduction of alcohol-related harms when price was increased. The Department stated that:

> Several studies examining the impact of beer excise taxes in the United States concluded that increases in beer tax would significantly reduce youth motor vehicle fatalities. Research examining the increase in excise tax on distilled spirits in the United States showed a reduction in deaths for alcohol-related liver cirrhosis. A change in tax reform in Switzerland led to a decrease in the price on foreign spirits, in turn leading to an increase in consumption of spirits. The increase in consumption was consistent across all subgroups, except those aged 60 years or over.[54]

3.48 There were also claims that in Britain, where taxes on 'alcopops' were raised in 2002, sales fell by 40 per cent.[55] Emeritus Professor Ian Webster told the Committee:

> I was in Britain within the last month, and I noticed that some of the senior police officers of some of the counties in England were advocating the banning of RTDs. I am not advocating that but I am pointing out that this a problem which has been recognised in other places.[56]

3.49 Further international evidence was referred to by the AMA who submitted:

> Studies of consumption patterns in Australia, New Zealand, Canada, Finland, Ireland, Norway, Sweden, the United Kingdom, and the United States have consistently shown that when other factors remain unchanged, a rise in alcohol prices has generally led to a drop in the consumption of alcohol. There is clear evidence that this basic economic theory of price influencing demand is applicable to the demand for alcohol beverages, despite their dependence inducing capability.[57]

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52 World Health Organisation, *WHO Expert Committee on problems related to alcohol consumption* 2007, http://www.who.int/substance_abuse/expert_committee_alcohol_trs944.pdf, accessed 6 June 2008, p. 27.

53 NDRI, *Submission 15*, p. 3.

54 Department of Health and Ageing, *Submission 35*, p. 5.

55 Julian Lee, 'Cheap wine looks to be on a winner', *Sydney Morning Herald*, 29 April 2008, p. 2.

56 Professor Ian Webster, *Proof Committee Hansard*, 11 June 2008, p. CA 26.

57 AMA, *Submission 33*, p. 4.

3.50 The RACP also advised the Committee that the size of the effect of tax and price controls varied for different countries and different beverages, but that 'the direction of the effect is highly consistent'.[58]

3.51 The Committee understands that the application of a tax, or excise, on various types of alcohol is often adopted by other countries as a useful measure to help combat the misuse of alcohol and to assist in harm minimisation.

Conclusion

3.52 While the majority of evidence to date shows that alcohol consumption in general remains largely steady, within specific categories of alcohol consumption there are some concerning trends especially in relation to RTDs. The Committee views the overall evidence as strongly indicating that action needs to be taken to prevent both the health and social consequences of risky drinking behaviour in young people.

3.53 Although the various studies of risky drinking behaviour may vary somewhat in their individual results, there are widespread indicators that young people are commonly engaging in risky drinking behaviour at unacceptable levels. While there may be some discussion on the interpretation of the results, this does not detract from the fact that action needs to be taken to help protect what appears to be a significant proportion of young people from the harms and social consequences resulting from drinking to excess.

58 The Royal Australian College of Physicians, *Submission 25*, p. 3.