SUBMISSION TO THE COMMUNITY AFFAIRS COMMITTEE OF THE AUSTRALIAN SENATE, ON THE INQUIRY INTO READY-TO-DRINK ALCOHOL BEVERAGES

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Committee Secretary
Community Affairs Committee
Department of the Senate
PO Box 6100 (email: community.affairs.sen@aph.gov.au)
Parliament House
CANBERRA ACT 2600

Drug Awareness (NSW) is pleased that the Government recognises the need for a tax on RTD alcohol beverages, as one measure to curb binge drinking. However, the advisability of introducing this single tax, without other taxes and measures to deter consumption of all alcoholic beverages is questionable.

We therefore wish to make the following comments, following the terms of reference of this inquiry.

1. Effectiveness of excise increases in reducing "excessive" consumption and alcohol-related harm.

a) The tax should reduce consumption of RTDs. "There is substantial research evidence to demonstrate that the sale of alcohol is price responsive...Higher alcohol prices have been shown to reduce both acute [harm] (e.g. traffic accidents, violence and suicide) and chronic [harm] (e.g. alcoholic liver cirrhosis, alcohol-related cancers), alcoholic-related death and morbidity. We have concluded, as have others before us, that as an efficacious supply reduction strategy, the regulation of economic availability is of the highest order" (*Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes, 2007,* National Drug Research Institute).

b) However, **"excessive"** consumption needs to be defined. **Any** consumption of alcohol by underage drinkers is liable to cause brain damage, and therefore be "excessive"**.** The legal age for drinking should be raised to 21, after which time the brain is better protected from this toxin**.** RTDs, or "alcopops" are designed to entice **underage** drinkers who do not like the taste of alcohol to start drinking, according to a marketing executive behind vodka-based Absolut Cut, who stated that "the drinks are very much about masking the alcohol taste"(*The Age,* 6/8/07*).*

c) Conflicting reports are creating confusion about the effectiveness of the excise.

- According to a TV report (seen by a friend), the new tax has already resulted in increased purchases of spirits, which are mixed into other drinks, making a lethal mixture whose alcohol content exceeds that of RTDs, which is bad enough at 7%.
- However, as the tax has not yet been imposed, this sounds like speculation to fuel opposition to it. In any case, it is very selective reporting, ignoring young consumers whose taste buds still reject alcohol.
- Paul Dillon, Director of Drug and Alcohol Research and Training, is reported to have said that brewers were flooding the media with the horrors of alcopops to deflect attention from their own role in the nation's alcohol problem, and to fend off possible further federal action, such as bans on alcohol advertising and sponsorship of sports events.
- A spokesman for Lion Nathan dismissed the claim. Some distributors of RTDs have refused to rule out switching to wine-based alcopops to avoid the higher tax on spirits (*SMH* May 26 2008).
- The likelihood of such switching, and of hazardous DIY mixing by young consumers does underline **the need for much higher taxes on ALL alcohol,** as well as restrictions on hours and avenues of its sale, and also for strong promotion of healthy, non-alcoholic drinks, and a drug-free

lifestyle. (These measures need to be accompanied by a zero tolerance policy towards other drugs, to deter switching to them.)

2. The consumption patterns of RTDs by sex and age group

a) CHOICE Survey (Online 2/08),

• RTDs are the most commonly consumed form of alcohol among 12~17-yr old girls, and are considered an initiation drink by many young people. (In their trial, 24% of the 18~19-year-olds thought there was no alcohol in the alcopops they tasted.)

b) 2005 national survey of secondary school students showed 47% of girls, 14% of boys 12~17 had drunk RTDs in the previous week.

c) Nielsen ScanTrack Liquor Survey and other reports in *SMH* 26/5/08, p.5):

• Vodka-based alcopops that appeal to girls and young women have become the fastest growing part of the $2.5 billion/yr RTD market. While whisky and rum RTDs comprise 75% of the alcopop market, the light alcopops (mainly vodka-based) have increased 23%, compared to the dark alcopops (15%) favoured by men aged 25~30.

• 23% of females aged **14~19** are binge drinking (RTDs) at least weekly (Daryl Smeaton, Adult Education and Rehabilitation Foundation)

• Graph of young and underage consumption showing the last drink consumed by **12~19-year** olds (percentages may not be exact having been assessed visually from the graph):

Alcopops 40% (Female 44%, Male 32%) Wine 9% (F11% M 10%)
Other spirit: 19% (F.22% M.20%) Other 1% (F2% M 0.5%)
Beer 16% (F.9% M 26%) Never drunk 9.5% (F 12% M 8%)

The above data suggest strongly that RTDs have contributed considerably to an overall permanent increase in **addiction** to alcohol, for by ensnaring children under 14, they have added many who, without very effective intervention, will find it very hard to break free. (cf point 5)

3. The consumption patterns of all alcoholic beverages by sex and age groups.

a) According to The Age Education Supplement 14/3/08 "Booze nation":

• 14~20 year-olds have the highest rates of alcohol consumption in Australia;

• 1 in 10 young people 14~19 drink at risky or high risk levels weekly;

• Among 12~15 year-olds who drink, **the proportion that drink at risky levels doubled between 1984 and 2005.**

National Drug Research Institute estimates that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes.

b) According to a study by Dr Katie Waters, based on 1600 people tracked from infancy to 18, and 60 follow-up interviews with 22-year-olds:

• it is "normal" for Australian teenagers to drink;

• **half the 14-year-olds** and 90% of the 18-year-olds had consumed alcohol;

• a large proportion of these adolescents were drinking at hazardous levels;

• nearly all the teen **abstainers** were drinking in their 20s; but **rarely** got drunk;

• **moderate** teen drinkers (60% of the group) used alcohol 2~3 days a month at age 15, 4~5 days by age 17, when they were also getting drunk about twice/month, but **escalated their alcohol** consumption "remarkably" in their 20s, getting drunk and binge-drinking several times a month. By 22, they were drinking 9~10 times/month, and getting drunk 4~5 times. Their levels of intoxication and binge drinking approached those of the persistent heavy drinkers.
(*The Sydney Morning Herald,* 26 August 2006).

c) The 2002 Roy Morgan Research survey showed:

• alcohol consumption had doubled since 1992;

• **63% of children under 14** had begun drinking alcohol, and "friends" were encouraging them to continue drinking even while they were obviously drunk.

d) In 2004, 51% of women aged 18~22 in Queensland (41% in other states) were drinking alcohol at high-risk levels (Queensland Health: *Young Women and Alcohol*).

e) AIHW: National Drug Strategy Household Surveys:

- In 2001, females aged 14~19 were almost twice as likely as males to drink at risky levels. One in five females put themselves at short-term risk at least monthly; one in ten did so weekly.
- 35% of Australians risk short-term harm; 10% risk long-term harm;
- alcohol tops the list of drugs for which treatment is sought;
- in 2003, 57% of males, 42% of females about 18 years of age were regular drinkers; 33% of males, 47% of females were occasional drinkers. (*Australia's Young People: their Health and Well-being.*

f) AIHW National Minimum Data Set

- in 2005~06, in NSW, alcohol was the most common principal drug of concern in closed treatment episodes (43,978 = 43%), followed by cannabis (20%), heroin (16%), amphetamines (11%). (Nationally, alcohol comprised 39% of treatment episodes).

However, for clients aged 10~19 and 20~29, cannabis was the most common principal drug of concern (48% and 28% resp. of episodes).

71% of clients were male. Median age of those seeking treatment = 38 (m. 37, f.39)

g) Australia National Council on Drugs:

- 450,000 Australian children **under 12** are at risk of exposure to binge drinking at home.

h) NHMRC Alcohol Drinking Draft Guidelines, October 2007 (p.34) reported:

- Rates of drinking among 14~19-year-olds: about 10% for alcohol-related disease risk and 40% for accident and injury risk.
- 20~29-year age group: about 60% drink at above 2001 guideline levels for accidents and injuries and about 15% drink at above 2001 guideline levels for alcohol-related diseases;
- 80% of 12~15-year-olds, have consumed alcohol in their lifetime, and about 60% consumed it in the past year.
- 95% of 16~17-year-olds have consumed alcohol in their lifetime; 87% had consumed it in the past year.
- Despite a small decreasing trend in these numbers since 1999, **among school students** who report drinking in the past week, there have been **increasing** numbers drinking at above 2001 guideline levels for accidents and injuries, especially in the **12~15-year age group — particularly girls. This may be related to ready-to-drink products (especially premixed spirit drinks)**, which are becoming increasingly popular with teenagers. Beer or spirits appear to be the adolescent beverages of choice; neat spirits or mixed drinks are the main causes of intoxication (Lintonen and Konu 2001, Marchi et al 2003, Miller and Plant 2003). Some studies have shown that teenagers who consume beer or spirits are more likely to drink to excess than wine drinkers (Lintonen and Konu 2001, Miller and Plant 2003).

i) The Australian Longitudinal Study on Women's Health (Young and Powers 2005) reveals that 5% of women aged 18~23 drank at risky or high-risk levels for long-term harm, and that 18% drank at risky or high-risk levels at least weekly.

From 1993 to 2002, an estimated 2,463 young people (aged between 15 and 24 years) died from alcohol attributable injury and disease caused by risky/high risk drinking in Australia.

Over 100,000 young people were hospitalised for alcohol-attributable injury and disease over a nine-year period. The most common causes of alcohol-attributable death for young people are road injury, suicide and violence.

25% of females aged in their 20s drink at high risk levels for short-term harm at least once per month and 85% of the total alcohol consumed by 14~17 year old females was drunk at risky/high risk levels for short-term harm. The highest proportion of hazardous, harmful drinkers was amongst young women aged 17~24 years.

The reasons for drinking amongst teenage women were reported to include: social perspective; living with peers at home or on the streets; peer pressure; relief from stress; and as a remedy from boredom. (Patterns of Alcohol Consumption in Young Australian Women. H. Jonas, A. Dobson and W. Brown *Australian and New Zealand Journal of Public Health* 2000 (24), 2: 185-191).

4. The impact of these changes on patterns of overall full strength spirit consumption, including increased consumption of standard drinks.

a) In 2007, the National Drug Research Institute reported as follows on this problem:

Faced with alcohol supply restrictions, individuals, licensees or alcohol producers may attempt to circumvent bans by: substituting with alternative beverages or substances; moving to unaffected areas; and, 'sly grogging' (i.e. alcohol is smuggled into prohibited areas and sold at inflated prices). Substitution practices will inevitably occur, but the degree to which they actually undermine the overall impact of restrictions may be limited. Ongoing monitoring of aggregate alcohol consumption (e.g. alcohol sales/purchases by licensees) is essential for determining the impact of supply restrictions on actual consumption in a community. (*Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes,* p.xvi*)*

b) CEO of Lion Nathan, Australia's second largest brewer, has played down the impact of the tax rise on RTDs on Lion's profitability, expecting higher profits from premium beer. Although the extra tax is expected to lift the cost of a 6-pack from $20 to $25, he was "loath" to predict the impact on RTD sales (*SMH* 21/5/08).

5. The evidence underpinning the claims of significant public health benefit in the increase of excise on this category of alcohol.

a) Effect on underage drinking. National Drug Research Institute estimates that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes.

If the tax on RTDs (backed up by concomitant measures) which specifically target teenagers, has the desired effect of reducing consumption of RTDs by teenagers, especially those younger than 14, and adequate measures are taken to avert switches to other alcoholic drinks, there will be a **significant reduction** in the numbers (reported under point **3)** of young people requiring treatment for addiction, accidents, violence, illnesses and brain damage, and of those who, having become addicted at an early age, continue and increase their drinking as they grow older.

- According to a US survey of 43,093 adults, 47% of those who begin drinking alcohol before the age of 14 become alcohol dependent at some time in their life, compared with 9% of those who wait at least until **21**. The correlation holds, regardless of genetic risks.

- In 2000, Dr Fulton Crews at the University of North Carolina, reported "Alcohol creates disruption in parts of the brain essential for self-control, motivation and goal setting... **Early drinking is affecting a sensitive brain in a way that promotes the progression to addiction.** Let's say you've been arrested for driving while drunk, and spent seven days in jail. You'd think 'No way am I going to speed and drive drunk again', because you have the ability to weigh the consequences ...That's exactly what addicts don't do". (The Grim Neurology of Teenage Drinking, by Dr Katy Butler, July 4, 2006, *New York Times).*

b) Effect on drinking by females.

- More girls than boys drink RTDs, according to a 2005 national survey of secondary school students which showed that 47% of girls, 14% of boys 12~17 had drunk RTDs in the previous week.

- Women are tending to binge more**,** and require more hospitalisation. (*Australian Alcohol Indicators 1990-01,* p.x*).*

- In the NHMRC Draft Guidelines, October 2007, it points out that "for **any given level** of drinking, [women] have a higher relative risk of injury" (Table G1.1 p.41) and "greater health risks... compared to men. The latest studies show that females, even young women, face more **brain damage** than men who drink the same amount for the same period of time. Previous studies

have found that women who drink face a greater risk of.... liver disease, heart disease, cancer and particularly breast cancer... than men who drink similar amounts or even more. They also ... tend to develop **brain 'shrinkage'** and damage to their memory capabilities **much faster** than their male counterparts who drink".

• Dr. Daniel W. Hommer and his colleagues at the National Institute on Alcohol Abuse reported in the February issue of the *American Journal of Psychiatry* that women's brains are more vulnerable to the damage caused by alcoholism (Female Drinking and Brain Damage *About.com* November 22, 2003).

• Leading Melbourne neuropsychologist Dr Martin Jackson says the latest research shows women put themselves at **high risk** when they consume three standard drinks a day or more for 8~10 years. (ABC News 6 Aug.2007).

• Drinking to excess increases vulnerability to sexual risk taking, alcohol is the most commonly used date-rape drug. Apart from the trauma of being raped, girls and young women often face further trauma from abortion, or of giving birth to a child with FASD, who will in turn face a lifetime of frustration and, very often, delinquency and trouble with the law.

• The potential for harm is thus higher, but so is the **potential for reducing harm and increasing public health benefit,** if women can be deterred by a tax and concomitant measures.

However, as the following survey by the National Drug and Alcohol Research Centre suggests, more drastic, wide-ranging measures are needed to change the attitudes of women who are even prepared to risk the health of their unborn child:

"A new report (February 12, 2007) has found almost 50 per cent of pregnant women drink alcohol". (Lateline). Nearly half of pregnant and breastfeeding women are drinking alcohol.

Australian health guidelines advise pregnant women to avoid intoxication and to consider not drinking altogether.

The study's lead researcher, Cate Wallace, says the results are surprising, as many of the women surveyed were older, well-educated and relatively affluent. "Not a traditional group that you'd think would need those health promotion messages targeted at them," she said.

The then New South Wales Health Minister, John Hatzistergos, said the results show older women tend to have entrenched drinking patterns. He said new guidelines have been issued to health workers 'for women who are considered to be at risk of alcohol consumption during pregnancy'.

• If the proposed tax is imposed on alcopops only, it will have little effect on these older women.

6. Applicability of incentives to encourage production and consumption of lower alcohol content beverages.

Low-alcohol may be better than high alcohol, but **best of all is non-al**.

According to **Dr Gerald Shaper**, Emeritus Professor of the Royal Free and University College Medical School, London, **"there ought to be a debunking of the 'benefits' of alcohol.** [Doctors] should be very careful of advising people to start drinking 'because it is good for them'... The popular wisdom that moderate drinking, particularly of red wine, can help people's overall health, interferes with the message about the risks of alcohol."

Prof. Shaper **questioned whether even the reduced risk of heart disease was due to alcohol**. The research is reported in the medical journal *Heart.*

The charity Alcohol Concern said: "The health costs of alcohol far outweigh the benefits, with around 33,000 people dying of alcohol related diseases in the UK every year**"**(from "Healthy Wine Debunked", James Meikle and Tim Radford, *The Guardian,* 20/12/01).

If the value of unfermented grape juice, especially purple grape juice with seeds and skins, were promoted for protection against CHD, it would avert illnesses such as cancers, cirrhosis, stroke, etc., that result from long-term use of alcohol.

Alcohol's anti-clotting properties may help to explain the lower risk of heart attack, but **purple grape juice** (with seeds and skins) has the same anti-clotting effect, enhanced by nitric oxide, which it helps the platelets to release. The nitric oxide also significantly dilates the arteries, according to research by Dr John Folts, Director of Coronary Thrombosis Research Laboratory, University of Wisconsin.

"**Alcohol inhibits blood clots only at high levels in the blood - high enough to cause intoxication"**, according to Jane Freedman M.D, Asst. Prof. of Medicine and Pharmacology. "In addition, platelets in purple grape juice released 55% less superoxide... a free radical... which quickly inactivates the beneficial effects of nitric oxide." Grape juice also contains the flavonoid Quercetin, which inhibits platelet activity. (Quercetin is also found in onions, apples, tea, broccoli, berries and red wine.) Table grapes can be as good as wine for the heart. Actually, purple grape juice concentrate was declared to have this effect at the American Heart Association's 71st Scientific Sessions in 2002.

7, 8, 9: Due to the late notification, and very short time frame for preparing this submission, it was not possible to do research on these terms of reference.

10. The effect of alternative means of limiting excessive alcohol consumption and levels of alcohol-related harm among young people.

a) Increasing the minimum drinking age to 21, and enforcing it.

• The immaturity of the brain at 18 years means that it is not good enough just to recommend "caution" for drinkers aged 15~17, or to note that "drinkers in their **late teens and twenties** are also showing a propensity to get into more trouble per unit of alcohol than their elders" (NHMRC Draft Guidelines, p.55). Guideline 2 .2 should strongly advise **total abstinence at least till 21.** "Not drinking is the safest option for anyone under 25 years of age" would be better, and "Life without alcohol and other drugs gives the best chance to enjoy a useful life" better still. The excellent information given under this Guideline, and the opening line of "Additional health advice" on p.70~71 is sufficient backing for such advice:

• Good advice needs backing by the law. "There is especially strong evidence that raising the minimum drinking age (e.g. from 18 to 21 years) is a highly effective means of reducing alcohol-related injuries among young people. The degree to which drinking age regulations are observed by vendors of alcoholic beverages is dependent on the level and quality of enforcement (e.g., by police, liquor licencing officers)" (NDRI *Restrictions on the Sale and Supply of Alcohol,* p.xiii)

A hotelier in Newcastle was recently fined for allowing intoxicated men and women on the premises in April 2007. His defence counsel told the court that since that event, the hotelier had replaced his security staff, and all staff had received training in the responsible serving of alcohol (*Herald,* 15/5/08). Similar action is needed against underage drinking.

b) Graphic warning labels are necessary as part of the planned educational campaigns.

Large, clear graphic labels (backed up in Canada by "how-to-quit" leaflets inside cigarette packets) have been found effective in reducing tobacco consumption. They need to be rotated to maintain impact.

Science Daily (Feb. 7, 2007) reports: Most countries require warnings about health risks on every package, but the effectiveness of these warnings depends upon the design and the "freshness" of the messages. In a multi-country study published in the March 2007 issue of the American Journal of Preventive Medicine, researchers found that **more prominent text messages were more effective and graphic pictures even more so in affecting smokers' behaviours.** Recent changes in health warnings were also associated with increased effectiveness, while inconspicuous, text-only health warnings on US packages were the least effective.

Young people often perceive themselves as immortal, and imagine that illness, accidents, and negative events only happen to others. Some are already addicted. **Addiction,** which in some cases can be more powerful than the sex drive, may cause these individuals to continue their risky behaviour, though they know it might be harmful, or even lethal, for them (Ruth C. Engs, Dept. of Applied Health Science, Indiana University). This is all the more reason for taxing all alcoholic drinks, especially alcopops, out of reach of adolescents, to prevent more of them from becoming addicted.

c). **Educational campaigns** need to stress that:

- "there are no health benefits overall" from even moderate consumption of alcohol, and "the downside is huge" (Prof. Rod Jackson, in *The Lancet* Dec.2005). Teaching the value of purple grape juice for preventing clotting, and dilating the arteries, would help counteract the idea that 1~2 glasses of wine/day is necessary for the heart;
- Too many "moderate", "controlled social drinkers" become heavy drinkers in times of stress. Appropriate role models can show that becoming "adult" involves being able to resist peer pressure, say "No, thanks" and preserve one's brains and body for adult responsibilities.

d) The need drastically to **reduce the hours and avenues of sale** has been pointed out for many years. Places of sale have multiplied. In Victoria there were 4,000 licensed premises in 1986. Now there are over 17,000.

e) A ***0.00 BAC*** for ALL drivers plus vastly increased random checks would relieve our hospitals crisis.

f) Bans are needed on all sports sponsorship by alcohol-related companies, and on TV and radio advertising of alcohol; printed ads should be restricted to notifying location of sale. This would affect many sports clubs, but could open the way for diverting energies to useful projects in land care, gardening and other environmental and community needs. These are long-term projects, perhaps requiring some government investment, funded by:

g) Special levies. A steep increase in the price of all drinks in proportion to their alcoholic content would best be achieved by a levy at each point of production and distribution - wholesale and retail. The levies would fund alcohol use reduction programs, mentioned above and abstinence-based rehabilitation programs (such as the Salvation Army Bridge Program, or Teen Challenge) which aim to get addicts off all drugs, including alcohol, and reduce homelessness and crime.

h) Above all, we need role models in all walks of life (including politics and the public service) to set an example, not just of "moderation in all things **good**", but of the benefits of abstinence from all things **harmful** (including alcohol and other drugs).

"Children who are taught to drink 'responsibly' actually have more problems; **our most urgent need is to find how to teach total abstinence."** (Address by Dr Jean Lennane, FRACP, FAFPHM, to NSW WCTU, March 2006.)

To change the attitude that drinking and getting drunk are necessary for "a good time", we need to replace the alcohol-glamorising magazines with those that show people who have broken free from addiction, and those who have always seen that it is possible to socialise, help our fellow-men and enjoy life without artificial stimulants. Alcoholics Anonymous and others have demonstrated that helping others is a great way to break free.

C.M. Dominish AM
Chairman, Interim Committee,
Drug Awareness (NSW)
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Submitted by:
B. Christina Naylor Ph.D,
Drug Awareness (NSW)
PO Box 672
STRATHFIELD NSW 2135
Phone: 02 9745 4318 (Tuesdays only)
Email: ncouncil@bigpond.net.au

Home address:
Dr B.C. Naylor,
PO Box 218
MAYFIELD NSW 2304
Phone: 02 4967 7454
Email: bcn2304@idl.net.au