ATCA
AUSTRALASIAN THERAPEUTIC COMMUNITIES ASSOCIATION

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam,

The Australasian Therapeutic Communities Association represents 46 Therapeutic Communities that provide treatment for alcohol and drug addiction in Australia and New Zealand.

The Association would like to thank the Senate Community Affairs Committee for the opportunity to submit the attached response to the Committee's Inquiry into Ready-to-Drink Alcohol Beverages

Should you need any further information please contact Janice Jones on 0422 904 040 or email Janice@atca.com.au

Yours sincerely,

Janice Jones
Executive Officer
31st May 2008

PO Box 154 Collaroy NSW 2097 Australia
T: +61 2 9972 3033 F: +61 2 9972 3044 E: atca@atca.com.au
atca.com.au

Submission to the Inquiry into Ready-to-Drink Alcohol Beverages

Senate Community Affairs Committee

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ATCA Contact:
Janice Jones
Janice@atca.com.au

This submission was prepared for the

Australasian Therapeutic Communities Association

by

Ms. Janice Jones and Ms. Lynne Magor-Blatch

Executive Summary

The Australasian Therapeutic Communities Association (ATCA) is the peak-body, representing the interests of the Therapeutic Community approach to alcohol and drug treatment and rehabilitation programs across Australia and New Zealand. These Therapeutic Communities provide treatment to over 5000 people annually, as well as providing support to families affected by alcohol & drug abuse.

The age of residents in Therapeutic Communities range from 15 to >60 although the majority of residents fall into the 18 to 30 age group and client records indicate alcohol dependency rates highly within this cohort.

The National Health and Medical Research Council (NHMRC) estimates that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes. According to the NHMRC, over 80% of all the alcohol consumed by 14–17 year olds is drunk at risky/high risk levels for acute harm.

Given the high economic and social costs of alcohol consumption in Australia, the Australasian Therapeutic Communities Association (ATCA) believes there is strong evidence that a percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives to address alcohol related harm.

It is arguable the many of the efforts to reduce alcohol consumption and harm have had minimal impact in the absence of related comprehensive strategies. Such responses specifically targeting youth, for example, should include:

- mass media alcohol harm campaigns targeting young people
- the implementation of alcohol education in schools
- awareness activities targeting young people
- pseudo diversionary activities (particularly for young people).

Currently demand for residential treatment services is outstripping supply in all parts of the country and it is therefore important to have a service system that has the capacity to be responsive to clients when they are ready for treatment, lest they continue to do more harm to themselves and others.

Recommendations

1. Taxation on alcohol should be based on the alcohol content of drinks (a volumetric tax) rather than the cost of manufacture or the method used to produce the alcohol.

2. A percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives to address alcohol related harm.

3. Treatment options, including access to psychologists under Medicare, should be extended to include evidence-based interventions for alcohol and other drug-related problems.

4. Improve the capacity of existing treatment services to be more responsive and better able to meet current demand.

5. Funding also be used to assist the provision of effective interventions to assist parents and carers understand better their role in the development and resolution of risk behaviour among young people.

1. The Australasian Therapeutic Communities Association

The Australasian Therapeutic Communities Association (ATCA) is the peak-body, representing the interests of the Therapeutic Community approach to alcohol and drug treatment and rehabilitation programs across Australia and New Zealand. These Therapeutic Communities provide treatment to over 5000 people annually, as well as providing support to families affected by alcohol & drug abuse.

Our member agencies vary in size from 10 to 100 beds, with their residential program length from several months to one and a half years though most are between 6 and 12 months. Projects also vary in their program structure and content, some based on a 12 Step Model philosophy, others on a family therapy model or cognitive behavioural interventions and others with a combination of some or all of the above.

2. Therapeutic Communities (TCs) and substance use

The role of TCs is to assist those individuals who have been unable to respond to outpatient services and who are seeking abstinence rather than substitution as their primary goal. Their inability to use less intense approaches leads them to seek the relative restriction, but also sense of security which a residential setting can provide. TCs tend to treat those with entrenched and more self-destructive dependence patterns and for whom the prognosis of recovery by less intensive methods is not good.

For many the TC is an alternative to lengthy imprisonment and as such the TC can be seen as a cost-effective option to prison and where rehabilitation is possible. TCs offer the possibility for complete lifestyle change, and treatment frequently leads to the individual becoming a contributing member of society.

TC treatment costs need to be examined in the context of alternative treatment costs - hospitalisation, imprisonment, the cost to the community of the "addict at large", the cost of Protective Service intervention, the one-off cost of successful treatment versus on-going costs of maintenance approaches as well as long term recidivism at community treatment.

Almost all TCs are non-government agencies and in part reliant on non-government funding. Any cost/benefit analysis should recognise that TCs are one of the few areas of drug and alcohol treatment where, to a degree, the "user pays" principle has been implemented. Clients contribute their labour to reduce costs (as well as the therapeutic value of work they contribute).

Therapeutic Communities are diverse in terms of the range of programs offered; this is appropriate as each agency aims to be responsive to the particular needs of its client group. In general, programs aim to have enough structure to ensure a degree of order, security and clarity, while allowing room for residents to fail, make mistakes and learn from experience.

While the age of residents in Therapeutic Communities range from 15 to >60 the majority of residents fall into the 18 to 30 age group and client records indicate alcohol dependency rates highly within this cohort.

3. Terms of Reference

On 15 May 2008 the Senate referred to the Community Affairs Committee for inquiry and report by 24 June 2008:

1. The effectiveness of the Government's proposed changes to the alcohol excise regime in reducing the claims of excessive consumption of ready-to-drink alcohol beverages;
2. The consumption patterns of ready-to-drink alcohol beverages by sex and age group;
3. The consumption patterns of all alcohol beverages by sex and age group;
4. The impact of these changes on patterns of overall full strength spirit consumption, including any increased consumption of standard drinks of alcohol;
5. The evidence underpinning the claims of significant public health benefit in the increase of excise on this category of alcohol;
6. Applicability of incentives to encourage production and consumption of lower alcohol content beverages;
7. The modelling underpinning the Government's revenue estimates of this measure;
8. The effectiveness of excise increases as a tool in reducing the levels of alcohol related harm;
9. The empirical evidence on which the government's decision to increase the excise on ready-to-drink alcohol beverages was based; and
10. The effect of alternative means of limiting excessive alcohol consumption and levels of alcohol related harm among young people.

4. Core Considerations

What constitutes harmful substance use has been the subject of much debate. A traditional view has been that drug-related harm is mostly related to drug dependence. While those who are dependent on substances generally do experience a wide range of harms, it is now recognised that a wider perspective needs to be taken, and harm can be associated with a single episode of use or intoxication. An even more narrow view is that harm is associated mostly with illicit substances. This is certainly not the case (Rickwood, et. al., 2008). Likewise, the contexts within which alcohol consumption by young people is often under-estimated and can confer greater risk for some; for example, public space and under-age on-premises consumption.

Total social costs of drug abuse, 2004/05

	Alcohol ($m)	Tobacco ($m)	Illicit Drugs ($m)	Alcohol and Illicit Drugs Together ($m)	All Drugs ($m)	All Drugs Adjusted for Health Interaction ($m)
Tangible	10,829.5	12,026.2	6,915.4	1,057.8	30,828.9	30,489.8
Intangible	4,488.7	19,459.7	1,274.5		25,222.9	24,683.0
Total	15,318.2	31,485.9	8,189.8	1,057.8	56,051.8	55,172.8
Proportion of unadjusted total	27.3%	56.2%	14.6%	1.9%	100.0%	

Prescription and over the counter drugs are frequently associated with harmful use, and the use of performance enhancing drugs in sport is a growing issue.

Overall, the harm associated with licit substances is considerably greater than that associated with illicit drugs. The estimated total social costs of substance use (in health, social and economic terms) are provided in the above table.

Of the total social cost of drug abuse in 2004/05 of $55.2 billion, alcohol accounted for $15.3 billion (27.3 per cent of the unadjusted total), tobacco for $31.5 billion (56.2 per cent), and illicit drugs $8.2 billion (14.6 per cent). Alcohol and illicit drugs acting together accounted for another $1.1 billion (1.9 per cent) (Collins & Lapsley, 2008).

Harmful 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 (Rumbold & Hamilton, 1998). Harmful substance use can have a major impact on families through neglect, violence, separation, and financial and legal problems (Dietze, Laslatt, & Rumbold, 2004). It can affect work colleagues through absenteeism, loss of productivity, and work accidents, and the wider community through accidents and crime (Australian Bureau of Criminal Intelligence, 1998). Depending on the definitions used, up to 70% of crime is related to substance use (House of Representatives, 2003).

Selected tangible drug abuse costs, 2004/05

	Alcohol ($m)	Tobacco ($m)	Illicit Drugs ($m)	Alcohol and Illicit Drugs Combined ($m)
Crime	1,611.5		3,840.5	1,261.0
Health (net)	1,976.7	318.4	201.7	
Production in the workplace	3,578.6	5,749.1	1,622.9	
Production in the home	1,571.3	9,843.1	495.5	
Road accidents	2,202.0		527.6	
Fires		136.4		

(Collins & Lapsley, 2008)

5. Young People and Alcohol Related Harm

The National Health and Medical Research Council (NHMRC) estimates that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes. According to the NHMRC, over 80% of all the alcohol consumed by 14-17 year olds is drunk at risky/high risk levels for acute harm. Over the ten years 1993-2002, an estimated 501 under-aged drinkers (aged 14-17yrs) died from alcohol-attributable injury and disease caused by risky/high risk drinking in Australia. Over 3,300 14-17 year olds were hospitalised for alcohol attributable injury and disease in 1999/00.

Teenage males are three and a half times more likely than females to die from alcohol-attributable injury. Most states/territories indicate increased numbers of alcohol attributable hospitalisations in recent years. Nationally, numbers of alcohol-attributable deaths for 14-17 year olds have declined steadily since 1990. Teenagers who live in non-metro areas have higher rates of alcohol-attributable death than their

city counterparts. Alcohol accounts for 13 per cent of all deaths among 14-17 year old Australians (Chikritzhs, Pascal, & Jones 2004).

6. Reducing Harm

As substance use is such an entrenched part of western culture, it is essential to minimise its harmfulness. In Australia and across the western world, control of substance use has been attempted, historically, through laws regarding the legality or illegality of certain substances. Generally, this has been politically/ socially/ culturally/economically driven, and has had little to do with the level of use or possible harms that the substances themselves might cause (Lang, 2004).

Such prohibitionist approaches have been shown to have little long-term impact on the prevalence of substance use, and even less impact on the amount of harm associated with it. While effective prohibitions have resulted in temporary decreases in the use of targeted substances, their small gains have not been long-lasting and other consequences of prohibition have negated their impact (Lang, 2004). Consequently, little reduction in level of usage overall is achieved and other harms are introduced, including increased criminality of substance use and a lesser emphasis on the health-related harms. Instead, comprehensive, multi-faceted prevention and treatment approaches must be adopted that acknowledge the complexity of human behaviour in relation to substance use and address the associated risk and protective factors (Rickwood, et. al., 2008).

Given the high economic and social costs of alcohol consumption in Australia, the Australasian Therapeutic Communities Association (ATCA) believes there is strong evidence that a percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives to address alcohol related harm.

While the ATCA strongly recommends consideration of taxation and excise, this dialog should be separate to the discussion relating to young people. The ATCA is greatly concerned regarding the high level of alcohol use by young people. The Victorian Youth Alcohol and Drugs Survey, conducted in March 2002, showed that alcohol consumption by young people in Victoria was virtually universal, with over 90% of both males and females aged 18 to 24 years reporting drinking in the previous year (DHS: 2002). The harms associated with this level of alcohol consumption by young people are clearly shown by statistics from the Victorian Youth Alcohol and Drugs Survey in which over 13% of males and 7% of females said they had created a public disturbance while under the influence of alcohol. Over 29% of males and 19% of females reported verbally abusing someone while under the influence of alcohol and up to 10% reported physically abusing someone (DHS: 2002).

Governments have grappled with the best ways of responding to these high levels of alcohol-related harm.

It is arguable the many of the efforts to reduce alcohol consumption and harm have had minimal impact in the absence of related comprehensive strategies. Such responses specifically targeting youth, for example, should include:

- mass media alcohol harm campaigns targeting young people
- the implementation of alcohol education in schools
- awareness activities targeting young people
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7. Adequate Treatment Options

The ATCA recommends that Government adequately support the Alcohol and other Drug (AOD) sector in Australia through appropriate resourcing of effective programs and services that will meet the needs of people with alcohol and other drug problems, their families and the broader community. There is good evidence to suggest that for every dollar spent on alcohol treatment, there are significant returns to the community (VAADA: 2002).

With continued concerns about community safety and the costs of crime, addressing the needs of those people experiencing significant alcohol and other drug problems can reduce crime and increase community safety.

Currently demand for services is outstripping supply in all parts of the country and it is therefore important to have a service system that has the capacity to be responsive to clients when they are ready for treatment, lest they continue to do more harm to themselves and others.

8. Recommendations

1. Taxation on alcohol should be based on the alcohol content of drinks (a volumetric tax) rather than the cost of manufacture or the method used to produce the alcohol.
2. A percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives to address alcohol related harm.
3. Treatment options, including access to psychologists under Medicare, should be extended to include evidence-based interventions for alcohol and other drug-related problems.
4. Improve the capacity of existing treatment services to be more responsive and better able to meet current demand.
5. Funding also be used to assist the provision of effective interventions to assist parents and carers understand better their role in the development and resolution of risk behaviour among young people.

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