



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

30 May 2008

Dear Sir/Madam,

The Australian Psychological Society (APS) welcomes the opportunity to provide input to the Inquiry into Ready-to-Drink Alcohol Beverages. Australian psychologists, along with other members of the health and professional community, are concerned about the use and misuse of alcohol in our society, and particularly its relationship with health related problems and social consequences, including violence at both domestic and community level.

The APS has no interests or affiliations relating to the subject of the review and the representations submitted other than our concern that the Australia Government be well-informed and effective in its strategies.

We have attached a copy of a recently released APS position statement, *Psychology and Substance Use*, which addresses many of the issues that we raise in this submission.

For further information about our submission please contact Dr Susie Burke on (03) 8662 3300.

Yours sincerely,

Amanda Gordon
President
Australian Psychological Society

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

Senate Community Affairs Committee

May 2008

APS contact:

Dr. Susie Burke

s.burke@psychology.org.au

This submission was prepared for the Australian Psychological Society by
Ms. Lynne Magor-Blatch, Prof Debra Rickwood, Dr Stefan Gruenert,
Mr Neos Zavrou, Dr John Howard, Dr Raimondo Bruno, Dr Susie Burke
and Ms Heather Gridley

Copyright © The Australian Psychological Society Ltd
ABN 23 000 543 788

The Australian Psychological Society Ltd, Level 11, De Bono Centre, 257 Collins Street, Melbourne VIC 3000
Phone +61 3 8662 3300; Fax +66 3 9663 6177; Email contactus@psychology.org.au; Web www.psychology.org.au

Acknowledgments

This submission has been prepared by Ms. Lynne Magor-Blatch, Prof Debra Rickwood, Dr Stefan Gruenert, Mr Neos Zavrou, Dr John Howard, Dr Raimondo Bruno, Dr Susie Burke and Ms Heather Gridley

Ms. Lynne Magor-Blatch, Prof Debra Rickwood, Dr Stefan Gruenert, Mr Neos Zavrou, Dr John Howard and Dr Raimondo Bruno are executive members of the Australian Psychological Society's Psychology and Substance Use Interest Group, in addition to holding positions as academics, researchers and practitioners in the field of substance use issues.

The Psychology and Substance Use (PSU) Interest Group offers members an opportunity to engage with other psychologists who share an interest in substance use issues. The group aims to be of relevance to psychologists in a broad range of settings, including research, policy development, clinical work within the alcohol and other drug system, and clinical work in other settings.

The PSU has provided policy input to the APS on a number of issues and prepared a number of submissions for Government on behalf of the APS. These relate to issues of importance to psychologists and the broader community, and acknowledge the role that psychology plays in community life.





The PSU has been established to facilitate communication among psychologists interested in substance use issues; to promote professional activities and practice, information sharing, research and discussion related to the psychology of substance use; to provide a network of APS psychologists able to respond, as deemed appropriate by the APS, to emerging issues related to substance use; to promote the role of psychologists as practitioners, researchers and commentators in relation to substance use issues; and to generate and maintain links with organisations that have a focus on psychology and substance use, within Australia and internationally, who are congruent with the aims of the APS and the Interest Group.

Dr Susie Burke is a senior researcher, and **Ms Heather Gridley** is the manager, in the area of *Psychology in the Public Interest* at the Australian Psychological Society. Psychology in the Public Interest is a unit of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote social justice. The public interest team undertakes and encourages strategic research and produces position statements, submissions, tip sheets and media releases on a range of social issues, including substance use.

Executive Summary

Harmful alcohol and other drug (AOD) use has a major impact on the wellbeing of individuals, families and communities, and is a growing concern in Australia and internationally. The prevalence and patterns of substance use are strongly related to a range of factors – including age, sex, cultural background, and social-environmental context – and these patterns vary for different types of drugs.

Psychology can offer particular insight and expertise with respect to many aspects of substance use problems, including:

-  Communicating evidence-based psychological research findings and models that are the most effective in fostering behaviour change;
-  Developing and communicating a depth of understanding of the mix of genetic, neurobiological and psychosocial factors associated with the aetiology of problematic substance use among young people;
-  Effectively changing awareness, perceptions, attitudes, understandings (beliefs, values) and behaviours relating to substance use;
-  Helping to analyse the nature and role of media coverage and representations of substance use issues and problems, and then contributing to the design and implementation of effective, persuasive communications, media coverage, and educational materials concerning the nature, use and misuse of substances in our society.

Key Recommendations

1. That alcohol sponsorship of sporting events and advertising through media be ceased, in the same way as cigarette advertising has been addressed.
2. A percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives, including prevention and treatment, to address alcohol related harm.
3. 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.
4. Indexation of alcohol excise and taxation to the Consumer Price Index should be retained and expanded to all alcohol products.
5. Further consideration should be given to offering a low alcohol exemption to all alcohol products under 3.5%. However, such an exemption should not result in a reduction in the flow of funding from alcohol taxation income to prevention and treatment programs. A percentage of any levies applied to achieve these conditions should be used to fund programs which prevent and/or treat alcohol related harm.
6. Availability of alcohol should be further regulated, including reducing the hours of operation, the numbers of liquor outlets, and outlet density, and the ceasing of 'happy hours' within pubs and clubs.
7. Point of sale conditions, for example those regarding age restrictions for primary or secondary (buying for another who is underage) supply, need more adequate enforcement.
8. Funding should be increased to targeted education, prevention and treatment strategies, particularly through the direction of funds from excise and taxation. These strategies may

need to specifically address the needs of very young adolescents, young women, same-sex attracted young people, those involved in juvenile justice settings, those with comorbid conditions, and young homeless.

9. Funding should also be used to assist the provision of effective interventions to assist parents and carers to better understand their role in the development and resolution of risk behaviour among young people.
10. Treatment options, including Government-funded access to psychologists, should be extended to include evidence-based interventions for alcohol and other drug-related problems.





1. About the Australian Psychological Society

The APS is the premier professional association for psychologists in Australia, representing over 16,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychologists are experts in human behaviour. Many have been trained in behaviour change techniques, and have knowledge and skills for helping people change their habits, behaviour, attitudes and values. Psychology covers many highly specialised areas, including the fields of clinical, forensic, health and community psychology, all of which may provide input into the understanding of the use and misuse of substances in our society.

Psychologists have been substantially involved in collaborative, multi-disciplinary work on social issues internationally and nationally for decades. They bring their psychological skills and knowledge to bear on trying to understand and thus contribute to resolving issues that arise in the ways people understand the use of substances in our society.

2. Psychology and substance use

Psychology can offer particular insight and expertise with respect to many aspects of substance use problems, including:

-  Communicating evidence-based psychological research findings and models that are the most effective in fostering behaviour change;
-  Developing and communicating an in-depth understanding of the mix of genetic, neurobiological and psychosocial factors associated with the aetiology of problematic substance use among young people;
-  Effectively changing awareness, perceptions, attitudes, understandings (beliefs, values) and behaviours relating to substance use;
-  Helping to analyse the nature and role of media coverage and representations of substance use issues and problems, and then contributing to the design and implementation of effective, persuasive communications, media coverage, and educational materials concerning the nature, use and misuse of substances in our society.

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

APS Psychologists: 'Good Thinking'

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

4. Core considerations

Harmful alcohol and other drug (AOD) use has a major impact on the wellbeing of individuals, families and communities, and is a growing concern in Australia and internationally. There is considerable debate regarding the most appropriate responses to the prevention and treatment of harmful substance use at all levels: individual, family, community, national and international. As a profession and science, psychology has much to contribute to the understanding of substance use from theory, research and practice (Rickwood, Magor-Blatch, Mattick, Gruenert, et. al., 2008).

The prevalence and patterns of substance use are strongly related to a range of factors – including age, sex, cultural background, and social-environmental context – and these patterns vary for different types of drugs. Population trends in substance use are monitored by the Australian Institute of Health and Welfare (AIHW) and the following information comes from their most recent data collections for Australians aged 14 years and over (see AIHW, 2005; 2007).

The use of licit substances is the most prevalent type of substance use, and an accepted part of Australian and most other western societies. The vast majority of Australians use caffeine, through the consumption of tea, coffee, cola drinks and chocolate. The regular use of alcohol and tobacco by adults is acceptable to three out of four and two out of five Australians, respectively. Alcohol is consumed on a weekly basis by 41% of people aged 14 years and over and daily by 9% (Rickwood, et. al., 2008).

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	Tobacco	Illicit Drugs	Alcohol and Illicit Drugs Together	All Drugs	All Drugs Adjusted for Health Interaction
	(\$m)	(\$m)	(\$m)	(\$m)	(\$m)	(\$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	Tobacco	Illicit Drugs	Alcohol and Illicit Drugs Combined
	(\$m)	(\$m)	(\$m)	(\$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. Understanding substance use

Alcohol and other drug use can be understood only by recognising the contributions of the substance itself, the individual who takes the substance, and the environment in which the substance is taken. The social, cultural and even historical contexts in which a substance is taken can significantly affect both the experience itself and the consequences of substance use for any individual or group of people. People use substances for a wide range of reasons to varying degrees and in different ways across the life cycle (Rickwood, et. al., 2008).

Substance use changes over time and there are clear developmental patterns—people who occasionally use a particular substance at one period of their life can become regular users at another period and be abstainers at yet another. For example, the use of alcohol follows this trend: young people are likely to be intermittent binge drinkers; middle-aged people are most likely to be regular moderate users; and older people tend to be abstainers (Andrews et al., 1999). Adolescence is a life-stage of special interest for understanding substance use because it is during this period that first substance use usually occurs:

mean age of initiation to tobacco use is 16 years; for alcohol use, 17 years; and for illicit substances, 19 years (AIHW, 2007). Adolescence is a period of risk taking, experimentation and testing boundaries and the experimental use of alcohol and other drugs can be part of this developmental process (Parker, Aldridge, & Measham, 1998). It is also a period when many mental health problems first emerge, often accompanied by harmful alcohol and other drug use (Rickwood, et. al., 2008).

Substance use must always be understood within its social and cultural context. This is particularly relevant for Aboriginal and Torres Strait Islander peoples, who tend to be underemployed and marginalised within Australian society—both highly significant predictors of vulnerability to alcohol and other drug use (Spooner & Hetherington, 2005). The cultural stress, grief, trauma, separation, disadvantage, and physical illness that are disproportionately experienced by Aboriginal and Torres Strait Islander peoples also contribute to their high prevalence of substance use problems (Rickwood, et. al., 2008).

Not all young people are equally 'at risk'. There is evidence that for some the risk of developing problematic alcohol use related difficulties is greater (e.g., same-sex attracted young people, those involved in juvenile justice setting, those with comorbid conditions, and young homeless). Strategies may need to specifically address the needs of these groups as well as for very young adolescents, young women (Roche, Bywood, Borlagdan, Lunnay, Freeman, Lawton, Tovell, & Nicholas, 2007).

Alcohol use in Australia is very high compared with other countries and reflects a culture of acceptance. Alcohol is often unacknowledged as a drug, despite the fact that it causes some of the most extensive drug related harm in our community when compared to other drugs.

The continued promotion of alcohol products through sponsorship, advertising and the media generally, is of concern to the APS. This includes large sponsorship by the alcohol industry of the Australian Football League (AFL) Grand Final, Australian Formula One Grand Prix and the 'Fosters' Melbourne Cup. While cigarette advertising has been addressed, advertising of alcohol on television and radio continues. Popular television regularly promotes the culture of drinking in Australia, and this culture of acceptance is evident in the youth alcohol market.

There has been an increase in targeted media campaigns to Australia's youth and expansion in alcoholic drinks available on the market that appear to be aimed at youth, and young women in particular. These include alcoholic milk products, alcoholic drinks that taste like sweets ('alcopops') and the bright coloured packaging and marketing of such products. The advertising of alcohol aimed at young people together with a proliferation of new products for this market further embed a culture of alcohol consumption amongst our young people. Furthermore, these mixed 'alcopops', which disguise the taste of the alcohol, act as an entry to alcohol consumption for a growing number of young people, particularly young women and adolescents. They provide an easily accessible, palatable, attractively packaged and marketed entry point to alcohol use that is even positively viewed by some parents. It is clear that voluntary codes and self regulation by the alcohol industry is not working.

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 (see 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 Australian Psychological Society (APS) 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.

Currently the discussion in relation to excise and taxation on alcohol appears to be located within the discussion related to youth alcohol use, 'alcopops' and issues associated with binge drinking, specifically by young people. The APS recommends the issues related to excise and taxation should be separated from any discussion related to young people and should, instead, be based on alcoholic content and strength. The APS also recommends that indexation of alcohol excise and taxation be retained and expanded to all alcohol products. Further consideration should be given to offering a low alcohol exemption to all alcohol products under 3.5% and the conditions under which we believe this should occur are outlined later in this paper.

The APS therefore supports a reform agenda which taxes alcohol by volume; removes the alcohol industry from competition policy; reduces the number of drinking outlets, outlet density and reduces operating hours of outlets. Revenue raised from any additional excise and taxation should be made available to fund education, prevention and treatment strategies.

7. Alcohol related harm and violence

Different types of alcoholic beverages are associated with different levels of alcohol-related harm. The NSW Bureau of Crime Statistics and Research found almost 45 per cent - 33,147 cases - of the 74,091 assaults in NSW in the year to September 2007 were alcohol-related. Research from the National Centre for Research into the Prevention of Drug Abuse has shown that for each additional carton of regular strength beer drunk per person per year there would be 77 more assaults and 74 more hospital admissions for injuries in that State. By contrast, the greater the proportion of alcohol consumed as low alcohol beer the lower the level of assaults and hospital admissions for injuries (Stockwell & Gray, 1999).

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).

While cask wine may not be strongly linked with a young person's use of alcohol, it is strongly associated with significant harms and costs to the community. This is particularly true in relation to its impact on Aboriginal communities, and for certain groups within our society, especially women. For example, in Alice Springs and surrounds (an area with a population of less than 35,000 people) more than 1.2 million litres of cask wine were consumed in 1998. This is a clear indication of harmful levels of consumption (Brady & Martin 1999).

Many Aboriginal communities recognise the problems created by consumption of excessive levels of alcohol, particularly cask wine, in their communities and a number of communities have taken action

through the provisions of liquor licensing legislation to reduce availability. These types of initiatives would be strengthened if alcoholic beverages were taxed on the basis of their alcohol content. This would help to reduce the harms and costs associated with alcohol consumption to both the Australian community in general and the Aboriginal community in particular (Stockwell & Gray, 1999). The availability of alcohol through particular outlets also impacts on use, for example, within the Australian Capital Territory, where alcohol is sold within supermarkets, therefore increasing its availability and acceptability within the community.

While the APS strongly recommends separating consideration of taxation and excise from discussions relating to young people, we are nevertheless concerned about 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 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, 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).

Although some responses have worked in part, the APS believes the strategies that need to be implemented in order to tackle alcohol consumption must be comprehensive and vertically integrated. Responses that are likely to have the greatest impact on reducing levels of consumption and harm, like increased regulation, are often more politically challenging, complex and expensive. However, achieving real results will only result from a commitment to an integrated approach, which may also include more challenging strategies that we know work, including:

- *Increased random breath testing on our roads*

Random breath testing has been highly successful in reducing drink driving largely because the high profile media approach is supported by visible and enforceable consequences. There is significant research supporting this policy.

- *Alcohol taxation reform and pricing controls*

There is good evidence to suggest that price has a very direct impact on consumption. This being the case, policies that increase the cost of the highest alcoholic drinks and decrease the cost of low alcoholic drinks aid in reducing harm.

8. Excise and taxation issues

It is clear that alcohol causes significant harm within the Australia community and creates significant economic costs, which are borne by Australian tax payers. The APS supports the view that these harms and costs need to be taken into account when determining systems and levels of alcohol excise and taxation.

In order to adequately reflect and address the harms associated with excessive alcohol consumption, the APS also believes that excise and taxation on alcohol should be based on alcoholic content and strength rather than the cost of manufacture or the method used to produce the alcohol. Additionally,

the issue relating to taxation of alcoholic products should not be based solely on particular groups within our society, although the issues related to youth alcohol use and the ready-to-drink products are firmly acknowledged. Current anomalies in taxation increase the level of harm experienced by the Australian community through alcohol consumption as they remove the incentive for drinkers to choose low alcohol beverages and encourage consumption of cheaper alcoholic beverages which have a higher alcohol content.

Currently, the first percentage of alcohol in beer is excluded from an excise contribution. This leads to price differences between full and low strength beers, as well as creating a disincentive to manufacturers of wine and Ready to Drink (RTD) alcoholic beverages to develop or produce low alcohol alternatives. The APS recommends that consideration be given to offering a low alcohol exemption to all alcohol products under 3.5%. A sliding taxation scale will also prevent an arbitrary cut-off. In considering this option, the APS also recommends that alcohol taxation income should be offset by increases in other alcohol taxes and the price difference between products above and below 3.5% alcohol should not result in the marketing of products that are significantly cheaper than low strength beer and other competitors. Implementation of an exemption such as this could potentially result in financial benefit to a particular producer. To prevent this from occurring, the APS recommends that a levy be administered and that a percentage of income from this levy be redirected to the Alcohol Education and Rehabilitation Foundation, which can fund programs to prevent and treat alcohol related harm.

9. Reduced numbers and hours of operation of liquor outlets

Australia currently has high rates of alcohol use by young people and a trend for use at younger ages. 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 (Toumbourou, 2008).

Possible developmental harms caused by alcohol include: early use increasing levels of dependence; heavy use by young women contributing to neglect of infants and children; favourable attitudes to other substance use and brain damage. There is evidence to suggest that an increase in the numbers of liquor outlets and extended hours of operation has led to increased community alcohol-related violence and harms. The APS recommends reducing the hours of operation of some outlets and venues and restricting the number of outlets that sell alcohol as a way of reducing consumption and related harms. We believe this will assist to curb impulse buying, particularly by people who are already alcohol affected. Alcohol related violent incidences include both family and community violence, and a host of local amenity problems such as vandalism. Of particular concern are outlets which remain open for 24 hour periods, often providing home delivery during this 24 hour period. In addition, we are concerned about the continuing practice of 'happy hours' within pubs and clubs, which include the sale of cheaper priced drinks, leading to binge drinking by patrons.

10. Adequate treatment options

The APS 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. In addition

to increased funding of services, the APS recommends that the Medicare rebate scheme should be extended to include patients presenting to medical services with an alcohol and other drug-related problem. This would allow access to psychologists who are able to provide targeted treatment interventions.

11. Recommendations

1. That alcohol sponsorship of sporting events and advertising through media be ceased, in the same way as cigarette advertising has been addressed.
2. A significant percentage of excise and taxation collected on alcohol products should be redirected into public health initiatives, including prevention and treatment, to address alcohol related harm.
3. 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.
4. Indexation of alcohol excise and taxation to the Consumer Price Index should be retained and expanded to all alcohol products.
5. Further consideration should be given to offering a low alcohol exemption to all alcohol products under 3.5%. However, such an exemption should not result in a reduction in the flow of funding from alcohol taxation income to prevention and treatment programs. A significant percentage of any levies applied to achieve these conditions should be used to fund programs which prevent and/or treat alcohol related harm.
6. Availability of alcohol be further regulated, including reducing the hours of operation, the numbers of liquor outlets, and outlet density, and the ceasing of 'happy hours' within pubs and clubs.
7. Point of sale conditions, for example those regarding age restrictions for primary or secondary (buying for another who is underage) supply, need more adequate enforcement.
8. Funding should be increased to targeted education, prevention and treatment strategies, particularly through the direction of funds from excise and taxation. These strategies may need to specifically address the needs of very young adolescents, young women, same-sex attracted young people, those involved in juvenile justice setting, those with comorbid conditions, and young homeless.
9. Funding should 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.
10. Treatment options, including Government-funded access to psychologists, should be extended to include evidence-based interventions for alcohol and other drug-related problems.

Selected and cited references

- Andrews, G., Hall, W., Teesson, M., & Henderson, S. (1999). The mental health of Australians. *National Survey of Mental Health and Wellbeing Report 2*. Canberra: Mental Health Branch, Commonwealth Department of Health and Aged Care.
- Australian Institute of Health and Welfare. (2002) 2001 National Drug Strategy Household Survey: State and Territory Supplement. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (AIHW) (2005). *2004 National Drug Strategy Household Survey: First results*. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) (2007). *Statistics on Drug Use in Australia 2006*. Drug Statistics Series No. 18. Cat. No. PHE 80. Canberra: AIHW.
- Brady, M. and Martin, D.F. (1999) Dealing with Alcohol in Alice Springs: an assessment of policy options and recommendations for action. Canberra: CAEPR Working Paper No. 3.
- Chikritzhs, T., Pascal, R. & Jones, P. (2004). Under-aged drinking among 14-17 year olds and related harms in Australia. National Alcohol Indicators, Bulletin No.7. Perth: National Drug Research Institute.
- Collins, D.J and Lapsley, H.M. (1996) *The Social Cost of drug abuse in Australia in 1988 and 1992*. Canberra: Commonwealth Department of Human Services and Health, Australian Government Publishing Service.
- Collins, D. J., & Lapsley, H. M. (2002). Counting the costs: The social costs of drug abuse in Australia 1998-99. *National Drug Strategy Monograph Series No. 40*. Canberra, Commonwealth Department of Health and Ageing.
- Collins, D.J and Lapsley, H.M. (2008) *The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05*.
- Crosbie, D. (2002) *A Public Health Perspective on Alcohol Excise and Taxation: A Submission to the Senate Economics Legislation Committee*. Personal communication.
- Dietze, P., Laslatt, A., & Rumbold, G. (2004). The epidemiology of Australian drug use. In M. Hamilton, T. King & A. Ritter (Eds.), *Drug use in Australia: Preventing harm* (2nd Ed.) Melbourne: Oxford University Press, 1-16.
- House of Representatives (2003). *Road to recovery: report on the inquiry into substance abuse in Australian communities*. Standing Committee on the Family and Community Affairs. Canberra: Commonwealth of Australia.
- Lang, E. (2004). Drugs in society: A social history. In M. Hamilton, T. King & A. Ritter (Eds.), *Drug use in Australia: Preventing harm* (2nd Ed.) Melbourne: Oxford University Press, 1-16.
- Parker, H., Aldridge, J. & Measham, F. (1998). *Illegal leisure: The normalization of adolescent recreational drug use*. Adolescent Society Series. London: Routledge.
- Spooner, C., & Hetherington, K. (2005). Social determinants of drug use. Technical Report No. 228. National Drug and Alcohol Research Centre.
- Rickwood, D., Magor-Blatch, L., Mattick, R., Gruenert, S., Zavrou, N., & Akers, A. (2008). *Substance use: A Position Statement prepared for The Australian Psychological Society*.

Roche, A.M., Bywood, P.T., Borlagdan, J., Lunnay, B., Freeman, T., Lawton, L., Tovell, A. & Nicholas, R. (2007). *Young People and Alcohol: The Role of Cultural Influences*. National Centre for Education and Training on Addiction, Adelaide.

Rumbold, G., & Hamilton, M. (1998). Addressing drug problems: The case for harm minimisation. In M. Hamilton, A. Kellehear, & G. Rumbold (Eds.), *Drug use in Australia: A harm minimisation approach* Melbourne: Oxford University Press.

Stockwell, T. and Gray, D. (1999) *Submission to the Select Committees into the GST and a new Tax System*. Perth: National Centre for Research into the Prevention of Drug Abuse.

Toumbourou, J. (2008).

http://www.druginfo.adf.org.au/article.asp?ContentID=raising_drinking_age_notes

Victorian Alcohol and Drug Association (VAADA) (2002). *The Victorian Alcohol and Drug Sector's Perspective on Alcohol Excise and Taxation: A submission to the Senate Economic Legislation Committee*.