



Public Health Association
AUSTRALIA

Submission from the Public Health Association of Australia to the Senate Community Affairs Committee Inquiry into 'Ready to Drink' Alcohol (Alcopops)

Introduction

The Public Health Association of Australia Inc (PHAA) is a national organization comprising individual members and representing over 40 professional groups concerned to promote health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's submission to the Inquiry into 'Ready to Drink' Alcohol (Alcopops). The PHAA did make a submission to the Senate Community Affairs Committee in March of this year with regard to the Alcohol Toll Bill 2007. Much of this submission reinforces the main points made at that time. These include:

- Support for the approach taken by the government regarding RTDs or 'alcopops' as a first step
- Advocacy for a comprehensive approach to dealing with harmful and hazardous use of alcohol
- Approaches that are specifically targeted to 'at risk groups' including Indigenous and young people
- A comprehensive approach to taxation based on the volume of alcohol in a specific drink (a volumetric approach)
 - This approach takes into account the use of taxation measures as a lever to discourage harmful and hazardous use of alcohol
- Taxation measures on alcohol should be used to invest in comprehensive preventative programs based on public health methodologies that have proved successful in areas such as tobacco and HIV/AIDS. These are based on harm minimisation and include such methods as:
 - Community awareness campaigns
 - Funding levers
 - Broad community education with specifically focused peer education programs
- The PHAA seeks changes to data collection to separate underage from adult drinkers
- The PHAA makes this submission in the community interest in contrast to many of the submissions that represent sectional interests with a financial imperative to resist any increase in taxation. In this case the change specifically targeted a taxation loophole that had benefit for this particular section of the distilling industry - emphasising the importance of a need for a more comprehensive re-assessment of the alcohol taxation system.

Background

The PHAA would like to reiterate the information that it presented in the previous submission acknowledging that it draws on information from a range of its members including Professor Allsop from the National Drug Research Institute in West Australia and Professor Howat who is Co-Director, WA Centre for Public Health and Co-Director, WA Centre for Health Promotion Research, School of Public Health at Curtin University.

1) Professor Steve Allsop and his colleague Tanya Chikritzhs have published the following:

It is not accurate to claim that alcohol problems are restricted to a minority of people who are heavy drinkers: a large proportion of alcohol-related problems arise from the acute effects of alcohol – intoxication or drunkenness – which affect a relatively large proportion of the population, at least occasionally. To illustrate, using Australian self-reported consumption data from 2001:

- *A large proportion of alcohol is consumed at levels that pose risk in the long-term (44%);*
- *62% of alcohol consumed is drunk at levels that pose risk in the short-term; and*
- *24% of males and 17% of females are at risk of harm in the short-term at least once a month.*

The harms are experienced across the whole community. For example:

- *Some research indicates that as much as 60% of all police attendances and 90% of all late night calls involve alcohol;*
- *In the 12 months prior to June 2000, NSW police identified as alcohol-related almost 14,000 assault incidents (23% of all such incidents) and over 5,000 offensive behaviour incidents (58% of all such incidents);*
- *In 1998/99, it was estimated that 8,661 Australians were hospitalised as a result of injuries sustained in alcohol-related assaults (a rate of 4.6 per 100,000 persons);*
- *Every year, about 50 teenagers (14-17yrs) die from alcohol-attributable injury and disease and another 3,500 are hospitalised; and*
- *Between 1993/94 and 2000/01 over half a million Australians were hospitalised due to risky/high-risk drinking, some 110,000 of whom were older Australians (65yrs+). These admissions are costly - in a single year in this period, alcohol problems demanded 400,000 hospital bed-days.*

In addition to the obvious human toll, the negative consequences translate to a high economic cost. For example, in Australia, the cost of alcohol use in one year (1998-1999) was estimated to be \$A7.6 billion.

Professor Peter Howat has provided the following additional background information:

- *Alcohol is the most important risk factor for fatal and non-fatal injuries in Australia, with around 1,100 injury deaths and 27,000 injury hospitalisations attributed to alcohol every year between 1990 and 2001.*¹
- *In Australia, alcohol is the most commonly used licit and illicit substance among young people.*² *According to the 2005 Australian School Students' Alcohol and Drug (ASSAD) survey data, 86% of 14 year olds had tried alcohol, and 70% of 17 year olds had consumed alcohol in the month prior to the survey. The proportion of students drinking in the week prior to the survey increased with age from 10% of 12 year olds to a peak of 49% among 17 year olds.*
- *The Australian Alcohol Guidelines*³ *recommend against adults and adolescents drinking seven or more drinks in one day for males and five or more drinks in one day for females. In Australia, among current drinkers, 30% of 15 year olds and 44% of 17 year olds had consumed alcohol at these levels in the previous week.*⁴ *Similarly, a series of studies conducted between 2000 and 2004 found that more than 40% of 15-17 year olds had consumed alcohol at these unsafe levels on their last drinking occasion.*⁵
- *In Australia, around 90% of 18-24 year olds have drinking patterns that place them at high risk of acute harm, such as assault, sexual exploitation and accidental injuries.*⁶ *Data from longitudinal studies suggest that adolescents who drink excessive amounts of alcohol are at increased risk of becoming heavy users of alcohol in adulthood.*⁷

References

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5. King E, Taylor J, Carroll T. Alcohol consumption patterns among Australian 15-17 year olds from 2000 to 2004. Sydney: Australian Government Department of Health and Ageing, 2005.
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Additional background reading:

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10. Donovan K, Donovan R, Howat P, Weller N. Magazine alcohol advertising compliance with the Australian alcohol beverages advertising code. *Drug and Alcohol Review*. 26(1):73-81, 2007.
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The Alcohol Policy of the PHAA is undergoing review at the moment. However, although slightly out of date since its 2003 review, the policy provides an insight into the issues:

- *Alcohol related problems are recognised by the National Health and Medical Research Council as one of Australia's most serious health problems. Harmful and hazardous alcohol consumption is estimated to have caused 3,290 deaths in 1997, as well as 72,302 hospitalisations. An estimated 4.9% of Australia's total disease burden is a result of excessive alcohol consumption. Alcohol misuse is second to tobacco as a preventable cause of death and hospitalisation. Additionally, alcohol misuse is a large factor in motor vehicle accidents, falls, drowning, burns, suicide, occupational injuries, interpersonal violence, domestic violence and child abuse.*
- *There are beneficial health and social effects of moderate alcohol consumption.*
- *In 1998, over one-third of adult Australians reported being either verbally or physically abused by someone under the influence of alcohol.*
- *In 1997/8 Australia was ranked 20th in the world for per capita alcohol consumption, with Australians over the age of 14 years consuming 9.03 litres of absolute alcohol per capita annually. The number and severity of alcohol related problems, such as traffic accidents, accidental falls and other accidents, illness, assaults and other crimes is generally related to per capita alcohol consumption.*
- *Data on per capita consumption is an imprecise indicator of harm likely to be caused by alcohol. The National Alcohol Indicators Project (2001) estimated that 46% of male drinkers and 32.5% of female drinkers had consumed alcohol at a high risk level at least once a month in the past year.*
- *Alcohol misuse is a serious concern for Aboriginal and Torres Strait Islander peoples, with 68% of those who consume alcohol consuming it at a harmful level. The majority of this population view alcohol as the leading cause to drug-related deaths and as the drug of most concern.*
- *Though there has been a general reduction Australian alcohol consumption levels in recent years, there has been a rise in consumption among younger Australians. Research finds that they are drinking more often, at higher risk levels and at an earlier age. The 2001 National Drug Strategy Household Survey found that high risk drinking levels are higher among females aged 14-19 than males of the same age (4.7% of females vs. 2.7% of males).*
- *Research on alcohol advertising suggests that adolescents and children are a uniquely vulnerable audience. The evidence indicates that advertising and other positive media portrayals of alcohol are significantly reinforcing factors and help 'normalise' consumption.*
- *The depiction of alcohol consumption in popular films and television programs, along with product placement, has been as effective as a marketing ploy for alcohol as it has been for tobacco. It is claimed that such incidental advertising may be more effective than actual television advertisements in reinforcing and normalising drinking behaviour.*
- *Voluntary advertising codes controlled by the advertising and alcohol industries were established with the promise that the industries would be responsible in their marketing approaches. Numerous breaches of the codes have been documented, but have generally failed to move governments into taking more strict action, as they have with cigarette advertising.*

The PHAA Policy on Alcohol, 2003

Ready to Drink 'alcopops' - Binge Drinking

The PHAA responded positively to the announcement by the Federal Government that they would be taking serious action to deal with 'binge drinking'. Our response at the time included a series of comments in print and electronic media. These comments were primarily drawn from our media release, which welcomed the announcements by the Health Minister. The release included the following:

"The Government's new plan on binge drinking is a massive step forward," according to President of the Public Health Association, Professor Mike Daube. "It is time for appropriate action to protect the health and social well-being of our young people. This program ticks the most important boxes, and will make a real difference".

"We welcome the announcement by Health Minister Nicola Roxon because it reflects a comprehensive approach to binge drinking. At last the Federal Government is willing to take the issue seriously and provide serious funding," he added.

"Tackling binge drinking should neither be dismissed as wowserism nor taken lightly by some who think that 'it has always been part of Australian culture'. This is a major social problem, requiring determined action. "

"It's enormously encouraging that they are spending real money rather than the peanuts prevention usually gets," he said. "It will not be cheap to run campaigns that even start to match drinks industry promotion – but this is an important start. At last too the door is opening to curbs on the massive levels of alcohol advertising that are now effectively uncontrolled. "

"This announcement is especially welcome because it focuses on the crucial target group of binge drinkers. Drinking with the intention of getting drunk carries with it huge health and social implications – and this issue needs to be squarely faced by modern society."

Professor Daube concluded by saying "The Public Health Association welcomes the effort that is being made in this difficult area and extends an offer to the Health Minister to use its networks to support the approach that has been adopted."

The PHAA will continue to support action by government and all Senators and Members of Parliament to deal sensibly with the complex issue of harmful and hazardous use of alcohol.

Trends to use taxation as a measure for reducing problematic alcohol use were emphasised in the UK earlier this year when Alistair Darling, Chancellor of the Exchequer, made the following announcement:

"... as incomes have risen, alcohol has become more affordable. In 1997 the average bottle of wine bought in a supermarket cost £4.45 in today's prices; if you into a supermarket today, the

average bottle of wine will cost about £4. So from midnight on Sunday, alcohol duty will increase by 6 per cent above the rate of inflation. Beer will rise by 4p a pint, cider by 3p a litre, wine by 14p a bottle and spirits by 55p a bottle, and those duties will increase by 2 per cent above the rate of inflation in each of the next four years.”

According to Martin Plant PhD, Professor of Addiction Studies Alcohol & Health Research Unit Faculty of Health & Life Sciences, University of the West of England in Bristol,

“this news has been welcomed by doctors, researchers and those working in alcohol problems agencies. Some point out however, that there still needs to be action to curb drink discounting supermarkets. The Brewers are unhappy with the budget changes, claiming that this will force more pubs to close”.

Just as the brewers in the UK find arguments to resist taxation increases, so too distillers in Australia are resisting this change. A complete revamping of the taxation on alcohol based on a volumetric system will also bring a hue and cry from industry – but particularly the wine industry that is favoured by the current system. As with so many taxation measures those whose view is driven by their own sectional interests resist vigorously - while organisations such as the PHAA, who have an interest from a population health perspective, attempt to put the alternative community health view as effectively as possible.

Response to the Specific Criteria

A. 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;

The Australian (Siobhan Ryan) reported on May 29 an industry finding (released by the Distilled Spirits Industry Council) that the sales of RTDs had 'plummeted' by almost 40%. The selective use of statistics by the industry fuelled the argument that there was a significant swing to stronger straight spirits. In fact, the response by Minister Roxon included reiteration that the Industry figures also indicated that the change resulted in the reduction of around one million standard drinks over the period.

The PHAA would like to make the following observations:

- Policy should be based as far as possible on evidence. The evidence from one month, while being interesting is not enough to draw long term conclusions on which to base a comprehensive alcohol health strategy
- There is a risk in taking short term findings and using them to base long term decisions
- The goal of an increase in tax on RTDs was specifically targeted at young women taking their first drink
- ABS data released in earlier this year showed RTD consumption was growing rapidly, with consumption increasing by 15% over the past 12 months (compared to overall alcohol consumption increasing by just 2%). The figures released by the Distilled Spirits Industry Council in late May indicate a significant turn-around in the trend

Therefore, the very early indications are that this approach *is effective in reducing introduction to alcohol amongst young women and arresting the disproportionate growth in RTD sales*. However, more follow up research will be needed.

B. the consumption patterns of ready-to-drink alcohol beverages by sex and age group;

In announcing the intention to lever the consumption of RTDs by young women in particular the Health Minister drew on some disturbing statistics. These included:

- Research released at the time by the Australian Institute of Health and Welfare (AIHW) showing that teenage girls are out-drinking boys
- The ready availability of cheap spirit-based drinks that have become the first drink of choice for young women. RTDs are the first drink for as many as 60% of girls

It is the first drink issue that is of prime concern for the PHAA and any harm-minimisation based policy. The taste of the alcohol is subsumed by the sweetness of the drink – making such drinks much more appealing to young women. With additional peer pressure such youngsters are more vulnerable to using these drinks regularly – as illustrated by the phenomenal growth in the market and use by young women over the last decade.

C. the consumption patterns of all alcohol beverages by sex and age group;

For people who are genuinely concerned about problematic use of alcohol there is a dramatic statistic that would be difficult to ignore. In 2000, about 14% of female drinkers aged 15-17 reported drinking RTDs at their first drinking occasion but by 2004, this had increased to 60%.

This question raises a broader issue of concern for the PHAA. At the moment data collections such as the AIHW *2007 National drug strategy household survey* provide data that crosses adult and young people boundaries. This information would be much more pertinent if there were two categories for underage drinkers such as 14-15, and 16-17 separate from those over the legal drinking age.

The PHAA is concerned to ensure that a comprehensive alcohol policy has both broad goals to reduce hazardous and harmful use of alcohol in the broader community - but also specifically targets at risk groups such as young women, young men and Indigenous people. This first measure is specifically aimed at young women who have been subject to a significant increase in use of RTDs as an introduction to drinking alcohol.

D. the impact of these changes on patterns of overall full strength spirit consumption, including any increased consumption of standard drinks of alcohol;

The announcement by the Distilled Spirits Industry Council that there had been a dramatic swing from RTDs to spirits failed to identify that there had been a commensurate reduction in the use of alcohol. Around one million standard drinks equivalent in one month is a significant reduction. Although this strengthens the argument that we are putting, the PHAA emphasises once again that this is very early information and further data and research will provide a much better insight into the impact of this excise.

The early indications are that this excise will indeed reduce problematic drinking across the board and further research is needed to assess the extent to which this has had an impact on the specific target – the introduction of young women to alcohol.

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

This category of alcohol is specifically targeted to young people – more so to young women. There is some interesting evidence about alcohol and young people that raises significant concern over alcohol in general but RTDs specifically.

- Every year, about 50 teenagers (14-17yrs) die from alcohol-attributable injury and disease and another 3,500 are hospitalised.
- The 2001 National Drug Strategy Household Survey found that high risk drinking levels are higher among females aged 14-19 than males of the same age (4.7% of females vs. 2.7% of males).

- Research on alcohol advertising suggests that adolescents and children are a uniquely vulnerable audience. The evidence indicates that advertising and other positive media portrayals of alcohol are significantly reinforcing factors and help ‘normalise’ consumption.
- The depiction of alcohol consumption in popular films and television programs, along with product placement, has been as effective as a marketing ploy for alcohol as it has been for tobacco. It is claimed that such incidental advertising may be more effective than actual television advertisements in reinforcing and normalising drinking behaviour.
- In Australia, around 90% of 18-24 year olds have drinking patterns that place them at high risk of acute harm, such as assault, sexual exploitation and accidental injuries (King 2005). Data from longitudinal studies suggest that adolescents who drink excessive amounts of alcohol are at increased risk of becoming heavy users of alcohol in adulthood (Anderson 1998).

The public health issues of problematic drinking amongst young people are clear. Each action that reduces such drinking makes a contribution in public health terms. The PHAA advocates a broader volumetric system as part of a comprehensive approach but also recognises the positive impact of this first step.

F. applicability of incentives to encourage production and consumption of lower alcohol content beverages;

The introduction of low alcohol content beverages will need to be done as part of a comprehensive program of education and marketing regarding the public health issues associated with problematic drinking.

G. the modelling underpinning the Government's revenue estimates of this measure;

We have no comment on this point as this is not an issue with which the PHAA is concerned.

H. the effectiveness of excise increases as a tool in reducing the levels of alcohol related harm;

The evidence for the impact of taxation as a tool in reducing harm associated with alcohol is overwhelming as is illustrated in this quote taken from the National Drug Research Institute Curtin University of Technology WA study *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*:

“The relationship between consumption, harm and the real cost of alcohol is strong and consistent. There is substantial research evidence to demonstrate that the sale of alcohol is price responsive. That is, a rise in the price – due to increases in production costs, profits, and/or taxation – results in reduced per capita alcohol consumption. Conversely, a reduction in price results in an increase in consumption. Higher alcohol prices have been shown to reduce both acute (e.g. traffic accidents, violence and suicide) and chronic (e.g. alcoholic liver cirrhosis, alcohol-related cancers) alcohol 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.” (Chikritzhs et al 2007)

The authors encourage readers to move beyond this overview to the detail of the report as the evidence is overwhelming. For this reason we have attached a copy of the report.

I. the empirical evidence on which the government's decision to increase the excise on ready-to-drink alcohol beverages was based;

As above.

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

The PHAA has for some time advocated a comprehensive approach to problematic alcohol use. Recently we made a submission to this Committee regarding changes to legislation that had been proposed by Senator Fielding. There are a range of methods that form part of a comprehensive package and should be based on public health approaches that have been used in such areas as tobacco and HIV/AIDS where Australia has been innovative and successful.

However, these are NOT ALTERNATIVE means – rather they form a part of a constant drive to target specific groups, to reduce consumption and to limit problematic use of alcohol in the community.

Conclusion

The PHAA is very supportive of the excise and believes that in the context of a comprehensive approach this is an appropriate first step that specifically targets young people and particularly vulnerable young women. The submission by the PHAA is not influenced by sectional interest but is made with the view of improving the health of the population.

The PHAA believes that public health approaches have been effective in targeting specific groups and specific settings in the past. It is possible to learn from those approaches and to apply them to the reduction of harm associated with the problematic use of alcohol.

The PHAA sees this excise on RTDs as an important first step of a much more comprehensive approach. Therefore, we urge Senators to look beyond political convenience and to put the health of the community first by supporting the excise.

Should the Senate Community Affairs Committee wish any further information from the Public Health Association of Australia, we would be delighted to assist.



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