

Operating in N.S.W. as
Drug Awareness (N.S.W.)

Rev. Dr. C.M. Dominish AM,
Chairman, Interim Committee

17th March 2008

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

Dear Sir/Madam,

**SUBMISSION TO THE COMMUNITY AFFAIRS COMMITTEE OF THE
AUSTRALIAN SENATE, ON THE ALCOHOL TOLL REDUCTION BILL 2007**

Drug Awareness (NSW) is pleased that the Government admits that binge-drinking can no longer be “pushed to one side”, and that in addition to setting aside \$53m to try to change the drinking culture that has resulted in what he rightly calls a “binge drinking epidemic”, the Prime Minister is considering changing the laws on alcohol advertising and labelling. The Alcohol Toll Reduction Bill 2007 proposed by Senator Fielding is a very welcome initiative.

We therefore wish to make the following comments on this Bill:

A. The need for a change in attitude, and for effective warnings

1. Truly “responsible” drinking is choosing a truly healthful beverage that is not addictive or otherwise harmful to oneself or others. But the term “responsible drinking” as commonly used should be seen as akin to the term “responsible smoking”. Why is it assumed that alcohol should be tolerated, while other drugs that produce the same initial “benefits” remain illegal, or (as with tobacco), are actively discouraged? Thousands of stressed persons enjoy the calming effects of a cigarette. One or two cigarettes seem to do very little harm, while (reportedly) giving pleasure and a feeling of well-being. Fortunately, the government has at last reversed its policy of tolerating smoking, and reduced its incidence to some extent by means of warning labels and bans on indoor smoking. It does not encourage “responsible smoking”.

2. Any significant change in the drinking culture requires a fundamental change of attitudes, as well as beliefs:

- The belief (fostered by the liquor trade) that most people drink “responsibly”, gaining health benefits, so do not need or heed warning labels;

It is not only young people who fail to perceive the problem.

In NHMRC Draft Guidelines for Low-Risk Drinking, October 2007, p.35, it states: “Australians tend to overestimate the amount they can safely drink”. 44% of all alcohol reported to the 2001 NDSH Survey was drunk by people who exceeded even the current NHMRC Guidelines, and 61% was drunk on days when the Guidelines for minimising acute harm were exceeded. This indicates that the claim that most Australians drink “responsibly”, and do not need warning labels, is false.

A survey commissioned in 2007 by not-for-profit alcohol treatment group ARBIAS shows almost 70% of males and 60% of females do not know what volume of alcohol puts them at risk of brain damage.

- the attitude (fostered by the liquor trade) that alcohol is essential to relax/socialise, etc.
- the attitude that enjoyment is more important than health or the welfare of others who may not wish to drink alcohol, and could easily become addicted, but are afraid of being left out.

3. We strongly endorse the plan to “require health information labels on all alcohol products”, and “ban alcohol ads which are aimed at children, or which link drinking to ...success”, as one very necessary and potentially effective means to combat these attitudes.

a) In 2000, FSANZ rejected an application for warning labels on alcoholic beverages, citing studies by the National Institute on Alcohol Abuse and Alcoholism which “suggest that while warning labels may have increased reported awareness of the dangers of heavy drinking, they have not had an effect on the alcohol consumption patterns of heavy drinkers”. (Assessment 1.2)

b) There are several **reasons for this apparent lack of effectiveness**. One of them is very easy to remedy - if the Government is serious about our drinking problem:

i) A CSPI News Release (Attachment 1) points out:

“After ten years of health warning labels on alcoholic beverage containers, most Americans - even those who drink - don't notice or read the warning message. Three out of four persons in a national survey conducted for the Center for Science in the Public Interest (CSPI) said that they would be more aware of the warning message **if it were easier to read**.”

Nearly three out of four drinkers (73%; 42% strongly) agree with the statement that warning messages “sometimes appear in the least prominent place on containers, making them difficult to notice and read.” Among drinkers, only 34% said they generally noticed the warning label.

- 84% of drinkers think that placing the warning label in a prominent place on the front of all alcohol beverage containers would make the warning label more noticeable and readable.
- 88% of the drinkers think that having warning labels printed in red or black type on a white background and surrounded by a lined border would make the labels more noticeable and readable.

“The poll data clearly show that consumers think the warning statement was designed specifically not to be noticed,” commented Marty McGough, who conducted the CSPI poll for Penn, Schoen and Berland Associates, Inc. He added, “Most Americans seem to be saying that, from the standpoint of noticeability, many labels could hardly be worse.”

ii) **Ruth C. Engs**, Dept. of Applied Health Science, Indiana University considers reasons why effecting a change is difficult, noting that changing a person's health behaviour is a difficult and complex process. According to the Health Belief Model, to change behaviour, individuals must: 1) feel personally susceptible to the health problem; 2) feel the problem can cause them serious harm, and 3) **know what actions can be taken to avoid the harm, and know the cost or benefits of the actions**. If the costs outweigh the benefits, the action to avoid a health risk is unlikely to be taken.

The first steps of the Health Belief Model, that of conveying personal susceptibility and harm, are particularly difficult with young people, who often perceive themselves as immortal and imagine that illness, accidents, and negative events only happen to others. Also, individuals using alcohol and other drugs might already be addicted. **Addiction**, which in some cases can be more powerful than the sex drive, may cause these individuals to continue to engage in risky and illegal alcohol and drug taking behaviour though they know it might be harmful, or even lethal, for them.

Her conclusion is pessimistic:

“Addressing the issue of warning labels as an effective educational technique to reduce alcohol abuse, has yielded few answers and several questions. In many cases, reports concerning health and safety warning labels, health education programs, and implications from the Health Belief Model have presented conflicting results or marginal effectiveness. Some investigators reported they could not differentiate the effect of health warning labels from co-existing community educational programs. Other researchers concluded warning labels were a misallocation of educational efforts.

“Based on these reports, are alcohol warning labels, on their own or supported by existing school, media, and other public health education programs, likely to help prevent alcohol abuse in any population group? Do people read them? If so, and if they are ‘at risk’, will they change their behavior? If not, could this effort be a misallocation of resources or even create a false sense of security that something is being done to thwart alcohol abuse? Can such legislated public policy begin to solve

complex social problems, or is this policy primarily a symbolic effort in support of reducing alcohol abuse in the country?" (*Journal of School Health* March 1989, Vol. 59, No. 3)

iii) Experience with **tobacco advertising**, however, bears out CSPI's assertions. Canadian experience has shown that **large, graphic warnings** (backed up by "how-to-quit" leaflets inside cigarette packets) do have a significant effect:

Science Daily (Feb. 7, 2007) 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 health warnings on US packages, which were last updated in 1984, were associated with the least effectiveness.

Writing in the article, David Hammond, PhD, states, "**This study suggests that more prominent health warnings are associated with greater levels of awareness and perceived effectiveness among smokers**. In particular, the findings provide strong support for the effectiveness of new health warnings implemented on UK packages that were enhanced to meet the minimum international standards ... **UK smokers were also more likely to report that the new warnings had led them to think about quitting, to think about the health risks of smoking, and had deterred them from having a cigarette compared to Australian and US smokers**. Although the findings provide strong support for the effectiveness of prominent text warnings that meet the minimum international standards, the findings also suggest that **larger pictorial warnings may have an even greater impact**: data collected two and a half years after the implementation of the Canadian pictorial warnings and two and a half years after the implementation of the new UK warnings indicate that the Canadian warnings had impact levels at or above the UK warnings for each of the measures examined in the survey." ("Text and Graphic Warnings on Cigarette Packages: Findings from the ITC Four Country Survey" by David Hammond, PhD, Department of Health Studies, University of Waterloo, Waterloo, Ontario. It appears in the *American Journal of Preventive Medicine*, Volume 32, Issue 3, March 2007, published by Elsevier. See Attachment 2.)

iv) A major reason for the apparent ineffectiveness of warnings is the incessant promotion by the liquor industry of the "health benefits" of its products. In particular, it argues that, whereas there are no health benefits from tobacco, the risk of CHD is lowered by moderate consumption of alcohol. It is pleasing that in the NHMRC Draft Guidelines (Oct. 2007, p.23) it no longer suggests that risks are likely to be outweighed by benefits, and also recognises that "the lifetime risk of death is a very conservative measure as it does not take into account reduction in the quality of life associated with injuries or prolonged illnesses".

However, this promotion of "health benefits" has been so successful that many people assume they have been proved beyond reasonable doubt, that estimates of "lives saved" due to the claimed protective effects of low-risk alcohol consumption are accurate, and that these "benefits" outweigh all the misery caused to victims, families and friends by accidents, mistakes, illness, bad behaviour and violence.

B. The proposed measures are necessary, but not sufficient.

This Bill, with any other concomitant measures, needs to go further than reducing "excessive" consumption, or creating a "culture of responsible drinking". Warning labels and prescription scripts will only be effective with people who are not already on the road to addiction. We need to get to people before they acquire a taste for alcohol, and foster the attitude that life, personal and social, is better without **any** drug. We also need to show that the best way to help others to steer clear of binge drinking is not by giving an example of "moderate" consumption, but by **abstaining** from all that is harmful, while enjoying all the truly healthful gifts of Creation. (NGOs such as Teen Challenge, Victory Outreach and the Salvation Army, which often succeed in this approach, deserve much more government funding.)

Even if we can control our own drinking, those whom we unknowingly influence can be snared by an example of "responsible drinking" into a lifetime of addiction or harming others.

1. The campaign needs to be directed to everyone (with different programs targeting different segments of the population).

- It is not sufficient to restrict TV and radio alcohol advertising to 9.00 p.m~5.00 a.m. **It should be banned altogether.**
- For the sake of the environment also, there should be severe restrictions on newspaper and “junk mail” advertising. (This could be part of a general restriction of junk mail, the volume of which makes a mockery of efforts to reduce environmental damage..) Any advertisements should be confined to information about location of products.

2. Information labels need to be rotated, with frequent changes to reach all classes of potential consumers, and maintain freshness of impact.

a) FSANZ is currently considering submissions supporting Application A576 to have labels giving warning against drinking **any** alcohol during **pregnancy**, or when considering becoming pregnant. It is very important that the NHMRC message be **CLEARLY DISPLAYED**: “Not drinking during pregnancy and breastfeeding is the safest option” - or something stronger. A logo (such as the one used in France) would be most effective, especially if other warnings appear on the label.

b) Warnings about brain damage. In an interview on ABC RN, March 10, the Prime Minister pointed out that “in the age bracket of 12~13 to the ages of 17~18, the risk of bringing about fundamental damage, brain damage, not to mention other health conditions, is very great indeed”. But while the brains of those under 25 (not just under 18) are most vulnerable to alcohol-related brain damage, those over 25 are also at risk.

i) It is most important to warn about the dangers of low~moderate drinking, for while most people do realise that **high** levels are dangerous, they do not think their own level is risky, or that their regular “moderate” drinking could cause addiction.. In its submission to FSANZ in 2000, opposing the adoption of warning labels, the AWRI stated that a health warning label must be simple, accurate, and potentially applicable to the majority of consumers, and goes on to say that the majority of consumers consume alcohol at a low-risk level.

ii) But 200,000 Australians are reported to be already suffering from alcohol-related brain damage and do not know they have the problem. 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. Men who quaff 6 or more standard drinks a day for 8~10 years face the same risk of brain damage. "The thing about alcohol brain damage is that it's slow and insidious.... By the time people think that there's something wrong, the brain damage is usually well and truly entrenched." ("Warning: Six drinks a day can be enough to give men brain damage (Reuters: David Gray), by Ashley Hall and staff reporters. Posted August 6, 2007 06:12:00 Updated August 6, 2007 09:38:00)

iii) “Long-term, light-to-moderate social drinkers (more than 21 drinks per week) have been found to.. show.. cognitive deficits equivalent to those found in detoxified alcoholics” (*Youth Drinking Affects Brain Size*, from ACER News Release Sep 16, 2005). Although 21 drinks/week is more than 2/day, (the limit proposed in NHMRC Draft Guidelines), a specific warning should be given about the dangers to the brain of this level of consumption, because so many people regard it as “normal social drinking” (ARBIAS CEO Sonia Berton ABC News 6 Aug.2007).

iv) A study (reported Dec.2003) by researchers at the Johns Hopkins Bloomberg School of Public Health and other institutions found a link between **low to moderate** alcohol consumption and a decrease in the brain size of middle-aged adults. Brain atrophy is associated with impaired cognition and motor functions.

"Previous studies conducted with older adults found an association between heavy drinking, brain atrophy and an increased risk for stroke. We studied a younger, middle-aged population and found that **low amounts of alcohol consumption are also associated with decreases in brain size,**" said Jingzhong Ding, PhD, lead author of the study and a research associate in the Department of Epidemiology at the School of Public Health.

v) The researchers also found that low or moderate consumption did **not reduce the risk of stroke**, which contradicts the findings of some other studies (p.72 of NHRMC Draft Guidelines).

vi) A simple ban on selling (or giving) alcohol to anyone under 21 would protect immature brains. It would also leave more room on the label for warnings to those 21 or over. However, for the sake of the thousands of young people whose future depends on having an undamaged brain, warnings need to be

given in every possible way, that people who begin drinking at an early age face enormous risks of becoming alcoholics.

According to the results of a national survey of 43,093 adults, published July 2006, in *Archives of Pediatrics & Adolescent Medicine*, 47% of those who begin drinking alcohol before the age of 14 become alcohol dependent at some time in their lives, compared with 9% of those who wait at least until age 21. The correlation holds even when genetic risks for alcoholism are taken into account. (The Grim Neurology of Teenage Drinking By Katy Butler, July 4, 2006 *NY Times*: Keeping Tabs on Teenage Drinking, June 30, 2006.)

Suggested warnings:

- Even small amounts of alcohol (21 drinks/week) can reduce brain size.
- Drinking before the age of 21 is more likely to cause dependence and brain damage.

c) Brain damage is not the only problem. According to Paul Dillon, head spokesperson for the University of NSW National Drug and Research Centre, people think that provided they can function well in everyday life, it means they are not suffering any ill effects from their few drinks in social situations or at the end of a tough day. They do not understand that alcohol can cause liver damage, heart disease, breast cancer and brain damage, etc. Alcohol is also a powerful dehydrator, and can shrivel up the drinker from the inside out, causing premature wrinkles. Women are affected much sooner than men, but now they are drinking as much as men, not realising the high level of risk (*Australian Women's Weekly* Dec.2004, p.177).

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.**" ("Healthy Wine Myth Debunked", *The Guardian*, Dec.20, 2001)

Other risks of moderate and of binge drinking are detailed in the NHMRC Draft Guidelines:

- i) **Risk of dependence**
- ii) **Risk of obesity and malnutrition**

The consumption of half a bottle of red wine with food adds 250 calories (1046 KJs) to the diet. In these days, when obesity has become a major problem, the fattening effects of alcohol are significant. It is not only very high in kilojoules, but by depressing the central nervous system it decreases the amount of fat burnt off by up to 33%. Some alcohol passes directly into the bloodstream through the stomach wall, without the need for digestion. Oily or fatty foods can reduce the rate at which it enters the bloodstream, but with drinks like champagne, the CO₂ in the bubbles can cause the valve between the stomach and the small intestine to open, thus increasing the rate of absorption.

Since alcohol lacks the vitamins and minerals required for metabolism, regular drinking often causes obesity, diabetes and diseases such as beriberi that result from malnourishment.

iii) Risk of accidents

The RR (relative risk) of having non-fatal accidents and injuries as a result of a single occasion of drinking 2 standard drinks is stated to be 2~3 times that of not drinking (Draft Guidelines p.40). Why should this be tolerated? We expect zero tolerance for breaches of quarantine regulations, even if the risks of infection seem very small. Are human brains and limbs less valuable than race horses?

iv) Risk of cirrhosis.

At 4.4 deaths/100,000 /year, the death rate for **cirrhosis** is very similar to that for cervical cancer The risk starts at **2 drinks/day for women**, 4 for men, steadily increasing with consumption rate. There is a double standard applying to alcohol (Dr Jean Lenanne, *Alcohol the National Hangover*, 1992).

v) Risk of blackouts

How much alcohol is required for individuals to blackout temporarily depends on their tolerance to alcohol. Occasional or light drinkers will be affected more easily than regular or heavier drinkers - it may take only a few drinks.

Prime Minister Rudd's experience gives the lie to the alcohol industry's argument that most drinkers drink "moderately" and therefore do not have to worry about alcohol-related trouble. Even people who usually drink within bounds are prone to overdoing it when the occasion beckons.

vi) Risk of cancer

- Alcohol fuels the production of a growth factor that **stimulates blood vessel development in tumours**.
- American Cancer Society reports that 2/day for men, 1/day for women can increase the risk of cancer. Alcohol consumption is NOT recommended. If consumed, it should be less than 2/day for men, 1/day for women” (World Cancer Research Fund)
- As few as 2 drinks/day can suppress any beneficial effects of correct diet in decreasing the risk of colon cancer - by reducing folic acid levels (Dr Laurence Magne, *Cancer Free for Life*)
- Women are more generally concerned about cervical and breast cancer than heart disease. They should be warned that **alcohol is known to promote folic acid deficiency**, and could nullify the protective effect of folates in bread, fruit and vegetables. Researchers at the University of Illinois have pointed out that low folic acid intake and the use of female hormones may aggravate the effects of alcohol in increasing the risk of breast-cancer (*JAMA* 7/11/2001, pp 2143~51, quoted in *Uncorked!*, Dr John Ashton, p.14).
- NHMRC Draft Guidelines, p.44) show a much higher RR for all cancers, hypertensive diseases and liver cirrhosis even with 1 standard drink per day. . Only ischemic heart disease and stroke show a lower RR with low~moderate alcohol consumption, and this is further discussed below.

vii) Risk of diabetes and heart disease

- **American Diabetes Assn** warns that alcohol can cause problems with blood glucose levels, weight gain and forgetting of medication. Because alcohol is a poison, the liver tries to clear it from the blood quickly, and won't put out glucose again until it has taken care of the alcohol. If the blood glucose level is already falling, as little as 2 oz of alcohol (about 2 drinks) on an empty stomach can quickly reduce it to a very low level (Diabetes Aust. -NSW website).
- “The publicity given to the use of moderate consumption of alcohol for heart disease prevention is not the result of rigorous scientific research but is to a large extent inspired by commercial purposes” (WHO: Press Release Nov.1.1994.)
- The charity Alcohol Concern: "The health costs of alcohol far outweigh the benefits, with around 33,000 people dying of alcohol related diseases in the UK every year."(Abridged from Healthy Wine Myth Debunked, James Meikle and Tim Radford, *The Guardian*, 20 Dec., 2001)
- Rodney Jackson, Professor of Epidemiology in the School of Population Health at Auckland University, **has abandoned his belief** in the protective effect of alcohol against coronary heart disease. Alcohol does seem to increase good cholesterol (HDL), and reduce clotting (hence the lower IHD risk), but Jackson believes that biologically, it's very unlikely that 1~2 drinks/**week** would affect plate stickiness or increase HDL to reduce CHD by 25%, as shown by some studies. 2~3 drinks **per day** would benefit coronary arteries. “ **But 3~4 /day does a lot of harm; the harms of moderate~heavy drinking definitely outweigh the benefits at all stages, and light~moderate drinking isn't actually good for the heart.** “There are no health benefits overall. I think that there's probably no stage where the benefits outweigh the harms”, said Prof. Jackson (*The Lancet*, Dec.2005; 366:1911~12; ABC Health Report transcript 13. Feb.2006)
- Scientists at Queen Mary College, London, found that in laboratory tests, **alcohol-free** extracts of **red** wine blocked production of a natural chemical called endothelin-1, which causes blood vessels to constrict. This could explain the modest “health benefits” of red wine - without attributing them to ethanol. Professor Roger Corder, of William Harvey Research Inst., advocates special types of red wine “in moderation” because of this, but these wines are hard to get, and a diet rich in berries, fruit and vegetables provides the same essentials, without all the dangers of ethanol.
- Dr Lynne Pressley, President of NSW Heart Foundation, admits that alcohol's impact on cholesterol levels only begins to take effect at higher levels of consumption, where the risk of cancer increases, but she thought that alcohol's **anti-clotting** properties result in a lower risk of heart attack for light drinkers than for teetotallers. However, the problem of confounding factors was not raised, and no randomised trials were quoted in the article (*SMH* 17 Nov. 2005).

But according to Jane Freedman M.D. “**Alcohol inhibits blood clots only at high levels in the blood - high enough to cause intoxication**”, “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** (with seeds and skins) was declared to have this effect at the American Heart Association’s 71st Scientific Sessions in 2002. It also significantly dilates the arteries, by helping platelets release more nitric oxide, according to research by Dr John Folts, Director of Coronary Thrombosis Research Laboratory, University of Wisconsin.

3. Information leaflets, such as go with prescription drugs, are needed to explain the warnings on the label. To enable people to make an informed choice, governments have a duty to require that labels carry at least the following points:

- Pregnant and breast-feeding women should not consume alcohol at all.
- Alcohol can reduce bad cholesterol levels, but it only begins to take effect at higher levels of consumption (3~4/day), where the risk of cancer, liver cirrhosis, etc is higher.
- Even 1~2 glasses/day increases the risk of accidents, high blood pressure, brain damage, liver cirrhosis, and cancers of the mouth, larynx, oesophagus, breast and liver. The risk increases at higher.

C. It is not enough to educate by means of drink labelling and restriction of advertising. We should like to see other measures incorporated into the Bill.

1. Dr Aidan Foy, DG of Internal Medicine at Calvary Mater Hospital, Newcastle, wrote “I have no patience with the argument that the violent consequences of alcohol use can be avoided by education or changes in culture, or that they are due to the actions of a few ‘problem drinkers’. All the evidence we have tells us that anyone’s drinking can become a problem when they have access to enough alcohol. The notion that the violence can be managed if we change the drinking culture is pure humbug. Ask our indigenous brothers and sisters how alcohol has damaged their culture. The rivers of grog that flow through their communities also flow through ours, and they do the same damage....No culture, however strong, can survive the onslaught of constant alcohol-related irresponsibility and viciousness.

“The only reliable measure supported by international experience would be a curfew at 1.00 a.m. Those people who imagine that sophisticated little wine bars will create a more civilised drinking environment only have a case if the bars in question have limited numbers of patrons, charge two or three times the normal price for a drink, and are the only places open. That is, they would act by simultaneously **reducing availability and increasing price**, leading to less consumption overall.

“None of this is what the grog sellers wish to hear. The AHA will try any argument, support any scheme, no matter how illogical, so long as it is not expected to reduce its sales. Its credibility in this is about the same as the tobacco manufacturers. It must not be allowed to set the agenda”. (*The Herald*, March 11 2008)

2. Unfortunately, AHA and allied bodies will set the agenda, if they are represented on ACMA, as proposed under 3A 49A (4)(d). New Zealand experience is pertinent:

“Associate Health Minister Damien O'Connor approved a committee with the alcohol industry's financially very interested associates, their advertisers, on it....The alcohol industry politicians achieved, *de facto*, a place at the policy table. They had previously tried to get a place on the Alcohol Advisory Council's board. We know from our international affiliates that this is their strategy worldwide, and the Minister has fallen for it. They have run rings round the people's representative, but he should have the courage to discipline them. How far would we have got with banning tobacco advertising if we had given those "very reasonable" tobacco companies or their advertisers a place in policy decisions? ...It also implies that it is a necessity to have advertising, even though it reinforces and worsens the youth alcohol culture. Advertising tells our youth "alcohol means fun, and more alcohol equals more fun".... Even pre-vetting assumes that it is right to continue to reinforce our young people's enthusiasm for alcohol ... The liquor industry's voluntary code prohibits associating alcohol with social or sexual or sporting success. Clever advertising regularly and cynically breaks this code, showing that the ‘self-regulating’ privileges should be withdrawn. Examples are on our website www.gala.org.nz. Group Against Liquor Advertising (GALA), 15/5/07.

3. Targeting sports clubs to effect change, by adopting a code, as proposed by the Prime Minister, is a laudable strategy. We wish you every success. In April 2006, the Newcastle WCTU wrote to ARL

Ltd, pleading with them to get players of a certain team to show compassion for a brilliant Aboriginal player who was desperately trying to retrieve his career and stay off alcohol, but found it a very lonely experience. (I quote our letter from memory.) We received a very encouraging reply from the CEO Geoff Carr (dated 8/5/07):

“The League shares your concerns and as a result we have asked the players to sign off on an elaborate Code of Behaviour which allows for penalties as high as dismissal where this Code is breached. In conjunction with this we have implemented an education program in a variety of areas which include the consumption of alcohol, sexual and racial discrimination, etc.

“I will pass your letter on to the NRL’s Safety and Welfare Committee for their consideration.”

How effective has this Code of Behaviour been?

4. Other desirable additions, to make this Bill more than a symbolic gesture:

- Substantial discounts for registration and licence fees for drivers who undertake not to drink, not to smoke, and not to use any kind of illegal drug.
- Individuals accepting the discounts thereby undertake to accept random testing for the proscribed substances.

An individual breaching the undertaking would be subjected to repayment of the discounts, plus heavy fines, licence cancellation and perhaps motor vehicle confiscation.

- Call on Insurance companies to give discounts on premiums to drivers who undertake not to drink alcohol, not to take drugs, and not to smoke.
- All Government departments to give discrete salary bonuses for abstainers from alcohol, illegal drugs and tobacco. Private employers to be invited to follow suit.

A Private Member’s Bill incorporating these measures is being put to the NSW Government by the Christian Democratic Party.

CONCLUSIONS:

1. **Drug Awareness (NSW) supports the requirement for health information labels on all alcohol products**, provided that they are large and clear enough to be effective.
2. All TV and radio advertising should be banned
3. The alcohol industry should NOT be represented on the government body which would pre-approve advertisements in other media;
4. A midnight curfew should be imposed on all liquor outlets;
5. Tax on all products with an alcohol content of 4% or more should be doubled.
6. Discounts should be given on licence and registration fees and insurance premiums for drivers who undertake not to drink, smoke, or use any illegal drug.

ATTACHMENTS: EFFECTIVENESS OF WARNING LABELS

1. “After ten years of health warning labels on alcoholic beverage containers, most Americans -- even those who drink -- don’t notice or read the warning message. Three out of four persons in a national survey conducted for the **Center for Science in the Public Interest (CSPI)** said that they would be more aware of the warning message if it were easier to read.

Nearly three out of four drinkers (73%; 42% strongly) agree with the statement that warning messages "sometimes appear in the least prominent place on containers, making them difficult to notice and read." Among drinkers, only 34% said they generally noticed the warning label.

The CSPI poll surveyed 801 randomly selected American adults and was conducted by Penn, Schoen & Berland Associates, Inc. between July 29 and 31, 2001. Only 20% of consumers think that warning labels are always located in a conspicuous and prominent place. 40% of drinkers say "not very often" or "hardly ever."

- 84% of drinkers think that placing the warning label in a prominent place on the front of all alcohol beverage containers would make the warning label more noticeable and readable.
- 88% of the drinkers think that having warning labels printed in red or black type on a white background and surrounded by a lined border would make the labels more noticeable and readable.

Consumers say warnings are “too small, hard to find, often illegible, and sometimes hidden in an obscure place on a bottle or can,” said George Hacker, director of CSPI's alcohol policies project.

Designed to Fail?

"The poll data clearly show that consumers think the warning statement was designed specifically not to be noticed," commented Marty McGough, who conducted the CSPI poll for Penn, Schoen and Berland Associates, Inc. He added, "Most Americans seem to be saying that, from the standpoint of noticeability, many labels could hardly be worse."

The poll on warning messages was conducted in response to a request for public comment issued in May by the Bureau of Alcohol, Tobacco, and Firearms (BATF), which regulates the labeling of alcoholic beverages. The current proceeding is a response to a November 1999 petition, signed by 121 organizations and four members of Congress, seeking improved warning label requirements.

In addition to the poll results and comments to the agency, CSPI also submitted a statement supporting improved warning labels signed by more than 50 health officials, including deans of schools of medicine and public health, state health department directors, addiction specialists, and public health leaders, including former Surgeon General C. Everett Koop.

"Congress passed the Alcohol Beverage Labeling Act of 1988 to inform the American public and alcohol consumers of serious risks related to alcohol consumption. BATF has failed to carry out Congress' intent and failure to improve the warning messages now would only increase alcohol problems. It is high time for improvements," Hacker added.

The Center for Science in the Public Interest (CSPI) is a non-profit health-advocacy group based in Washington, D.C., that focuses on alcohol policies, nutrition, and other issues.

Experience with tobacco advertising bears out CSPI's assertions. Large, graphic warnings do have a significant effect:

2. Science Daily (Feb. 7, 2007) 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' behaviors**. Recent changes in health warnings were also associated with increased effectiveness, while health warnings on US packages, which were last updated in 1984, were associated with the least effectiveness.

The authors analysed data from four waves of surveys taken during 2002-2005 of adult smokers in Canada, the United States, the United Kingdom and Australia. Almost 15,000 smokers were surveyed on their awareness of the messages, any changes in understanding of the risk of smoking, their intention or motivation to quit and any behavioural changes they had noticed in themselves.

The International Tobacco Control (ITC) Four Country Survey collected the responses from the same smokers, approximately 2 months before new UK warnings were implemented, and then at 6, 18 and 32 months after implementation. Warnings on the packages ranged from graphic pictures covering half the package in Canada to small text warnings on the side of packages in the US. The first international treaty devoted to public health, the Framework Convention on Tobacco Control (FCTC), has mandated "large, clear, visible and legible" warnings that cover at least 30 per cent of the surface. Canada currently meets this guideline, although most countries fall short. Thus, the current study evaluated warnings that were: (1) well below the minimum FCTC standard (US and UK at baseline); (2) slightly below the FCTC minimum (Australian warnings), (3) enhanced to the FCTC standard (UK at follow-up), and (4) at the recommended FCTC standard (Canada).

Writing in the article, David Hammond, PhD, states, "**This study suggests that more prominent health warnings are associated with greater levels of awareness and perceived effectiveness among smokers**. In particular, the findings provide strong support for the effectiveness of new health warnings implemented on UK packages that were enhanced to meet the minimum international standards...UK smokers were also more likely to report that the new warnings had led them to think about quitting, to think about the health risks of smoking, and had deterred them from having a cigarette compared to Australian and US smokers. Although the findings provide strong support for the effectiveness of prominent text warnings that meet the minimum international standards, the findings also suggest that larger pictorial warnings may have an even greater impact: data collected two and a

half years after the implementation of the Canadian pictorial warnings and two and a half years after the implementation of the new UK warnings indicate that the Canadian warnings had impact levels at or above the UK warnings for each of the measures examined in the survey."

The article is "*Text and Graphic Warnings on Cigarette Packages: Findings from the ITC Four Country Survey*" by David Hammond, PhD (Department of Health Studies, University of Waterloo, Waterloo, Ontario), Geoffrey T. Fong, PhD (Department of Psychology, University of Waterloo, Waterloo, Ontario), Ron Borland, PhD (The Cancer Council Victoria, Melbourne, Australia), K. Michael Cummings, PhD (Department of Health Behaviour, Roswell Park Cancer Institute, Buffalo, NY USA), Ann McNeill, PhD (Division of Epidemiology & Public Health, University College London, London, UK) and Pete Driezen, MSc (Department of Health Studies, University of Waterloo, Waterloo, Ontario). It appears in the American Journal of Preventive Medicine, Volume 32, Issue 3 (March 2007) published by Elsevier.

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3. Study: Larger Labels With Pictures -- As in Other Countries -- May Make Smokers Think Twice

By Miranda Hitti, Web MD Medical News

Reviewed By Louise Chang, MD on Tuesday, February 06, 2007

Feb. 6, 2007 -- American cigarette warning labels might be more effective if they were big and graphic -- like those in some other countries, according to a new study.

The news appears in the March issue of the *American Journal of Preventive Medicine*.

In the study, researchers surveyed nearly 15,000 adult smokers in the U.S., U.K., Canada, and Australia to test the effectiveness of the warning labels used in those four countries. The surveys were conducted between 2002 and 2005.

The key finding: The U.S. labels, which were the smallest and least detailed, were also the least effective.

"The current findings, along with previous research, suggest that U.S. smokers might benefit from large graphic warnings on cigarette packages," write the researchers, who include David Hammond, PhD, of Canada's University of Waterloo.

Label Lingo

U.S. cigarette labels include four warnings written on the side of cigarette packages.

Canadian, Australian, and British cigarette warning labels are much bigger, include more health warnings, and appear on the front and back of the packages.

The Canadian label covers half of the front and back of cigarette packages. It includes 16 warnings in print as well as pictures, such as a graphic suggestive of impotence and the words "Tobacco use can make you impotent."

The Australian label includes six written warnings but no pictures. It covers a quarter of the front and a third of the back of cigarette packages.

The U.K. revised its cigarette warning label in late 2002, adding 10 written warnings (such as "Smoking when pregnant harms your baby") for a total of 16 written warnings on the front and back of the package. The warning text was also enlarged at that time.

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