Effective responses to alcohol-related problems in Australia
A submission to the Community Affairs Committee inquiry into the Alcohol Toll Reduction Bill 2007

Professor Steve Allsop, Dr Tanya Chikritzhs and Professor Rob Donovan
National Drug Research Institute Tier 1 Research Centre
Curtin University of Technology, Perth

Contact Details
Professor Steve Allsop
Director
National Drug Research Institute

P: 08 9266 1600

E: S.Allsop@curtin.edu.au

Postal:
National Drug Research Institute
Curtin University of Technology
Health Research Campus
GPO Box U1987
Perth WA 6845

Much of the Australian population drinks alcohol, and alcohol use is associated with a range of symbolic, economic and social benefits. However, alcohol use also contributes to a range of acute adverse consequences, including injury (e.g. violence, accidents on the road and at work; self-harm;) and chronic harms, including problems such as cirrhosis, breast cancer, cardio-vascular disease and depression. Alcohol is a major public health concern. Research shows that:

- 44% of alcohol is consumed at levels that pose risk in the long-term, and 62% is drunk at levels that pose risk in the short-term;
- 24% of males and 17% of females are at risk of short-term harm at least once a month;
- 60% of all police attendances and 90% of all late night calls involve alcohol;
- 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 (14-17 year olds) die from alcohol-attributable injury and disease and another 3,500 are hospitalised;
- Over 80% of all alcohol consumed by 14-17 year olds is drunk at risky/high risk levels for acute harm;
- 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 (65 years plus). These admissions are costly - in a single year in this period, alcohol problems demanded 400,000 hospital-bed days.
- An estimated 10,592 Australians aged over 65 died from causes directly attribute to alcohol between 1994 and 2003, and the trend is towards increasing numbers in many Australian States and Territories;
- Over a five-year period between 2000-2004, an estimated 1145 Indigenous Australians died from alcohol-attributable injury and disease.

For details on alcohol related harm in Australia, see the Bulletins from the National Alcohol Indicator Project at www.ndri.curtin.edu.au/publications/naip.html.

Responding to alcohol-related problems

The National Drug Research Institute supports the Alcohol Toll Reduction Bill 2007, and its focus on health information labels on alcohol products [1] and on marketing and promotion of alcohol[2].

However NDRI believes these measures in isolation will have limited impact. To adequately address alcohol problems in Australia, alcohol labelling and advertising must be considered as part of a package of measures aimed at reducing the negative impacts of alcohol on public health.

These responses need to be seen in the context of what science tells us works. Outlined below are the factors research consistently tells us are the most effective strategies to address alcohol-related problems (taken from Babor et al. 2003).

Price and tax

Alcohol taxation is an important source of government revenue and influences the price of alcohol over and above market forces. Changes in taxation and prices (even small changes) have an effect on alcohol consumption[3]. The evidence consistently indicates that higher priced alcohol is associated with per capita declines in consumption. The evidence also indicates that particular subgroups, such as young people and heavy drinkers are sensitive to price changes.

NDRI recommends that consideration be given to applying a 'tiered' volumetric tax, where the base tax is determined according to alcohol content and an additional 'harm index' is applied to beverages shown to be particularly problematic and/or associated with particularly high levels of harm. It is crucial that such a tax is re-assessed regularly to ensure it outpaces increases in disposable income.

Such a tax would provide an incentive for production and consumption of lower alcoholic beverages, which are associated with lower levels of alcohol-related harm than higher-strength alcoholic beverages.

Physical availability

Consistent national and international evidence indicates that the physical availability of alcohol influences alcohol use and related problems. The ease or difficulty of accessing alcohol can affect alcohol consumption. Typically, as physical accessibility to alcohol within a community increases, overall alcohol consumption and related problems also increase. Alcohol may be totally banned (e.g. 'dry areas' or discrete 'dry community' declarations) or controls placed on the type of alcohol available at certain times or events (e.g., at some sporting events there are controls on the types of alcohol available and alcohol content as well as limitations on how many drinks an individual can purchase at one time). There are usually limitations on the days and hours of sale and, in some communities, there are restrictions on the nature of purchases (e.g. no bulk packaged liquor sales). Increases and decreases in the minimum purchase age have been associated with corresponding changes in levels of consumption and harm, as have increased trading hours and increased numbers of licensed premises.[4]

Drinking context

Different drinking contexts are associated with different levels of risk[5]. For example, overcrowded, late night venues with poor crowd control techniques have higher risk than venues with well-trained staff who comply with responsible server practices. Risk is significantly reduced when training in responsible service of alcohol (e.g. not serving drunk people; not engaging in promotions and other practices that encourage risky consumption; engaging skilled crowd controllers) is combined with enforcement strategies (e.g. through police and licensing authority activity).

Drink-driving

Random breath testing reduces drink-driving, if there is a perceived high probability of detection followed up by substantial consequences. There are some (such as those who record very high blood alcohol levels and who are alcohol dependent) who can be resistant to these strategies and additional approaches may be helpful (e.g., diversion to treatment; installation of devices that prevent car activation if a breath test is 'positive').

Alcohol promotions and advertising

The nature of alcohol promotions has become more diverse and sophisticated as electronic and other communications have developed. Greater exposure to alcohol promotions has been associated with increased product recognition, more positive attitudes to alcohol and drinking and, in some studies, heavy drinking. Unlike alcohol availability, promotions have largely been subject to voluntary as opposed to statutory regulation. The evidence is that self-regulation has been generally ineffective.[6]

For example, it is clear that Australian children and teenagers under the legal drinking age are exposed to high levels of alcohol advertising on television on a consistent, ongoing basis. Weekly data generated by OzTAM, the official Australian audience monitoring system, over a 12 month period between March 2005 to February 2006 to Sydney audiences showed that Australian children under the age of 12 were exposed to one in every three alcohol ads seen on average by mature adults (aged 25 years plus) and under-age teenagers (13-17 years) were exposed to levels that were virtually identical to that of young adults (18-24 years).[7]

Education and persuasion

These include mass media communication, communicating guidelines on low risk drinking and school- and college-based programs (e.g. information about the risks of alcohol; resistance skills). The political acceptance and popularity of these programs appears high but their ability to influence the behaviour of individuals may be lower than many would hope or expect. While some well-resourced programs show modest effects, often these do not persist, particularly if the programs are conducted in isolation. As with other interventions, they might be more effective when combined with other approaches (e.g. mass media campaigns can build community support for drink-driving countermeasures).

Early intervention and treatment

A range of treatments for alcohol problems, including opportunistic and brief interventions for hazardous drinkers (e.g. in GP surgeries and hospitals or through self-help programs) or intensive treatments for people who are alcohol dependent, have been demonstrated to be effective. However, this does not always translate to widespread adoption. For example, only a minority of GPs embrace brief interventions.

Evidence into practice

Almost 40 years ago McAndrew and Edgerton observed that societies get the kind of alcohol related problems they are prepared to tolerate. It appears, through the introduction of the Alcohol Toll Reduction Bill 2007 and other measures that have put alcohol consumption on the national agenda, that the level of tolerance to alcohol-related problems is changing. This provides a rare and ideal opportunity to introduce a package of evidence-based measures that will address Australia's drinking culture and significantly reduce the negative impacts of alcohol on the Australian community.

Key reference

Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. 2003. *Alcohol: no ordinary commodity – research and public policy*. Oxford: Oxford University Press.

Attachments to submission

1. Drink must be tempered with informed decision making, Opinion - The Australian

2, 6. Magazine Alcohol Advertising Compliance - Drug & Alcohol Review; Does alcohol advertising impact on young people's drinking, CentreLines20

3. Northern Territory's Living With Alcohol Program

4. Restrictions on sale and supply of alcohol

5. Predicting Alcohol-Related Harms from Licensed Outlet Density

7. Exposure of children and adolescents to alcohol advertising on television in Australia.