



The Salvation Army Australia Southern Territory  
Submission to Community Affairs Committee

Alcohol Toll Reduction Bill 2007

20<sup>th</sup> March 2008

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## **The Salvation Army**

The Salvation Army is one of the largest and most diverse social welfare providers in the world.

The Salvation Army is a major provider of social programmes and support within the Australian community.

In any given week, The Salvation Army delivers an estimated –

- 100,000 meals
- 5,000 homeless people with shelter
- 500 alcohol and drug addicted individuals with rehabilitation and
- 400 victims of domestic abuse with safety

The Salvation Army maintains an historic and well-established role in provision of services to marginalised and excluded communities as well as actively seeking social reform.

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# Executive Summary

The Salvation Army in Australia has an established and well-respected history in the provision of Social Programmes targeted at delivering assistance to individuals and their families living with the adverse affects of alcohol.

The Salvation Army's commitment to addressing the impact of alcohol consumption within Australian communities is equally manifest in the organisation's social reform mandate focused on public awareness campaigning, policy and programmatic reforms.

## **The Salvation Army welcomes the opportunity to respond to the Alcohol Toll Reduction Bill 2007 and recommends;**

- The mandatory labelling of all alcohol products with health advisory labels
- A mandatory regulatory body to oversee all alcohol related advertising
- The restriction of the advertising of alcohol products on television and radio to the hours of 9pm to 5am.

## **Further Recommendations**

Notwithstanding the warranted and focused nature of the Alcohol Toll Reduction Bill 2007, The Salvation Army recommends that the future mandatory regulation of alcohol advertising should incorporate;

- point of sale and associated marketing materials
- print media advertising and promotional materials
- sponsorship and events marketing
- WEB advertising and marketing

Beyond mandatory regulation, The Salvation Army recommends;

- the Government proactively engage public awareness through the adequate resourcing of ongoing promotion and awareness campaigns with the goal of keeping consumption guidelines and health messages constantly before the public.

# The Salvation Army: Alcohol

## Practical assistance

The Salvation Army is a Christian welfare organisation that maintains a broad portfolio of alcohol and other drugs (AOD) services. Such services include:

1. AOD treatment services and networks: These services and networks carry the primary goal of cessation or reduction of drug use, and deliver a range of service types including residential and home-based withdrawal, post-withdrawal support, counselling, consultancy, residential rehabilitation, continuing care, outreach work, case management and supported accommodation.

Some services are target-group-specific, serving client-groups such as women with accompanying children as well as young people, and men.

Across Australia approximately 9,000 AOD treatment episodes of care are delivered by The Salvation Army each year.

2. Harm reduction services: Harm reduction services operate to specifically reduce AOD related harm to current users and to provide a pathway into treatment. Typical harm reduction services include needle and syringe programs (NSPs) and sober-up shelters. Salvation Army NSPs in Australia distribute around half-a-million packs and sober-up shelters deliver about 5,000 episodes of care per year.

Typically in Australia, in The Salvation Army context, both of these service types are effective in getting people into AOD treatment programs.

3. AOD services attached to other (non-AOD) networks and services: A number of service systems, such as that for homelessness, have been able to make significant improvements in client outcomes by having a co-located team of AOD practitioners. A leading homelessness network provides an effective example of this type of service, where considerable investment in AOD practitioners assists clients in overcoming significant barriers to emerging from homelessness.

## Policy and Programme Influence

From its position of frontline experience, The Salvation Army is very active in advocacy for the needs of consumers of AOD services, and for structural changes in Australian policy that will reduce the harms associated with alcohol. Indeed, as recently as February 2008, The Salvation Army provided a submission to Food Standards Australia New Zealand calling for the

mandatory labelling of alcohol beverages with pregnancy health advisory labels.<sup>1</sup>

## **Public awareness**

Historically, The Salvation Army has campaigned for broader public awareness of the hazards associated with alcohol mis-use. The Salvation Army has also specifically campaigned for health advice on alcohol labelling that highlights the links between alcohol and cancer as well as the risks to pregnancy of alcohol consumption. The Salvation Army Federal Election 2007 National Health Policy Statement<sup>2</sup> recommends -

*“Standard alcohol labelling should include prominently displayed information on health and social risk associated with excess consumption.”*

The Southern Territory’s Alcohol and Other Drugs (AOD) Strategy<sup>3</sup> states:

*“The Salvation Army Australia Southern Territory, in partnership with The Salvation Army Australia Eastern Territory and other key stakeholders, has conducted annual alcohol awareness campaigns for a number of years.”*

The aim of these campaigns is threefold:

*“To raise public awareness of problems associated with alcohol,  
To bring pressure to bear on governments to engage in more proactive management of the problems associated with alcohol, and in the long term,  
To influence a change in the national culture around harmful alcohol consumption over several decades. “*

## **Partnerships**

The Salvation Army is just one of a growing number of non-government bodies that are involved in ongoing awareness campaigns. The Salvation Army is committed to working in partnership with the community, NGOs and Government agencies. The Southern Territory’s Alcohol and Other Drugs (AOD) Strategy<sup>4</sup> states:

*“The territory will continue to put considerable resources into this initiative and will also support a broad range of other advocacy approaches on AOD issues.*

*These include relationships with state and federal governments at various levels, media responses to issues as they arise, partnering with other agencies in similar campaigns, proactive membership on state and federal peaks, and an annual Overdose Awareness Day.”*

# The health and social environment

## Health and social impacts of Alcohol

As detailed by Room, Babor, Rehm [2005]<sup>5</sup>, 4.0% of the global burden of disease is attributable to alcohol. Thus, alcohol accounts for about as much of the burden of disease globally as tobacco (4.1%). The Global Burden of Disease analyses have underlined that, although the health problems from drinking can be familiar and often even taken for granted in many societies, they are very substantial in magnitude, accounting on a net basis (subtracting protective effects) for 6.8% of the total burden of disease in developed societies such as in western Europe. In making policy, social problems from drinking—for instance, the effect on family life—must be taken into account on top of the health problems measured in the burden of disease analyses.<sup>6</sup>

A popular argument against the introduction of warning labels is the believed health benefits of moderate consumption of alcohol. But in fact it is well established that the health benefits of alcohol consumption are limited to specific circumstances and sub-populations which do not include women of child-bearing age. According to various studies cited in Bondy et al<sup>7</sup> the protective factors apply only to men over 45 and women over 49, and protect only against atherosclerosis and thrombosis in these groups. Even in these groups the protective benefits are not likely to outweigh the risks.

## Level of consumption

The critical upward trend in the consumption of alcohol is particularly notable in the female population. Comparison of national surveys from 1995 and 2000 in New Zealand showed marked increases in consumption by women with increases in both frequency of drinking and the typical quantities consumed. Women showed increases in the typical quantities consumed across all age groups but the increases were most marked among those aged 16-17, 18-19 and 20-24 years (from 4 to 6 standard drinks). Women's volume of drinking increased between 1995 and 2000 across all age groups from 5.4 litres in 1995 (equivalent to seven drinks per week) to 7.3 litres by 2000 (just over nine drinks per week). There were significant increases in the volumes consumed by 14-15 and 16-17 year olds and by women in the over 25 age groups. The highest average quantities consumed by women were by those in the 18-19 and 20-24 year old age groups (17 litres and 13 litres respectively). The proportion of the total alcohol consumed by women that was consumed in heavier drinking occasions (6 drinks or more) rose from 31% in 1995 to 42% in 2000<sup>8</sup>.

More women said that they drank enough to feel drunk and agreed that it was all right to get drunk now and again. Women also showed increases in reports of experience of problems from their own drinking. Increases in heavy

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drinking by women of child-bearing age are of concern not only for the increased risks of personal harm but also for the risks that heavy drinking poses to a foetus. The Salvation Army's own Australian study<sup>9</sup> found that 33% of 25 – 34 year old women continued to drink whilst pregnant, and that 37% of women said that they are not convinced it is necessary to abstain from drinking while pregnant.

For most diseases, there is a dose-response relation to volume of alcohol consumption, with risk of the disease increasing with higher volume. The exceptions are in the cardiovascular area, especially coronary heart disease (CHD) and stroke, diabetes mellitus, and injuries, where other dimensions of consumption than average volume play a crucial role in determining outcome.<sup>10</sup> [see Appendix One]

# Responding to the challenges

## Mandatory Labelling

The Salvation Army supports the mandatory labelling of all alcohol products with health messages. The Salvation Army Federal Election 2007 National Health Policy Statement<sup>11</sup> recommended -

*“Standard alcohol labelling should include prominently displayed information on health and social risk associated with excess consumption.”*

As noted earlier in this submission, in February 2008, the Salvation Army expressed its support for the mandatory labelling of all alcohol beverages with pregnancy health advisory labels.<sup>12</sup> Furthermore, the National Alcohol Strategy 2006 – 2009<sup>13</sup> highlights the need

*“...to develop labelling of alcohol products to facilitate knowledge and self-monitoring through readily seen, consistent, graphic standard drinks labelling.”*

The Salvation Army acknowledges that, as a stand-alone approach, there is little evidence to indicate that health warnings are effective in changing behaviour.<sup>14</sup> However, international experience suggests that they can be effective as part of a comprehensive approach. The labelling of alcoholic beverages with warning labels about the risks of drinking is a cost-effective way of conveying a public health message. Other public health measures should also be delivered as part of a social marketing campaign. Most effective public health measures are those that offer a comprehensive range of interventions. Within this context The Salvation Army eagerly awaits further detail regarding the Prime Minister’s recent announcement of a new national strategy to address binge drinking among Australians.<sup>15</sup>

Furthermore, research suggests that the impact of labelling is enhanced when policy includes

*“clear requirements as to size and format for a strongly worded health warnings on alcohol containers. Each label should one message about a single health risk, rotated from an approved set of warnings on several alcohol-related health risks.”<sup>16</sup>*

The Salvation Army’s suggests that its submission in February 2008 regarding the labeling of alcohol beverages with a pregnancy health advisory label, might inform related considerations regarding the size and wording of health advisory labelling [see Appendix Two].

## **Mandatory Regulation of Advertising**

The current self-regulatory approach is not meeting the challenge of protecting the public, particularly young people, from the inappropriate and misleading messages and associations between alcohol and lifestyle and life outcomes. The Salvation Army supports the introduction of more robust controls on the advertising of alcohol, including the limiting of alcohol advertising to the hours of 9pm to 5am<sup>1</sup> and all alcohol advertisements to be pre-approved by a government body. The Salvation Army welcomes the commitment for this government body to include individuals who have experienced the negative health impacts of alcohol at first hand.

The Salvation Army would like to take this opportunity to highlight the need to extend controls relating to the marketing of alcohol to the web, a communication medium with particular impact on the young. Furthermore, consideration needs to be given as to how a mandatory framework of regulation should be applied to the broader range of advertising and marketing activities relating to alcohol products, such as point of sale, print media, events sponsorship and marketing.

The Salvation Army continues to note that the liquor industry typically spends over \$20 million on advertising and promotion each year. Much of this advertising is perceived as promoting the use of alcohol in the absence of balancing messages about its potential harms. Therefore, The Salvation Army would support Government commitments to adequately resource ongoing promotion and awareness campaigns with the goal of keeping consumption guidelines and health messages constantly before the public.

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<sup>1</sup> The National Alcohol Strategy 2006 – 2009 notes that 71.4 percent of the population surveyed believed that alcohol advertising should not be allowed before 9.30pm.

## **Conclusion**

The Salvation Army in Australia has an established history of assisting people with alcohol problems, bringing policy and programme expertise to bear, initiating public awareness campaigns, participating in partnerships at every level to rise to the challenges posed by alcohol within our communities. The Salvation Army is in a key position to comment and to provide recommendations on alcohol issues as they impact on Australians and to observe the cultural trends as a result of the impact of alcohol mis-use.

The Salvation Army supports the central objective of the Alcohol Toll Reduction Bill 2007 to more effectively inform the public of the health risks linked to alcohol misuse and to further limit the exposure of children and young people to the marketing of alcohol. The Salvation Army specifically supports the provisions of the Alcohol Toll Reduction Bill 2007 for the mandatory labelling of all alcohol products with health advisory labels, the establishment of a mandatory regulatory body to oversee all alcohol related advertising including the restricting of TV and radio advertising to between 9pm and 5am.

The Salvation Army is grateful to the Community Affairs Committee for the opportunity to comment on this submission and looks forward to the outcome.

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## References

- <sup>1</sup> **The Salvation Army Submission to Food Standards Australia New Zealand**, Application A576, Labelling of Alcohol Beverages with a Pregnancy Health Advisory Label, February 2008
- <sup>2</sup> ***The Salvation Army Federal Election 2007***
- <sup>3</sup> ***Territorial Alcohol and Other Drugs Strategy 2008 to 2011***, The Salvation Army Australia Southern Territory, Melbourne 2008
- <sup>4</sup> ***Territorial Alcohol and Other Drugs Strategy 2008 to 2011***, The Salvation Army Australia Southern Territory, Melbourne 2008
- <sup>5</sup> Room, Babor, Rehm ***Alcohol and Public Health*** The Lancet 2005 365 pp.519-530
- <sup>6</sup> Room, Babor, Rehm ***Alcohol and Public Health*** The Lancet 2005 365 pp.519-530
- <sup>7</sup> Bondy, Rehm, Ashley, Walsh, Single, Room, Low ***Risk Drinking Guidelines: The Scientific Evidence, in Revue*** Canadienne de Sante Publique, Toronto, 1999
- <sup>8</sup> Ruth Habgood, Sally Casswell, Megan Pledger and Krishna Bhatta. (2001) ***Drinking in New Zealand National Surveys Comparison 1995 & 2000***. Alcohol & Public Health Research Unit, November 2001
- <sup>9</sup> ***2005 Study of Drinking Habits***, The Salvation Army, Melbourne, 2005 (The research was conducted by Roy Morgan Research Pty Ltd for the Salvation Army. This research is released annually. 1,296 people were surveyed. The interviews took place between 27 July and 3 August 2005.)
- <sup>10</sup> Room, Babor, Rehm ***Alcohol and Public Health*** The Lancet 2005 365 pp.519-530
- <sup>11</sup> ***The Salvation Army Federal Election 2007***
- <sup>12</sup> **The Salvation Army Submission to Food Standards Australia New Zealand**, Application A576, Labelling of Alcohol Beverages with a Pregnancy Health Advisory Label, February 2008
- <sup>13</sup> ***The National Alcohol Strategy 2006 - 2009***
- <sup>14</sup> Room, Babor, Rehm ***Alcohol and Public Health*** The Lancet 2005 365 pp.519-530
- <sup>15</sup> [www.pm.gov.au/media/Release/media\\_release\\_0126.cfm](http://www.pm.gov.au/media/Release/media_release_0126.cfm) accessed 10-03-08
- <sup>16</sup> Alcohol and Public Health Research Unit – University of Auckland New Zealand

## Appendix One

	Men	Women	Both
<b>Malignant neoplasms</b>			
Mouth and oropharynx cancers	22%	9%	19%
Oesophageal cancer	37%	15%	29%
Liver cancer	30%	13%	25%
Breast cancer	n/a	7%	7%
<b>Neuropsychiatric disorders</b>			
Unipolar depressive disorders	3%	1%	2%
Epilepsy	23%	12%	18%
Alcohol use disorders: alcohol dependence and harmful use	100%	100%	100%
<b>Diabetes mellitus</b>	-1%	-1%	-1%
<b>Cardiovascular disorders</b>			
Ischaemic heart disease	4%	-1%	2%
Haemorrhagic stroke	18%	1%	10%
Ischaemic stroke	3%	-6%	-1%
<b>Gastrointestinal diseases</b>			
Cirrhosis of the liver	39%	18%	32%
<b>Unintentional injury</b>			
Motor vehicle accidents	25%	8%	20%
Drownings	12%	6%	10%
Falls	9%	3%	7%
Poisonings	23%	9%	18%
<b>Intentional injury</b>			
Self-inflicted injuries	15%	5%	11%
Homicide	26%	16%	24%

Sources: references 7 and 8.

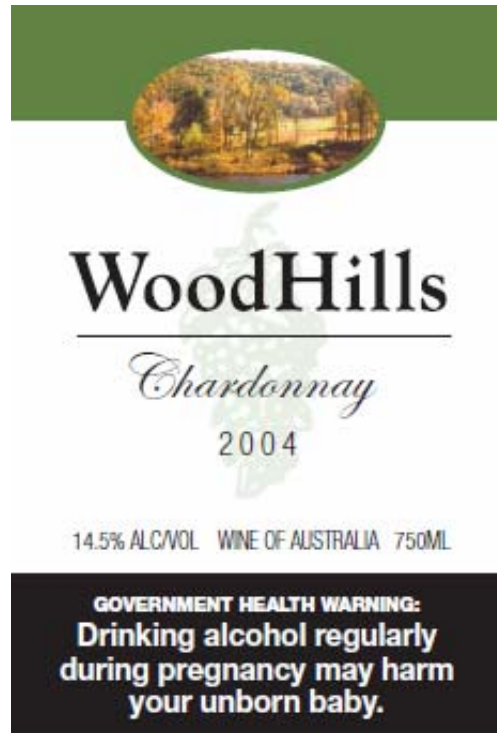
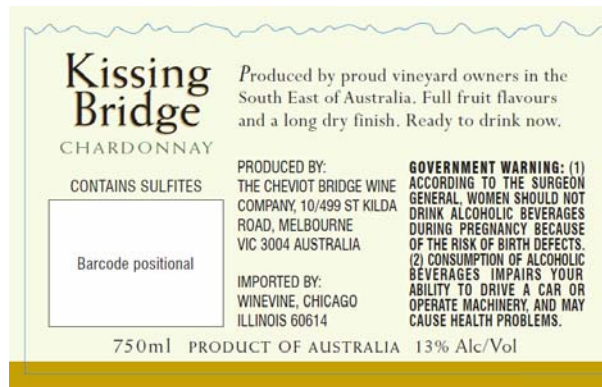
**Table 1: Major disease and injury conditions related to alcohol and proportions attributable to alcohol worldwide**

*World Health Report 2002 and Rehm J, Room R, Monteiro M, et al. as cited in Room, Babor, Rehm **Alcohol and Public Health** The Lancet 2005 365 pp.519-530*

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## Appendix Two

The sample labels below were offered as examples of how health advisory messages should be incorporated into labels on alcohol products within the The Salvation Army Submission to Food Standards Australia New Zealand, Application A576, Labelling of Alcohol Beverages with a Pregnancy Health Advisory Label, February 2008. As part of that submission The Salvation Army stated its view that labels should be placed on the front of the packaging and represent about 20% of the label size.



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