



ALCOHOL TOLL REDUCTION BILL 2007

Submission of the Australian Drug Foundation

March 2008

Summary

The Australian Drug Foundation (ADF) supports *The Alcohol Toll Reduction Bill 2007* as a step toward safer and healthier drinking cultures.

- The ADF welcomes the move to extend the time in which alcohol advertising cannot be broadcast on television (i.e. to the period between 9.00pm-5.00am).
- The ADF calls for the removal of the exemption to the existing standard that allows alcohol advertising to be broadcast outside of these times (i.e. during the day, in children's viewing hours) when it accompanies the live broadcast of sport.
- The ADF welcomes the move to introduce compulsory labelling of alcohol products with health information.
- The ADF strongly recommends that any health information included on labels should exclude any reference to apparent benefits related to reduction of cardiovascular risk.
- To maximise impact and awareness, the ADF propose that depiction of health information needs to:
 - be graphic and attention-getting;
 - should occupy a considerable portion of the package surface;
 - should involve rotating and changing messages; and
 - the minimum size of labelling required needs to be stipulated.
- The ADF supports the replacement of the current self-regulatory system currently governing alcohol advertising with a system in which all alcohol advertisements would need to be approved beforehand by the proposed Responsible Advertising of Alcohol Division of the ACMA.
- The ADF recommends the inclusion in the Division membership of a member with extensive experience in advertising and psychology/behavioural change.
- The ADF recommends that a new system for handling complaints against alcohol advertising be managed by the proposed Responsible Advertising of Alcohol Division.

Introduction

The Australian Drug Foundation (ADF) welcomes the introduction to the Senate of the Alcohol Toll Reduction Bill 2007 and supports its adoption.

The purpose of the Bill accords with the aim of the National Alcohol Strategy that states the key challenge is “developing Australia’s drinking cultures to produce safer and healthier outcomes”. The Strategy notes unsafe drinking in Australia is normative and buttressed “...by powerful, intangible social forces -- such as habits, customs, images and norms...and equally powerful, tangible forces ... such as promotion and marketing...”(MCDS, 2006). Consequently, it is “vital that alcohol promotions be regulated to ensure public health and safety interests are upheld” because “exposure to repeated high level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavy drinking” (Babor, 2002).

Risky and unsafe use of alcohol is widespread and has immediate and long-term effects on the health of Australians. One in five Australians risk their safety and wellbeing on at least one occasion each month due to excessive drinking and the results are well known. There are more than 3000 alcohol-related deaths in Australia and more than 70,000 hospital separations annually. Principal among the causes are cirrhosis of the liver, cancers, stroke, and motor vehicle accidents and falls (Ridolfo & Stevenson 2001, Loxley 2004). Alcohol contributes to one-third of road deaths, 50% of domestic violence and 80% of night time assaults (MCDS, 2006). Overall, alcohol misuse costs Australia an estimated \$15 billion per annum (NHMRC, 2007) and up to 62% of that burden may be avoidable with appropriate policies (Collins & Lapsley 2002).

The ADF believes broad-based “cultural change” around alcohol is required for a sustained, long term reduction in the alcohol toll. The National Alcohol Strategy notes that Australia has a “drunken culture” as much as a drinking culture and the complex social forces behind alcohol related behaviour must be addressed. “Cultural change” implies and requires a change in personal and social attitudes, greater awareness of the dangers of unsafe drinking, and policies which encourage the adoption of healthier alcohol-related behaviours.

The objects of the *Alcohol Toll Reduction Bill 2007* address some of the forces that help to shape Australians' attitudes toward the place of alcohol within the social culture: namely how, when and where alcohol is advertised; and access to information on safer use of alcohol.

Achieving cultural change is a difficult and long term process. The adoption of the *Alcohol Toll Reduction Act 2007* would be a significant first step in that process.

The Australian Drug Foundation

The Australian Drug Foundation (ADF) is a charitable, not-for-profit, independent organisation, founded in 1959 as the Alcoholism Foundation. The mission of the ADF is to prevent alcohol and other drug problems and reduce alcohol and other drug harms. The ADF utilises the strategies of information provision, education, community development, advocacy, and research, and works within a philosophy of harm minimisation. See www.adf.org.au for further details.

Current ADF programs and services include:

- The Community Alcohol Action Network (CAAN) raises awareness of alcohol as an issue of public health and safety and encourages community members and policy makers to act to reduce alcohol risks and harms.
- The Good Sports Program works with community sporting clubs to enable them to manage alcohol in a responsible manner.
- The DrugInfo Clearinghouse (incorporating the Resource Centre, the Somazone, Koori and Multicultural websites and the Druginfo Shop), develops and disseminates reliable information on alcohol and drugs to professionals and the wider community.
- ADIN (Australian Drug Information Network) provides a central point of access to quality Internet-based alcohol and drug information provided by prominent organisations in Australia and overseas.
- The Centre for Youth Drug Studies conducts research into factors that influence young people's drinking and drug use. The findings from these studies feed directly into developing more effective responses.
- Policy development: the ADF contributes to the development and review of drug and alcohol policy, regulation and legislation.

Specific comments on the Objects of the Bill:

Object (a)

Limit the times at which alcohol products are advertised on radio and television for the protection of young people

Proposed amendment

Broadcasting Services Act 1992: Limiting the timing of the broadcasting of advertisements for alcohol products to the period between 9pm to 5am each day.

Current situation

The Commercial Television Industry Code of Practice - 2 July 2004 (amended 6 September 2007) stipulates that direct advertisements for alcoholic drinks can be broadcast only between 8.30pm and 5.00am. The limitation is designed to protect children from viewing alcohol advertising, a limitation that is consistent with the terms of the Alcohol Beverages Advertising Code that states alcohol advertising must not be targeted toward, or be attractive to children.

However, the stipulation is not maintained as the same Code of Practice allows alcohol advertising during the day ‘as an accompaniment to the live broadcast of a sporting event on weekends and public holidays’ and ‘may be broadcast as an accompaniment to the live broadcast of a sporting event if the sporting event is broadcast simultaneously across a number of licence areas’.

Hence children are exposed to alcohol advertising on television between the hours of 5.00 am and 8.30 pm, when watching live sport broadcast on weekends and public holidays or when sport is broadcast live from a different time zone. Given the popularity of sport in Australia, and the amount of sport broadcast on weekends and across time zones, this is a significant fault in the current regulatory code.

The ADF supports the proposal to restrict TV and radio alcohol advertising to the period between 9.00pm- 5.00am.

The ADF recommends the removal of the exemption that allows alcohol to be advertised outside those times when it accompanies live broadcast of sport, as discussed above.

Object (b)

Provide for compulsory health information labels for alcohol products

Proposed amendment

It is proposed that the Food Standards Australia New Zealand Act 1991 section 87 be amended so that labelling of alcohol products and food containing alcohol include information on

- (a) the consumption guidelines of the National Health and Medical Research Council;
- (b) the unsafe use of alcohol;
- (c) the impact of drinking on populations vulnerable to alcohol;
- (d) health advice about the medical side effects of alcohol;

Current Situation

Standard 2.71 of the Food Standards Australia New Zealand Act 1991 “Labelling of Alcoholic Beverages and Food containing alcohol” stipulates that what is required on an alcohol label is declaration of alcohol by volume (expressed in mL/100g or % alcohol by volume); and the number of standard drinks contained.

The current requirements for standard drink labelling are:

- in English
- distinct, legible and indelible;
- conspicuously visible;
- in characters of a uniform size, style and colour;
- in a colour which is in distinct contrast to the background
- in type which is
 - bold faced sanserif capital at least 1.5mm; or
 - other bold faced letters at least 2.25mm high; or
 - other letters at least 3mm high.

In 2005, upon request from the Ministerial Council on Drugs, the alcohol beverage industry **voluntarily** developed and adopted a national standard drinks logo containing standard drinks information and graphics. A specific example is included below.



There is currently no requirement to carry information relating to the physical effects of alcohol, risks related to alcohol use or any other special considerations related to its use.

The National Health and Medical Research Council is currently reviewing the Australian Alcohol Guidelines for Low Risk Drinking. Effective and sustained strategies will be needed to communicate these new guidelines, when final, to the whole community.

Food Standards Australia and New Zealand are currently considering an application to include labeling of alcoholic beverages with a pregnancy health advisory label (Application A576). The ADF has made a submission supporting this application.

There is considerable public support for the introduction of alcohol warning labels in Australia. The National Drug Strategy Household Surveys in 2001 and 2004 showed support for labelling alcoholic containers with information from the National Drinking Guidelines was 71.0% and 69.9% respectively (AIHW 2005). A public opinion poll of Victorians found that 68% of those surveyed support the idea of all alcohol products, by law, carrying health warnings with phrases such as “Drinking alcohol regularly whilst pregnant can harm your unborn child” or “Alcohol is a drug and it can be addictive”. Thirteen percent of respondents also told the interviewers that they would buy less alcohol if warnings were on products (Salvation Army, 2007).

The cost and process considerations of the introduction of health advisory labelling are small. Given enough lead-time, the impact on manufacturers and distributors will be minimal. Australian wine producers and manufacturers that export their alcohol products to the United States of America already label their products with a range of health warnings to meet the requirement of the government of the USA.

The ADF welcomes the move to introduce compulsory labelling of alcohol products with health information.

The ADF holds the view that access to information on how to use a product (such as alcohol) as safely as possible is a basic consumer right which should accompany the sale and supply of the product. It is especially relevant to products such as alcohol which have known health and safety risks when used inappropriately. Labelling alcohol products is efficacious because the information will be available to those in most in need of it -purchasers and consumers- and at the time when it is most relevant to them.

Health labelling of alcohol products is one component of a comprehensive public health strategy that will educate community members on how to use alcohol less harmfully. The introduction of such labelling will increase the awareness of alcohol as a potentially harmful product when used carelessly. Labelling will also act to reinforce the messages, information and education being delivered through other strategies such as media campaigns, school and community education programs, websites etc. It is, therefore, important that the wording of the health advice be compatible and consistent with the broader health messages being delivered.

There are important lessons to learn from the longstanding campaign for tobacco control. The tobacco labelling experience offers strong evidence that warning labels can be effective not only in increasing information and changing attitudes, but also in changing behaviour.

However the ADF is concerned that there will be pressure for the label to include the apparent cardio-vascular protective factors attributed to alcohol. That course would be problematic because many people may be misled into thinking alcohol is a “healthy” substance. It would ignore the following: alcohol is known to damage the cardiovascular system when misused; the apparent protective effect only applies to people at risk of cardiovascular disease (i.e. middle aged men and post-menopausal women); the apparent protective effect is gained with at a very low dose (e.g. one standard drink every two days) and the effect is countered when consumption levels rise above the low-risk dose. A recent comprehensive review identified that the international consensus is for people not to take up or maintain drinking for the apparent health benefit (NHMRC 2007).

The ADF strongly recommends that any health information included on labels not include any reference to apparent benefits related to cardiovascular risk.

The depiction of health information on labels should:

- be graphic and attention-getting;
- occupy a considerable portion of the package surface;
- involve rotating and changing messages.
- stipulate minimum size of labelling required.
- include graphic representation of information as a pictorial image avoids literacy barriers and can convey information effectively.

To maximise impact and awareness, the ADF proposes that health messages be placed on the main label (as opposed to the neck label), be boxed and utilise letters of no less than 3mm high.

Suitable information could include:

- NHMRC drinking guidelines
- Risks to pregnancy
- Risks to safety when operating machinery, driving, swimming, etc
- Link to increased risk of physical violence
- Social, health, and injury problems

The ADF also strongly recommends inclusion a full listing of ingredients, including the energy content per container and per 100mls.

Given the other health crisis of obesity facing our community and allergy concerns, this information is very relevant. Currently this information is not required on alcoholic products.

In addition the ADF also recommends mandatory adoption of the current voluntary standard drinks logo.

At present, all alcohol products are required to include information regarding the estimated amount of standard drinks contained, however the size and legability of this information varies greatly amongst products. The use of a clear, consistent logo would ease consumer access to this information.

Object (c)

Provide for alcohol advertisements to be pre-approved by an Australian Communication Media Authority containing experts from health industry, drug and alcohol support services and motor vehicle accident trauma support services.

Proposed amendment:

Australian Communications and Media Authority Act 2005.

- (1) The ACMA must establish a Division to be known as the Responsible Advertising of Alcohol Division.
- (2) In accordance with paragraph 46(1)(a) the Division must deal with matters relating to the broadcasting of alcohol advertisements as follows:
 - (a) approving the content of all alcohol advertisements before they are broadcast;
 - (b) advising broadcasters on the standards and control of alcohol advertising.
- (3) The membership of the Division required by this section must, subject to subsection (4), comply with subsection 46(3).
- (4) The Division established by this subsection may include one or more associate members as chosen from time to time by the ACMA provided that those associate members are selected from the following groups:
 - (a) one associate member representing the medical profession;
 - (b) one associate member representing the alcohol and drug support sector;
 - (c) one associate member representing motorist associations and motor accident trauma support groups;
 - (d) one associate member representing the alcohol retail industry.

Current situation

The Alcoholic Beverages Advertising Code (ABAC), designed and managed by major alcohol industry associations, is the alcohol-specific advertising code at issue. It was revised in 2002 at the behest of the Ministerial Council on Drug Strategy that found ABAC was not operating effectively despite by the alcohol industry (NCRAA, 2003). Subsequently ABAC was extended to include internet advertising and the promotion of alcoholic beverages at events. The ABAC system includes a Pre-vetting process to verify that advertisements comply with the code before they are published or broadcast and a Complaints Panel to adjudicate on objections to advertisements.

In summary, ABAC requires alcohol advertisers to “present a mature, balanced and responsible approach to drinking”. Accordingly, advertising “must not have strong or evident appeal to children or adolescents,” nor depict “the consumption or presence of alcohol as contributing to personal, business, social, sporting, sexual or other success”; nor suggest alcohol contributes to a change in mood or environment (ABAC, 2004).

The ADF has campaigned for an improved regulatory system. Despite the code’s revision in 2004 it is our experience that the alcohol and advertising industries continue to market alcohol products in ways that are contrary to the code. Specific problems with the code include the following

- Crucial concepts of code are not defined (eg. sexual success, offensive behaviour) so there is not a clear guide for the Complaints Panel to determine whether an advertisement does breach the code
- The Complaints Panel has interpreted advertisements most literally although advertising evokes and conveys meaning through allusion and inference rather than linear logic.
- The current four-person Complaints Panel has two members from the marketing and market research fields with only one representative from a public health background.
- Although the preamble says the spirit of the code is as important as the letter, the Complaints Panel interprets advertisements according to the “black letter” of the code.
- The alcohol industry refuses to abide by the code as it continually produces and disseminates advertisements which transgress it.
- It is unfair to expect the alcohol industry to police its own advertising as it is in the business of selling as much of its product as possible and it is not in its interest to hobble its work with rigorous and rigorously enforced advertising regulations.
- The Code has no teeth when the Complaints Panel determines an advertisement has breached the code –no fines are imposed, and the panel can only request that an offending advertisement is withdrawn; but not compel withdrawal. Often by the time a complaint is heard and acted upon the advertisement has been in the public domain for several weeks.

- In addition the code does not address marketing strategies such as give-aways, competitions, sponsorships and newly emerging strategies such as buzz and viral marketing.

The ADF welcomes the proposal that the current self-regulatory system currently governing alcohol advertising in Australia be replaced with a system whereby all alcohol advertisements be pre-approved by the newly formed Responsible Advertising of Alcohol Division of the ACMA. This should greatly increase the independence and accountability of the system.

Any approach to addressing the cultural place of alcohol must include the serious consideration of the introduction of a range of stricter restrictions and limitations on how alcohol is marketed and promoted. Australia urgently requires an effective system of overview and control for alcohol marketing, which is independent of vested commercial interests, and is sufficiently sophisticated and flexible to respond to the fast evolving and often fleeting promotional strategies being developed. The cost of having an independent body could be covered from a hypothecated tax or through a levy on alcohol promotion budgets, so negating the argument of cost to the public purse.

As advertising has grown more sophisticated and complex the ADF believes Division membership would be improved with the inclusion of a member that has extensive experience in field of psychology/behavioural change.

The Bill is not clear on how complaints against advertisements are to be handled within the proposed new regime.

The ADF recommends that the establishment of a new complaints system be the responsibility of the Responsible Advertising of Alcohol Division.

Other strategies to be considered

In addition to the changes proposed by this Bill there is a range of other strategies that could encourage safer and healthier drinking customs. The ADF strongly recommends the following actions also be considered for inclusion in the Alcohol Toll Reduction Bill 2007:

Prohibit television and cinema advertising of alcohol.

Increased restrictions on where, when and how alcohol can be advertised and promoted would greatly reduce the impact of any inappropriate promotions. Several European states have more restrictive marketing regimes: alcohol advertising is banned from television and the cinema in France; it is banned on radio and TV in Denmark; banned in Sweden (with the exception of low alcohol beer) and it is permitted on TV and radio only after 11.30pm in Spain. (WHO, Global Status Report on Alcohol, 1999).

Prohibit advertising of alcohol on public transport infrastructure including vehicles, shelters and stations.

Advertising on public transport is an effective way of targeting children and young people who are regular users of public transport for school and recreational purposes. Unlike other forms of advertising the user of public transport cannot avoid or evade exposure to such marketing.

Ban sponsorship of sport (events and individual clubs) by alcohol companies.

Sponsorship of sport by alcohol interests is banned in France under the Loi Evin. In Australia major sports have a plethora of alternative corporate sponsors (airlines, insurance houses, banks, motor cars manufacturers, soft drinks, sporting goods, etc.) The experience with tobacco sponsorship of sport provides a valuable case study and model for the buy-out of alcohol sponsorships at the community level.

Exempt alcohol from the National Competition Policy

The implementation of national competition policy throughout the last decade effected the alcohol sector by increasing the number of licensed venues and outlets, lowering the retail price of alcohol (often artificially through “assertive discounting practices by large scale bulk stores and

supermarkets), giving improved economies of scale and greater purchasing and advertising power of large alcohol industry businesses (MJA, 2005). To use a newly minted cliché, competition policy treats alcohol as an “ordinary commodity” whereas the impact of its misuse is far from average. Exempting alcohol from the strictures of competition policy would enable local and state governments to exert stronger controls over the terms of its availability, with positive results for health and safety.

Introduce stronger volumetric pricing to provide an incentive for production and consumption of lighter alcohol options

A volumetric tax can provide a more rational and fairer taxation regime on alcohol products. Alcohol products deserve to be taxed according to the amount of alcohol they contain rather than the retail price. The current tax regime gives an unfair advantage to cheap alcohol products (eg cask wine) that is misused by disadvantaged groups, including indigenous people, whose misuse is facilitated and compounded by the low price

Introduce hypothecated tax to provide ongoing funding for preventative strategies

Ongoing funding for prevention of alcohol related harms could be provided through a hypothecated tax on all alcohol products. A similar tax on tobacco products in Victoria proved successful in allowing the buy out of tobacco sponsorships and funding for tobacco cessation and prevention programs. Industries which profit from alcohol sales and consumption could also contribute toward the amelioration of alcohol problems without calling on the further resources of the general taxpayer.

The percentage of alcohol contained in all pre-mixed spirits otherwise known as Ready to Drink beverages (RTD) should be limited to 5% alcohol by volume (ABV)

The amount of standard drinks in RTD containers (bottle or can) should be limited to one standard drink.

RTDs are known to be popular among young females and are marketed to binge drinkers (Munro & De Wever 2008). These products increase the likelihood of unsafe drinking and oppose a risk to the witting or unwitting consumer due to the inconsistent nature of standard drinks in varying containers.

Social marketing campaigns should not be implemented in isolation from other harm reduction strategies

Rather than scare tactics, the ADF recommends a social marketing campaign with an emphasis on cultural and behavioural change suggestions. Evidence suggests that education campaigns alone have a minimal impact on behaviour change and the ADF believe that they should be seen more as a vital ingredient inclusive of a mix of intervention strategies.

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