



***Strengthening public policy for alcohol-related problems in
Australia***

**Submission to the Community Affairs Committee Inquiry
into the Alcohol Toll Reduction Bill 2007**

Contact Details

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ABOUT THE AUSTRALIAN DIVISIONS OF GENERAL PRACTICE

The Australian General Practice Network (AGPN) is the peak national body representing 119 divisions of general practice and their state-based organisations (SBO's) across Australia and was established in 1998. The first local divisions were established in 1992. Over 95% of general practitioners are members of a local division of general practice.

The AGPN is committed to:

- Supporting the development of a high quality primary health care framework to improve the health of all Australians.
- Representing divisions of general practice across Australia.
- Being the voice of divisions of general practice to the Australian Government.
- Assisting and advocating for divisions of general practice.
- Informing the public about issues affecting general practice.
- Promoting the exchange of skills, information and ideas between divisions of general practice.

In this regard the AGPN is one of the largest representative voices for general practice and plays a key role in policy development for primary health care matters through a number of national programs targeted to improve the health of all Australians.

Introduction

The Australian General Practice Network (AGPN) welcomes the introduction to the Senate of the Alcohol Toll Reduction Bill 2007 and supports its adoption.

AGPN understands the purpose of the Bill to align with the National Alcohol Strategy particularly in relation to the key challenge of "developing Australia's drinking culture to produce safer and healthier outcomes" and notes the objects of the Act to:

- a) limit the times at which alcohol products are advertised on radio and television for the protection of young people;
- b) provide for compulsory health information labels for alcohol products;
- c) provide for alcohol advertisements to be pre-approved by an Australian Communications Media Authority Division containing experts from the health industry, drug and alcohol support services and motor vehicle accident trauma support services.

The scale of the alcohol problem in Australia is well documented and other submissions to this Inquiry have already documented the evidence base well. We refer in particular to the evidence put forward to your Committee through the submission from the National Drug Research Institute (NDRI), Curtin University (*Submission No 25*).

In particular we draw the Committee's attention to the evidence provided through NDRI¹ 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.

¹ NDRI submission to the Community Affairs Committee No . Information drawn from key reference Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., Grapham K et al. 2003. *Alcohol: no ordinary commodity – research and public policy*. Oxford: Oxford University Press.

- 24% of males and 17% of females are at risk of short term harm at least once a month.
- Over 80% of all alcohol consumed by young people (14-17year olds) is drunk at risky/high risk levels for acute harm.
- Between 1993 and 2001 over half a million Australians were hospitalised due to risky drinking, some 110,000 of whom were older Australians (65 years plus).
- An estimated 10,592 Australians aged 65 and over died from causes attributed to alcohol between 1994 and 2003 and this trend is increasing in many Australian States and Territories.
- Over a five year period between 200-2004 an estimated 1145 Indigenous Australians died from alcohol attributed injury and disease.

For health professionals in the primary health care setting, especially general practitioners, this evidence is borne out on a daily basis as they work with patients in the community, seeking to prevent and reduce the harm that occurs through alcohol consumption.

Health professionals in the primary health care sector cannot achieve significant change simply through their own good practices. AGPN believes the greatest support for their work will be achieved through strengthening a multifaceted approach that results in low risk drinking across all sectors of the Australian population.

Strengthening Public Policy through the Alcohol Toll Reduction Bill 2007

In supporting the objects of the Bill, AGPN considers that, based on the best evidence available globally, the best mix of measures to turn around the current unacceptable levels of alcohol consumption in Australia must also include:

1. Amendments to Price and Taxation

Higher priced alcohol is associated with per capita decline in consumption. Small changes in price and taxation can make a difference to alcohol consumption. In particular younger people and those who drink at high risk levels are sensitive to price changes. It is important that the tax is carefully regulated to ensure it keeps ahead of increases in disposable income. The current tax regime (based on price of products, not alcohol content) gives an unfair advantage to cheap products that are then misused in particular by disadvantaged groups in community such as the homeless, Indigenous People and by those with low levels of disposable income.

AGPN recommends that consideration be given to introduction of a volumetric tax system (ie a base tax is determined according to the alcohol content in products rather than applied to the price scale of alcoholic beverages) providing an incentive to the public to consume drinks with lower alcohol content.

Outcomes for the general practitioner and their patients – lower risk drinking levels in the community and reduction of risk of injury, chronic disease and other alcohol related harm.

2. Curbing availability and improving responsible service of alcohol

Alcohol is freely available in the Australian community. Restricting the number of licences issued to outlets and the hours when alcohol is sold assists in the reduction of a range of harms resulting from alcohol consumption. Requiring stronger safety measures in licensed premises (eg pubs and clubs) reduces opportunity for intoxication. Strengthening the system for responsible service of alcohol reduces violent behaviours and social disturbance, especially in high risk settings such as late night venues (eg clubs and bars) where crowd control is often poor. Improving safety measures in licensed premises (eg refusing service to intoxicated patrons, employment of trained staff to manage crowd control and avoidance of promotional activity such as cheap drink nights, happy hours and training staff to implement these reduces injury caused by violent behaviours².

AGPN recommends strengthening a national system for responsible service of alcohol, with requirements linked to issue/retention of an alcohol licence.

Impact on primary health care: improved control over alcohol sales, price and responsible service will return benefits in health and safety to the community and reduce alcohol related injury, including road accidents.

3. Restricting advertising and promotion

Alcohol advertisers are increasingly able to take advantage of new and expanding communication strategies – eg advertising through the internet, mobile phones and through virtual advertising. The wider the exposure to alcohol advertising the higher the product recognition and the higher the positive response to the advertised product.

Currently, the Commercial Television Industry Code of Practice stipulates that direct advertising of alcoholic drinks cannot be broadcast between 8.30pm and 5am. This approach is supported through the Alcohol Beverages Advertising Code that indicates alcohol advertising must not be targeted to or attractive to children. However it should be noted that alcohol advertising can still accompany a live broadcast of a sporting event on weekends and public holidays or can accompany such broadcasts across a number of licence areas.

Weekly data (NSW) from OzTAM between 2005-2006 indicates that Australian children under 12 years are exposed to one in three alcohol advertisements seen on average by adults and teenagers in the 13-17 age group are exposed to levels of advertising that equate that of young adults in the 18-24 age group.

The regulatory system for advertising is currently managed through the Alcohol Beverages Advertising Code (ABAC, which is designed and managed by key alcohol industry associations. As part of the code, ABAC requires alcohol advertising to present a mature, balanced and responsible approach to drinking that must not have strong or evident appeal to children and adolescents. The code has many loopholes in its present form and would benefit from replacement by a system that allows for a more comprehensive system of pre approval.

² Room R., Wilkinson C. *Information and warning labels on alcohol containers, sales places and advertisements: experience internationally and evidence on effects*. AER Centre for Alcohol Policy Research and Turning Point Alcohol and Drug Centre. Victoria. 2008.

AGPN supports the proposed amendment to ban alcohol advertising on TV and radio between 9pm and 5am.

AGPN supports the strengthening of the pre vetting system for alcohol advertisements, noting the intention to appoint a Responsible Advertising of Alcohol Division of the ACMA which would include health professional representatives in decision making.

Support measure for primary health care: reduced exposure to alcohol advertising acts as a preventive measure for children. The earlier the uptake of risky drinking the greater the opportunity for life long harms.

Changes to the pre vetting arrangements for alcohol advertising will improve independence and accountability for appropriate advertising and strengthen opportunities to safeguard patients from mis-information or lack of information about alcohol content and effects.

4. Strengthening alcohol product labelling

AGPN supports the stance taken by the Public Health Association of Australia on this issue. The PHAA notes the importance of "*ensuring that alcohol falls under the same banner as other foods with regard to identifying content. Food and other beverages are required to have this information so that consumers have the ability to assess the health impact that food and additives might have on their own health and wellbeing. There is simply no good reason why alcohol should be exempt*".

Recommendation

AGPN supports the introduction of compulsory labelling of alcohol products with health information and warning labels.

AGPN recommends that amendments be applied to the Food Standards Australia and New Zealand Act 1991 that require information of food content as required by other food products sold in Australia.

Primary health care outcome: the addition of information on food content and of health warning labels will support patients in their decision to use alcohol responsibly and endorse and support the health risk information already provided throughout the primary health care sector.

5. Education and Skills Development

Divisions of general practice and general practitioners provide a range of health promotion and prevention programs and opportunistic and brief interventions for alcohol harm reduction to their patients.

To ensure high quality in managing alcohol related issues in the community setting, training programs that address alcohol prevention and treatment are offered through the divisions. Currently the 'Can Do' Initiative: Managing Mental Health and Substance Use in General Practice (funded through the Australian Government Departments of Health and Ageing and Veterans' Affairs) offers a multidisciplinary model of education and training to a wide range of community based health care professionals including general practitioners.

Topics include those targeting alcohol and depression, a high-prevalence comorbidity in Australian community. 'Network training' workshops, which

concentrate on building effective pathways of care for patients with alcohol and mental health issues and clinical education outlining best practice in working with patients in the community with alcohol related issues are offered. A range of other training packages are available that target a range of population groups and include other high prevalence mental health and substance use disorders commonly seen by general practitioners in the local community. All of these acknowledge that polydrug use is common and that alcohol is almost always one of the substances used. A 'Can Do' for Indigenous People training package is currently in development. This will have a high focus on alcohol consumption and mental health issues.

The introduction of *headspace* (the National Youth Mental Health Foundation) provides an excellent opportunity for working on health promotion, prevention and early intervention strategies to assist young people in avoiding risks associated with alcohol use and their mental wellbeing. Extensive training is planned for those working in *headspace* sites to ensure the best possible translation of research into practice at the local level. All *headspace* sites include divisions of general practice in their membership.

The use of *Lifescrpts* in general practice encourages development of healthy lifestyles. *Lifescrpts* encourage and support general practice to focus on the priority areas of prevention, early intervention and chronic disease management by promoting and supporting positive lifestyle behaviour change in patients. Lifescrpts build on work undertaken on the SNAP risk factors (smoking, nutrition, alcohol and physical activity).

Recommendation

AGPN recommends the maintenance of multidisciplinary education and training programs (such as 'Can Do', *headspace* and *lifescrpts*) for primary health teams, maximising opportunity for prevention and early intervention where alcohol poses a risk to health and maximising effective pathways of care for people experiencing problems with alcohol use in the community.

Impact for primary health care: continuation of programs such as 'Can Do', *headspace* and *lifescrpts* provide the best possible multidisciplinary models and infrastructure to support health professionals in working with their patients to educate, prevent and intervene early when alcohol may pose a risk to health and wellbeing.

In Summary

AGPN supports the suggested amendments to the Alcohol Toll Reduction Bill 2007 as indicated in the body of this submission and suggests that the amendments be considered by the Senate Committee as part of a mix of strengthened public policy and accompanying evidence based actions that show promise in reduction of risk and harm from alcohol consumption.