

**SUBMISSION TO THE AUSTRALIAN SENATE
STANDING COMMITTEE ON COMMUNITY
AFFAIRS**

**INQUIRY INTO THE ALCOHOL TOLL
REDUCTION BILL 2007**

SOUTH AUSTRALIAN GOVERNMENT

April 2008

Terms of Reference

“The Bill aims to create a culture of responsible drinking, and to facilitate a reduction in the alcohol toll resulting from excessive alcohol consumption. To achieve this aim the Bill will:

1. Require health information labels on alcohol products;
2. Restrict TV and radio alcohol advertising to after 9pm and before 5am, to stop alcohol being marketed to young people;
3. Require all alcohol ads to be pre-approved by a government body comprising an expert from the medical profession, alcohol and drug support sector, accident trauma support sector and the alcohol industry;
4. Ban alcohol ads which are aimed at children or which link drinking to personal, business, social, sporting, sexual or other success.”

Committee Membership

Senator Claire Moore, Qld (*Chair*),

Senator Gary Humphries, ACT (*Deputy Chair*)

Senator Judith Adams, WA

Senator Lyn Allison, Vic

Senator Sue Boyce, Qld

Senator Carol Brown, Tas

Senator Kate Lundy, ACT

Senator Helen Polley, Tas

Contributors

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Department for Transport, Energy and Infrastructure – Safety and Regulation Division

Office for Youth (Department of Further Education, Employment, Science and Technology)

Social Inclusion Unit (Department of the Premier and Cabinet)

South Australian Police – Operations Support Service

Introduction

The South Australian Government (the SA Government) welcomes the opportunity to provide information and comment to the Senate Community Affairs Committee on the *Alcohol Toll Reduction Bill 2007* introduced as a Private Member's Bill by Senator Steven Fielding.

The SA Government is supportive of measures that foster a culture of responsible drinking and contribute to the reduction of alcohol related harms in the community. It therefore supports the intent of the *Alcohol Toll Reduction Bill 2007* (the Bill) which aims to "create a culture of responsible drinking, and to facilitate a reduction in the alcohol toll resulting from excessive alcohol consumption."

However, the SA Government considers that the measures proposed in the Bill may have limited impact in changing the culture of drinking and the experience of vulnerable and young people at risk of harm. From a law enforcement perspective, structural reform of the regulations controlling the density of liquor outlet operations, reducing trading hours, promoting the responsible service of alcohol, limiting reckless secondary supply and reducing the alcohol content in ready-to-drink beverages may afford greater impact. The SA Government notes that these issues are currently under consideration by the Council of Australian Governments (COAG).

Context

Alcohol is the most widely used drug in Australia and is associated with a range of harms, including adverse social and health outcomes. While alcohol is widely used and enjoys a prominent place in Australian culture, its harmful effects are often underestimated and South Australian communities, including children and other vulnerable groups, are affected by a range of problems caused by harmful levels of alcohol consumption.

Approximately 85% of all South Australians over 14 years of age drink alcohol, with 50% drinking at least weekly.¹ While most people drink at levels that present minimal risk for harm,² 10% of South Australians drink at levels that place them at risk of long-term harm to their health and wellbeing.³ Long-term harms include: heart disease and other cardiovascular diseases, cancers, including mouth, throat, liver, stomach, bowel and breast cancers, and liver cirrhosis. Long-term harm generally results from regular heavy consumption over an extended period of time.

Drinking at levels that place people at risk of short-term harm is more common, with 6.8% of South Australians drinking in this way at least weekly, and a further 14.7% at least monthly.⁴ In 2001 over 62% of all alcohol consumed in Australia was drunk at levels which placed consumers at risk of experiencing short term harm related to their

¹ Australian Institute of Health and Wellbeing, *2004 National Drug Strategy Household Survey: State and Territory supplement*, AIHW, Canberra, 2005.

² National Health & Medical Research Council, *Australian alcohol guidelines: Health risks and benefits*. NHMRC, Canberra, 2001.

³ AIHW, *2004 National Drug Strategy Household Survey*, AIHW, Canberra, 2005.

⁴ AIHW, *2004 National Drug Strategy Household Survey*, AIHW, Canberra, 2005.

alcohol consumption.⁵ Short-term harms include: accidents and injuries that result from intoxication as well as antisocial behaviour, violence and criminal behaviour. Short-term harms usually occur following excessive consumption during a single drinking session.

Problematic alcohol consumption is not confined to those of legal drinking age. Underage drinking is common, with over 90% of South Australian school students (aged 12-17) having tried alcohol and over a quarter of 12-17 year old South Australian school children surveyed in 2005 were reported to have consumed alcohol in the previous week.⁶ Of those children, 59% had engaged in risky drinking behaviours within the last two weeks.⁷ The impact of harmful levels of alcohol use on young people's brain development, wellbeing and learning outcomes, and the causal link between early initiation into alcohol use and the development of adult problematic behaviours relating to alcohol and other drugs is of concern.

The current drinking patterns of Australians are firmly established, and have remained relatively stable over the last decade or more. While there was a decline in per capita alcohol consumption in the early 1990's, from the mid-1990's through to 2000/01 there have been only minor fluctuations.⁸ Similarly, the number of people who report regular drinking, at least weekly, has remained relatively stable at around 50%.⁹

The health and social costs of excessive drinking are significant and felt by the whole community. Australia-wide the social costs of alcohol consumption have been estimated at \$15.3 billion per year. This includes \$1.6 billion in crime, \$3.6 billion in lost workplace production, \$2.2 billion in road accidents and \$2.0 billion in health care costs.¹⁰

In South Australia, alcohol is the fifth largest contributor to the burden of disease.¹¹ Almost 300 deaths and more than 5,000 hospitalisations each year in this state can be attributed to alcohol consumption.¹² Additionally, more than 40,000 South Australians have reported being physically abused; 125,000 threatened and 250,000 verbally abused by someone who has had too much to drink in a twelve-month period, indicating the breadth of social harms arising from excessive alcohol consumption.¹³

Elements of an effective policy response include a strong evidence base for planning and commitment to evaluation; a focus on prevention and early intervention; multifaceted strategies; recognition of the wider determinants of problematic drinking; and positive engagement with young people, their families and communities in addressing alcohol and related issues.

While the *Alcohol Toll Reduction Bill 2007* addresses some of the factors which contribute to the inappropriate promotion of alcohol, particularly to children and young people, it does not address the underlying cultural behaviours and attitudes toward alcohol consumption in Australia. The SA Government recommends that the measures proposed by the Bill be seen in the context of a broader suite of strategies under a coordinated policy framework.

⁵ Chikritzhs, T., Catalano, P., Stockwell, T., Donath, S., Ngo, H., Young, D., Matthews, S., *Australian Alcohol Indicators, 1990-2001: Patterns of Alcohol Use and Related Harm for Australian States and Territories*, National Drug Research Institute, Perth, 2003.

⁶ Drug and Alcohol Services South Australia, *Australian Secondary Schools Alcohol & Drug Survey 2005*, Adelaide, 2006.

⁷ Drug and Alcohol Services South Australia, *Australian Secondary Schools Alcohol & Drug Survey 2005*, Adelaide, 2006

⁸ Chikritzhs, T. et al, *Australian Alcohol Indicators, 1990-2001*, National Drug Research Institute, Perth, 2003.

⁹ AIHW, *2004 National Drug Strategy Household Survey*, AIHW, Canberra, 2005

¹⁰ Collins & Lapsley, *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004-05*, Monograph 64 Dept. Health & Ageing, Canberra, 2008.

¹¹ SA Dept of Health, *Population Health in South Australia: Burden of disease and injury estimates, 1999-2001*. Dept Health, Adelaide, 2005.

¹² Chikritzhs, T. et al, *Australian Alcohol Indicators, 1990-2001*, National Drug Research Institute, Perth, 2003.

¹³ AIHW, *2004 National Drug Strategy Household Survey*, AIHW, Canberra, 2005.

There is limited evidence for the effectiveness of health information labels on alcohol products or advertising restrictions on behavioural change and further investigation is warranted. What we do know is that cultural attitudes toward alcohol in Australia form the foundation of drinking patterns across the community. An integrated strategy to reduce alcohol-related harm across jurisdictions would have a better chance at outcome effectiveness than limited legislative change alone.

While the SA Government is supportive of the broad aim of the proposed legislation, an optimal approach would combine legislative change with a range of health promotion and harm reduction strategies such as those which are brought together in the *National Alcohol Strategy 2006-2009*.

Vulnerable groups

Children of parents who misuse alcohol have a diminished capacity for school success and adequate social development. This can be related to the impact of alcohol and other drug use prior to and during pregnancy on pre-natal development, and the lack of parental supervision and attention. These children have more problem behaviours in school, including truancy, and more are placed under guardianship and in foster or surrogate care.

Parental alcohol misuse is also a major contributor to the increasing levels of child abuse and family violence and is implicated in all forms of child abuse – physical abuse, sexual abuse, neglect and emotional abuse. Consistent with the national trend, reports of suspected child abuse have increased substantially in South Australia in recent years, almost doubling in the past five years.¹⁴

Professor Dorothy Scott, Director of the Australian Centre for Child Protection, argues that the prevention of parental alcohol abuse is currently the most urgent challenge in stemming the tide of child abuse and neglect in Australia.¹⁵ She advocates a public health approach to reducing the levels and impact of child abuse and recommends a sustained campaign message that “alcohol and children don’t mix” and the banning of all alcohol advertising.¹⁶

The restrictions to alcohol advertising proposed in the *Alcohol Toll Reduction Bill* are unlikely to have an impact upon the drinking behaviours of adults with parental responsibilities, particularly those adults who are vulnerable to alcohol misuse. This means that the proposed amendments may do little to address the devastating effects of parental alcohol abuse upon children.

Drinking to intoxication is common among **young people**. This group is most exposed to contemporary advertising mediums and aggressive marketing tactics at point-of-sale (e.g. alcohol promotions in night clubs and pubs of ‘buy one get one free’, ‘\$1 dollar drinks’ and ‘drink as much as you can in 2 hours’), which are at least as influential on consumers as the broader marketing strategies identified in the Bill. As the point-of-sale promotions are not covered by the *Alcohol Reduction Toll Bill*, the SA Government is concerned that the culture of excessive drinking amongst young people may not be moderated by the proposed reforms.

¹⁴ Australian Institute of Health and Welfare (AIHW) 2007. Child Protection Australia 2005-06. Child Welfare Series No. 40. Cat. No. CWS No. 28, Union Offset, Canberra, AIHW; p 10

¹⁵ Scott, Professor Dorothy; “Confront Alcohol Abuse – for the Kids’ Sake” Director, Australian Centre for Child Protection, University of South Australia; Media Release November 18th 2007

¹⁶ Scott, Professor Dorothy; Director, Australian Centre for Child Protection, University of South Australia; Perspective ABC Radio National Transcript 5th September 2007 for Child Protection Week 2007.

Also, young people are very attracted and susceptible to alcohol advertisements that link alcohol and gambling by promoting the culture of winning, gambling, alcohol and glamorous lifestyles.

Alcohol consumption amongst **Aboriginal and Torres Strait Islander** population groups is less common than in the general population, but drinking at risky or high risk levels for both short-term and long-term harm is higher¹⁷, placing these groups at higher risk of negative health impacts from alcohol consumption. The “Little Children are Sacred” Inquiry Report 2007 concluded that there was a strong association between alcohol abuse and child sexual abuse with devastating effects upon Aboriginal children, their communities and their culture. Among its 97 recommendations, the Inquiry recommended that a major media campaign be implemented highlighting the relationship between excessive alcohol consumption and increasing levels of child sexual abuse and other forms of family violence.¹⁸

The measures proposed in the Bill are likely to have only minimal direct impact on Aboriginal people as they will not assist them to make links between alcohol and negative impacts on themselves, their family members and their economic circumstances. Consideration should be given to additional measures that target their specific experiences and role model safe drinking promotions featuring Aboriginal people.

Alcohol and driving

Because the consumption of alcohol significantly lowers driving performance and affects driving behaviour the SA Government supports initiatives that will promote a culture of responsible drinking and improve road safety. Studies have shown that, as a driver’s blood alcohol concentration (BAC) increases, so does the risk of them being involved in a crash. Above the legal limit of .05 BAC, every increase of .05 BAC doubles the risk of being involved in a casualty crash. The higher the blood alcohol concentration, the more rapidly that risk increases. In 2007, 30% of all driver and rider fatalities had a BAC of .05 or above. In South Australia during the years 2003 to 2006, on average 63% of all driver and rider fatalities involving an illegal BAC, had blood alcohol levels well in excess of over 3 times the legal limit. In general, males aged 17-39 have the greatest incidence of high-level drink driving. Overall, 94% of the drink drivers/riders killed with a BAC over .015 are male. Alcohol has also been identified as a significant risk factor in collisions involving a pedestrian with over one third of pedestrian fatalities found to have a blood alcohol concentration above the legal driving limit of 0.05. Over half of those who had been alcohol-affected were found to have a blood alcohol concentration more than 4 times the legal limit. The evidence is not as clear for cyclists.

The SA Government supports initiatives to promote safe driving, and is currently drafting legislation to require drivers who commit serious drink driving offences and lose their licence, to fit alcohol ignition interlocks to their vehicles upon returning to our roads, for a period of time equal to their disqualification period. The measures in the *Alcohol Toll Reduction Bill 2007* are not regarded as targeted to this issue.

¹⁷ AIHW (2005). 2005 *National Drug Strategy Household Survey: Detailed Findings* AIHW, Canberra.

¹⁸ Wild, R; Anderson P; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse “Ampe Akeryernemane Meke Mekarle: Little Children are Sacred” p 21

ADDRESSING THE TERMS OF REFERENCE:

1. Require health information labels on all alcohol products

The SA Government gives in principle support to the proposed requirement of health information labels on all alcohol products and complies with the labelling specifications of the *National Alcohol Strategy 2006-2009*, which recommends that alcohol products have readily seen, consistent, graphic standard drinks labelling. However, as food labelling alone is unlikely to yield any significant change in consumer behaviour¹⁹ and the efficacy of health information labels on alcohol products in terms of changing the behaviour of risky drinkers is unclear, the SA Government recommends further investigation of this proposal.

The SA Government notes that the National Health and Medical Research Council (NHMRC) released a new draft *Australian Alcohol Guidelines for Low-Risk Drinking* for public comment in October 2007. These draft guidelines recommend consuming two standard drinks or less in any one day for adult men and women, and that not drinking at all is the safest option for children under 15 and adolescents aged 15-17. It is recommended that not drinking any alcohol is the safest option for women who are pregnant, are planning a pregnancy or are breast feeding. It is anticipated that these draft guidelines will be finalised and published before the middle of the year.

The SA Government supports that the community be provided information about the possible harms of excessive alcohol consumption and recognises the right of consumers to access appropriate information about alcohol products.

Food regulation in Australia is part of a trans-Tasman system underpinned by a trans-Tasman Treaty and the Australian Food Regulation Agreement. All jurisdictions have agreed to adopt national food standards incorporated into the Food Standards Code for which they have enforcement responsibility.

Food Standards Australia New Zealand (FSANZ) is the Commonwealth agency responsible for developing food standards in accordance with the FSANZ Act. The Act details the process that FSANZ must undertake when developing food standards which include public consultation and interaction with the Australia New Zealand Food Regulation Ministerial Council.

The Act requires FSANZ to recommend new or varied food standards to this Ministerial Council before they can be finalised and provides the Ministerial Council with the opportunity to seek a review of such recommendations on specified grounds.

The usual processes for seeking amendments to the Food Standards Code are for applications to be made directly to FSANZ. The most recent example of such an application is Application 576 made by the Alcohol Advisory Council of New Zealand on 17 February 2006 which seeks to vary the Food Standards Code to require health advisory labelling on alcohol beverages advising of the risks of consuming alcohol when planning to become pregnant and during pregnancy. In May 2006 this request was given in principle support by the Ministerial Council on Drug Strategy (MCDS) pending

¹⁹ Chikritzhs, T., et al, *Australian Alcohol Indicators, 1990-2001: Patterns of Alcohol Use and Related Harm for Australian States and Territories*, National Drug Research Institute, Perth, 2003, pp.181-182.

the outcomes of the FSANZ assessment process and finalisation of the recommendations of the NHMRC alcohol guidelines.

While the SA Government welcomes measures that reduce harms associated with excessive alcohol consumption, any changes to food labelling should be pursued through an application to FSANZ for consideration.

The wine industry

The South Australian wine sector is a major contributor to the SA economy and a critical support to a number of regional communities. The wine industry supports the intent of the Bill to create a culture of responsible drinking, which is aligned to its own advertising message that promotes the moderate, responsible consumption of SA wine as part of an enjoyable healthy lifestyle.

The industry is committed to self-regulatory measures and complies with the Alcohol Beverages Advertising Code and the standard drinks advertising promotion and labelling. The wine industry considers the requirement to place health information labels on wine bottles is an impost that could place it at a cost disadvantage compared with its competitors in export markets.

As there is no evidence to suggest that health warnings on wine labels will promote responsible drinking among at risk groups, the proposal for health warning labels on all alcohol products needs further investigation.

Conclusion

The SA Government supports the Council of Australian Governments decision on 26 March 2008 to refer, through the Australian New Zealand Food Regulation Ministerial Council, the request that FSANZ consider warnings on packaged alcohol, and awaits the outcome of FSANZ investigation and direction on the matter.

2. Restrict TV and radio alcohol advertising to after 9pm and before 5am, to stop alcohol being marketed to young people

Alcohol advertising must comply with the Children's Television standard and the Commercial Television Industry Code of Practice, which places restrictions on the times that alcohol advertising can appear. It states that any commercial which is a "direct advertisement for alcoholic drinks" may be broadcast only in M, MA or AV classification periods. The code of practice was amended in 2007. The permitted times for advertising alcoholic drinks are:

- between 8.30pm and 5.00am on any day
- between 12.00pm and 3.00pm on school days
- on weekends and public holidays with the broadcasting of a live sports event
- during the live broadcasting of a sporting event, where the event is simulcast to a number of licence areas and a direct advertisement for alcohol is permitted in the area where the event is held.

Although the SA Government supports a reduction of exposure, whether direct or indirect, of TV and radio marketing that promotes alcohol consumption to children and young people, it is unlikely that the proposed further restrictions on advertising will have any impact to limit the irresponsible consumption of alcohol.

The provisions in the *Broadcasting Services Act 1992 - Section 122A: program standards for alcohol advertising* do not cover other marketing mediums such as print media, mobile phone advertising and the internet, including YouTube, and social networking mediums such as MySpace and Facebook that are both highly accessible and popular with young people. Further, these provisions do not address the issue of indirect marketing through sponsorship.

The impact of technology on youth culture and potential for marketing is considered at length in recent literature.²⁰ The SA Government would encourage a careful analysis of when children and young people are exposed to advertising and how best to prevent their exposure to alcohol advertising. For example, product placement of alcoholic beverages in popular television shows may prove to have more of an impact on children than straightforward advertisements promoting a specific alcohol product.

²⁰ Roche, A., Bywood, P., Borlagdan, J. Lunnay, B., Freeman, T. Lawton, L., Tovell, A. and Nicolas, R. (2008) *Young People and Alcohol: the role of cultural influence*, National Centre for Education and Training on Addiction, Drinkwise, Adelaide.

3. Require all alcohol ads to be pre-approved by a government body comprising an expert from the medical profession, alcohol and drug support sector, accident trauma sector and the alcohol industry

Alcohol advertising in Australia is governed by the voluntary and self-regulating Alcohol Beverages Advertising Code (ABAC) established by the alcohol beverage industry. This Code recognises the need for industry to take a responsible approach in the promotion of alcohol products and deals with alcohol-specific advertising issues, such as appeal to young people and alcohol consumption being linked to sporting or sexual success.

The ABAC is administered by a Management Committee comprising industry, advertising and government representatives. Although the existing self-regulatory system is complex, with alcohol advertisements covered by both a general Code relating to all advertisements and an alcohol advertising specific Code, it is the model preferred and endorsed by the South Australian wine industry, who claim to adhere to the principles and spirit of the Code.

The ABAC is comprised of a pre-vetting process and an independent complaints process. Both processes are kept separate and performed by different people. What the two processes share in common is they both make judgments that interpret the Code.

Complaints received directly under the ABAC or referred by the Advertising Standards Bureau (ASB) are reviewed by the Alcohol Beverages Advertising Adjudication Panel, which is appointed by the ABAC Management Committee.

There is some contention about how effective this model is given the time it can take to review a complaint and uphold any decision regarding broadcast suitability of an advertisement. There is also some question of the discrepancy between the ruling of pre-vetting processes and the complaints processes. The interpretive nature of the Code has meant that in some cases advertisements that passed the pre-vetting process were later the subject of a complaint upheld through the complaints process.

Given the concerns about the ability of the current ABAC to enforce industry adherence to the spirit of the Code, the SA Government supports a review of the current system with a view to including a public health professional, a youth communications expert and an associate member representing the children's services sector in both the pre-vetting and the complaints process or considering the use of the national ASB to screening alcohol advertisements. The ASB currently monitors advertisements for new vehicles, but could, if provided with clear guidelines, monitor alcohol advertisement with the goal of stopping any inappropriate advertisements before they are aired on television or radio.

The SA Government also suggests it may be useful to examine systems operating in other countries to assess the merits of applying other models in an Australian context.

In 2002 the National Committee for the Review of Alcohol Advertising (NCRAA) conducted a review of the effectiveness of the self-regulatory system for alcohol advertising for the Ministerial Council on Drug Strategy (MCDS).

In August 2003 the MCDS endorsed twenty-five recommendations proposed by NCRAA to enhance the existing ABAC, including increased government involvement on the ABAC Management Committee.

In May 2006 the MCDS acknowledged that the alcohol beverage industry had implemented improvements in the self-regulatory system and noted that on-going monitoring of alcohol advertising by the ABAC was required. The MCDS agreed to establish the Monitoring of Alcohol Advertising Committee to do this.

The Senate Inquiry into the *Alcohol Toll Reduction Bill 2007* needs to take into account the recommendations of the review commissioned by the MCDS, including the establishment of a Monitoring of Alcohol Advertising Committee that would include a representative from the Australian Government Department of Health and Ageing (DoHA).

The SA Government also recommends that, if the ABAC is reviewed, standards for health information and advertisements that promote a culture of responsible drinking should be developed to ensure that the prevention message is culturally appropriate and targets all vulnerable groups.

4. Ban alcohol ads which are aimed at children or which link drinking to personal, business, social, sexual, sporting or other success.

There are currently a number of measures in place to regulate the advertisement of alcoholic beverages.

The SA Government regulates the sale, supply and consumption of alcohol through the *Liquor Licensing Act 1997* and the *Liquor Licensing Regulations 1997*, including a mandatory Code of Practice for liquor licensees. This Code requires that any advertisement or promotion of liquor must not encourage minors to consume alcohol.

Section 8 of the Code of Practice states that:

“A licensee who displays or publishes advertisements for liquor, or otherwise promotes liquor, must establish and maintain appropriate practices to promote a responsible attitude in relation to such to advertisements or promotions. In particular, a licensee must not display or publish an advertisement for liquor or promote liquor in a way that tends to encourage minors to consume liquor, or tends to encourage the rapid or excessive consumption of alcohol. “

The Commercial Television Industry Code of Practice places some restrictions on the times that alcohol advertising can appear, particularly during children’s television viewing times.

As previously noted, the Alcohol Beverages Advertising Code sets the standards for alcohol advertising. The SA Government supports the Code which states that:

“Advertisements for alcohol beverages must not have a strong or evident appeal to children.... and must not depict the consumption or presence of alcohol beverages as a cause of or contributing to the achievement of personal, business, social, sporting, sexual or other success...”

The voluntary ABAC Code is consistent with the principle of *the Alcohol Toll Reduction Bill 2007* in prohibiting products and images designed to explicitly appeal to children and young people, and which promote alcohol as equating to success. The SA Government acknowledges that there are already processes in place to regulate alcohol advertising.

Regulating alcohol advertisements is important because of the contribution advertising can have in shaping cultural attitudes about drinking. Further, there is a reasonable rationale for restricting alcohol promotions to young people with evidence linking the exposure to alcohol advertisements with later drinking.²¹

However, as noted in the previous section, there is some debate about the effectiveness of the current Code. The intent of the Code is not in dispute. Rather, the question relates to the best method of achieving compliance with not only the strict legal requirements of the Code but also the spirit of the ABAC.

²¹ Loxley, W., Toumbourou, J., Stockwell, T., Haines, B., Scott, K., Godfrey, C., Waters, E., Patton, G., Fordham, R., Gray, D., Marshall, J., Ryder, D., Siggers, S., Sanci, L., Williams, J. (2004) *The Prevention of Substance Use, Risk and Harm in Australia: a review of the evidence*, Monograph, National Drug Research Institute, Perth, p.184.