



Senate Community Affairs Committee Inquiry into Excise Tariff Amendment (2009 Measures No. 1) Bill 2009

## **Response to Question on Notice from Senator Moore to Dr Rosanna Capolingua**

Tuesday March 10, 2009

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### **Question:**

We consistently talk about the collection of appropriate data, and I would be really interested to have some information from you at some time about the kind of data and the methodologies to collect it, because we consistently struggle with how you do get objective, reliable data in this area. It would be very useful to have something from your experience on that basis.

### **Response:**

The AMA agrees with international best practice for the identification and collection of data regarding alcohol consumption and alcohol related harms.<sup>1</sup> The factors and measures pertinent to the Committee's current inquiry regarding the evaluation and effectiveness of an alcohol tax intervention in reducing alcohol related harm can be encapsulated as follows:

#### *Indicators and data sources that accord with good methodological design*

- it is important to adopt indicators that allow sound comparisons over time before and after an intervention, and also between 'control' populations and the population of interest.
- when measuring population-level effects, seldom will one indicator or data type be sufficient. Specific measures and indicators have particular strengths, weaknesses and biases. Measures of effect based on a range of indicators or data sources are likely to be more reliable.

#### *Indicators of alcohol consumption levels as well indicators of alcohol related harm (acute harms)*

The latest NHMRC guidelines clearly identify that any drinking among the under 18 age group is undesirable. The immediate intended effect of the 'alcopops' tax is to reduce high consumption levels of RTDs among a sub-population (teenagers and adolescents). Its worth making the brief point here that despite the 'risky' drinking focus, the latest NHMRC guidelines clearly identify ANY drinking among the under 18 age group undesirable. This goes some way to deflecting the argument that that tax is a blunt instrument that unfairly affects responsible drinkers – ie any drinking among this age group is problematic. However, the ultimate goal of the intervention is to reduce the alcohol-related harm that may ensue from this consumption. Data reflecting consumption levels (both volume and patterns of consumption) and levels of alcohol-related harms among the target group are necessary. Alcohol related harms encompass both acute harms incurred in the short term, and chronic or long-term harms and consequences. Both are relevant, but the major focus with the proposed alcopops tax is binge drinking – drinking at high risk of acute harm. There may need, therefore, to be a greater emphasis on data and indicators that reflect acute harm.

In view of this, the AMA would commend the following suit of indicators to evaluate the effectiveness of an 'alcopops' tax:

#### *Alcohol Consumption:*

- alcohol sales data (volume)
- responses to reliable National Surveys, (volume and drinking patterns of age groups) especially the Australian secondary school alcohol and drug survey (ASSAD) which provides information about adolescent/teenage preferences for drink types, including RTDs;

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<sup>1</sup> As reflected in the *International Guide for Monitoring Alcohol Consumption and Related Harm*, World Health Organisation, 2000.



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*Alcohol-related acute harm*

- Emergency department presentations;
- Hospital admissions;
- Deaths,
- Police reports (including incidence of alcohol-related violence);
- Road crash data
- Ambulance call-out data

*Continuing challenges in the collection of relevant data in Australia*

The difficulties in measuring the effectiveness of an intervention such as the ‘alcopops’ tax are not primarily due to identifying appropriate forms of data. The real problems relate to the currently inadequate collection of key forms of data in Australia, and/or limited access by researchers and evaluators to data that may be collected or available to government departments or authorities.

The limited availability of alcohol sales data is an example of inadequate collection of a form of information that is very useful and illuminating in evaluating an alcopops tax intervention. The AMA continues to advocate for this key source of information about behavioural change to be routinely collected and made available. Other examples include the readiness of access to police and hospital records.

There is also need for a sensitive, ongoing early warning data system about alcohol consumption and harm among sentinel groups of young at-risk people across Australia, such as exists for young people and illicit drugs (the Illicit Drugs Reporting System)

The AMA believes the current Community Affairs Committee inquiry into the alcopops tax may provide an opportunity for the Committee to emphasise the need for improvements in data collection and availability regarding important health policy initiatives such as this.

A handwritten signature in black ink, reading 'Rosanna Capolingua', is positioned above the typed name and title.

Dr Rosanna Capolingua  
President  
Australian medical Association