



Australian Divisions of **General Practice** Ltd

Senate Economics Committee

Submission

Customs Amendment (Fuel Tax Reform and Other Measures) Bill 2006 and three related Bills.

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ABOUT THE AUSTRALIAN DIVISIONS OF GENERAL PRACTICE

The Australian Divisions of General Practice Ltd (ADGP) is the peak national body representing 118 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 90% of general practitioners are members of a local Division of General practice.

The ADGP 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 ADGP 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.

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INTRODUCTION

The Australian Divisions of General Practice (ADGP) commends the commitment of the Australian Government to addressing drug use and harm through the National Drug Strategy and associated measures.

The ADGP understands that The Senate has referred the provisions of the Customs Amendment (Fuel Tax Reform and Other Measures) Bill 2006 and three related bills to the Economics Legislation Committee for inquiry and report by 9 June. The committee is to limit its consideration of the bills to reviewing the alcohol taxation measures contained in the bills with respect to their likely consumer, social and economic effects and their effect on industry.

The ADGP notes that alcohol generates significant revenue for the Australian Government but at the same time its misuse imposes significant costs on the Australian community.

A recent report from the World Health Organization (WHO) reports the strong potential for improving public health and safety through effective liquor licensing regulations and alcohol taxation policies has not yet been fully realised. The WHO notes alcohol taxation as best practice in reducing alcohol related harms because of the relatively low expense of implementation, the significant reach of the strategy and the expected high impacts of public health outcomes.

The ADGP strongly supports the WHO approach.

ALCOHOL-RELATED HARM IN AUSTRALIA

Data from the most recent 2004 National Drug Strategy Household Survey indicates the following:

- Approximately one third of the Australian population consumes alcohol (on at least one occasion in the year preceding the survey) at levels that, according to National Health and Medical Research Council guidelines can increase risk of alcohol-related harm in the short term (eg through death, motor vehicle incidents, drowning or violence).
- Alcohol consumption has also increased since the previous Household Survey conducted through the Australian Institute of Health and Welfare in 2001 with more Australians consuming alcohol on a weekly basis. This potentially places a greater proportion of the population at risk of harm through risky, high risk or binge drinking.
- In addition almost 10% of the population consumes alcohol in a way that is risky or high risk to health in the longer term (eg in the

development of cardio-vascular disease, cancer, pancreatitis and brain damage).

- There is also growing concern about the early onset of risky drinking among young people in relation to both the immediate social and physical harm and longer term effects this can have for the young person.
- Nearly 5% of the total burden of injury and disease in Australia is attributable to alcohol with as many as 63,164 years of life lost and a total of 3,290 premature deaths recorded (Chikritzhs et al 1999). The cost to the Australian community in the same year was estimated at over \$7.5 billion (Collins and Lapsley 2003).

PROPOSED AMENDMENTS TO THE CUSTOMS AMENDMENT AND RELATED BILLS .

The ADGP notes that, in relation to alcohol, the current amendments proposed in the Customs Amendment (Fuel Tax Reform and other Measures) Bill 2006 and the three associated bills are largely administrative and update and streamline customs and excise administrative procedures. It is noted that the overall fiscal impact of these changes is insignificant, however there appear to be some gains in revenue through excise equivalent customs duty and excise duty.

The ADGP strongly recommends that financial gain to the Australian Government through these and associated measures be balanced with investment in prevention of alcohol misuse and strategies that reduce harm occurring through alcohol consumption.

The ADGP also draws the Committee's attention to the alcohol taxation reform model developed by the Alcohol and Drug Council of Australia (ADCA 2005). This model works on the basis of uniform tax incentives for growing the reduced strength alcohol market. Internationally such incentives include: volumetric taxation, differential tax rates based on alcohol strength, tax free thresholds and targeted tax rebates. A full description is included in the Council's submission to the current Senate Inquiry.

THE ROLE OF DIVISIONS OF GENERAL PRACTICE IN ALCOHOL MISUSE PREVENTION AND TREATMENT.

The high rate of contact with the general public ensures GPs are well positioned to detect and offer support to a broad spectrum of people with alcohol problems. As perceived by GPs themselves, insufficient training and education are among the main barriers to the treatment of alcohol issues in the primary care setting (McAvoy et al 2001).

Research indicates that brief interventions at the time of a patient's visit to their general practitioner are a good example of an effective means of assisting non dependent problematic drinkers. Enhanced support networks, clinical guidelines and continuous education and training in changing attitudes and strengthening therapeutic commitment will enable general practice teams to better deliver results for people with alcohol problems and in the long term play a significant part in reducing harm at the community level.

EXAMPLES OF ADGP PROGRAMS

The following programs address prevention and treatment aspects of alcohol misuse:

Your Mental Health and Alcohol : Managing the Mix which is a national project aimed to assist General Practitioners and their teams to treat people with co existing alcohol and mental health problems. The project is a government-community=general practice collaboration. 19 projects have been delivered nationally and general practice has benefited from up to date quality training, education and support, skilling them to work with service users presenting with alcohol related issues.

The Lifescripts Program which aims to build on preventive activities being undertaken in the primary health care system. Lifestyle prescriptions encourage general practice to focus on prevention, early intervention and chronic disease management to promote healthy lifestyle behaviour change in their patients. Work is built around the SNAP risk factors (Smoking, nutrition, alcohol and physical activity and also includes weight management as an additional risk factor.

CSA advertisements. Young people, risky use of alcohol and prevention are also important issues for the Divisions of General Practice. Recent concern over risky use of 'alcopop' beverages has led to the ADGP producing a series of community service advertisements that draw attention to the risk involved in binge drinking and the effects that risky drinking of 'alcopops' and similar ready-packaged beverages have for young people.

RECOMMENDATIONS:

That in consideration of the amendments to the Bills before the Senate Committee, that consideration be given to:

- An approach to alcohol issues that provides a balanced investment meeting economic and industry needs and those of population health and public safety.
- The significant role of the primary health care sector in prevention and treatment of alcohol-related problems and the need for

continuous education and skills development to assist them in this task.

- Further exploration and application of the alcohol taxation reform model developed by the Alcohol and other Drug Council of Australia.

CONCLUSION

The Australian Divisions of General Practice urge the Government to refocus effort in addressing alcohol and other drug problems so that equal emphasis is placed on the burden of disease associated with misuse of alcohol in the Australian community. A broad and equitable taxation reform process that is backed with enhanced prevention and treatment measures implemented through the health care system, will provide savings on health expenditure, improve productivity, reduce workplace and community-related harm and bring economic, social and health benefit to the whole community.

A handwritten signature in blue ink that reads "Kate Carnell". The signature is fluid and cursive, with the first name "Kate" and the last name "Carnell" clearly distinguishable.

Kate Carnell
Chief Executive Officer

1 June 2006