

NATIONAL ALLIANCE FOR
ACTION ON ALCOHOL

2016 Federal Election Policy Statement

Alcohol harms: A preventable problem

National Alliance for Action on Alcohol is a national coalition of over 70 health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm.



Letter from the Co-Chairs

The Federal Election this July provides the people of Australia with an opportunity to ensure that their next Government takes action to reduce alcohol harms.

Alcohol is too often promoted as a product to be enjoyed. A product that will make us feel happy. A product that will help us wind down after a busy week.

However, this perception of alcohol hides the real impact it is having on our society. This impact includes alcohol-related violence in our streets and homes, right through to alcohol's contribution to chronic disease and death. We can no longer ignore the harms of alcohol.

These harms are significant. Alcohol is responsible for 15 deaths, and 430 hospitalisations each day in Australia¹ and is linked with more than 200 health conditions, including gastrointestinal diseases (e.g. liver cirrhosis and pancreatitis), cancers (e.g. mouth, throat and breast cancers), injuries and cardiovascular diseases.²

Alcohol harms affect others beyond the individual drinker. Alcohol contributes to violence in homes, child maltreatment and neglect, in addition to the devastating lifelong impacts for individuals, families and carers of Fetal Alcohol Spectrum Disorders (FASD), an umbrella term for a range of disabilities resulting from prenatal alcohol exposure. As a result of other people's drinking, there are more than 360 deaths, 14,000 hospitalisations and more than 70,000 victims of alcohol-related assault in Australia each year.³

This level of harm comes with a significant financial toll; alcohol costs Australians over \$36 billion a year.⁴ We do not accept this huge toll and for the sake of future generations we cannot ignore it.

While the size of the problem is vast, alcohol harm is a preventable problem.

The National Alliance for Action on Alcohol (NAAA) is an alliance of over 80 members from the health, medical, community, research and law enforcement sectors, professional associations, charities and local governments across Australia with the common goal to reduce alcohol harms. This broad coalition demonstrates the widespread impact of alcohol and the extent of support for action to reduce alcohol harms.

NAAA's Federal Election Policy Statement outlines four key areas for action to reduce alcohol harms across Australia. Policy measures are practical, achievable and are based on Australian and international evidence of what works to prevent and reduce alcohol harms. Four areas for immediate action this election are:

1. Reduce harmful drinking through changes to alcohol taxation.
2. Protect children from alcohol advertising and sponsorship.
3. Protect communities by restricting the availability of alcohol.
4. Prevent, diagnose and manage Fetal Alcohol Spectrum Disorders (FASD).

We call upon all political parties to declare their commitment to action on alcohol.

It's time for action on alcohol.

Dr John Crozier and Michael Moore

National Alliance for Action on Alcohol (NAAA)

Aboriginal Alcohol and Drug Council (South Australia)	Centre for Youth Substance Abuse Research	Pedestrian Council of Australia
Aboriginal Medical Services Alliance (Northern Territory)	Chapter of Addiction Medicine	People's Alcohol Action Coalition (Alice Springs)
Alcohol and Drug Foundation	City of Port Phillip	Police Federation of Australia
Alcohol and Other Drugs Council of Australia	Dalgarno Institute	Public Health Advocacy Institute
Alcohol Policy Coalition (Victoria)	Deakin University Violence Prevention Group	Public Health Association of Australia
Alcohol Tobacco and Other Drug Association ACT	Diabetes Australia	Queensland Alcohol and Drug Research and Education Centre
Alice Springs Hospital	Drug Arm	Queensland Network of Alcohol and Drug Agencies
Anglicare Australia	Faculty of Public Health Medicine	Royal Australasian College of Physicians
Anglicare Northern Territory	Foundation for Alcohol Research and Education	Royal Australasian College of Surgeons
Anyinginyi Health Aboriginal Corporation	GAMECHANGER	Russell Family Fetal Alcohol Disorders Association
Australasian College for Emergency Medicine	Hobart City Council	South Australian Council of Social Services
Australasian Faculty of Public Health Medicine	Hunter Medical Research Institute	Salvation Army – Southern Territory
Australasian Professional Society on Alcohol and other Drugs	Independent Order of Rechabites Fraternity (Victoria) Inc	South Australian Network of Drug and Alcohol Services
Australia and New Zealand Association of Oral and Maxillofacial Surgeons Inc	Independent Order of Rechabites Queensland District No. 87 Inc.	Sydney South West Area Health Service
Australia New Zealand Policing Advisory Agency (ANZPAA)	Injury Control Council of Western Australia (Inc)	Tedd Noffs Foundation
Australian Catholic University, Centre for Health and Social Research	Inner South Community Health Service	Telethon Kids Institute
Australian Chronic Disease Prevention Alliance	Kidney Health Australia	Turning Point Alcohol and Drug Centre
Australian Dental Association	Lives Lived Well	Uniting Church in Australia
Australian Dental Association – Queensland Branch	Local Government Association Northern Territory	UnitingCare ReGen
Australian Health Promotion Association	McCusker Centre for Action on Alcohol and Youth	Victorian Alcohol and Drug Association
Australian Healthcare and Hospitals Association	Miwatj Health Aboriginal Corporation	Western Australian Local Government Association
Australian Injury Prevention Network	National Drug and Alcohol Research Centre	Western Australian Network of Alcohol and other Drug Agencies
Australian Research Alliance for Children and Youth	National Drug Research Institute	Western Region Alcohol and Drug Centre
Byron Youth Service	National Heart Foundation Australia	
Cancer Council Australia	National Local Government Drug and Alcohol Committee	
Cancer Council South Australia	National Organisation for Fetal Alcohol Syndrome and Related Disorders	
Cancer Council Victoria	National Rural Health Alliance	
Cancer Council Tasmania	National Stroke Foundation	
	Network of Alcohol and Other Drug Agencies	
	OnTrack	

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4-point plan to prevent alcohol harm

The NAAA's 4-point plan to reduce alcohol-related harm in Australia is based on rigorous evidence on what works, and what is practical and achievable for the government in the short to medium term.

Action 1: Reduce harmful drinking through changes to alcohol taxation.

- Abolish the Wine Equalisation Tax (WET) and replace it with a volumetric tax on wine.
- Abolish the Wine Equalisation Tax (WET) rebate.
- Index alcohol excise rates to average weekly ordinary time earnings, rather than Consumer Price Index, to ensure that the cost of alcohol does not reduce relative to personal income.
- Use revenue from increased alcohol taxation to fund prevention, treatment and support programs.

Action 2: Protect children from alcohol advertising and sponsorship.

- Phase out alcohol sponsorship of sporting, music and cultural events where children and young people will be exposed.
- Establish an Alcohol Marketing Replacement Fund.
- Instigate a Government-led review of current alcohol advertising controls and introduce independent, effective and equitable regulation across all forms of media.

Action 3: Protect communities by restricting the availability of alcohol.

- Develop guidelines on changes to Competition Policy which ensures that for alcohol, harm minimisation is prioritised ahead of all other policy objectives and the public interest test for the regulation of alcohol be the effectiveness of the regulation to minimise the harm caused by alcohol.
- Implement the recommendations of the House of Representatives *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander Communities*.

Action 4: Prevent, diagnose and manage Fetal Alcohol Spectrum Disorders.

- Fund and develop a second National Fetal Alcohol Spectrum Disorders Strategy from 2017-18 with action in prevention, intervention, diagnosis and management.
- Mandate research-based health warning labels on all alcohol products and point of sale material by 2018.
- Establish and fund a national register of children born with FASD, to enable evaluation of intervention measures.

Action 1: Reduce harmful drinking through changes to alcohol taxation

The current alcohol tax system is broken

The current alcohol taxation system is broken. At least 10 government reviews have concluded that the alcohol tax system should be overhauled, including the 2009 Henry Review and the 2014 House of Representatives' *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander Communities*.¹

The most illogical part of the alcohol taxation system is the Wine Equalisation Tax (WET), where wine and other fruit-based alcohol products are taxed on their wholesale price, rather than alcohol content. All other alcohol products, such as beer and spirits, are taxed on a volumetric basis, albeit at different rates.

The WET favours the creation of large volumes of cheap wine, cider and imitation spirits over other alcohol products. It has contributed to wine being the cheapest form of alcohol available for sale, with some wine in Australia being sold for as little as 24 cents per standard drink and the majority of bottled wine (65 per cent) being sold for under \$8.00.⁵ Clearly, the WET does not align with public health principles, with the 2009 Henry Review stating "as a value-based revenue-raising tax, [the WET] is not well suited to reducing social harm".⁶

In addition to the favourable tax arrangements for wine, a tax rebate was introduced in 2004 to support small rural and regional wineries in Australia. The WET rebate applies to all products subject to the WET. While the \$333 million WET rebate was originally introduced to support small producers, it has failed to achieve its objectives.⁷ Larger producers and producers from New Zealand are also eligible for the rebate, and it has clearly not helped smaller producers develop a greater presence in the market, since 90 per cent of wine is produced by just 24 producers.⁸ While the 2016-17 Budget includes proposals that will reduce and tighten eligibility for the WET rebate, these proposals do not address the flaws in the WET.

The solution

Among alcohol harm prevention policies, alcohol taxation is the most effective.⁹ Volumetric taxation has also been found to be effective in reducing alcohol consumption and consequent harms among targeted groups (for instance, harmful drinkers and young people). Policies that increase the price of alcohol lead to a reduction in the proportion of young people who are heavy drinkers, a reduction in underage drinking, and a reduction in per occasion 'binge drinking'.¹⁰

¹ Reviews that have recommended a volumetric tax be applied to wine include:

- i. The 1995 Committee of inquiry into the wine grape and wine industry
- ii. The 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse
- iii. The 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption
- iv. The 2009 Australia's future tax system (Henry Review)
- v. The 2009 National Preventative Health Taskforce report on *Preventing alcohol related harms*
- vi. The 2010 Victorian inquiry into strategies to reduce assaults in public places
- vii. The 2011 WA Education and Health Standing Committee inquiry into alcohol
- viii. The 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price on alcohol, draft report*
- ix. The 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price on alcohol, final report*
- x. The 2014 House of Representatives report on the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander Communities*

A differentiated volumetric tax on alcohol ensures all alcoholic products are consistently taxed according to their alcohol content, within their product categories. Differentiated volumetric taxation can influence price in a way that simultaneously encourages the consumption of lower alcoholic products while discouraging the consumption of higher alcoholic products.

When the price of alcohol increases, a reduction in overall consumption, and heavy consumption in particular, is observed.¹¹ In 2009, a meta-analysis of 112 peer reviewed studies on the effects of alcohol price and taxation on alcohol harms found there was “overwhelming evidence of the effects of alcohol pricing on drinking”.¹²

Tax on alcohol has been indexed to the Consumer Price Index and has actually reduced relative to average incomes. For this reason, alcohol excise must be indexed to average weekly earnings to ensure that it does not reduce relative to income.

Action required:

- Abolish the Wine Equalisation Tax (WET) and replace it with a volumetric tax on wine.
- Abolish the Wine Equalisation Tax (WET) rebate.
- Index alcohol excise rates to average weekly ordinary time earnings, rather than Consumer Price Index, to ensure that the cost of alcohol does not reduce relative to personal income.
- Use revenue from additional alcohol taxation to fund prevention, treatment and support programs.

Action 2: Protect children from alcohol advertising and sponsorship

Children and young people continue to be exposed to alcohol advertising

Children and young people continue to be exposed to significant amounts of alcohol advertising and promotion, including while they watch television, attend music and cultural events or watch sport such as cricket or football. In 2012, research found an estimated cumulative audience of 26.9 million Australian children and adolescents watching sports were exposed to 51 million instances of alcohol advertising, with nearly half (47 per cent) of these broadcast during daytime programming between 6am and 8.30pm.¹³

This level of exposure is a major concern because alcohol advertising influences young people’s perceptions of alcohol and their drinking behaviours. Exposure to alcohol advertising is associated with earlier initiation of alcohol consumption and higher consumption in those young people who are already drinking.^{14,15,16} In addition, drinking from a young age can damage the developing brain,¹⁷ and increase the risk of experiencing alcohol-related problems as a teenager and an adult.¹⁸

Industry-run self-regulation of alcohol advertising is failing children. The voluntary codes are weak, non-signatories have no obligation to comply with decisions and there are no penalties for advertisers who breach the codes. Very few restrictions apply to the placement of alcohol promotions which means children are heavily exposed to alcohol marketing in many forms. Major areas of alcohol advertising and promotion are basically unregulated, including sponsorship and social media.

As an example of the inadequacy of current controls on alcohol advertising, the Commercial Television Industry Code of Practice (Code) which should protect children and young people from alcohol advertising, has instead prioritised commercial interests. The Code purports to limit alcohol advertising before 8:30pm, however a major loophole allows alcohol advertising to be shown at any

time of day on weekends or public holidays if it is part of a sporting broadcast. As a result, thousands of Australian children are regularly exposed to alcohol advertising while watching their favourite sports.

A significant challenge is the lack of consistency in alcohol advertising regulations across communication platforms, including free-to-air television, subscription television and online. Free TV Australia's recent efforts to relax the Code to allow more alcohol advertising on commercial television, was partly in response to the permissive alcohol advertising standards which apply to subscription television and to online broadcasting (social media and streaming).

The solution

The World Health Organization (WHO) does not recommend self-regulation of advertising as compliance with self-regulatory codes has been poor.¹⁹ The current industry codes need to be replaced with independent regulatory processes that are compulsory, cover all alcohol marketing activities, actively monitor marketing activities, include penalties for non-compliance, and are transparent and accountable.

As a matter of priority, close the loophole in the Commercial Television Code of Practice that allows alcohol advertising and promotion before 8:30pm, as an accompaniment to sports programs on weekends and public holidays.

To support the development of independent regulatory processes, a Government-led review of existing controls on alcohol advertising and promotion would be a first important step.

To further protect children, alcohol sponsorship of sporting, music and cultural events should be phased out. An Alcohol Marketing Replacement Fund should be established, based on the former Australian National Preventive Health Agency's Community Sponsorship Fund (CSF). Under the CSF, the Australian Government provided funding to sporting organisations as an alternative to alcohol sponsorship to provide environments that were not only free from alcohol promotion, but also actively promoted responsible drinking messages. This could be funded from the proceeds of alcohol taxation reform.

Action required:

- Phase out alcohol sponsorship of sporting, music and cultural events where children and young people will be exposed.
- Establish an Alcohol Marketing Replacement Fund.
- Instigate a Government-led review of current alcohol advertising controls and introduce independent, effective and equitable regulation across all forms of media.

Action 3: Protect communities through restricting the availability of alcohol

The availability of alcohol has devastating effects on communities

The National Competition Policy was introduced to improve Australia's economic performance by increasing market competitiveness.²⁰ However, application of this policy to alcohol regulation has contributed to the rapid increase in the number of licensed premises and hours of sale, making alcohol more affordable and more widely available than ever before.²¹

In some states and territories, alcohol can be sold in supermarkets alongside everyday items. This has occurred largely through the review and removal of regulatory controls on the sale and supply of liquor in each state and territory and has been correlated with an increase in alcohol harm.

An increase in alcohol-related harms has been particularly prevalent in areas with higher concentrations of licensed venues, such as Victoria, and has corresponded with higher levels of assault, domestic violence and chronic health harm.^{22,23,24} Extensions of trading hours in liquor outlets have also been found to increase rates of violence and road crashes in an area.^{25,26} These changes have particularly been seen in jurisdictions where liquor licensing legislation was forced to comply with competition policy requirements. The 2015 Competition Policy Review Panel (Harper Review) acknowledged these issues and stated that there is a clear justification for alcohol to be regulated in light of its potential to cause harms.²⁷

Increasing availability of alcohol is disproportionately affecting Aboriginal and Torres Strait Islander peoples. Between 2004-05 and 2012-13, after adjusting for differences in population age structures, the acute intoxication hospitalisation rate for Aboriginal and Torres Strait Islander Australians increased from 5.7 to 12.1 times the rate for other Australians.²⁸ Deaths from alcohol-related causes are overall five times greater than those for other Australians.²⁹

While the greater impacts of alcohol-related harms on Aboriginal and Torres Strait Islander peoples has been examined and acknowledged by innumerable Government reviews and inquiries,² harms from alcohol continue to devastate many Aboriginal and Torres Strait Islander communities across Australia. Restricting the availability of alcohol will make an important contribution to reducing harm from alcohol.

The solution

The Competition Policy Review Panel recommended states and territories be allowed to impose restrictions on trading times for alcohol sales to achieve the policy objective of harm minimisation.³⁰

There is strong evidence of the efficacy of reducing trading hours of licensed venues to reduce alcohol-related harm. According to the National Drug Law Enforcement Research Fund, “[Restricting] trading hours is the most effective and cost-effective measure available to policymakers to reduce alcohol-related harm associated with licensed venues”.³¹ In Sydney and Newcastle, the introduction of 3am last drinks in conjunction with other restrictions, significantly reduced the incidence of night time assaults.^{32,33} Five years after restrictions were introduced in Newcastle, a further evaluation found a sustained reduction in alcohol-related assaults with an average of a 21 per cent decrease in assaults per hour.³⁴

To address alcohol’s disproportionate impact on Aboriginal and Torres Strait Islander communities, the Australian Government, in conjunction with state and territory governments, must implement the recommendations of the House of Representatives *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander Communities*. Implementation of policies and programs must be

² For example, 2015 House of Representatives Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities; 2012 the former Australian Government Department of Families Housing Community Services and Indigenous Affairs (FaHCSIA) consultation on the *Draft Minimum Standards for Alcohol Management Plans (AMPs) in the Northern Territory*; 2011 House of Representatives Inquiry into Fetal Alcohol Spectrum Disorders; 2009 House of Representatives Inquiry into the impact of violence on young Australians; 2009 House of Representatives Inquiry into the high level of involvement of Indigenous juveniles and young adults in the criminal justice system; 2008 Senate Select Committee on Regional and Remote Indigenous Communities; 2000 House of Representatives Inquiry into substance abuse in Australian communities; 2000 House of Representatives Inquiry into the needs of urban dwelling Aboriginal and Torres Strait Islander peoples; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse 2007 – Ampe Akelyernemane Meke Mekarle *Little Children are sacred* report.

coordinated across governments and involve the adoption of culturally sensitive approaches that promote and facilitate community engagement and ownership of strategies.

Action required:

- Develop guidelines on changes to the Competition Policy ensuring that for alcohol, harm minimisation is prioritised ahead of all other policy objectives and that the public interest test for the regulation of alcohol be the effectiveness of the regulation to minimise the harm caused by alcohol.
- Implement the recommendations of the House of Representatives *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander Communities*.

Action 4: Prevent, diagnose and manage Fetal Alcohol Spectrum Disorders

There are limited prevention, diagnosis and management services for FASD

One in five women continue to consume alcohol during pregnancy,³⁵ despite the recommendation of the National Health and Medical Research Council *Australian Guidelines to Reduce the Risks from drinking Alcohol* (NHMRC Alcohol Guidelines) that alcohol should be avoided.³⁶ This is a major concern given prenatal alcohol consumption can result in Fetal Alcohol Spectrum Disorders (FASD) - the leading preventable cause of non-genetic developmental disability in Australia.³⁷

FASD is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure³⁸. The primary disabilities associated with FASD are directly linked to the underlying brain damage caused by this exposure and can result in a variety of conditions, including poor memory, difficulties with speech and language, cognitive deficits, difficulty with judgement, reasoning or understanding consequences of actions, as well as social and emotional delays.³⁹

Currently in Australia, there is no comprehensive public education campaign and very few diagnostic and support services for people with FASD or their families and carers. While the Australian Government recently released the *Australian FASD Diagnostic Instrument and Referral Guide*, the existence of only three FASD clinics across Australia will limit implementation of the Instrument.

While the 2016-17 Budget proposed \$10.5 million over four years for a national FASD clinical network, this funding has not yet been appropriated. There was also no mention of funding for the extension of a national FASD plan which ends in June 2017.

Mandatory pregnancy warning labels have not been applied to alcohol products despite strong recommendations by multiple government reviews. In December 2011, the Legislative and Governance Forum on Food Regulation (FoFR) declared the alcohol industry had two years to implement voluntary pregnancy health information labels on alcohol products, before regulating this change. This voluntary period has been extended to 2016.

Alcohol industry organisation, DrinkWise commenced their voluntary scheme in July 2011. Evaluations of this voluntary scheme have found that the messages are weak, with low visibility and limited coverage of alcohol products.⁴⁰

The solution

It is important there is continued funding to respond to FASD and build on the work to date. The Australian Government must develop a second National Fetal Alcohol Spectrum Disorders Strategy from 2017-18 with action in prevention, diagnosis and management. With the release of the

Australian FASD Diagnostic Instrument and Referral Guide, this new strategy must include funding for a national clinical network with clinics located in urban, regional, rural and remote Australia to increase diagnoses of FASD. A national clinical network is also needed to allow for routine data collection and information sharing between health professionals to promote knowledge and expertise.

Mandatory pregnancy warning labels should also be applied to all alcohol products and point of sale material by 2018. If pregnancy warning labels are implemented properly with mandated regulations on the specifics of health warning label messages, design, and application, they have the potential to increase awareness and change behaviour by targeting the consumer at both the point of sale and point of consumption⁴¹.

Action required:

- Fund and develop a second National Fetal Alcohol Spectrum Disorders Strategy from 2017-18 with action in prevention, intervention, diagnosis and management.
- Mandate health warning labels on all alcohol products and point of sale material by 2018.
- Establish and fund a national register of children born with FASD, to enable evaluation of intervention measures.

Briefings and further information

The NAAA is pleased to provide detailed briefings to current Members of Parliament and Senators and all candidates standing in the 2016 Federal Election regarding any aspect of the NAAA policy statement.

To make general enquiries or to arrange a briefing, please contact the NAAA Secretariat.

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About the NAAA

The NAAA is a national coalition of health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm.

Currently comprising over 80 organisations with an interest in alcohol and public health, the formation of the NAAA represents the first time such a broad-based alliance has come together to pool their collective expertise around what needs to be done to address Australia's drinking problems.

NAAA aims to put forward evidence-based solutions with a strong emphasis on action.

The NAAA is intended as an alliance of health and community organisations committed to reducing alcohol-related harm in Australia. The NAAA works primarily in the policy arena as a network with enabling and supporting roles.

The current Co-Chairs of the NAAA are Dr John Crozier AM CSM and Michael Moore, CEO of the Public Health Association of Australia and President of the World Federation of Public Health Associations.

The NAAA is administered by an Executive Officer who acts as the day-to-day contact on behalf of the NAAA.

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