

NATIONAL ALLIANCE FOR  
**ACTION ON ALCOHOL**

2017 Western Australian Election Policy  
Statement

# Alcohol harms: A preventable problem

**The National Alliance for Action on Alcohol is coalition of WA and other Australian health and community organisations formed to reduce alcohol-related harm.**



## Introduction

The Western Australian Election this March provides the people of WA with an opportunity to ensure that their next Government takes action to reduce alcohol harms.

The true costs of alcohol harms on WA are vastly underestimated. This impact includes alcohol-related violence on the street and in people's homes, and child abuse and neglect. The lifelong impacts of Fetal Alcohol Spectrum Disorders (FASD) are devastating for individuals, families and carers. FASD is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure. The cost to WA also includes drink-driving fatalities and over 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.<sup>1</sup> This level of harm comes with a significant financial toll; alcohol costs Australians over \$36 billion a year.<sup>2</sup>

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

The NAAA calls upon all political parties to declare their commitment to action on alcohol.

## 3-point plan to prevent alcohol harm in WA

The NAAA's 3-point plan to reduce alcohol-related harm in WA 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: Improve liquor licensing arrangements.**

- Ensure that liquor retailers help offset the health and social harms from excessive alcohol consumption through commensurate licensing fees.
- Enhance community representation in liquor licensing decisions.

### **Action 2: Protect children from alcohol advertising.**

- Phase out alcohol advertising from public transport, including bus stops and buses (including school buses).
- Phase out alcohol advertising from government-owned sites, including sporting grounds.

### **Action 3: Prevent, diagnose and manage Fetal Alcohol Spectrum Disorders.**

- Continue and extend the 'Making FASD History' strategy.
- Enhance FASD-related disability services, including by ensuring eligibility on the WA NDIS and coordination of regional services.
- Continue to register children born with FASD on the Western Australian Register of Developmental Anomalies (WARDA), and improve diagnosis through doctor and public awareness.

# Action 1: Improve liquor licensing arrangements

## Current liquor licensing arrangements require improvement

Current liquor licensing fees do not reflect social or financial costs of harm from excessive alcohol consumption. The taxpayer and WA government are effectively subsidising liquor retailers, especially bottle shops, with liquor license fees which are not commensurate with the costs to the taxpayer of alcohol-related harms. The annual costs to WA include \$252 million in WA Police responses to alcohol-related matters,<sup>3</sup> \$235 million associated with alcohol related fatal crashes,<sup>4</sup> and \$96 million for hospitalisations for alcohol related conditions.<sup>5</sup>

Against these high costs, liquor store licenses (packaged liquor) annual fees are just \$578 per year in WA. This compares with a \$3896 base fee for each detached bottle shop in Queensland and \$1896 per license in Victoria. In the ACT, the fee depends on gross sales revenue, and ranges from \$598 for shops with less than \$5000 in annual sales revenue to \$30,770 for those with \$7 million or more.

The current process by which liquor licenses are granted inhibits genuine community input. The process is complex and there is little support provided to community members with reasonably held concerns about a license being granted. This contrasts with commercial applicants, many of whom are very well resourced and can devote considerable time and expertise to the process.

## The solution

The WA government should substantially increase liquor licensing fees and consider additional fees for higher risk licensees. This would raise revenue and help to offset the costs of harm from alcohol consumption currently borne by the WA government and taxpayer.

The WA government should remove impediments to community consultation in liquor licensing processes. This includes simplifying the manner in which community members can provide input and providing support for community participation.

### Action required:

- **Ensure that liquor retailers help offset the health and social harms from excessive alcohol consumption through commensurate licensing fees.**
- **Enhance community representation in liquor licensing decisions.**

## Action 2: Protect children from alcohol advertising

### 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 on public transportation or when enjoying government-owned facilities such as major sporting grounds. Many children and young people regularly use WA's buses, with school students accounting for 14% of boardings<sup>6</sup> A recent review of advertisements in Perth's bus stops found that 1 in 7 advertisements were for alcohol.<sup>7</sup> Sports participation and sports viewing are a major part of life for many Australian children, and one that ought to be encouraged to increase health and physical fitness. Yet too often, children attending government-owned sporting grounds are exposed to alcohol advertising.

This 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.<sup>8,9,10</sup> In addition, drinking from a young age can damage the developing brain,<sup>11</sup> and increase the risk of experiencing alcohol-related problems as a teenager and an adult.<sup>12</sup>

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.

### The solution

Alcohol advertising should be removed from all forms of public transport, including buses, trains and trams, and associated infrastructure like bus stops. This is in line with commitments from South Australia and the ACT. Removal could be achieved through a legislative ban or by altering advertising agency contracts.

Similarly, state government infrastructure including major sporting grounds should be free of alcohol advertising to which children will be exposed.

### Action required:

- **Phase out alcohol advertising from public transport, including bus stops and buses (including school buses)**
- **Phase out alcohol advertising from government-owned sites, including sporting grounds.**

## Action 3: 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,<sup>13</sup> 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.<sup>14</sup> 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.<sup>15</sup>

FASD is an umbrella term for a range of disabilities resulting from prenatal alcohol exposure<sup>16</sup>. The primary disabilities associated with FASD are linked to 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.<sup>17</sup> Certain WA communities have some of the highest prevalence of FASD in the world – 19% of children in one regional area.<sup>18</sup>

WA's "Making FASD History" strategy in the Kimberley and Pilbara has achieved a lot, including a reduction in the proportion of women drinking while pregnant from 65% in 2010 to 20% in 2015 and Australia's first prevalence study of FASD. Other parts of Western Australia, including the Goldfields, Bunbury and Midland/Armadale would benefit substantially from an extension of this strategy.

The WA government is already a leader in registering children with FASD on the Western Australian Register of Developmental Anomalies (WARDA), but FASD is likely underdiagnosed in WA.<sup>19</sup> The Australian Government recently released the *Australian FASD Diagnostic Instrument and Referral Guide (Guide)*, but there are only three FASD clinics across Australia, limiting implementation.

### The solution

WA has a serious problem in FASD but can build on real strengths. The "Making FASD History" strategy should be sustained in its current locations and expanded to Goldfields, Bunbury and Midland/Armadale. Development of the "Making FASD History" strategy into new locations would benefit from coordination of regional services. Ensuring eligibility for FASD-related disabilities on the NDIS would improve therapy and support services for people living with FASD, a lifelong condition.

Government education campaigns and other activities to train doctors in the *Guide* and raise public awareness of FASD would result in more affected children being diagnosed in time to make a real difference to their education and development. It would also improve data quality on the WARDA.

### Action required:

- **Continue and extend the 'Making FASD History' strategy.**
- **Enhance FASD-related disability services, including by ensuring eligibility on the WA NDIS and coordination of regional services.**
- **Continue to register children born with FASD on the Western Australian Register of Developmental Anomalies (WARDA), and improve diagnosis through doctor and public awareness.**

## Briefings and further information

The NAAA is pleased to provide detailed briefings to current Members of the Legislative Assembly and Legislative Council and to all candidates standing in the 2017 Western Australian Election regarding any aspect of this 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 40 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.

## References

- <sup>1</sup> World Health Organization. (2014). *Global status report on alcohol and health 2014*. WHO: Geneva.
- <sup>2</sup> Collins, D and Lapsley, H (2008). The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05 and Laslett, A-M et al (2010) The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health. Retrieved from <http://www.fare.org.au/wp-content/uploads/research/36-Billion.pdf>
- <sup>3</sup> Drug and Alcohol Office, Epidemiology Branch of Department of Health WA. (2014). Alcohol-related hospitalisations and deaths in WA: State profile. Perth: DAO.
- <sup>4</sup> Road Safety Commission website (2016). Available from: <https://rsc.wa.gov.au/Topics/Drink-Driving>.
- <sup>5</sup> WA Police Submission to the Liquor Control Act Review 2013 and WA Police Annual Report 2015.
- <sup>6</sup> Public Transport Authority. (2016). Annual Report 2015-16 Perth: PTA.
- <sup>7</sup> Pierce H, Stafford J, Daube M. (2013). The extent of alcohol advertising in Australia: an audit of bus stop advertisements. *MJA*. 198(9):478.
- <sup>8</sup> Anderson, P., de Buijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol and Alcoholism* 44(3): 229–243.
- <sup>9</sup> Gordon, R., MacKintosh, A.M., & Moodie, C. (2010). The impact of alcohol marketing on youth drinking behaviour: a two-stage cohort study. *Alcohol and Alcoholism* 45(5): 470–480.
- <sup>10</sup> Smith, L.A., & Foxcroft, D.R. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: Systematic review of prospective cohort studies. *BMC Public Health* 9(51).
- <sup>11</sup> NHMRC. (2009). *Australian Guidelines to Reduce the Health Risks from Drinking Alcohol*. Commonwealth of Australia. Canberra.
- <sup>12</sup> Grenard JL, Dent CW, Stacy AW. (2013). Exposure to Alcohol Advertisements and Teenage Alcohol-Related Problems. *Pediatrics* 131(2).
- <sup>13</sup> House of Representatives Standing Committee on Social Policy and Legal Affairs. *FASD: The Hidden Harm - Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*. Parliament of Australia. Canberra. 2012
- <sup>14</sup> National Health and Medical Research Council (NHMRC). (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Commonwealth of Australia.
- <sup>15</sup> O'Leary, C. (2002). Foetal Alcohol Syndrome: A literature review. National Alcohol Strategy 2001 to 2003-04 Occasional Paper. Commonwealth Department of Health and Ageing, Canberra.
- <sup>16</sup> Barr, H. M., & Streissguth, A. P. (2001). Identifying maternal self-reported alcohol use associated with fetal alcohol spectrum disorders. *Alcoholism: Clinical and Experimental Research*, 25(2), 283-287.
- <sup>17</sup> Communities for Children; Stronger Families and Communities Strategy, Drug Education Network Inc. (2011). Living with foetal alcohol spectrum disorder: A guide for parents and caregivers. <http://www.den.org.au/wp-content/uploads/2011/08/Living-with-FASD.2011.pdf>.
- <sup>18</sup> Oscar J. We must act. We must make FASD history. (2016). DrinkTank. Available from: [www.drinktank.org.au](http://www.drinktank.org.au).
- <sup>19</sup> Mutch RC, Watkins R Bower C. (2014). Fetal alcohol spectrum disorders: Notifications to the Western Australian Register of Developmental Anomalies. *Journal of Paediatrics and Child Health*, 51: 433-36.