

# Healthier Families, Safer Communities

2013 Federal Election Policy Statement



**NAAA**  
National Alliance for Action on Alcohol

# National Alliance for Action on Alcohol (NAAA)

Aboriginal Medical Services Alliance Northern Territory	Centre for Youth Substance Abuse Research	Police Federation of Australia
Addiction Journal	City of Port Phillip	Public Health Advocacy Institute
Alcohol and Drug Foundation Queensland	Diabetes Australia	Public Health Association Australia
Alcohol and Other Drugs Council of Australia	Drug Arm	Queensland Alcohol and Drug Research and Education Centre
Alcohol Policy Coalition (Victoria)	Foundation for Alcohol Research and Education	Queensland Network of Alcohol and Drug Agencies
Alcohol Tobacco and Other Drug Association ACT	Hobart City Council	Royal Australasian College of Physicians
Anglicare Australia	Independent Order of Rechabites	
Anyinginyi Health Aboriginal Corporation	Fraternity (Victoria) Inc Independent Order of Rechabites Queensland District No. 87 Inc.	Faculty of Public Health Medicine Chapter of Addiction Medicine
Australasian College for Emergency Medicine	Injury Control Council of Western Australia (Inc)	Russell Family Fetal Alcohol Disorders Association
Australasian Faculty of Public Health Medicine	Inner South Community Health Service	South Australian Network of Drug and Alcohol Services
Australasian Professional Society on Alcohol and other Drugs	Kidney Health Australia	Sydney South West Area Health Service
Australian Chronic Disease Prevention Alliance	Local Government Association Northern Territory	Tedd Noffs Foundation
Australian Dental Association	McCusker Centre for Action on Alcohol and Youth	Telethon Institute for Child Health
Australian Drug Foundation	Miwatj Health Aboriginal Corporation	The University of Newcastle
Australian Health Promotion Association	National Drug and Alcohol Research Centre	The University of Queensland
Australian Healthcare & Hospitals Association	National Drug Research Institute	The University of Southern Cross
Australian Injury Prevention Network	National Heart Foundation Australia	The University of Wollongong
Australian Medical Association	National Indigenous Drug and Alcohol Committee	Turning Point Alcohol and Drug Centre
Australian National Council on Drugs	National Local Government Drug and Alcohol Committee	Uniting Church in Australia
Australian Research Alliance for Children and Youth	National Organisation for Fetal Alcohol Syndrome and Related Disorders	UnitingCare ReGen
<i>beyondblue</i>	National Stroke Foundation	VicHealth
Byron Youth Service	Network of Alcohol and Other Drug Agencies	Victorian Alcohol and Drug Association
Cancer Council Australia	OnTrack	Western Australian Local Government Association
Cancer Council Tasmania	Pedestrian Council of Australia	Western Australian Network of Alcohol and other Drug Agencies
Cancer Council Victoria	People's Alcohol Action Coalition (Alice Springs)	Western Region Alcohol and Drug Centre

## Working together

The health and wellbeing of the nation's families and the safety and security of Australian communities can be strengthened if we work together to prevent alcohol related harm.

In 2009, the National Alliance for Action on Alcohol (NAAA) was formed with this goal in mind. Today, the NAAA is a national coalition representing more than 70 organisations from across Australia. The NAAA's members cover a diverse range of interests, including public health, law enforcement, local government, Indigenous health, child and adolescent health and family and community services.

This broad coalition of interests highlights the widespread concern in Australia about alcohol related harm, and also emphasises the importance of cross-sector community partnerships.

The far-reaching impacts of alcohol-related harm also underline why Australia urgently needs a whole-of-government strategy to drive and coordinate action.

This policy statement from the NAAA is based on up-to-date scientific evidence and advice from the country's leading experts on preventing alcohol related harm.

We know what the problem is, we know what to do, and now we need to get on and do it.

## A preventable problem

Australians know we have a drinking problem, and want action to stop things getting worse. A recent poll found that three-quarters of the population are concerned that this situation will not improve over the next five to ten years<sup>1</sup>.

The adverse effects of alcohol consumption are enormous:

- Alcohol plays a role in an extraordinary range of health problems, including cardiovascular disease, cancers, diabetes, nutrition-related conditions, overweight and obesity as well as the immediate impacts of alcohol for both the drinker and others<sup>2</sup>.
- The harms to others from somebody's drinking are often indiscriminate and far reaching, ranging from random acts of drunken violence to child maltreatment<sup>3</sup>.
- The total cost of alcohol problems in Australia each year exceeds \$36 billion, including the cost to the health system, law enforcement, lost productivity in the workplace, and the pain, suffering and harms to drinkers and those around them<sup>4,5</sup>.
- Indigenous Australians experience disproportionate rates of alcohol related harm. Mortality rates from alcohol-related diseases are 4-times higher among Indigenous than non-Indigenous populations<sup>6</sup>.
- In young people, drinking can adversely affect brain development and lead to alcohol-related problems in later life.
- Alcohol can trigger or worsen pre-existing mental health conditions (e.g. anxiety, depression, schizophrenia).
- Alcohol is a greater factor than speed, fatigue, weather or road conditions in fatal road crashes in Australia and is responsible for more than a third of road deaths.<sup>7</sup>
- Nearly half of all homicides in Australia are preceded by alcohol consumption, either by the victim or the offender.<sup>8</sup>
- Prenatal exposure to alcohol can result in Fetal Alcohol Spectrum Disorders (FASD) leading to learning difficulties, a reduced capacity to remember tasks from day to day, anger management and behavioural issues, impaired speech and muscle coordination, and physical abnormalities in the heart, lung and other organs<sup>9</sup>.

We don't have to accept this huge toll from alcohol, and for the sake of future generations we cannot ignore it.

The first step is acknowledging that while the size of the problem is vast, much of it is actually preventable. We are not awaiting medical breakthroughs for a solution. There is already ample scientific evidence and expertise to guide what needs to be done in preventing alcohol related harm.

The NAAA's 5-point plan brings together this evidence and highlights the priorities for action.

## 5-point plan to prevent alcohol-related harm

The NAAA's 5-point plan to reduce alcohol-related harm in Australia is based on scientific 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.

**Action 2:** Protect children from alcohol marketing and promotions.

**Action 3:** Improve safety and cut the costs to communities caused by alcohol.

**Action 4:** Give individuals information to make healthier and safer choices.

**Action 5:** Provide national leadership and motivation for action.

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

International evidence consistently shows that alcohol consumption and harm are influenced by price<sup>10</sup>. Alcohol taxation and pricing policy, as a means of increasing the price of alcohol, is one of the most effective interventions to reduce the level of alcohol consumption and related problems, including diseases and injuries, crimes against persons and property, and traffic accidents<sup>11</sup>.

Even small increases in the price of alcohol can have a significant impact on consumption and harm<sup>12</sup>.

Despite its known effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia.

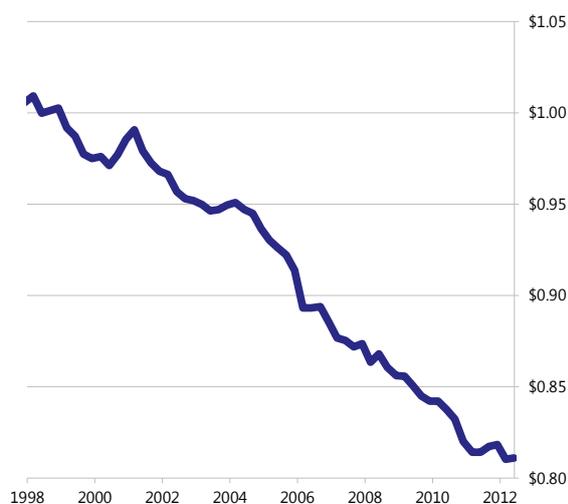
### The current alcohol tax system is broken

It is widely acknowledged by economists, public health authorities, and the government's own independent tax review that the current alcohol taxation system is broken and major reforms are needed, not just minor repair work.

The "Henry review" of taxes in Australia concluded that, 'taken together, current alcohol taxes reflect contradictory policies', are 'complex, and distort production and consumption decisions with no coherent policy justification', 'do not reflect the risks of consuming different products', and do not target the spill-over costs of consuming alcohol.<sup>13</sup>

The review highlighted that 'in particular, the wine equalisation tax (WET), as a value-based revenue-raising tax, is not well suited to reducing social harm'.<sup>14</sup>

Figure 1. Price of wine in Australia (in constant prices), 1998-2012<sup>15</sup>



The figure shows the changes in real price for any sized unit of wine costing \$1.00, as an example, in June 1999.

The price of alcohol has dropped in real terms since the introduction of the current alcohol taxation regime in 2000-01.

For example, a standard drink of wine costing one dollar in June 1999 has fallen in real terms to 81 cents in December 2012.

## Comprehensive reform is needed – based on public health principles

The NAAA recommends the following nine principles for reform of alcohol pricing and taxation policies, with the primary objective of reducing harm and promoting a safer drinking culture in Australia:

1. Taxation of alcohol should be based on the principle that alcohol is no ordinary commodity. It is a product responsible for major harms in our community.
2. Alcohol taxation is one of the most effective ways to reduce alcohol consumption and associated harms—and is especially effective if part of a broad-based health strategy.
3. The approach to alcohol taxation should be volumetric, with tax increasing for products with higher alcohol volumes.
4. The alcohol taxation system should have the capacity to target alcohol products deemed to be of higher risk, or creating additional harms in the community.
5. There should be an overall increase in alcohol taxation.
6. The real price of alcohol should increase over time.
7. Changes to tax should not result in a decrease in price for alcohol products, other than for low alcohol products.
8. To complement moving to a volumetric tax system, there is a need also to specify a minimum price per unit of alcohol, which will potentially affect only a relatively small proportion of drinkers while substantially reducing alcohol related harm.
9. A proportion of alcohol taxation revenue should be hypothecated to prevent and reduce harm from alcohol and to respond to its consequences.

### Immediate actions recommended:

- Abolish the Wine Equalisation Tax (WET) and replace it with a volumetric tax on wine.
- Establish a minimum (floor) price for all alcohol.
- Use some of the revenue from alcohol taxation to fund prevention and support programs.

## **Action 2: Protect children from alcohol marketing and promotions**

Alcohol marketing and promotions influence young people's perceptions of alcohol and drinking behaviours.

Alcohol is one of the most heavily promoted products in Australia, and there is now a considerable body of evidence showing that young people in Australia are exposed to dangerously high levels of alcohol advertising.

### **Why is alcohol advertising a problem?**

Children who regularly see alcohol advertising are more likely to start drinking at a young age<sup>16</sup>.

The more alcohol advertising that a young person sees, the more alcohol they are likely to drink<sup>17</sup>.

Drinking from a young age can damage the human brain<sup>18</sup>, and increase the risk of developing alcohol-related problems as a teenager and an adult<sup>19</sup>.

In short, alcohol marketing and promotion shapes young people's attitudes to drinking, prompts them to start drinking, and greatly increases the risk that they will drink at harmful levels.

### **Alcohol marketing and promotions in Australia**

Children and young people are regularly exposed to advertising depicting alcohol consumption as fun, social and inexpensive<sup>20</sup>.

Half of all alcohol advertising aired on Australian television appears during children's popular viewing times<sup>21</sup>.

Research shows that Australian teenagers aged 13 to 17 years are exposed to alcohol advertising on television at approximately the same level as young adults aged 18 to 24 years<sup>22</sup>.

Over 94% of Australian students aged 12 to 17 years report having seen alcohol advertising on television and the majority report having seen alcohol ads in magazines, newspapers, on the internet, on billboards/posters and promotional materials, and in bottle shops, bars and pubs<sup>23</sup>.

Additionally, there are sophisticated 'below the line' marketing strategies, increasingly using social media, that embed alcohol messages in young people's everyday lives.

Young people perceive messages in alcohol advertisements relating to the social benefits of consuming alcohol, including that the advertised products would make them more sociable and outgoing, help them have a good time and fit in, and be more confident<sup>24</sup>.

Alcohol marketing and promotions are particularly prominent in Australian sport, and because young people are avid participants in and viewers of sport, this exposes critical flaws in one of the current advertising regulatory codes that purports to protect children and young people – the *Commercial Television Industry Code of Practice*.

This Code does not allow alcohol advertising before 8:30pm. However, a loophole in the Code allows alcohol advertising to be shown at any time of day on weekends or public holidays if it is part of a live sporting broadcast. This results in thousands of Australian children being exposed to alcohol advertising.

## **The effectiveness of the current self-regulatory system of alcohol advertising**

The alcohol and advertising industries claim that alcohol advertising in Australia is adequately self-regulated by the alcohol and advertising industries themselves, through the Alcohol Beverages Advertising Code (ABAC).

However, there is ample evidence that the self-regulatory system overall has failed, not the least through the high level of alcohol advertising to which young people in Australia are exposed.

There is a range of other specific deficiencies in the ABAC Scheme and the way in which it is implemented, including<sup>25</sup>:

- The ABAC Scheme is voluntary, which means non-signatories have no obligation to comply with decisions and therefore go unregulated;
- There are no penalties if an advertiser breaches the ABAC;
- ABAC only covers certain forms of direct advertising (for example it does not cover sponsorship, gift with purchase, or product placement);
- ABAC only deals with the content, not the placement, of advertisements. Placement is handled in an incomplete and inconsistent manner under a number of other codes;
- ABAC does not adequately regulate alcohol advertising on social media;
- Making a complaint is difficult and confusing, and the process moves slowly in comparison with the fast-moving world of advertising campaigns.

## Protecting young people from alcohol marketing and promotions

We urgently need comprehensive reform of the alcohol advertising regulatory arrangements in Australia.

The NAAA calls for the establishment of a comprehensive regulatory framework that will:

- Ensure effective regulation of advertising and promotions for alcohol, including a special focus on minimising the exposure of children and young people to alcohol marketing and promotions.
- Include the phasing out of alcohol sponsorship of music events to which children and young people may be exposed, the prohibition of alcohol sponsorship of junior sports teams, clubs or programs, and an end to the exposure of young people to alcohol promotion through and during sporting events.
- Cover all forms of alcohol marketing and promotions, including point-of-sale promotions, print and media advertising, packaging, labelling, sponsorship, viral and internet campaigns.
- Ensure that standards in relation to advertising, promotion and labelling are stringently applied with penalties for significant breaches.
- Ensure that the standards are monitored through a process independent of the alcohol industry, with membership including expertise in public health and health-related marketing.
- Require alcohol companies to disclose their annual advertising, sponsorship and promotional expenditures.

As a first step, the current exemption permitting alcohol advertising during live sporting broadcasts before 8:30pm on commercial free-to-air television should be removed as a way of reducing children's exposure to alcohol marketing and promotions.

There is also a need for ongoing monitoring and evaluation of the impact of alcohol marketing and promotions in Australia, particularly on young people. This should also focus on identifying and analysing new and emerging marketing and promotion trends and initiatives and recommending how laws and regulations should address this.

### Immediate actions recommended:

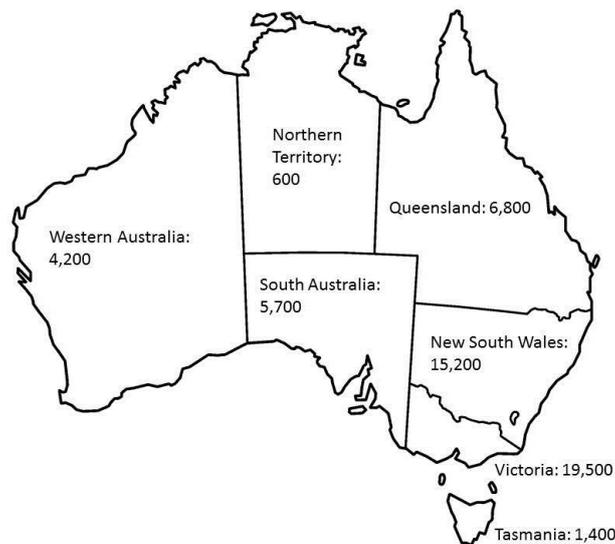
- Close the regulatory loophole that allows alcohol advertising during live sport.
- Ban point-of-sale alcohol promotions that target young people such as 'gifts with purchase' deals.
- Develop and apply new alcohol advertising restrictions for social media and other emerging forms of online marketing and promotions.
- Establish an alcohol advertising regulatory process independent of the alcohol industry.

## Action 3: Improve safety and cut the costs to communities caused by alcohol

### The saturation of communities with alcohol is fuelling risky drinking

There is heightened concern in communities across Australia about the impacts of increased availability of alcohol, primarily caused by the deregulation of liquor control laws.

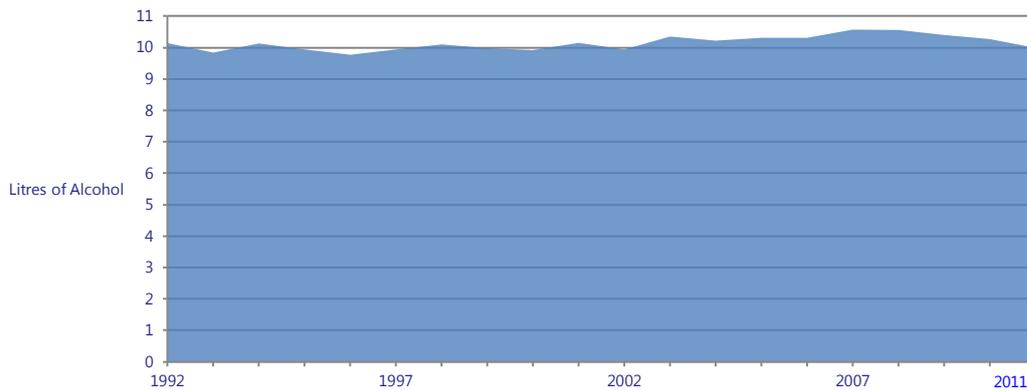
Figure 2. Alcohol outlets in Australia, 2013<sup>26</sup>



Australia is awash with alcohol (see Figure 2). If all alcohol sold in Australia each year (180 billion litres) was shared evenly across the population of drinkers aged 15+ years (14.9 million people), average daily consumption would be 2.6 standard drinks per person: exceeding the low-risk level advised by National Health and Medical Research Council (NHMRC) of no more than two standard drinks on any day to reduce the lifetime risk of harm from alcohol-related disease or injury<sup>27</sup>.

Despite some inaccurate claims to the contrary, the level of per capita consumption has been almost unchanged at around 10 litres of alcohol per year over the past two decades (see Figure 3). This level is high by world standards.

**Figure 3. Annual per capita alcohol consumption (persons aged 15+ years), Australia, 1992 to 2011 (year ended 30 June).**



While many Australians are light drinkers, there remains a strong culture of risky drinking – often with disastrous consequences. Sadly, this harmful culture is almost taken for granted.

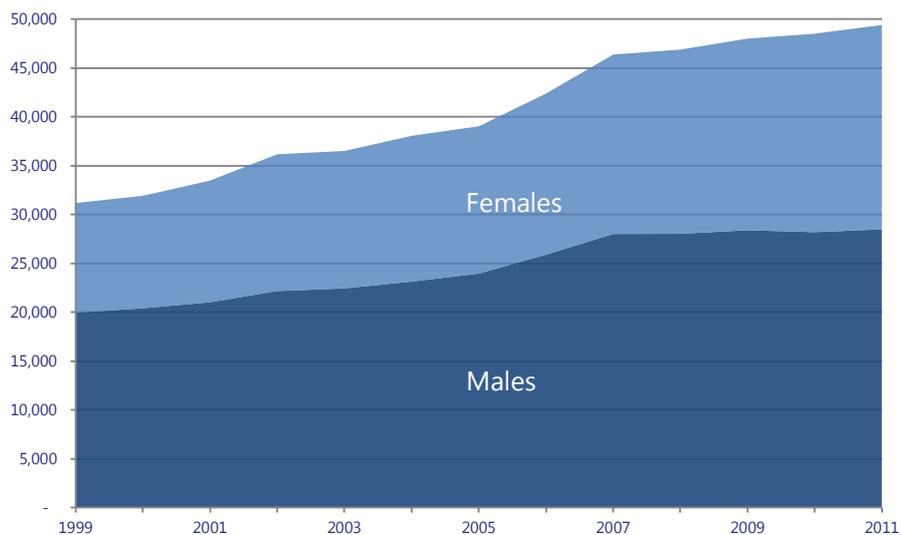
The most recent National Health Survey revealed that close to half (45%) of the Australian population drink at risky levels (more than 4 standard drinks on a single occasion)<sup>28</sup>.

Clearly, we are not talking here about a small minority, but an embedded, mainstream culture of risky drinking that increases the risk of injuries through road crashes, assault and domestic violence, and the risk of diseases such as liver disease and cancer.

### Rates of alcohol-related harm are increasing

Ten years ago, rates of alcohol related harm in Australia were unacceptable – now things are even worse.

**Figure 4. Alcohol attributable hospitalisations by sex, New South Wales, 1999 to 2011 (year ended 30 June)<sup>29</sup>**



In Australia's most populous state, New South Wales, alcohol related hospitalisations increased by 58% between 1998–99 and 2010–11, from 31,000 to 49,000. Of concern, hospitalisations of women almost doubled (see Figure 4).

In Victoria, alcohol related hospital admissions have increased by almost 50% over the past decade, from around 17,000 in 2001 to over 25,000 in 2012. The number of alcohol-affected people attended to by ambulances tripled over the past decade, and the number of people presenting at emergency departments because they were injured or sick after drinking too much increased by 93%<sup>30</sup>.

Alcohol was the most common principal drug of concern for which specialised treatment was sought in 2010–11 in Australia, accounting for almost half of treatment episodes, such as a period of counselling over several weeks (47%). The trend here is also telling, with treatment episodes increasing from 41,000 in 2001–02 to 68,000 last year<sup>31</sup>.

The proportion of people being physically abused by a person under the influence of alcohol is also on the rise, increasing from 4.5% in 2007 to 8.1% in 2010<sup>32</sup>.

## **It's time to put the brakes on the increasing availability of alcohol**

In many of our major cities and regional centres, the link between higher density of alcohol outlets and increased alcohol-related violence has been the focus of significant public attention and concern.

Similarly, there is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems. Evidence also indicates that a reduction in these hours can contribute to a reduction in these same problems.

Australian research in Newcastle showed that reducing opening hours to 3am, along with other controls such as stopping the sale of shots and pre-mixed spirits after 10pm and imposing a 1am lockout, can significantly reduce the incidence of alcohol related assault<sup>33</sup>.

In this context, the NAAA is calling for action to reassess approaches to alcohol availability and enforcement of legislation. The NAAA considers that treating alcohol like an ordinary commodity and prioritising market competition over public health will continue to exacerbate Australia's harmful drinking culture.

Additionally, there is a need for national guidelines on alcohol outlet density and opening hours. There remains a lack of cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems and on how this relationship should inform decision making.

NAAA proposes the development and introduction of national guidelines outlining how these issues should be considered in planning and liquor licensing decision-making, and defining levels of risk related to outlet densities that can be used to guide liquor control laws in each jurisdiction.

Recognising the critical importance of research and evaluation to inform policy in this area, NAAA also calls for the development of nationally consistent, comprehensive and current data collection on alcohol outlets, alcohol sales, and alcohol-related harms.

## Immediate actions recommended:

- Task the Intergovernmental Committee on Drugs (IGCD) to develop national guidelines regarding restrictions on the availability of alcohol that could be applied in states and territories in the development of liquor licensing laws and regulations.
- Provide resources, guidance and the necessary legal and regulatory frameworks for local communities to develop, implement and sustain Alcohol Management Plans.
- Empower local communities and health and law enforcement agencies to have a greater say in liquor licensing decisions (social impact, density, opening hours, conditions).
- Strengthen the enforcement of liquor laws with a focus on those who sell and supply alcohol rather than just the individuals who consume alcohol.
- Ensure a continuing focus on measures that will protect minors from the harms of alcohol.

## **Action 4: Give individuals information to make healthier and safer choices**

### **Australians are largely unaware of the health risks of drinking**

While reforms to alcohol taxation, stricter regulation of alcohol advertising, and tighter controls on alcohol availability are the cornerstones of the NAAA's plan to reduce alcohol related harm in Australia, there is also a need to equip individuals with greater knowledge to make informed decisions about their drinking.

Alcohol consumption is a known cause of numerous potentially fatal diseases and significantly increases the risk of serious injury to drinkers and those around them. Yet public awareness of the consequences of drinking is extremely low, and most health and safety messages about alcohol are drowned out by alcohol industry advertising.

Critically important consumer information about the health risks from drinking based on the best available scientific evidence was provided in 2009, by the National Health and Medical Research Council (NHMRC)<sup>34</sup> [See box below].

#### **Summary of the NHMRC Australian guidelines to reduce health risks from drinking alcohol**

##### **Guideline 1: Reducing the risk of alcohol-related harm over a lifetime**

The lifetime risk of harm from drinking alcohol increases with the amount consumed.

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

##### **Guideline 2: Reducing the risk of injury on a single occasion of drinking**

On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed.

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.

##### **Guideline 3: Children and young people under 18 years of age**

For children and young people under 18 years of age, not drinking alcohol is the safest option.

A. Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

B. For young people aged 15–17 years, the safest option is to delay the initiation of drinking for as long as possible.

##### **Guideline 4: Pregnancy and breastfeeding**

Maternal alcohol consumption can harm the developing fetus or breastfeeding baby.

A. For women who are pregnant or planning a pregnancy, not drinking is the safest option.

B. For women who are breastfeeding, not drinking is the safest option.

Despite the importance of these guidelines, public awareness around them is very low. Only half of the adult Australian population are aware the guidelines exist, and only 11% are aware of the content<sup>35</sup>.

Knowledge of the specific health risks from drinking is also dangerously low. Less than half of Australians are aware that drinking alcohol increases the risk of cancer, and only 19% of people are aware that one in five breast cancers are due to alcohol<sup>36</sup>.

This is no surprise, given the absence of a consistent, comprehensive public education campaign about the health risks of drinking alcohol.

## Action is needed on the risks of drinking while pregnant

One in five women continue to consume alcohol during pregnancy<sup>37</sup>, despite the recommendation in the NHMRC guidelines that alcohol should be avoided. This is a major concern given the evidence showing that prenatal alcohol consumption can result in FASD – the leading preventable cause of non-genetic developmental disability in Australia.

Currently in Australia, there is no comprehensive public education campaign, no diagnostic tool, and very few services and supports available for people born with FASD, or their families and carers.

In November 2012, the House of Representatives Parliamentary Inquiry into Fetal Alcohol Spectrum Disorders handed down its final report, *FASD: The hidden harm, Inquiry into the prevention, diagnosis and management of FASD*. The Parliamentary Inquiry report made a number of recommendations including the need for a 'National Plan for Action for the prevention, diagnosis and management of FASD'.

A fully funded National Plan for FASD, *The Australian Fetal Alcohol Spectrum Disorders Action Plan 2013–16*, has now been developed by leading experts on FASD in Australia<sup>38</sup>. The Plan should be adopted and would contribute to preventing FASD, while ensuring appropriate FASD diagnosis and support services for people with FASD, their parents and carers.

## Labelling will make a difference

The majority of Australians support the introduction of health information labels on alcohol products<sup>39</sup>.

If alcohol information 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 consumption<sup>40</sup>.

The NAAA believes that health information labels on alcohol products should be:

- mandatory and applied consistently across all products so they are visible and recognisable;
- comprised of both a symbol and text;
- applied to the front of the product with specified sizing;

- inclusive of a range of specific messages, which are rotated and updated regularly;
- developed by public health experts on the basis of appropriate research;
- regulated and enforcement by government; and,
- accompanied by a well-funded, sustained, and comprehensive public education campaign, using various forms of media, to reinforce the messages on the health warning labels.

### Immediate actions recommended:

- Introduce pregnancy warning labels by 1 January 2014 as recommended by the House of Representatives Social Justice Committee's FASD Inquiry.
- Adopt the *Australian Fetal Alcohol Spectrum Disorders (FASD) Action Plan*, with a focus on prevention, diagnosis and support for people with FASD and their carers.
- Raise public awareness of the NHMRC *Australian guidelines to reduce health risks from drinking alcohol* through research-based alcohol information labels and complementary point of sale information.
- Invest in a long-term national approach to public education campaigns on alcohol that is well-planned, adequately funded and evaluated, and completely independent of the alcohol industry.

## **Action 5: Provide national leadership and motivation for action**

*“The development of alcohol policies is the sole prerogative of national authorities. In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests”<sup>41</sup>*

*Dr Margaret Chan  
WHO Director General, 2013*

### **Australia’s international commitment**

Internationally, alcohol consumption is among the top three risk factors for the total global disease burden, accounting for 5.5% of disability-adjusted life years (DALYs) lost, behind tobacco smoking including second-hand smoke (6.3%) and high blood pressure (7.0%)<sup>42</sup>.

Australia is clearly not alone in facing the major public health challenge of reducing alcohol related harm. At the sixty-sixth World Health Assembly in May 2013, Australia joined with other member countries to endorse the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013–2020, which includes a target of at least a 10% relative reduction in harmful use of alcohol.

It now remains to be seen whether Australian governments will honour this commitment and show the courage needed to take effective action to reduce alcohol related harm.

### **The cost of not acting**

As a wealthy country with a strong economy, Australia is better placed than many others to take action on alcohol. Not acting will lead to increasing rates of disease, injury and death due to alcohol that will undermine the nation’s future social and economic development.

Australia has an admirable track record in addressing major threats to public health to build upon, in areas such as road safety, UV protection, tobacco control and the prevention of HIV-AIDS.

Our success in these areas reflects a commitment to evidence-based approaches, multi-sectorial collaboration, and utilising a range of complementary strategies.

The skills and capabilities that Australia has developed from this provide the necessary confidence and experience to take effective action to reduce alcohol related harm.

There is no excuse for not acting to reduce alcohol related harm in Australia. The cost of not acting is enormous relative to the small investment required to implement a combination of very effective population-wide and individually targeted strategies.

For high-income countries such as Australia, it is estimated that the cost of taking effective action equates to less than one per cent of the nation’s current health spending<sup>43</sup>.

With the right mix of evidence-based policy interventions, a substantial amount of harmful alcohol consumption can be reduced, and as a result almost half of all deaths attributed to alcohol in Australia can be avoided<sup>44</sup>.

### **Immediate actions recommended:**

- Develop a comprehensive national alcohol strategy with the objective of reducing annual adult per capita alcohol consumption by 10% within 15 years.
- Make Commonwealth health funding to States and Territories conditional on the achievement of measurable targets in the reduction of alcohol related injuries, diseases and deaths.
- Commit to a program of action based on the priorities identified by the NAAA:
  - Reduce harmful drinking through changes to alcohol taxation.
  - Protect children from alcohol marketing and promotions.
  - Improve safety and cut the costs to communities caused by alcohol.
  - Give individuals information to make healthier and safer choices.
  - Provide national leadership and motivation for action.

## Briefings and further information

The NAAA would be pleased to provide detailed briefings to current MPs and Senators and all candidates standing in the 2013 federal election regarding any aspect of our policy statement.

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

Tel: 03 9635 5384

Email: [naaa@cancervic.org.au](mailto:naaa@cancervic.org.au)

Web: [www.actiononalcohol.org.au](http://www.actiononalcohol.org.au)

## 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 75 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 Professor Mike Daube, Director of the McCusker Centre for Action on Alcohol and Youth and Mr Todd Harper, Chief Executive Officer of the Cancer Council Victoria.

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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