

NATIONAL ALLIANCE FOR  
ACTION ON ALCOHOL

Taking policy  
action to  
reduce  
alcohol-fuelled  
harms

POLICY PLATFORM

## POLICY PLATFORM

# About the National Alliance for Action on Alcohol

The National Alliance for Action on Alcohol (NAAA) is a coalition of health and community organisations from across Australia which aims to reduce alcohol-fuelled harm. The NAAA was formed in 2009 and represents more than 20 organisations representing a diverse range of interests, including public health, Aboriginal and Torres Strait Islander health, child and adolescent health, family and community services, and people with lived experience of alcohol-fuelled harm.

The broad coalition of interests represented by the NAAA highlights widespread concern in Australia about alcohol-fuelled harm and recognises the importance of cross-sector community partnerships. The impacts of alcohol are far-reaching, and Australian governments urgently need to implement policy changes as part of a coordinated strategy to drive and sustain action on this pressing community issue.

## NAAA members

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Alcohol and Drug Foundation
- Alcohol Tobacco and Other Drugs Association ACT (ATODA)
- Alcohol Tobacco and Other Drugs Tasmania Incorporated
- Australian Chronic Disease Prevention Alliance
- Australasian College of Emergency Medicine
- Australian College of Midwives
- Australian Rechabite Foundation
- Australian Healthcare and Hospitals Association
- Cancer Council Victoria
- Cancer Council Western Australia
- Centre for Alcohol Policy Research
- Dalgarno Institute
- Drug Awareness and Relief Foundation
- Foundation for Alcohol Research and Education (FARE)
- Independent Order of Rechabites Queensland
- Lives Lived Well
- People's Alcohol Action Coalition
- Public Health Advocacy Institute of Western Australia
- Public Health Association of Australia
- Royal Australasian College of Surgeons
- Russell Family Fetal Alcohol Disorders Association
- Sober in the Country
- Western Australia Network of Alcohol and Other Drug Agencies (WANADA)

# Contents

- 4 Executive summary
- 7 Introduction
- 9 The issue: The extent of alcohol-fuelled harm in Australia
- 12 The principles of the NAAA Policy Platform
- 14 **The solutions:** How Australia can reduce alcohol-fuelled harm
- 14 **Priority one:** Protect children from advertising of alcohol products
- 17 **Priority two:** Support pricing policies that reduce alcohol-fuelled harm
- 20 **Priority three:** Raise awareness of the harms caused by alcohol to inform and influence Australians
- 22 **Priority four:** Prevent the consumption of alcohol products during pregnancy
- 24 **Priority five:** Prevent alcohol industry interference in policymaking
- 26 **Priority six:** Reduce harm from online sale and delivery of alcohol products
- 28 References



# Executive summary

**Everyone should be able to live in a community where they can live, work and raise children safe and free from harm. However, this opportunity is not afforded to many Australians who experience harms caused by alcohol.**

**Each year, alcohol products are responsible for almost 6,000 deaths among Australians aged 15 years and older and more than 144,000 hospitalisations.<sup>1</sup>**

The alcohol industry has seized upon the COVID-19 pandemic to promote alcohol use at home. Levels of alcohol-fuelled harm, including family violence and high-risk drinking, have increased during COVID-19 restrictions.

Alcohol contributes to health inequities for some of the most vulnerable people in our communities. This includes people at risk of family violence, people experiencing mental illness, trauma and alcohol dependence, and other vulnerable groups. Alcohol products fuel family violence, child abuse and neglect, and harm to young people. These products contribute to up to 65 per cent of police-reported family violence incidents and 47 per cent of child abuse cases in Australia each year.

Alcohol use is one of the main causes of poor health globally. In recognition of the harm caused by alcohol, the Australian government has committed to a 10 per cent reduction in the harmful use of alcohol by 2028.

The NAAA has used the most up-to-date, evidence-based research to develop clear policy solutions to reduce alcohol-fuelled harm in Australia. Three principles should underpin these solutions:

- 1 Policies should be guided by an understanding of the social drivers of alcohol-fuelled harm.**
- 2 Governments should take an evidence-based approach to policy development.**
- 3 Governments should collect data and evaluate the impacts of policies and programs.**

## Priorities and recommendations

The NAAA recommends that the Australian Government should prioritise the following policy action areas to reduce alcohol-fuelled harm:

### **PRIORITY 1:** Protect children from alcohol advertising

The alcohol industry advertises relentlessly through media and in places where children and young people can see it. Alcohol advertising makes children and young people more likely to start using alcohol products at a younger age and to drink more if they are already using alcohol. Voluntary, industry-led codes are ineffective for protecting children and young people from alcohol advertising.

#### **Recommendations for the Australian Government:**

- Reduce children's exposure to alcohol advertising by introducing independent, legislated controls that cover the volume, content and placement of all forms of alcohol advertising across all media and platforms.
- Phase out alcohol sponsorship of sports teams, sporting events and music events.
- Take immediate action to:
  - > remove the exemption in the Commercial Television Industry Code of Practice that allows alcohol advertisements to be broadcast during sports programs
  - > extend the free-to-air television restrictions on alcohol advertising to subscription and catch-up television platforms, and
  - > end the Australian Government's participation in the ABAC Scheme.

### **PRIORITY 2:** Support pricing policies that reduce alcohol-fuelled harm

The cheaper alcoholic products are, the more people drink, and the more they suffer harm. Policies to increase the price of alcohol products are among the most effective in reducing alcohol-fuelled harm.

#### **Recommendations for the Australian Government:**

- Introduce a volumetric tax across all alcohol products.
- Increase all alcohol tax by at least 10 per cent.

### **PRIORITY 3:** Raise awareness of the harms caused by alcohol to inform and influence Australians

Many Australians are unaware of the range and magnitude of the harms caused by alcohol products, and most do not understand that alcohol causes cancer.

#### **Recommendation for the Australian Government:**

- Substantially invest in evidence-based, targeted and ongoing campaigns and preventative programs that increase awareness of alcohol harms.

## **PRIORITY 4:** Prevent the consumption of alcohol products during pregnancy

Use of alcohol products during pregnancy is associated with a range of adverse consequences. This includes a higher risk of miscarriage, stillbirth, premature birth, low birth weight, and Fetal Alcohol Spectrum Disorder (FASD), the leading cause of preventable developmental disabilities in Australia.

### **Recommendations for the Australian Government:**

- Provide adequate investment to implement the *National FASD Strategic Action Plan 2018–2028*.
- Implement the findings from the Senate Community Affairs Committee inquiry into *Effective Approaches to Prevention, Diagnosis and Support for Fetal Alcohol Spectrum Disorder*.

## **PRIORITY 5:** Prevent alcohol industry interference in policymaking

The alcohol industry uses the same tactics as the tobacco industry to ward off government regulation and undermine effective alcohol policies. Governments must prioritise the protection of alcohol policy development from influence by vested interests.

### **Recommendations for the Australian Government:**

- Prohibit political donations from the alcohol industry.
- Prohibit the alcohol industry from being involved in developing alcohol policy.
- Reform lobbying roles to reduce opportunities for key employees to move between government and the alcohol industry, and increase the transparency of interactions between the two.

## **PRIORITY 6:** Reduce harm from online sales and delivery of alcohol products

Online sales and rapid deliveries of alcohol products have increased significantly during the COVID-19 pandemic, and have created a step change in alcohol availability and risk. People who use alcohol delivery services are more likely to be high-risk drinkers, and many use these services to keep drinking when their alcohol supplies are exhausted. Online retailers do not verify the age of people purchasing alcohol, and research has found that orders are often left unattended or ID is not checked. People often receive alcohol orders despite already being intoxicated.

### **Recommendations for state and territory governments:**

- Prevent delivery of alcohol products within two hours of an order being placed, and between the hours of 10pm and 10am.
- Require age to be verified at the point of online purchase of alcohol products, and photo identification to be witnessed when alcohol orders are delivered or collected.
- Prevent deliveries of alcohol products being left unattended at any time.
- Prevent delivery of alcohol products to someone who is intoxicated.

**The NAAA believes that everyone should have the opportunity to live in a community that keeps them and their family safe and free from harm.**

**However, this opportunity is not afforded to many individuals, families and communities who experience harm caused by alcohol. Alcohol takes a significant toll on our communities, fuelling violence, injuries and deaths.**

Some of those most at harm include:

- children and young people
- those living in rural and remote areas
- people experiencing family violence
- high risk drinkers and
- people living with mental illness.

The more alcohol that is sold, the more the alcohol industry profits, and the more people in our communities suffer harm. During the COVID-19 pandemic, the alcohol industry has seized on the challenges faced by Australians, aggressively promoting alcohol products as a way of coping with the challenges of lockdown and isolation at a time when people are vulnerable. Levels of alcohol-fuelled harms, such as family violence and risky drinking, have increased.

Australian governments need to act to ensure people are placed ahead of alcohol industry profits. They must take more responsibility for regulating alcohol products, introduce proven measures that reduce the harms from alcohol products and keep people healthy and well. We know what these measures are – now all that is needed is action.

## About this Platform

This Platform outlines the policy priorities of the NAAA for reducing alcohol-fuelled harm in Australia. These policies have been developed by the NAAA's member organisations and reflect the best available evidence on effective measures to reduce alcohol-fuelled harm. In developing this Platform, we have consulted the Australian Government's 2019–2028 National Alcohol Strategy, which outlines important policy options for all Australian governments.

Our Platform primarily focuses on the actions that the Australian Government can take to meet its targets for reducing harm caused by alcohol products. We also make some recommendations for policy actions by state and territory governments to reduce the harm caused by the alcohol industry. Whilst we do not go into further detail, the NAAA strongly supports the work of state and territory-based alcohol harm reduction alliances and peak bodies in advocating for broader policy change in their jurisdictions.

This includes:

- reducing the availability of alcohol products, including through controls on the trading hours of alcohol outlets, and the density of alcohol outlets in local areas
- providing greater community control over the availability of alcohol products
- introducing a minimum unit price for alcohol products
- protecting children from outdoor alcohol advertising, including near schools, on public transport and at sports grounds
- ensuring that state and territory liquor legislation prioritises the reduction of harm ahead of commercial interests.

This Platform is focused on policy action that can prevent and reduce alcohol-fuelled harms across the population. Whilst alcohol treatment and support are not within the scope of this Platform the NAAA believes these interventions are crucial for people experiencing harm caused by alcohol. We urge Australian governments to ensure that appropriate, timely and adequately-resourced alcohol treatment services are available to those who need them. Australian governments have the power to implement effective policies that reduce demand for alcohol treatment services. They can embed broad-scale policy interventions across the population, significantly reducing alcohol-fuelled harms.

The NAAA also strongly supports the work of state and territory-based alcohol harm reduction alliances and peak bodies in advocating for broader policy change in their jurisdictions.



## POLICY PLATFORM

# The issue: The extent of alcohol-fuelled harm in Australia

**The alcohol industry and its products fuel significant harm in our communities. This is especially the case for some of the most vulnerable people within Australia. Alcohol causes at least seven types of cancer, and other chronic diseases. Each year, alcohol products are responsible for almost 6,000 deaths among Australians aged 15 years and older and more than 144,000 hospitalisations.<sup>1</sup>**

The more alcohol that is sold, the more the alcohol industry profits, and the more people in our communities suffer harm. The alcohol industry knows that its products cause cancer and other health problems, yet it obscures the evidence about these health impacts and continues to relentlessly market its products, including to vulnerable people in the community.

**Each year, alcohol products are responsible for almost 6,000 deaths among Australians aged 15 years and older and more than 144,000 hospitalisations.**

## The alcohol industry is fuelling harm during the COVID-19 pandemic

The alcohol industry has seized on the challenges faced by Australians during the COVID-19 pandemic, promoting alcohol products as a way of coping with the challenges of lockdown and isolation at a time when people are vulnerable. Marketers have turned to online marketing and home delivery to continue to drive sales. In Australia, there have been increases in retail sales of alcohol products,<sup>2,3</sup> and the alcohol industry has rapidly pivoted its marketing strategies to exploit the pandemic and push alcohol use at home on vulnerable people in isolation.

Since the start of lockdown in March 2020, levels of alcohol-fuelled harm, such as family violence and risky drinking, have increased. In May 2020, the ANU released a nationally representative study that found men and women were drinking more frequently during the pandemic than in the three years prior.<sup>4</sup> Frontline services note that family violence is increasing. Women's Safety NSW surveyed 53 domestic violence specialist services, finding that almost half (49 per cent) of services saw an increase in caseload, and 51 per cent reported an increase in the role of alcohol use.<sup>5</sup> Contacts with family violence and sexual assault counselling service 1800RESPECT are 11 per cent higher than at the same point in 2019.<sup>6</sup>

**49 per cent of domestic violence services saw an increase in caseload during the COVID-19 pandemic.**

## Some communities are harmed to a greater extent by alcohol than others

Health inequities are apparent for some of the most vulnerable people in our communities, including those experiencing family violence, as well as children and young people. A range of social indicators such as age, gender, Aboriginal and Torres Strait Islander status, socio-economic status and geographic location (rural and remote areas) are associated with higher levels of alcohol harm.<sup>7</sup> Other vulnerable groups include people experiencing mental illness, alcohol dependence, trauma and high-risk drinking.

While people from lower socio-economic groups are more likely to abstain from alcohol than those from higher socio-economic groups, they are disproportionately harmed by alcohol products.<sup>8</sup> The industry relies on heavy drinkers for the vast majority of its profit; over half (54 per cent) of all alcohol sold in Australia is consumed by just 10 per cent of drinkers.<sup>9</sup>

Factors associated with socio-economic disadvantage (such as poverty, stress and difficulty accessing quality healthcare) are likely to compound harmful impacts of alcohol use.<sup>10</sup>

Aboriginal and Torres Strait Islander peoples are more likely to abstain from alcohol, but also bear the burden of higher levels of alcohol-fuelled harm.<sup>11</sup> Between 2018 and 2019, 16.5 per cent of clients of alcohol and other drug treatment services were Aboriginal and Torres Strait Islanders aged 10 and over.<sup>12</sup> Alcohol-related mortality rates are 4.9 times higher for Aboriginal and Torres Strait Islander peoples than among non-Aboriginal and Torres Strait Islander people.<sup>13</sup>

Australian Institute of Health and Welfare data shows that Australians living in remote and rural areas are 1.6 times as likely as those in major cities to consume alcohol at levels that exceeded both the lifetime risk guideline (25 per cent compared with 15.5 per cent) and the single occasion risk guideline (38 per cent compared with 24 per cent).<sup>14</sup>

People in rural and remote areas may face stressful issues such as drought, fires, a strong drinking culture and isolation and they are more likely to be risky drinkers than those living in major cities.<sup>15,16</sup> In addition, they may have difficulty accessing treatment services, compounding the harmful impacts of alcohol use.<sup>17,18</sup>

Australians living in remote and rural areas are more likely to be risky drinkers than people living in cities.

## Alcohol products fuel family violence and harm to children and young people

Alcohol products significantly contribute to family violence in Australia. They are associated with both the likelihood of family violence occurring and the severity of harms that result from this violence.<sup>19</sup> In Australia, alcohol products are involved in up to 65 per cent of family violence incidents reported to police each year.<sup>20</sup> Australian Institute of Health and Welfare data shows that more than half of all homicide perpetrators who killed an intimate partner were under the influence of alcohol products.<sup>21</sup>

Children and young people also experience the devastating impacts of harm caused by the alcohol industry. Alcohol products are involved in up to 47 per cent of child abuse cases in Australia each year.<sup>22</sup> An estimated 10,166 children are in the child protection system at least partly due to a carer's use of alcohol products. In addition, an estimated 142,582 children who are not within the child protection system are substantially affected by someone's alcohol consumption.<sup>23</sup> This includes witnessing serious violence in the home, being left unsupervised and being verbally or physically abused. Young people suffer greater levels of alcohol-fuelled harm, with 13 per cent of deaths in 14–17 year-old children caused by alcohol.<sup>24</sup> Alcohol products contribute to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide.<sup>25</sup>

## Alcohol use is one of the main risk factors for poor health globally

The WHO has noted that alcohol is one of the main risk factors for poor health globally. Its 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* (Global Strategy), endorsed by the World Health Assembly, provides a roadmap of policy and program options for countries to reduce the harms caused by alcohol products.<sup>26</sup>

## Targets for reducing alcohol use

The WHO's *Global Action Plan for the Prevention and Control of NCDs 2013–2020* builds on the Global Strategy and includes targets, including at least a 10 per cent relative reduction in the harmful use of alcohol worldwide or in each member country.<sup>27</sup> Australia committed to this target in the National Alcohol Strategy 2019–2028.<sup>28</sup>

To achieve these targets, Australian governments need to act to ensure people are placed ahead of alcohol industry profits. Governments can and should take more responsibility for regulating alcohol products. This includes introducing proven measures that reduce the harms from alcohol products and keep people healthy and well. We know what these measures are.

Now all that is needed is action.

## POLICY PLATFORM

# The principles of the NAAA Policy Platform

Alcohol products cause a wide range of harm in our community, with some groups of people experiencing more harm than others. With

Policies to reduce alcohol-fuelled harm should be guided by the principles of the social determinants of health, health inequities, based on robust evidence and use data and evaluation.

this understanding, the NAAA encourages governments to develop policy with an understanding of the social drivers of alcohol-fuelled harm, take an evidence-based approach and use data and evaluation to understand what works.

These **principles** should underpin the development and implementation of population-based policies and programs aimed at reducing the harms caused by the alcohol industry in Australia.

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### PRINCIPLE 1:

## Policies should be guided by an understanding of the social drivers of alcohol-fuelled harms

Policy makers must not ignore the fact that some people and communities bear more of the burden of alcohol-fuelled harm than others. The NAAA recommends that policies be developed with an understanding of how the social determinants of health contribute to alcohol-fuelled violence, disease and injuries. The social determinants of health are the conditions in which people are born, grow, live, work and age.

Levels of harm from alcohol use are associated with a range of variables, such as age, gender, socio-economic status, geographic location (rural and remote areas) and Aboriginal and Torres Strait Islander status.<sup>29</sup> Health inequities between population groups across Australia are driven by the social determinants of health, and are most apparent for some of the most vulnerable people in Australia.<sup>30,31</sup>

Governments can work with target groups most affected by alcohol-fuelled harms, to ensure that policy approaches are effective and act to reduce health inequities. Effective social policies will help to address alcohol-fuelled harm, including those that aim to:

- improve access to education
- reduce job insecurity and unemployment
- improve housing access and affordability
- improve access to health and support services, and
- increase opportunities for social engagement.

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## PRINCIPLE 2:

### Governments should take an evidence-based approach to policy development

**It is important that Australian governments take an evidence-based approach to the development and implementation of policies aimed at reducing alcohol-fuelled harm.**

There is already a strong evidence base for policy and programs that reduce and prevent the harms caused by alcohol products. Without strong evidence, policies can easily be influenced by the alcohol industry's vested interests to the detriment of the community, are unlikely to be effective in achieving the prevention and reduction of harms caused by alcohol products and can be costly to governments and the community.

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## PRINCIPLE 3:

### Governments should use data and evaluation to understand what works

**Robust data collection is essential in understanding the magnitude of harm caused by alcohol products, as well as the impact of various policies and programs. Australia should build on its existing evidence base with consistent monitoring and evaluation of policies and programs. By using robust, up-to-date data, governments will have good insight into what is and is not working to prevent alcohol-fuelled harm.**

Governments can also explore novel sources that are designed specifically to capture information about alcohol harm (prospective collection), rather than trying to pull together information from studies or systems that were designed for other purposes (retrospective collection). For example, the introduction of alcohol harm data elements to the *National Minimum Data Set for Non-admitted Patient Emergency Department Care* (NAPEDC) would provide a clearer picture of the extent of alcohol-related presentations to hospitals, as well as an evidence base to inform and evaluate policy interventions.

# The solutions: How Australia can reduce alcohol-fuelled harm

### PRIORITY 1:

Protect children from advertising of alcohol products

**Alcohol advertising influences young people's beliefs and attitudes towards alcohol. The alcohol industry advertises relentlessly through media and in places where children and young people can see it.**

Young Australians regularly see many forms of advertising of alcohol products. More than half (58 per cent) of school students aged 12–17 years report seeing alcohol advertising on television, and more than a third report having seen alcohol advertisements on billboards and in print publications (37 per cent) and online (39 per cent).<sup>32</sup>

Half of all alcohol advertising on Australian television appears during children's popular viewing times.<sup>33</sup> This is because there is significantly more alcohol advertising aired in daytime sports programs than in non-sport TV later in the day.<sup>34</sup> Many alcohol advertisements use themes that appeal to young people, including humour and friendship.<sup>35,36</sup> Existing approaches that rely on voluntary industry codes have failed to minimise young people's exposure to alcohol advertising.

Half of all alcohol advertising on Australian television appears during children's popular viewing times.

There is compelling evidence that alcohol advertising influences young people. Exposure to alcohol advertising shapes young people's beliefs and attitudes about drinking, and makes them more likely to start using alcohol products at a younger age and to drink more if they are already using alcohol.<sup>37,38</sup> Alcohol sponsorship of sport also has a strong influence on young people.<sup>39</sup> Sponsorship enables brands to benefit from an 'image transfer' where values such as being

healthy, fit and energetic are transferred to the brand from sport, especially in association with sporting celebrities.<sup>40</sup> A systematic review of the impact of exposure to alcohol sports sponsorship and subsequent alcohol consumption found all seven studies reported positive associations between exposure to alcohol sports sponsorship and self-reported alcohol use.<sup>41</sup>

Alcohol advertising is highly visible in traditional forms of media such as television, radio and print. In line with the expansion of digital platforms, advertising is now increasingly targeted, time-relevant and interactive. Social media platforms allow people to engage with alcohol brands, and research has found 'liking' or following alcohol marketing pages on social media is associated with riskier alcohol use among young Australians.<sup>42</sup> Regulatory approaches have not kept pace with the increased sophistication and diversity of modern alcohol marketing. Even well-established forms of alcohol advertising, such as alcohol sponsorship, and advertising on catch-up TV services, are not covered by existing voluntary industry and co-regulatory codes.

## The alcohol industry is advertising aggressively during the COVID-19 pandemic

The alcohol industry has seized opportunities to increase sales during the pandemic, aggressively promoting rapid delivery services and drinking at home on social media. In May 2020, FARE and Cancer Council Western Australia reviewed alcohol promotions seen on a social media account on a Friday night during the first stage of COVID-19 restrictions, finding that one alcohol advertisement was displayed every 35 seconds.<sup>43</sup> Advertising messages were found to promote known risk factors for harmful drinking, including buying more, drinking to cope, drinking daily and drinking at home or alone in the home.<sup>44</sup> In July 2020 the Alcohol Beverages Advertising Code (ABAC) Scheme noted that the alcohol industry had turned to online marketing and home delivery to sustain sales, and stated that it received double the number of complaints in the first quarter of 2020 than in the previous quarter, and lower pre-vetting levels.<sup>45</sup>

## Industry codes on alcohol advertising are ineffective

Australia continues to rely largely on voluntary, industry-managed codes and practices for managing alcohol advertising. The obvious conflict of interest mean the industry-managed processes could never restrict alcohol marketing in a genuinely effective manner. For example, the ABAC Scheme is jointly funded and directed by the Brewers Association of Australia, Australian Grape & Wine, and Spirits & Cocktails Australia Inc.<sup>46</sup>

A substantial body of research documents the significant weaknesses and limitations of the industry-led scheme.<sup>47,48,49,50</sup> Given these weaknesses, the NAAA believes it is not appropriate for the Australian Government to lend credibility to the scheme by continuing its involvement in the ABAC Scheme Management Committee.

The failure to effectively control alcohol advertising is demonstrated by the amount of alcohol advertising present in the community that children can see and hear. There are concerning examples of alcohol advertising directed to children, such as alcohol advertisements on school buses, before children's videos on YouTube,<sup>51</sup> featuring a child model and children's themes on Instagram and Facebook,<sup>52</sup> and outside primary schools.

# The Australian Government must take key actions to protect children and young people from alcohol advertising

Community members want the governments to do more to protect young people from alcohol advertising. A 2020 Australian survey found that the overwhelming majority of Australians surveyed believe that alcohol advertising should not be shown to children online (85 per cent) or on social media (86 per cent) or video sharing platforms (85 per cent). Around two-thirds also disagree with alcohol advertising during children's television viewing hours (71 per cent) and on public transport (69 per cent).<sup>53</sup> The WHO recommends statutory controls on the content, volume and placement of alcohol marketing as part of a comprehensive approach to reduce harm from alcohol.<sup>54</sup>

The Australian Government should introduce legislation to comprehensively regulate alcohol advertising. States and territories should introduce complementary legislation to regulate forms of advertising within their jurisdictions, such as outdoor advertising. This would be similar to the legislative approach taken to tobacco advertising.

The principles for an effective approach to alcohol advertising regulation should:

- have a primary focus on protecting young people and other vulnerable groups
- be clearly aimed at reducing levels of exposure to advertising of alcohol products
- cover all forms of alcohol advertising, including digital platforms, social media and new and emerging channels
- be developed and implemented using a framework independent of commercial interests
- provide active monitoring and enforcement, with appropriate penalties for breaches.

The Australian Government has committed to "a review of the advertising rules and restrictions across all delivery platforms" in response to the Australian Competition and Consumer Commission's (ACCC) Digital Platforms Inquiry final report. This review should be seen as an opportunity to protect children from alcohol advertising on digital platforms.

Early opportunities for action to reduce children and young people's exposure to alcohol advertising include removing the exemption in the Commercial Television Industry Code of Practice that allows alcohol advertisements during sports programming in times that children would otherwise be protected, and extending the free-to-air television restrictions for alcohol advertising to subscription and catch-up television services. As an initial step towards establishing independent regulation, the Australian Government should end its participation in the ineffective ABAC Scheme. In doing so, the Australian Government would demonstrate its commitment to better protecting young people from alcohol advertising.

## Recommendations:

- **Reduce children's exposure to alcohol advertising by introducing independent, legislated controls that cover the volume, content and placement of all forms of alcohol advertising across all media and platforms.**
- **Phase out alcohol sponsorship of sports teams, sporting events and music events.**
- **Take immediate action to:**
  - > **remove the exemption in the Commercial Television Industry Code of Practice that allows alcohol advertisements to be broadcast during sports programming**
  - > **extend the free-to-air television restrictions on alcohol advertising to subscription and catch-up television platforms, and**
  - > **end the Australian Government's participation in the ABAC Scheme Management Committee.**



**PRIORITY 2:**

## Support pricing policies that reduce alcohol-fuelled harm

### Cheap alcohol products fuel alcohol harm

Alcohol is very affordable in Australia. Cheap prices encourage higher levels of use of alcohol products, resulting in higher levels of alcohol-fuelled harm, affecting not just the drinker but their partners, children and communities.<sup>55</sup> Research has consistently shown that people drinking at high-risk levels are more likely to purchase low-priced alcohol products than those drinking at less risky levels.<sup>56</sup>

In particular, wine and wine-based products are often available at bottle shops for as little as 30 cents per standard drink. The current alcohol tax system, under which the Wine

**Alcohol harm affects not just the drinker, but their partners, children and communities.**

Equalisation Tax taxes wine according to its wholesale price rather than alcohol volume, contributes to alcohol harm by incentivising the production and sale of cheap wine and wine-based products.<sup>57</sup> At present the Wine Equalisation Tax inverts the relationship between tax paid and harm caused; the wines that cause the most harms are taxed the least.

### Alcohol price reform is one of the most effective measures to reduce alcohol-fuelled harm

Pricing measures are among the most effective in reducing alcohol-fuelled harm.<sup>58</sup> Taxation and other price reform measures would reduce alcohol-fuelled harms among the groups most at risk of short and long-term health harm. Research shows that an increase in alcohol tax/price would effectively target all heavy alcohol users, but with the scale of impact stronger among those on lower incomes.<sup>59</sup>

It is clear that the alcohol industry profits from a business model that causes significant harm. The industry relies on heavy drinkers for the vast majority of its profit; over half (54 per cent) of all alcohol sold in Australia is consumed by just 10 per cent of drinkers.<sup>60</sup> Even when total alcohol consumption is averaged across all Australian drinkers, Australians consume on average 2.72 standard drinks per day.

This is notably higher than the current 2009 National Health and Medical Research Council (NHMRC) Alcohol Guidelines for long-term risk, and significantly higher than the new (draft) 2019 guidelines.<sup>61</sup>

In 2010, it was estimated that alcohol-fuelled harm cost Australia \$36 billion every year. This estimate includes direct and measurable costs such as healthcare, crime and child protection. It also accounts for alcohol's harm to third parties, by incorporating the value people place on pain, suffering and loss of life caused by alcohol products.<sup>62</sup> In 2019, the Australian Government announced it would commission a report to estimate the social costs of alcohol products to Australian society – the first in 15 years. The Government should use this report as a basis to reform pricing of alcohol products.<sup>63</sup> The alcohol industry should pay tax proportionate to the harm caused by the sale of alcohol.

## Changes can be made to alcohol product taxes to reduce alcohol-fuelled harm

There is a clear pathway forward for reforming the tax system to reduce alcohol-fuelled harms as well as public support to do so, with nearly six in 10 Australians (59 per cent) believing that governments should ensure alcohol products are not sold below the price of bottled water or soft drinks.<sup>64</sup>

**59 per cent of Australians believe that alcohol should not be sold below the price of bottled water or soft drinks.**

The WHO's *Global Strategy to Reduce the Harmful Use of Alcohol* recommends establishing a system for specific domestic taxation on alcohol products accompanied by an effective enforcement system. Increasing excise taxes on alcohol products is also one of the WHO's cost-effective and feasible "best buys" for alcohol control.<sup>65</sup>

Beer and spirits are taxed based on their alcohol content, however, wine is taxed based on its price (known as an 'ad valorem' tax).<sup>66</sup> This means that cheaper wines are taxed at a lower rate than premium wines, even though the alcohol content may be the same. This distorts the market by incentivising the production of cheap wine over premium wine and the cheaper the wine, the less tax is paid. It means that low-quality, high-alcohol wine (such as cask wine) can be sold very cheaply.

The Wine Equalisation Tax, along with its associated rebate, should be replaced with a volumetric tax set at a rate between beer and spirits. To date, at least 13 government and parliamentary reviews have concluded that wine should be taxed on a volumetric basis, including Federal Treasury's 2010 *Australia's Future Tax System Review*.<sup>67</sup>

Volumetric tax reform could be achieved in a two-step process as recommended by the Productivity Commission:<sup>68</sup>

- introduce a volumetric tax alongside the ad valorem tax on wine and require parties to pay the greater of the two
- abolish the ad valorem tax on wine and its associated rebate (which is mainly used by boutique producers of premium wines and is only in place to try to counteract the deficiencies of the Wine Equalisation Tax).

This would end the current inverse relationship between the tax paid and the harm caused, whereby wine that causes the most harm is taxed the least. It would also mean that there would be a single price lever for all types of alcohol products which could be adjusted in line with the cost of these products to society.

Once wine and wine-based products are subject to a volumetric tax, their taxation should be differentiated by concentration of alcohol per container or Alcohol By Volume (ABV), owing to the greater risk posed by more highly concentrated products which can lead more rapidly to intoxication. Beer and spirits are already differentiated in this way, with low-strength beer taxed less than full-strength beer, and beer taxed less than spirits. The volumetric tax on wine should be fixed at a level commensurate with its strength (ABV), approximately halfway between full-strength draught beer and spirits.

The differentiated volumetric tax should be indexed to ensure that the cost of alcohol does not reduce relative to personal income. Once in place, the differentiated volumetric tax should lift over time with the goal of (at least) offsetting the negative financial externalities associated with the liquor trade.

In addition, all alcohol tax should be increased by at least 10 per cent to address broad and widespread harm fuelled by sales of alcohol products.

There should also be a minimum unit price in place in each state and territory to prevent heavy discounting and loss-leading practices where the cost of higher tax is not passed onto the consumer. A minimum unit price was introduced in the Northern Territory in 2018 as part of a suite of interventions. A 2020 evaluation found that it has been associated with significant declines in a range of alcohol-fuelled harms, including assaults, ambulance attendances, emergency department presentations and road traffic attendances.<sup>69</sup>

## Recommendations:

- Introduce a volumetric tax across all alcohol products.
- Increase all alcohol tax by at least 10 per cent.

PRIORITY 3:

## Raise awareness of the harms caused by alcohol to inform and influence Australians

**Many Australians are not aware of the range and magnitude of the harms caused by alcohol products, particularly when it comes to the relationship between alcohol products and cancer.**

The time has come for the Australian Government to substantially invest in sustained, effective mass public education campaigns to raise awareness of these impacts, help denormalise alcohol use, and encourage behaviour change. Campaigns should occur alongside policy change that will protect the community from the harm caused by this drug.

### Australians are not aware of the harms caused by alcohol products

The alcohol industry has shaped a “drinking culture” and influenced the community to accept alcohol use as the norm. From wakes to weddings, from a visit to the hairdressers to lunch, dinner and even brunch, alcohol products are now promoted and included in every aspect of our lives.

But Australians don’t have the full picture when it comes to the harm caused by alcohol products. These products cause at least seven different types of cancers, as well as other chronic diseases, and cause almost 6,000 deaths a year in Australia overall. However, the link between alcohol products and cancer is not well understood by the community.<sup>70,71,72</sup> The alcohol industry spins a narrative that alcohol products are an integral, positive part of the Australian way of life. This narrative sidelines the indisputable fact that alcohol products cause significant harms which are often dismissed or ignored.

Public health mass media campaigns have been shown to be effective in building knowledge and changing health behaviour when implemented as part of a comprehensive approach and when they achieve repeated exposure.<sup>73</sup> This is most notable in relation to reducing tobacco use and in reducing prevalence of driving under the influence of alcohol.<sup>74,75,76,77</sup> Public education campaigns that highlight the health and safety harms caused by alcohol have been effective in changing knowledge, attitudes and beliefs about alcohol. It has been difficult to demonstrate the effectiveness of these campaigns in changing behaviour, as campaigns have had limited reach and frequency and have had to compete with the unrestricted volume of pro-drinking alcohol marketing.<sup>78</sup>

In tobacco control, the integration of policy and public education campaigns has helped change social norms. It was not too long ago that tobacco was seen as a normal part of Australian culture, and that smoking in restaurants, and hospitals was accepted. Cigarette advertising across sporting events and in the community was pervasive. Public education, combined with policy reforms, has helped change the community's perceptions of tobacco and reduce the harm caused.

## There have been few campaigns in Australia to raise awareness of alcohol harms

In Australia, there has been limited use of mass media campaigns to increase awareness of the long-term harms to health caused by alcohol use. An exception is Western Australia where the Mental Health Commission has run ongoing mass media campaigns to inform the public of alcohol harms and to promote the NHMRC guidelines for low-risk drinking.<sup>79</sup> Evaluations of these campaigns support continued investment in research-based public education. These campaigns have increased public understanding of the link between alcohol products and cancer and have ranked among the most effective alcohol harm reduction advertisements globally for motivating drinkers to reduce their drinking.<sup>80,81</sup>

## Sustained, targeted and well-funded campaigns are needed to raise awareness of alcohol harms and help change behaviour

Australians need to see more health messages that show the true impact of the harms caused by alcohol products and see fewer messages that portray these products as a fun, normal part of Australia's culture. Governments have a responsibility to improve the health and wellbeing of its citizens by reducing harms to individuals, families and communities. They also have a duty to make people aware of the harmful impacts of products. Policies and guidelines aimed at reducing alcohol-fuelled violence, injuries and disease need to be supported by strong prevention programs and public education campaigns. Any campaign should be evidence-based and tested on the target audience, to avoid unintended consequences and stigmatisation. Campaigns must also be developed independently of industry.

Revision of the NHMRC guidelines will present an opportunity for the Australian Government to ensure that the public has access to information that will support positive behaviour change. The Government can use a number of methods to ensure that its messaging is effective and has broad reach across communities. These include tools such as mass media campaigns on television, radio and social media platforms. The Government can also work with communities to ensure that tailored and appropriate messages reach groups who may not be influenced or are harder to reach with traditional mass media campaigns.

### Recommendation:

- **Substantially invest in the development and implementation of evidence-based, targeted and ongoing campaigns and preventative programs that increase awareness of alcohol harms.**

**PRIORITY 4:**

## Prevent the consumption of alcohol products during pregnancy

**Use of alcohol products during pregnancy is associated with a range of adverse consequences including a three-fold increase in miscarriage and a six-fold increase in stillbirth, premature birth and low birth weight, and Fetal Alcohol Spectrum Disorder (FASD).<sup>82,83</sup> No amount of alcohol during pregnancy is safe.<sup>84</sup>**

Alcohol is a teratogen – a substance known to cause birth defects. Alcohol passes freely across the placenta and the fetus has minimal ability to metabolise the alcohol due to its size and development. There is no safe time for drinking, no safe amount and no safe type of alcohol during pregnancy.<sup>85</sup>

### A large proportion of women are unaware of the risks of using alcohol products during pregnancy

The 2019 Annual Alcohol Poll by the Foundation for Alcohol Research and Education (FARE) found that 89 per cent of respondents agreed that Australians have a right to be informed about the risks to the unborn child from use of alcohol products during pregnancy. Women are more likely (91 per cent) than men (87 per cent) to think people have a right to know about risks to the unborn child from alcohol use during pregnancy.<sup>86</sup>

Significant numbers of women consume alcohol products during pregnancy. Australia is known to have one of the highest rates of alcohol consumption during pregnancy in the world.<sup>87</sup> In 2019, over a third of women consumed alcohol while pregnant and 14.5 per cent of women continued to drink alcohol after becoming aware of their pregnancy.<sup>88</sup> Unfortunately, many women remain unaware or under-informed of the risks. One study found that 40 per cent of women were unaware that use of alcohol products during pregnancy could harm the fetus.<sup>89</sup>

In addition, the low level of awareness of the risks of alcohol consumption during pregnancy within the general population makes it difficult for the broader community to support women to completely abstain from alcohol during pregnancy. Well-meaning community members can add to the confusion and mixed messages that women receive.

**In 2019, over a third of women consumed alcohol while pregnant.**

## Consuming alcohol products during pregnancy can cause Fetal Alcohol Spectrum Disorder (FASD)

FASD is the leading cause of preventable developmental disabilities in Australia and these disabilities are lifelong. Most children and adults who have FASD live with significant cognitive, behavioural, health and learning difficulties, including problems with memory, attention, cause and effect reasoning, impulsivity, receptive language and adaptive functioning difficulties.<sup>90</sup> A 2018 study indicates that the prevalence of FASD in youth detention in Western Australia is 36 per cent.<sup>91</sup>

Conservative estimates are that FASD affects between one and two per cent of the Australian population.<sup>92</sup> However, a more reliable estimate is five per cent of the Australian population, with a potential range between two and nine per cent of babies born each year.<sup>93</sup> This is based on the application of international estimates to the Australian population and accounts for the higher rate of alcohol consumption during pregnancy in Australia compared to other countries.<sup>94</sup>

The *National FASD Strategic Action Plan 2018–2028* provides a framework for governments, communities and service providers to reduce the incidence of FASD and its impact over the next 10 years.<sup>95</sup> The plan has four priorities: prevention, screening and diagnosis; support and management; priority groups; people at increased risk. The plan aims to reduce the prevalence of FASD in the Australian community and reduce the impact that FASD has on individuals, families, carers and communities.

The Federal Government has so far provided \$7.2 million to aid implementation of the plan but more is needed. In addition to funding for the plan, the Federal Government has awarded a further \$25 million towards a national campaign on alcohol and pregnancy, with work commencing from mid-2020. This campaign will target the general population as well as particular priority groups such as women who are alcohol dependent or who have previously had a child with FASD. However, in comparison little has been done or committed at a state and territory level, and the Northern Territory is the only jurisdiction with a strategic plan to prevent and address FASD. FASD is also being considered by a Senate Inquiry which is due to report at the end of 2020. This inquiry is reviewing the recommendations from the previous inquiry and work undertaken in the intervening years, and assessing further work to be pursued.

A successful strategy will require cooperation across jurisdictions, portfolios and, most importantly, recognition that FASD affects some of the most vulnerable and traumatised Australians. An approach which stigmatises Australians risks being counterproductive. The introduction of a mandatory evidence-based pregnancy health warning label on alcohol products is an important measure that will raise awareness of the adverse consequences of alcohol use in pregnancy and help to prevent FASD. This should be supported by sustained investment by the Australian Government in national awareness-raising campaigns, which avoid stigmatisation.

### Recommendations:

- Provide adequate investment to implement the *National FASD Strategic Action Plan 2018–2028*.
- Implement the findings from the Senate Inquiry into effective approaches to prevention, diagnosis, and support for Fetal Alcohol Spectrum Disorder.

PRIORITY 5:

## Prevent alcohol industry interference in policymaking

The alcohol industry's motivation is to make money. Across production, retail and wholesaling, revenue in Australia exceed \$42 billion annually, and profit exceeds \$3 billion annually.<sup>96</sup> The alcohol industry relies on heavy drinkers for the vast majority of its profit; over half (54 per cent) of all alcohol sold in Australia is consumed by just 10 per cent of drinkers.<sup>97</sup>

Research shows that the alcohol industry uses the same tactics as the tobacco industry to prevent or delay government regulation and undermine good public policy. Alcohol industry actors (producers and retailers) are highly strategic and well organised in influencing national policy-making.<sup>98</sup> Strategies include:

- casting doubt on legitimate science
- attacking and intimidating scientists
- creating front organisations to conduct research
- manufacturing false debate
- framing issues in ways that misrepresent the problem
- funding disinformation campaigns, and
- lobbying to influence the political agenda.<sup>99</sup>

In the 2017–18 financial year, alcohol industry organisations and retailers paid at least \$1.8 million in political donations to the major Australian political parties.<sup>100</sup> It is commonplace for key employees to move between government and the alcohol industry, creating an imbalance between the influence of industry and that of public health interests.<sup>101</sup>

The alcohol industry uses the same tactics as the tobacco industry to prevent government regulation.



Concern about industry's derailment of public health policy has been expressed at the highest level. The immediate past Director General of the WHO, Dr Margaret Chan, expressed her concerns, stating that "when industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely."<sup>102</sup> The NAAA supports the WHO's view that the formulation of health policies must be protected from distortion by commercial or vested interests.

The United Nations Secretary General's 2017 report *Progress on the Prevention and Control of Non-communicable Diseases* states that: "multinationals with vested interests routinely interfere with health policymaking, including by lobbying against the implementation of recommended interventions, working to discredit proven science and pursuing legal challenges to oppose progress." The report observes, "industry interference impedes the implementation of the 'best buys' and other recommended interventions, including the taxation of tobacco, alcohol and sugar-sweetened beverages."<sup>103</sup>

Governments must prioritise the protection of alcohol policy development from influence by vested interests. They can also establish mechanisms to ensure healthy and transparent governance.

## Recommendations

- Prohibit political donations from the alcohol industry.
- Prohibit the alcohol industry from being involved in developing alcohol policy.
- Reform lobbying rules to reduce the opportunity for key employees to move between governments and the alcohol industry and increase transparency of interactions between the two.

**PRIORITY 6:**

## Reduce harm from online sale and delivery of alcohol products

**Online sales and rapid delivery of alcohol products have increased significantly during the COVID-19 pandemic and are likely to significantly contribute to alcohol-fuelled harm across the country.**

Vulnerable people are likely to be harmed by alcohol businesses which deliver alcohol products to people's homes in rapid timeframes and late at night. This enables people to buy alcohol on impulse and when it runs out, at a time when their decision-making capacity may be diminished. Alcohol-fuelled harms, such as assault, are more likely to occur at night.<sup>104</sup>

Research indicates that online sales and delivery of alcohol has created a step change in availability and risk. A 2020 Australian survey found that for some people, rapid services enabled them to keep drinking when they would have otherwise had to stop; 40 per cent reported that on some, most or all occasions they would have had to stop drinking if not for the availability of the rapid service. This increased to 77 per cent for weekly service users.<sup>105</sup> A further Australian survey found that 69 per cent of respondents who recently received a rapid delivery drank at a risky level (5 or more standard drinks) on that occasion, and 29 per cent at a very high risk level (11 or more standard drinks).<sup>106</sup> People who use rapid delivery are also more likely to report very risky drinking, compared to non-users; almost a quarter (23 per cent) of rapid delivery users are very risky drinkers compared to 1 in 10 (11 per cent) non-users.<sup>107</sup>

In Australia, online retailers are not verifying age at point of sale for alcohol, and yet most (75.4 per cent) advertise a willingness to leave alcohol unattended at an address.<sup>108</sup> Two Australian surveys show a quarter (24 per cent) of people aged 18–24<sup>109</sup> and over a third (36 per cent) of people aged 18–25<sup>110</sup> did not have their ID checked when receiving their last order.

Online retailers are also delivering alcohol to people who are already intoxicated. A 2020 Australian survey found that more than 20 per cent of people surveyed who use rapid alcohol delivery services (other than Airtasker) regularly receive their alcohol orders despite already being intoxicated.<sup>111</sup>

All state and territory governments should introduce effective regulation of online sales and home delivery of alcohol products under state and territory liquor licensing legislation. Alcohol retailers should be required to verify the age of people they sell alcohol to online. They should also be prevented from delivering alcohol in rapid timeframes and late at night. In addition, retailers should not be able to sell or supply alcohol products to a person via online sales and home delivery if they would be prohibited from selling or supplying alcohol products to that person face-to-face.

This includes children under the age of 18 years and adults who are intoxicated.

## Recommendations

- Prevent delivery of alcohol products within two hours of an order being placed or between the hours of 10pm and 10am.
- Require age to be verified at the point of online purchase of alcohol products, and photo identification to be witnessed at the point of delivery or collection of alcohol products.
- Prevent unattended delivery of alcohol products at any time.
- Prevent alcohol products being delivered to someone who is intoxicated.

### References

# References

- Lensvelt, E., Gilmore, W., Liang, W., Sherk, A. and Chikritzhs, T. (2018). Estimated alcohol-attributable deaths and hospitalisations in Australia 2004 to 2015. National Alcohol Indicators, Bulletin 16. Perth: National Drug Research Institute, Curtin University.
- Comm.Bank 2020. An early look at how coronavirus is affecting household spending. 1 April 2020. Available from: <https://www.commbank.com.au/guidance/business/an-early-look-at-how-coronavirus-is-affecting-household-spending-202004.html>.
- Foundation for Alcohol Research and Education, YouGovGalaxy 2020. Alcohol sales and use during COVID-19 polling snapshot. April 2020. Available from: <https://fare.org.au/wp-content/uploads/COVID-19-POLL.pdf>.
- Biddle, N., Edwards, B., Gray, M. and Sollis, K. [Alcohol consumption during the COVID19 period: May 2020](#). ANU Centre for Social Research and Methods. June 10, 2020. Accessed 6 August 2020.
- Women' Safety NSW and Foundation for Alcohol Research and Education [Family Violence and Alcohol Use During COVID-19](#) May 2020. Accessed 07/08/20.
- Women' Safety NSW and Foundation for Alcohol Research and Education [Family Violence and Alcohol Use During COVID-19](#) May 2020. Accessed 07/08/20.
- Victorian Alcohol and Drug Foundation (2015). Submission: National Drug Strategy 2016-2025. Accessed 31 July 2020.
- Schmidt, L., Makela, P., Rehm, J. & Room, R. (2010). Alcohol: Equity and social determinants. In: Blas, E & Sivasankara Kurup, A., eds., *Equity, Social Determinants and Public Health Programmes*, pp. 11-29. Geneva: World Health Organization
- Livingston, M. & Callinan, S. (2019). Examining Australia's heaviest drinkers. *Australian and New Zealand Journal of Public Health* 43(5), 451-456. [doi.org/10.1111/1753-6405.12901](https://doi.org/10.1111/1753-6405.12901).
- Schmidt, L., Makela, P., Rehm, J. & Room, R. (2010). Alcohol: Equity and social determinants. In: Blas, E & Sivasankara Kurup, A., eds., *Equity, Social Determinants and Public Health Programmes*, pp. 11-29. Geneva: World Health Organization
- Australian Institute of Health and Welfare (2020). Alcohol, tobacco & other drugs in Australia. Cat. No. PHE 221. Canberra: AIHW accessed 27/05/20 via <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/priority-populations/aboriginal-and-torres-strait-islander-people>
- Australian Institute of Health and Welfare (2020). [Alcohol, tobacco and other drugs in Australia](#). Canberra. Accessed 26 August 2020.
- Australian Indigenous HealthInfoNet (2017) Overview of Aboriginal and Torres Strait Islander health status, 2016. Perth, WA: Australian Indigenous HealthInfoNet
- Australian Institute of Health and Welfare 2020. [National Drug Strategy 2019: Drug use by geographic areas](#). Canberra.
- Australian Government (2019). Alcohol in rural and remote communities. Retrieved 31/07/20.
- Australian Institute of Health and Welfare (2020). National Drug Strategy Household Survey. Available from: <https://www.aihw.gov.au/about-our-data/our-data-collections/national-drug-strategy-household-survey/2019-ndshs>. Accessed 4 August 2020.
- Schmidt, L., Makela, P., Rehm, J. & Room, R. (2010). Alcohol: Equity and social determinants. In: Blas, E & Sivasankara Kurup, A., eds., *Equity, Social Determinants and Public Health Programmes*, pp. 11-29. Geneva: World Health Organization
- Victorian Alcohol and Drug Foundation (2015). Submission: National Drug Strategy 2016-2025. Accessed 31 July 2020.
- Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- Foundation for Alcohol Research and Education (2015). National framework for action to prevent alcohol-related family violence. Canberra: Foundation for Alcohol Research and Education
- Australian Institute of Health and Welfare 2019. Family, domestic and sexual violence in Australia: continuing the national story 2019. Cat. no. FDV 3. Canberra: AIHW.
- Foundation for Alcohol Research and Education (2015). National framework for action to prevent alcohol-related family violence. Canberra: Foundation for Alcohol Research and Education.
- Laslett, AM., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education. Available from: <http://fare.org.au/wp-content/uploads/01-ALCOHOLS-IMPACT-ON-CHILDREN-AND-FAMILIES-web.pdf>
- Lam, T., Lenton, S., Chikritzhs, T., Gilmore, W., Liang, W., Pandzic, I., Ogeil, R., Faulkner, A., Lloyd, B., Lubman, D., Aiken, A., Burns, L., Mattick, R., ACT Health, Olsen, A., Bruno, R., De Angelis, O., Roche, A., Fischer, J., Trifonoff, A., Midford, R., Salom, C., Alati, R., Allsop, S. (2017) Young Australians' Alcohol Reporting System (YAARS): National Report 2016/17. National Drug Research Institute, Curtin University, Perth, Western Australia
- National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia. Page 58. Available from: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol>
- World Health Organization (2010). [Global strategy to reduce the harmful use of alcohol](#). Accessed 24/08/20.
- Ibid 26
- Commonwealth of Australia (Department of Health) 2019. National Alcohol Strategy 2019-2028.
- Victorian Alcohol and Drug Foundation (2015). Submission: National Drug Strategy 2016-2025. Accessed 31 July 2020.
- World Health Organization 10 Facts on health inequities and their causes. Retrieved 3/07/20.
- VicHealth Reducing alcohol-related health inequities 2015. Retrieved 31/07/20.
- Faulkner A, Azar D, White V. 'Unintended' audiences of alcohol advertising: exposure and drinking behaviors among Australian adolescents. *J Subst Use*. 2017;22(1).
- Pettigrew S, Roberts M, Pescud M, et al. The extent and nature of alcohol advertising on Australian television. *Drug Alcohol Rev*. 2012; 31(6):797-802.
- O'Brien KS, Carr S, Ferris J, et al. Alcohol Advertising in Sport and Non-Sport TV in Australia, during Children's Viewing Times. *PLoS ONE*. 2015; 10(10):e0139530.

- 35 Aiken A, Lam T, Gilmore W et al. Youth perceptions of alcohol advertising: are current advertising regulations working? *Aust NZ J Public Health*. 2018;42:234–9.
- 36 Pettigrew S, Roberts M, Pescud M, et al. The extent and nature of alcohol advertising on Australian television. *Drug Alcohol Rev*. 2012; 31(6):797-802.
- 37 Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*. 2017; 112 Suppl 1: 7-20.
- 38 Brown, K. Association between alcohol sports sponsorship and consumption a systematic review. *Alcohol Alcoholism*. 2016; 51(6):747-755.
- 39 Ibid 37
- 40 Image transfer in corporate event sponsorship: assessing the impact of team identification and event-sponsor fit. Gwinner, K P, Larson, B V and Swanson, S R. 1: 1-15, s.l. : International Journal of Management and Marketing Research, 2009, International journal of Management and Marketing Research, Vol. 2, pp. 1-15.
- 41 Ibid 37
- 42 Carrotte E, Dietze P, Wright C, Lim M. Who 'likes' alcohol? Young Australians' engagement with alcohol marketing via social media and related alcohol consumption patterns. *Aust NZ J Public Health*. 2016; 40(5):474-497.
- 43 Foundation for Alcohol Research and Education (FARE) and Cancer Council Western Australia: An alcohol ad every 35 seconds. A snapshot of how the alcohol industry is using a global pandemic as a marketing opportunity. May 2020.
- 44 Ibid 43
- 45 The ABAC Scheme Limited: Australia's Responsible Alcohol Marketing Scheme 2020 Second Quarter Report. July 2020.
- 46 The ABAC Scheme. Frequently asked questions. Stirling (Australia): ABAC; 2018. Available at: <http://www.abac.org.au/about/faq/>
- 47 Aiken A, Lam T, Gilmore W et al. Youth perceptions of alcohol advertising: are current advertising regulations working? *Aust NZ J Public Health*. 2018;42:234–9.
- 48 Reeve B. Regulation of alcohol advertising in Australia: Does the ABAC Scheme adequately protect young people from marketing of alcoholic beverages? *QUT Law Review*. 2018;18(1):96-123.
- 49 Australian National Preventive Health Agency. Alcohol advertising: the effectiveness of current regulatory codes in addressing community concern. Canberra (Australia): Commonwealth of Australia; 2014. Available from: [www.fare.org.au/wp-content/uploads/Alcohol-Advertising-Final-Report-30-April-2014.pdf](http://www.fare.org.au/wp-content/uploads/Alcohol-Advertising-Final-Report-30-April-2014.pdf)
- 50 Jones S, Hall D, Munro G. How effective is the revised regulatory code for alcohol advertising in Australia? *Drug Alcohol Rev*. 2009;27:29–38.
- 51 Amy Corderoy. Bundaberg Rum advertisements on Dora The Explorer videos spark outrage. *Sydney Morning Herald*. 2015 Sept 24 [cited 2019 Jun 27]. Available from: <https://www.smh.com.au/healthcare/bundaberg-rum-advertisements-on-dora-the-explorer-videos-spark-outrage-20150923-gite3x.html>
- 52 The ABAC Scheme Limited. ABAC Adjudication Panel Determination No 88/17, 22 June 2017. Available from: <http://www.abac.org.au/wp-content/uploads/2017/07/88-17-Determination-Vodka-Cruiser-22-6-17.pdf>
- 53 Foundation for Alcohol Research and Education (2020). *2020 Annual Alcohol Poll. Attitudes and Behaviours*. <https://fare.org.au/wp-content/uploads/ALCPOLL-2020.pdf>.
- 54 World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization, 2010.
- 55 Babor, T., Caetano, R., Casswell, S., et al. (2010). *Alcohol, No Ordinary Commodity: Research and public policy*. 2nd edition. New York: Oxford University Press.
- 56 Callinan, S., Room, R., Livingston, M. & Jiang, H. (2015). Who purchases low-cost alcohol in Australia? *Alcohol and Alcoholism* 50(6), 647-653. doi: 10.1093/alcalc/agg066
- 57 Productivity Commission (2017). *Shifting the Dial: 5 year productivity review*. Retrieved 09/09/2019 from: <https://www.pc.gov.au/inquiries/completed/productivity-review/report/>; The Australia Institute (2015). *The goon show. How the tax system works to subsidise cheap wine and alcohol consumption*. Retrieved 09/09/2019 from: <https://www.tai.org.au/content/goon-show-how-tax-system-works-subsidise-cheap-wine-and-alcohol-consumption>.
- 58 Babor, T., Caetano, R., Casswell, S., et al. (2010). *Alcohol, No Ordinary Commodity: Research and public policy*. 2nd edition. New York: Oxford University Press; Rabinovich, L., Brutscher, P. B., de Vries, H., Tiessen, J., Cliff, J., & Reding, A. (2009). The affordability of alcoholic beverages in the European Union: Understanding the link between alcohol affordability, consumption and harms. Cambridge: RAND Corporation. Prepared for the European Commission. Available at: [https://www.rand.org/pubs/technical\\_reports/TR689.html](https://www.rand.org/pubs/technical_reports/TR689.html); Elder, R.W., Lawrence, B., Ferguson, A., Naimi, T.S., Brewer, R.D., Chattopadhyay, S.K., Toomey, T.L., Fielding, J.E., & Task Force on Community Preventive Services (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventive Medicine* 38(2), 217–229. doi.org/10.1016/j.amepre.2009.11.005; Elder, R.W., Lawrence, B., Ferguson, A., Naimi, T.S., Brewer, R.D., Chattopadhyay, S.K., Toomey, T.L., Fielding, J.E., & Task Force on Community Preventive Services (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. *American Journal of Preventive Medicine* 38(2), 217–229. doi.org/10.1016/j.amepre.2009.11.005.
- 59 Holmes, J., Meng, Y., Meier, P.S., Brennan, A., Angus, C., Campbell-Burton, A. & Purshouse, R.C. (2014). Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study. *Lancet* 383, 1655–1664. doi: 10.1016/S0140-6736(13)62417-4; Vandenberg, B. & Sharma, A. (2016). Are alcohol taxation and pricing policies regressive? Product-level effects of a specific tax and a minimum unit price for alcohol. *Alcohol and Alcoholism* 51(4), 493-502. doi: 10.1093/alcalc/agg133.
- 60 Livingston, M. & Callinan, S. (2019). Examining Australia's heaviest drinkers. *Australian and New Zealand Journal of Public Health* 43(5), 451-456. doi.org/10.1111/1753-6405.12901.
- 61 Australian Bureau of Statistics. *Apparent Consumption of Alcohol, Australia, 2017-18*. Retrieved 06/02/2020 from: <https://www.abs.gov.au/ausstats/abs@nsf/mf/4307.0.55.001>
- 62 Foundation for Alcohol Research and Education (2010). *About Alcohol's \$36 billion cost*. Retrieved 06/05/2019 from: <http://fare.org.au/wp-content/uploads/36-Billion.pdf>
- 63 The Hon. Greg Hunt (2 December 2019) media release [Over \\$140 million to address alcohol and drug harm](https://www.greghunt.gov.au/media-releases/over-140-million-to-address-alcohol-and-drug-harm) Accessed 06/08/20
- 64 Foundation for Alcohol Research and Education (2019). *Annual alcohol poll: Attitudes and behaviours*. Canberra: Australia. Retrieved 09/09/2019 from: <http://fare.org.au/annual-alcohol-poll-2019-attitudes-and-behaviours/>.

- 65 World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization Press. Retrieved 26/06/2019 from: [https://www.who.int/substance\\_abuse/publications/global\\_strategy\\_reduce\\_harmful\\_use\\_alcohol/en/](https://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/); World Health Organization (2017). Tackling NCDs: 'Best buys' and other recommended interventions for the prevention and control of noncommunicable disease. Geneva: WHO. Retrieved 26/06/2019 from: <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-179-eng.pdf;sequence=1>.
- 66 Productivity Commission (2017). *Shifting the Dial: 5 year productivity review*. Retrieved 09/09/2019 from: <https://www.pc.gov.au/inquiries/completed/productivity-review/report>; The Australia Institute (2015). The goon show. How the tax system works to subsidise cheap wine and alcohol consumption. Retrieved 09/09/2019 from: <https://www.tai.org.au/content/goon-show-how-tax-system-works-subsidise-cheap-wine-and-alcohol-consumption>.
- 67 1995 Committee of inquiry into the wine grape and wine industry; 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse; 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption; 2009 National Preventative Health Taskforce report on *Preventing alcohol related harms*; 2010 Australia's future tax system (Henry Review); 2010 Victorian inquiry into strategies to reduce assaults in public places; 2011 Western Australia *Education and Health Standing Committee inquiry into alcohol*; 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price for alcohol, draft report*; 2012 Australian National Preventive Health Agency *Exploring the public interest case for a minimum (floor) price for alcohol, final report*; 2014 House of Representatives report on the *Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities*; 2017 Interim Report on the Effect of red tape on the sale, supply and taxation of alcohol; 2017 Northern Territory Alcohol Policies and Legislation Review - Final Report; 2017 Productivity Commission *Shifting the Dial: 5 year productivity review*
- 68 Productivity Commission. (2017). *Shifting the Dial: 5 year productivity review*. Available from: <https://www.pc.gov.au/inquiries/completed/productivity-review/report>.
- 69 Coomber, K., Miller, P., Taylor, N., Livingston, M., Smith, J., Clifford, R., Scott, D., Chikritzhs, T., Nambiar, D., Moayeri, F. (2020). *Investigating the introduction of the alcohol minimum unit price in the Northern Territory*. FINAL REPORT. Available from: [https://alcoholreform.nt.gov.au/\\_data/assets/pdf\\_file/0007/818278/investigating-introduction-of-alcohol-minimum-unit-price-nt-final-report.pdf](https://alcoholreform.nt.gov.au/_data/assets/pdf_file/0007/818278/investigating-introduction-of-alcohol-minimum-unit-price-nt-final-report.pdf).
- 70 World Cancer Research Fund, American Institute for Cancer Research. *Food, nutrition, physical activity, and the prevention of cancer: a global perspective*. Washington DC: AICR; 2007. World Cancer Research Fund/American Institute for Cancer Research. *Continuous Update Project Report: Diet, Nutrition, Physical Activity and Liver Cancer*. WCRF/AICR; 2015 Available from: <https://www.wcrf.org/sites/default/files/Liver-cancer-report.pdf>.
- 71 National Preventive Health Taskforce (Alcohol Working Group). Preventing alcohol-related harm in Australia: a window of opportunity. Canberra: Australian Government Department of Health and Ageing, 2008. Doherty S, Roche A. Alcohol and licensed premises: best practice in policing. A monograph for police and policy makers. Adelaide Australasian Centre for Policing Research 2003.
- 72 Coomber K, Mayshak R, Curtis A, Miller PG. Awareness and correlates of short-term and long-term consequences of alcohol use among Australian drinkers. *Australian and New Zealand Journal of Public Health*. 2017;41(3):237-42. Bowden JA, Delfabbro P, Room R, Miller CL, Wilson C. Alcohol consumption and NHMRC guidelines: has the message got out, are people conforming and are they aware that alcohol causes cancer? *Aust N Z J Public Health*. 2014;38(1):66-72. Foundation for Alcohol Research and Education. Alcohol annual poll: attitudes and behaviours. Canberra, Australia Foundation for Alcohol Research and Education, 2018. Available from: <http://fare.org.au/wp-content/uploads/FARE-Annual-Alcohol-Poll-2018-web.pdf>
- 73 Wakefield, M.A., B. Loken, and R.C. Hornik, Mass media campaigns to change health behaviour. *The Lancet*, 2010. 376(9748): p. 1261-1271
- 74 Durkin, S., E. Brennan, and M. Wakefield, Mass media campaigns to promote smoking cessation among adults: an integrative review. *Tobacco Control*, 2012. 21(2): p. 127-138.
- 75 U.S. Department of Health and Human Services, Preventing tobacco use among youth and young adults: a report of the Surgeon General, 2012, US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health: Atlanta, GA.
- 76 Wakefield, M.A., et al., Impact of tobacco control policies and mass media campaigns on monthly adult smoking prevalence. *American Journal of Public Health*, 2008. 98(8): p. 1443-1450.
- 77 Elder, R.W., et al., Effectiveness of mass media campaigns for reducing drinking and driving and alcohol-involved crashes: a systematic review. *American Journal of Preventive Medicine*, 2004. 27(1): p. 57-65.
- 78 Young B, Lewis S, Katikireddi SV, Bauld L, Stead M, Angus K, et al. Effectiveness of mass media campaigns to reduce alcohol consumption and harm: a systematic review. *Alcohol and Alcoholism*. 2018;53(3):302-16.
- 79 Drug, Alcohol and Prevention Services Division, Mental Health Commission (2020) Alcohol. Think Again. <https://alcoholthinkagain.com.au/about-us/> Accessed 28/08/2020.
- 80 Dixon, H.G., et al., Using a mass media campaign to raise women's awareness of the link between alcohol and cancer: cross-sectional pre-intervention and post-intervention evaluation surveys. *BMJ Open*, 2015. 5(3): p. e006511.
- 81 Wakefield, M.A., et al., Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study. *BMJ Open*, 2017. 7(4): p. e014193.
- 82 Patra, J., Bakker, R., Irving, H. et al (2011). Dose-response relationship between alcohol consumption before and during pregnancy and the risks of low birthweight, preterm birth and small for gestational age (SGA) – a systematic review and meta-analyses. *BJOG* 118(12), 1411-1421.
- 83 O'Leary C. M., Bower C. (2012). Guidelines for pregnancy: What's an acceptable risk, and how is the evidence (finally) shaping up? *Drug and Alcohol Review* 31, 170-183. doi:10.1111/j.1465-3362.2011
- 84 National age (SGA) – a systematic review and meta-analyses. *BJOG* 118(12), 1411-1421. k, and how is the evidence (finally) shaping up? *Drug and Alcohol Review* 31, 170-183. doi:10.1111/j.1465-3362.2011.00331.x

- 85 Hall and Partners Open Mind (2018). Women Want to Know leaflet redevelopment. Prepared for the Foundation for Alcohol Research and Education (FARE), Canberra. <http://fare.org.au/wp-content/uploads/FINAL-report-redevelopment-WWTK-leaflet.pdf>
- 86 Foundation for Alcohol Research and Education (FARE) (2019). Annual Alcohol Poll: Attitudes and Behaviours. FARE, Canberra. <http://fare.org.au/wp-content/uploads/FARE-Annual-Alcohol-Poll-2019-FINAL.pdf>
- 87 Popova, S. et al (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *The Lancet* 5(3), e290–e299. doi.org/10.1016/S2214-109X(17)30021-9.
- 88 Australian Institute of Health and Welfare (2020). National Drug Strategy Household Survey 2019. Accessed 4 August 2020 from: <https://www.aihw.gov.au/getmedia/be5b58c7-3e58-4a0d-a853-f0a73b04c077/aihw-phe-270-Chapter8-Priority-groups.pdf.aspx>
- 89 Peadon, E., Payne, J., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Bower, C. & Elliott, E.J. (2011). Attitudes and Behaviour Predict Women's Intention to Drink Alcohol During Pregnancy: The Challenge for Health Professionals. *BMC Public Health* 11(1), 584 doi.org/10.1186/1471-2458-11-584.
- 90 No FASD: "What is FASD?" Retrieved 28/06/2019 from: <https://www.nofasd.org.au/alcohol-and-pregnancy/what-is-fasd/>.
- 91 Bower, C., Watkins, R.E., Mutch, R.C. et al (2018). Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *BMJ Open* 8(2), e019605. doi:10.1136/bmjopen-2017-019605.
- 92 Joint Regulation Standing Committee (2018), Decision Regulation Impact Statement: Pregnancy warning labels on packaged alcoholic beverages. Council of Australian Governments, Canberra. [https://ris.pmc.gov.au/sites/default/files/posts/2018/10/pregnancy\\_warning\\_labels\\_on\\_packaged\\_alcoholic\\_beverages\\_decision\\_ris.pdf](https://ris.pmc.gov.au/sites/default/files/posts/2018/10/pregnancy_warning_labels_on_packaged_alcoholic_beverages_decision_ris.pdf)
- 93 Popova, S. et al (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. *The Lancet* 5(3), e290–e299. doi.org/10.1016/S2214-109X(17)30021-9.
- 94 Food Regulation Standing Committee (2018). Decision Regulation Impact Statement: Pregnancy warning labels on packaged alcoholic beverages. Canberra, Prime Minister and Cabinet. Retrieved 28/06/2019 from: [http://ris.pmc.gov.au/sites/default/files/posts/2018/10/pregnancy\\_warning\\_labels\\_on\\_packaged\\_alcoholic\\_beverages\\_decision\\_ris.pdf](http://ris.pmc.gov.au/sites/default/files/posts/2018/10/pregnancy_warning_labels_on_packaged_alcoholic_beverages_decision_ris.pdf).
- 95 Australian Government Department of Health (2018). National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028, Department of Health, Canberra. <https://www.health.gov.au/resources/publications/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028>
- 96 Foundation for Alcohol Research and Education (2016). Risky business: The alcohol industry's dependence on Australia's heaviest drinkers. Available at: <http://fare.org.au/wp-content/uploads/Risky-business-The-alcohol-industrys-dependence-on-Australias-heaviest-drinkers.pdf>. Figures are from 2015-16.
- 97 Livingston, M. & Callinan, S. (2019). Examining Australia's heaviest drinkers. *Australian and New Zealand Journal of Public Health* 43(5), 451-456. doi.org/10.1111/1753-6405.12901.
- 98 McCambridge, J., Mialon, M. and Hawkins, B. (2018) Alcohol industry involvement in policymaking: a systematic review. *Addiction* March 2015. Accessed 19/05/20 from: <https://www.ncbi.nlm.nih.gov/pubmed/29542202>
- 99 Moodie, R. (2017). What public health practitioners need to know about unhealthy industry tactics. *American Journal of Public Health* 107(7), 1047-1049. doi: 10.2105/AJPH.2017.303861.
- 100 Australian Electoral Commission <https://periodicdisclosures.aec.gov.au/Default.aspx>.
- 101 Robertson, N., Sacks, G., Miller, P. (2019). The revolving door between government and the alcohol, food and gambling industries in Australia. *Public health research and practice* 29(3), e2931921. doi.org/10.17061/phrp2931921.
- 102 Chan, M (2013). Opening address at the 8th Global Conference on Health Promotion, Helsinki. Retrieved 20/07/2018 from: [http://www.who.int/dg/speeches/2013/health\\_promotion\\_20130610/en/](http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/).
- 103 UN Secretary General (December 2017). Progress on the prevention and control of non-communicable diseases. Retrieved 20/07/2018 from: [https://ncdalliance.org/sites/default/files/resource\\_files/UNSG%20Report%20on%20NCDs%20December%202017%20A.72.662%20SG%20report.pdf](https://ncdalliance.org/sites/default/files/resource_files/UNSG%20Report%20on%20NCDs%20December%202017%20A.72.662%20SG%20report.pdf)
- 104 Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- 105 VicHealth 2020. On-demand alcohol delivery services and risky drinking. Available at: <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-delivery-risky-drinking>.
- 106 Mojica-Perez, Y., Callinan, S. & Livingston, M. (2019). Alcohol home delivery services: An investigation of use and risk. Centre for Alcohol Policy and Research, La Trobe University. Retrieved 21/01/2020 from: <http://fare.org.au/wp-content/uploads/Alcohol-home-delivery-services.pdf>.
- 107 VicHealth 2020. On-demand alcohol delivery services and risky drinking. Available at: <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-delivery-risky-drinking>.
- 108 NSW Government. Northern Sydney Local Health District (2019). Online Liquor Gets Audited (OLGA). Retrieved 18/09/2019 from: <https://www.nslhd.health.nsw.gov.au/HealthInformation/HealthPromotion/Pages/Projects/Alcohol/OLGA/OLGA.aspx>.
- 109 VicHealth 2020. On-demand alcohol delivery services and risky drinking. Available at: <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-delivery-risky-drinking>.
- 110 Mojica-Perez, Y., Callinan, S. & Livingston, M. (2019). Alcohol home delivery services: An investigation of use and risk. Centre for Alcohol Policy and Research, La Trobe University.
- 111 VicHealth 2020. On-demand alcohol delivery services and risky drinking. Available at: <https://www.vichealth.vic.gov.au/media-and-resources/publications/alcohol-delivery-risky-drinking>.

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