

International comparisons on alcohol use/abuse

The World Health Organisation's *Global Status on Alcohol and Health* (2011) revealed that there is large variation in adult per capita consumption across nations. The highest consumption rates tended to be found in the Northern Hemisphere, but also in Argentina, Australia and New Zealand. Medium consumption levels were found in southern Africa and North and South America. Low consumption levels can be found in the countries of North Africa and sub-Saharan Africa, the Eastern Mediterranean region, and southern Asia and the Indian Ocean. These regions represent large populations of the Islamic faith, which have very high rates of abstention. This is based upon 2005 estimates.

Further, alcohol consumption per capita in Australia was higher than the OECD average in 2009 (i.e. 10.1 litres, cf. 9.1 litres). However, between 1980 and 2009 Australia has seen a decrease in per capita consumption by 22%. The OECD average has also declined by 9% over the same period (OECD, 2011).

VicHealth Indicators Report: Alcohol

The VicHealth Indicators Survey is a Victorian community wellbeing survey with a focus on the social determinants of health, conducted in 2011. The Survey included three questions on alcohol expenditure, including whether a respondent had purchased alcohol in the past seven days, and if so, the amount spent at either on site or off site locations. The report can be accessed from: <http://www.vichealth.vic.gov.au/Research/VicHealth-Indicators/VicHealth-Indicators-Report.aspx>

Broadly speaking, the purchase of alcohol and the amount spent on alcohol were associated with higher levels of income and education, employment, and not being from a CALD background. This suggests that a social gradient exists for alcohol purchasing. While people living in the inner metropolitan area were more likely to report purchasing alcohol in the last week, there was no strong or consistent difference in levels of alcohol expenditure between those in metropolitan and regional areas (VicHealth, 2012).

Possible legislative actions for change

Members of the NSW Legislative Assembly may want to consider further actions to reduce the harm from alcohol to young people. This could include broader actions such as limiting alcohol availability and accessibility, or actions pertaining to the provision of alcohol to minors.

As documented in the VicHealth submission to the NSW Legislative Assembly's *Inquiry into the Provision of Alcohol to Minors*, actions aimed at reducing alcohol-related harm among the general population, including those targeting alcohol accessibility and availability will also be effective in curbing harm among young people and minors. For instance, research has shown that the density of packaged liquor outlets in an area has been associated with alcohol-related harm among young people in a neighbourhood. In Victoria it has shown that in a postcode with 200 young high-risk drinkers (from a population of 1,000 young people), an additional packaged liquor outlet in such an area is expected to result in an additional six young people (aged 16-24) drinking at high risk levels (Livingston, Laslett & Dietze, 2008). To this end, priorities may be to reduce the number and density of packaged liquor outlets, and to target enforcement activities toward these outlets with a focus on the supply of alcohol to minors.

However, the Legislative Assembly may want to consider legislative actions directly related to the conditions placed upon the provision of alcohol to minors contained in the Liquor Act 2007. If this were to occur, it would be worth using this as an opportunity to re-engage with the NSW community regarding the state's expectations regarding alcohol and minors. As described in the submission received by the Inquiry from the NSW government, both Queensland and Tasmania have more stringent conditions contained in legislation on supplying minors with alcohol compared to either NSW or Victoria. For example, The Queensland Liquor Act 1992 includes 'responsible supervision' as a condition of supplying alcohol to a minor in a private place. Further, 'responsible supervision' is defined within the act, and includes factors such as intoxication of either the responsible adult or minor, and whether the minor involved is consuming food with the alcohol (Minns, 2012). If the Legislative Assembly were to introduce amendments to the Liquor Act 2007 in line with those currently enforced in Queensland and Tasmania, it would provide an opportunity for the NSW government to re-engage with the broader community concerning the states' expectations regarding the provision of alcohol to minors. This could include information on:

- The responsible supervision of minors consuming alcohol,
- The role parents can play in shaping the drinking behaviors of children, and
- That for young people aged under 18, not drinking is the safest option (Minns, 2012: NHMRC 2009; Raitasalo et al, 2011).

References

1. World Health Organisation (WHO) (2011) *Global Status on Alcohol and Health*, WHO Geneva.
2. OECD (2011), *Health at a Glance 2011: OECD Indicators*, OECD Publishing. Pg 54-55.
3. VicHealth 2012, *VicHealth Indicators Survey 2011*, Victorian Health Promotion Foundation, Melbourne, Australia. Access from <http://www.vichealth.vic.gov.au/Research/VicHealth-Indicators/VicHealth-Indicators-Report.aspx>
4. Minns, P (2012), *Provision of alcohol to minors*, NSW Government, Access from http://www.parliament.nsw.gov.au/prod/parlament/committee.nsf/0/3621982B7CF2B1AFC_A257A0E00058400
5. Livingston, M., Laslett, A.M. & Dietze, P. (2008). Individual and community correlates of young people's high risk drinking in Victoria, Australia, *Drug and Alcohol Dependence*, 98 (3): 241-248.
6. National Health and Medical Research Council (2009). Australian Guidelines to Reduce Health Risks from Drinking Alcohol Commonwealth of Australia, Commonwealth of Australia.
7. Raitasalo, K., Holmila, M., & Makela, P. (2011). Drinking in the presence of underage children: attitudes and behaviour' in *Addiction Research and Theory*, 19 (5): 394-401.
8. VicHealth 2012, *VicHealth Indicators Survey 2011*, Victorian Health Promotion Foundation, Melbourne, Australia.