**Submission No 21**

# INQUIRY INTO STRATEGIES TO REDUCE ALCOHOL ABUSE AMONG YOUNG PEOPLE IN NSW

**Organisation**: National Drug and Alcohol Research Centre (NDARC), University of NSW

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NATIONAL DRUG AND
ALCOHOL RESEARCH CENTRE

1 March 2013

The Hon Niall Blair, MLC
Chair
Standing Committee on Social Issues
NSW Legislative Council

Dear Mr Blair,

**Re: Inquiry into strategies to reduce alcohol abuse among young people in NSW**

Please find attached the submission of the National Drug and Alcohol Research Centre (NDARC), University of NSW, to the above-named inquiry. We are happy for all or any part of our submission to be published.

Thank you very much for the opportunity to make this submission. We trust it provides evidence-based information that is both of interest to you and the Committee members and useful in informing your deliberations.

Yours sincerely.

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THE UNIVERSITY OF
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NATIONAL DRUG AND
ALCOHOL RESEARCH CENTRE

**Submission of the National Drug and Alcohol Research Centre (NDARC), University of NSW, to the Standing Committee on Social Issue's Inquiry into strategies to reduce alcohol abuse among young people in NSW**

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With respect to each of the detailed terms of reference, we submit the following:

**a) The effect of alcohol advertisements and promotions on young people, including consideration of the need to further restrict alcohol advertising and promotion.**

***Background***

In Australia, alcohol advertising is governed by the Alcohol Beverages Advertising and Packaging Code (ABAC), which is a non-mandatory, industry funded code of practice. Complaints are reviewed by the Adjudication Panel. In the interests of full disclosure, Professor Richard Mattick (NDARC) is a panel member. The panel reviews the complaint against the criteria that the advertisement must:

- present a mature, balanced and responsible approach to the consumption of alcohol
- not have a strong or evident appeal to children or adolescents
- not suggest that the consumption or presence of alcohol beverages may create or contribute to a significant change in mood or environment
- not depict any direct association between the consumption of alcohol beverages, other than low alcohol beverages, and the operation of a motor vehicle, boat or aircraft or the engagement in any sport (including swimming and water sports) or potentially hazardous activity
- not challenge or dare people to drink or sample a particular alcohol beverage, other than low alcohol beverages, and must not contain any inducement to prefer an alcohol beverage because of its higher alcohol content
- comply with the Advertiser Code of Ethics adopted by the Australian Association of National Advertisers
- not encourage consumption that is in excess of, or inconsistent with the Australian Alcohol Guidelines issued by the NHMRC

***Facts***

Relevant research, including that by NDARC staff, shows the following:

- Banning alcohol advertising is the second most cost-effective strategy that governments could introduce to reduce alcohol related harm. Banning advertising is second only to a volumetric tax (taxing all alcohol beverages only by the amount of alcohol they contain), is about the same as raising the minimum drinking age to 21 and is substantially more cost-effective than stricter licensing controls, more mass media to reduce drink-driving and more random breath testing. If introduced, there is an 85% chance that the resultant savings to the community would outweigh the costs of its implementation[1].

- There is clear and increasing evidence that young people are especially vulnerable to alcohol-related harms, primarily as a consequence of ongoing brain development in the early to mid-20s[2,3].

***Recommendations***

NDARC recommends that the NSW Government:

- work collaboratively with the Federal Government to develop and implement national legislation to tighten current controls on alcohol advertising;
- develop and implement NSW-based legislation to tighten current controls on alcohol advertising in NSW;
- examine the implications, including public opinion, of an outright ban on alcohol advertising, which would avoid the ongoing cost of convening the Adjudication Panel, avoid the perception that Panel decisions as to whether a particular advertisement complies with the advertising code are essentially arbitrary, and avoid the perception that the advertising code is ineffective because it is self-regulated and paid for by the alcohol industry;
- examine the implications of legislation to equate sponsorship with advertising, given there is an unclear distinction between the two (e.g. despite the advertising code explicitly stating that advertising "must not have a strong or evident appeal to children or adolescents," high profile sports teams and events have clear alcohol sponsorship);
- consider the benefits and costs of mandatory compliance with advertising codes, including the introduction of penalties for breaches, which aligns with research evidence that liquor licensing controls are only effective if they are enforced[4].
- Partner with research experts to evaluate the costs and benefits of any legislative changes, or other programs, as they are implemented in NSW, rather than the current model where evaluations are of limited rigour because they almost always occur only after legislation/programs are implemented.

**b) The effectiveness of alcohol harm minimisation strategies targeted at young people**

***Facts***

The following research findings highlight the importance of targeted strategies for young people to reduce their exposure to alcohol-related harm, and evidence about which strategies are likely to be most cost-effective:

- There is clear and increasing evidence that young people are especially vulnerable to alcohol-related harms, primarily as a consequence of ongoing brain development in the early to mid-20s[2,3].
- Internet based school interventions have been shown to be effective (www.climateschools.com)[19].
- Beyond school-based programs, the most cost-effective strategies from the most to least cost-effective are as follows[1]. For each strategy, the likelihood that the savings to the community would outweigh the costs of its implementation is given in brackets: a volumetric tax, where all alcohol beverages are only taxed by their alcohol content (100% probability of a cost-saving); banning advertising (85% probability of a cost-saving); raising the minimum drinking age to 21 (61% probability of a cost-saving); and introducing stricter licensing controls (5% probability of a cost-saving).

The strategies that have no probability that their savings would outweigh their costs are: greater provision of brief intervention; increased drink driving mass media; increased random breath testing; and expansion of residential treatment services. This does not mean that these services and strategies should not be implemented for a range of compelling equity reasons, only that their costs will almost certainly outweigh their benefits to the whole NSW population.

***Recommendations***

The importance of targeting young people is that they are especially vulnerable to alcohol-related harms, **not** that the legislative strategies likely to be cost-effective in minimising alcohol harms on young people necessarily need to be specific to young people. Consequently, NDARC recommends that the NSW Government:

- work collaboratively with the Federal Government to develop and implement national legislation to tighten current controls on alcohol price and advertising, especially through a volumetric tax and strengthening of the advertising code as per issue (a);
- develop and implement NSW-based legislation to tighten current controls on alcohol advertising in NSW;
- explore public perceptions about raising the minimum drinking age to 21 years;
- explore the implementation of Climate state-wide, as an effective school-based intervention;
- partner with research experts to evaluate the costs and benefits of any legislative changes, or other programs, as they are implemented in NSW, rather than the current model where evaluations are of limited rigour because they almost always occur only after legislation/programs are implemented; and
- work with researchers to identify effective programs for high-risk young people, especially high-risk Indigenous Australians.

## c) Measures to minimise the impact of alcohol in the workplace

***Facts***

NDARC's sister centre in South Australia (National Centre for Education and Training in Addictions [NCETA]) have pioneered alcohol and workplace research in Australia (www.nceta.flinders.edu.au/workplace). NCETA's research shows that it is increasingly apparent that the harmful effects of alcohol and drug (AOD) use extend into the workplace. The most relevant finding is:

- In 2004/205 (the most recent estimates available), lost productivity in the workplace was estimated to impose the single biggest alcohol-related economic burden in Australia (3.6 billion annually), followed by alcohol-related traffic crashes ($2.2 billion), alcohol-related health care costs (2.0 billion) and alcohol-related crime ($1.6 billion)[6].

***Recommendations***

NDARC recommends that the NSW Government:

- work collaboratively with the Federal Government to develop and implement national legislation to tighten requirements for drug and alcohol policies and procedures in the workplace;
- develop and implement NSW-based legislation to tighten requirements for drug and alcohol policies and procedures in workplaces in NSW; and
- provide on the NSW Government website examples of best-practice policies and procedures that all employees could adapt for their own purposes, covering a range of different types of industries and workplace environments.

## d) The effectiveness of measures to reduce drink driving

***Facts***

The following research findings from NDARC and elsewhere highlight the importance of targeted strategies aimed at reducing drink driving, and evidence about which strategies are likely to be most cost-effective:

- Of the total amount of alcohol-related harm in Australia, alcohol-related traffic crashes is the third highest contributor (13%), after suicide and self-inflicted injury (14%), and alcohol abuse (38%)[5].
- Specific harm include an annual estimated 440 alcohol-related road deaths, 5,846 hospital episodes and 33,640 hospital patient days[7]. The economic cost to Australia was estimated as $2.2 billion in 2004/2005, second only to lost productivity in the workplace (3.6 billion) and more than the costs of alcohol-related health (2.0 billion) and alcohol-related crime ($1.6 billion)[6].
- Alcohol-related traffic crashes impose a disproportionately high burden of harm on rural communities. NSW data show that 67% of fatal ARTCs occur in rural areas despite their smaller populations[8].
- NDARC research shows that although the rate per 10,000 population of alcohol-related crashes is 1.5 times higher in rural, relative to urban, communities, the attributable cost is four times higher, which largely reflects that rural alcohol-fatalities are seven to eight times more prevalent and costly[9].
- NDARC research also clearly shows that young males are responsible for a disproportionately high rate of alcohol related traffic crashes in rural NSW[10].
- Of 8 possible interventions to reduce alcohol harm, mass media campaigns to reduce drink driving was rated the third least cost-effective, ahead of only more random breath testing and residential treatment[1]. There was a 0% chance that the savings from this strategy would outweigh its costs[1].
- The cost-effectiveness of interventions would be improved by targeting young people, because of their disproportionately high contribution: extending the requirement for drivers to have zero blood alcohol concentration up to the age of 22 years, as is the case in Victoria, would be a cost-effective intervention: if such a policy had been implemented nationally in 2003 for drivers up to age 21 years, it would have saved an estimated 17 lives among 18-21 year olds[11].

***Recommendations***

NDARC recommends that the NSW Government:

- gauge public perceptions to the introduction of a requirement for drivers to have zero blood alcohol concentration up to the age of 22 years;
- work collaboratively with the Federal Government to develop and implement national legislation to extend the requirement for drivers to have zero blood alcohol concentration up to the age of 22 years; and
- develop and implement NSW-based legislation to extend the requirement for drivers to have zero blood alcohol concentration up to the age of 22 years.

**e) Measures to reduce alcohol-related violence, including in and around licensed venues**

***Facts***

The following Australian research, including from NDARC, highlights the importance of targeted strategies to reduce alcohol-related violence, including in and around licensed venues:

- There is a strong positive relationship in local government areas in Sydney between outlet density and alcohol sales, and higher rates on both these factors predict higher rates of assault[12];
- Higher rates of alcohol-related problems are related to higher densities of alcohol outlets: residents living in close proximity to licensed premises have reported significantly more problems with drunkenness and property damage than residents living further away; and residents living in areas with higher densities of alcohol outlets report more problems of drunkenness then residents living in areas with lower densities of alcohol outlets[13].
- NDARC research shows that communities with more licensed premises (pubs and clubs) have significantly higher rates of alcohol-related crime, which suggests that the more available alcohol is the more harms will occur[14].
- There is some evidence to suggest that closing hotels earlier does reduce assaults and emergency department admissions (e.g. the Newcastle study showing a 37% reduction in assaults as a consequence of closing hotels at 3.30am instead of 5am). There is no evidence that these assaults simply shifted elsewhere.

***Recommendations***

NDARC recommends that the NSW Government:

- release the results of the NSW Office of Liquor, Gaming and Racing's commissioned review of the impact of liquor outlet density on alcohol-related harms as soon as possible;
- trial earlier closing times in jurisdictions other than Newcastle, with a built-in, high quality evaluation to estimate the impact in terms of reduced harms and determine the cost-benefit of this strategy;
- work collaboratively with the Federal Government to develop and implement national legislation to further restrict the availability of alcohol, especially late at night/early mornings and on weekends; and
- establish a partnership between researchers and local governments to allow local governments to access their own data on alcohol related harms, as well as evidence-based solutions that they can tailor to their own communities, given the NSW-based Alcohol Action in Rural Communities (AARC) project showed that this approach is cost-beneficial: for every $1 invested, it returned $1.57 in savings: http://www.fare.org.au/research-development/featured-research/alcohol-action-in-rural-communities/

## f) Measures to address the impact of alcohol abuse on the health system

***Facts***

The following research findings from NDARC and elsewhere highlight the importance of targeted strategies aimed at reducing drink driving, and evidence about which strategies are likely to be most cost-effective:

- Alcohol-harms account for an estimated 5,846 hospital episodes and 33,640 hospital patient days annually[7].
- The annual economic cost of alcohol-harm to the health care system in Australia in 2004/2005 is $2.0 billion, comparable to alcohol-related road traffic crashes ($2.2 billion) and more than alcohol-related crime ($1.6 billion)[6].
- Despite the alcohol burden of harm that hospital Emergency Departments (EDs) have to cope with, they are also have great potential to substantially contribute to reducing alcohol-related harm because they are accessed by a large number of problem drinkers: an average of 16% of ED patients in Western countries drink at harmful levels[15]; and intervening with patients at a time when they are seeking help for a health problem means their motivation to change their drinking behaviour is likely to be increased, especially in patients who can see a link between their alcohol use and their ED presentation[16,17].
- NDARC research shows a brief intervention delivered via EDs significantly reduces drinking by 12 standard drinks a week[18].

***Recommendations***

NDARC recommends that the NSW Government:

- explore the feasibility of implementing an ED-based intervention routinely in all EDs in NSW, given the research evidence produced by NDARC showing its cost-effectiveness;
- fund a study to determine if accidents and injuries impose a greater burden of care on hospitals in NSW, compared to inpatient admissions; and
- develop improved measures of alcohol-related ED presentations and hospital admissions, to allow accurate measurement of the impact of changes in legislation on alcohol-related harm outcomes.

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