

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

Organisation: The Alcohol and Other Drugs Council of Australia (ADCA)
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*NSW Legislative Council Standing Committee on Social Issues
Inquiry into strategies to reduce alcohol abuse among young people in NSW*

19 March 2013

ABN: 39 008 455 525

The Alcohol and Other Drugs Council of Australia (ADCA) welcomes the opportunity to make this submission to the New South Wales Legislative Council's Standing Committee on Social Issues inquiry into *Strategies to reduce alcohol abuse among young people in NSW*.

ADCA is the national peak body representing the interests of the Australian non-government alcohol and other drugs sector (AOD). It works with government, non-government organisations, business and the community to promote evidence-based, socially just ways of preventing or reducing the health, economic and social harm of alcohol and other drugs to individuals, families and the broader Australian community. ADCA consults broadly in the development of submissions, involving its members and working groups, and state and territory peak organisations of the AOD sector. ADCA is indebted to the contribution from organisations and individuals to this submission, including the organisation's patron Professor Ian Webster and Board Director Donna Bull and members of ADCA's Alcohol Working Group.

ADCA notes similarities between this and the inquiry last year by the NSW Legislative Assembly Social Policy Committee into *Provision of Alcohol to Minors*, where ADCA both made a submission and addressed a committee hearing.

This submission includes a range of recommendations and observations incorporated as part of the consideration of each term of reference. For ease of access, they are collated in their entirety before the references consulted in creating this document.

Overview

Alcohol is the most widely used drug in Australia, claiming the lives of 3,494 Australians in 2004/05. Over one million hospital bed days were directly attributable to the ravages of alcohol consumptionⁱ.

The World Health Organisation identifies alcohol as the leading risk factor in the Western Pacificⁱⁱ. Worldwide, WHO says 320 000 young people between the age of 15 and 29 die every year from alcohol-related causes, representing nine per cent of all deaths in the age group.

Given the emphasis of this inquiry on younger people, it is worth noting that alcohol accounts for 13 per cent of all deaths among 14–17-year-old Australians; it has been estimated that one teenager dies and more than 60 are hospitalised each week from alcohol-related causesⁱⁱⁱ.

Rates of drinking at harmful levels by 12–17-year-olds have doubled in the past two decades^{iv}. Drinking contributes to the three leading causes of death among adolescents – unintentional injuries, homicide and suicide^{v, vi}. Between 1993 and 2001, 28 per cent of all alcohol-related injury deaths and more than one-third of alcohol-related injury hospitalisations were sustained by young people aged 15–29 years^{vii}.

These incidents occur in an atmosphere of relentless and seemingly unfettered alcohol promotion, of cheap alcohol easily accessible through multiple licensed outlets in city, urban and rural settings and at sporting events where, all too often, the liquor industry is the major sponsor. ADCA acknowledges that alcohol is very much part of the Australian lifestyle but argues that more needs to be done to promote a more moderate approach, to highlight the downsides

of irresponsible consumption, and to instil greater awareness of associated issues of health and well-being.

Excessive alcohol consumption poses a health risk second only to tobacco, with a direct link to cancers, stroke, heart attack, and liver cirrhosis; it is responsible for many injuries including motor vehicle and cycling accidents, incidents involving pedestrians, falls, fires, drowning, sports and recreational injuries. It also plays a major role in overdose, assault, violence, and intentional self-harm^{viii}.

Alcohol harm is estimated to be responsible for 3.3 per cent of the total burden of disease and injury in Australia^{ix}. The social cost of alcohol abuse in 2004-2005 was estimated at \$15.3 billion, but subsequent research by the Foundation for Alcohol Research and Education (FARE) attributes \$14 billion per annum to the tangible costs of harm to others and a further \$6 billion to intangible costs. This places the true annual cost of alcohol to society at around \$36 billion^x.

Current alcohol consumption levels in Australia are high by world standards (WHO 2008) with patterns of high risk drinking cause for particular concern among young people and in some Aboriginal and Torres Strait Islander communities. Research shows that occasional or weekend excessive drinking poses the greatest risk in relation to alcohol-related violence, accidents, and injury, thus contributing exponentially to the overall social costs of alcohol misuse in Australia.

The 2010 Australian Institute of Health and Welfare National Drug Strategy Household Survey, which interviewed more than 26,000 respondents over the age of 12, revealed that one in five people over 14 consumed alcohol at a level that put them at risk of harm from alcohol-related disease or injury over their lifetime. The number of people drinking alcohol in risky quantities increased from 3.5 million in 2007 to 3.7 million in 2010^{xi}.

Similarly, the National Preventative Health Taskforce 2009 “roadmap”, *Australia: the healthiest country by 2020* observed that the occasional short-term consumption of alcohol at harmful levels is a prominent feature of Australia’s drinking culture. One in five Australians (20.4 per cent) drink at short-term risky/high risk levels at least once a month, which equates to more than 42 million occasions of binge drinking in Australia each year^{xii}.

Research suggests that an increase in the availability of alcohol leads to higher alcohol consumption and a corresponding increase in alcohol related harm. In contrast, decreases in alcohol availability result in lower consumption and reductions in harm^{xiii}.

While these figures are based on international, national and local research, they are relevant to New South Wales and the terms of reference of this inquiry.

Anyone aged 18 or over can legally purchase alcohol in Australia, but there is no age restriction on the consumption of alcohol in private dwellings. Australians under the age of 18 years are able to access alcohol through family and friends. In some cultures, many of which are thriving in Australia, alcohol is introduced from an early age.

National initiatives

The National Health and Medical Research Council's 2009 Guidelines to Reduce Health Risks from Drinking Alcohol^{xiv} are highly relevant to this inquiry. The guidelines address minors' consumption of alcohol, iterating that for children and young people less than 18 years of age, the safest option is to avoid drinking alcohol altogether.

The guidelines particularly draw this point to the attention of parents and carers, urging them to understand that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important. They say that the safest option is to delay drinking for as long as possible.

The NHMRC bases its approach on evidence that the risk of accidents, injuries, violence and self harm are high among drinkers under 18. It highlights a direct link between earlier introduction to drinking, more frequent and higher consumption of alcohol in adolescence, and the development of longer-term alcohol related harms in adulthood.

Of major concern is school-based research that shows drinking at harmful levels among 12–17 year olds has doubled in the 20 years to 2007^{xv}.

This age group is directly in the path of the warning in the National Drug Strategy 2010–2015 that adolescent drinking can harm young people's physical and psychosocial development. Alcohol-related damage to the developing brain can result in impaired memory and verbal skills, hamper the ability to learn, and lead to alcohol dependence and depression. The National Drug Strategy supports increased training and support for those at the point of sale of alcohol to reduce its inappropriate supply and, in particular, the supply of alcohol to young people^{xvi}.

Mindful of harmful drinking levels, the 2009 National Preventative Health Taskforce paper, *Preventing Alcohol-related harm in Australia: a window of opportunity*, observed the existence of a unique chance for a significant expansion of activity in the prevention of alcohol-related harm. In part, "this opportunity grows from increased community and political concern about the harmful consumption of alcohol (especially focused on youth drinking) and a heightened willingness from all levels of government to take action in the area"^{xvii}. The paper suggested a number of priorities for preventive action which are reflected in the 2009 document *Australia: the Healthiest Country by 2020*^{xviii}.

It may be time to seize on that sentiment, for politicians to acknowledge community concern and to do something about the cost of alcohol to the community.

The Council of Australian Governments (COAG) Reform Council noted in 2011 under the *National Partnership Agreement on Preventive Health* that jurisdictions had agreed to undertake a range of measures in early childhood education and care environments, schools, workplaces and communities, aimed at countering, among others, excessive alcohol consumption including binge drinking^{xix}.

The \$103 million National Binge Drinking Strategy was announced in 2008, with the Department of Health and Ageing acting as the lead agency in the development of partnerships between local governments, sporting organisations, police and the non-government sector to influence the environments that shape the binge drinking culture among young people^{xx}.

The Department coordinated the rollout of the first two phases of strategy funding up to 2012 when responsibility was transferred to the Australian National Preventive Health Agency (ANPHA)^{xxi}. Under ANPHA's guidance, there's been strong emphasis on support for sporting peak bodies through the Community Sponsorship Fund, which promotes an alternative to alcohol sponsorship. This allows sports to provide environments free from alcohol promotion, and which actively promote positive, anti-binge drinking messages.

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

This issue is currently under consideration by ANPHA, which invited submissions in a discussion paper issued late last year, *Alcohol Advertising; the effectiveness of current regulatory codes in addressing community concerns*. ADCA has made a submission to ANPHA and, through its own experiences as an invited member of advertising review panels, can attest to the failure of industry-based regulatory mechanisms for alcohol advertising.

The Foundation for Alcohol Research and Education (FARE) conducts an annual alcohol poll which, in 2012 reported that 65 per cent of those surveyed saw alcohol advertising and sponsorship on television, as against 49 per cent at sporting events and slightly less in print media^{xxii}. This would indicate that television remains a highly persuasive medium.

A 2009 study investigated the exposure of underage youth to alcohol television advertising on metropolitan free-to-air television in the five mainland capital city markets of Australia. It found that Australia's self-regulation system does not protect children and youth from exposure to alcohol advertising, much of which contains elements that appeals to these groups.^{xxiii}

The study observed that, "alcohol marketers in Australia may be targeting underage children and youth deliberately not only in their advertising content, but also in their media scheduling. At the very least, they appear to be 'turning a blind eye' to the underage reach of their media schedules. Either the system should incorporate further restrictions voluntarily in content and programming zones or a mandatory system with substantial penalty powers should be considered".

Researchers at the University of Western Australia describe alcohol advertising regulation as "woefully inadequate". They say that while young people are supposedly protected from television advertisements by a combination of mandatory and voluntary codes, studies consistently show they are exposed to a large number and variety of advertisements that encourage and glorify alcohol consumption^{xxiv}. The researchers studied more than 2800 advertisements, the themes of which were especially attractive to children. Of particular concern was the heavy emphasis on value for money and the benefits of buying alcoholic products in bulk.

The growing use of social media as a marketing and promotional tool also warrants close scrutiny. The liquor industry is responsible for countless websites and social media campaigns that encourage young people at sporting events and music festivals to get on board the alcohol juggernaut and to share (ill advisedly) their drinking exploits through images and comments.

However, social marketing should be as much a tool for governments and NGOs to warn against over indulgence as it is for those that encourage it.

A 2009 paper explored the strength of the association between alcohol and sports. Researchers said this prompted consideration of the potential for children who watch televised sport to be exposed to a considerable amount of alcohol advertising, and to learn to associate alcohol with sport and sporting success^{xxv}.

ADCA recommends

- **that New South Wales supports the establishment of an independent, national regulatory body for alcohol advertising to devise, administer and vary a code of behaviour, with expert membership drawn from the medical, public health, advertising and legal sectors and the power to issue binding determinations and penalties against transgressors.**
- **the removal of the current exemption in the Commercial Television Code of Practice which permits the broadcast of alcohol advertising on weekends and public holidays during live sports events.**
- **that New South Wales supports national controls on alcohol advertising that:**
 - **confine advertising only to adult press with the message limited to factual information and,**
 - **the gradual phasing out of alcohol sponsorship of sporting and other cultural events**
- **that social marketing and education programs form part of a comprehensive prevention strategy incorporating targeted approaches and links to national and local initiatives.**
- **more active promotion of the NHMRC guidelines, with the health, social and economic harm associated with excessive alcohol consumption included in a nation-wide social marketing and public education campaign.**

The effectiveness of alcohol harm minimisation strategies targeted at young people

The 2008 Australian Secondary Students Alcohol and Drug Survey^{xxvi} contains interesting data on secondary students' alcohol consumption between 12-17 years – not the least being the revelation discussed earlier that drinking at harmful levels in this age group has doubled. At the time of the survey:

- 7 per cent of 12 year olds and 41.4 per cent of 17 year olds had consumed alcohol in the past week
- 28 per cent of 12 year olds and 84.7 per cent of 17 year olds had consumed alcohol in the past year with, on average, 60 per cent of all students (12-17 year olds) drinking alcohol in the past year

- 0.3 per cent of 12 year olds and 18.4 per cent of 17 year olds (nearly 1 in 5) drank at risky levels (defined under the NHMRC Guidelines at the time as 7 or more drinks for males and 5 or more drinks for females)
- Of those students who drank alcohol in the week before the survey, 12 year olds had an average of 3.4 drinks and 17 year olds an average of 8.5 drinks per week
- 34 per cent of 12-17 year olds reported that parents were the source of alcohol, but both younger and older students drank less if their parents were the suppliers – rather than someone else
- Just under 40 per cent of all students got alcohol from their friends or someone else bought it for them; in 65 per cent of cases, students asked a friend 18 years or older to buy alcohol for them.

This is a disturbing level of drinking. Current NHMRC alcohol guidelines clearly state that young people under the age of 18 should not drink. The guidelines define risky consumption as more than four standard drinks on any one occasion for both males and females – much lower than the seven or more drinks for males and five or more for females as suggested in earlier guidelines. Data extrapolated from the student survey suggest that under the revised guidelines a much higher proportion of students drink at risky levels.

ADCA believes that young people's drinking is part of a wider national problem, and has written to the Prime Minister expressing its concern. The issue warrants a coordinated approach by all levels of government, from the Commonwealth and its regulation of taxation and excise regimes, to states and territories with their controls over liquor licensing, through to local government which administers the planning process and approvals for licensed premises.

The Foundation for Alcohol Research and Education's (FARE) alcohol poll for 2012, reported a high number of Australians (80 per cent of those surveyed) were aware that it was harmful to give alcohol to under 18s and that doing so can affect the developing brain.

ADCA recommends restricting and stricter regulation of the physical and economic availability of alcohol.

ADCA recommends greater investment in prevention to raise awareness of the risk associated with alcohol consumption by young people and to reduce the supply of alcohol to minors. Prevention activities should include education programs supported by new regulations and enforcement practices to restrict supply by parents and adults. Other initiatives that warrant consideration include monitoring and enforcement. ADCA believes that all States and Territories should adopt nationally consistent secondary supply legislation. Governments should adopt risk-based licensing approaches.

ADCA recommends that governments at all levels resource the collection and evaluation of data on alcohol sales and consumption to enable more accurate understanding of per capita consumption and inform policy and program development. This data should be made publically available.

Measures to minimise the impact of alcohol in the workplace

ADCA has long held that a solution to the problem of alcohol in the workplace lies in a nationally coordinated approach^{xxvii}. States and territories tend to regard AOD in the workplace as a safety issue under occupational health and safety legislation, or as a disciplinary issue in the industrial relations sphere. This fails to acknowledge the broader, national implications raised elsewhere in this submission as to the cost that alcohol imposes on the community.

A 2006 study by researchers from the National Centre for Education and Training on Addiction and the Research Centre for Injury Studies – both based at Adelaide’s Flinders University – found that the incidence of alcohol-related absenteeism was many times greater than previously understood.

The study used self-reporting measures to find that in 2001, 7 402 341 days were lost due to alcohol-related illness or injury at a cost of \$1.2 billion. This was up to 34 times greater than previous estimates based on national data. Low-risk drinkers and infrequent or occasional risky and high-risk drinkers accounted for 49 – 66 per cent of alcohol-related absenteeism^{xxviii}.

Following a Drugs Summit in 2002, the South Australian Government announced initiatives to address issues related to alcohol and other drugs, with workplaces identified as a key area for investigation. The government decided that a collaborative project between SafeWork SA and Drug and Alcohol Services South Australia (Southern Adelaide Health Service) should address the knowledge gap in industries on the effects of AOD in the workplace.

But the final project report on the *Impact of Alcohol & Other Drugs in the Workplace* noted in 2006 that there were “serious reservations regarding the breadth and quality of existing data collections relating to alcohol and other drugs in the workplace^{xxix}. The lack of comprehensive research and data collections supports an imprecise representation of alcohol and other drug-related harm in the workplace and impedes responses (both within workplaces and at a service level) to the issue”.

ADCA understands that despite the project team’s observations, there has been little work in this sphere since – particularly relating to the incidence of alcohol related injury, ill-health and absenteeism and how these factors manifest in different age groups. Without that knowledge base, policy makers are ill-equipped to respond to workplace issues.

Of interest is a 2003 national survey of managers of AOD specialist treatment agencies conducted by the National Centre for Education and Training on Addiction^{xxx}. The survey involved analysis of the alcohol workforce, AOD services, AOD problems and workforce development issues faced by the sector. Primarily, the study examined specialist alcohol services, and associated workforce development issues. While the report remains one of few studies of its type it drew attention to the prevalence of alcohol as a problem in the community and, therefore, in the workforce – and the inability of AOD treatment agencies to meet demand.

Managers of alcohol and other drug (AOD) specialist treatment agencies were surveyed across Australia, selected from the 550 agencies listed on the Clients of Treatment Service Agencies (COTSA) database. Two hundred and thirty four managers participated representing more than 300 agencies. Nearly two thirds of respondents identified alcohol as the number one problem

drug among clients, with 45 per cent of them estimated to have a primary alcohol problem and 53 per cent of polydrug users experiencing alcohol-related problems. 70 per cent of managers estimated alcohol-related presentations would increase or remain static. Nearly a quarter reported that they would not be able to respond to these trends effectively due to lack of resources, shortage of staff and inadequate funding.

ADCA recommends that in the interests of a greater evidential base, the NSW Government support a national study of alcohol related absenteeism, negative workplace behaviour and other factors, with particular attention to a demographic breakdown of different industries, age groups and the causes of absenteeism.

ADCA recommends that the NSW Government institute prevention-based strategies, possibly in concert with national bodies like the National Safety Council or the Safety Institute of Australia, that promote greater awareness of the consequences of AOD misuse in the workplace.

Effectiveness of ways to reduce drink driving

Alcohol is a major risk factor for traffic fatalities and injuries worldwide, though incidence varies with income. The World Health Organisation (WHO) observes that high income areas have a lower rate of injury and fatality – in the region of 20 per cent, while low and middle income countries show up to nearly 70 per cent of road fatalities have a blood alcohol concentration above the legal limit^{xxxv}.

Alcohol is the main cause of deaths on Australian roads, implicated in more than one-fifth (22 per cent) of all motorist deaths and 18 per cent of deaths of motor cyclists, with the figures at least twice as high for males^{xxxii}. In 2010 13.1% of drinkers drove a motor vehicle while affected by alcohol^{xxxiii}. Alcohol has an even greater involvement in pedestrian fatalities where it is implicated in 40 per cent of deaths among males and 17 per cent of females^{xxxiv}.

The WHO delved further into the issue in its 2011 report, *Alcohol in the European Union*^{xxxv}. It found that socially disadvantaged people or those living in socially disadvantaged areas experienced more harm per gram of alcohol consumed than the better-off^{xxxvi}. The report cites countries in central-eastern and eastern Europe (Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia) as having, on average, lower economic power than the rest of the EU. In 2005, their gross domestic product was, on average, less than half the EU average. Alcohol consumption is, on average, higher than in the rest of the EU.

The relative prosperity of Australians means we can take some comfort from these figures. However, we cannot ignore the growing trend toward discrete enclaves in our towns and cities of the socially disadvantaged. The Australian Council of Social Service estimates that more than two and-a-quarter million people – just under 13 per cent of the Australian population – live in households below the most austere poverty line^{xxxvii}. It is not unreasonable to draw comparisons between this section of Australian society and those in eastern Europe – particularly as they relate to social disadvantage, drinking and driving.

The Australian Transport Council (ATC) introduced the National Road Safety Strategy 2011 - 2020 prior to the Council of Australian Government replacing the ATC with the Standing Council on Transport and Infrastructure. The strategy outlines directions for the future of Australian road safety, planned initiatives for the first three years and a range of options for further consideration. Calls for improvements to the effectiveness of random breath testing and roadside drug testing programs are being addressed at a jurisdictional level.

The council says the question of alcohol interlocks needs further work at a national level^{xxxviii}. To operate a vehicle equipped with an interlock, the driver must first provide a breath specimen. If the breath alcohol concentration of the specimen exceeds the predetermined level, the vehicle will not start. Studies have found interlocks to be more effective than full licence suspension in preventing recidivism among alcohol-impaired drivers. But, once the interlock is removed, offenders appear to have the same recidivism rate as suspended offenders. The Canadian Traffic Industry Research Foundation observes that interlocks have been available for over 30 years. It publishes an interlock curriculum that has details of the extensive research carried out in this area, ranging from the behaviour of drink drivers through to the efficacy of interlocks^{xxxix}.

The National Road Safety Council (NRSC) favours a reduction in the .05 blood alcohol content (BAC) limit that currently applies to full licence holders Australia-wide. The council argues that lower limits reduce the risk of inaccurate estimates of BAC. The same level of alcohol consumption can affect individuals differently and result in wide BAC variations. This means that counting drinks isn't an accurate way of assessing an individual's BAC.

A time series analysis for four Australian states found that unrestricted breath testing was twice as effective as selective checkpoints^{xl}. For example, in Queensland, unrestricted breath testing resulted in a 35 per cent reduction in fatal accidents, compared with 15 per cent for checkpoints. The reduction of the legal BAC limit from 0.8g/L to 0.5g/L in New South Wales found a seven per cent reduction in all serious crashes, an eight per cent reduction in fatal crashes, and an 11 per cent reduction in single vehicle night time crashes. In comparison, random breath testing was associated with decreases of 19, 48 and 26 per cent respectively.

The NRSC has suggested that a zero tolerance approach may be a way of further avoiding inaccuracies. Several eastern European states, where heavy alcohol consumption is widespread, have adopted zero tolerance levels, while others have dropped the limit to .02^{xli}.

In 2010, the United Kingdom's National Institute for Health and Clinical Excellence reviewed the effectiveness of laws limiting BAC levels to reduce alcohol-related road injuries^{xlii}. While the UK's BAC limits were more liberal than Australia's at the time of the review, findings were overwhelmingly in support of lower limits because of their positive effect in cutting road trauma.

ADCA recommends that the NSW Government consider ways of addressing social disadvantage, particularly the implications arising from the related issues of youth violence and problem drinking.

ADCA suggests that the NSW Government consider the efficacy of lowering the levels for blood alcohol content.

Measures to reduce alcohol related violence, including in and around licensed venues

Several investigations point to licensed premises posing a high risk in terms of alcohol-related violence and injury, with a large number of assaults occurring in or within close proximity to hotels and nightclubs^{xliii, xliv}. New South Wales' own Bureau of Crime Statistics and Research has also investigated the relationship^{xlv}.

Patrons and staff of licensed premises are more likely to be involved in a violent incident than people at other locations. Research demonstrates a strong correlation between liquor outlet density and the incidence of multiple forms of social disruption, including assault, injury and drink driving^{xlvi}. Further, research has shown that in any given area, a relatively small number of outlets can be responsible for a disproportionate level of alcohol-related harm. There is evidence that the characteristics of venue patrons, young, male and drinking heavily, are associated with increased likelihood of violence. However, the strongest predictor of violence in licensed premises is the characteristics of the venue itself^{xlvii}. Premises that fail to discourage aggressive behaviour while exhibiting particular physical and social characteristics conducive to such behaviour more frequently attract patrons more likely inclined toward violence.

ADCA notes New South Wales' research into the impacts of liquor licence density with trials in Sydney and Newcastle of the Environment and Venue Assessment Tool (EVAT) to gauge the potential community impact of proposed new liquor licences. ADCA would observe that the general tenor of government announcements over the past 12 months has leant more towards greasing the wheels of the tourism industry than addressing the problems of unfettered access to alcohol across the state.

In 2008, Newcastle NSW was the source of some of the most compelling evidence for reduced trading hours as a means of quelling alcohol-related violence. NSW Police had lodged a complaint in 2007 with the NSW Liquor Administration Board (since replaced by the Office of Liquor and Gaming Regulation) against four Newcastle licensed premises on the grounds that they were causing "undue disturbance of the quiet and good order of the neighbourhood". The complaint reflected community dissatisfaction with high levels of alcohol-related violence in and around the Newcastle CBD. Subsequent intervention in "problem" premises revealed strong evidence of a decrease in assault from both recorded crime data and last-place-of-consumption data, with 133 fewer recorded assaults in the CBD and 83 fewer assaults over the following year linked specifically to the premises involved^{xlviii}.

Government announcements of extra police on the streets to counter alcohol-related violence, or the introduction of extra sniffer dogs on the streets of Kings Cross don't acknowledge that the problem lies with the free availability of alcohol from highly concentrated licensed premises.

The New South Wales Government would do well to heed the comments of one of its own high-ranked police officers, Commander Mark Murdoch, at this month's Alcohol Summit that alcohol "takes up more [police] time, more effort, more resources than anything else". Commander Murdoch said the availability of huge quantities of alcohol beyond pubs and bars was the next "significant challenge" for policing. "You can hook the box trailer up to the back of the Commodore, pull up outside Dan Murphys and fill it up every day, every week, all year and no-

one bats an eyelid.” That’s great product identification for an advertiser, but an issue for serious consideration if a government is to be seen to pay more than lip service to police. Commander Murdoch said that, while assaults related to alcohol fuelled violence had dropped in the past five years, alcohol-related domestic violence had showed a significant rise – up by 20 per cent.

ADCA believes that the problem of alcohol-related violence transcends state and territory borders and, as such, warrants consideration of a national approach. As mentioned previously in discussing harm minimisation strategies, ADCA believes that young people’s drinking is part of a wider national problem. It warrants a coordinated approach at all levels of government, from the Commonwealth, to states and territories with their controls over liquor licensing, eg the broader application of alcohol management plans as employed in Queensland and the Northern Territory and Queensland’s *Drink Safe* precincts, through to local government administration of the planning process and approvals for licensed premises.

Some idea of the variation in liquor licensing regulation across the states and territories may be gained from the National Centre for Education and Training on Addiction (NCETA) review, *Liquor Licensing in Australia: A Jurisdictional Breakdown*^{xlix}.

ADCA recommends restrictions on both the physical and economic availability of alcohol with a greater degree of regulation.

ADCA recommends extension of the Newcastle trial across the state, noting its success in countering alcohol-related violence.

ADCA recommends the ongoing monitoring and review of NSW venues on the “violent venues” database in an effort to reduce harm.

ADCA endorses the development of locally driven, comprehensive alcohol management plans that include strategies to reduce harm, supply and demand for alcohol, and contain effective enforcement and evaluation mechanisms as a means to further enhance their effectiveness.

Measures to address the impact of alcohol abuse on the health system

As mentioned in the preceding overview, alcohol harm is estimated to be responsible for 3.3 per cent of the total burden of disease and injury in Australia^l. Research by the Foundation for Alcohol Research and Education (FARE) attributes \$14 billion per annum to the tangible costs of harm to others and a further \$6 billion to intangible costs which – in addition to the estimated \$15.3 billion annual social cost of alcohol abuse – brings the true annual cost of alcohol to society at around \$36 billion.

How do we avoid this? How do we reduce the significant contribution of Australia’s young people to this appalling figure? ADCA believes the solution lies in addressing the drivers behind alcohol consumption, namely pricing, access and availability, advertising, marketing and sponsorship. Federally controlled taxation remains the most compelling driver in any attempt to lessen alcohol’s impact on the Australian health system.

The National Drug Strategy observes that there has been no research on the responsiveness of Australian alcohol demand to price changes – the price elasticity of demand – since the late 1970s. There is, however, a wealth of international research on the subject universally indicating that higher prices lead to lower demand. An alcohol price increase reduces consumption and dependence and the harm alcohol causes the drinker and others^{li}. There is also strong evidence of the effectiveness of alcohol taxes in targeting young people and alcohol harms.

The Australian Government's taxation regime is a potent tool for influencing alcohol prices, and therefore alcohol demand through the Goods and Services Tax (GST), customs and excise duties and the Wine Equalisation Tax (WET). ADCA has consistently advocated for revision of the regime to encompass a floor price for alcohol, allied with volumetric taxation, and scrapping the WET.

ADCA recommends that New South Wales address the drivers behind alcohol consumption, namely pricing, access and availability, advertising, marketing and sponsorship by

- **supporting national alcohol taxation reform to replace the WET with a volumetric based tax in conjunction with the introduction of a floor price for alcohol, and addressing pricing measures such as two-for-one offers and happy hours that encourage people to drink**
- **addressing access to and availability of alcohol by controlling outlet density, trading hours and licensing issues**
- **assuming greater control over advertising, promotion and sponsorship by supporting national initiatives to better regulate industry activities and, at a local level, through regulation of street advertising (eg billboards).**

ADCA recommends that a risk-based approach to licensing continue.

ADCA recommends that NSW allocates more resources to early interventions to reduce the demand for more intense and costly treatment later on.

ADCA recommends that NSW adopts a system of comprehensive school drug information campaigns at primary and secondary levels.

ADCA recommends that NSW acknowledge the plight of those affected by Foetal Alcohol Spectrum Disorder (FASD) and provide support to them and their families to address the developmental impact they face as a result of their condition and to minimise the risk of alcohol related harm as they move to adulthood.

ADCA thanks the NSW Legislative Council's Standing Committee on Social Issues for the opportunity to contribute to this important debate. §

ADCA Submission to the NSW Legislative Council Standing Committee on Social Issues
Inquiry into strategies to reduce alcohol abuse among young people in NSW

I welcome the opportunity to discuss this submission further.

Yours sincerely

David Templeman
Chief Executive Officer

19 March 2013

The effect of alcohol advertisements and promotions on young people

ADCA recommends

- the removal of the current exemption in the Commercial Television Code of Practice which permits the broadcast of alcohol advertising on weekends and public holidays during live sports events.
- that New South Wales supports national controls on alcohol advertising that:
 - confine advertising only to adult press with the message limited to factual information and,
 - the gradual phasing out of alcohol sponsorship of sporting and other cultural events
- that social marketing and education programs form part of a comprehensive prevention strategy incorporating targeted approaches and links to national and local initiatives.
- more active promotion of the NHMRC guidelines, with the health, social and economic harm associated with excessive alcohol consumption included in a nation-wide social marketing and public education campaign
- that New South Wales supports the establishment of an independent, national regulatory body for alcohol advertising to devise, administer and vary a code of behaviour, with expert membership drawn from the medical, public health, advertising and legal sectors and the power to issue binding determinations and penalties against transgressors.

The effectiveness of alcohol harm minimisation strategies

ADCA recommends

- restricting and stricter regulation of the physical and economic availability of alcohol.
- greater investment in prevention to raise awareness of the risk associated with alcohol consumption by young people and to reduce the supply of alcohol to minors. Prevention activities should include education programs supported by new regulations and enforcement practices to restrict supply by parents and adults. Other initiatives that warrant consideration include monitoring and enforcement. ADCA believes that all States and Territories should adopt nationally consistent secondary supply legislation. Governments should adopt risk-based licensing approaches.
- that governments at all levels resource the collection and evaluation of data on alcohol sales and consumption to enable more accurate understanding of per capita consumption and inform policy and program development. This data should be made publically available.

Measures to minimise the impact of alcohol in the workplace

ADCA recommends

- that in the interests of a greater evidential base, the NSW Government support a national study of alcohol related absenteeism, negative workplace behaviour and other factors, with particular attention to a demographic breakdown of different industries, age groups and the causes of absenteeism
- that the NSW Government institute prevention-based strategies, possibly in concert with national bodies like the National Safety Council or the Safety Institute of Australia, that promote greater awareness of the consequences of AOD misuse in the workplace.

Effectiveness of ways to reduce drink driving

ADCA recommends

- that the NSW Government consider ways of addressing social disadvantage, particularly the implications arising from the related issues of youth violence and problem drinking.

Measures to reduce alcohol related violence, including in and around licensed venues

ADCA recommends

- restrictions on both the physical and economic availability of alcohol with a greater degree of regulation
- extension of the Newcastle trial across the state, noting its success in countering alcohol-related violence
- the ongoing monitoring and review of NSW venues on the “violent venues” database in an effort to reduce harm

ADCA endorses the development of locally driven, comprehensive alcohol management plans that include strategies to reduce harm, supply and demand for alcohol, and contain effective enforcement and evaluation mechanisms as a means to further enhance their effectiveness.

Measures to address the impact of alcohol abuse on the health system

ADCA recommends

- **that New South Wales address the drivers behind alcohol consumption, namely pricing, access and availability, advertising, marketing and sponsorship by**
 - **supporting national alcohol taxation reform to replace the WET with a volumetric based tax in conjunction with the introduction of a floor price for alcohol, and addressing pricing measures such as two-for-one offers and happy hours that encourage people to drink**
 - **addressing access to and availability of alcohol by controlling outlet density, trading hours and licensing issues**
 - **assuming greater control over advertising, promotion and sponsorship by supporting national initiatives to better regulate industry activities and, at a local level, through regulation of street advertising (eg billboards)**
- **that a risk-based approach to licensing continue, particularly through the ongoing monitoring and review of NSW venues on the “violent venues” database.**
- **that NSW allocates more resources to early interventions to reduce the demand for more intense and costly treatment later on.**
- **that NSW adopts a system of comprehensive school drug information campaigns at primary and secondary levels**
- **ADCA recommends that NSW acknowledge the plight of those affected by Foetal Alcohol Spectrum Disorder (FASD) and provide support to them and their families to address the developmental impact they face as a result of their condition and to minimise the risk of alcohol related harm as they move to adulthood.**

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