

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

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Submission

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

Legislative Council Standing Committee on Social Issues

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The RACP would like to submit for consideration comments on the Terms of Reference for the NSW Legislative Council Standing Committee into Social Issues in the Inquiry into strategies to reduce alcohol abuse among young people in NSW.

Response to Terms of Reference

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

There is ample evidence demonstrating young people are receptive to alcohol advertising and promotions. The bulk of alcohol advertising is aimed at young people and extends to areas such as media, point of sale, internet marketing and marketing at venues where young people drink.

At present, there is minimal regulation of alcohol advertising and promotion. Targeted restrictions, such as limiting alcohol advertising to late night hours or to adult-only environments do not prevent young people from being exposed.

Alcohol advertising and marketing have a significant influence on attitudes towards drinking, drinking behaviour and the amount of alcohol consumed by young people in NSW. By influencing increased alcohol consumption, advertising has a contributory effect on levels of alcohol-related harm, such as road fatalitiesⁱ.

There is a strong association between exposure to alcohol advertising or promotional activity and subsequent alcohol consumption in young people. Young people aged between 10 and 26 years who were non-drinkers were significantly more likely to have become drinkers with greater exposure to alcohol advertisementsⁱⁱ.

Data from the US shows that for each additional advertisement that a young person watched (above the monthly youth average of 23), he or she drank 1% more. For each additional dollar per capita spent on alcohol advertising in a local market (above the national average of \$6.80 per capita), young people drank 3% moreⁱⁱⁱ.

General measures to reduce exposure are required. These include, but are not limited to, bans on alcohol-promoting billboards, alcohol company sponsorship at sporting events and festivals, sponsorship of sports and clubs (including junior clubs), and alcohol-branded merchandising.

The RACP does not support alcohol industry self-regulation of advertising. Regulatory changes are required, particularly in relation to advertising targeting young people. The RACP supports the proposal from the Foundation for Alcohol Research and Education (FARE) for strengthening of the *Liquor Act 2007* (NSW) to prohibit the harmful discounting and promotion of alcohol products, and ensure that these measures are enforced. To be effective, monitoring should be conducted by an independent panel with membership including expertise in public health and marketing. The panel should have powers to recommend relevant standards and regulations and penalties for infringements of standards.

Details of expenditure on all advertising and marketing (including sponsorship and promotional expenditure) by alcohol companies to community organisations, clubs and festivals should be made available to the public.

More data are required on the effects of alcohol advertising and promotion and regulation in the NSW context – a review of the impact of advertising and promotion on young people at baseline is required, and 12 months after introduction of controls.

b) the effectiveness of alcohol harm minimisation strategies targeting young people

Mass media campaigns are known to be of limited effectiveness in reducing the harms associated with alcohol consumption. The limited benefits detected are usually rapidly dissipated^{iv}. It is possible that mass education campaigns for alcohol may have some indirect benefits, such as increasing support for certain alcohol control measures, but do not impact behaviour change. Additionally, these campaigns cannot compete with the size and impact of industry advertising. Therefore resources should be directed towards evidence-based harm minimisation strategies.

Limiting access to alcohol is very effective in reducing alcohol-related harm. Yet some of the most effective strategies – increasing price, limiting hours of purchase and liquor outlet density – are yet to be implemented to have adequate impact on the harms associated with alcohol use.

d) the effectiveness of measures to reduce drink driving

Random breath alcohol testing is an important intervention with good evidence of effect. There is scope to reduce the number of people involved in drink driving offences through **linking drink driving offenders to assessment and treatment interventions**. RACP recommends that legal and clinical management should be integrated so that a high proportion of those with alcohol use disorders with drink-driving offences should be referred for assessment to treatment based on evidence of effectiveness, including fostering mandatory referral of severe or recurrent drink driving offenders to alcohol treatment services.

e) measures to reduce alcohol related violence, including in and around licensed venues

The link between alcohol outlet density and violence (including violence against women) has been demonstrated from Australia^v and elsewhere^{vi vii viii}. Furthermore, there is a strong link between volume of alcohol sold and violence for on-site and off-site outlets. Average alcohol sales volume per off-site outlet was significantly associated with all measures of assault. Numbers of on-site outlets significantly predicted violence with the exception of assaults occurring at residential premises. Alcohol sales from off-site outlets predicted violence occurring at on-site outlets^{ix}.

Limitations of alcohol availability through **limiting hours of alcohol sale and liquor outlet density** have good evidence in reducing alcohol-related violence, including in the Australian setting. Based on a recent evaluation of a trial of reducing alcohol availability in Newcastle NSW^x, the NSW Government should legislate to introduce a 12 month statewide trial of the reduction of trading hours at all licenced venues and monitoring of responsible service of alcohol.

In addition, the same study suggests that the most effective measure is to increase the price of alcohol through a **levy on packaged alcoholic beverages** due to a growing culture of drinking before attending a licenced venue.

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

Currently there are few alcohol treatment services in NSW targeting the specific needs of young people. Young people are more affected by short term high risk drinking than dependence. Intervening early can have a large impact on reducing the severity and costs associated with alcohol dependence which requires many years of high volume drinking to develop. **Targeted interventions** need to be designed and implemented.

There is good evidence that **brief motivational interventions** among young people who drink heavily or binge drink reduce alcohol consumption. Opportunistic interventions should be implemented to improve coverage among non-treatment seeking populations. There is evidence that opportunistic screening and brief intervention, such as through Emergency Departments and primary care settings can be an effective strategy to identify harmful alcohol use, change drinking behaviour and link people into health treatment. The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioural counselling interventions in primary care to reduce alcohol misuse as one of the highest-ranking preventive services^{xi}. A significant expansion of treatment and early intervention services is required to reduce the impact of high risk alcohol use by young people on the health system.

The high rates of alcohol use among **prison populations** suggest there are missed opportunities for interventions in prison and during transition into the community. In NSW prisons, 63% of men and 40% of women in NSW prisons have high risk alcohol consumption; the rates for Aboriginal prisoners was significantly higher with 74% of Aboriginal men and 41% of Aboriginal women reporting high risk alcohol consumption^{xii}.

While fewer **Aboriginal people** drink alcohol, those who do so tend to drink at riskier levels than the general population across all age groups, which is most evident in the 16-24 year age group of both sexes^{xiii}, ^{xiv}. Alcohol-related hospitalisations are much higher (2.4 times higher) among Aboriginal people than among non-Aboriginal people^{xv}. These figures are considered conservative due to the low rates of identification of Aboriginal people in NSW hospitals. To impact on the high burden of illness among Aboriginal young people and costs to the health system due to alcohol related harms, interventions need to be culturally acceptable and responsive. Greater investment in training of Aboriginal people in the specialist alcohol and drug sector (including the Aboriginal Community Controlled Health sector) to improve access to health services and cultural appropriateness of treatment services could make a significant improvement in the health and wellbeing of Aboriginal people and communities. Factors which facilitate the effective provision of alcohol interventions to Indigenous Australians include indigenous community control, adequate resourcing and support, and planned, comprehensive intervention^{xvi}.

There is great need for **professional education and training** in alcohol use and dependence, in specialist and generalist fields. State government support is required for training and professionalisation of the specialist alcohol and other drug workforce. In order to achieve appropriate care for members of the community who are at risk of or have developed an alcohol-related problem, improved training is required to ensure that all doctors, nurses and allied health staff in contact with the public are either able to deliver this care or know how to refer people to such care.

g) any other related matter.

Research, monitoring and evaluation

RACP supports improvements in alcohol-related data collection (such as alcohol outlets, alcohol sales, and alcohol-related harms) for monitoring and evaluation. Initiatives include:

- collect and publish alcohol sales data in NSW and makes this data available to the National Alcohol Sales Data Project and other relevant agencies and research bodies; and
- improve processes for the collection and coding of alcohol harms data including data from ambulance services, hospitals and police.
- develop an evaluation framework for the assessment of alcohol-related policy reforms
- conduct independent evaluations of policy reforms as they are implemented

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