



WESLEY MISSION
MINISTERING TO HUMAN NEED SINCE 1812

January 6 2004

The Director,
Standing Committee on Social Issues,
Parliament House,
Macquarie Street,
Sydney 2000.

Dear sir/madam,

Wesley Mission Sydney would like to make a submission to the inquiry into the Inebriates Act.

The submission is attached.

The Mission is willing to provide any additional information you may require.

Yours faithfully,

Keith Suter
Consultant
Social Policy

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INQUIRY INTO THE INEBRIATES ACT 1912

SUBMISSION FROM WESLEY MISSION, SYDNEY

Submission authorised by: Dr Keith Suter, Consultant, Social Policy

INTRODUCTION

Wesley Mission supports the reasoning behind the Inebriates Act 1912 (hereinafter "the Act"). While there may be some scope for amendments to it, the overall approach remains correct. There should be no weakening of the Government's stand on alcohol. Therefore, the Mission recommends that the essence of the Inebriates Act be maintained

This submission begins with an overview of the Mission's opposition to alcohol.

The Standing Committee's terms of reference (para 4) makes reference to the Swedish experience. This submission recommends that further attention be given to the Swedish legislative experience. The jurisprudence underpinning the legislation is somewhat different that of the Inebriates Act but it does also contain a tough opposition to the consumption of alcohol.

WESLEY MISSION'S OPPOSITION TO ALCOHOL

The Wesley Mission is opposed to the consumption of alcohol because it believes that alcohol is a dangerous drug. In essence:

- Humans are made in the image of God; the body is a temple that should be looked after; drunkenness debases human beings.
- The Mission thinks it important to be part of the ecumenical struggle on the dangers of alcohol. It is in solidarity with other churches and organizations opposed to the consumption of alcohol. Additionally, the Mission, with its links through to the Indigenous communities, stands in solidarity with those Indigenous leaders (such as Noel Pearson) leading the struggle against alcohol within their own communities¹.
- The human cost: alcohol is Australia's most expensive drug addiction, total cost of drug abuse: \$4.5 billion, cost of alcohol: \$3.5 billion. Australia ranked 17th in the world for per capita consumption of alcohol. Australians spend \$442 per person on alcohol (3 % of total per capita income) per annum.
- Some of the people coming to the Mission for assistance are victims of alcohol abuse. The Mission provides not only services at the bottom of the cliff but also a fence at the top of the cliff to stop people from falling over in the first place. Therefore the Mission is involved in both the delivery of services and in advocacy (such as this submission) for tighter regulation of alcohol.
- A tendency towards alcoholism may be genetic; it is important that people do not get started on it in the first place.
- The Mission does not support "harm minimization" (as per the Commonwealth and State Governments); if something is wrong, then it is absolutely wrong; "harm minimization" is self-defeating.

¹ For example, Noel Pearson "Stop Addicts Shaping Our Grog Policies", The Australian, December 23 2003.

- 1 in 7 "social drinkers" become alcoholics and so a policy of total opposition is better than just "harm minimization".
- There is also the pragmatic reason: "moderates" define themselves by the extremes; therefore the Mission by taking an extreme out more to one end, pulls the "moderates" out further from the centre to that end. Therefore the Mission takes a strong position in the hope of bringing the "moderates" out to the opposition end of the spectrum.
- The Mission is a persistent voice: it is important to keep the issue on the boil. This is not just a "seasonal" media item (as per Christmas parties and "schoolies week")
- The Mission wants to rebut the Australian image of the non-drinker as "weak", "anti-social" or "mean". It projects a positive image of how people can be "successful" without alcohol. It serves de-alcoholized wines at functions.

LEARNING FROM THE SWEDISH EXPERIENCE

The Mission welcomes the opportunity to comment on the Swedish experience. Wesley Mission favours far greater control over the sale and consumption of alcohol in Australia such as the model adopted in Sweden. Moritz Naf, who favours the moderate consumption of alcohol, has written a very useful study of the Swedish system (even though he thinks that it is contrary to European Community/ European Union legislation!) The Mission has used his Master of Law (LLM) dissertation for this section². Dutch scholar Tim Boekhout van Solinge, another critic of the Swedish system, has also produced a report that has informed this section³.

The aim of the Swedish alcohol policy is to reduce the total consumption of alcohol. The reason for having the policy is to reduce social and medical damage that results from alcohol consumption. The general strategy of limiting alcohol consumption is achieved through a combination of high taxation, information, treatment, restricted availability of alcohol, and the avoidance of private companies profiting from the sale of alcohol. These goals are achieved through the State monopoly on alcohol. In Sweden, liquor stores are State controlled and have limited opening hours: 10 a.m. to 8 p.m. on weekdays and from 10 a.m. to 3 p.m. on Saturdays.

The *Systembolaget*, the state-owned alcohol retailing outlets, are central to the implementation of the alcohol policy. These outlets have the monopoly of all alcohol sales, except light beer. The sale of alcohol in the Systembolaget is restricted to people of 20 and over.

The Swedish legislation also provided for the exclusive right of the State in the wholesale trade with control of imports and exports of spirits, wines and strong beer as well as the production and export of spirits. In addition to its retail monopoly rights, Systembolaget was assigned the exclusive right to carry out all wholesale trade in alcoholic beverages to restaurants. Since Sweden's accession to the EC in 1995

² Moritz Naf The Compatibility of the Swedish Alcohol Monopoly with EC Law, Faculty of Law, University of Lund, Spring Term 2002.

³ Tim Boekhout van Solinge The Swedish Drug Control System: An In-Depth Review and Analysis, Amsterdam: Uitgeverij Jan Mets (no date)

many of these rights were incompatible with European law but Systembolaget still maintains its retail monopoly on the sale of alcohol.

The State monopoly on alcohol sales also makes it possible to have a price policy, which forms another essential mechanism of Swedish alcohol policy. The goal of high taxes is not only to limit total alcohol consumption, but it is also used to encourage people to consume weaker alcoholic drinks like beer and wine, by putting a high tax on strong spirits. Hence, the price mechanism is used to achieve a different consumption pattern in which people are drinking 'more' weak alcohol to the detriment of the traditional strong liquors favoured in Sweden.

Besides the instruments of availability and price policy, there is a ban on advertising and information is spread on the health risks of alcohol use. Alcohol preventative measures are for the large part in the hands of non-governmental organisations such as youth groups, sports clubs, scouting, education organisations, unions and church organisations.

The Swedish alcohol policy finds its basis in a 1975 WHO report: *Alcohol Control Policies in a Public Health Perspective*. The *Alcohol Policy Commission* was founded on the theoretical model of this publication: the total consumption model, which suggests a correlation between the total alcohol consumption and the total damage caused by alcohol, such as liver cirrhosis, pancreatitis, certain types of cancer etc. It is also alleged that the more individuals are drinking, the more people will change from moderate to heavier forms of drinking including alcoholism. Since it is assumed that alcohol consumption is based on availability the policy focuses on limiting its availability.

In Sweden a clear correlation has been observed between violence and drinking, as alcohol is involved in 70% to 80% of all crimes of violence.

In 1993, a research team studied the possible effects of a reduction of alcohol prices in Sweden. If the prices were to be adjusted to the Danish level (meaning a price reduction of 50% for beer, 25% for wine, and 15% for spirits), it is estimated this would entail an increase in fatal accidents of 13%, a 14% increase in suicides and an 18% increase in murders. In addition, alcohol-related deaths would rise by 1,000 a year and the number of assaults by 5,000.

In Sweden, restaurants, bars and clubs and other sellers of alcohol are obliged to ensure that the sale of alcohol is carried out in the least harmful way possible and that order and sobriety prevail in the place of sale. Alcoholic beverages may not be sold to persons who are perceptibly affected by alcohol or if there are any reasons to assume that the beverages may unlawfully be made available to a third party. In addition, a satisfactory selection and amount of non-alcoholic drinks must be made available in the place of sale.

Since 1982, in Sweden it has been possible to force people into alcohol treatment for a period of up to 6 months. The goal of the treatment programs is to obtain complete abstinence. Many of the institutions involved in treatment are non-government organisations that receive funding from the government.

The Swedish alcohol policy has led to the reduction of sales of alcohol from 7.7 litres of alcohol per capita to 4.9 litres per capita in 2001. In addition, Sweden has a relatively low mortality from alcohol-related diseases such as liver cirrhosis.

CONCLUSION

Therefore Wesley Mission believes that the Swedish model contains some useful lessons for NSW. There has to be tight control over the availability of alcohol. Changes to the Inebriates Act should be done on the basis of making alcohol's

availability more restricted and tighter controlled. As in Sweden, non-governmental organizations (such as Wesley Mission) should be given the opportunity to play a role in devising preventative measures. Wesley Mission does some of that work now; it could do even more if there were more government funding.

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