

## ALCOHOL POLICY

### *The Public Health Association of Australia notes that:*

1. In 2003, Australia was ranked 23<sup>rd</sup> for per capita alcohol consumption among 45 nations (World Advertising Research Centre, 2004)<sup>1</sup>. It was estimated that in 2006/07, Australians aged 15 years and older consumed an average of 9.85 litres of pure alcohol per person (Australian Institute of Health and Welfare, 2008)<sup>2</sup>. The level of per capita alcohol consumption in a community is generally related to the number and severity of alcohol related problems, such as traffic accidents, accidental falls and other accidents, illness, assaults and other crimes (World Health Organisation, 2000)<sup>3</sup>.
2. There are potential positive social effects of moderate alcohol consumption (Peele and Grant, 1999)<sup>4</sup>. However, the degree to which there are beneficial health effects for heart disease and related conditions is now the subject of dispute (Australian Faculty of Public Health Medicine, 2008)<sup>5</sup>. It has been well documented that potential cardiovascular benefits of moderate alcohol use are limited to older persons. In addition, there is growing evidence that the size of the effect estimated by past studies may have been over-stated (e.g. Fillmore et al 2006<sup>6</sup>; Flavio et al 2007<sup>7</sup>). No-one should drink or be encouraged to drink for health reasons.
3. Alcohol related problems are recognised by the National Health and Medical Research Council as one of Australia's most serious health problems. Risky and high risk alcohol consumption is estimated to have caused 3,494 deaths and over 1,000,000 total hospital bed days in 2004/2005 (Collins and Lapseley, 2008)<sup>8</sup>. An estimated 4.9% of Australia's total disease burden is a result of excessive alcohol consumption (Mathers and Vos, 1999)<sup>9</sup>. Hazardous and harmful alcohol use are second to tobacco as a preventable cause of death and hospitalisation<sup>10</sup>. Additionally, alcohol use is a large factor in motor vehicle accidents, falls, drowning, burns, suicide, occupational injuries, interpersonal violence, domestic violence and child abuse (Chikritzhs et. al 2003)<sup>11</sup>.
4. Alcohol can affect people other than the drinker. For example, in 2007, over 42% of adult Australians reported being either verbally or physically abused in the previous 12 months by someone under the influence of alcohol (Australian Institute of Health and Welfare, 2008)<sup>2</sup>.
5. The most recent national survey of Australian drinking patterns estimated that about 10% of people aged 14 years and older drink at levels which place them at risk or high risk of long-term harm from alcohol (e.g. cancer, alcoholic liver cirrhosis). Comparatively, the proportion of people who drink at risky/high risk levels for short-term harm (e.g. road crash injury, falls, violence) is several times larger at about 35% (Australian Institute of Health and Welfare, 2008)<sup>2</sup>.

6. Alcohol has been conservatively estimated to have cost the Australian economy about \$15 billion in 2004/2005 (Collins and Lapseley 2008<sup>8</sup>). This figure does not include any estimation of the human costs associated with alcohol use.
7. Alcohol problems are a serious concern for Indigenous Australians: Compared to non-Indigenous Australians, the proportion who drink at risky or high risk levels is about 3.6 times greater for males and 2 times greater for females (Pascal et al, in press)<sup>12</sup>. For the five year period from 2000 to 2004, an estimated 1,145 Indigenous Australians died from alcohol-attributable injury and disease, with suicide, alcoholic liver cirrhosis, road traffic injury, assault and haemorrhagic stroke accounting for 56% of such male deaths and 65% of female deaths<sup>10</sup>.
8. The most recent Australian Secondary Students' Alcohol and Drug Survey (White and Hayman, 2006)<sup>13</sup> indicates that the proportion of youngsters aged 12 to 15 years who drank in the recent past (last week/ last month) declined significantly from 1999 to 2005. The same cannot be said for 16 to 17 year olds, however, where the proportion who drank in the week or month before the survey did not change significantly. The survey also showed that despite the decline in overall numbers of 12 to 15 year old drinkers, among those who had recently consumed alcohol, greater proportions were drinking at levels which would put an adult at risk or high risk of short-term harm (e.g. violent assault, falls, pedestrian road injury).
9. Research on alcohol advertising suggests that adolescents and children are a uniquely vulnerable audience. The evidence indicates that advertising and other positive media portrayals of alcohol are significantly reinforcing factors and help 'normalise' consumption (Connolly et. al 1994)<sup>14</sup>. The content of advertising for ready-to-drink beverages has been found to contain messages regarding the "benefits" of consumption in social and sexual attractiveness that appeal to not only young but under-age drinkers (Jones and Donovan, 2001)<sup>15</sup>.
10. The depiction of alcohol consumption in popular films and television programs, along with product placement, has been as effective as a marketing ploy for alcohol as it has been for tobacco. It is claimed that such incidental advertising may be more effective than actual television advertisements in reinforcing and normalising drinking behaviour (Furnham and Ingle, 1997)<sup>16</sup>.
11. Voluntary advertising codes controlled by the advertising and alcohol industries were established with the promise that the industries would be responsible in their marketing approaches. Numerous breaches of the codes have been documented, but have generally failed to move governments into taking more strict action, as they have with cigarette advertising (Donovan et.al 2007)<sup>17</sup>. A study of complaints dismissed by the national Advertising Standards Board found that independent reviewers rated 7 of the 9 advertisements as breaching voluntary industry codes, suggesting that self-regulation was inadequate and biased towards discouraging and dismissing complaints (Jones, 2000)<sup>18</sup>.

***The Public Health Association of Australia affirms that:***

12. Notwithstanding perceived benefits associated with moderate alcohol use, the level of harm associated with Australia's consumption of alcohol is intolerably high.
13. The diverse ways in which alcohol-related harm is manifest make the prevention of this harm a pre-eminent priority. While the treatment of these problems, and the expansion of treatment services remain important, their prevalence and their

- aetiology mean that treatment can never be an adequate response on its own.
14. The aetiology of alcohol-related problems suggests that many of these problems are preventable.

***The Public Health Association of Australia believes that:***

15. Reducing Australia's alcohol-related problems will require a comprehensive strategy combining fiscal measures; controls on and in a number of cases reduced availability (re hours of sale and number/type of outlet); enforcement of existing laws about not serving alcohol to intoxicated and/or underage people; other legislative policies; and controls on alcohol promotion and education - the operation of any one of which will be only marginally effective unless it is part of a coherent whole.
16. While particular age groups and risk situations (e.g. driving) should remain a focus for targeted intervention, the most significant amelioration of alcohol-related problems is likely to result from a reduction in Australia's overall consumption.
17. Goals should be set to significantly reduce per capita alcohol consumption; with a similar reduction in population-adjusted alcohol-related mortality.
18. Such an overall reduction in consumption is likely to be affected by policies which:
  - increase excise and other taxes on alcohol in proportion to the alcohol content of beverages (volumetric taxation). Increased revenue from such levies should be used specifically to fund alcohol-related primary health care and health promotion programs;
  - encourage manufacturers to produce lower alcohol beverages;
  - restrict the availability and promotion of alcohol;
  - enforce laws about responsible service of alcohol combined with meaningful penalties for breaches of such laws; and
  - encourage individual responsibility in alcohol consumption.

***The Public Health Association of Australia resolves:***

19. To request the Ministerial Council on Drug Strategy to:
  - review progress in the implementation of Australia's health policy in relation to alcohol and to identify targets in relation to its objectives; and
  - review the policy at regular intervals subsequently.
20. To ask the Ministerial Council on Drug Strategy for information on administrative arrangements that have been implemented in each jurisdiction to ensure the continuation and further improvement of Australia's national health policy in relation to alcohol.
21. To send a copy of this policy to the Ministerial Council on Drug Strategy.
22. To endorse the intent and scope of the National Health and Medical Research Council (NHMRC) 2001 Australian Alcohol Guidelines, and ask that the guidelines be promulgated widely.
23. To advocate that the Ministerial Council on Drug Strategy support an independent body to oversee the administration of an advertising code for alcoholic beverages.
24. The Board, Special Interest Groups and Branches will advocate this policy with federal, state and territory governments and political parties across Australia.

## Adopted 2008

**This policy was developed and adopted as part of the 2008 policy review process.**

### References:

- <sup>1</sup> World Advertising Research Center (2005) *World Drink Trends 2005 Edition*, World Advertising Research Center Ltd.
- <sup>2</sup> Australian Institute of Health and Welfare (2008). *2007 National Drug Strategy household Survey: First Results*. Drug Statistics Series Number 20. Catalogue No. PHE 98. Canberra: Australian Institute of Health and Welfare.
- <sup>3</sup> World Health Organization (2000). *International guide for monitoring alcohol consumption and alcohol related harm*. Stockwell T. & Chikritzhs T. (Eds) Geneva: World Health Organization. WHO/MSD/MSB/00.5
- <sup>4</sup> Peele, S. and Grant, M. (Eds). (1999). *Alcohol and pleasure: a health perspective*. London: Brunner/Mazel.
- <sup>5</sup> Australian Faculty of Public Health Medicine. (2008). *Response to request for further information by Alcohol Toll Reduction Bill Senate Standing Committee*. Australian Faculty of Public Health Medicine.
- <sup>6</sup> Fillmore, K., Kerr, W., Stockwell, T, Chikritzhs, T., Bostrom, A. (2006). "Moderate alcohol use and reduced mortality risk: systematic error in prospective studies", *Addiction Research and Theory*, 14: 101-32.
- <sup>7</sup> Flávio D. Fuchs & Lloyd E. Chambless, Is the cardioprotective effect of alcohol real? *Alcohol* 2007; 41:399-402.
- <sup>8</sup> Collins, D. and Lapseley, H. (2008). *The costs of tobacco, alcohol and illicit drug use to Australian Society in 2004/2005*. Canberra, Australian Government Department of Health and Aging.
- <sup>9</sup> Mathers, C.T, Vos, et al (1999). *The burden of disease and injury in Australia*. Canberra, Australian Institute of Health and Welfare.
- <sup>10</sup> Chikritzhs, T., Pascal, R., Gray, D., Stearne, A., Saggors, S and Jones, P. (2007). *Trends in alcohol-attributable deaths among Indigenous Australians, 1995-2004*. National Alcohol Indicators Bulletin No. 11, Perth: National Drug Research Institute
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- <sup>12</sup> Pascal, R., Chikritzhs, T. & Gray, D. (in press). Estimating alcohol-attributable mortality among Indigenous Australians: towards Indigenous-specific alcohol aetiologic fractions. *Drug and Alcohol Review*.
- <sup>13</sup> White, V. and Harman, J. (2006). Australian secondary school student's use of alcohol in 2005. Centre for Behavioural Research in Cancer Control Research Institute, the cancer Council of Victoria. Canberra: Australian Government Department of Health and Ageing.

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<sup>14</sup> Connolly, G., S. Casswell, *et al* (1994). “Alcohol in the mass media and drinking by adolescents: a longitudinal study.” *Addiction*, 89: 1255-1263; Austin, E., Pinkleton, P., *et al*. (2000) “The role of interpretation processes and parental discussion in the media’s effects on adolescents’ use of alcohol.” *Paediatrics*, 105(2): 343-349; Strasburger, V. (2001). *Children, adolescents, drugs and the media. Handbook of children and the media*. D Singer and J. Singer. Thousand Oaks, Sage Publications; Winter, M., Donovan, R. and Fileder, L.J. (2007). *Exposure of children and adolescents to alcohol advertising on television in Australia*. Curtin University of Technology, Perth.

<sup>15</sup> Jones, S.C. and Donovan, R.J. (2001). “Messages in alcohol advertising targeted to youth”, *Australian and New Zealand Journal of Public Health*, 25(2): 126-131.

<sup>16</sup> Strasburger *supra.*; Furnham, A., H. Ingle, *et al*. (1997). “A content analysis of alcohol portrayal and drinking in British television soap operas.” *Health Education Research: Theory and Practice*, 12(4): 519-529.

<sup>17</sup> Donovan, K., Donovan, R., Howat, P and Weller, N. (2007). “Magazine alcohol advertising compliance with the Australian Alcoholic Beverages Advertising Code”, *Drug and Alcohol Review*, 26(1): 73-81.

<sup>18</sup> Jones, S.C. (2000) “The decline of ethics or the failure of self-regulation? The case of alcohol advertising”, *ANZMAC 2000, Visionary Marketing for the 21<sup>st</sup> Century: Facing the challenge*. pp. 595-599.

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