Preventing harm caused by alcohol products

Policy Position Statement

Key messages:

Harms caused or exacerbated by alcohol affect not only drinkers themselves but also children, families, and the broader community.

PHAA supports a comprehensive approach to preventing and reducing harm from alcohol, informed by the best available evidence.

Cheap alcohol products fuel alcohol harm.

Key policy positions:

1. There should be no role for the alcohol industry in influencing government planning to reduce harm caused by alcohol.
2. Set a minimum floor price per standard drink to reduce the harm caused by cheap alcohol products.
3. Introduce a volumetric tax across all alcohol products to reform the current system that incentivises the production of cheap wine.
4. Governments must set higher standards for how alcohol is promoted.
5. Use all available policy levers to reduce the availability of alcohol and prioritise the health and safety of communities in liquor licensing decisions.

Audience: Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

Responsibility: PHAA Alcohol, Tobacco and Other Drugs Special Interest Group

Date adopted: September 2022

Citation: Preventing harm caused by alcohol products: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2013, updated 2022. Available from: https://www.phaa.net.au/documents/item/3781

20 Napier Close Deakin ACT Australia 2600 – PO Box 319 Curtin ACT Australia 2605
T (02) 6285 2373 **E** phaa@phaa.net.au **W** www.phaa.net.au

Prevention of Harms Caused by Alcohol Products

Policy position statement

PHAA affirms the following principles:

1. Alcohol is responsible for a substantial burden of death, disease and injury in Australia, affecting not only the drinkers themselves, but also children, families and the broader community.[Whetton et al., 2021]
2. Harm from alcohol is preventable, and reducing the amount of alcohol consumed will reduce health and social harms in the Australian community. The social and economic cost of alcohol to Australia is estimated at $66.8 billion per year [Whetton et al., 2021]; these costs far exceed government revenue from alcohol taxation (approx. $8.1 billion in 2020-21).[Commonwealth of Australia - Budget, 2022]
3. There is no safe level of alcohol use. The risk of harm to health increases with increasing use; the less a person drinks, the lower their risk of harm from alcohol.[NHMRC, 2020] The National Health and Medical Research Council (NHMRC) Guidelines to Reduce Health Risks from Drinking Alcohol present recommendations to support individuals to stay at low risk of experiencing health problems from their own drinking.[NHMRC, 2020] To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day.
4. The NHMRC recommends that people under 18 years of age should not drink alcohol.[NHMRC, 2020]
5. Fetal Alcohol Spectrum Disorder (FASD) is a serious and avoidable condition. There is no safe amount or safe time to drink alcohol during pregnancy. The NHMRC Guidelines recommend that women who are pregnant or planning a pregnancy should not drink alcohol; for women who are breastfeeding, not drinking alcohol is safest for their baby.[NHMRC, 2020]
6. Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol.
7. The development of policies intended to reduce harm from alcohol should be protected from influence by commercial interests.[Chan, 2013; Torjesen, 2019] Due to conflicting interests, there should be no role for the alcohol industry or associated commercial interest groups in contributing to or influencing government planning to reduce harm caused by alcohol.[Freeman et al., 2017] Groups with commercial interests related to alcohol are not an appropriate partner for governments in delivering public health programs intended to reduce alcohol harms.[Casswell et al., 2016]
8. Appropriate controls on the physical and economic availability of alcohol are essential components of effectively preventing and reducing harm from alcohol.[WHO, 2019]
9. The current approach to alcohol taxation is flawed and inconsistent.[Daube & Stafford, 2016] Increasing the price of alcohol through taxation and reducing access to very cheap alcohol via a minimum pricing policy are highly effective ways of reducing harm from alcohol.[Ananthapavan et al., 2018; Commonwealth of Australia – National Obesity Strategy, 2022; Coomber et al., 2020; WHO, 2017]

10. Self-regulation of alcohol marketing by the alcohol and advertising industries has failed to protect young people and the general community, and should be replaced by independent, government-led regulation with sanctions for non-compliance.[Noel et al., 2017; Pierce et al., 2019]
11. No and low alcohol products may be a suitable option for some people seeking to reduce their alcohol intake; however, where these products share branding with alcoholic products, the marketing and availability of no and low alcohol products may further normalise alcohol and contribute to young people's exposure to alcohol promotion.[Miller et al., 2022]
12. Approaches should seek to enhance the capacity of community members to manage alcohol use, particularly for Aboriginal and Torres Strait Islander communities and community-controlled organisations. Externally imposed control measures should seek to complement and strengthen internal measures, and be monitored to ensure they do not undermine local efforts.[d'Abbs et al., 2019; Stearne et al., 2022]
13. Reducing harms from alcohol use among Aboriginal and Torres Strait Islander people require addressing the broader social inequalities and other underlying social determinants of alcohol-related harm.[Gray et al., 2018]

PHAA notes the following evidence:

14. Alcohol is responsible for 4.5% of the injury and disease burden in Australia [AIHW, 2021] and plays a role in more than 200 different chronic health problems including cardiovascular disease, cancers, diabetes, nutrition-related conditions, cirrhosis, and overweight and obesity. Alcohol use increases the risk of developing cancer of the breast, mouth, pharynx, larynx, oesophagus, liver, stomach, and bowel.[IARC, 2010; Rumgay et al., 2021]
15. In 2017, an estimated 4,276 Australians aged 15 years or older died of alcohol-attributable disease and injury, and hospitalisations attributable to alcohol exceeded 105,500.[Reedy et al., 2022] Alcohol harms are also a substantial burden on emergency departments; around one in 10 presentations to emergency departments in Australia and New Zealand are alcohol related.[Egerton-Warburton et al., 2018]
16. While alcohol does not cause family and domestic violence, alcohol products contribute to the likelihood of family violence occurring and the severity of harms that result from violence.[Noonan et al., 2017]
17. The use of alcohol is widespread in Australia. In 2019, 1 in 3 adults (33%) consumed alcohol at levels that put them at risk of alcohol-related disease or injury (i.e., drinking more than 10 standard drinks per week or more than 4 standard drinks on a single occasion at least once a month on average).[AIHW, 2021]
18. The heaviest drinking 10% of the Australian population drank 54.1% of all alcohol consumed in 2019.[Cook et al., 2022]
19. Alcohol is the most common principal drug of concern among people who have accessed specialist treatment services.[AIHW, 2021] Demand for specialist alcohol and other drug services exceeds the available treatment places.

20. Alcoholic drinks contain a lot of kilojoules and have no nutritional benefit. The use of alcohol can contribute to weight gain, and carrying excess body fat increases the risk of developing 13 types of cancer, heart disease, and type 2 diabetes.[WCRF, 2018]

21. Encouraging trends in the drinking patterns of young people have continued. The average age among those aged 14-24 years trying alcohol for the first time increased from 14.7 years in 2001 to 16.2 years in 2019. The proportion of 14-17 year olds abstaining from alcohol increased between 2010 (49.3%) and 2019 (72.5%).[AIHW, 2020]

22. However, cause for concern about alcohol and young people remains. Of 12-17 year olds, 66% reported ever drinking alcohol in a 2017 survey, and 15% reported drinking in the past week. More than a third (38%) of current drinkers aged 12-17 years reported that they intended to get drunk most or every time they drank.[Guerin & White, 2018] Alcohol use can cause irreparable damage to the developing brain, leading to problems with memory, planning and organisation, impulse control and mood regulation.[Bava & Tapert, 2020]

23. Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol than non-Indigenous people. However, Aboriginal and Torres Strait Islander people who do use alcohol are more likely to drink at levels that pose risks to their health than non-Indigenous people. Aboriginal and Torres Strait Islander people experience health and social problems associated with alcohol use at higher rates than non-Indigenous people.[Gray et al., 2018]

24. Alcohol is widely available in Australia. Evidence has established consistent associations between the density of licensed premises in an area and rates of violence,[Livingston, 2008; Livingston, 2010] with further evidence relating to road crashes, child abuse and neglect, neighbourhood amenity, and mental health.[Cameron et al., 2012; Pereira et al., 2013] Increased liquor trading hours are associated with increased alcohol-related problems, while earlier closing times have been associated with less alcohol-related harm.[Menendez et al., 2015; Sanchez-Ramirez & Voaklander, 2018]

25. Packaged liquor (takeaway alcohol for use off-premises) accounts for a large proportion (around 80%) of alcohol sold in Australia.[Euromonitor International, 2017] Packaged outlet density, and large warehouse style chain outlets are associated with increased rates of assault, domestic violence, chronic disease and very heavy episodic drinking.[Hobday et al., 2015; Livingston, 2013]

26. The expansion of alcohol home delivery services represents a shift in alcohol availability. Evidence suggests rapid delivery services are used by people who drink at high risk levels.[Mojica-Perez et al., 2019] Home delivery services may provide avenues for children to access alcohol as research indicates that delivery drivers regularly fail to check identification and often leave alcohol unattended.[Mojica-Perez et al., 2019]

27. Young people are heavily exposed to alcohol marketing in many different forms including television, radio, social media, online video channels, mobile phones, sponsorship of sporting and music events, and outdoor media.[Aiken et al., 2018] Exposure to alcohol advertising influences young people's attitudes about drinking and increases the likelihood that adolescents will start to use alcohol and will drink more if they are already using alcohol.[Jernigan et al., 2017; Sargent & Babor, 2020]

28. Implementing effective alcohol policies would contribute towards the achievement of UN Sustainable Development Goals, including Good Health and Wellbeing (Goal 3), Gender Equality (Goal 5), and Reduced Inequalities (Goal 10).[Movendi International, 2020; Sperkova et al., 2022]

29. Implementing this policy would contribute towards the achievement of UN Sustainable Development Goal 3 – Good Health and Wellbeing.

PHAA seeks the following actions:

30. Reform alcohol taxation by removing the Wine Equalisation Tax (WET) and its associated rebate, and introducing volumetric taxation across all alcohol products, with tax increasing for products with higher alcohol volumes.
31. Introduce a minimum floor price per standard drink to reduce the impacts of cheap alcohol products, which represent a small fraction of products for sale but account for a large share of alcohol harms.
32. Regulation by government to ensure effective, independent controls on all forms of alcohol advertising and promotion, with a special focus on protecting young people and those with (or at risk of) an alcohol problem from exposure.
33. Use all available policy levers relating to the availability of alcohol to minimise harm (including alcohol outlet density, trading hours, planning and land use). Liquor licensing laws should prioritise public health and safety, and adopt a proactive, evidence-based approach to preventing harm from alcohol.
34. Regulations relating to the online sale and home delivery of alcohol must ensure adequate community protections. Regulations should i) require age verification at the online point of sale and point of delivery, ii) require a minimum delay between order and delivery, iii) prohibit unattended deliveries and delivery late at night, iv) restrict opportunities for targeted marketing of home delivery services, and v) require alcohol retailers to regularly report data to regulators to support independent monitoring and evaluation (e.g., delivery volumes and locations by postcode).
35. Address the social determinants of alcohol-related harm, particularly as they relate to alcohol-related harms experienced by Aboriginal and Torres Strait Islander people.
36. Enable self-determination to improve health and well-being outcomes for Aboriginal and Torres Strait Islander communities by embedding elements including meaningful community engagement, recognising diversity, and involvement in all stages of the policy process.[Stearne et al., 2022]
37. Government regulated warning labels on alcoholic beverages to increase community awareness of the risks of alcohol use and energy labelling of alcohol products to help alcohol users make informed decisions.
38. Adequately funded, sustained and comprehensive public education campaigns run independently of the alcohol industry as part of a comprehensive approach to reducing alcohol harms. Health education campaigns should both encourage appropriate behaviour and prepare the ground for structural change including regulation.
39. Continue support for programs that have proven to be effective in reducing alcohol related harm.
40. Increase investment in a range of specialist service types to meet the needs of people experiencing harms associated with alcohol and other drug use. Reduce stigma to improve service access and reduce harm.

41. Improve data collection, including the collection of wholesale alcohol sales data in all jurisdictions, to support the monitoring of trends in alcohol use and harms, and the evaluation of interventions to reduce alcohol-related harms.

42. Adequate funding and ongoing government commitment to implement the National FASD Strategic Action Plan 2018-2028, including actions across the priority areas of prevention, screening and diagnosis, and support and management.

PHAA resolves to:

43. Advocate for the above steps to be taken based on the principles and evidence in this position statement.

44. Continue to work as part of the National Alliance for Action on Alcohol in pursuing a comprehensive approach to reducing harms from alcohol.

REVISED September 2022

(First adopted 2013, revised 2016 and 2019)

References

[editors note: this set of references needs correct numbering and formatting from PHAA Endnote database: complete once policy is approved]

Aiken A, Lam T, Gilmore W, Burns L, Chikritzhs T, Lenton S, et al. Youth perceptions of alcohol advertising: are current advertising regulations working? Australian and New Zealand Journal of Public Health. 2018;42(3):234-9.

Ananthapavan J, Sacks G, Brown V, Moodie M, Nguyen P, Barendregt J, Veerman L, Mantilla Herrera A, Lal A, Peeters A, Carter R. Assessing Cost-Effectiveness of Obesity Prevention Policies in Australia 2018 (ACE-Obesity Policy). Melbourne: Deakin University, 2018.

Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study 2018: key findings. Australian Burden of Disease Study series 24. Cat. no. BOD 30. Canberra: AIHW.

Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2019. Canberra: AIHW; 2020.

Australian Institute of Health and Welfare. Alcohol and other drug treatment services in Australia annual report [Internet]. Canberra: Australian Institute of Health and Welfare, 2021 [cited 2022 Apr. 15]. Available from: https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia

Australian Institute of Health and Welfare. Measuring risky drinking according to the Australian alcohol guidelines: Supplementary data tables. AIHW; 2021.

Bava S, Tapert SF. Adolescent Brain Development and the Risk for Alcohol and Other Drug Problems. Neuropsychology Review. 2010;20(4):398-413.

Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, Robertson N. Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. Australian and New Zealand journal of public health. 2012;36(6):537-42.

Casswell S, Callinan S, Chaiyasong S, Cuong PV, Kazantseva E, Bayandorj T, et al. How the alcohol industry relies on harmful use of alcohol and works to protect its profits. Drug Alcohol Rev. 2016;35(6):661-4.

Chan M. WHO's response to article on doctors and the alcohol industry. BMJ : British Medical Journal. 2013;346:f2647.

Commonwealth of Australia. Budget 2022-23: Budget Paper No. 1, Statement 4: Revenue (Table 4.7). Available from: https://budget.gov.au/2022-23/content/bp1/index.htm

Commonwealth of Australia 2022. The National Obesity Strategy 2022-2032. Health Ministers Meeting

Cook M, Mojica-Perez Y, Callinan S. Distribution of alcohol use in Australia. Centre for Alcohol Policy Research; 2022.

Coomber K., Miller P., Taylor N., Livingston M., Smith J., Buykx P., Clifford R., Scott D., Clifford S., Chikritzhs T., Nambiar D., & Moayeri F. Investigating the introduction of the alcohol minimum unit price in the Northern Territory. Final Report (February 2020). Deakin University, Geelong Australia. Prepared for the Northern Territory Department of Health.

d'Abbs P, Burlayn, Jamijin. Aboriginal alcohol policy and practice in Australia: A case study of unintended consequences. International Journal of Drug Policy. 2019;66:9-14.

Daube M, Stafford J. Alcohol and tax - time for real reform. The Medical journal of Australia. 2016;204(6):218-9.

Egerton-Warburton D, Gosbell A, Moore K, Wadsworth A, Richardson D, Fatovich DM. Alcohol-related harm in emergency departments: a prospective, multi-centre study. Addiction. 2018;113(4):623-32.

Euromonitor International. Passport: Alcoholic drinks in Australia. https://www.euromonitor.com/alcoholic-drinks-in-australia/report: Euromonitor International; 2017.

Freeman B, MacKenzie R, Daube M. Should tobacco and alcohol companies be allowed to influence Australia's National Drug Strategy? Public Health Research & Practice. 2017;27(2).

Gray D, Cartwright K, Stearne A, Saggers S, Wilkes E, Wilson M (2018) Review of the harmful use of alcohol among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet.

Guerin N, White V. ASSAD 2017 Statistics & Trends: Australian Secondary Students' Use of Tobacco, Alcohol, Over-the-Conter drugs, and Illicit Substances. Melbourne: Cancer Council Victoria; 2018.

Hobday M, Chikritzhs T, Liang W, Meuleners L. The effect of alcohol outlets, sales and trading hours on alcohol-related injuries presenting at emergency departments in Perth, Australia, from 2002 to 2010. Addiction. 2015;110(12):1901-9.

International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans, volume 96. Alcohol consumption and ethyl carbamate. Lyon, France: IARC; 2010 Available from: http://monographs.iarc.fr/ENG/Monographs/vol96/mono96.pdf.

Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. Addiction. 2017;112:7–20.

Livingston M. Alcohol outlet density and assault: a spatial analysis. Addiction. 2008;103(4):619-28.

Livingston M. The ecology of domestic violence: the role of alcohol outlet density. Geospatial health. 2010;5 (1):139-49.

Livingston M. To reduce alcohol-related harm we need to look beyond pubs and nightclubs. Drug and alcohol review. 2013;32(2):113-4.

Menéndez P, Weatherburn D, Kypri K, Fitzgerald J. Lockouts and last drinks: The impact of the January 2014 liquor licence reofrms on assaults in NSW, Australia. Crime and Justice Bulletin, 183. NSW Bureau of Crime Statistics and Research; 2015.

Miller M, Pettigrew S, Wright CJC. Zero-alcohol beverages: Harm-minimisation tool or gateway drink? Drug Alcohol Rev. 2022;41(3):546-9.

Mojica-Perez, Y., Callinan, S. & Livingston, M 2019, Alcohol home delivery services: An investigation of use and risk. Centre for Alcohol Policy and Research, La Trobe University.

Movendi International. Alcohol obstacle to development: How alcohol affects the Sustainable Development Goals. 2020.

National Health and Medical Research Council. (2020). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. National Health and Medical Research Council, Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra

Noel JK, Babor TF, Robaina K. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. Addiction. 2017;112 Suppl 1:28-50.

Noonan P, Taylor A, Burke J. Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions. Sydney: Australia's National Research Organisation for Women's Safety Limited; 2017.

Pereira G, Wood L, Foster S, Haggar F. Access to alcohol outlets, alcohol consumption and mental health. PloS one. 2013;8(1):e53461.

Pierce H, Stafford J, Pettigrew S, Kameron C, Keric D, Pratt IS. Regulation of alcohol marketing in Australia: A critical review of the Alcohol Beverages Advertising Code Scheme's new Placement Rules. Drug Alcohol Rev. 2019;38(1):16-24.

Reedy C, Gilmore W, Chikritzhs T. National Alcohol Indicators Bulletin 17: Estimated alcohol-attributable deaths and hospitalisations in Australia, 2010 to 2017. National Drug Research Institute, Curtin University; 2022.

Rumgay H, Shield K, Charvat H, Ferrari P, Sornpaisarn B, Obot I, et al. Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study. The Lancet Oncology. 2021;22(8):1071-80.

Sanchez-Ramirez DC, Voaklander D. The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. Inj Prev. 2018;24(1):94-100.

Sargent JD, Babor T. The relationship between exposure to alcohol marketing and underage drinking is causal. Journal of Studies on Alcohol and Drugs 2020:113-24.

Sperkova K, Anderson P, Llopis EJ. Alcohol policy measures are an ignored catalyst for achievement of the sustainable development goals. PLoS One. 2022;17(5):e0267010.

Stearne AE, Lee KSK, Allsop S, Shakeshaft A, Wright M. First Nations Australians' self-determination in health and alcohol policy development: a Delphi study. Health Res Policy Syst. 2022;20(1):12.

Torjesen I. Exclusive: Partnering with alcohol industry on public health is not okay, WHO says. BMJ. 2019;365:l1666.

Whetton, S., Tait, R.J., Gilmore, W., Dey, T., Agramunt, S., Abdul Halim, S., McEntee, A., Mukhtar, A., Roche, A., Allsop, S. & Chikritzhs, T. (2021) Examining the Social and Economic Costs of Alcohol Use in Australia: 2017/18, Perth, WA, National Drug Research Institute, Curtin University

World Cancer Research Fund/American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert Report 2018. Available from: https://www.wcrf.org/dietandcancer.

World Health Organization. Tackling NCDs: 'Best Buys' and other recommended interventions for the prevention and control of noncommunicable diseases. WHO; 2017. Available from: https://apps.who.int/iris/handle/10665/259232

World Health Organization. The SAFER technical package: Five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019.