

Preventing Harm Caused by Alcohol Products

Policy Position Statement

- Key messages:**
- Harms caused or exacerbated by alcohol affect not only people who drink alcohol but also children, families, and the broader community.
- The NHMRC *Australian guidelines to reduce health risks from drinking alcohol* state that there is no amount of alcohol that can be stated as definitely safe for everyone. The less one drinks, the lower one's risk of harm from alcohol.
- PHAA supports a comprehensive approach to preventing and reducing harm from alcohol, informed by the best available evidence.
- Key policy positions:**
1. Enact a volumetric tax across all alcohol products to reform the current system that incentivises the production of cheap wine.
 2. Set a minimum floor price per standard drink to reduce the harm caused by cheap alcohol products.
 3. Use all policy levers to reduce the availability of alcohol and prioritise the health and safety of communities in liquor licensing decisions.
 4. Address the social and economic drivers of harmful alcohol use by ensuring people have access to quality housing, social support, education, health, and employment.
 5. Ensure Aboriginal and Torres Strait Islander people, communities and organisations are enabled to provide central guidance, views and expertise at all stages of policy development to reduce alcohol harms.
 6. Introduce mandatory health warning labels on all alcoholic beverages.
 7. Adequately fund sustained, comprehensive public education campaigns as part of a holistic approach to reducing alcohol harms
 8. Commit to funding and implementing the National FASD Strategic Action Plan 2018-2028 and the National Alcohol Strategy 2019-2028
 9. Limit alcohol industry self-regulation and ensure the industry does not play a role in alcohol-related public health policymaking.
- Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.
- Responsibility:** PHAA Alcohol, Tobacco and Other Drugs Special Interest Group
- Contact:** Michelle Jongenelis, ATODs SIG Co-Convenor
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Prevention of Harms Caused by Alcohol Products

Policy Position Statement

PHAA affirms the following principles:

1. Harm from alcohol is preventable. Reducing alcohol consumption will reduce health and social harms in the Australian community.⁽¹⁾ The Australian guidelines to reduce health risks from drinking alcohol provide evidence-based advice to the Australian population.⁽¹⁾
2. The development of alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol and should be protected from influence by commercial interests.⁽²⁾
3. Reducing harms from alcohol use requires addressing the broader social inequities and other underlying social determinants of alcohol-related harm.
4. Aboriginal and Torres Strait Islander people must be fully involved in the development and implementation of alcohol harm reduction policy in communities. The Aboriginal Community Controlled Health Services and government services must be equipped to support these policies.
5. Industry self-regulation and involvement in alcohol harm reduction policy is fraught with conflict of interest and leads to ineffective policies. Independent, government-led regulation with sanctions for non-compliance are needed to protect young people and the general community.

PHAA notes the following evidence:

6. Alcohol is the most widely used drug in Australia.⁽³⁾ In 2022-23, 1 in 3 adults (32%) consumed alcohol at levels that put them at risk of alcohol-related disease or injury (i.e., drinking more than the National Health and Medical Research Council Guidelines).⁽³⁾
7. Alcohol is responsible for 4.1% of the injury and disease burden in Australia.⁽⁴⁾ Alcohol use increases the risk of developing several cancers, including breast, mouth, pharynx, larynx, oesophagus, liver, stomach, and bowel.⁽⁵⁾
8. The risk of harm to health increases with increasing use; the less a person drinks, the lower their risk of harm from alcohol.⁽¹⁾ No level of alcohol consumption is safe.⁽⁶⁾
9. Alcohol consumption during pregnancy increases the risk of complications including miscarriage, stillbirth, and premature birth.⁽⁷⁾ It can also lead to Fetal Alcohol Spectrum Disorder (FASD), a serious and avoidable condition that has lifelong impacts on individuals, families, carers and communities.⁽⁸⁾ The lifetime economic and social costs of exposure to alcohol during pregnancy in Australia range between \$2.7 billion and \$6.4 billion per year.⁽⁷⁾ To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.⁽¹⁾
10. Alcohol harms are a substantial burden on emergency departments; around one in 10 presentations to emergency departments in Australia and New Zealand are alcohol related.⁽⁹⁾ 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.⁽¹⁰⁾
11. The social and economic cost of alcohol to Australia is estimated at \$66.8 - \$74.9 billion per year.^(11,12) These costs far exceed government revenue from alcohol taxation (approx. \$9 billion in 2024-25).⁽¹³⁾

PHAA Position Statement on Prevention of Harms Caused by Alcohol Products

12. Cause for concern about alcohol and young people remains and is especially concerning since alcohol use can cause irreparable damage to the developing brain, leading to problems with memory, planning and organisation, impulse control, and mood regulation.⁽¹⁴⁾
13. Of 12–17-year-olds, 65% reported ever drinking alcohol in a 2022-23 survey, and 11% reported drinking in the past week.⁽¹⁵⁾
14. Alcohol-related disease burden is 1.9 times greater in the most disadvantaged socioeconomic group than in the least disadvantaged group.⁽⁴⁾
15. Although alcohol use is higher among non-Indigenous people, Aboriginal and Torres Strait Islander people who use alcohol are more likely to drink at levels that pose risks to their health. They are also more likely to experience health and social problems associated with alcohol use at higher rates than non-Indigenous people.⁽¹⁶⁾
16. Data from the 2022–2023 National Drug Strategy Household Survey revealed that 39% of people experiencing high psychological distress reported risky drinking, compared to 30% for those with low distress.⁽³⁾
17. Alcohol is estimated to be involved in between 23% and 65% of all family violence incidents reported to police.⁽¹⁷⁾ National Cabinet acknowledged the need to address the harmful impact of systems and industries, including the alcohol industry, that exacerbate violence.
18. To reduce the risk of harm from alcohol-related disease or injury, the National Health and Medical Research Council [Guidelines to Reduce Health Risks from Drinking Alcohol](#)⁽¹⁾ recommend that:
 - healthy people should drink no more than 10 standard drinks a week and no more than 4 on any one day;
 - people <18 years should not drink alcohol;
 - women who are pregnant, planning a pregnancy, or breastfeeding should not drink alcohol.
19. Approaches to reduce alcohol harm should seek to enhance the capacity of communities 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.⁽¹⁸⁾
20. Evidence has established consistent associations between the density of alcohol licensed premises in an area and rates of violence.^(19,20)
21. Health warning labels on alcoholic products can increase awareness of alcohol harms, impact consumer intentions to drink, and slow down people’s drinking.⁽²¹⁾ Health warning labels are particularly effective when implemented with comprehensive public education campaigns.⁽²²⁾
22. Young people’s exposure to alcohol advertising on TV, radio, social media; in outdoor settings; and at sporting and music events influences their attitudes about drinking and increases the likelihood that adolescents will start to use alcohol or will drink more if they are already using alcohol.^(23,24)
23. Social determinants such as social and economic exclusion, racism and stigmatisation can significantly contribute to harmful alcohol use.⁽²⁵⁾ Experiencing multiple of these determinants can have a greater cumulative impact on a person’s interaction with alcohol.⁽²⁵⁾ Access to quality housing, social support, education, health, and employment all positively contribute to a person’s social determinants of health, which in turn can positively influence a person’s health behaviours.⁽²⁶⁾
24. The alcohol industry plays an active role in Australian politics through lobbying, political donations, and

PHAA Position Statement on Prevention of Harms Caused by Alcohol Products

public social responsibility activities.⁽²⁷⁾ In submissions to Government consultations, the industry misuses scientific evidence and denies the effectiveness of evidence-based control strategies.^(28,29) Two prominent examples of industry influence on policy and display of public social responsibility is the Alcohol Beverage Advertising Code, which is a self-regulatory body, and the DrinkWise organisation, which is industry-supported. Groups with commercial interests related to alcohol are not an appropriate partner for governments in delivering public health programs intended to reduce alcohol harms.

PHAA seeks the following actions:

25. Reform alcohol taxation by removing the Wine Equalisation Tax and its associated rebate and replace it with volumetric taxation across all alcohol products (i.e., tax increasing for products with higher alcohol volumes over time).^(30,31)
26. Enact a minimum floor price per standard drink to reduce the impacts of cheap alcohol products, which disproportionately affect heavier drinkers.⁽³²⁾
27. Enact reforms to liquor licensing laws that prioritise public health and safety, and adopt a proactive, evidence-based approach to preventing harm from alcohol by using all available policy levers to reduce the availability of alcohol to minimise harm, including alcohol outlet density, trading hours, planning and land use.^(33,34)
28. Address the social determinants of alcohol-related harm by ensuring people have access to quality housing, social support, education, health, and employment.
29. Commit to, and invest in, shared decision making as outlined in the [National Agreement on Closing the Gap](#); taking central guidance at all stages of policy development from the views and expertise of Aboriginal and Torres Strait Islander people, communities and organisations to directly reduce alcohol harms and also broadly support the positive determinants of health and wellbeing.⁽¹⁸⁾
30. Introduce government-regulated health warning labels on alcoholic beverages. Existing pregnancy warning labels should also be visible on products sold online.
31. Adequately fund sustained, comprehensive public education campaigns as part of a holistic approach to reducing alcohol harms. These campaigns should be independent from the alcohol industry.
32. Increase investment in a range of specialist services and program 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.
33. 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.
34. Ensure adequate funding and ongoing government commitment to fund and implement the National FASD Strategic Action Plan 2018-2028, the National Alcohol Strategy 2019 -2028 and the National Preventive Health Strategy 2021-2030, including actions across the priority areas of prevention, screening and diagnosis, and support and management.
35. Enact government regulation that ensures 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) harmful alcohol use.
36. Ensure the alcohol industry does not partake in government decision making to prevent alcohol harm.

PHAA resolves to:

37. Advocate for the above steps to be taken based on the principles and evidence in this position statement.
38. Continue to partner with Alcohol Change Australia to pursue a comprehensive approach to reducing harms from alcohol.

First adopted 2013, revised 2016, 2019, 2022 and 2025

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