Public Health Association of Australia:
Policy-at-a-glance – Alcohol Policy

Key message:
1. Alcohol is responsible for a substantial burden of death, disease and injury in Australia affecting not only drinkers themselves but also children, families and the broader community.
2. The Public Health Association of Australia (PHAA) supports a comprehensive approach to prevention, treatment, support services and research to minimise alcohol harms.
3. Alcohol taxation is one of the most effective policy interventions to reduce alcohol consumption and related problems at the population level. Reform of the alcohol tax system should be a high priority.
4. Alcohol marketing should be regulated by governments, with special focus on minimising exposure to children and young people.
5. Government controls on alcohol availability, including trading hours and outlet density, are important within a comprehensive approach to reducing harm from alcohol.
6. Adequately funded, sustained, research-based alcohol education and awareness programs, independent of the alcohol industry, should be supported as part of a long-term comprehensive approach to reducing harm from alcohol.
7. Research-based warning labels on alcoholic beverages should be required by governments. There should be a special focus on the risks of consuming alcohol while pregnant, particularly Fetal Alcohol Spectrum Disorder (FASD).

Summary: PHAA will continue to advocate for a comprehensive and evidence-based approach to preventing and reducing harm from alcohol, with a focus on controls on alcohol price, marketing and availability. PHAA will continue to support the National Alliance for Action on Alcohol.

Audience: Australian, State and Territory Governments, policy makers, public health and other relevant groups and the community.

Responsibility: PHAA’s Alcohol Special Interest Group

Date policy adopted: September 2016

Contacts: Alcohol SIG Convenors Julia Stafford and Mike Daube
Alcohol Policy Statement

The Public Health Association of Australia notes that:

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.\(^1\) In 2010, there were 5,554 deaths and 157,132 hospitalisations attributable to alcohol in Australia.\(^2\)

2. Alcohol is responsible for 5.1% of the burden of disease in Australia\(^3\) 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.\(^4\)

3. The consumption of alcohol is widespread in Australia culture; many people consume alcohol at levels of low immediate risk. However in 2013, 18.2% of people aged 14 or older reported drinking alcohol at levels that exceeded the 2009 National Health and Medical Research Council (NHMRC) guideline for reducing the risk of alcohol-related harm over a lifetime.\(^5\) 37.9% of people aged 14 years or older reported drinking alcohol at levels that exceeded the NHMRC guideline for reducing the risk of injury on a single occasion of drinking at least once in the past year.\(^5\)

4. Alcohol use among young people is the cause of substantial social and health problems. There is growing evidence that alcohol use can cause irreparable damage to the developing brain, leading to problems with memory, planning and organisation, impulse control and mood regulation.\(^6\)

5. Recent data reflects some encouraging trends in drinking patterns among adolescents. The average age among those aged 14-24 years trying alcohol for the first time increased from 14.4 years in 1998 to 15.7 years in 2013.\(^5\) The proportion of 12-17 year olds abstaining from alcohol increased significantly between 2010 (64.6%) and 2013 (71.4%).\(^5\)

6. Cause for concern about alcohol and young people remains; 8.8% of 12-17 year olds and 47.0% of 18-24 year olds had consumed alcohol at levels that put them at risk of harm from a single occasion of drinking at least once a month.\(^5\)

7. Young people are heavily exposed to alcohol marketing in many different forms including television, radio, print, social media, online video channels, mobile phones, sponsorship of sporting and music events, and outdoor media.\(^7\) There is now compelling evidence that 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.\(^8\)
PHAA Policy Statement on: Alcohol

8. Alcohol is widely available in Australia and evidence has established consistent associations between the density of licensed premises in an area and rates of violence, with further evidence relating to road crashes, child abuse and neglect, neighbourhood amenity, and mental health. Increased liquor trading hours are associated with increased alcohol-related problems, while earlier closing times have been associated with less alcohol-related harm.

9. Packaged liquor (takeaway alcohol for consumption off-premises) accounts for a large proportion (80.5%) of alcohol sold in Australia. Packaged outlet density, and large warehouse style chain outlets are positively associated with rates of assault, domestic violence, chronic disease and very heavy episodic drinking.

10. Adequately funded, sustained and comprehensive public education campaigns run independently of the alcohol industry are recommended 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.

11. The NHMRC Guidelines recommend that for women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest choice.

The Public Health Association of Australia affirms the following principles:

12. Harm from alcohol is preventable and reducing the amount of alcohol consumed will reduce health and social harms in the Australian community.

13. Alcohol policies and regulations should be informed by the best available evidence about what will reduce or prevent harm from alcohol.

14. The approach to alcohol taxation is flawed and inconsistent. Increasing the price of alcohol through taxation is one of the most effective ways of reducing harm from alcohol.

15. Alcohol industry self-regulation of alcohol marketing should be replaced by independent regulation with sanctions for non-compliance.

16. Appropriate controls on the physical and economic availability of alcohol are essential components of effectively preventing and reducing harm from alcohol.

17. 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 Public Health Association of Australia believes that the following steps should be undertaken:

18. Reform alcohol taxation to remove the Wine Equalisation Tax (WET) and introduce volumetric taxation across all alcohol products, with tax increasing for products with higher alcohol volumes, complemented by a minimum floor price per standard drink.

19. Regulation by government is required to ensure effective, independent controls on all forms of alcohol advertising and promotion, with a special focus on protecting young people from exposure.

20. Establish national guidelines on alcohol outlet density and trading hours in addition to a cohesive policy among liquor licensing agencies, planning departments and local governments to support approaches to minimising harm from alcohol. Liquor licensing laws should priorities public health and safety, and adopt a proactive, evidence-based approach to preventing harm from alcohol.

21. Continue support for programs that have proven to be effective in reducing alcohol related harm.

22. Government regulated warning labels on alcoholic beverages should be implemented to increase community awareness of the risks of alcohol consumption.

23. Establish specific programs (including warning labels) about Fetal Alcohol Spectrum Disorders (FASD).

24. Improve data collection including wholesale alcohol sales data to support the monitoring of trends in alcohol use and harms, and the evaluation of interventions to reduce alcohol-related harms.\(^{13}\)

The Public Health Association of Australia resolves to undertake the following actions:

25. The PHAA will continue to initiate and participate in alcohol policy debate in Australia.

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


First adopted at the 2013 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2016 policy review process.
References