Alcohol

Policy Position Statement

Key messages:
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.
PHAA supports a comprehensive approach to prevention, treatment, support services and research to minimise alcohol harms.

Key policy positions:
1. Alcohol pricing policies, including taxation and minimum pricing, are among 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.
2. Government controls on alcohol availability, including trading hours and outlet density, are important within a comprehensive approach to reducing harm from alcohol.
3. Alcohol marketing should be regulated by governments, with special focus on minimising exposure to children and young people.
4. 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.
5. Research-based warning labels on alcoholic beverages should be required by governments.

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:
18 September 2019

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Alcohol

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.

2. Harm from alcohol is preventable, and reducing the amount of alcohol consumed will reduce health and social harms in the Australian community. The costs of alcohol-related harms are significant and far exceed government revenue from alcohol taxation.

3. There is no safe level of alcohol consumption. The risk of harm to health increases with increasing consumption. The Australian 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.

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

5. Alcohol policy development should be protected from influence by commercial interests. Due to conflicting interests, there should be no role for the alcohol industry or associated commercial interest groups in contributing to or influencing alcohol policies. Groups with commercial interests related to alcohol are not an appropriate partner for governments in delivering public health programs intended to reduce alcohol harms.

6. The current approach to alcohol taxation is flawed and inconsistent. Increasing the price of alcohol through taxation and minimum pricing policy are highly effective ways of reducing harm from alcohol.

7. 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 regulation with sanctions for non-compliance.

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

9. 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.

10. 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.

11. 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 for women who are pregnant, planning a pregnancy or breastfeeding, not drinking is the safest choice.
PHAA notes the following evidence:

12. Alcohol is responsible for 5.1% of the burden of disease in Australia\textsuperscript{12} 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.\textsuperscript{13}

13. An estimated 5,785 Australians aged 15 years or older died of alcohol-attributable disease and injury in 2015, and hospitalisations attributable to alcohol exceeded 144,000 in 2012-13.\textsuperscript{14} 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.\textsuperscript{15}

14. The consumption of alcohol is widespread in Australia culture. Many people consume alcohol at levels of low immediate risk. However in 2016, 17.1% 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.\textsuperscript{16} More than a third (36%) of Australians aged 12 years or older reported drinking alcohol at levels that exceeded the NHMRC guideline for reducing the risk of injury on a single occasion, at least once in the past year.\textsuperscript{16}

15. 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 16.1 years in 2016.\textsuperscript{16} The proportion of 12-17 year olds abstaining from alcohol increased significantly between 2013 (72%) and 2016 (82%).\textsuperscript{16}

16. 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.\textsuperscript{17} Alcohol use can cause irreparable damage to the developing brain, leading to problems with memory, planning and organisation, impulse control and mood regulation.\textsuperscript{18}

17. Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol than non-Indigenous people.\textsuperscript{16} However, Aboriginal and Torres Strait Islander people who do consume alcohol are more likely to drink at levels that pose risks to their health than non-Indigenous people.\textsuperscript{16} Aboriginal and Torres Strait Islander people experience health and social problems associated with alcohol use at higher rates than non-Indigenous people.\textsuperscript{12}

18. Alcohol is widely available in Australia. Evidence has established consistent associations between the density of licensed premises in an area and rates of violence,\textsuperscript{19, 20} with further evidence relating to road crashes, child abuse and neglect, neighbourhood amenity, and mental health.\textsuperscript{21, 22} Increased liquor trading hours are associated with increased alcohol-related problems, while earlier closing times have been associated with less alcohol-related harm.\textsuperscript{23, 24}

19. Packaged liquor (takeaway alcohol for consumption off-premises) accounts for a large proportion (around 80%) of alcohol sold in Australia.\textsuperscript{25} 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.\textsuperscript{26, 27}

20. 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.\textsuperscript{28} There is 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.29

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

PHAA seeks the following actions:

22. 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, complemented by a minimum floor price per standard drink.

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

24. 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 prioritise public health and safety, and adopt a proactive, evidence-based approach to preventing harm from alcohol.

25. Address the social determinants of alcohol-related harm, particularly as they relate to alcohol-related harms experienced by Aboriginal and Torres Strait Islander people.

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

27. Adequately funded, sustained and comprehensive public education campaigns run independently of the alcohol industry as part of a comprehensive approach to reducing alcohol harms.30 Health education campaigns should both encourage appropriate behaviour and prepare the ground for structural change including regulation.

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

29. Improve data collection, including the collection of wholesale alcohol sales data in all jurisdictions,31 to support the monitoring of trends in alcohol use and harms, and the evaluation of interventions to reduce alcohol-related harms.

30. 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.32

PHAA resolves to:

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

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

ADOPTED September 2019
(First adopted 2013, revised in 2016)
References