RESPONSE TO THE MINISTERIAL COUNCIL ON DRUG STRATEGY'S DRAFT NATIONAL DRUG STRATEGY

Alcohol Policy Coalition

ABOUT THE ALCOHOL POLICY COALITION

The Alcohol Policy Coalition (APC) is a collaboration of health agencies – Australian Drug Foundation, Cancer Council Victoria, Heart Foundation Victoria, Turning Point Alcohol and Drug Centre and VicHealth – with shared concern relating to the misuse of alcohol and its health and social impacts on the community.

The APC's long-term goal is to reduce the negative health and social consequences of alcohol through the development and promotion of policy responses that are evidence-based and known to be effective in preventing and reducing alcohol related problems. The impetus for the APC is the need for a consolidated and coordinated approach and effort by key agencies in preventing and reducing alcohol related problems.

Accordingly, this response is limited to issues in the draft National Drug Strategy as they relate to alcohol policy.

The APC has developed position statements in relation to alcohol harm reduction measures, including:

1. Marketing and advertising of alcohol;
2. Alcohol pricing and taxation;
3. Health information and warning labels on alcohol beverage containers;
4. The physical availability of alcohol;
5. Supply of alcohol to under–18 year-olds in private settings; and

Copies of these position statements are attached for your reference.

EXECUTIVE SUMMARY

The Alcohol Policy Coalition:

1. Welcomes the emphasis on the harmful effects of drinking alcohol in adolescence;
2. Welcomes the acknowledgement of the importance of the internet, which can encourage harmful consumption through marketing, but which can also be an important health promotion tool;
3. Strongly encourages the Ministerial Council on Drug Strategy to consider national model rules in relation to the secondary supply of alcohol to minors, and to encourage all States and Territories to enact legislation prohibiting the supply of alcohol to minors;
4. Notes that there is good evidence available in relation to many alcohol harm reduction policies, and accordingly, we believe the strategy should reflect the research base more accurately. We support an intention to build from existing research, and to identify areas where the research base needs to be strengthened;
5. Supports strong restrictions on the advertising and promotion of alcohol in all media;
6. Supports national guidance in relation to alcohol trading and takeaway hours;
7. Believes that the strategy must address the divide between alcohol policy options offered by health promotion organisations and supported by evidence, compared with those proffered by the alcohol industry. The strategy should acknowledge that the objective of the alcohol industry when contributing to alcohol policy development is to protect their commercial interests;
8. Supports measures that reduce the impact of harmful drinking on other people, including children and young people;
9. Recommends the introduction of comprehensive alcohol-labelling requirements that are not limited to pregnancy health warnings;
10. Encourages the Ministerial Council on Drug Strategy to honour the commitment to evidence-based and evidence-informed practice, by developing a strategy for the collection of data from alcohol wholesalers;
11. Recommends including compliance and accountability measures within the strategy governance framework, including a single point of accountability for the success of the strategy; and
12. Recommends convening a national alcohol summit to engage stakeholders and to establish practical steps for the implementation of the actions listed in the strategy.

DRAFT NATIONAL DRUG STRATEGY 2010–2015

The APC strongly supports the Ministerial Council on Drug Strategy's (Council) draft National Drug Strategy (strategy). In particular we are pleased to note that the strategy is broad in scope, with a strong emphasis on an evidence-based approach to alcohol policy development. We commend the focus on the three pillars of harm minimisation, namely, supply reduction, demand reduction and harm reductions.

We are pleased to note the emphasis on the particularly harmful effects of drinking alcohol in adolescence,[1] the importance of the internet—both as a means to encourage harmful consumption through marketing, but also as an important health promotion tool.[2]

APC COMMENTS ON THE STRATEGY

Pillar 1: Supply reduction

Objective 2: Control and manage the supply of alcohol

Alcohol has become increasingly available. In Australia for example, national competition policy objectives have led to the deregulation of liquor-licensing laws in all states. The result has been an increase in the number of places that sell alcohol and their trading hours. Increased alcohol availability has been linked to a range of serious alcohol-related harms and requires substantial policy attention. The APC strongly encourages the Council to emphasise the importance of balancing competition policy with the public health benefits of placing limitations on the availability of alcohol.

Controlling and managing the supply of alcohol is not limited to restricting the physical availability of alcohol – the supply of alcohol is also affected by the increasing economic availability of alcohol. Australian and international evidence shows that price is a key determinant of how much alcohol people consume and as a consequence, the level of alcohol-related harm. Over the past 20 years, the real price of alcohol in Australia has not increased with inflation—and in some cases the real price has decreased.[3] A key strategy to control the economic availability in Australia, and thereby reduce harm, is reform of the alcohol taxation system.

For more information we refer you to the enclosed APC position statement *Alcohol pricing and taxation.*

In relation to the actions listed under objective 2 we make the following general comments:

Supply of alcohol to young people:

We note the emphasis in objective 2 focuses on reducing the inappropriate supply of alcohol, in particular to young people. We encourage the Council to consider national model rules in relation to the secondary supply of alcohol to minors, and to encourage all States and Territories to enact nationally consistent legislation on secondary supply. Enforcement of the legislation should be based primarily on an educative approach, backed by sanctions, with the focus on changing behaviour and creating societal change. Introduction of the legislation should be accompanied by a comprehensive education campaign targeting parents and teenagers and the impacts of the legislation should be closely evaluated and monitored.

For more information about secondary supply, we refer you to the enclosed APC position statement, *Supply of alcohol to under-18-year-olds in private settings*.

Research base:

The second-to-last action point notes an intention to '[r]esearch, investigate and gather information on all aspects relating to the supply of alcohol…including the impact upon individuals and the community.'

We are concerned that this statement by implication suggests that there is no current research into strategies aimed at curtailing the supply of alcohol. There is good evidence to suggest that the supply of alcohol, and in particular, the oversupply of alcohol, may be reduced by limiting the number of outlets that provide alcohol, restricting trading hours, and raising the legal purchase age. For more information on this, we refer you to our enclosed position statement *Physical availability of alcohol*. We believe that this action should be framed as an intention to build on existing research, and to identify areas where the research base needs to be strengthened.

Pillar 2: Demand reduction

Objective 1: Prevent uptake and delay onset of drug misuse

We agree with the statement in the strategy that 'a key step in preventing the uptake of drugs is changing population culture so that drug misuse is no longer seen as a cultural norm.'

Using pervasive and multi-media marketing approaches, the alcohol industry has been extremely successful in positioning alcohol as integral to Australian life. Attitudes towards alcohol consumption are strongly influenced by social and cultural norms and by the specific social situation in which alcohol consumption occurs; to this end, sport and alcohol are considered to have a particularly close association.[4] Indeed, in Australia, it is difficult to have any involvement in sport – as a participant or fan – without being exposed to a strong message that alcohol and sport are inextricably connected.[5]

Exposure to alcohol advertising has been found to shape young people's beliefs, attitudes and drinking behaviours, and several studies have shown that young people, even 10–12 year olds, were adept at interpreting the messages, images and targeting of alcohol advertisements in the same way as adults.[6]

Accordingly, the APC supports strong restrictions on the advertising and promotion of alcohol in all media. For more information about our recommendations, we refer you to the enclosed APC position statement *Marketing and advertising of alcohol.*

We are generally supportive of the action items listed under objective 1. However, we would encourage the Council to prioritise points six and 10 of the action items, in relation to limiting and preventing exposure to alcohol advertising through a staged approach to regulation; and implementing the recommendations of the Preventative Health Taskforce, as they relate to alcohol advertising.

Pillar 3: Harm reduction

Objective 1: Reduce harms to community safety and amenity

Alcohol consumption in Australia is high by world standards, with Australia ranked within the top 30 consuming countries in the world.[7] There is limited data and reporting available on the level of per capita consumption across Australia—the most accessible report, produced by the Australian Bureau of Statistics, shows that consumption in Australia has been relatively unchanged over the past 10 years.[8]

However, this is not reflected in reports on trends in alcohol related harm across Australia. For instance, Victoria experienced a significant increase in alcohol-attributable hospitalisations from 1995/96 to 2004/05, the largest increase of all states in Australia.[9] The number of people hospitalised due to alcohol–caused injury or illness jumped from 11,571 to 23,144, with the rate of hospitalisations increasing by 77%.[10] Notably, the number of licensed premises in Victoria increased from 2,000 to 24,000 over the same period.[11] Furthermore, there has been an increase in the prevalence of extremely high risk drinking among young people in recent years. A 2009 survey of young Victorians' alcohol and drug use found that two-fifths (42%) of young people consume 20 or more standard drinks on at least one occasion per year, compared to 26% in 2002.[12]

There is increasingly well-developed Australian evidence highlighting the relationship between the availability of alcohol (over both time and space) and adverse impacts on community safety and amenity, including violence, motor vehicle accidents, public disturbances and binge drinking.

The APC considers that continued increases in alcohol availability will result in increases in the rates of these problems and substantial costs to the community. Thus, the APC views measures that restrict the proliferation of alcohol outlets and limit the trading hours of licensed premises (including retail outlets) as essential components of any strategies to reduce alcohol-related harm.

The APC also notes the difficulties faced by local governments in the liquor licensing process and considers that revisions to liquor licensing systems are necessary to provide more accessible mechanisms to incorporate the planning and prevention policies of these governments into the licensing process.

In relation to the action items listed under objective 1, we make the following comments:

Outlet density and trading hours:

We support the intention to take a multi-organisational approach to making local communities and public places safer from alcohol-related violence (point 1); and investigating nationally consistent and transparent approaches on alcohol outlet density and takeaway hours (point 2).

We note that there is substantial confusion amongst liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density and alcohol-related problems and on how this relationship should inform policy. Accordingly, the APC supports the development and introduction of national guidelines outlining how alcohol outlet density should be considered in planning and liquor licensing decisions and defining levels of risk related to outlet densities that can be used to guide state liquor licensing laws.

New Zealand is currently debating legislation that includes restrictions on trading hours and incentives to encourage the involvement of communities in matters relating to licensed premises. The Alcohol Reform Bill 2010 is designed to empower communities to address issues such as the concentration, location and opening hours of alcohol outlets using local alcohol policies. Where no local trading hours' policy exists, maximum national trading hours will be 8am to 4am for on-premise licences, and 7am to 11pm for packaged liquor outlets. Within those maximum hours, licence decision-makers will be able to set hours for individual licences.

The APC supports national guidance in relation to alcohol trading and takeaway hours, and encourages the Council to monitor the New Zealand reforms with a view to introducing similar and nationally consistent trading hours.

For more information about trading hours, we refer you to the enclosed APC position statement *Physical availability of alcohol.*

Working with the alcohol industry:

We note at point 7 the Council's intention to '**work with industry** and consider regulation to reduce harms from emerging substances of concern, for example to address the potential for energy drinks to exacerbate alcohol-related problems in public places.' (emphasis added)

The APC believes that finding a solution to the problem of alcohol misuse requires governments, the community, individuals and the alcohol industry to all play a part. However, industry-supported interventions to minimise alcohol-related harm have not resulted in reductions in alcohol consumption – the most effective policies have often been implemented amidst direct opposition from the alcohol industry. For example, an increase in the tax on 'alcopops' in 2009 was strongly opposed by distillers. Yet

alcohol sales data from the Nielsen Liquor Services Group, showed a substantial fall in the sales of ready-to-drink beverages in the three months following the initial introduction of the tax in 2008. Although there was some substitution with beer and spirits, the shift was small and importantly, the tax resulted in an overall net reduction in alcohol sales.[13]

The APC is particularly concerned with availability of premixed alcohol and energy drinks and the marketing of these drinks to young people. Jones notes that:

> the combination of alcohol with energy drinks has a number of potential negative effects, above those of alcohol alone, including increased toxicity, as both energy drinks and alcohol are dehydrating; uncharacteristic aggressive behaviours and violence; increased likelihood of driving while intoxicated; being taken advantage of sexually; and being physically injured.[14]

In our view, alcoholic energy drinks are deliberately manufactured, packaged and marketed in a manner designed to appeal to and encourage consumption by adolescents and young people.

For example alcoholic energy drinks are:

1. often flavoured with fruit flavours, and are usually heavily sweetened, which masks the bitter and astringent taste of alcohol and caffeine, and which appeals to the taste preferences of young people;
2. brightly coloured, and packaged in a manner likely to appeal to young people;
3. sold in small, portable and easily concealable containers, which may facilitate underage and unsupervised drinking, and appeal to young drinkers, who usually drink at private parties;[15] and
4. relatively inexpensive and affordable for young people.

Additionally, alcoholic energy drinks, such as Smirnoff Double Black & Guarana, and Hi NRG, are marketed in a manner similar to non-alcoholic energy drinks, such as Red Bull and Mother. It is the APC's position that this is a deliberate tactic by alcohol companies to associate their alcoholic energy drinks with non-alcoholic energy drinks that are popular with children and young people. Non-alcoholic energy drinks are often promoted at events popular with young people (for example, 'V' advertising at the Big Day Out all-ages music festival). A 2009 British study found that 31% of 12–17 year olds reported regular consumption of energy drinks.[16]

The APC believes the strategy must address the divide between alcohol policy options offered by health promotion organisations and supported by evidence, compared with those proffered by the alcohol industry. We agree that tackling alcohol harm is a shared responsibility; however, the strategy should acknowledge the objective of the alcohol industry, when contributing to alcohol policy development, is to

protect their commercial interests. In the *Handbook for action to reduce alcohol related harm* published in 2009 by the WHO Regional Office for Europe, this conflict is clearly highlighted; "The involvement of the alcohol industry can thus be a major barrier to the public health-oriented action on alcohol."[17]

Objective 2: Reduce harms to families

As noted in the strategy, the impact of harmful alcohol consumption is not limited to health effects on individual drinkers. For example:

- Almost three quarters of adult Australians have been negatively affected by someone else's drinking.
- Heavy drinkers have cost others around them more than $14 billion in out-of-pocket expenses, foregone wages and productivity, and more than $6 billion in intangible costs.
- More than 70,000 Australians are victims of alcohol-related assaults every year.

The APC supports measures that reduce the impact of harmful drinking on other people, including children and young people.

In relation to the action items listed under objective 2, we make the following comments:

Secondary supply:

Point 3 of the strategy notes an intention to '[d]evelop initiatives to reduce the secondary supply of alcohol to minors including through community education and information campaigns advising parents of health and social harms from alcohol and potential criminal justice outcomes.'

The use of alcohol by children and teenagers carries particular risks and negative impacts. The supply of alcohol to under-18 year-olds in private settings is subject to limited and inadequate controls. The introduction of legislation will reinforce and support the role that parents play in providing a supportive and safe environment for their children in regard to alcohol. Legislation restricting supply of alcohol to under-18 year-olds in private settings can be viewed as one important component of a comprehensive response to reducing alcohol harm in the community.

As noted above, the APC calls for the introduction of nationally consistent legislation on secondary supply. Enforcement of the legislation should be based primarily on an educative approach, backed up by sanctions, with the focus on changing behaviour and creating societal change. Introduction of the legislation should be accompanied by a comprehensive communication and education campaign targeting parents and teenagers and the impacts of the legislation should be closely evaluated and monitored.

For more information about secondary supply, we refer you to the enclosed APC position statement *Supply of alcohol to under-18 year-olds in private settings.*

Health warning labels:

The strategy recommends the Council '[c]onsider introducing health warning labels on alcohol products, including pregnancy health warnings.'

The APC have had the opportunity to make submissions to the Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council's review of food labelling law and policy. Based on the issues raised in the course of that review, we make the following comments in relation to point six under objective 2:

1. Alcohol poses significant public health and safety risks and it is the APC's position that consumers have a right to be properly informed of these risks.
2. The appearance and placement of alcohol labels (including in the display of alcohol products in promotional materials) will impact on the overall effectiveness of alcohol labels, particularly health advisory labels. It is therefore essential that mandatory requirements be introduced for alcohol labels, including in relation to their colour, placement and size.
3. Labelling provides a unique opportunity to inform consumers about the health risks associated with alcohol at the 'point of consumption', which is not easily achieved with other methods of health messaging.

Furthermore, it is the APC's position that:

1. Alcohol products should not be exempt from labelling requirements that are currently imposed on other food products;
2. Health advisory labels should be mandatory on all alcohol products; such labels must be large and regularly rotated;
3. Alcohol products should be prohibited from bearing health claims;
4. Consumer information labels must be introduced to fully inform consumers of the contents of alcohol products.

The APC notes that a comprehensive alcohol-labelling scheme would be consistent with the Government's broad commitment to reduce alcohol-related harm. However, we recommend that alcohol labelling is not limited to pregnancy health warnings, because this has the effect of implying, by omission, that alcohol is not harmful to other sections of the population, which is untrue.

For more information about health warnings and consumer information labels on alcohol products, we refer you to the enclosed APC position statement *Health information and warning labels on alcohol beverage containers*.

Supporting approaches (section 3 of the strategy)

Evidence base – commitment to evidence

We welcome the 'common commitment to **evidence-based** and **evidence-informed practice'** in the draft strategy.[18]

The level of alcohol consumption is a crucial health indicator, primarily because it has repeatedly been demonstrated that rates of alcohol-related problems are directly related to per-capita alcohol consumption.[19] In addition, alcohol consumption data provides a sensitive measure of change, allowing the assessment of policy changes aimed at reducing problems related to alcohol.

Currently, only three jurisdictions collect wholesale sales data: Queensland, Western Australia, Northern Territory. These states have agreed to release their data to a national project that will compile and analyse per-capita consumption trends derived from wholesale sales data.

The APC advocates for the ongoing collection and publication of quality, reliable and independent sales and consumption data on a national level. This is a key component in the formulation of responsive, effective and equitable alcohol harm reduction policies, particularly in relation to alcohol taxation. Sales data is essential to monitor the impact of changes in alcohol price and any resulting relationship to consumption patterns and associated costs and harms.

We encourage the Council to honour the commitment to evidence-based and evidence-informed practice by developing a strategy for the collection of data from alcohol wholesalers.

Governance

The strategy states that the three pillars of the *National Drug Strategy 2010–2015* are underpinned by, amongst other things, enhancing governance. We note that the strategy has the support of a Council of Australian Governments' agreement, which stresses the priority of dealing with drug misuse issues. The strategy states that the Council (established in 1985 as a partnership between law enforcement, health and education) will continue to lead a collaborative approach to implementing the new strategy. Additionally, the strategy is to be supported by the Intergovernmental Committee on Drugs, charged with engaging sectors '…beyond health, law enforcement and education…'[20] And finally, the Australian National Council on Drugs has the responsibility of providing ministers with '…independent, expert advice on matters connected with legal and illegal drugs.'[21]

The APC supports the strategy goal of enhancing governance. We believe this can be best achieved by ensuring that there is united – rather than divided – responsibility for the actions and outcomes in the strategy. We acknowledge that the governing organisations listed above bring important and discrete areas of expertise to the governance framework of the strategy; however, we would recommend including compliance and accountability measures within the governance framework, including a single point of accountability for the success of the strategy.

In relation to the broad engagement of Council of Australian Governments, the Council, the Intergovernmental Committee on Drugs and the Australian National Council on Drugs, we encourage the development of a decision-making framework to ensure that leadership for implementing the strategy is certain. We note that there has been substantial consultation in relation to the development of the new strategy; however we further recommend convening a national summit dedicated to alcohol policy to engage stakeholders and to establish practical steps for the implementation of the actions listed in the strategy.

The strategy

> will continue to be supported by the Intergovernmental Committee on Drugs, which is a Commonwealth, State and Territory government forum of senior offices that represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the Australian Government Department of Education, Employment and Workplace Relations and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs.[22]

We note that the above description of the Intergovernmental Committee on Drugs does not include representation from local governments. Local governments are a valuable ally and advocate for public health issues, and are best placed to implement some of the actions listed in the strategy. It is our

understanding that local governments are currently represented on the Intergovernmental Committee; therefore we assume that their omission from the above description was an oversight.

10 December 2010

[1] Ministerial Council on Drug Strategy, '*National Drug Strategy 2010-2015' (Consultation draft, 8 December 2010)* 8 <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/E3AAD7FA931F0998CA2577DD0006E36C/$File/ndsdraft.pdf>
[2] Ibid. 10
[3] National Preventative Health Taskforce, *Australia: The Healthiest Country by 2020 – technical report 3 preventing alcohol related harm in Australia (*2009), 9
[4] Sandra Jones. 'An Unhealthy Co-Dependence: The Relationship between Alcohol Sponsorship and Cricket in Australia'. (Paper presented at the Australian and New Zealand Marketing Academy (ANZMAC) Conference, 2007) 2799 <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1059&context=hbspapers>
[5] Sandra Jones et al. 'Alcohol and Sport: can we have one without the other?' (Paper presented at the Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) Conference, 4-6 December 2006) <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1081&context=hbspapers>
[6] See Kenneth Fleming, Esther Thorson and Charles K. Atkin 'Alcohol advertising exposure and perceptions: Links with alcohol expectancies and intentions to drink or drinking in undergrad youth and young adults' (2004) 9 *Journal of Health and Communication*, 3; and Alcohol Concern. *Not in front of the Children – Child Protection and Advertising.* (2007) 4 <http://www.alcoholconcern.org.uk/files/20070829_113042_Not%20in%20front%20of%20the%20children%20published%20version.pdf>
[7] National Preventative Health Taskforce, *Australia: The Healthiest Country by 2020 – technical report 3 preventing alcohol related harm in Australia (*2009), 5
[8] Australian Bureau of Statistics, *4307.0.55.001–Apparent Alcohol Consumption, Australia, 2008/09*, (27 May 2010) < http://abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4307.0.55.001Main+Features12008-09?OpenDocument>
[9] Richard Pascal, Tanya Chikritzhs & Paul Jones, 'Trends in estimated alcohol attributable deaths and hospitalisations in Australia, 1996-2005' (National Alcohol Indicators, Bulletin No.12, National Drug Research Institute, Curtin University of Technology, September 2009) 2.
[10] Ibid. 4.
[11] Ibid.
[12] Victorian Drug and Alcohol Prevention Council, '2009 Victorian Youth Alcohol and Drug Survey - Final Report' (Victorian Department of Health. May 2010)
[13] Steven J. Skov, 'Alcohol taxation policy in Australia: public health imperatives for action' (2009) 190 (8) MJA 437 <http://www.mja.com.au/public/issues/190_08_200409/sko10279_fm.html>
[14] Sandra Jones and Lance Barrie, 'Alcohol energy drinks: engaging young consumers in co-creation of alcohol related harm' (Paper presented at the Australian and New Zealand Marketing Academy Conference 2009) 2 <http://www.duplication.net.au/ANZMAC09/papers/ANZMAC2009-381.pdf>
[15] Victoria White and Jane Hayman, *Australian Secondary Students' Use of Alcohol,* (Report, Centre for Behavioural Research, Cancer Council Victoria, prepared for Drug Strategy Branch of the Australian Government Department of Health and Ageing, 2006).
[16] W.H. Oddy and T.A. O'Sullivan, 'Energy drinks for children and adolescents', (2009) *British Medical Journal,* 339
[17] World Health Organization Regional Office for Europe *Handbook for action to reduce alcohol-related harm* (2009) 8 <http://www.euro.who.int/Document/E92820.pdf>
[18] Ministerial Council on Drug Strategy, above note 1, 31
[19] See for example, Thomas Babor et al. *Alcohol: No Ordinary Commodity - Research and Public Policy* (Oxford University Press, 2003) and World Health Organization *International Guide For Monitoring Alcohol Consumption and Related Harm* (2000) < http://whqlibdoc.who.int/hq/2000/who_msd_msb_00.4.pdf>
[20] Ministerial Council on Drug Strategy, above note 1, 36
[21]Ibid. 37
[22]Ibid. 36