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ALCOHOL POLICY COALITION

SUBMISSION TO THE WHOLE OF GOVERNMENT VICTORIAN ALCOHOL AND DRUG STRATEGY

21 September 2011

VICTORIAN ALCOHOL AND DRUG STRATEGY

The Alcohol Policy Coalition (APC) is pleased to make this submission to the consultation on the whole-of-government Victorian alcohol and drug strategy ('strategy') and to contribute its views on key issues and possible responses to the impact of alcohol use in Victoria.

We welcome the commitment to a whole of government response to alcohol misuse issues. The APC strongly supports a consolidated and coordinated approach and effort across key agencies and government departments in preventing and reducing alcohol related problems.

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. Accordingly, this response is limited to issues in the consultation paper, to the extent that they relate to alcohol.

Executive Summary

The APC supports the principles underpinning the consultation document for the strategy. In particular, we are encouraged to note recognition of the impact of alcohol consumption on long term harm, and harm to others, and are pleased to see that prevention is a priority of this strategy.

However, the focus of the strategy overemphasises ideas of personal responsibility and alcohol dependence as the only form of alcohol related harm in the community. The strategy must seek to relate alcohol related harm to the proportion of the population drinking at risky levels, and take a comprehensive approach to developing policy interventions to reduce consumption and harm.

Integral to this comprehensive approach should be a commitment to include research experts from the field of alcohol policy or public health, and to endeavour to develop alcohol-policy interventions independently from alcohol industry influence.

The APC recommends that the strategy be developed with defined action areas, including outcomes to reduce alcohol consumption and alcohol-related harm. These action areas should include:

1. Improved licensing controls, including reducing trading hours and licence numbers;
2. Public transport and point of sale alcohol advertising bans;
3. Health warnings at point of sale; and
4. Collection of wholesale sales data.

The shape of alcohol problems in our community

Alcohol use is associated with short-term harms, such as violence and anti-social behaviour, and contributes significantly to the burden of chronic disease, in particular cancer and heart disease. A significant number of Victorians are affected by others' drinking. The 'key facts' section of the consultation document outlines the significant burden of alcohol use in Victoria. In relation to these facts, we make the following additional comments:

Consumption

Alcohol consumption in Australia is high by world standards, with Australia ranked within the top 30 consuming countries in the world.[1] There is limited data on alcohol consumption levels in Victoria: this is because, unlike in Queensland, Western Australia and the Northern Territory, wholesale alcohol sales data is not collected in Victoria. However, it is relevant to note that Australia's total per capita alcohol consumption has been increasing significantly over time because of a gradual increase in the alcohol content and market share of wine, and is now at one of its highest points since 1991-92.[2]

In recent years there has been an increase in the prevalence of extremely high risk drinking among young people. A 2009 survey of young Victorians' alcohol and drug use found that42% of young people consume 20 or more standard drinks on at least one occasion per year, compared to 26% in 2002.[3]

Long term harm

In Australia, the main causes of alcohol-related deaths are road trauma, cancer and alcoholic liver cirrhosis.[4] It is estimated that 5070 cases of cancer (or 5% of all cancers) are attributable to long-term chronic use of alcohol each year, including one in five breast cancers. This amounts to over 1,000 alcohol-related cancers each year in Victoria.

The burden of harm associated with current rates of alcohol consumption is significant and widespread. The range of alcohol related harm requires a comprehensive approach that seeks to reduce harm across the whole population, not simply in vulnerable populations, such as young people or heavy drinkers.

Victorian Alcohol and Drug Strategy – Core objectives

The APC believes that the strategy can be improved and strengthened, as indicated below, to more effectively address issues that will be critical to reduce the burden of alcohol-related harm in Victoria.

The objectives for the strategy are to:

1. decrease the current rates of alcohol and drug abuse in Victoria;
2. reduce the amount of harm that alcohol and drug abuse causes in the community; and
3. increase access to treatment options so that people with an alcohol or drug problem can get help when they need it.

In relation to these objects, we make the following comments:

a. The cause and burden of alcohol related harm is broader than abusive consumption by an irresponsible minority; and
b. The key response to this broad problem is to reduce the amount of alcohol consumption; all other responses should be subordinate to this overarching goal.

There is a large body of research and policy literature on effective alcohol policy interventions to reduce alcohol consumption. Importantly, the most effective alcohol consumption interventions have the potential to impact both short- and long-term harm.

The World Health Organization has developed a 'stepwise approach' to alcohol policy options for the prevention and control of non-communicable diseases.[5] This approach, which is consistent with alcohol policy literature to reduce short-term harm, ranks mechanisms that impact on alcohol affordability, availability and promotion as top interventions to reduce alcohol-related harm.[6]

To reduce consumption and realise short- and long-term health gains, Victoria's experience from tobacco control supports the use of interventions that increase the price of a commodity, restrict its availability and limit its promotion,.

The prevention of alcohol-related harm requires a combination of harm reduction policies and policies aimed at reducing total consumption. For example, a comprehensive approach to licensing controls requires the implementation of policies that address the physical availability of alcohol, such as limiting trading hours, in addition to policies that modify the licensed drinking environment, such as responsible service of alcohol programmes and enhanced enforcement of existing laws.

Considering the shape of alcohol related harm in Victoria, policies to address alcohol related harm should reflect the evidence of all harm, and not simply the evidence of acute harm. This means employing policies that address the relationship between alcohol consumption and harm, to at least the same extent as policies that impact on individuals, personal security, and safety.

Framework for the strategy: the 'three pillars'

The APC agrees that the three pillars of supply, demand and harm reduction are crucial to minimising the harm arising from the misuse of alcohol.

We are of the firm view that available evidence provides a strong impetus for recommending specific interventions within each pillar. The 2009 report from the National Preventative Health Taskforce has set a precedent for recommending concrete policy interventions and it is essential that the Victorian Alcohol and Drug Strategy reflects and complements action on alcohol at a national level.

We recommend that the strategy articulate a suite of interventions that will effectively achieve demand, supply and harm reduction. We recommend that interventions be assessed and proposed based on evidence of effectiveness, cost and cost-effectiveness, population reach, cultural acceptability and political challenges. The strategy should also include clear targets for Victoria and timeframes for achieve those targets. A starting point for alcohol harm reduction targets should be the stated goals of the National Preventative Health Taskforce's, which are to reduce by 2020:

- The proportion of Australians aged 14+ years who drink at **short-term** risky/high-risk levels at least monthly from 20.4% to 14.3%
- The proportion of Australians aged 14+ years who drink at **long-term** risky/high-risk levels from 10.3% to 7.2%
- The proportion of Australian secondary students ages 12-17 years who are current drinkers and consumer alcohol at harmful levels from 31.0% to 21.7%.[7]

Recommendations – core objectives

The APC recommends that the strategy takes a comprehensive approach to:

a. Defining the type of harm that the strategy intends to address; and
b. Developing policies to address that harm.

The APC's recommendations for whole of government Victorian Alcohol and Drug Strategy

The consultation paper seeks ideas and views on the priorities for action and how to tackle the harms caused by alcohol and drugs.

We acknowledge that the states and territories have limited powers in relation to influencing the price of alcohol through taxation. However, there is significant scope for the state to introduce effective reforms around alcohol availability and advertising.

We believe that the framing around the three pillars of harm minimisation may be retained; however the priorities and focus under each should be improved and strengthened. The priority for the strategy should be to address alcohol supply reduction, followed by demand reduction and harm reduction.

In addition to our general observations, we make the following specific comments and recommendations on supply, demand and harm reduction.

Supply reduction

The supply reduction questions on page 14 of the consultation document do not seek comment on measures that might be effective in reducing rates of alcohol problems. For example, question 12 seeks input on how to foster a culture of personal responsibility around alcohol use. However, while there has been effort in many jurisdictions to develop this culture, it is difficult to show any success from top-down (government-led) programs. There is only weak evidence for the effectiveness of education and public service messages about alcohol consumption.[8]

Meanwhile, the current liquor licensing reforms, listed on page 11 of the consultation document and which include the power to ban patrons from venues, are unlikely to result in a meaningful reduction in the supply of alcohol. Studies have shown that house policies on the intoxication level of patrons have shown no measurable effect on alcohol consumption or other outcomes.[9]

Conversely, measures that have been shown to reduce the supply of alcohol—and which have been effective in Victoria historically—include:

1. Reducing hours of sale: in particular, by closing off-licensed sales at 10:00pm, and on-licensed sales after 2:00am;
2. Reducing numbers of liquor licenses: Victorian research shows that increasing the number of packaged liquor licenses in particular, seem to be related to greater alcohol problems; and
3. Effective compliance and enforcement of liquor licensing and responsible service of alcohol obligations.

Reducing hours of sale

There is strong evidence, both internationally and in Australia, that restricting trading hours for licensed venues has an impact on alcohol related harm.

Briscoe and Donnelly found that alcohol-related assaults most commonly occur between 9pm and 3am on Friday and Saturday nights with the most problematic venues being hotels and nightclubs.[10] In particular, hotels with extended or 24-hour trading recorded a greater number of assaults compared with those trading for standard hours.[11] In Western Australia, Chikritzhs and Stockwell found significant increases in assaults and in impaired driver road crashes associated with the extension of hotel closing hours from midnight to 1am.[12]

Even small reductions in closing times can reduce harms. In March 2008, the implementation of mandatory 3am closing for licensed premises in Newcastle resulted in a significant decrease in the number of assaults occurring in the city after 10pm (37 per cent).

Reducing numbers of liquor licenses

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, and public health.

From 1995/96 to 2004/05, Victoria experienced a significant increase in alcohol-attributable hospitalisations, the largest increase of all states in Australia.[13] 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%.[14] Notably, the number of licensed premises in Victoria increased from 2,000 to 24,000 over the same period.[15]

In Melbourne, the outlet types associated with the greatest harm have been bottle shops and pubs. Meanwhile, the growth in outlets in the last two decades has been driven substantially by restaurants, which do not have as strong an association with alcohol related harm. However, although the steepest rate of growth has been in the restaurant trade, pub and bottle-shop licences have also increased significantly: between 1993 and 2008 the number of pubs in Victoria increased by around 30% and the number of bottle-shops by more than 80%. It is also relevant to consider where this growth occurred. For example, Melbourne's CBD has seen a 40% increase in pubs and a quadrupling of packaged liquor outlets.

Evidence is also growing that demonstrates links between alcohol outlet density and rates of alcohol-related disease.[16] For example, a Victorian study found a strong association between increases in packaged liquor availability and chronic alcohol-related disease.[16]

Enforcing liquor licensing laws and responsible service of alcohol policies

Studies that looked at the value of responsible service of alcohol training and in house polices have found, 'at best a modest effect on alcohol consumption and this effect will depend on the nature of the programme and the consistency of its implementation.'[17] As with liquor licensing obligations, the effectiveness of in-house interventions depends on the commitment to enforcing the same. For example, civilian license inspectors need to be out at 2am looking for evidence on compliance with the law when it really counts.

It is also relevant to note that these strategies are primarily aimed at on-premises drinking, which somewhat limits their public health significance.[18] This is because, in most developed countries, only a minority of drinking is done on licensed premises.[19]

Recommendation – supply reduction

The APC recommends the strategy includes effective measures to improve licensing controls, in particular measures to address outlet density and trading hours.

<u>Demand reduction: advertising restrictions</u>

The APC agrees that efforts to reduce alcohol demand should focus on promoting cultural change in the community, delay the use of alcohol and reduce underage alcohol consumption, and reduce the number of people drinking at risky levels.

Studies into the effect of alcohol marketing have found an association with the uptake of alcohol use. While studies on the long-term impact of adolescent alcohol use consistently show that early and frequent use of alcohol approximately doubles the risk of alcohol-related problems later in life, including an increased risk of a range of chronic diseases.[20] The latter also suggest that the effects of exposure may be cumulative; in markets with greater availability of alcohol advertising, young people were more likely to continue to increase their drinking as they moved into their mid-twenties, while drinking declined earlier in those who were less exposed.[21]

Promoting cultural change

As noted above, the evidence for behaviour change post mass media campaign interventions is mixed.[22] Research indicated that the most effective campaigns for promoting cultural change are those that are targeted and comprehensive, utilising more than just social marketing.[23]

The difficulty for government in promoting cultural change is establishing the voice for risk reducing messages. Consumers can be distrustful when government intervenes on social issues, particularly issues that impact on individuals' socialising. Locating responsible drinking messages in an environment of overwhelming opposing social cues presents a further challenge. Adding to this, responsible drinking messages from alcohol industry initiatives have emphasised this idea and are harmful to overall efforts to promote cultural change. For example, the APC has anecdotal reports of instances where the Federal Government's *Don't turn a night out into a nightmare* campaign posters have been installed on bus and tram shelters, while the bus or tram itself is covered in alcohol advertising. Therefore, in the absence of complementary restrictions on alcohol advertising, the value of investment in health promotion messages is diminished. Options for restricting alcohol advertising are discussed in more detail below.

The APC recommends that responsibility for social marketing and promoting cultural change around alcohol consumption must rest with an organisation that is independent of government and industry. The tobacco experience shows the value of a strong health promotion foundation model to control the development of risky drinking messages and the context within which messages are disseminated.

Restricting alcohol advertising

The APC recommends that the strategy include measures to reduce exposure to alcohol advertising:

1. Outdoors, particularly on and around public transport; and
2. At point of sale.

These recommendations are discussed in more detail below.

Outdoor advertising

Few limitations exist to control exposure of outdoor advertising. For example, there are no restrictions on alcohol adverts in places that have a high proportion of children and young people, such as, shopping centres, train stations, and tram stops. Studies have shown that young people (aged 12-25) are major users of public transport.[24]

Meanwhile, self-regulation of outdoor advertising is out of step with evidence to prevent harm, and community concerns. For example, the Outdoor Media Association's policy to restrict alcohol advertising near schools does not apply where the school is in the vicinity of a licensed venue, nor does the policy apply to transit advertising on buses or taxis – these exceptions render this attempt at regulation meaningless.[25]

A VicHealth Community Attitudes to Alcohol Policy survey found that 82% of respondents agreed that alcohol advertisements should be restricted so that they are less likely to be seen by people under 18 years of age.[26] In relation to outdoor advertising, 77% of respondents from the same survey agreed that alcohol advertising on billboards should be banned within one kilometre of schools.[27]

Community attitude surveys like the VicHealth survey consistently show strong support for the restriction of alcohol advertising from times and in places where it is likely to reach a significant number of children and young people.

Research supports positive health effects on children and young people from restricting exposure to alcohol advertising. The APC supports the strategy, including initiatives to limit alcohol advertising in public spaces, in particular on and around public transport.

Alcohol Point-of-Sale Marketing

Point-of-sale marketing includes on- and off-licence outlet marketing. Although there is limited evidence of the effect of point-of-sale marketing in Australia, Jones and Barrie found that point of sale promotions in Sydney and Perth appeared to provide an incentive for (young) consumers to increase their purchase quantity.[28]

A U.S. study found that for off-licensed venues higher binge-drinking rates were associated with:

1. the availability of large volumes of beer;
2. lower average prices for cartons of beer;
3. interior and exterior advertising; and
4. promotions such as volume discounts, advertised price specials, or coupons.

For on-licence venues, higher binge drinking rates were associated with:

1. lower prices for a single drink, pitcher or largest volume available;
2. weekend beer specials; and
3. the availability of promotions in the next 30 days.

A recent study also found "clear evidence of an association with adolescent drinking with weekly exposure to alcohol advertising in stores, and with ownership of alcohol promotional items."[29]

As with outdoor advertising, there are few restrictions on alcohol point-of-sale marketing; the few restrictions that do exist tend to focus on content without addressing the impact of exposures. The APC recommends that the government look to introduce harm minimisation guidelines for point-of-sale alcohol advertising, including measures to restricted alcohol point-of-sale advertising to locations, publications, times, and approaches that minimise the likelihood of influencing people under the age of 18, and tighter controls of on-premises promotions.

The federal government review into food labelling law and policy *Labelling Logic* has recommended that a suitably worded warning message about the risks of consuming alcohol while pregnant be mandated on individual containers of alcoholic beverages and at the point of sale for unpackaged alcoholic beverages.[30] The APC supports this recommendation, however, we would prefer point-of-sale warning labels to address a wider range of alcohol harms than just pregnancy warnings. The Victorian Alcohol and Drug strategy presents an opportunity for Victoria to take the lead on this recommendation and to implement the recommendations more broadly.

<u>Recommendations – demand reduction</u>

The APC recommends that the strategy includes:

- a commitment by the government to support social marketing campaigns, developed and disseminated by an independent health promotion agency, to reduce risky drinking;
- measures to reduce exposure to alcohol advertising in locations, publications, times and approaches where it is likely to be seen by people under the age of 18, in particular:
    1. Outdoors, particularly on and around public transport; and
    2. At point of sale.

Harm reduction

The consultation paper seeks feedback on how the research and evidence-base can be improved to inform an assessment of the outcomes of the strategy and priorities for future action.

The APC supports evidence-informed practice to reducing alcohol harm. Accordingly, the strategy must include a commitment to collecting wholesale sales data, the inclusion of research experts from the field of alcohol policy or public health and a commitment to independence from alcohol industry influence.

Importance of alcohol sales data

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.[31] In addition, alcohol consumption data provides a sensitive measure of change, allowing the assessment of policy changes aimed at reducing problems related to alcohol.

Current data on alcohol consumption come from two sources: national estimates of per-capita consumption (based primarily on data from the tax system) and survey-derived estimates of alcohol consumption. Data produced by the Australian Bureau of Statistics is based on Commonwealth tax collections, and cannot be disaggregated below the national level. Only three jurisdictions currently collect wholesale sales data: Queensland, Western Australia, and the Northern Territory.

Reliable data on alcohol consumption is critical for assessing the impact of changes to alcohol policies at local, state and national levels. For example, the tax on ready-to-drink spirits ('alcopops') was fiercely contested politically and publicly for almost twelve months before some reliable evidence as to its effects on consumption was available. Even so, this evidence was limited to sales from take-away liquor outlets and reflected trends in only a portion of the market. Detailed, timely and reliable sales data could have been used to produce timely estimates of the impacts of the alcopops tax on overall consumption, as well as any substitution effects between products or between on- and off-premise consumption.

Sales data is also essential for policy development and assessment at the local level. For example, wholesale alcohol sales data, had it been available in Victoria, would have been an important element in a full evaluation of the 2am lockout in inner-Melbourne.

The APC recommends that the strategy provides for the ongoing collection and publication of quality, reliable and independent Victorian sales and consumption data. This is a key component in the formulation of responsive, effective and equitable alcohol harm reduction policies.

Expert input versus industry influence

The Expert Advisory Group for the Alcohol and Drug Strategy does not include anyone with research expertise in alcohol policy or alcohol problems prevention but does include representation from industry groups.

We are concerned about the inclusion of these, and potentially other alcohol industry representatives, in an expert advisory group, and the likelihood of conflicts of interests.

The alcohol industry consistently lobbies against the implementation of effective strategies, such as increasing the price, reducing the availability and restricting the marketing of alcohol, and for ineffective strategies, pushing the direction of alcohol policy towards interventions that are

alcohol-industry friendly, and contrary to public health best practice.[32] For example, the industry prefers an emphasis on personal responsibility, which fails to properly acknowledge the effect of environmental and economic factors on people's decisions.[33] Industry and industry-supported groups also fund research to instil doubt about non-industry-based research,primarily through misrepresentation and critique of data and methods.[34]

In seeking to bring a balanced approach to an alcohol strategy, the government should be mindful of the extent to which the alcohol industry is heavily involved in direct lobbying, which is normally at a financial level that public health groups cannot match.

Having public health experts on an Expert Advisory Groups is crucial to achieving a balanced response, particularly when industry recommendations deviate from the evidence base for effective interventions. The danger of not presenting a balanced approach to is a lost opportunity to address how corporations operate in the public health sphere.[35]

We recommend that Expert Advisory Group should include alcohol research expertise, and that the strategy should clearly state that alcohol polices will be developed independent of commercial interests.

<u>Recommendations – harm reduction</u>

The APC recommends that the strategy:

- Provides for the collection of wholesale alcohol sales data;
- Supports the inclusion of research experts from the field of alcohol policy or public health; and
- Commits to developing alcohol-policy interventions independently from alcohol industry influence.

Conclusion

The APC is grateful for the opportunity to contribute to the development of the whole-of-government Victorian alcohol and drug strategy.

For questions or further information about this submission, please contact Sondra Davoren, Legal Policy Adviser, Alcohol Policy Coalition on (03) 9635 5062 or sondra.davoren@cancervic.org.au.

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[32] See for e.g. Casswell, above n 5; and P. Anderson 'Global alcohol policy and the alcohol industry'(2009) 22(3) *Curr Opin Psychiatry* 253

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[34] For example, the industry response to the European Strategy (discussed above) was predictable. A study by The Weinberg Group, on behalf of the Brewers of Europe, stated that European-wide policies were neither necessary nor expected to work. The study criticised the lack of evidence-base for EU alcohol policies and noted the major risk of reducing 'appropriate alcohol use'. See Euractiv 'Industry opposes EU alcohol strategy' 21 September 2011 <http://www.euractiv.com/en/health/industry-opposes-eu-alcohol-strategy/article-156818>

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