



Reducing harm from alcohol

CREATING A HEALTHIER AUSTRALIA

What is NAAA?

NAAA is a new national coalition of health and community organisations from across Australia that has been formed with the goal of reducing alcohol-related harm. Currently comprising 44 major organisations with an interest in alcohol and public health, the formation of NAAA represents the first time such a broad-based alliance has come together to pool their collective expertise around what needs to be done to address Australia's drinking problems. NAAA aims to put forward evidence-based solutions with a strong emphasis on action.

The harm from alcohol

NAAA has been established at a time when there is an urgent need for action to challenge Australia's harmful drinking. One in five Australians aged 14 years and above drink at short-term risky/high-risk levels at least once a month.¹ This equates to more than 42 million occasions of binge drinking in Australia each year. The cost to the Australian community from alcohol-related harm is estimated to be more than \$15 billion a year.² An estimated 40 per cent of all people detained by police attributed their offence to alcohol consumption.³ On average, one in four hospitalisations of young people aged 15–24 years occurs because of alcohol.⁴ Heavy drinking at a young age can also adversely affect brain development and is linked to alcohol-related problems later in life.⁴




Priorities

One of NAAA's first tasks has been to prioritise what needs to be done to achieve a cultural change that will reduce alcohol harms and improve the health of Australians. NAAA member organisations have both pressed for a comprehensive approach to alcohol and been active in pressing for a range of specific measures. Recognising that there is no single solution, we have focused in the first instance on three priority areas for action:

1. Alcohol pricing and taxation
2. Alcohol marketing and promotion
3. Alcohol availability

Priority 1: Alcohol pricing and taxation

International scientific evidence consistently shows that alcohol consumption and harm are influenced by price. Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents.⁵ Even small increases in the price of alcohol can have a significant impact on consumption and harm.⁶ However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia. From a public health and economic perspective, the current alcohol taxation regime in Australia is significantly flawed. While there are some positive aspects to the current regime, such as the relatively lower rate of tax on low alcohol beer, there are large inconsistencies in the way different alcohol products are taxed; products are not consistently taxed according to their alcohol content level, nor their propensity to cause harm. The recently released report on the review of Australia's tax system ('the Henry Review') concluded that "current taxes on beer, wine and spirits are incoherent".⁷



Alcohol taxation, as a means of increasing the price of alcohol, is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents.

Principles for reform of alcohol taxation

NAAA has developed principles for reform of the alcohol taxation system in Australia with the primary objective of reducing harm and promoting a safer drinking culture:

1. Taxation of alcohol should be based on the principle that alcohol is no ordinary commodity. It is a product responsible for major harms in our community.
2. Alcohol taxation is one of the most effective ways to reduce alcohol consumption and associated harms—and is especially effective if part of a broad-based health strategy.
3. The approach to alcohol taxation should be volumetric, with tax increasing for products with higher alcohol volumes.
4. The alcohol taxation system should have the capacity to target alcohol products deemed to be of higher risk, or creating additional harms in the community.
5. There should be an overall increase in alcohol taxation.
6. The real price of alcohol should increase over time.
7. Changes to tax should not be designed to produce a decrease in price for alcohol products, other than for low alcohol products.
8. To complement volumetric tax on alcohol, there is also a need to regulate the minimum price (or floor price) of alcohol products.
9. A proportion of alcohol taxation revenue should be hypothecated to prevent and reduce alcohol-caused harm in the community.




Priority 2: Alcohol marketing and promotion

Alcohol marketing and promotion contributes to young peoples' attitudes to drinking, starting drinking and drinking at harmful levels.⁵ Much of this marketing has the effect of reinforcing the harmful drinking culture in Australia. We urgently need comprehensive reform of the alcohol advertising regulatory arrangements. The National Preventative Health Taskforce recently recommended that in a staged approach, alcohol promotions should be phased out from times and placements which have high exposure to young people aged up to 25 years.⁸

NAAA recommends the establishment of a comprehensive framework that will:

- ensure effective regulation of advertising and promotions for alcohol, including a special focus on minimising the exposure of children and young people to alcohol marketing and promotions
- include the phasing out of alcohol sponsorship of music events to which children and young people may be exposed, and the prohibition of alcohol sponsorship of junior sports teams, clubs or programs
- cover all forms of alcohol marketing and promotions, including point-of-sale promotions, print and media advertising, packaging, labelling, sponsorship, viral and internet campaigns
- ensure that standards in relation to advertising, promotion and labelling are stringently applied with penalties for significant breaches
- ensure that the standards are monitored by an independent panel with membership including expertise in public health and health marketing
- require alcohol companies to disclose their annual advertising and sponsorship expenditure.



We urgently need comprehensive reform of the alcohol advertising regulatory arrangements.

As a first step, the current exemption permitting alcohol advertising during live sporting broadcasts before 8:30 pm on commercial free-to-air television should be removed as a way of reducing children's exposure to alcohol marketing and promotions.

There is also a need for ongoing monitoring and evaluation of the impact of alcohol marketing and promotions in Australia, particularly on young people. This should also focus on identifying and analysing new and emerging marketing and promotion trends and initiatives and recommending how laws and regulations should respond.

Priority 3: Alcohol availability

There is heightened concern in communities across Australia about the increased availability of alcohol, primarily caused by the deregulation of liquor control laws. In many of our major cities and regional centres, the link between high densities of alcohol outlets and alcohol-related violence has been the focus of significant public attention and concern. Similarly, there is strong evidence that extending the trading hours of alcohol outlets results in increases in alcohol-related problems.⁵ Other evidence indicates that a reduction in these hours can contribute to a reduction in these same problems.⁹

Treating alcohol like an ordinary commodity and prioritising market competition over public health will continue to exacerbate Australia's harmful drinking culture.

In this context, NAAA is calling for action to reassess approaches to alcohol availability and enforcement of legislation. NAAA considers that treating alcohol like an ordinary commodity and prioritising market competition over public health will continue to exacerbate Australia's harmful drinking culture.

Additionally, there is a need for national guidelines on alcohol outlet density and opening hours. There remains a lack of cohesive policy guidance among liquor licensing agencies, planning departments and local government over the relationship between alcohol outlet density, opening hours and alcohol-related problems and on how this relationship should inform decision making. NAAA proposes the development and introduction of national guidelines outlining how these issues should be considered in planning and liquor licensing decision-making, and defining levels of risk related to outlet densities that can be used to guide liquor control laws in each jurisdiction.

Recognising the critical importance of research and evaluation to inform policy in this area, NAAA calls for the development of nationally consistent, comprehensive and current data collection on alcohol outlets, alcohol sales, and alcohol-related harms.



References

1. Australian Institute of Health and Welfare (AIHW) 2007 National Drug Strategy Household Survey: Detailed findings. Drugs Statistics Series 22. Canberra: AIHW. 2008.
2. Collins, D J and Lapsley, H M. The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05. Canberra: AIHW. 2008.
3. Australia New Zealand Policing Advisory Agency (ANZPAA). Operation Unite. Alcohol Misuse Statistics. ANZPAA: Melbourne. 2010. Located at: <http://www.anzpaa.org/current-initiatives/alcohol-misuse-statistics>
4. National Health and Medical Research Council (NHMRC). Australian guidelines to reduce health risks from drinking alcohol. Canberra: NHMRC. 2009.
5. Babor, T, et al. Alcohol: No Ordinary Commodity. Second Edition. New York: Oxford University Press. 2010
6. Chikritzhs T, Stockwell T, Pascal R. The impact of the Northern Territory's Living With Alcohol program, 1992-2002: revisiting the evaluation. *Addiction*. 2005; 100(11):1625-36.
7. Australia's future tax system (AFTS). Report to the Treasurer. Canberra: The Treasury, Commonwealth of Australia. 2010.
8. National Preventative Health Taskforce. National Preventative Health Strategy – the roadmap for action. Canberra: National Preventative Health Taskforce. 2009.
9. Kypri K, Jones C, McElduff P, Barker D. Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*. Sep 2010.

NAAA members

NAAA was formed in 2009 and as of November 2010, consists of 44 organisations from across Australia:

Addiction Journal; Alcohol and Other Drugs Council of Australia (ADCA); Alcohol Education and Rehabilitation Foundation (AERF); Alcohol Policy Coalition (Vic) Anglicare Australia; Australian Drug Foundation (ADF); Australian Health Promotion Association; Australian Medical Association (AMA); Australasian Faculty of Public Health Medicine (AFPHM); Australian Health Promotion Association (AHPA); Australian National Council on Drugs (ANCD); Australian Research Alliance for Children and Youth (ARACY); Cancer Council Australia; Cancer Council Victoria; Diabetes Australia; Drug Arm; Local Government Association Northern Territory (LGANT); Kidney Health Australia; McCusker Centre for Action on Alcohol and Youth (MCAAY); National Drug and Alcohol Research Centre (NDARC); National Drug Research Institute (NDRI); National Heart Foundation; National Indigenous Drug and Alcohol Committee (NIDAC); National Local Government Drug and Alcohol Advisory Committee (NLGDAAC); Network of Alcohol and Other Drug Agencies (NADA); Public Health Advocacy Institute (WA); Public Health Association of Australia (PHAA); Queensland Network of Alcohol and Drug Agencies (QNADA); Royal Australasian College of Physicians; South Australian Network of Drug and Alcohol Services (SANDAS); Sydney South West Area Health Service; Ted Noffs Foundation; Telethon Institute for Child Health Research; The University of Newcastle; The University of Southern Cross; The University of Queensland; The University of Wollongong; Turning Point Alcohol & Drug Centre; Uniting Church in Australia; Victorian Alcohol and Drug Association (VAADA); VicHealth; Western Australian Local Government Association (WALGA); Western Australian Network of Alcohol and other Drug Agencies (WANADA), Western Regional Alcohol and Drug Centre (WRAD).

Join NAAA!

The National Alliance for Action on Alcohol (NAAA) aims to be an alliance of health and community organisations committed to reducing alcohol-related harm in Australia. NAAA will work primarily in the policy arena as a network with enabling and supporting roles. NAAA does not intend to replace any existing health or community organisations nor constrain its members' activities in any way. However, it is a condition of membership that NAAA members may not have any direct financial relationship with the alcohol industry or any of its organisations. Furthermore, the alcohol industry shall have no role in policy development within member organisations. Prospective members of NAAA should also be mindful of existing NAAA position statements on key alcohol policy issues and are expected to be supportive of these once they become members. Organisations (but not individuals) can express interest in joining NAAA by contacting the Secretariat.

Contact

NAAA Secretariat

Melanie Walker

Public Health Association of Australia

Tel: 02 6285 2373

Email: mwalker@phaa.net.au

Brian Vandenberg

VicHealth

Tel: 03 9667 1315

Email: bvandenberg@vichealth.vic.gov.au