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## **Alcohol Consumption and Alcohol-Related Harms 2012**

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others' health at risk.

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol and its affordability.

The harms of excess alcohol use are significant and warrant serious measures, especially regarding adolescents and youth. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

### **Prevention**

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

### **Alcohol marketing and promotion**

In Australia's contemporary media and communications landscape, the community is exposed to alcohol marketing at an unprecedented level and from multiple sources. This is particularly true of young people who use new digital technologies and are exposed to alcohol marketing on mobile phones, online video channels, interactive games, and social networks such as Facebook and Twitter. Marketing of alcohol is increasingly sophisticated and multidimensional, integrating online and offline promotions with the sponsorship of music and sporting events, the distribution of branded merchandise, and the proliferation of new alcoholic brands and flavours. There is compelling emerging evidence linking alcohol marketing and alcohol consumption, particularly among young people. While children, adolescents and teenagers are likely to be more susceptible to this marketing and promotion, people into their mid-twenties are also susceptible, and are also at highest risk of alcohol-related harms. There is an urgent and unmet need to tackle this problem with more robust and rigorous policy and regulation to supplement parental oversight and responsibility.

The AMA recommends the following preventive measures.

There is strong evidence that self-regulation and voluntary codes are not effective in stemming inappropriate and irresponsible promotion of alcohol to young people. The regulation of alcohol marketing and promotion should be statutory and independent of the alcohol and advertising industries, and should carry meaningful sanctions for non-compliance.

Such regulations should:

- prohibit marketing communications, packaging and branding that targets, or appeals to, children and young people;
- prohibit the production and sale of alcoholic energy drinks, and ban any marketing that promotes the use of energy drinks in conjunction with alcoholic beverages, including the promotion of alcoholic energy drinks at licensed venues;
- prohibit the sponsorship of sporting events, youth music events and junior sports teams, clubs and programs by alcohol companies or brands. Organisations should be encouraged and assisted to source alternative funding;
- limit the amount of alcohol marketing as well as its content. The volume of alcohol marketing that young people are exposed to has consistently been shown to affect their drinking behaviours, and is not sufficiently addressed through content regulations;
- prohibit alcohol advertising and promotion in locations, publications, and at times that are likely to influence teenagers and children. This should apply to point of sale promotions, branded merchandise, product placement, and new digital technologies such as social media, viral campaigns, mobile phones, and through online behavioural profiling;
- require that alcohol advertising encourages no more than the daily levels of consumption recommended by the NHMRC for low-risk drinking, and indicates what those levels are;
- require that all contexts of alcohol promotion include simple and clearly visible information about the health risks of excess consumption, and urge pregnant women not to consume alcohol. This should include point-of-sale, naming and digital media.

Mechanisms should be developed for global governance and standard setting to control alcohol marketing across national borders. Models for this may include the WHO Framework Convention on Tobacco Control.

Health education for young people regarding alcohol consumption should include a strong focus on critical media literacy skills.

### **Product Content and Information**

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.
- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.

- Governments and other stakeholders should address the public’s understanding of how various drinking vessels for alcohol (e.g. wine glasses, beer glasses) translate into a “standard drink” measure.
- Alcohol products should have simple and clearly visible front-of-pack labels that warn of the health risks of excess consumption, and urge pregnant women not to consume alcohol.
- Labelling of energy drinks should include warnings about the potential harms associated with mixing alcohol and energy drinks.

### **Access and Availability of Alcohol**

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.
- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.
- State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol-related harm in that respective State or Territory.
- The sale of energy drinks, and the mixing of energy drinks with alcohol, should be prohibited in licensed venues.

### **Pricing and Taxation of Alcohol**

- Alcohol products should be taxed on the basis of the volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.
- Alcohol taxes should be set at a level that sustains high prices for alcohol products, so that price signals reflect the very substantial social costs of alcohol consumption.
- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.
- All licensed premises should set a ‘minimum floor price’ for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

**Public Education, Schooling and Family Education**

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.
- Classroom-based programs that develop teenagers' decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.
- Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.
- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

**Alcohol and Pregnancy**

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy can be guaranteed to be safe for the foetus.

**Early Identification and Intervention**

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high-risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

**The Role of Doctors**

Doctors have an important role to play in providing advice to their patients about the harms of excessive alcohol use. Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30 per cent of patients visiting a GP were at-risk drinkers. This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.

To maximise these opportunities for early intervention, the AMA believes it is important that:

- there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;
- grant programs should be established to support the development and implementation of ‘whole-of-practice’ programs for problematic alcohol use, suited to practice populations;
- media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

#### **Law Enforcement and Diversion Programs**

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.

#### **Treatment of Problematic Alcohol Use**

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual’s goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialised alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar ‘dual diagnoses’. These should include GP led services where there is expertise.
- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.
- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for Indigenous peoples. Resources such as the *Alcohol Treatment Guidelines for Indigenous Australians* should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

#### **Research and Data Collection**

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups
- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

**Responsibility for Policy and Action**

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.

- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own “local alcohol action plans” to respond to local needs.
- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

**AMA PUBLIC HEALTH AND CHILD AND YOUTH HEALTH COMMITTEE**