Foundation for Alcohol
Research & Education

The Foundation for Alcohol Research and Education's 2013 Election Platform:

10 ways to reduce alcohol harms

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has invested more than $115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

FARE is guided by the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email fare@fare.org.au. All donations to FARE over $2 are tax deductible.

For more information about FARE's Election Platform contact Caterina Giorgi on (02) 6122 8600 or at caterina.giorgi@fare.org.au

Our Commitment

FARE's 2013 Election Platform sets out what we believe should be done to reduce the rising alcohol toll in Australia.

Australian Governments are world leaders in health prevention. This reputation was earned by implementing evidence-based policies and programs that acknowledge that there is no silver bullet to addressing complex health problems.

Now Australia is faced with a new preventive health challenge: alcohol use and its associated harms.

Australian communities know all too well the devastation that results from alcohol use and misuse. Alcohol-related violence, chronic disease, accidents and deaths occur frequently and harm not only the drinker themselves, but also people around the drinker.

Prevention is vital to reducing alcohol-related chronic diseases and the associated economic burden on communities and the health system.

Prevention is vital to stemming the tide of alcohol-fuelled violence, child neglect and domestic violence.

At times these harms may seem insurmountable, but as world leaders in preventive health, Australia is well placed to lead efforts to prevent and reduce alcohol harms.

A partnership approach is needed between public health experts, communities and Government to ensure that more people are not affected by alcohol harms.

This Platform's 10 public policy measures represent the most cost-effective and evidence-based actions that will reduce this growing toll.

Our commitment is to work collaboratively and constructively with all political parties to implement these policies.

Our commitment is to work with the Australian community to urge all political parties to find the necessary courage to act.

Our commitment is to work closely with the Australian people to achieve this change, because together we can fix these problems.

Together we have the knowledge to make a difference.

Together we can reduce what has become a problem too large to ignore.

The time is right to undertake meaningful actions to reduce alcohol harms in Australia. Through strong partnerships with the public health sector and strong political leadership we can achieve reductions in alcohol harms in the future.

FARE looks forward to working with all political parties to achieve this change.

Michael Thorn
Chief Executive
Foundation for Alcohol Research and Education

Snapshot

The case for prioritising alcohol policy during the 2013 Federal Election

There are four key reasons why alcohol control policy must be prioritised in the upcoming election.

Alcohol causes significant harms in Australia and many of these harms are increasing.

The health, social and economic burden caused by alcohol in Australia is substantial and unacceptable. Each year more than 3,000 Australians die because of alcohol. Alcohol causes harm not only to the drinker themselves, but to people who come in contact with the drinker. Each year, there are 70,000 victims of alcohol-related assaults, including 24,000 victims of domestic violence. While these statistics are alarming, of even greater concern is the increase that we are now seeing in these harms.

This is a problem with a solution - we know what works to prevent and reduce alcohol harms.

There is a strong body of evidence on what works to prevent alcohol harms. Australia has some of the world's leading researchers in alcohol policy working across a number of specialist alcohol and drug research facilities. This breadth of expertise has allowed us to gain an understanding of the policies and programs that work to address alcohol-related harms. When evidence-based policies are implemented as part of a comprehensive strategy, the reductions in harms are significant. An example of this in Australia is policies addressing drink driving. The combination of drink-driving laws and the associated programs of enforcement and social marketing are a public health success story.

Australians are concerned about alcohol harms and want governments to take action to address these harms.

The majority of Australians (75 per cent) believe that we have a problem with excess drinking or alcohol abuse and 74 per cent believe that more needs to be done to address alcohol harms. More than half of Australians (56 per cent) also believe that the Government is not doing enough to address alcohol-related harms in Australia. The belief that alcohol is a problem and that governments need to do more to address the harms from alcohol are shared by a majority of Australians, regardless of voting intentions.

Unless we act now, alcohol harms will continue to increase.

Alcohol is now more affordable than it has been in three decades, and is more available and heavily promoted then it ever has been. This is contributing to Australia's harmful drinking culture and resulting in significant alcohol harms.

10 actions to reduce alcohol harms

The evidence is clear on effective policies and programs to prevent alcohol harms. FARE has identified ten actions for political parties to adopt in the lead up to the 2013 Federal Election to prevent alcohol harms.

1	Demonstrate leadership on alcohol policy by developing a comprehensive national alcohol strategy with clear targets.
2	Tax wine as alcohol and stop taxpayer funded rebates that result in alcohol being sold for as cheap as 25 cents a standard drink.
3	Raise awareness of the significant harms that result from alcohol consumption during pregnancy, by introducing mandatory alcohol pregnancy warning labels.
4	Prevent and address the invisible disability caused by prenatal alcohol exposure by implementing The *Australian Fetal Alcohol Spectrum Disorder Action Plan.*
5	Enable Aboriginal and Torres Strait Islander people to develop community-led actions to address alcohol harms.
6	Safeguard Australian children and adolescents from the prolific promotion of alcoholic beverages by prohibiting alcohol industry advertising on television before 8.30pm and introducing independent regulation of alcohol marketing.
7	Protect Australian children and adolescents from incessant alcohol marketing at sporting and cultural events by banning alcohol industry sponsorship.
8	Support health professionals to talk to Australians about their alcohol consumption.
9	Ban political donations from the alcohol industry and develop a code of conduct on government engagement with industry.
10	Support evidence-based development of alcohol policy by addressing the gaps in alcohol data collection and research.

The case for prioritising alcohol policy during the 2013 Federal Election campaign

The case for all political parties to prioritise alcohol policy reform has never been more compelling. There are four key reasons why alcohol control policy must be prioritised in the upcoming election.

Alcohol causes significant harms in Australia and these harms are increasing.

The health, social and economic burden caused by alcohol in Australia is substantial and unacceptable. Alcohol consumption results in a range of health and social harms, including injury, violence, chronic disease and death.

Each year over 3,000 Australians die because of alcohol.[1] Alcohol causes harm not only to the drinker themselves, but to people who come in contact with the drinker. Each year, there are 70,000 victims of alcohol-related assaults, including 24,000 victims of domestic violence.[2] Each year 367 people die because of someone else's drinking, equating to one death each day.[3] For Aboriginal and Torres Strait Islander people, deaths from various alcohol-related causes are between five and 19 times higher compared to their non-Indigenous counterparts.[4]

While these statistics are alarming, of even greater concern is the increase that we are now seeing in these harms. This is most apparent when looking at hospitalisations. Alcohol-related hospitalisations increased in all Australian jurisdictions from 1996 until 2005. Of particular concern is the 20 per cent increase nationally in hospitalisations for alcohol-related liver disease (including cirrhosis, alcoholic hepatitis and alcoholic hepatic failure) from 1993 to 2005.[5]

More recent data for New South Wales (NSW) and Queensland (QLD) is also showing substantial increases in hospitalisations. In NSW alcohol-related hospitalisations increased by 37 per cent in ten years (between 2001-02 and 2010-11) from over 36,000 to almost 50,000 people being hospitalised.[6] In QLD alcohol-related hospitalisations increased by 57 per cent in ten years (between 2002-03 and 2011-12) from almost 22,000 to almost 40,000 people being hospitalised.[7]

The data is also demonstrating that there is no end in sight to these health harms. Among 20 to 29 year olds specifically, hospitalisations for alcoholic cirrhosis increased 10 fold in the 10 year period between 1999-2000 and 2002-2003.[8] Because alcoholic cirrhosis is irreversible, these cases of cirrhosis in young people will place an ongoing burden on Australia's health system.

This is a problem with a solution – we know what works to prevent and reduce alcohol harms.

There is a strong body of evidence on what works to prevent and reduce alcohol harms. Australia has some of the world's leading researchers in alcohol policy working across a number of specialist alcohol and drug research facilities. This breadth of expertise has allowed us to gain an understanding of what policies and programs work to address alcohol harms.

It is now well known that the price, availability and promotion of alcohol need to be targeted to prevent alcohol harms in Australia. Strategies such as volumetric alcohol taxation, regulating the physical availability of alcohol and alcohol marketing restrictions have been found to be effective population strategies to prevent alcohol harms.[9] Not only are these policies effective, but they are also cost-effective. Volumetric alcohol taxation and advertising regulations are the most cost-effective measures to prevent alcohol harms.

When evidence-based policies are implemented as part of a comprehensive strategy, the reductions in harms are significant.

An example of this in Australia is policies addressing drink driving. The combination of drink-driving laws and the associated programs of enforcement and social marketing are a public health success story. Random breath testing has been shown to be effective, internationally as well as nationally, in reducing road crashes, injuries and fatalities.[10] One of the successes of random breath testing is that any motorist at any time may be required to complete a random breath test, while also having no influence over the chance of being tested.[11] The success of such driving policies in reducing harms throughout Australia demonstrates the success of comprehensive strategies that focus on evidence-based policy development, target the whole population, and are strongly enforced and supported by public education.

Australians are concerned about alcohol harms and want governments to take action to address these harms.

The majority of Australians (75 per cent) believe that we have a problem with excess drinking or alcohol abuse and 74 per cent believe that more needs to be done to address alcohol harms.[12] When considering alcohol-related harms Australians are most concerned about road traffic accidents (80 per cent), violence (78 per cent), child abuse and neglect (70 per cent), health problems (62 per cent), harm to unborn babies in utero (59 per cent) and crime (57 per cent).

A vast majority of Australians (78 per cent) also believe that alcohol-related problems will get worse, or at best remain the same over the next five to ten years. More than half of Australians (56 per cent) also believe that the Government is not doing enough to address alcohol-related harms in Australia.

The belief that alcohol is a problem, that more needs to be done to address alcohol and that governments need to do more to address the harms from alcohol are shared by a majority of Australians, regardless of voting intentions, as demonstrated in the table below.

	ALP (%)	Coalition (%)	Greens (%)
Australians have a problem with excess drinking or alcohol abuse.	78	72	83
Alcohol-related problems in Australia will get worse or remain the same over the next five to ten years.	75	80	79
More needs to be done to reduce the harms caused by alcohol.	77	73	76
Governments are not doing enough to address alcohol misuse in Australia.	55	56	59

Unless we act now, alcohol harms will continue to increase.

Alcohol is now more affordable than it has been in three decades, and is more available and heavily promoted then it ever has been. This is contributing to Australia's drinking culture and resulting in significant alcohol harms.

The price of alcohol has been repeatedly shown to influence consumption, with lower prices associated with higher consumption.[13] Between 1980 and 2010, average weekly earnings have increased by a greater magnitude than prices of alcoholic beverages in Australia.[14] While the price of alcoholic beverages has increased by a factor of 4.3 between 1980 and 2010, average weekly earnings have increased by a factor of 6.3. In Australia, alcohol can now be purchased for as cheap as 25 cents for a standard drink.

Along with the price of alcohol, the availability of alcohol is also an important predictor of alcohol harms. Alcohol has been made more available through both the increased density of liquor licenses for on and off premise consumption, as well as increased trading hours for these licenses. The increased availability of alcohol through the increase in the number of outlets is associated with an increase in the number of cases of assault, domestic violence, drink-driver road traffic accidents and chronic disease.[15,16] Restricting trading hours and takeaway sales has been shown to reduce per capita alcohol consumption, alcohol-related hospital admissions and police arrests.[17] Over the past 15 years, the number of liquor licences and licensed premises has increased throughout Australia.[18] Increases in liquor licences vary between jurisdictions. For example, in Victoria the number of liquor licences has increased by 120 per cent between 1996 and 2010.

The promotion of alcohol has also proliferated with more avenues for promotion available to alcohol companies and retailers than ever before. For young people especially, the levels of exposure to alcohol advertising have been shown to be a powerful influence on when they start drinking alcohol, and how much they consume if they already drink. Twelve longitudinal studies of over 38,000 young people have demonstrated this.[19] It is estimated that the alcohol industry spends at least $120 million per annum on measured forms of advertising, such as television, magazines, radio and billboards and $300 million per annum on alcohol sponsorship.[20] In recent years, alcohol promotion has increased substantially through the internet, in social media such as Facebook and YouTube. It is estimated that expenditure on these forms of marketing is between two and four times the amount spent on traditional media.[21]

1

Demonstrate leadership on alcohol policy by developing a comprehensive national alcohol strategy with clear targets.

FARE is calling on all parties to develop a comprehensive national alcohol strategy with clear targets and a revised governance structure to oversee its implementation.

Australia does not have a national alcohol strategy, with the most recent strategy having ceased in 2011.

The governance structures for overseeing the strategy have also been problematic since the Ministerial Council on Drug Strategy (MCDS) was abolished in June 2011.

There is a need for national leadership on alcohol policy, which should be informed by the development of a revised national alcohol strategy.

The development of the strategy is vital to ensuring that activities are comprehensive, coordinated and cost-effective.

The problem

There is no national leadership on alcohol policy, with the alcohol strategy having lapsed more than two years ago.

There is no national strategy for the prevention and management of alcohol harms in Australia. The National Alcohol Strategy 2006 – 2009 was extended to 2011, and since this time there has been no further review. A national alcohol strategy is vital to ensuring that government efforts are coordinated and include a comprehensive plan of action that is both evidence-based and cost-effective.

There is also no formal governance mechanism for alcohol and drugs, since the abolition of the MCDS on 30 June 2011. The MCDS provided a unique forum for policy advice and development as it allowed for the coming together of both health and justice ministers. The absence of this governance structure now means that this important connection between health and justice no longer exists. This has also resulted in policy development processes being delayed because of longer timeframes and convoluted reporting structures.

The solution

Develop a comprehensive national alcohol strategy and revised governance structure to oversee its implementation.

To demonstrate commitment to further alcohol policy reform in Australia a comprehensive national strategy for action on alcohol is needed. This national strategy should include new and emerging evidence which has been proven to prevent and reduce alcohol harm. A comprehensive strategy needs to include clear targets of how much it intends to reduce alcohol harms and outline a plan of action as to how these targets will be achieved.

A new governance structure is also required to oversee the implementation of the strategy. The governance structure should comprise of a range of national, state and territory representatives to ensure the complexity and breadth of alcohol harms is recognised across the various sectors, such as health, law enforcement and education.

Support for this reform

The call for a national strategy for alcohol has come from a range of leading public health advocates including the National Alliance for Action on Alcohol (NAAA) which is a leading alcohol policy coalition of more than 70 organisations from across Australia.

A vast majority of Australians (74 per cent) also think that more needs to be done to address alcohol harms, while 56 per cent of Australians think that governments aren't doing enough to address alcohol harms.

Tax wine as alcohol and stop taxpayer funded rebates that result in alcohol being sold for as cheap as 25 cents a standard drink.

FARE is calling on all parties to replace the illogical Wine Equalisation Tax (WET) with a volumetric tax set at $29.05 per litre of pure alcohol and abolish the taxpayer funded WET rebate.

Wine and other fruit-based alcohol products are taxed based on their wholesale price, which incentivises the production of cheaper alcohol.

Wine is the cheapest form of alcohol available for sale in Australia and can be purchased for as cheap as 25 cents a standard drink.

Taxpayer funded rebates to the wine industry will amount to more than $280 million in 2013-14.

The wine glut has ended and can no longer be used as a reason to delay reforming the WET.

Applying a volumetric tax rate to wine, where the alcohol content in wine is taxed, is cost beneficial and will result in a vast majority of Australians being better off.

The problem

Alcohol is available for sale in Australia for less than the price of bottled water.

The current alcohol taxation system is illogical, incoherent and does not adequately recognise the extent and costs of alcohol harms to the Australian community. The most incoherent part of the current alcohol taxation system is the WET, which favours the consumption and production of cheap wine with no regard to alcohol volume, while all other products are taxed based upon their alcohol content, albeit at different rates. The WET is paid by wine producers, wholesalers and importers at 29 per cent of a wine's wholesale price.

In addition to the ill-considered WET is the WET rebate. The WET rebate is a tax payer funded payment made to wine producers which is able to be claimed by producers for 29 per cent of their assessable dealings for up to $1.7 million in domestic wholesale wine sales.[22] The WET rebate is poorly targeted, has many loopholes and supports unprofitable wine producers. In 2010-11, the WET rebate cost Australia $280 million per annum in forgone revenue.[23]

The result of the WET and WET rebate is readily available cheap wine that can be purchased for as little as 25 cents a standard drink. At this price, an individual can exceed the current National Health and Medical Research Council (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (2 standard drinks per person per day) for under 50 cents per day.

The solution

Replace the illogical Wine Equalisation Tax (WET) with a volumetric tax set at $29.05 per litre of pure alcohol and abolish the taxpayer funded WET rebate.

Price and taxation are effective levers for moderating alcohol consumption. A review of 112 international studies demonstrated that increasing the price of alcohol reduces the overall consumption of alcohol in the population, including consumption at harmful levels and by young people[24]. This review found that on average, a 10 per cent increase in the price of alcohol reduces consumption by five per cent.

Volumetric taxation is one of the most cost-effective means of preventing and reducing harmful alcohol consumption.[25] A differentiated volumetric tax on alcohol ensures that alcoholic products are taxed within their beverage categories according to their volume of pure alcohol. Differentiated volumetric taxation can influence price in a way that simultaneously encourages the consumption of lower alcoholic products while discouraging the consumption of higher alcoholic products.

The WET rebate should be abolished and the WET should be replaced with a volumetric tax for wine set at $29.05 per litre[a] of pure alcohol. If the changes to taxation were reflected in the retail price, this would mean that a $15 cask of wine would become $27.35 and a $20 bottle of wine would become $19.65. Economic modeling indicates that these changes would result in a net public benefit to the community and:

- Generate an additional $849 million in revenue per annum;[26]
- Generate a net public benefit of $230 million per annum ($330 million per annum reduction in harms to others caused by alcohol and a net loss of consumer surplus of $100 million per annum) with benefits estimated to flow to 85 per cent of Australians;[27] and
- Reduce cask wine consumption by 13 million litres of pure alcohol per annum (a 49.5 percent decrease) and total alcohol consumption by 12.3 million litres of pure alcohol per annum.[28]

Support for this reform

Nine separate government reviews have concluded that the alcohol taxation system be overhauled.[b] In 2009 the Henry Review concluded that the WET needed to be reformed as a matter of urgency.[29] The Henry Review described the current alcohol taxation system as 'incoherent' and stated that the "current alcohol taxes reflect contradictory policies...As a consequence, consumers tend to be worse off to the extent that these types of decisions to purchase and consume, which may have no spillover cost implications, are partly determined by tax."[30] In 2012 the Australian National Preventive Health Agency's extensive consultation on the case for the minimum floor price for alcohol in Australia concluded that, "the current operation of the Wine Equalisation Tax is of concern and requires reappraisal (page 42)."[31]

There is also substantial support from the alcohol industry for reforming the WET. Support for reforming the WET is shared by the Distilled Spirits Industry Council of Australia[32], Brewers Association[33] and two major wine producers who make up 20.5 per cent of Australian wine production, Treasury Wine Estates and Premium Wine Brands (Pernod Ricard).

[a] The rate of $29.05 is a weighted average of the three weights that were levied during 2009/10 for draught full strength beer.

[b] Reviews that have recommended a volumetric tax be applied to wine include: the 1995 Committee of Inquiry into the Wine Grape and Wine Industry; 2003 Federal Standing Committee on Family and Community Affairs Inquiry into Substance Abuse; the 2006 Victorian Inquiry Into Strategies to Reduce Harmful Alcohol Consumption; the 2009 Australia's future tax system (Henry Review); the 2009 National Preventative Health Taskforce report on Preventing Alcohol Related Harms; the 2010 Victorian Inquiry into Strategies to Reduce Assaults in Public Places; the 2011 WA Education and Health Standing Committee Inquiry Into Alcohol; and the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, draft report.

3

Raise awareness of the significant harms that result from alcohol consumption during pregnancy, by introducing mandatory alcohol pregnancy warning labels.

FARE is calling on all parties to introduce a mandatory health warning label on the harms of consuming alcohol during pregnancy, supported by a comprehensive public health campaign.

The National Health and Medical Research Council *Guidelines to Reduce Health Risks from Drinking Alcohol* (NHMRC Alcohol Guidelines) recommend that not consuming alcohol is the safest option for pregnant women.

Despite the recommendation to abstain from consuming alcohol during pregnancy, one in five women who are pregnant continue to consume alcohol.

The alcohol industry led voluntary alcohol consumer information label regime is grossly inadequate, with labels applied inconsistently, and the pregnancy warning labels appearing on only 5.4 per cent of alcohol products available for sale in Australia.

There is a need for a mandated, consistently applied alcohol pregnancy warning label on all products available for sale in Australia to raise awareness of the risks associated with alcohol consumption during pregnancy.

The problem

One in five women continue to consume alcohol during pregnancy.

One in five Australian women who are pregnant continue to drink alcohol after knowledge of their pregnancy, despite the NHMRC Alcohol Guidelines recommending that not consuming alcohol is the safest option for pregnant women.

The continuation of alcohol consumption during pregnancy is partly a result of the non-existent promotion of the NHMRC Alcohol Guidelines. Despite these guidelines having been released over four years ago, there has been no active and comprehensive promotion of the information among the general public.

Currently, segments of the alcohol industry are implementing a "consumer information labelling" regime. An independent audit of a sample of 250 different alcoholic products conducted in Australia in June 2012, one year after the introduction of the alcohol industry funded DrinkWise voluntary labels, found that only 16 per cent of the sample carried one of the DrinkWise labels and only 5.4 per cent carried a pregnancy label.[34] The alcohol industry's current approach to voluntary labelling is grossly inadequate and demonstrates that the industry is not committed to this form of public education.

The solution

introduce a mandatory health warning label on the harms of consuming alcohol during pregnancy, supported by a comprehensive public health campaign.

The Australian Government has a responsibility to communicate the potential harms of alcohol consumption to the public to enable them to make informed choices about their drinking. Mandatory health warning labels on alcohol containers and at the point of sale is an effective way to communicate messages regarding the harms associated with alcohol consumption. In the United States, warning labels have been shown to improve recall of the warning messages particularly among young people and heavy drinkers.[35] Specific warnings about alcohol causing impairment when operating cars or machinery have been associated with individuals deciding not to drive after drinking[36] and preventing others from drink driving.[37]

Internationally, at least 18 countries have mandated health warning labels on alcohol products.[38,39,40] Five countries have also mandated pregnancy labels indicating that alcohol should not be consumed during pregnancy.[41]

Support for this reform

There is strong community support for health warning labels to be applied to alcohol products. The 2013 Annual Alcohol Poll found that 61 per cent of Australians support health warning labels. The majority support for this measure is consistent across all voters, with 64 per cent of ALP voters, 57 per cent of Coalition voters and 66 per cent of Green voters supporting health warning labels for alcohol.[42]

At a meeting in December 2011, the Australian and New Zealand Legislative and Governance Forum on Food Regulation (FoFR) agreed that "warnings about the risks of consuming alcohol while pregnant should be pursued" and that the alcohol industry "be given the opportunity to introduce appropriate labelling on a voluntary basis for a period of two years before regulating for this change". The House of Representatives Parliamentary Inquiry into Fetal Alcohol Spectrum Disorders also recommended that the Commonwealth Government "include health warning labels on alcoholic beverages, including a warning label that advises women not to drink when pregnant or when planning pregnancy".[43] Despite this, alcohol pregnancy warning labels are not mandated in Australia.

4

Prevent and address the invisible disability caused by prenatal alcohol exposure by implementing *The Australian Fetal Alcohol Spectrum Disorder Action Plan*.

FARE is calling on all parties to adopt FARE's *Australian Fetal Alcohol Spectrum Disorders (FASD) Action Plan* which a focus on FASD prevention and diagnosis, as well as support for people with FASD and their carers.

FASD are conditions caused by pre-natal alcohol consumption and are the leading preventable cause of non-genetic, developmental disability in Australia.

Currently in Australia there is no comprehensive public education campaign, no diagnostic tool and very few services and support available to people with FASD, their families and carers.

A fully funded Australian FASD Action Plan is needed to prevent the births of further people with FASD and to better support people living with this lifelong disability.

The problem

There are no or limited prevention, diagnosis and services for FASD.

FASD are the leading preventable cause of non-genetic developmental disability in Australia. FASD represents a range of conditions resulting from prenatal alcohol exposure. These conditions include Fetal Alcohol Syndrome (FAS), partial FAS, Alcohol-Related Neurodevelopmental Disorder and Alcohol-Related Birth Defects.[44]

The incidence of FASD in the Australian population is unknown because there is no diagnostic tool for FASD. However, the incidence of FAS, which is one of the conditions within the spectrum, is estimated to be between 0.06 to 0.68 per 1,000 live births in the general population, and as high as 2.76 and 4.7 per 1,000 births among Aboriginal and Torres Strait Islanders.[45]

Currently in Australia:

- Health professionals are reluctant to ask women about their alcohol consumption during pregnancy[46], despite the NHMRC Alcohol Guidelines[47] clearly stating that it is best to avoid alcohol altogether during pregnancy.
- Few health professionals are familiar with the clinical features of FAS[48] and there is no standardised Australia FASD diagnostic instrument or clinical guidelines for FASD diagnosis.
- Early intervention options for people with FASD are non-existent, resulting in the greater likelihood of poorer life outcomes in education and employment.[49]
- Despite the lifelong implications of FASD, getting support is extremely limited and difficult to access.

The solution

Adopt FARE's *Australian Fetal Alcohol Spectrum Disorders Action Plan* which a focused on FASD prevention and diagnosis, as well as support for people with FASD and their carers.

In November 2012, the House of Representatives Parliamentary Inquiry into Fetal Alcohol Spectrum Disorders handed down its final report, *FASD: The hidden harm, Inquiry into the prevention, diagnosis and management of FASD.* The Parliamentary Inquiry report made a number of recommendations including the need for a 'National Plan for Action for the prevention, diagnosis and management of FASD'. The Inquiry report also recommended the need for an "ongoing FASD Reference Group" to "oversee and advise on the FASD National Action Plan".[50]

FARE has developed a fully costed roadmap for action to address the extensive gaps in prevention, intervention and management of FASD from 2013 to 2016. The *Australian FASD Action Plan 2013-16* includes clearly defined priority areas, actions and indicators to address FASD across the spectrum; from prevention through to management across the lifespan.

The total cost of The Australian FASD Action Plan is $37 million over the three years. These costs include:

- $13.9 million to increase community awareness of FASD and prevent prenatal exposure to alcohol;
- $9.1 million to improve diagnostic capacity for FASD in Australia, including $852,000 to implement the Australian FASD diagnostic instrument;
- $7.5 million to close the gap on the higher prevalence of FASD among Aboriginal and Torres Strait Islander peoples
- $2.5 million to enable people with FASD to achieve their full potential;
- $381,000 to improve data collection to understand the extent of FASD in Australia; and
- $3.3 million to evaluate the strategies in the plan.

Support for this reform

There is significant support for preventing new cases of FASD and better supporting people with the conditions and their families. The House of Representatives Inquiry into FASD demonstrated bi-partisan support for the range of recommendations made including the development of a national action plan.

The *Australian FASD Action Plan 2013-16* developed by FARE was produced in consultation with 33 of Australia's leading experts in FASD and has been endorsed by the Australian FASD Collaboration and the National Organisation for Fetal Alcohol Syndrome and Related disorders.

Enable Aboriginal and Torres Strait Islander people to develop community-led actions to address alcohol harms.

FARE is calling on all political parties to enable Aboriginal and Torres Strait Islander people to develop community-led actions that will address alcohol harms and ensure there are adequate culturally specific treatment and rehabilitation facilities for Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander people are more likely to abstain from alcohol, but for those who do drink, harmful use of alcohol is twice as common compared to non-Indigenous people, mostly through episodic heavy drinking.[51,52]

Aboriginal and Torres Strait Islander people are disproportionately affected by alcohol harms.

Alcohol use by Aboriginal and Torres Strait Islander people is both a consequence of and a contributor to the continued social disadvantage of Indigenous Australians.[53]

Tailored community-led solutions should be implemented alongside population-wide measures to increase the price and address the promotion and availability of alcohol in Australia.

Culturally specific alcohol treatment and rehabilitation facilities are also needed to support people that are alcohol dependent.

The problem

Aboriginal and Torres Strait Islander people experience disproportionate levels of alcohol harms.

Aboriginal and Torres Strait Islander people face significant disadvantage in income, employment, educational attainment and health in Australia.[54] Data from the 2010 National Drug Strategy Household Survey shows that Aboriginal and Torres Strait Islander people are 1.4 times more likely than non Indigenous Australians to abstain from alcohol; however they are 1.5 times more likely to drink at harmful levels (short or long-term). Almost one third (29.6 per cent) of Aboriginal and Torres Strait Islander people consume alcohol at levels that place them at risk of long term harms from alcohol compared to one in five (19.9 per cent) non Indigenous Australians. Almost one quarter (23.2 per cent) of Aboriginal and Torres Strait Islander people consume alcohol at levels that place them at risk of short term harm at least weekly compared to 15.8 per cent of non Indigenous Australians.[55]

These levels of consumption among Aboriginal and Torres Strait Islander people result in significant harms, with hospitalisation rates for alcohol-related assaults being 6.2 times higher for Aboriginal and Torres Strait Islander men compared to non Indigenous

men, and 33 times higher for Aboriginal and Torres Strait Islander women compared to non Indigenous women. Deaths from various alcohol-related causes are between five and 19 times higher for Aboriginal and Torres Strait Islander people compared to their non-Indigenous counterparts.[56]

Alcohol use by Aboriginal and Torres Strait Islander people is both as a consequence of and a contributor to continued social disadvantage.[57] Aboriginal and Torres Strait Islander people experience not only physical health harms from alcohol but also the negative impacts on others through violent antisocial behaviour; family conflict; domestic violence ; assaults; parental alcohol use which can result in FASD. Alcohol also contributes to the high rates of unemployment and incarceration. Together these factors impact on children, families and have intergenerational ramifications.[58] The importance of addressing these disadvantages and implementing effective solutions cannot be minimised.

The solution

Enable Aboriginal and Torres Strait Islander people to develop community-led actions that will address alcohol harms and ensure there are adequate culturally specific treatment and rehabilitation facilities for Aboriginal and Torres Strait Islander people.

Strategies to reduce alcohol harms for the general population (i.e. regulatory changes that impact on the availability, promotion, service and consumption of alcohol) are also applicable to Aboriginal and Torres Strait Islander communities. One example of a policy that effectively employed regulatory harm reduction strategies is the Northern Territory's Living With Alcohol (LWA) program. The LWA program was introduced in 1992 using funding from a special Northern Territory levy. The levy added five cents to the price of a standard drink for alcohol products with more than three per cent alcohol volume by content.[59] Although the levy was removed in 1997, the LWA program continued to run until 2002. The program included a number of regulatory controls such as imposing limits on the number of cans of beer that could be purchased on a single day, the establishment of 'dry' communities and the increase in the price of alcohol through the introduction of the levy.[60] An evaluation found that the combined impact of the LWA program levy and programs and services funded by the levy reduced the burden of alcohol-attributable injury in the Northern Territory.[61]

Ensuring that effective measures are introduced into communities should be led and controlled by Aboriginal and Torres Strait Islander people within the community. This leadership and involvement needs to happen at every stage of the project including issue identification, development of solution, project implementation, evaluation and refinement.

Enabling communities to introduce effective regulatory measure should form an integral part of alcohol harm prevention strategies. Alcohol Management Plans (AMP) should be supported as they enable communities to implement local initiatives that are focused on reducing alcohol harms. AMPs have been found to be effective in reducing alcohol-related injuries, including serious injury.[62] AMPs that are not controlled by Aboriginal and Torres Strait Islander communities and do not have culturally appropriate adaptation will not reduce alcohol and other drug related harm and will not succeed. To be effective, AMPs need to be driven and led by Aboriginal and Torres Strait Islander communities and by Aboriginal and Torres Strait Islander agencies, with support from Governments to build capacity locally to develop the plans.[63]

The World Health Organization (WHO) recommends that in order to reduce alcohol harms the Government must go beyond the traditional boundaries of health portfolios and implement population measures that have the prevention of harm at their centre. This is because a person's alcohol consumption is affected by where they live, their income, education, occupation, gender and race/ethnicity.[64] The social determinants of health are the circumstances in which people are born, live, work and grow that contribute to their health. It is essential that a social determinants of health approach is adopted in all Aboriginal and Torres Strait Islander led community initiatives.

Prevention strategies need to be complemented by adequate provision of culturally appropriate treatment and rehabilitation. This is in order to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people, and to assist in breaking the trans-generational cycle of alcohol abuse. Treatment and rehabilitation must be culturally sensitive, non-judgemental and complementary with concurrent strategies being implemented by the Aboriginal and Torres Strait Islander community.[65] A justice reinvestment model is also needed to reduce the number of Aboriginal and Torres Strait Islander people in custody. A justice reinvestment approach diverts funds that would be spent on incarceration to communities where there are a high number of young offenders. The funding is then allocated in the community to education, programs and services that aim to target the underlying causes of crime. A justice reinvestment approach is evidence-based and also results in cost savings. By targeting the creation of safer, more resilient communities, a justice reinvestment approach also aims to target the generational disadvantage that exists in communities.[66]

Support for this reform

The Preventative Health Taskforce Report, *Australia: The healthiest country by 2020, National Preventative Health Strategy - The roadmap for action*, acknowledged the importance of the inclusion and leadership of Aboriginal and Torres Strait Islander people in "all stages of the development and implementation of strategies to address harmful alcohol use in their communities."[67] The report subsequently recommended that the Government "support local initiatives in Indigenous communities."[68]

6

Safeguard Australian children and adolescents from the prolific promotion of alcoholic beverages by prohibiting alcohol industry advertising on television before 8.30pm and introducing independent regulation of alcohol marketing.

FARE is calling on political parties to close the loophole that allows alcohol advertising on television before 8.30pm and introduce independent alcohol marketing regulation.

Alcohol marketing in Australia is more prolific than it ever has been, with more platforms for advertising than ever before.

Alcohol marketing influences the age at which young people start drinking alcohol as well as their consumption levels.

The current alcohol industry self-regulated advertising regime, the Alcoholic Beverages Advertising Code (ABAC) is ineffective. It does not cover the whole alcohol industry, has no sanctions for non-compliance, does not limit the volume of advertising and does not prevent exposure among young people.

There is also a loophole in the regulation of advertising which allows alcohol advertising on television before 8.30pm, on weekends and weekdays when accompanied by a live sporting event.

There is a need to close the alcohol advertising loophole and introduce an independent alcohol marketing regime to appropriately monitor and regulate alcohol marketing in Australia.

The problem

Young people are exposed to alcohol marketing in more ways than ever before.

The volume of alcohol marketing that young Australians are exposed to is unprecedented. Not only are they exposed to alcohol marketing through traditional communication mediums such as television, radio, newspapers and magazines, billboards, merchandise and sponsorship; but also through the internet, including social media sites such as Facebook, YouTube and Twitter.

Twelve longitudinal studies of over 38,000 young people have shown that the volume of advertising they are exposed to influences the age that they start drinking as well as their consumption levels.[69] At present, the only aspect of alcohol advertising that is government regulated in Australia is broadcasting times for alcohol advertising on television. The content of alcohol advertising is regulated by the industry led ABAC which multiple reviews have found to be ineffective.

The only measure that restricts the volume of alcohol advertising is the Commercial Television Industry Code of Practice.[70] This code restricts the broadcasting of alcohol advertising to between 12pm and 3pm on weekdays and between 8.30pm and 5am on weekdays and weekends. However, an exemption is made during the broadcasting of live sporting events on weekends and public holidays.

As well as the volume of alcohol advertising influencing young people's alcohol consumption patterns, the content of alcohol advertising is also important, particularly in relation to its impacts on attitudes to drinking. For instance advertisements that link alcohol to sexual appeal, sporting prowess and success more generally may promote positive attitudes to alcohol in adolescents, while those with characters such as the Bundy Bear may promote positive attitudes to alcohol in young children.

The alcohol industry led and funded ABAC restricts the content of advertising but does nothing to limit the volume of advertising. However numerous reviews of the ABAC show that it is ineffective.[71] This is because there are no penalties for advertisements in breach of the ABAC and the advertiser is not legally required to remove or amend an offending advertisement even if a complaint is upheld. Furthermore, the ABAC does not cover the range of marketing activities that the alcohol industry engage in such as point of sale advertising, in-store promotions, sponsorship agreements and emerging media.

The solution

Close the loophole that allows alcohol advertising on television before 8.30pm and introduce independent alcohol marketing regulation.

Self-regulation of advertising is not recommended by the WHO and internationally, compliance with self-regulatory codes has been poor.[72] The current industry regulated ABAC needs to be replaced by an independent regulatory body that is compulsory, covers all alcohol marketing activities, actively monitors marketing activities, includes penalties for non-compliance, and is transparent and accountable.

There is also a need for Government to close the loophole in the Commercial Television Code of Practice that allows the alcohol industry to advertise before 8:30pm, as an accompaniment to live sporting events on weekend and public holidays.

Support for this reform

Australians believe that alcohol advertising influences young people and are supportive of further regulation of alcohol advertising.

A majority of Australians (69 per cent) believe that alcohol advertising and promotions influence the behaviour of people under 18 years.[73] Almost two thirds of Australians (71.2 per cent) support a ban on alcohol advertising on television before 9.30pm,[74] and almost two thirds of Australians (64 per cent) support a ban on alcohol advertising on weekdays and weekends before 8.30pm.[75]

7

Protect Australian children and adolescents from incessant alcohol marketing at sporting and cultural events by banning alcohol industry sponsorship.

FARE is calling on political parties to phase out all alcohol sponsorship and to extend the Community Sponsorship Fund (CSF) through an increase in alcohol taxation.

Alcohol sponsorship of sporting and cultural events is prolific, with 45 per cent of Australians reporting seeing alcohol advertisements at sporting events.

Alcohol sponsorship at sporting events influences young people's attitudes towards alcohol and results in young people associating alcohol with sport.

The CSF is an initiative developed by the Australian National Preventive Health Agency (ANPHA) that provides replacement funding for national sporting organisations, in exchange for the removal of alcohol marketing from their events.

Funding for the CSF should be extended and this should be accompanied by a phase-out of all alcohol sponsorship of sporting and cultural events.

The problem

Alcohol sponsorship of sporting and cultural events is prolific and highly visible in places where young people are present.

Alcohol sponsorships of sporting and cultural events are prolific. In 2013, 45 per cent of Australians reported seeing alcohol advertisements at sporting events.[76] Many sporting events in Australia include sponsorship from various alcohol industry bodies including cricket, the Bathurst 1000 'V8 Supercars' race , the National Rugby League and the Australian Open tennis championships. These sponsorship deals include field signage, jersey logos and naming rights to events or awards.

Sponsorship also occurs at cultural events, such as music festivals. The Big Day Out is an example of this with excessive sponsorship by the alcohol industry, including Carlton Dry (a beer brand), Strongbow (a cider brand), Vodka Cruiser (a ready-to-drink alcohol beverage brand), El Jimador (a tequila brand), and Smash (a frozen cocktail brand).[77] This is despite the event involving people under the age of 18 years. One of these sponsorship arrangements includes exclusive promotional tents in prime locations on the festival site for alcohol beverage sponsors, such as the El Jimador-sponsored "Mexican Wrestling Bar" and a Vodka Cruiser-sponsored 'House Party' bar that were present at Big Day Out this year.[78]

Of particular concern is the influence of alcohol advertising and sponsorship on young people's perceptions of alcohol, their drinking intentions and their behaviours. Studies have shown that there is a significant relationship between exposure to alcohol advertising, and drinking intentions and behaviours.[79,80,81] Alcohol sponsorship of sporting events has also been shown to result in children and young people associating alcohol with sport.[82] In 2010 a survey of children aged between nine and 15 years in Western Australia found that 75 per cent of children and adolescents recognised Bundy Bear and correctly associate him with an alcoholic product.[83]

The solution

Phase out all alcohol sponsorship by extending the Community Sponsorship Fund through an increase in alcohol taxation.

The CSF is an initiative developed by the ANPHA that provides replacement funding for national sporting organisations, in exchange for the removal of alcohol marketing from their events. Currently 15 Australian sports have signed up to the fund, including the Football Federation of Australia and Surfing Australia. The CSF was established for a $25 million commitment from Government which will cease in 2014, and leave the sports searching for alternative sponsors.

Funding for the CSF should be extended. In addition to the extension, there is a need for a phase-out of all alcohol sponsorship of sporting and cultural events. The CSF should be funded using the revenue gained from an increase in alcohol taxation.

Support for this reform

There is increasing support for banning alcohol sponsorship at sporting events. For example, a survey of Western Australians found that 62 per cent supported phasing out alcohol sponsorship of sporting events if governments provided replacement funding.[84]

A further example of this support is demonstrated through a current community campaign called *Game Changer*. The campaign is calling for sporting codes to "stop the promotion of alcohol and junk food." The campaign currently has 1,500 supporters.

8

Support health professionals to talk to Australians about their alcohol consumption.

FARE is calling on political parties to introduce a structured program for health professionals to improve the uptake of structured screening and brief interventions (SBIs) for alcohol.

SBIs involve health professionals asking people questions about their alcohol consumption and providing advice.

Despite the effectiveness of SBIs, in 2013 fewer than one in five (18%) Australians had been asked by their doctor about their alcohol use in the past 12 months.

SBIs have overwhelming evidence supporting their efficacy and cost-effectiveness in reducing alcohol consumption among individuals with risky drinking.

A structured SBI program is needed to support health professionals to routinely talk to people about their consumption.

The problem

Health professionals are not routinely talking to people about their alcohol consumption.

SBIs involve asking consumers questions about their alcohol consumption and providing advice to motivate risky drinkers to reduce their alcohol consumption. SBIs are inexpensive, take little time to implement (as little as five to 10 minutes), and can be undertaken by a wide range of health and welfare professionals.

The use of an SBI to treat early stage problem drinking can save health system resources in the long term because it can ameliorate the need for later stage treatment which may be more intensive and costly. The effectiveness of SBIs in the primary care context is well-established and there is emerging evidence of their efficacy and importance in emergency and general hospital settings.[85,86]

SBIs have overwhelming evidence supporting their efficacy and cost-effectiveness in reducing alcohol consumption among individuals with risky drinking. For instance, a recent Cochrane review of 22 trials with over 7,000 patients showed that primary care patients who received SBIs consumed on average almost four standard drinks (38g alcohol) less than controls after one year follow up or more.[87] Despite the overwhelming evidence supporting their efficacy, SBIs continue to be underutilised by primary health care professionals in Australia.[88]

Despite the evidence supporting their effectiveness in 2013 only one in five (18 per cent) Australians had been asked by their doctor about their alcohol use in the past 12 months.

The uptake of SBIs and detection of problematic alcohol use continues to be low. In Australia, lack of financial incentives, time constraints, lack of confidence, fear of intrusiveness, and scepticism about achieving results have been cited as major barriers to improved detection of alcohol problems and use of SBIs.[89,90,91]

In England as part of the *'Primary Care Service Framework: Alcohol Service in Primary Care'* in 2008, local areas were able to commission brief interventions as part of a Direct Enhanced Service (DES) in primary care.[92] Under these arrangements General Practitioners were paid £2.33 ($4 AUD) for each brief intervention undertaken (with newly registered patients aged over 16 who received screening using either FASD or AUDIT-C).[93]

In Scotland, over three years (from 2008) nearly 175,000 brief interventions were delivered, across three settings: primary care, accident and emergency, and antenatal care.[94] Over these three years the Scottish Government allocated £97 million to NHS Boards, which could be used in a variety of ways including training, staffing and investment in alcohol treatment services and support.[95] An evaluation of the program took place in 2011. The evaluation found that the success of the program was due to the availability of funding, nationally co-ordinated and locally supported training opportunities and that national "leaders" supported and encouraged implementation. The evaluation also found that the healthcare staff now recognise the value of brief interventions and that patients accept that conversations about alcohol are part of a GP's or healthcare worker's role.[96]

The solution

introduce a structured program for health professionals to improve the uptake of structured screening and brief interventions for alcohol.

Doctors, nurses and allied health professionals should be appropriately trained for the delivery of SBIs. Training more health professionals in the use of SBIs can help to address the issue of time constraints which is commonly cited as a barrier to their use by doctors. Also, providing more education and continuing professional development in brief interventions for all health professionals will help to ensure a larger health workforce that is more confident in the use of this tool and in its effectiveness as an intervention for alcohol problems.

Lack of financial incentives for delivery SBIs has been shown to be a major barrier to their use and must also be addressed. The Preventative Health Taskforce in its report on alcohol underscored the need for health professionals to be remunerated for the delivery of SBIs to enable them to become part of routine practice. It noted that "it is unrealistic to expect overstretched health service providers to implement brief interventions without reimbursement or other recognition". Doctors, nurses and allied health professionals could be remunerated for the delivery of SBIs through the creation of a Medicare item number similar to that created for mental health plans and other psychological services as part of the Better Access initiative. Since the Medicare item numbers for the Better Access initiative were introduced in 2006, uptake has been high and has progressively increased over time from 710,840 Australians (one in every 30) receiving at least one Better Access service in 2007, to 1,130,384 (one in every 19) doing so in 2009.[97]

Support for this reform

The Preventative Health Taskforce Report, *Australia: The healthiest country by 2020, National Preventative Health Strategy - The roadmap for action*, supported the use of SBIs in primary healthcare settings for alcohol. The report indicated that "brief interventions in primary healthcare settings for early-stage alcohol problems are consistently identified as a key ingredient in a comprehensive alcohol prevention strategy".[98] The report subsequently recommended that the Government "enhance the role of primary healthcare organisations in preventing and responding to alcohol-related health problems".

Leading health professional bodies in Australia, such as the Australian Medical Association (AMA) and the Royal Australasian College of Physicians, support alcohol SBIs.[99,100] The AMA's position statement on alcohol specifies 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".[101]

Ban political donations from the alcohol industry and develop a code of conduct on government engagement with industry.

FARE is calling on all political parties to prohibit political donations from the alcohol industry and to develop a code of conduct on government engagement with alcohol industry in line with the WHO's recommendations.

It is now well accepted in public health literature that the alcohol industry should not be involved in the development of alcohol policy and programs.

The WHO's *Expert Committee on Problems Related to Alcohol Consumption* recommends that interaction with the alcohol industry not occur in terms of alcohol policy development on health promotion.

Despite this, the alcohol industry is involved in policy development in Australia and is also able to contribute financially to political campaigns.

A code of conduct is needed on the engagement of the Government with the alcohol industry that is clear that the industry not be involved in alcohol policy development and that political donations will not be accepted from the alcohol industry.

The problem

The alcohol industry is currently involved in alcohol policy development, which is counter to the WHO's advice.

It is now well accepted in public health literature that the alcohol industry should not be involved in the development of alcohol policy and programs. A recent article authored by the former Chair of the Preventative Health Taskforce, Professor Rob Moodie and colleagues provided clear recommendations to governments on engagement with the alcohol industry and other industries representing 'unhealthy commodities', stating that "Unhealthy commodity industries should have no role in the formation of national and international policy for non-communicable diseases" and "Discussions with unhealthy commodity industries should be with the government only and have a clear goal of evidence-based approaches by government."[102]

The WHO's *Expert Committee on Problems Related to Alcohol Consumption* recommends that "Any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion".[103] Despite this recommendation, the alcohol industry is currently involved in the development of alcohol policy in Australia, despite their significant vested interests.

An example of alcohol industry involvement in policy development and the impacts this has on evidence-based policies is the current labelling regime which is led by the alcohol industry-funded organisation DrinkWise. DrinkWise has been criticised by public health academics and organisations for supporting alcohol policies that are ineffective.[104] Following the recommendation by the Food Labelling Review that pregnancy health warning labels be mandated on all alcohol products in Australia and New Zealand, DrinkWise pre-empted the government's response to the Review by implementing its own voluntary labelling regime. The regime is weak, poorly applied and is based on guidelines which specify that the labels are just over half a centimetre high, making them virtually invisible to consumers. At the same time alcohol industry bodies advocated strongly for the labelling regime to be voluntary. This has delayed the introduction of mandatory warning labels which are Government developed and regulated.

The solution

Prohibit political donations from the alcohol industry and develop a code of conduct on government engagement with alcohol industry in line with the WHO's recommendations.

In order to achieve meaningful change and reduce alcohol harms, the alcohol industry should not be involved in alcohol policy development. This should begin with political parties prohibiting political donations from the alcohol industry. The NSW Government has set a precedent for this by amending the *Election Funding, Expenditure and Disclosures Act 1981* by prohibiting donations from property developers, tobacco, liquor or gambling industries.

Along with prohibiting political donations from the alcohol industry, a code of practice on government engagement with industry should be developed in line with the WHO recommendation disallowing alcohol industry groups from participating in the development of alcohol policy or health promotion programs. There should be an acknowledgement that the alcohol industry's vested interest, as producers and retailers, is to promote and sell their products.

Support for this reform

There is increasing support nationally and internationally to stop the alcohol industries involvement in policy development. In April 2013, the Director General of the WHO, Dr Margaret Chan reaffirmed the WHO's position that the "alcohol industry has no role in the formulation of alcohol policies".[105]

10

Support evidence-based development of alcohol policy by addressing the gaps in alcohol data collection and research.

FARE is calling on all political parties to address the gaps in alcohol data collection and research, by developing nationally consistent approaches to the collection of alcohol harms and sales data and undertaking alcohol burden of disease and cost of illness studies.

The development of sound policies to reduce alcohol harms is contingent on up-to-date data collection and research.

Despite this, alcohol sales data is not routinely collected in Australia and national data on harms, such as alcohol-related deaths, are ten years old.

National leadership is needed to ensure that alcohol sales data and harms data is collected and reported on in a clear and consistent way.

Support is also needed for periodic research into alcohol including through burden of disease studies and cost of illness studies.

The problem

Alcohol data collection across Australia is ad hoc and varies between jurisdictions, posing challenges for developing and evaluating evidence-based alcohol policies, and more generally for alcohol policy research.

The development of sound policies to reduce alcohol harms is contingent on up-to-date data collection and research that provides reliable, robust information on patterns of alcohol use, the burden of disease caused by alcohol, the social and economic costs of alcohol use and the factors that influence alcohol consumption. Despite this, there is no nationally consistent collection and reporting of alcohol-related violence, hospitalisation or death data. There is also no consistent collection of alcohol sales data.

An example of the ad hoc approach to the collection of alcohol data, is the collection of alcohol sales data in Australia. Currently Queensland, Western Australia, Northern Territory and the Australian Capital Territory are the only jurisdictions which collect and report on alcohol sales data. There is no standardisation in what data is collected on alcohol sales and who this data is reported to. For instance, all jurisdictions are required to report on wine, beer and spirits (including premixed beverage) sales separately, however the Australian Capital Territory and Western Australia are not required to report on cider sales. This is problematic because alcohol sales data provide the most accurate picture of levels and trends in the consumption of alcohol, for geographic regions as well as for Australia as a whole.

Important alcohol-related research is also inconsistently undertaken in Australia. For example, the national burden of disease caused by alcohol and the social and economic costs of alcohol use have not been analysed in Australia for 10 and nine years respectively. Without current data on the burden of disease caused by alcohol, it is not possible to accurately assess the social and economic costs of alcohol use. Such cost of illness studies are important to evaluate the economic costs and benefits of alcohol policies and the economic implications of policy interventions.

The solution

Address the gaps in alcohol data collection and research, by developing nationally consistent approaches to the collection of alcohol harms and sales data and undertaking alcohol burden of disease and cost of illness studies.

The WHO recommends that public health monitoring of alcohol use should include credible estimates of per capita alcohol consumption derived from alcohol sales data together with well-conducted population level surveys of alcohol consumption.[106] Alcohol harms data is also needed to ensure that an accurate picture of the extent and types of alcohol harms is provided in the development of alcohol policies and evaluation of their effectiveness.

All Australian jurisdictions should collect and report on alcohol sales data at least annually to provide reliable national consumption data for policy development and evaluation. At a minimum, wholesale producers and licensees should provide sales data on beer, wine (including bottled and cask), spirits (including premix spirits) and cider separately. Postcode data should be provided by all producers and licensees to enable mapping of per capita consumption. Jurisdictions should also collect standardised alcohol-related violence, domestic violence, hospitalisation, emergency department and death data.

The Australian Bureau of Statistics (ABS) should be appropriately resourced to receive, collate and report on jurisdictional alcohol harms and sales data. Key trends in alcohol harm and sales data should be published in annual publications and made publicly available in a format which can be easily accessed, used and analysed by policy makers and researchers.

Funding for quadrennial studies into the national burden of disease and social harm attributable to alcohol must also be prioritised. Having up-to-date data about the burden of disease attributable to alcohol use in Australia is critical for alcohol policy because it provides information to assess trends in alcohol-related illness, disease and treatment.

A new cost of illness study for alcohol must also be funded to provide the latest data on this and improves on the limitations of the previous cost of illness study. This information is particularly vital within the current alcohol policy context where reforms such as a minimum price for alcohol and abolition of the wine equalisation tax are being considered. Up-to-date reliable cost of illness data is important in evaluating the economic benefit of these and all alcohol policies.

Support for this reform

Following a comprehensive consultation process on a minimum price for alcohol, ANPHA recommended that alcohol sales data be collected ‘in order to enable and improve the essential research and analysis required to inform evidence-based public policy decisions’.[107] The Victorian Auditor-General’s report *Effectiveness of Justice Strategies in Preventing and Reducing Alcohol-Related Harm* also recommended that alcohol sales data be collected in Victoria.[108]

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