



Foundation for Alcohol  
Research & Education

A photograph of several clear glass bottles, likely beer or wine bottles, arranged in a row. The bottles are slightly out of focus, with a soft, blue and purple gradient background. The lighting is dramatic, highlighting the glass texture and the necks of the bottles.

## 2014-15 Pre-Budget Submission

Submission to Treasury

January 2014



## 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 have 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](#)<sup>[1]</sup> 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](mailto:fare@fare.org.au). All donations to FARE over \$2 are tax deductible.

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<sup>[1]</sup> World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization.

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## Overview

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide a pre-budget submission for the 2014-15 Australian Government Budget. FARE acknowledges that the Australian Government hopes to achieve significant savings in the 2014-15 Budget. Therefore, this submission outlines areas of cost savings for Government, as well as areas where a modest investment will make a significant difference to the Australian community and produce savings in the longer term. Alcohol-related harms in Australia are significant and the case for introducing evidence-based alcohol policies has never been more compelling.

Alcohol-related harm costs the Australian community an estimated \$1.9 billion in healthcare, \$2.2 billion for road traffic accidents, \$1.6 billion in criminal justice and \$3.6 billion in lost productivity.<sup>1</sup> The 'collateral damage' costs that result from someone else's drinking have been estimated to amount to more than \$14 billion. This includes health care and child protection costs, lost wages and productivity, and out-of-pocket expenses such as property and personal damage, costs of professional counselling to cope with the drinker, and costs of having to leave home and stay elsewhere to avoid the drinker.<sup>2</sup>

FARE's Annual Alcohol Poll has consistently demonstrated that a majority of Australians think that alcohol is a problem and that the majority also want more action to be taken to address alcohol-related harms.<sup>3</sup> The level of alcohol-related violence in New South Wales over the summer and the community reaction to this violence highlights the growing community support for action to address alcohol-related harms.<sup>3</sup>

The costs of alcohol-related harm can be minimised by investing in evidence-based population level policies that reduce harmful alcohol consumption and in turn reduce the costs of alcohol-related harm on our economy. The small investments outlined in budget expenditure are outweighed by the projected savings that will be obtained from changing Australia's alcohol taxation system. One could easily pay for the other. The budget savings and expenditure items being are summarised in the box below.

### Budget savings:

- |  |                                |
|--|--------------------------------|
| 1. Replace the Wine Equalisation Tax (WET) with a volumetric tax | \$3.4 billion over four years  |
| 2. Abolish the Wine Equalisation Tax (WET) Rebate                | \$1.12 billion over four years |

Projected savings: **\$4.52 billion over four years**

### Budget expenditure:

- |  |                               |
|--|-------------------------------|
| 1. Restore funding to the Alcohol and other Drugs Council (ADCA)   | \$6 million over four years   |
| 2. Implement a comprehensive National Action Plan for Fetal Alcohol Spectrum Disorders (FASD)                | \$37 million over four years  |
| 3. Continue to fund the Community Sponsorship Fund   | \$25 million over four years  |
| 4. Introduce a structured screening and brief intervention program for alcohol                               | \$4.5 million over four years |
| 5. Develop and implement a national social marketing campaign to raise awareness about alcohol-related harms | \$13 million over four years  |

Projected costs: **\$85.5 million over four years**

## Budget savings

The 2014-15 Budget aims to 'repair' the Commonwealth budget deficit. Significant savings for the Government can be found in addressing the gross inequities in the current alcohol taxation system. The most inequitable part of the alcohol taxation system is the Wine Equalisation Tax (WET) and WET rebate, which encourages the production of cheap wine.

The WET regime results in forgone revenue to the Government through low tax rates and rebates to the wine industry. The cheaper price of wine also results in significant costs to the community through alcohol-related harms. Evidence clearly shows that low alcohol prices result in higher consumption levels.<sup>4</sup> Consequently an increase in alcohol prices results in a decrease in harms, as outlined in the recent Australian National Preventive Health Agency (ANPHA) Draft Report, 'Exploring the public interest case for a minimum price':

*"a clearer picture [of the effect of price policies] can be provided by studying the effects of pricing policies on health outcomes related to harmful alcohol use, such as liver cirrhosis. For example, studies of cirrhosis mortality have found that tax increases reduce mortality, whilst a study on suicide rates found that increases in beer tax were associated with a reduced rate of male suicide (page 23)."*<sup>5</sup>

Clear cost savings can be made by replacing the WET with a volumetric tax rate, through increased revenue to Government and in the longer term, reduced costs of alcohol-related harms.

### 1. Replace the Wine Equalisation Tax (WET) with a volumetric tax

**Projected savings: \$3.4 billion over four years**

#### **Recommendation:**

- Reform the alcohol taxation system in Australia to implement a volumetric tax on wine and recoup \$3.4 billion dollars in foregone tax revenue over the forward estimates.

Wine is by far the cheapest form of alcohol available in Australia. A standard drink containing 12.5 ml of alcohol can be obtained for 36 cents via cheap cask wine, compared with \$1.75 for beer and \$2.52 for ready-to-drink beverages.<sup>6</sup> Unlike other alcohol products which are taxed based on their alcohol content, wine is taxed on its wholesale price, which favours the consumption and production of cheap wine. The WET is paid by wine producers, wholesalers and importers at 29 per cent of a wine's wholesale price.

The WET costs the Australian Government billions in foregone tax revenue and cheap wine impacts on the health of the Australian community. The price of wine relative to the consumer price index (CPI) has fallen by 25 per cent since 1980 making wine more affordable than ever.<sup>6</sup> Nine separate government reviews have concluded that the alcohol taxation system be overhauled.\*

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\* 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.

In 2009 the Henry Review concluded that the WET needed to be reformed as a matter of urgency.<sup>7</sup> In November 2012, ANPHA explored the case for a minimum floor price for alcohol in Australia. This report concluded that, “the current operation of the Wine Equalisation Tax is of concern and requires reappraisal (page 42).”<sup>8</sup> This conclusion was based upon extensive consultations with a range of sectors including the public health sector, members of the community and alcohol industry.

For the first time in Australia a Benefit Cost Analysis (BCA) was undertaken in 2012 and assessed the costs of different alcohol taxation reform scenarios. Titled: ‘Bingeing, collateral damage and the benefits and costs of taxing alcohol rationally’ this report found that alcohol taxation reform is cost beneficial. The BCA also found that an overwhelming majority of Australians (85 per cent) will be better off from changes to alcohol taxation and that reforming the WET will result in moderate drinkers benefiting as they often incur the collateral damage from alcohol misuse.<sup>9</sup>

The impact of changing the wine tax rate from the current WET to a volumetric tax rate equivalent to that applied to full strength draught beer (at \$29.05 per litre of pure alcohol<sup>9</sup> – at the time of the study) would result in an overall decrease in total alcohol consumption of 12.3 million litres of pure alcohol and increase in revenue of approximately \$849 million per annum.<sup>†</sup>

The case for reforming the WET in Australia has never been stronger. FARE recommends that the Government replace the WET and set a rate at \$29.05 per litre of pure alcohol (based on the full-strength draught beer rate). Table 1 outlines the net benefits of setting a rate at \$29.05.

**Table 1: Estimates of benefits and costs of replacing the WET with a rate of \$29.05 per litre of pure alcohol**

	<b>WET removed and replaced with excise rate of \$29.05. All other rates unchanged</b>
Reduced harm to others	\$330 million per annum
Net loss of consumer surplus	\$100 million per annum
Net public benefit	\$230 million per annum

<sup>†</sup> Figures calculated using the FARE alcohol taxation model. Model is detailed in The Allens Consulting Group (2011). Alcohol taxation reform starting with the Wine Equalisation Tax. Foundation for Alcohol Research and Education, Canberra.

## 2. Abolish the Wine Equalisation Tax (WET) rebate

**Projected savings: over \$1.12 billion over four years**

### **Recommendation:**

- Abolish the outdated WET rebate that is paid to wine producers in Australia and New Zealand and recoup \$1.12 billion in forgone revenue over the forward estimates.

In 2010-11 the WET rebate cost Australia \$280 million per annum in forgone revenue. In addition \$200 million was paid by the Australian Government to the wine industry through the WET rebate, including \$30 million to rebates for New Zealand wine producers.<sup>6</sup> This system needs to be urgently addressed.

The WET rebate is poorly targeted, has many loopholes and continues to support unprofitable wine producers that then contribute to the oversupply of wine in Australia. A review of the administration of the WET and WET rebate undertaken by the Australian National Audit Office in 2010 suggested that both Australian and New Zealand wine producers are exploiting the rebate through double dipping and using contract wine makers facilities to register as grape growers.<sup>10</sup>

The WET rebate was introduced in 2004 and extended to New Zealand in 2005.<sup>6</sup> The WET rebate entitles wine producers to a rebate of 29 per cent of a producer's assessable deals, up to a maximum of \$500,000 each financial year. The rebate applies to all products subject to the WET, whether these are sold: wholesale, retail (cellar door, mail order or internet), or applied to own use (such as wine used for tastings or promotions). To be eligible, producers must manufacture wine from grapes, other fruit, vegetables or honey product or provide the grapes, other fruit, vegetables or honey to a contract winemaker to be made into wine.<sup>11</sup>

The rebate has now long outlived its use and should be abolished. The revenue generated through its abolition would go a significant way to repairing the Australian budget.

# Budget expenditure

The costs of alcohol misuse to the Australian community are substantial. Through only a modest investment, fiscal gains can be made to preventing alcohol-related harms. FARE has identified five such areas where these investments can be made. These expenditure areas are restoring funding the Alcohol and other Drugs Council of Australia (ADCA), implementing a National Action Plan for Fetal Alcohol Spectrum Disorders (FASD), extending the funding for the Community Sponsorship Fund, introducing a brief interventions program for alcohol and developing a national social marketing campaign on alcohol-related harms.

The funding for these budget expenditure items can be achieved through the revenue raised from reforming the alcohol taxation system in Australia.

## 1. Restore funding to the Alcohol and other Drugs Council of Australia (ADCA)

**Projected cost: \$6 million over four years**

### **Recommendation:**

- Restore funding to the Alcohol and other Drugs Council of Australia (ADCA) to \$6 million over forward estimates and allow them to continue to support the alcohol and drug not-for-profit sector.


On 25 November 2013, funding was withdrawn for the peak national body of the alcohol and other drugs sector, the Alcohol and other Drugs Council of Australia (ADCA). The withdrawal of funding has forced the abrupt closure of ADCA an organisation which has served the Australian community through its support for alcohol and drug organisations for almost 50 years.

ADCA represents hundreds of organisations across Australia that treat people with alcohol and drug issues, including families. ADCA has been an effective conduit between these organisations and the Australian Governments since 1966. The loss of ADCA's funding means that this link will be lost and the alcohol and drugs sector will lose national coordination and representation.<sup>12</sup> This includes Aboriginal and Torres Strait Islander focused alcohol and drug organisations across Australia.<sup>13</sup>

ADCA also provides alcohol and drug related research and best-practice service knowledge through the National Drug Sector Information Service. This is one of the most comprehensive alcohol and drug libraries in the world and provides an invaluable service to the sector, housing more than 100,000 resources.

The loss of ADCA's funding is already being felt by those in the alcohol and other drug sector with access to library resources becoming severely limited. In addition, ADCA's funding loss also means that the national initiative Drug Action Week will cease to exist. Drug Action Week has been running for the past 13 years and more than 1,000 events took place across Australia in 2013. Drug Action Week is the premier Australian event to raise awareness about alcohol and other drug issues at a local level and to celebrate the work of the sector. This week culminates in the National Drug and Alcohol Awards with those in the field being acknowledged for their work and dedication. These awards will also cease with the loss of ADCA's funding and Prime Minister Tony Abbott will become the first Prime Minister to not provide this award since its establishment.





ADCA receives \$1.5 million in funding per year from the Australian Government. This is a minute amount of funding when compared to the costs of alcohol and drug-related harms in our community and a gross underpayment of the results that ADCA produces and the services that it provides for the sector and for the Government. FARE urges that funding continue to be provided to ADCA so that it can support those who help people in our community who are affected by alcohol and drugs.

## 2. Implement a comprehensive National Action Plan for Fetal Alcohol Spectrum Disorders (FASD)

**Projected cost: \$37 million over four years**

### **Recommendation:**

- Fund the ‘*Australian Action Plan for Fetal Alcohol Spectrum Disorders*’ to support the prevention, diagnosis and management of FASD at a cost of \$37 million over forward estimates.

Fetal Alcohol Spectrum Disorders (FASD) are the leading cause of preventable non-genetic, at birth brain damage and development disability in Australia.<sup>14</sup> In 2010 it was conservatively estimated that FASD costs \$66 million each year, with the overwhelming majority of costs (75 per cent) borne by the Government.<sup>15</sup>

In November 2012, the year-long inquiry by the House of Representatives Social Policy and Legal Affairs Committee released its final report titled ‘*FASD: The Hidden Harm.*’ This report recognised the need for urgent and immediate action in Australia to address FASD and set out clear and timely recommendations for change.

Immediately prior to the Federal election in August 2013 the previous Government released, as their response to the House of Representatives Inquiry, the ‘*Commonwealth Action Plan to Reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17*’ (Commonwealth Action Plan). This plan came with a commitment of four years funding of \$20 million across five key priorities. Since the change of Government it has been unclear if the Commonwealth Action Plan will proceed.


Australia lags behind other countries in its response to FASD. In North America diagnostic tools, early intervention services and screening programs have been available since 1993. In Canada the Government has run public education campaigns on FASD and alcohol and pregnancy since 1999.

In 2011 FARE released a full costed road map titled ‘*The Australian FASD Action Plan 2013-16.*’ This Action Plan, developed in consultation with 33 of Australia’s experts on FASD, includes clearly defined priority areas, actions and indicators to address FASD from prevention through to management across the lifespan. The five priority areas of the Action Plan are:

- Increase community awareness of FASD and prevent prenatal exposure to alcohol \$13.9million
- Improve diagnostic capacity for FASD in Australia \$9.1million
- Enable people with FASD to achieve their full potential \$2.5million
- Improve data collection to understand the extent of FASD in Australia \$381,000
- Close the gap on the higher prevalence of FASD among Aboriginal and Torres Strait Islander peoples \$7.5million.<sup>‡</sup>

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<sup>‡</sup> \$3.3 million has also been allocated to implement the strategies in the plan.



Action to prevent FASD and help support people with FASD will provide cost savings for the Australian society for decades to come.

### 3. Continue to fund the Community Sponsorship Fund

**Projected cost: \$25 million over four years**

**Recommendation:**

- Fund the Community Sponsorship Fund at a cost of \$25 million over forward estimates and allow the program to continue support national sporting codes to promote alcohol-related health promotion messages.

The Community Sponsorship Fund is managed by ANPHA, as part of the National Binge Drinking Strategy. This fund is working to reduce the association between alcohol and sporting and cultural events by providing alternative sponsorship opportunities. The Australian Government introduced the Fund in 2010 with a committed \$25 million over four years (from 2010-11 to 2013-14). This funding is due to expire in July.

Marketing strategies adopted by the alcohol industry include a combination of advertising on television, radio, online, print media, sponsorships of sports, cultural teams and events, point of sale and other promotions, and product placement. Many sporting events in Australia include sponsorship by the alcohol industry including cricket,<sup>16</sup> the Bathurst 1000 'V8 Supercars' race,<sup>17</sup> the National Rugby League<sup>18</sup> and the Australian Open tennis championships.<sup>19</sup> These sponsorship deals can include field signage, jersey logos and naming rights to events or awards.

Studies have shown that there is a significant relationship between exposure to alcohol advertising, and young people's drinking intentions and behaviours.<sup>20,21,22</sup> The more alcohol advertising that young people are exposed to, the earlier they will start to drink, and the more they will consume if they already drink.


The Community Sponsorship Fund aims to:

- Reduce the exposure of young people and children to alcohol imagery and branding;
- Reduce the links between alcohol and sporting and cultural activities that young people are often involved in, and to provide support for community-based organisations to educate their members about responsible drinking;
- Provide support for community-based organisations to provide alcohol-free environments for minors; and
- Reduce harmful consumption of alcohol through appropriate responsible service of alcohol provisions at sporting and cultural events.<sup>23</sup>

The Community Sponsorship Fund has allowed the Government to provide alternative sponsorships to 16 sporting codes<sup>5</sup>, which in turn allow the sports to provide environments free from alcohol promotion. The sponsorship arrangements have been welcomed by the sporting codes.

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<sup>5</sup> The sports codes involved in the Community Sponsorship Fund include: Football Federation Australia; Basketball Australia; Netball Australia; Swimming Australia; Surfing Australia; Cycling Australia; Hockey Australia; Athletics Australia; Skateboarding Australia; Volleyball Australia; Equestrian Australia; Triathlon Australia; Australian Canoeing; Australian University Sport; Australian Baseball League and Australian Paralympic Committee.



The Community Sponsorship Fund represents an important step for Government in breaking the connection between sporting prowess and alcohol. By continuing to fund this program it will allow the existing sponsorships to continue as well as new sponsorship opportunities to be perused.

## 4. Introduce a structured screening and brief intervention program for alcohol

**Projected cost: \$4.5 million over four years**

### **Recommendation:**

- Introduce a structured program for health professionals to provide screening and brief interventions (SBI) for alcohol at a cost of \$4.5 million over forward estimates.

Screening and brief interventions (SBI) are cost effective measures that can reduce early stage problem drinking and produce cost savings in health for the long term. SBI involves health professionals opportunistically asking consumers questions about their alcohol consumption and motivating risky drinkers to reduce their alcohol consumption. SBIs are inexpensive and take little time to implement (as little as five to 10 minutes).


SBIs have overwhelming evidence supporting their efficacy and cost-effectiveness in reducing alcohol consumption among individuals with risky drinking. 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.<sup>24</sup>

Despite the overwhelming evidence supporting their efficacy, SBIs continue to be underutilised by primary health care professionals in Australia.<sup>25</sup> 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.<sup>3</sup> The uptake of SBIs and the identification of people with alcohol use problems are low and health professionals list a range of barriers when undertaking SBIs including a lack of financial incentives, time constraints, lack of confidence and concerns about achievement of results.<sup>26,27,28</sup>

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.<sup>29</sup> Under these arrangements General Practitioners (GP) were paid £2.33 (~\$4 AUD) for each brief intervention undertaken (with newly registered patient aged over 16 who received screening using a validated screening tool such as AUDIT-C).<sup>30</sup>

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.<sup>31</sup> The Scottish Government allocated £97 million over three years to National Health Service (NHS) Boards, which could be used in a variety of ways including training, staffing and investment in alcohol treatment services and support.<sup>31</sup> An evaluation in 2011 found that the program was a success due to funding, national coordination and local training opportunities as well as national 'leaders' supporting and encouraging implementation. The evaluation also found that the healthcare staff recognised the value of brief interventions and patients accept that conversations about alcohol are part of a GP's or healthcare worker's role.<sup>31</sup>

The lack of financial incentives for delivery of SBIs has been shown to be a major barrier to their use in Australia and this must be addressed. The Preventative Health Taskforce Report, *Australia: The healthiest country by 2020, National Preventative Health Strategy - The roadmap for action*,



underscored the need for health professionals to be remunerated for the delivery of SBIs to enable them to become part of routine practice, noting that “*it is unrealistic to expect overstretched health service providers to implement brief interventions without reimbursement or other recognition* (page 30).” Brief interventions can be delivered in a variety of settings including primary care, general hospital wards, Accident and Emergency hospital departments and others.<sup>32,33,34</sup>

For SBI to be effective and become routine practice, a structured program should be introduced into primary care and Accident and Emergency hospital departments. This should be funded in a similar manner to FARE’s project to promote the Alcohol Guidelines to health professionals. This would include funding a coordinating organisation that collaborates with leading health professional bodies across Australia. The program would include annual face-to-face training in capital cities and regional areas and this training should be accredited by the health professional bodies and Medicare Locals. Participants would be awarded Continuing Professional Development points or hours for completing the training. Resources would be developed to support health professionals to implement SBI into routine practice and a pre-and post-evaluation should be completed to assess the effectiveness of the program.

## 5. Develop and implement a national social marketing campaign to raise awareness about alcohol-related harms

**Projected cost: \$13 million over four years**

### **Recommendation:**

- Fund a social marketing campaign to inform consumers about the National Health and Medical Research Council’s *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (Alcohol Guidelines) at a cost of \$13 million over forward estimates.

Social marketing campaigns are an effective method for raising awareness of public health issues and influencing consumer behaviour.<sup>35</sup> Social marketing involves the use of marketing methods to ‘design and implement programs to promote socially beneficial behaviour change’.<sup>36</sup> These campaigns are more successful when well-funded, repetitive, and on-going.<sup>37,35</sup>

The vast majority (95 per cent) of Australians are unable to correctly identify the recommended low-risk drinking levels of the current Alcohol Guidelines.<sup>38</sup> These Guidelines were released in 2009 but since their release there has been no nation-wide campaign to promote them. Added to this, Australian’s also have poor knowledge of some of effects of alcohol consumption, with only 24 per cent being aware of links between alcohol and mouth and throat cancer and 11 per cent being aware of the link with breast cancer.<sup>39</sup>

In 2008-09 the English Government committed £6 million on a campaign that aimed to inform consumers about the number of units of alcohol (or standard drinks) in a range of products. The ‘*Know your limits*’ campaign consisted of television and radio advertisements as well as resources for consumers and health professionals such as online unit calculators and dedicated website. This campaign was a precursor to the ‘*Alcohol Effects*’ campaign which launched in 2010 and demonstrated how alcohol affects the organs in the body. This was again supported through television and radio advertisements as well as toolkit for health professionals and consumer resources.<sup>40</sup> Awareness of the links between alcohol and mouth cancer by the general population increased from 5 per to 24 per cent after the ‘*Alcohol Effects*’ campaign.<sup>41</sup>



In 2009 Food Standards Australia New Zealand commissioned an *'Exploratory economic analysis of different prevention in Australia and New Zealand,'* which outlined the costs of producing and running a multi-faceted social marketing campaign on alcohol. This report estimated the costs over five years of a campaign and included \$4.4 million being spent in year 1 and \$2.9 million being spent each year after this. These costs covered printing pamphlets and posters; development of television advertisements; development of radio advertisements; purchase of advertising time and public relations agency fees.<sup>15</sup> This analysis has been taken as the baseline for the proposed social marketing campaign on the Alcohol Guidelines.

## Summation

This submission outlines key areas where investment by Government will result in real changes in the lives of individuals as well as for communities. FARE has also acknowledged the Government's desire to find budget savings and has outlined where these can be achieved by addressing the inequities in the Australian alcohol taxation system. Making these changes will result in significant reductions to alcohol-related harm now and into the future.

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