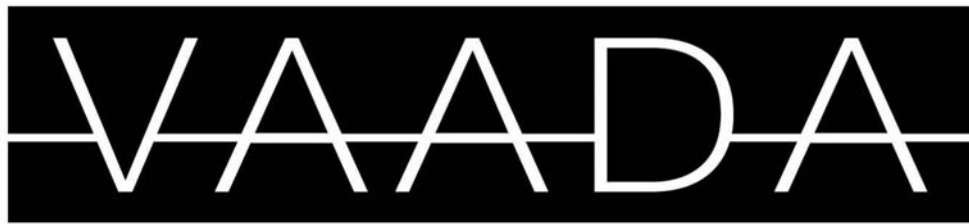


**Submission to the
Drugs and Crime Prevention Committee
*'Inquiry into strategies to reduce harmful
alcohol consumption'***



VICTORIAN ALCOHOL & DRUG ASSOCIATION

May 2004

About VAADA

The Victorian Alcohol and Drug Association (VAADA) is the peak body representing alcohol and drug services in Victoria. VAADA provides leadership, representation, advocacy and information to the alcohol and other drug related sectors.

Nature and extent of alcohol consumption and the associated costs to the community

Harms and costs

Alcohol related harm significantly costs the Victorian community in terms of economic, social and health related costs.

Alcohol is the most popular drug consumed in Australia, with the 2001 National Drug Strategy Household Survey finding that 80% of the population aged 14 years and over had drunk alcohol in the past 12 months (Australian Institute of Health and Welfare: 2002).

Alcohol consumption causes 4,286 deaths per year in Australia or 395,000 hospital bed days per year (Collins and Lapsley: 2003). In Victoria, these figures correlate to 3 deaths per day from alcohol, 300 Victorian hospital beds being filled per day due to alcohol consumption, and a cost of over \$5 million per day (Collins and Lapsley: 2003).

To put this into context, the cost to Victoria per day is larger than the combined cost of crime (over \$1 million), health (over \$1 million) and road accidents (over \$1 million). Statistics are showing that health costs are increasing by a rate of 7% per year with alcohol playing a large part in this increase.

These figures clearly indicate that there are huge costs associated with alcohol consumption in our community, yet, comparatively very little has been spent by government's on tackling the growing problem of alcohol consumption.

Social Harms

There are also significant social harms associated with alcohol use which warrant specific mention. Some of these include homelessness, lost productivity in the workplace, road traffic accidents and violence.

Alcohol related assault amongst residents of Victoria was estimated in 1997/1998 and 1998/1999 to be around 9.5 per 10,000 residents for offenders and 8.5 per 10,000 residents for victims. Domestic violence comprises a significant percentage of alcohol related assaults (DHS: 2002).

Road traffic accidents are also strongly associated with alcohol related harm. It is estimated that 27% of drivers killed in Victoria were under the influence of alcohol. In a recent study, 19% of Victorians admitted to driving after drinking to excess. In a study conducted on young people aged 18 – 24, approximately 15% of males and 8% of females reported driving a vehicle after consuming alcohol (DHS: 2002).

Young people

Also of concern to VAADA is the high level of alcohol use by young people. The Victorian Youth Alcohol and Drugs Survey, conducted in March 2002, showed that alcohol consumption by young people in Victoria was virtually universal, with over 90% of both males and females aged 18 to 24 years reporting drinking in the previous year (DHS: 2002).

The harms associated with this level of alcohol consumption by young Victorians are clearly shown by statistics from the Victorian Youth Alcohol and Drugs Survey in which over 13% of males and 7% of females said they had created a public disturbance while under the influence of alcohol. Over 29% of males and 19% of females reported verbally abusing someone while under the influence of alcohol and up to 10% reported physically abusing someone (DHS: 2002).

Indigenous Communities

Research has shown that cask wine is strongly associated with significant harms and costs to the community, and this is particularly true in relation to its impact within Indigenous communities. For example, in Alice Springs and surrounds (an area with a population of less than 35,000 people, most of whom do not drink cask wine) more than 1.2 million litres of cask wine were consumed in 1998 (Brady & Martin 1999). This is a clear indication of harmful consumption.

Culture of alcohol consumption

Alcohol use in Australia is very high compared with other countries and reflects a culture of acceptance.

Alcohol is often unacknowledged as a drug, despite the fact that it causes some of the most extensive drug related harm in our community when compared to most other drugs.

One of the major concerns for VAADA is the continued promotion of alcohol products through sponsorship, advertising and the media generally.

It is difficult to combat the effects of large sponsorship by the alcohol industry including the Australian Football League (AFL) Grand Final, Australian Formula One Grand Prix and the 'Fosters' Melbourne Cup in addition to advertising on television and radio. Popular television regularly promotes the culture of drinking in Australia.

This culture of acceptance is evident in the youth alcohol market. There has been an increase in targeted media campaigns to Victoria's youth and expansion in alcoholic drinks available on the market that are evidently aimed at youth. These include alcoholic milk products, alcoholic drinks that taste like sweets ('alco-pops') and the bright coloured packaging and marketing of such products.

The advertising of alcohol aimed at young people together with a proliferation of new products for this market further embed a culture of alcohol consumption amongst our youth.

Existing strategies for reducing harmful alcohol consumption

Governments have grappled with the best ways of responding to high levels of alcohol related harm.

It is arguable the many of the efforts to reduce alcohol consumption and harm have had minimal impact in the absence of related comprehensive strategies.

Such responses specifically targeting youth, for example, include:

- mass media alcohol harm campaigns targeting young people
- the implementation of alcohol education in schools
- awareness activities targeting young people
- pseudo diversionary activities (particularly for young people).

Although some responses have worked in part, the strategies that need to be implemented in order to tackle alcohol consumption must be comprehensive and vertically integrated.

Recommended strategies to address the issue of harmful alcohol consumption¹

Responses that are likely to have the greatest impact on reducing levels of consumption and harm are often more politically challenging, complex and expensive. If we are serious about achieving real results then government's need to commit to some of the more challenging strategies that we know work, including:

Increased random breath testing on our roads

Random breath testing has been highly successful in reducing drink driving largely because the high profile media approach is supported by visible and enforceable consequences. There is significant research supporting this policy.

Alcohol taxation reform and pricing controls

There is good evidence to suggest that price has a very direct impact on consumption. This being the case, policies that increase the cost of the highest alcoholic drinks and decrease the cost of low alcoholic drinks aid in reducing harm.

VAADA is of the view that excise and taxation on alcohol should be based on alcoholic content and strength rather than the cost of manufacture or the method used to produce the alcohol. VAADA's submission to the tax inquiry (2002) recommended that indexation of alcohol excise and taxation be retained and expanded to all alcohol products. Further consideration should be given to offering a low alcohol exemption to all alcohol products under 10%.

This would help to reduce the harms and costs associated with alcohol consumption to both the Australian community in general, as well as specific communities including the Aboriginal community.

Strict and enforced liquor licensing laws

Availability has a direct influence on consumption and consequent harm. Many Aboriginal communities, for example, recognise the problems created by consumption of excessive levels of alcohol (particularly cask wine) in their communities and a number of communities have taken action through the provisions of liquor licensing legislation to reduce availability (Stockwell & Gray, 1999).

There is significant scope to not only amend liquor licensing laws and the legal responsibility and accountability of those who produce and serve alcohol, but to enforce them as a way of controlling intoxication and its impact in public spaces.

¹ VAADA would be happy to provide further evidence of references to support any of these strategies should the Committee require them.

Adequate treatment programs

VAADA also recommends that Government adequately support the AOD sector in Victoria through appropriate resourcing of effective programs and services that will meet the needs of people with drug problems, their families and the broader community. There is good evidence to suggest that for every dollar spent on alcohol treatment, there are significant returns to the community (VAADA: 2002).

With continued concerns about community safety and the costs of crime, addressing the needs of those people experiencing significant alcohol and drug problems can reduce crime and increase community safety.

Regulation of advertising sponsorship and media

The Victorian government's involvement in a national initiative aimed at reducing alcohol industry sponsorship of major events is commendable. There is scope to explore further strategies that regulate sponsorship, advertising and media in relation to alcohol.

Hypothecation

Given the high economic and social costs of alcohol consumption in Australia, VAADA believes there is a strong case for a percentage of excise and taxation collected on alcohol products to be redirected into public health initiatives that address alcohol related harm. This strategy has been demonstrated to be effective.

Conclusion

Alcohol use is a complex cultural and social problem that needs to be addressed through concerted government and community responses.

Culturally, alcohol is readily accepted as an integral part of life in Australia. In Victoria, alcohol consumption is growing and is continuing to cause significant levels of harm.

Current measures and strategies for reducing alcohol consumption and related harm, such as mass media advertising and school drug education and awareness raising activities, have minimal impact on reducing alcohol consumption and subsequent harm.

If we are serious about addressing the real harms caused by alcohol in Victoria, governments need to be prepared to provide more substantive measures that evidence suggests will work. These include:

- Increased random breath testing on our roads
- Alcohol taxation reform and pricing controls
- Strict and enforced liquor licensing laws
- Adequate treatment programs
- Regulation of advertising sponsorship and media
- Hypothecation.

VAADA is optimistic that this Inquiry will address some of these substantive measures in an attempt to reduce the harms caused by alcohol in Victoria.

References

- Australian Institute of Health and Welfare. (2002) *2001 National Drug Strategy Household Survey: State and Territory Supplement*. Canberra: Australian Institute of Health and Welfare.
- Brady, M. and Martin, D.F. (1999) *Dealing with Alcohol in Alice Springs: an assessment of policy options and recommendations for action*. Canberra: CAEPR Working Paper No. 3.
- Collins, D.J and Lapsley, H.M. *Counting the cost: estimates of the social costs of drug abuse in Australia 1998-99*, (2003). Canberra: Commonwealth Department of Health and Ageing.
- Collins, D.J and Lapsley, H.M. (1996) *The Social Cost of drug abuse in Australia in 1988 and 1992*. Canberra: Commonwealth Department of Human Services and Health, Australian Government Publishing Service.
- NSW Alcohol Summit (2003). Papers presented to the summit. NSW Parliament, Sydney.
- Victorian Alcohol and Drug Association (2002). *The Victorian Alcohol and Drug Sector's Perspective on Alcohol Excise and Taxation – A submission to the Senate Economic Legislation Committee*. Melbourne.
- Victorian Alcohol and Drug Association (2002). *'Tough on Crime' vs Drug Treatment*. Melbourne, Victoria.
- Victorian Department of Human Services. (2002) *Victorian Alcohol Strategy Stage One*. Melbourne: Victorian Department of Human Services.