



VICTORIAN ALCOHOL AND DRUG ASSOCIATION

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SUBMISSION

SUBMISSION TO THE SENATE INQUIRY INTO READY-TO-
DRINK BEVERAGES

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Victorian Alcohol and Drug Association

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The Victorian Alcohol and Drug Association

The Victorian Alcohol and Drug Association (VAADA) is the peak body for alcohol and other drug (AOD) services in Victoria. We provide advocacy, leadership, information and representation on AOD issues both within and beyond the AOD sector.

VAADA's membership comprises agencies working in the AOD field, as well as those individuals who are involved in, or have a specific interest in, prevention, treatment, rehabilitation, or research that minimises the harms caused by alcohol and other drugs.

As a state-wide peak organisation, VAADA has a broad constituency. Our membership and stakeholders include 'drug specific' organisations, consumer advocacy organisations, hospitals, community health centres, primary health organisations, disability services, religious services, general youth services, local government and others, as well as interested individuals.

VAADA's Board is elected from the membership and comprises a range of expertise in the provision and management of alcohol and other drug services and related services.

As a peak organisation, VAADA's purpose is to ensure that the issues for both people experiencing the harms associated with alcohol and other drug use, and the organisations that support them, are well represented in policy, program development, and public discussion.



Our Views

This submission broadly endorses the views expressed in the submission made by the Alcohol and other Drugs Council of Australia (ADCA) which is the national peak body for the Australian alcohol and other drugs (AOD) sector.

In our experience and that of our member agencies, the issues associated with binge drinking and alcohol misuse have become a significant local and national problem. Many of our agencies have a growing concern with the misuse and dangers of alcohol. We consider it appropriate that there be a greater national and local focus on the harms arising from alcohol misuse. However, this focus needs to go beyond focussing solely on youth and teenage drinking, but consider broader cultural questions of alcohol consumption across Australian society and its impact in social, economic, and health terms.

An Overview of VAADA's response

This Inquiry and others currently underway provide an important opportunity for government and the broader community to take stock of the present day impact that alcohol is having on Australian society. The opportunity should be taken to assess the ways and means by which the harmful effects of alcohol misuse can be minimised and reduced.

Alcohol policy is an incredibly complex area and a changing one, as noted by Babor and colleagues in the well-known publication *Alcohol: No Ordinary Commodity*:

...there is no single definitive, much less politically acceptable, approach to prevention of alcohol problems; a combination of strategies and policies is needed. If this realisation is sobering, so too is the conviction...that alcohol policy is an ever-changing process that needs to constantly adapt to the times if it is to serve the interests of public health (Babor et al 2003, p.10).

Baber et al (2003) emphasise the need for strategies, programmes and interventions to be evidence-based. However, a 'gap' exists between research and practice in alcohol policy, as with drug policy more generally. Interventions that are based on best-practice and are supported by a strong research-base on 'what works', are often the least popular or politically acceptable (see for example discussion contained in Drugs and Crime Prevention Committee 2006).



In the Victorian context, the Drugs and Crime Prevention Committee undertook a comprehensive Inquiry into Strategies to Reduce Harmful Alcohol Consumption and tabled their Final Report in Victorian Parliament in early 2006. The Inquiry examined a broad range of issues from a local, state and national perspective including consumption patterns and associated harms, taxation, marketing and promotion and licensing issues. In addition, they gave considerable attention to a broad range of prevention, education and information strategies, as well as treatment initiatives and issues related to research and policy coordination. The Drugs and Crime Prevention Committee took the position that evidenced based strategies are essential to reduce alcohol-related harm (Drugs and Crime Prevention Committee 2006, p.1245).

A number of the issues raised in this submission have been put forward in VAADA's earlier submission to the Senate Inquiry for Alcohol Toll Reduction Bill 2007. While VAADA is pleased to note that issues pertaining to Ready-to-Drink (RTDs) are being addressed in this Inquiry, taxation alone may not be the most effective means of reducing excessive alcohol consumption by young people. For this reason, VAADA strongly supports an approach that is holistic and employs a range of strategies, in addition to taxation, to reduce alcohol-related harm.

In Brief VAADA supports:

Evidence based strategies and interventions to address alcohol-related harm

There is a substantial body of research on 'what works' in reducing alcohol-related harm (see for example Loxley et al 2004; Loxley et al 2005; Stockwell et al 2005). VAADA calls for evidence-based strategies and approaches to deal with this complex issue. VAADA suggests that the considerable work already undertaken in Victoria by the Drugs and Crime Prevention Committee be utilised as a resource in developing any future strategies to address harmful alcohol consumption.

Strategies that acknowledge the cultural context of alcohol use

VAADA acknowledges that there are particular populations for whom alcohol misuse causes significant health and social harms. Recent media stories on binge drinking have focussed attention on young people's alcohol consumption and the harms associated with particular drinking patterns. Alcohol consumption by young people can, and does, result in serious health and social consequences, yet it also plays a significant role in young people lives (Drugs and Crime Prevention Committee 2006). We need to be cautious of 'scapegoating' young people for behaviour that may be relatively common among adults. Efforts to



reduce alcohol misuse should not be focussed solely on young people but should acknowledge that harmful and excessive alcohol consumption is a problem across all age groups.

Therefore, strategies to address excessive and harmful alcohol consumption by young people need to acknowledge the role alcohol plays in young people's lives as they transition from youth to adulthood. Equally important, strategies need to address broader cultural attitudes to alcohol and set about effecting change in attitudes and behaviours across all age groups.

A mix of targeted and population-based strategies

A mix of strategies needs to be developed and implemented as part of a comprehensive approach to address alcohol-related harm. Both targeted strategies and population-level strategies are needed as part of an integrative framework to address harmful alcohol consumption.

Better identification of the number of standard drinks in a product

Consumers have a right to know the number of standard drinks associated with a product they have purchased. Clear labelling of RTDs is particularly important given the growing variety and styles of RTDs which are appearing in the market. Consumers may also benefit from information on how standard drinks are measured and the National Health and Medical Research Council (NHMRC) guidelines as to what constitutes a 'safe' drinking level.

Health information labels on all alcohol products including RTDs

Consumers need to be informed of the health and social dangers associated with alcohol misuse. At present, health warnings are not included on alcohol packaging. Providing health warnings to consumers may raise awareness and improve knowledge of the various harms associated with alcohol consumption.

In February 2008 following the Food Standards Australia New Zealand Inquiry (FANZ), the Australian Drug Foundation (ADF) called for alcoholic beverages to have health warnings to improve consumer awareness of the effects of alcohol (ADF media release, 7 February 2008). Labelling has an important role to play as part of a comprehensive strategy to educate the community about safe alcohol use.



A range of labels providing different health messages and information should be developed and would allow for labels to be rotated to highlight a range of health and social harms associated with misuse of alcohol.

Limits on the way alcohol is advertised and marketed and sold to young people.

The current system of self-regulation is not working. Alcohol is a dangerous product, its advertising needs to be restricted if not banned as has occurred with Tobacco. There is a need for improvements in the manner in which alcohol is sold and supplied generally, and especially how it is marketed to young people.

Education Programs

There is an obvious need for improved and broader education programs about the social and health dangers associated with alcohol misuse. Education programs aimed at young people need to consider why young people may find RTDs attractive as well as inform young people of the dangers associated with excessive consumption.

Improved Treatment and Rehabilitation Services

The capacity of existing treatment service needs to be increased to allow services to meet the needs of people with alcohol and other drug problems, their families and the broader community. There is a serious need for increased financial support to assist with capacity issues and workforce development.

Exploration of volumetric taxation system

There is good evidence to suggest that price has a direct impact on consumption. VAADA is of the view that taxation on alcohol should be based on alcohol content through a system of volumetric taxation.

Options to introduce a hypothecated tax should also be explored. Given the high economic and social costs of alcohol consumption in Australia, there is a strong case for redirecting a percentage of excises into prevention, education and treatment initiatives.

This would help to reduce the harms and costs associated with alcohol consumption to both the Australian community in general, as well as specific populations such as young people.



Other initiatives including resealable caps

Practical measures such as the introduction of resealable caps should be explored as a strategy to reduce excessive consumption of RTDs. The Drugs and Crime Prevention Committee in Victoria recommended that industry should be encouraged to investigate the use of screw tops in an effort to encourage moderate consumption of alcohol, including RTDs in its 2006 Report.

Establish a comprehensive system of data collection on alcohol sales, consumption patterns and resultant social harms.

A comprehensive national system for the collation of data on alcohol sales, consumption or derived harms does not exist in Australia. It is a matter of urgency that such an essential and basic of tools should be established. While it may not be directly within the scope of the present inquiry the obvious benefits derived from such data in terms of targets and planning are obvious.

Conclusion

The use of alcohol in Australian society is widespread. Its impact on particular segments of our community is becoming increasingly apparent. It is a complex issue that requires concerted effort from government, industry and the community. The present inquiry provides an important opportunity to take stock of present problems and scope some possible actions which aim to reduce negative impacts both in health, social and economic terms. While the focus of the current Inquiry relates to RTDs and the Government's proposed changes to the excise regime, it provides the opportunity to explore a range of strategies and interventions beyond excise which may be effective in reducing the harms associated with alcohol misuse.



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