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Dr David Worth, Principal Research Officer
Health and Education Standing Committee
Legislative Assembly
Parliament House
Perth WA 6000

Dear Dr Worth,

Subject: Submission to the State inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia.

The Public Health Advocacy institute of Western Australia (PHAIWA) aims to promote, support and develop public health advocacy in Western Australia. PHAIWA has seven priority areas, one of these being Alcohol.

Alcohol is responsible for a considerable burden of morbidity and mortality in most countries around the world with alcohol-related harm not just limited to the individual consumer but also the wider community[1]. A strong 'drinking culture' has developed in Australia with over 80% of the population having consumed alcohol within the last year[2,3] and alcohol consumption accounting for approximately 3.2% of the total burden of disease[4].

While the majority of Australians drink in moderation, one in five Australians are defined as being involved in short term/high risk*[1] drinking behavior[5]. Those most likely to consume alcohol at

*High risk levels defined as daily consumption of 6 or more standard drinks for males and 4 for females

risky/high levels are generally people aged between 20 to 29 years[6]. In Western Australia, almost 40% of the population drinks at short term/high risk levels, while 11.4% drink at levels that put them at risk of long term harm[7].

Comparisons of indigenous and non-indigenous Australians reveal that Indigenous Australians drink at greater short term/high risk levels compared to non-indigenous Australians (8% for indigenous vs. 6% for non-Indigenous Australians). Further, short term/high risk consumption is higher for both male and female Indigenous Australians compared to non-aboriginal Australians. In males, 11% of Indigenous males consume alcohol at risky levels compared to 8% in non-Indigenous males. Similarly, 6% of Indigenous females drink at high risk levels compared to 3% of non-Indigenous Australians[8].

Consumption of alcohol during pregnancy has been shown to increase the risk of birth defects, while heavy alcohol consumption can cause Fetal Alcohol Spectrum Disorder[5]. In 2007, Colvin et al showed that almost 60% of Australian women drank alcohol at some point during their pregnancy with 15% of women drinking above the National Health and Medical Research Council 2001 guidelines during the first trimester[9]. A survey by Peadon et al demonstrated that despite the knowledge of the adverse affects of alcohol during pregnancy 24% of women indicated that they would drink in a future pregnancy[10].

Several studies demonstrate that initiating alcohol use at an early age increases the likelihood of later adverse physical and mental health conditions and there is now evidence to suggest that the later adolescents delay their first drink, the less likely they are to become regular drinkers[11].

Deaths associated with alcohol-use are often premature and are avoidable; with high risk drinking contributing substantially to the burden of disease. Alcohol consumption is implicated in around one third of all road crash deaths in Australia and accounts for 13% of all deaths among 14-17 year old Australians. Between 1993 and 2001, 28% of alcohol related deaths and 36% of alcohol-related hospitalisations were sustained by young people (15-29 years) [11].

PHAIWA recognises that there are many groups in Western Australia that are working on alcohol prevention and treatment inside and outside government, and seeks to complement their work. PHAIWA held an alcohol forum earlier this year which was well attend by approximately 140 public health and allied professionals. The forum was an opportunity for experts within the community to discuss the links between alcohol and public health issues and to advise on appropriate strategies. A full list of the recommendations from this meeting is attached and we would be happy to discuss these further with the committee if requested.

PHAIWA Recommendations:

1. Review of Liquor Control Act 1988

The primary objects of the West Australian Liquor Control act 1988 have been to:

> *"regulate the sale, supply and consumption of liquor" and*
>
> *"to minimise harm or ill-health caused to people, or any group of people, due to the use of liquor".*

However, in May 2007 the act was amended to include an additional object which was

> *"to cater for the requirements of consumers for liquor and related services, with regard to the proper development of the liquor industry, the tourism industry and other hospitality industries in the state"*.

This could be taken to imply that the well-being of the liquor industry is of equal importance to the health and wellbeing of Western Australians. On the basis of recent developments in relation to liquor licensing it is important to emphasise that the interests of the liquor industry are secondary to the other objects of the Act. We recommend therefore that the Act be amended to ensure that the first two objects are clearly seen as being of higher importance.

2. A consistent approach to alcohol policy.

We recommend that a strong and consistent approach be taken across all Government agencies with reduction of the harm caused by alcohol as the first priority.

3. A focus on prevention

PHAIWA recommends that there be a clear commitment, supported by appropriate funding and legislation, to prevention as well as treatment of alcohol problems, with a special focus on disadvantaged communities.

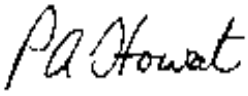
4. Further recommendations

PHAIWA commends to the Committee the attached recommendations from the Alcohol Forum

With best wishes,

Professor Mike Daube

DIRECTOR, PUBLIC HEALTH ADVOCACY INSTITUTE OF WA



Professor Peter Howat

PRESIDENT, PUBLIC HEALTH ASSOCIATION OF AUSTRALIA (WA BRANCH)

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9. Colvin L, Payne J, Parsons D et al (2007) Alcohol consumption during pregnancy in non-indigenous West Australian women. *Alcohol Clin Exp Res* 31(2): 276–84.
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11. NHMRC, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. 2009, National Health and Medical Research Council: Canberra.

Appendix: *Recommendations from PHAIWA Alcohol Forum*

Community and Public Education about Alcohol

National Recommendations

1. Introduce health warnings designed by health experts on packaged alcohol beverages.
2. Alcohol point of sale to display health messages and reinforce positive health messages.
3. A coordinated, comprehensive, strategic and well funded alcohol education plan to be developed and supported by State, regional and local action. Funding should be committed in the order of $100 million dollars p.a.
4. A national program to increase the capacity of GPs to conduct brief interventions to clients on alcohol related harm
5. Evidence based alcohol interventions to be provided in tertiary institutions including guidance on how to provide environmental supports that do not normalise a drinking culture.

State Recommendations

1. Focus on increasing community mobilisation to change the culture of drinking patterns. This should be informed by research and evidence of what is effective at the local level.
2. A coordinated, planned, long term mass media campaign to be developed and adequately funded to address alcohol related harm.
3. Evidence based alcohol related education to be provided in schools (in addition to SDERA). This program should be compulsory and provided by trained professionals (including teachers).
4. Noting the desirability of moving to a culture of concern about alcohol issues and continuing attention to alcohol use by sporting and other role modes, guidelines to be developed for media coverage of alcohol related issues. The guidelines should be supported by comprehensive policies for sports and other organisation and provide guidance on responsible use of alcohol.

Alcohol and Marketing

National Recommendations

1. No alcohol products to include references to soft drinks or regular commodities in their name or label.
2. A maximum percentage of 5% alcohol for single container premixed drinks and beer.
3. Bans on caffeine additives and restricting sweeteners.
4. Prominent health warning labels on alcohol containers. This would include restricting the use of the words ‘lite’, ‘light’ or ‘low carb’ that may infer some beverages are healthier than others.
5. Limitations on types of retail outlets (such as petrol stations and convenience stores) selling alcohol. This would extend to separating liquor outlets from the immediate proximity of supermarkets. It is further recommended that outlets include alternatives to alcohol.
6. The self-regulation of alcohol advertising should be replaced by governmental regulation. All forms of alcohol advertising and promotion including Internet-based marketing should be included in this regulatory process. Further controls on alcohol marketing should include:

- A ban on alcohol cross-promotions, brand extension to merchandise, incentive programs and loyalty programs.
- A ban on alcohol advertising on television between the hours of 5am and 9:30pm, 7 days per week. This would include live sports broadcasts promoting alcohol. A ban on alcohol sponsorship of sports, arts and racing events. This would include events attended by families and children. Such a ban could be complemented by funding from alcohol revenues to ensure that sports and arts organisations are not disadvantaged.
- No alcohol advertising should be permitted with a strong appeal to children and young teenagers. This would include banning the use of animals, cartoon characters, computer game animations and digital animations.
- Regulation to control retail alcohol advertising. This would include the size and use of brand images.
- Increased and more appropriate penalties to be imposed on marketers who breach bans on trade and advertising. For example, penalties should include bans on advertising for a set period for contravention of an advertising regulation; and bans on trading for a set period for contravention of other marketing restrictions

7. Political donations from the alcohol industry should be banned at all levels of government.

Alcohol and Indigenous Populations

National Recommendations

1. An enquiry to be held into inequalities in Aboriginal health which underlie the issues behind alcohol problems.
2. The Federal Government provide sustainable funding to implement alcohol diversion programs.
3. A hypothecated tax system be implemented to allow funds to be used on Aboriginal alcohol prevention and treatment services.
4. Sustainable ongoing and long term funding be provided for Indigenous alcohol related interventions and programs.
5. The Federal government invest the required financial and human resources into adequate early intervention programs These would include pregnancy and initiatives to reduce fetal alcohol syndrome and initiatives to enhance early childhood learning.

State Recommendations

1. DAO coordinate and partner an inter-governmental approach to address Indigenous alcohol issues. This would need to be funded accordingly.
2. Police are better resourced to provide services to Aboriginal people in regard to alcohol related issues.
3. Suitable training be available for agency staff to increase their understanding of social and cultural determinants of Indigenous health.

Alcohol Taxes and Access to Alcohol

National Recommendations

1. Current changes on RTD taxes to be supported with early allocation of substantial funding to prevention programs.
2. A volumetric tax system on alcohol to be introduced and supported by a minimum floor price at the state level linking to CPI and hypothecated to support a major program on alcohol.
3. Taxation to be placed on high-risk beverages and this to be continually reviewed.
4. Data to be collected on the sales of wholesale alcohol at a national level.
5. Current enforcement procedures for legislation to be reviewed. This would include areas such as the ease of enforcement, meaningfulness of penalties and the exploration of new systems such as the demerit system.

State Recommendations

1. Support to be given to local government to develop public health plans that include alcohol and planning mechanisms that prevent problems associated with alcohol in the community.
2. The new Public Health Act that will require state and local governments to develop and implement public health plans should be the vehicle to include alcohol policy components.
3. Liquor licensing public interest to be well resourced so that public interest can be adequately reviewed.
4. Data processes to be implemented to monitor alcohol taxes and access points e.g. DRGL, Police and Health.
5. The Public Health Advocacy Institute to develop policy positions on alcohol tax and access.
6. Information on the cost of alcohol to the community to be widely disseminated.

Alcohol and Road Safety

National Recommendations

1. That at least half of the new alcopop tax is used in supporting proven or introducing and evaluating new programmes reducing alcohol related harm including DUI.
2 Alcohol interventions for any new road safety program to be evaluated to further support the development of evidence-based practice.
3 Development of a new road toll that includes morbidity and mortality related to road accidents.
4 New technologies, such as alco-keys to be evaluated, facilitated with excise/ tax relief and implemented.

State Recommendations

1. Repeat drink driver legislation to be implemented by the Government as a matter of urgency.
2. The Reducing Indigenous imprisonment, licensing and fine default strategy (from the Wyatt report) to be appropriately funded as opposed to grossly inadequate one-off funding.
3. Intelligence led action from better connecting and analysing health/ law enforcement data to better target alcohol related problems, interventions and enforcement.

4. Enforcement strategies to be optimised, and maximised in terms of visibility, within the community.
5. Revenues from appropriate tax and license fees to be hypothecated and invested in interventions and evaluations.
6. Community based advocacy groups to be supported financially and with infrastructure and access to expertise/ personnel (independent of govt.) to deliver locally relevant messages.
7. The Commonwealth and State governments to collaborate on the development and promotion of brief interventions in health settings and possible effects on DUI.
8. Interventions and programs for Aboriginal alcohol programs recognise the social and structural factors relating to alcohol misuse
9. Research audits into alcohol prevention initiatives and treatment programs are ongoing and results are used to advise governments on policy and enhance service delivery

Alcohol and Crime

National Recommendations

1. The Australian Government to adopt a leadership position to support state and local communities in alcohol response through knowledge management.
2. The Australian Government as part of the leadership position, to ensure linkages with existing state and local planning processes.
3. Extension of the Illicit Drug Diversion Program to include alcohol diversion.

State Recommendations

1. The State Government to adopt a coordination role to support local government in application of the public interest test (with regards to alcohol control).
2. Further focus on licensing enforcement efforts through improved data and resourcing, including a multiagency based approach.
3. Ensure that adequate treatment resources are applied to alcohol related crime. This includes treatment in prison, community based corrections and extending services available through the alcohol and drug sector.