



Alcohol Consumption and Alcohol-Related Harms

2009

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others' health at risk. (Details can be found in the supporting *AMA Information Paper: Alcohol Use and Harms in Australia 2009*)

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol (in terms of locality and time of day), and affordability.

The harms of excess alcohol use are significant and warrant serious measures. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

Prevention

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

The AMA recommends implementation of the following preventative measures:

Alcohol marketing and promotion

- The production and sale of alcohol beverages which are particularly attractive to young teenagers and adolescents, should be prohibited. This includes alcoholic drinks that are colourful, fruit flavoured, have a high sugar content, or are marketed as 'energy drinks'.
- Alcohol sponsorship of sporting events and youth music events should be phased out, and alcohol sponsorship of junior sports teams, clubs or programs should be prohibited.
- The alcohol industry should develop and implement standards for the responsible advertising and labelling of alcohol, to ensure that:
 - alcohol advertising and labelling encourages no more than the daily levels of consumption recommended by the NHMRC for low risk drinking, and that the product should not be consumed by pregnant women;
 - alcohol advertising and labelling warns of the dangers of excess consumption;
 - alcohol advertising and promotion is restricted to locations, publications, times, and approaches that minimise the likelihood of influencing people under the age of 18.

These standards should apply to all contexts of alcohol promotion, including point-of-sale, packaging, naming and emerging media.

- Conformity with these standards should be monitored by a panel whose representatives include those with expertise in public health and health social marketing. Significant penalties should be imposed for significant breaches.



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Product Content and Information

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.
- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.
- Governments and other stakeholders should address the public's understanding of how various drinking vessels for alcohol (eg., wine glasses, beer glasses) translate into a "standard drink" metric.

Access and Availability of Alcohol

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.
- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.
- State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol related harm in that respective State or Territory.

Pricing and Taxation of Alcohol

- Alcohol products should be taxed on the basis of the percentage volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.¹
- Alcohol taxes should be set at a level which sustains high prices for alcohol products, so that price-signals reflect the very substantial social costs of alcohol consumption.
- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.
- All licensed premises should set a 'minimum floor price' for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

Public Education, Schooling and Family Education

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.
- Classroom-based programs which develop teenagers' decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.
- Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.



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- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

Alcohol and Pregnancy

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy is safe for the foetus.

Early Identification and Intervention

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

The Important Role of Doctors

Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30% of patients visiting a GP were at-risk drinkers.² This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.

To maximise these opportunities for early intervention, the AMA believes it is important that:

- the time doctors need to provide advice and information to at-risk patients should be properly recognised in the government rebates available to patients;
- 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;
- grant programs should be established to support the development and implementation of 'whole of practice' programs for problematic alcohol use, suited to practice populations;
- media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

Law Enforcement and Diversion Programs

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.



Treatment of Problematic Alcohol Use

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual's goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialized alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar 'dual diagnoses'. These should include GP led services where there is expertise.
- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.
- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for Indigenous peoples. Resources such as the *Alcohol Treatment Guidelines for Indigenous Australians* should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

Research and Data Collection

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence-base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups.
- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

Responsibility for Policy and Action

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.



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- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own “local alcohol action plans” to respond to local needs.
- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

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¹ Volumetric taxation has been identified as the most cost-effective measure to reduce the overall harms from alcohol use across the population. See Doran, C., Vos, T., et. al., 2008, *Identifying cost-effective interventions to reduce the burden of harm associated with alcohol misuse in Australia*

² C Bayram, H Britt, et. al 2008, *General Practice Activity in Australia 2007-08*, Australian Institute of Health and Welfare.

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