

15 April 2014

Standing Committee on Indigenous Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

By email: indigenouaffairs.reps@aph.gov.au

Re: Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities

Thank you for the opportunity to make a submission to the inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities.

The McCusker Centre is an independent organisation committed to reducing harms from alcohol among young people. The work of the McCusker Centre is directed towards raising awareness of the magnitude of alcohol-related harms among young people, the evidence-based approaches we know can work, other options and the need to act without delay.

Young people experience a concerning range of harms from alcohol as a result of their own or others' drinking. In addition to the concerning range of short term risks associated with excessive alcohol consumption, there is growing evidence that alcohol is implicated in a range of longer term consequences including harm to brain development. The brain continues to develop into the early 20s, and alcohol can irreparably damage young brains leading to problems with memory, planning and organisation, impulse control and mood regulation.¹

A national survey of 1,114 Australians in June 2013 (commissioned by the McCusker Centre) identified that 94% are concerned about alcohol use among young people.²

The McCusker Centre has participated in a number of other state and federal inquiries and reviews which are relevant to the focus of the current inquiry. Our submissions to the inquiries and reviews listed below are

¹ Bava S, Tapert SF. Adolescent brain development and the risk for alcohol and other drug problems. *Neuropsychol Rev.* 2010; 20(4):398-413.

² Independent market research commissioned by the McCusker Centre for Action on Alcohol and Youth and the Foundation for Alcohol Research and Education, June 2013. Available from www.mcaay.org.au.

available at our website, www.mcaay.org.au. We will not repeat the detail of these submissions here, but we'd be happy to meet with the Committee to discuss these matters further.

- Review of Western Australia's *Liquor Control Act 1988*;
- House of Representatives Standing Committee on Social Policy and Legal Affairs - Inquiry into Foetal Alcohol Spectrum Disorder;
- Australian National Preventive Health Agency – Alcohol advertising: The effectiveness of current regulatory codes in addressing community concerns; and
- Australian National Preventive Health Agency – Exploring the public interest case for a minimum (floor) price for alcohol.

We would like to register the McCusker Centre's support for the submission of the National Drug Research Institute (NDRI) to the current inquiry. NDRI and its Aboriginal Research Program is a leader in alcohol and other drug research in Australia and has generated important evidence relevant to this inquiry. We summarise below some of the key messages and recommendations outlined in NDRI's submission:

- Wholesale alcohol sales data should be collected in all state and territory jurisdictions;
- Undertake comprehensive surveys of alcohol and other drug use on a regular basis to enable monitoring of trends in use and to inform the planning of interventions;
- It is necessary to address the social and economic determinants that underlie harmful alcohol use. This requires a whole-of-government and whole-of-community response, and involves ensuring Aboriginal and Torres Strait Islander people have control over their lives and communities;
- Adequate resourcing of programs to reduce harmful alcohol use is an important investment;
- Effectively preventing FASD will require reducing alcohol consumption at the population level;
- Appropriate disability services should be provided for those who suffer alcohol-related cognitive impairment;
- A broad range of culturally-appropriate treatment and other support services should be available and accessible. These should be delivered by a well-trained workforce with appropriate quality assurance measures;
- The best practice framework for minimising harmful alcohol use includes demand, supply and harm reduction measures; and
- Increasing the price of alcohol, including through increases in taxation, a minimum price per standard drink and (indirectly) by banning low-cost products, is one of the most effective means of reducing alcohol use.

We will not address these areas at length here; please refer to NDRI's submission for further detail on the points noted above.

We will make brief comment on a number of further areas where there is good evidence that action will contribute to reducing harm from alcohol, with a particular focus on protecting children and young people. Action in these areas is vital to support and complement the approaches recommended above.

1. Curbs on alcohol advertising and promotion

Curbs on alcohol advertising and promotion are an essential part of a comprehensive approach to preventing harm from alcohol. There is consensus among expert health groups including the National Preventative Health Taskforce, the National Alliance for Action on Alcohol, the Australian Medical Association and the World Health Organization in regard to the need for appropriate controls on alcohol advertising.

Exposure to alcohol advertising influences young people's beliefs and attitudes about drinking and their drinking behaviours.³ Self-regulatory approaches have consistently failed to prevent the exposure of children and young people to alcohol advertising and ensure that alcohol advertising is socially responsible.⁴

Independent, legislated controls on the content, placement and volume of all forms of alcohol advertising and promotion are urgently needed. Such a system would include comprehensive codes and enforceable decisions with sanctions that genuinely act as a deterrent.

All sectors of the community are exposed to alcohol promotion through a wide variety of media. Disadvantaged communities may be all the more vulnerable to many current forms of alcohol promotion. Action in this area should be seen as an important component of the broad approach required to address alcohol harms; the absence of action makes all forms of public and community education much more difficult, and sends out a clear message that the interests of alcohol companies take precedence over those of the community.

2. Research-based health warning labels

Strong, specific, government-regulated health warning labels about alcohol and pregnancy on alcohol products and at the point of sale for unpackaged liquor are an important and necessary element of a comprehensive approach to FASD prevention. These should be implemented as part of a comprehensive approach to warnings designed and developed following research and independently of alcohol industry interests.

We support the National Plan of Action for the prevention, diagnosis and management of FASD which resulted from extensive evidence-gathering and consultation by the House of Representatives Standing Committee on Social Policy and Legal Affairs.⁵ The National Plan of Action includes government-mandated health warning labels advising women not to drink when pregnant or when planning a pregnancy.

3. Controls on young people's access to alcohol

Reducing young people's access to alcohol is an important area for further action; two approaches are briefly discussed below.

The secondary supply of alcohol to minors in private settings without parental permission is controlled in some Australian jurisdictions; however, approaches are inconsistent and are absent in some states and territories (e.g. WA). We believe that all Australian jurisdictions should prohibit the secondary supply of alcohol to minors

³ Anderson P, de Bruijn A, Angus K, et al. Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol and Alcoholism*. 2009; 44(3):229–243.

⁴ Australian Medical Association. *Alcohol Marketing and Young People: Time for a new policy agenda*. Canberra: AMA; 2012.

⁵ The Parliament of the Commonwealth of Australia House of Representatives Standing Committee on Social Policy and Legal Affairs. *FASD: The hidden harm. Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders*. Canberra: Commonwealth of Australia, 2012.

without the authorisation of parents, carers or guardians. Secondary supply laws should be supported with appropriate penalties and comprehensive public education approaches about the laws and the importance of delaying young people's use of alcohol.

Controlled purchase operations enable police to monitor and enforce existing provisions regarding the sale of alcohol to minors. In controlled purchase operations, an underage person enters a licensed premise under controlled conditions to attempt to purchase alcohol. If the underage person is successful, the accompanying police can lay the appropriate charge against the retailer. Such operations are used for alcohol in New Zealand and the United Kingdom. Controlled purchase operations are undertaken in WA for compliance monitoring of tobacco sales, but are not currently allowed for alcohol.

Independent surveys of WA adults, commissioned by the McCusker Centre, have identified strong community support for secondary supply laws (88% support, 5% oppose) and controlled purchase operations (76% support, 9% oppose). The full survey reports are available at <http://mcaay.org.au/publications.aspx>.

4. Price and taxation

Addressing the pricing and taxation of alcohol is a particular priority. There is consensus among health experts that increasing the price of alcohol through taxation is one of the most effective ways of reducing harm from alcohol.⁶ Even small increases in the price of alcohol can have a significant impact on consumption and harm at the population level.⁷ The way alcohol is taxed in Australia is significantly flawed, with large inconsistencies in the way alcohol products are taxed. The Henry Tax Review concluded that "current taxes on beer, wine and spirits are incoherent". A comprehensive approach to addressing the price of alcohol would include:

- Volumetric taxation, with tax increasing for products with higher alcohol volumes;
- A minimum price per standard drink, which would prevent the sale of very cheap alcohol; and
- Removal of the Wine Equalisation Tax (WET), which supports the production of very cheap wine.

5. A comprehensive approach is required

A comprehensive approach to reducing harm from alcohol will include evidence-based population-level prevention strategies, as well as appropriate localised approaches and treatment and support services.

The National Preventative Health Taskforce's 'roadmap for action'⁸ recommended a comprehensive approach to preventing harm from alcohol which should include:

- Improving the safety of people who drink and those around them;
- Increasing public awareness and reshaping attitudes to promote a safer drinking culture in Australia;
- Regulating alcohol promotions;
- Reforming alcohol taxation and pricing arrangements to discourage harmful drinking; and
- Improving the health of Indigenous Australians.

⁶ Wagenaar A, Salois M, Komro K. Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. *Addiction*. 2009; 104:179–190.

⁷ Chikritzhs T, Stockwell T, Pascal R. The impact of the Northern Territory's Living With Alcohol program, 1992–2002: revisiting the evaluation. *Addiction*. 2005; 100(11):1625-1636.

⁸ National Preventative Health Taskforce. *Australia: The Healthiest Country by 2020 – National Preventative Health Strategy – the roadmap for action*. Canberra: Commonwealth of Australia; 2009.

We support the Taskforce's recommendations and encourage the Committee to review the report prepared by the Taskforce which outlines a comprehensive strategy for reducing harm from alcohol in Australia.

The Taskforce report made a number of important points particularly relevant to the current inquiry:

“...it is important to acknowledge that universally targeted preventative health initiatives will also be highly effective among Indigenous communities. Such initiatives could include alcohol taxation, regulating the physical availability of alcohol, policing and law enforcement, placing restrictions on alcohol promotions and producing public awareness campaigns. While not diminishing the importance of developing culturally and locally appropriate adaptations of such initiatives, this acknowledgement emphasises the importance of addressing some of the underlying determinants of harmful consumption of alcohol in Australia”. [p259]

We would be happy to meet with the Committee if this is of assistance.

Yours sincerely,

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DIRECTOR, MCCUSKER CENTRE FOR ACTION ON ALCOHOL AND YOUTH