



# **Alcohol and Youth Action Coalition**

WA Alcohol And Youth Action Coalition  
**2017 WA Election Platform**

December 2016

# About the Coalition

The WA Alcohol and Youth Action Coalition is an alliance of health and community organisations active across WA that has been formed with the objective of promoting action to reduce harm from alcohol among young people.

The WA Coalition is chaired by Professor Fiona Stanley AC, Founding Director and Patron of the Telethon Kids Institute and Professor Mike Daube AO, Director of the McCusker Centre for Action on Alcohol and Youth. The Coalition is supported by organisations from a broad range of areas.

The following groups support the WA Alcohol and Youth Action Coalition (as at 17 November 2016):

- Aboriginal Health Council of WA
- Anglican Schools Commission
- Anglicare WA
- Association of Independent Schools WA
- Australian Association of Social Workers (WA)
- Australian Health Promotion Association (WA)
- Australian Medical Association (WA)
- Australian Research Alliance for Children and Youth
- Baptist Churches Western Australia
- Cancer Council WA
- Catholic Education Office WA
- City of Melville
- City of Mandurah
- Collaboration for Evidence, Research and Impact in Public Health (Curtin University)
- Commissioner for Children and Young People WA
- Country Women's Association WA
- Curtin Monash Accident Research Centre
- Curtin University
- Environmental Health Australia (WA)
- Foundation for Alcohol Research and Education
- Alcohol and Drug Foundation – Good Sports (WA)
- Holyoake
- Hope Community Services
- Injury Control Council of WA
- Local Drug Action Groups Inc.
- Marninwarntikura Fitzroy Women's Resource Centre
- McCusker Centre for Action on Alcohol and Youth
- McCusker Centre for Citizenship
- Mission Australia (WA)
- Murdoch University
- National Drug Research Institute
- Heart Foundation WA
- Nindilingarri Cultural Health Service
- NOFASD Australia
- Notre Dame University
- Palmerston Association Inc.
- Parents and Friends Federation of WA
- Parkerville Children and Youth Care
- Perth Hebrew Congregation
- Public Health Advocacy Institute of WA
- Public Health Association of Australia (WA)
- Red Cross (WA)
- Royal Australasian College of Physicians (WA)
- Royal Australasian College of Surgeons (WA Committee)
- Royal Life Saving Society WA
- Ruah Community Services
- Rural Health West
- School Drug Education and Road Aware
- St John Ambulance WA
- St John of God Health Care
- The Salvation Army (WA Division)
- Telethon Kids Institute
- The University of Western Australia
- School of Population Health, UWA
- Valuing Children Initiative
- WA Cancer Prevention Research Unit
- WA Council of Social Service
- WA Health Promoting Schools Association
- WA Network of Alcohol and Other Drug Agencies
- WA Police Union
- WA Substance Users Association
- WA Association for Mental Health
- WA Centre for Rural Health
- WA Local Government Association
- Wirrpanda Foundation
- Women's Health and Family Services
- YMCA of Perth
- Youth Affairs Council of WA
- Youth Focus
- Youth Involvement Council

For further information about the Coalition, visit [www.mcaay.org.au](http://www.mcaay.org.au).

# A Note from the Co-Chairs

The impacts of alcohol on WA children and young people are far reaching and significant, and continue to be of major concern to parents and families as well as the 70 groups who support the WA Alcohol and Youth Action Coalition.

Our concerns are centred on the many and varied harms young people experience from their own drinking and from the drinking of others; including violence and injuries, drink-driving and road crashes, damage to the developing brain and the lasting impacts of Fetal Alcohol Spectrum Disorders.

Young people deserve to be safe, to reach their full potential and to grow up in a society that supports them to live healthy and happy lives. It is everyone's responsibility to ensure we give our kids the best start in life and protect them from what we know is harmful.

To date, the level of government action on alcohol has not matched the level of community concern. 91% of WA adults are concerned about alcohol use among young people. Yet only 20% think governments are doing enough to prevent alcohol-related harm among young people.

The good news is that harm from alcohol is preventable and there is very strong community support for real action to protect kids. We present a comprehensive plan that recognises the important opportunities for action in WA to prevent and reduce alcohol harms, based on the best available evidence.

This election, we are calling on all political parties and candidates to make a commitment to protecting children and young people from the harms of alcohol.

**Professor Fiona Stanley AC and Professor Mike Daube AO**

Co-Chairs, WA Alcohol and Youth Action Coalition

# Our Asks

We have identified 6 priority areas for early action to protect children and young people from the harmful effects of alcohol.

## 1. Reduce young people's exposure to alcohol promotion

- Remove alcohol advertising from public transport, including school and other buses and bus stops.
- Remove alcohol product advertising from other government-owned sites, including major sporting grounds.

## 2. Reduce underage access to alcohol

- Support Police requests for Controlled Purchase Operations to ensure liquor outlets do not sell alcohol to minors.

## 3. Continue support for alcohol education programs

- Maintain funding for strong, evidence-based public education programs, including specific campaigns for at-risk groups.
- Ensure well-supported alcohol and other drug education is mandatory within the school curriculum.

## 4. Ensure fair liquor licensing processes

- Strengthen community representation in liquor licensing processes.
- Set liquor licence fees commensurate with the risk of alcohol-related harm.
- Increase liquor licence fees, particularly for bottle shops.

## 5. Support WA to lead Fetal Alcohol Spectrum Disorders prevention

- Maintain and extend the community-led 'Making FASD History' strategy.
- Ensure that FASD-related impairments are eligible for the WA NDIS.
- Support to coordinate regional FASD-related services.

## 6. Consider measures to ensure that alcohol is not sold at unreasonably low prices

- Consider measures to prevent the sale of very cheap alcohol.

We call on all political parties and candidates to commit to action in these priority areas to prevent and reduce harm from alcohol among WA's children and young people.

# Key Facts

**Each week 10 deaths, 298 hospitalisations and 98 domestic violence assaults occur in WA as a result of alcohol consumption.<sup>1, 2</sup>**

## **Cause for concern remains about WA young people's drinking patterns**

- Half of male and a third of female WA students aged 16 to 17 who drank in the last week drank at risk of injury.<sup>5</sup>
- During their last risky drinking session, high risk male drinkers aged 16 to 19 years drank an average of 17 standard drinks; females had an average of 14.<sup>6</sup>

## **Encouraging trends in young people's drinking need to be supported**

- The proportion of WA school students aged 12 to 17 not drinking has more than doubled from 12.3% in 2005 to 31.5% in 2014.<sup>7</sup>
- WA students who drank in 2014 did so less often than in previous years and fewer drank at risky levels or with the intent of getting drunk.<sup>7</sup>

## **Alcohol harms are significant in WA**

- Alcohol-related crashes on WA roads caused 39 deaths and 53 critical injuries in 2015.<sup>8</sup>
- 13 ambulances a day were called out for alcohol intoxication in 2015 (4,903 call-outs). Of these, 399 were for children and young people aged 18 years or younger.<sup>10</sup>
- 33 people are hospitalised each week in WA as a result of alcohol-related assaults.<sup>11</sup>

## **Young people experience a range of harms from their own and others' drinking**

- The brain continues to develop into the early 20s. Risky drinking can irreparably damage the developing brain, leading to problems with memory, planning and mood regulation.<sup>12</sup>
- Almost 1 in 5 (19%) children in a regional area of WA have Fetal Alcohol Spectrum Disorders (FASD).<sup>13</sup>

## **The cost of alcohol harms to the WA community is substantial and includes:**

- Hospitalisations of alcohol related conditions at \$96 million per year.<sup>1</sup>
- Alcohol-related fatal crashes at over \$235 million each year.<sup>14</sup>
- WA Police responses to alcohol-related matters at an estimated \$252.2 million in 2015.<sup>15</sup>
- The cost of alcohol-related problems in Australia has been estimated to be as high as \$36 billion each year.<sup>16</sup>

**Alcohol use in WA is high by Australian and world standards.<sup>3,4</sup>**

# Reduce Young People's Exposure to Alcohol Promotion

## The Problem

WA children are regularly exposed to alcohol ads on their way to and from school, and in association with sport

## Commitments Sought

Remove alcohol advertising from public transport, including school and other buses and bus stops

Remove alcohol product advertising from other government-owned sites, including major sporting grounds

## The Problem

**WA children are regularly exposed to alcohol ads on their way to and from school, and in association with sport**

WA children and adolescents are exposed to unacceptably high levels of alcohol advertising in many different forms, including outdoor ads on billboards, buses and at bus stops and train stations.

There is substantial and compelling evidence that alcohol advertising impacts on young people. Exposure to alcohol advertising influences young people's beliefs and attitudes about drinking, and increases the likelihood that adolescents will start to use alcohol and will drink more if they are already using alcohol.<sup>17</sup>

**Outdoor advertising cannot be switched off, avoided or ignored and it is impossible to control who views outdoor ads.**

Reviews of bus stop ads in Perth have found that 1 in 7 ads were for alcohol products and alcohol was the most advertised product on bus shelters at the time of the review.<sup>18, 19</sup> These are important locations because children and young people represent a substantial proportion of regular public transport users. In 2015-16, WA school students accounted for 14% of boardings.<sup>20</sup>

A voluntary industry guideline which purports to restrict outdoor alcohol ads requires that its members not place alcohol ads within 150m of a school gate.<sup>21</sup> Despite this being the only specific restriction on the outdoor placement of alcohol ads, there are many examples of ads which breach this guideline, the placement of alcohol ads is not monitored and there are no penalties for noncompliance. There are also numerous examples of alcohol ads on bus shelters servicing local ovals and parks where children play.

There are no existing controls on the placement of alcohol ads on buses. Alcohol ads have even been seen on Transperth "School Special" buses servicing Perth schools but there are currently no controls to prevent these buses displaying alcohol ads, despite the clear inappropriateness.

The Alcohol Advertising Review Board (AARB), a national alcohol advertising complaint review service run by the McCusker Centre and Cancer Council WA, has received 142 complaints about alcohol ads placed on public transport and transit stops in WA, including complaints about alcohol ads in close proximity to schools.<sup>22</sup> These are only examples of which the AARB was made aware.

The World Health Organization, the Australian Medical Association, the National Preventative Health Taskforce and other expert groups have recommended restricting alcohol advertising during times and in places which have high exposure to children and young people.

There is substantial concern around young people's exposure to alcohol advertising on public transport and transit stops, especially those in close proximity to schools; 73% of WA adults think that children and young people are exposed to alcohol advertising frequently or very frequently, and 76% support legal controls to reduce young people's exposure (with only 5% opposed).<sup>23</sup>

**73% of WA adults think that children and young people are exposed to alcohol advertising frequently or very frequently.**

Sporting events are hugely popular for many Australians, and particularly young people who have some of the highest attendance rates. Sport is a healthy activity which provides great opportunities to promote a healthy lifestyle. Unfortunately, some sports and sporting grounds promote an unhealthy lifestyle through their sponsors.

There are important opportunities for action by the WA Government to prevent children and young people's exposure to alcohol advertising.

## **Commitments Sought**

### **Remove alcohol advertising from public transport, including school and other buses and bus stops**

Community support is strong for removing alcohol ads from buses and bus stops. 86% of WA adults support removing alcohol advertising from buses used for school runs (only 5% oppose) and 77% support its removal from buses and bus stops to reduce young people's exposure (only 8% oppose).<sup>23</sup>

Other jurisdictions, including the ACT and South Australia, have already committed to removing alcohol advertising from public transport, including buses, trains and trams.

Alcohol advertising can be removed from public transport by amending advertising agency contracts or legislation to prohibit the display of alcohol advertising on public transport and related infrastructure.

### **Remove alcohol product advertising from other government-owned sites, including major sporting grounds**

Children and young people should not be exposed to alcohol advertising while attending sporting events. State government-owned infrastructure, such as billboards and major sporting grounds, should be free of alcohol advertising.

# Reduce Underage Access to Alcohol

## The Problem

Underage young people find it easy to access alcohol

## Commitments Sought

Support Police requests for Controlled Purchase Operations to ensure liquor outlets do not sell alcohol to minors

## The Problem

### Underage young people find it easy to access alcohol

National guidelines recommend that for under 18s, no alcohol is the safest choice.<sup>24</sup> As well as the immediate impacts, an important part of the rationale for this guideline is that the brain continues developing into the early to mid-20s.<sup>12</sup> Risky drinking can irreparably damage the developing brain leading to problems with memory, planning and organisation, impulse control and mood regulation.<sup>12</sup>

WA's *Liquor Control Act 1988* prohibits the sale or supply of alcohol to minors on licensed premises, but there is currently no effective means of monitoring or enforcing that law.

While liquor retailers may point to a voluntary policy of asking for identification from those that look under 25 years, there is substantial evidence that the voluntary policy is ineffective. WA Police operations in 2013-14 showed that two out of three liquor retailers failed to ask for ID during 392 visits by young-looking 18 year old police cadets.<sup>25</sup> Another study found that 85% of young people who looked under 18 years were able to successfully buy alcohol from takeaway liquor stores in WA in 2012.<sup>26</sup> Research conducted in WA, NSW and Victoria found that half (49%) of young risky drinkers under 18 years reported that it was 'easy' or 'very easy' to buy alcohol from bottleshops.<sup>27</sup>

## Commitments Sought

### Support Police requests for Controlled Purchase Operations to ensure liquor outlets do not sell alcohol to minors

Controlled Purchase Operations would enable police to effectively monitor and enforce the existing law which prohibits the sale of alcohol to minors and would make an important contribution to reducing underage access to alcohol.

Controlled Purchase Operations involve underage, trained volunteers visiting licensed premises under police supervision to attempt to purchase alcohol. If they are successful, the accompanying police can respond, for example, by warning the licensee on the first instance. This type of operation can currently be used in WA for monitoring tobacco sales, but to monitor alcohol sales to minors would require an amendment to the *Liquor Control Act 1988*.

**There is strong support from the community and health and law enforcement groups for Controlled Purchase Operations.**

82% of WA adults support police powers to ensure liquor outlets do not sell alcohol to minors by allowing police to work with underage young people to attempt to purchase alcohol (only 7% oppose).<sup>23</sup> The WA Police Commissioner supports the use of Controlled Purchase Operations, as did the Government's Liquor Control Act Independent Review Committee.

Controlled Purchase Operations are used effectively in New Zealand to monitor alcohol sales. Detailed guidelines outline how the operations are conducted. They are designed to test liquor retailers' compliance with existing laws. Controlled Purchase Operations are an important tool within a comprehensive approach to reducing underage access to alcohol.

# Continue Support for Alcohol Education Programs

<b>The Problem</b> Continued support for alcohol public education programs is needed for continued impact	<b>Commitments Sought</b> Maintain funding strong, evidence-based public education programs, including specific campaigns for at-risk groups
Alcohol and other drug education in schools is not compulsory in WA	Ensure well-supported alcohol and other drug education is mandatory within the school curriculum

## The Problem

### **Continued support for alcohol public education programs is needed for continued impact**

WA is a national leader in alcohol public education programs. The *Alcohol.Think Again* program is the only long-term, evidence-based public education program in Australia to raise awareness of the harms from alcohol and strategies to minimise alcohol-related risks.

The suite of *Alcohol.Think Again* campaigns include a focus on supporting parents to reduce the risks of alcohol-related harm among their children, raising awareness of the importance of no alcohol during pregnancy and ensuring culturally secure messages for Aboriginal families and communities.

**A key objective of these campaigns is to communicate and build awareness of the national guidelines to reduce health risks from drinking alcohol, including messages that no alcohol is the safest choice for under 18s and in pregnancy.**

WA is well ahead of the rest of the country when it comes to awareness of the national alcohol guidelines and harm from alcohol. More WA adults are aware of the guidelines than the national average (72% compared to 53%), more are aware of Fetal Alcohol Spectrum Disorders (65% compared to 50%) and more know that no alcohol is recommended when pregnant (80% compared to 74%).<sup>28</sup>

Evaluations of the *Alcohol.Think Again* campaigns have shown that 96% of WA parents are aware that no alcohol is the safest choice for under 18s, and fewer are providing access to alcohol than in previous years.<sup>7</sup> More young people are finding it easier to say 'no' to alcohol offered by friends<sup>7</sup> and the majority of women report they would stop drinking completely if they became pregnant in the future.<sup>29</sup>

These results are very encouraging and reflect the potential of strong, research-based, sustained public education programs. Ongoing investment is needed to ensure WA continues to lead the country in public education approaches and that progress is maintained.

### **Alcohol and other drug education in schools is not compulsory in WA**

Alcohol education in WA schools is not compulsory or comprehensively recorded. No one knows exactly what is taught, how much, how well and with how much teacher training.

Health education is required to be implemented by all schools under the WA Curriculum and Assessment

Outline. Within the Health and Physical Education learning area, schools may make the choice to include alcohol education programs. Many WA schools undoubtedly provide high calibre health and physical education, including through School Drug Education and Road Aware (SDERA), which provide resources and support to schools, students and parents. Parents should be entitled to expect their children will be provided with quality education which gives sufficient emphasis to alcohol and other drugs.

Schools have significant potential as settings where well-planned alcohol education programs can be delivered to large populations of young people at key times in their development, for example, before young people have their first drink. It is well understood that schools cannot do everything and that the curriculum is already crowded, but ultimately schools have a critical role in equipping young Australians with the necessary knowledge, attitudes and skills to lead healthy lives.

## **Commitments Sought**

### **Maintain funding strong, evidence-based public education programs, including specific campaigns for at-risk groups**

Continued funding of comprehensive and sustained public education campaigns will build on WA's encouraging achievements to date and continue to grow community awareness of the risks of harmful alcohol use. Community support for public education is strong – 84% of WA adults support extensive public education campaigns aimed at reducing alcohol harms (only 3% oppose).<sup>23</sup>

Continued public education about secondary supply laws and the reasons behind them will support their effectiveness. 87% of WA adults support public education to raise awareness of the new laws.<sup>23</sup>

Public education campaigns can be effective in addressing alcohol concerns in specific populations, including Aboriginal communities. Targeted campaigns, such as those advising that no alcohol is the safest choice when pregnant, have been effective in addressing concerns among these communities.

### **Ensure well-supported alcohol and other drug education is mandatory within the school curriculum**

Community support for school alcohol and drug education is strong – 91% of WA adults support all school students having regular, well-resourced alcohol and drug education (only 2% oppose).<sup>23</sup>

School alcohol and other drug education programs should be evidence-based and undergo regular evaluation against a range of impact measures. School staff should be well supported to deliver comprehensive alcohol and other drug education with appropriate training, professional development and access to high quality resources.

# Ensure Fair Liquor Licensing Processes

<b>The Problem</b> Liquor licensing processes are almost inaccessible to community members	<b>Commitments Sought</b> Strengthen community representation in liquor licensing processes
Liquor licence fees do not reflect the costs of alcohol harms, particularly for bottle shops	Set liquor licence fees commensurate with the risk of alcohol-related harm
	Increase liquor licence fees, particularly for bottle shops

## The Problem

### **Liquor licensing processes are almost inaccessible to community members**

Liquor licensing processes are complex, not well understood and there is little support provided to community members who have genuine concerns. Community views should be appropriately represented in liquor licensing processes. Unfortunately, WA's *Liquor Control Act 1988* and the way it is administered does not enable effective community engagement, and there are substantial challenges for community members who want to voice their concerns about an application or issue.

**The only accepted way community members can voice their concerns about a licence application is through the complex and legalistic process of 'objecting'.**

The challenges associated with this inflexible and time-consuming process are enormous and make liquor licensing processes almost inaccessible to the general public. As a consequence, community interests are not adequately represented in liquor licensing processes, while those applying for liquor licences are often vastly better resourced to have their interests represented.

### **Liquor licence fees do not reflect the costs of alcohol harms, particularly for bottle shops**

The annual liquor licence fees collected by the WA Government are substantially lower than the average fees collected by other states and territories (see Table 1 for packaged liquor licence fee comparisons). Most WA licence categories attracted a flat fee of \$578 in 2016. There is little variation in fees across licence types – the only variations relate to Extended Trading Permits and Club Restricted licences.

Risk-based licensing frameworks have been adopted in many other jurisdictions to set licence fees commensurate with the risk of alcohol-related harm and to help recover costs of liquor regulation and policing. For example, in New South Wales, the ACT, Victoria and Queensland, licence fees are calculated based on criteria including venue type, trading hours, compliance and capacity. Fees for bottleshops may be calculated based on sales revenue (as in the ACT), the number of outlets held by the licensee (as in NSW) or other criteria.<sup>30</sup> Higher risk licensees pay higher fees, which provides an incentive for reducing risk factors.

Section 128 of WA's *Liquor Control Act 1988* outlines that regulations may prescribe licence fees by reference to a range of criteria including the class of licence, conditions imposed, type and location of premises, capacity, trading hours, convictions and so on. The Act appears to provide for a more comprehensive risk-based licensing scheme than has been adopted to date.

The inadequacy of WA's liquor licence fees is most apparent in regard to liquor stores. Packaged liquor, such as that sold from bottle shops, now accounts for 80% of all alcohol sold in Australia.<sup>31</sup> The rise of

discount-focused warehouse-style liquor stores means some stores sell very large volumes of alcohol, but only pay \$578 in annual licence fees. For example, Dan Murphy's which leads in market share<sup>32</sup> and whose discount liquor barns can be over 1000m<sup>2</sup>, only pays the equivalent of \$1.58 per day for each liquor licence. Despite their greater contribution to alcohol problems, stores which sell very high volumes of alcohol currently pay the same liquor licence fees as much smaller stores.

**Table 1. Comparison of liquor store licence (packaged liquor) annual fees across jurisdictions**

<b>Western Australia</b>	\$578 per licence.
<b>New South Wales</b>	Fees depend on the number of outlets. 1-3 outlets = \$510 per licence 4-9 outlets = \$1020 per licence 10+ outlets = \$2040 per licence
<b>Victoria</b>	\$1896 per licence.
<b>Australian Capital Territory</b>	Fees increase as gross sales revenue increases. Less than \$5k = \$598 \$5k-\$100k = \$2031 and so on up to \$30,770 for \$7 million+.
<b>South Australia</b>	\$758 per licence. The 2016 SA Liquor Act review recommended increasing licence fees for packaged liquor licences to \$4000+ per licence. In their response, the SA Government agreed that the fee should better reflect and offset the costs of alcohol-related harm associated with packaged liquor.
<b>Queensland</b>	\$3896 base fee for each detached bottle shop. [Note. In Queensland, a commercial hotel licence is required in order to apply for a detached bottle shop licence]

## Commitments Sought

### Strengthen community representation in liquor licensing processes

Removing the barriers to genuine community representation in liquor licensing processes will create a fairer system. There should be a clear and greatly simplified process through which members of the public can participate, make their views and concerns known, and inform licensing decisions.

### Set liquor licence fees commensurate with the risk of alcohol-related harm

Risk-based licensing systems are used in various Australian states and territories to ensure licensees contribute their fair share towards the costs of liquor regulation, policing and other services. WA's *Liquor Control Act 1988* allows for a more comprehensive risk-based licensing system than is currently applied. The NSW and ACT models for calculating licence fees are particularly useful, taking into consideration trading hours, patron capacity, venue type and compliance history. Off-licence fees (e.g. for bottle shops) may be calculated according to the wholesale value of liquor sold. Changes to how fees are calculated should not reduce fees below those currently applied.

### Increase liquor licence fees, particularly for bottle shops

Liquor licence fees are comparatively low in WA. Modest increases in annual liquor licence fees would make a much fairer contribution to the costs associated with addressing alcohol-related harm. Given the very large volume of alcohol sold through bottle shops, including the discount-focused liquor warehouses, and the substantial costs of alcohol-related harms, the current licence fee equivalent to only \$1.58 per day is particularly inadequate.

There were 584 liquor store licences in WA in 2015-16. Based on the current fee of \$578, liquor stores collectively paid \$337,552 in liquor licence fees in 2015-16. By way of example, if the Victorian fee of \$1896 per licence was applied, liquor stores would have contributed \$1,107,264.

# Support WA to Lead Fetal Alcohol Spectrum Disorders Prevention

<b>The Problem</b> Fetal Alcohol Spectrum Disorders are entirely preventable	<b>Commitments Sought</b> Maintain and extend the community-led 'Making FASD History' strategy
	Ensure FASD-related impairments are eligible for the WA NDIS
	Support to coordinate regional FASD-related services

## The Problem

### Fetal Alcohol Spectrum Disorders are entirely preventable

Too many WA children have suffered irreparable brain damage associated with Fetal Alcohol Spectrum Disorders (FASD). In a regional area of WA, as many as 1 in 5 children (19%) have been diagnosed with FASD<sup>13</sup> and 1 in 8 with Fetal Alcohol Syndrome<sup>33</sup>; these are among the highest rates in the world.

FASD is an entirely preventable but incurable condition caused by the baby's exposure to alcohol in the womb. FASD can result in a wide range of problems including learning difficulties, reduced capacity to remember tasks from day to day, anger management and behavioural issues. FASD is referred to as the "invisible disability" due to the lack of understanding of the condition among health professionals and service providers.<sup>34</sup> As a result, a child's condition is often ignored, attributed to a different diagnosis or thought to be a result of parental inadequacy.

Communities in the Kimberley and Pilbara have been proactive in making FASD history. The community-led strategies involve a holistic approach to prevention, diagnosis and management of FASD. Important achievements include Australia's first-ever prevalence study of FASD<sup>33</sup> in the Kimberley and a reduction in women drinking while pregnant (from 65% in 2010 to 20% in 2015).<sup>35</sup> Further support will ensure these very positive achievements are sustained and extended to other areas of the state to ensure WA remains a leader in FASD prevention.

## Commitments Sought

### Maintain and extend the community-led 'Making FASD History' strategy

The 'Making FASD History' strategy aims to reduce the prevalence of FASD, diagnose children who might have FASD and provide appropriate support for children and families affected by FASD. The community-led strategy has been successfully rolled out in the Kimberley and Pilbara, and there is great potential to extend the strategy to additional regions including the Goldfields, Bunbury and Midland/Armadale.

### Ensure FASD-related impairments are eligible for the WA NDIS

People living with FASD need lifetime support. Impairments identified through FASD diagnosis should be eligible for therapy and support services through the WA NDIS.

### Support to coordinate regional FASD-related services

A correct diagnosis and early intervention can vastly improve learning and life outcomes for people with FASD. A FASD Clinic Hub and Telehealth Centre would provide essential support to coordinate and deliver rural and regional FASD-related services.

# Consider Measures to Ensure that Alcohol is Not Sold at Unreasonably Low Prices

## The Problem

Cheap alcohol is readily available in WA

## Commitments Sought

Consider measures to prevent the sale of very cheap alcohol

## The Problem

### Cheap alcohol is readily available in WA

Alcohol is promoted and sold for as low as 19 cents per standard drink.<sup>41</sup> Packaged liquor accounts for more than 80% of alcohol sold in Australia<sup>31</sup>, a market increasingly dominated by supermarket-owned chains which use low-price alcohol as a key marketing strategy. WA has seen an increase in liquor outlets and particularly big box liquor barns, with a heavy focus on low prices. The rapid increase in liquor outlets and retail competition has led to aggressive discounting, resulting in very low-cost alcohol being widely available.

## Young people are particularly sensitive to the price of alcohol.

A WA survey of young people showed that price is a significant factor in their purchasing behaviour, and young people aged 18 to 29 years tend to buy more cheap alcohol than older age groups.<sup>36</sup> Research from Victoria shows that young people's alcohol product choices are heavily influenced by cost.<sup>37</sup> A recent survey of young, high risk Australian drinkers aged 16 to 19 years found that almost half (42%) cited price as a reason why they chose a particular beverage; this study also showed that young people drank less when they paid more per standard drink.<sup>6</sup>

There is compelling evidence that the price of alcohol has a significant impact on levels of consumption and harm at a population level.<sup>38</sup> When alcohol is more expensive people drink less.<sup>38</sup> Price is also a significant factor for the harmful consumption of alcohol. Harmful drinkers purchase more alcohol priced at less than \$1 per standard drink than moderate drinkers.<sup>39</sup>

There is strong consensus among health experts, based on substantial Australian and international evidence, that increasing the price of alcohol is one of the most effective ways to reduce harm from alcohol.<sup>38</sup> Even small increases in the price of alcohol can have a significant impact on consumption and harm at the population level.<sup>40</sup>

## Commitments Sought

### Consider measures to prevent the sale of very cheap alcohol

While alcohol taxation is a federal responsibility, there are important areas where state governments can take action, particularly through legislation to introduce a minimum price per standard drink (also known as "floor" price) to prevent the sale of very cheap alcohol.

In addition, *WA's Guidelines for the Responsible Promotion of Liquor – Consumption of Liquor on Licensed Premises and the Sale of Packaged Liquor* could be amended to ban bulk purchase promotions that result in alcohol being sold too cheaply. For example, the Tasmanian Government's Liquor and Gaming Branch fact sheet on *Advertising and promotion of liquor* considers extreme discounts (such as discounts of 50% or more or bulk purchases where products are sold for less than \$1 per standard drink) to be undesirable.

Independent modelling can be used to identify an appropriate minimum price.

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