Foundation for Alcohol Research & Education

FARE's submission to: SA Parliament Social Development Committee Inquiry into the Sale and Consumption of Alcohol

May 2013

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent charitable organisation working to prevent the harmful use of alcohol in Australia. Our mission is to help Australia change the way it drinks by:

- helping communities to prevent and reduce alcohol-related harms;
- building the case for alcohol policy reform; and
- engaging Australians in conversations about our drinking culture.

Over the last ten years FARE has have invested more than $115 million, helped 750 organisations and funded over 1,400 projects addressing the harms caused by alcohol misuse.

FARE is guided by the World Health Organization's *Global Strategy to Reduce the Harmful Use of Alcohol*[i] for addressing alcohol-related harms through population-based strategies, problem-directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email fare@fare.org.au. All donations to FARE over $2 are tax deductible.

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[i] World Health Organization (2010). *Global strategy to reduce the harmful use of alcohol.* Geneva: World Health Organization.

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Summary and Recommendations

Alcohol is consumed by more than 80 per cent of South Australians, and the alcohol industry is a major contributor to the South Australian economy.

However, alcohol is no ordinary commodity. Alcohol can have a wide range of health effects, ranging from acute to chronic health conditions, including cancer and cirrhosis.[1] Alcohol can also lead to deaths and have severe impacts of communities not just the individual.

Young people and Aboriginal and Torres Strait Islander peoples experience disproportionate levels of alcohol-related harms. Consumption of alcohol during pregnancy can also result in a child being born with Fetal Alcohol Spectrum Disorder, a lifelong disability.

Over recent years, average per capita consumption of alcohol has plateaued; however the number of key harm indicators remains significantly high, with more than 70,000 Australians victims of alcohol-related assault[2] and almost 3,500 alcohol-related deaths and 100,000 alcohol-related hospitalisations a year in Australia.[3]

The evidence-base to reduce alcohol-related harms is extensive and long standing. The level of harm directly relates to the price, availability and promotion of alcohol. Effectively regulating these areas will decrease alcohol-related harms. This submission canvases the impact of alcohol use in South Australia (SA) and finds that there are significant harms to drinkers and to those who have been harmed by the drinking of others.

Key messages

- There are significant costs at approximately $2.6 billion to South Australians as a result of the misuse of alcohol.
- The latest data shows that alcohol misuse in SA resulted in 283 deaths and 6,756 hospitalisations.
- The SA Government proposal to sell wine in supermarkets will increase both the physical and economic availability of alcohol.
- The SA Consumer and Business Services is failing to fulfil its responsibility to adequately regulate the promotion of alcohol under the provisions it has under the *Liquor Licensing Act 1997.*
- Immediate action from the SA Government is needed to implement evidence-based policies which have been proven to reduce alcohol-related harms.
- The SA Government has the responsibility to protect the public health and safety of the community.

The Foundation for Alcohol Research and Education recommends:

1. That the SA Government establishes and enforces saturation zones in areas that are identified as already having large numbers of liquor licenses, including small venue licenses.

2. That the SA Government introduces cumulative impact and cluster control policies for the determination of new liquor licenses.

3. That the SA Government abandons the *Draft Liquor Licensing (Sale of Wine in Supermarkets) Amendment Bill 2013.*

4. That the SA Government legislates for licensed venues to cease trading at 3.00am for venues that currently trade past this time.

5. That the introduction of reduced trading hours be independently evaluated to ascertain the social, health, crime and economic effects of these trading controls.

6. That the Committee finds that the SA Government's Consumer and Business Services has failed to fulfil its responsibility to adequately regulate the promotion of alcohol under the provisions it has under the *Liquor Licensing Act 1997*.

7. That the SA Government develop a separate set of Liquor Promotion Guidelines that go beyond the current *General Code of Practice Guidelines* and ensure that both on-license and off-license premises are regulated with equal weight.

8. That the SA Government clarifies and tightens regulations regarding point of sale promotions with a view to minimising minors' exposure to these promotions in and around licensed premises in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets.

9. That the SA Government amends the *Liquor Licensing Act 1997* to legislate for a minimum floor price for alcohol sold at both on and off-licence premises to stop reckless discounting by licensees.

10. That the SA Government mandates the collection and publication of alcohol sales data in SA as recommended by the Australian National Preventative Health Agency.

11. That the SA makes alcohol sales data is made publically available in a format which can be easily accessed, used and analysed by policy makers and researchers.

12. That the SA Government develop a comprehensive social marketing and public education campaign on the short-term and long-term harms associated with alcohol consumption based on the *National Health and Medical Research Council* (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking.*

13. That the Committee urges the Commonwealth Government to support the adoption of FARE's *Australian FASD Action Plan 2013-16,* as recommended by the 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.*[4]

14. That the Committee finds that there are significant costs to South Australians (approximately $2.6 billion annually) as a result of the misuse of alcohol.

15. That the Committee urge the Commonwealth Government to fund a new comprehensive national cost of illness study for alcohol.

16. That the SA Government ensures that off-licence venues are included in all availability reduction measures, such as saturation zones, and cumulative impact and cluster control policies.

17. That the SA Government retains the legal drinking age at 18 years of age.

Alcohol-related statistics for South Australia

Alcohol-related deaths per year	283
Alcohol-related hospitalisations per year	6,756
Proportion of assaults against police in the Adelaide CBD that were alcohol-related	81%
Proportion of serious assaults in the Adelaide CBD that were alcohol-related	65%
Proportion of motor vehicle deaths that involved a Blood Alcohol Concentration of 0.05 or more	35%
Proportion of South Australians who consume alcohol at levels that place them at risk of an alcohol-related injury on a single occasion	38.4%
Proportion of South Australians who consume alcohol at levels that place them at risk of lifetime harm	19.3%
Liquor licenses from 1996 to 2009 increased by	60%
The cost of child protection, out of home care and intensive family support services	$10,738,710

Introduction

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide a submission to the South Australian Parliament Social Development Committee Inquiry into the Sale and Consumption of Alcohol. This Inquiry provides the South Australian Government with the opportunity to reform current alcohol policies and prioritise evidence-based policies which will reduce alcohol-related harms.

Alcohol-related harms in South Australia (SA) are substantial. Alcohol is a known carcinogen, a teratogen and contributes to more than 60 different illnesses and diseases. The most recent data for SA show that in 2005, alcohol use and misuse resulted in 283 deaths and 6,756 hospitalisations.[5] In 2008-09, the majority (58 per cent) of victim-reported crime in the Adelaide Central Business District (CBD) was associated with alcohol. In the same period, 81 per cent of incidents of assault against police were alcohol-related and 65 per cent of serious assaults were alcohol-related.[6]

South Australia Police have also reported that in 2009, 35 per cent of people who died in motor vehicle accident had a blood alcohol concentration (BAC) of 0.05 per cent or higher, with most blood alcohol concentrations being three times the legal limit.[7]

The 2010 National Drug Strategy Household Survey found that 40.9 per cent of South Australians aged 14 years and older consumed alcohol weekly, with six per cent of South Australians consuming alcohol daily.[8] This weekly consumption rate is slightly higher than the national average of 39.5 per cent.[9]

Across Australia today, alcohol is more affordable than it has been in over three decades; it is more available than it ever has been and it is more heavily promoted. The ways that alcohol is sold, promoted and made available contribute to the way that alcohol is consumed and with that the associated harms. There has been a considerable increase in alcohol availability in SA. The number of liquor licenses has increased by 60 per cent over 14 years from 1996 to 2009.[10] There are currently 224 people aged 18 years and older per licensed premises in South Australia. This is the highest number of licensed premises per head of population across all jurisdictions.[11]

The recent introduction of the small venue licence and the proposal to sell wine in supermarkets through the introduction of *Draft Liquor Licensing (Sale of Wine in Supermarkets) Amendment Bill 2013* which is currently before parliament are two policies which will have an impact of the availability and price of alcohol in SA.

Currently in SA a 750ml bottle of wine can be purchased from a Woolworths owned Dan Murphy's for as cheap as $2.99[12] and from Coles owned Choice Liquor for $3.[13] This is cheaper than the price of a one litre bottle of Mount Franklin chilled mineral water (available from Coles for $3.82).[14] The low price of alcohol is concerning because evidence shows that low alcohol prices result in higher consumption, including heavier drinking, occasional drinking and underage drinking.[15]

It is concerning the SA Government is proposing measures which will increase the availability of alcohol, when evidence shows that an increase in availability results in an increase in harms. The SA Government has stated that its aim is to reduce the proportion of South Australians who consume

alcohol at risky levels by 30 per cent by 2020. This submission focuses on the three proven policy measures that will successfully reduce alcohol-related harms; these are availability, promotion and price.

The Social Development Committee has been commissioned to inquire into the sale and consumption of alcohol in SA. For the purposes of this submission Terms of Reference One and Two were combined to address availability, promotion and price. The following is an outline of the Committee's Terms of Reference and how they will be addressed in the submission:

1. Whether those laws and practices need to be modified to better deal with criminal and other antisocial behaviour arising from the consumption of alcohol: and strategies that could and should be used to reduce, and deal with, offending arising from the consumption of alcohol.
   a. Availability
   b. Promotion; and
   c. Price

2. The health risks of excessive consumption of alcohol including:
   a. Binge drinking; and
   b. Fetal Alcohol Syndrome

3. The economic cost to South Australia in dealing with the consequences of alcohol abuse.

4. The influence of alcohol abuse in domestic violence.

5. The appropriateness of the current legal age for consumption of alcohol.

Terms of Reference

Whether those laws and practices need to be modified to better deal with criminal and other antisocial behaviour arising from the consumption of alcohol and strategies that could and should be used to reduce, and deal with, offending arising from the consumption of alcohol.

Availability

Research has consistently showed an association between alcohol outlet density and negative alcohol-related outcomes.[16,17] Increased availability, both through the increased concentration of licensed premises and longer trading hours, contributes to alcohol-related harms and violence, with both on-licence and off-licence premises contributing to these harms. Research has also shown that off-licence venues contribute to domestic violence and this will be explored further in 'Terms of Reference four.

Outlet density

An analysis was undertaken in Victoria on the effects of licensed outlet density on several measures including assault, domestic violence, chronic harms and high risk drinking in young people. The analysis found there was a strong association between reported assaults and all three outlet types, general licenses, on-licence and off-licence.[18] A 10 per cent increase in general licence rates in an area increased assault rates by 0.6 per cent, while a 10 per cent increase in off licence rates increased assault rates by 0.8 per cent. The density of packaged licences was positively associated with chronic diseases attributable to alcohol, such as liver disease and alcoholic cardiomyopathy.[19] There was also a small but significant relationship between on-premise licence density and chronic disease. A 10 per cent increase in the rate of packaged licences would result in a 1.9 per cent increase in alcohol-attributable hospitalisations, and a 10 per cent increase in the number of on-premise outlets would result in a 0.5 per cent increase in alcohol-attributable hospitalisations.[20]

International studies have shown that increased outlet density has also been linked to higher rates of road traffic accidents, drink driving or being a passenger of a drink driver, robbery, homicide, suicide (both attempted and completed), child maltreatment, deviant adolescent behaviours, sexual offences and sexually transmitted infections.[21]

Recent developments in South Australia which will impact on outlet density are the introduction of a small venue licence under the *Liquor Act 1997* and the consideration before the South Australian Parliament to allow the sale of wine in supermarkets with the *Draft Liquor Licensing (Sale of Wine in Supermarkets) Amendment Bill 2013.* Both these policies will contribute to the increased density of outlets and the availability of alcohol in South Australia.

Policies to control the density of alcohol outlets

There are a number of policies that can be implemented to control the number of licensed outlets. Two of these policies are 'saturation zones' and 'cluster controls'. Saturation zones impose limitations on the provision of new licenses in areas where it has been identified there is high density of licenses. Cluster controls prohibit new liquor licenses for premises within a specified distance of existing licensed premises or other amenities (e.g. schools, hospitals, churches or places of religious worship).[22] It is important that the overall reduction in risk is the fundamental consideration when introducing polices to regulate the density of outlets.

Since 2005, local authorities in England and Wales (typically a council or borough) have been able to establish "saturation zones" within their licensing policies where no new licensed premises are permitted.[23] These saturation zones are determined on the basis of existing outlet density levels and crime data including domestic violence statistics. The establishment of saturation zones and the basis for these zones is at the discretion of the individual local authority, but is not enacted in the National Licensing Act. Also, licence applicants have the right to appeal if they apply for a licence in a saturation zone and are refused.

"Cluster controls" is another policy measure that is designed to reduce alcohol-fuelled violence that results from the over-abundance of pubs and clubs. There are many examples of "cluster controls" internationally. New York has enacted "cluster controls" through their *Alcohol Beverage Control Act*. Since 1993 the legislation has included the "500 foot" (150 metres) rule which prohibits new on-premise licenses being issued within a 500 foot radius of three or more existing licenses.[24] The rationale for such a measure is to ameliorate the potentially negative cumulative impact of areas that have high outlet density on public health, violence and crime. Similarly in Paris under the *Code de La Sante Publique* (public health legislation), there are protected areas within which new liquor licenses are prohibited if they are within 75 metres of a licensed premise of the same category.[25]

Put simply, the more licensed venues there are, the more people there are consuming alcohol and the more likely there will be harm. There has been an argument put forward for the adoption of small venue licenses with reasons being that "small venues would help increase the vibrancy of the CBD and boost the use and atmosphere of laneways."[26] However, additional small venue licenses contribute to the overall number of outlets in an area. It is clear from the research that the number of outlets in an area contributes to the alcohol-related harms.

The sale of wine in supermarkets will also increase both the physical and economic availability of alcohol, by providing alcohol in more locations for cheaper prices. Selling alcohol in supermarkets will result in cheap wine being available at more locations and will also drive down the price of wine. This is not only a concern because of the impact on alcohol-related harms, but is also detrimental to wine producers whose products will be sold more cheaply, and sometimes below wholesale price.

Outlet density policies need to be introduced to all licence categories including small venue licenses.

Recommendations

1. That the SA Government establishes and enforces saturation zones in areas that are identified as already having large numbers of liquor licenses, including small venue licenses.

2. That the SA Government introduces cumulative impact and cluster control policies for the determination of new liquor licenses.

3. That the SA Government abandons the *Draft Liquor Licensing (Sale of Wine in Supermarkets) Amendment Bill 2013.*

Trading hours

Research on the relationship between the trading hours of licensed premises and alcohol-related harm has consistently demonstrated that increased trading hours are associated with increased harms.[27]

The current trading hours permitted under the *Liquor Licensing Act 1997* differ for each licence category. The standard closing time for most licence categories is midnight; however an entertainment licence category can trade up until 5.00am. Licensees who wish to extend their trading hours beyond the standard trading hours for their licence category are able to apply for an extended trading authorisation. These extended trading hours have also seen a number of 24-hour trading venues approved in the City of Adelaide.

To demonstrate the impact of trading hours, a survey conducted in South Australia found that the presence of drunken people was the main reason residents felt unsafe in the city of Adelaide, with between 23 and 28 per cent saying they feel unsafe at night.[28] The area in which respondents felt most unsafe was the main entertainment precinct where there is a focus of 24-hour liquor trading.[29]

Compared to the rest of the Adelaide CBD and SA, alcohol-related offences are significantly higher in Hindley Street, where there is a cluster of extended and 24-hour trading venues. Police experience indicates that by 3am or 4am, a large proportion of people in the public domain are significantly affected by alcohol, setting the scene up for violence.[30]

Polices to reduce the trading hours of licensed premises

Recent restrictions introduced in the New South Wales (NSW) City of Newcastle demonstrate how even modest reductions in the trading hours of licensed venues can substantially reduce alcohol-related harms. In 2008, as a result of escalating local concern about alcohol-related violence, the NSW Liquor Administration Board imposed a number of restrictions on 14 licensed premises in the City of Newcastle. The most notable of these restrictions was the imposition of a lockout from 1.00am for 14 hotels, and bringing forward closing times. Closing times were changed to 3.00am for the 11 premises that were previously licensed to trade until 5.00am and to 2:30am for the three premises that had previously been licensed to trade until 3.00am. The lock out was later moved to 1:30am and the closing time to 3:30am following a legal challenge by the licensed premises and as a result of an out-of-court agreement with NSW Police.

An evaluation carried out in the 12 months following the introduction of these restrictions in Newcastle found that there was a 37 per cent reduction in alcohol-related harms when compared to a control site.[31] This equates to a reduction of 33 assaults per quarter. The evaluation also found that there was no geographic displacement to the nearest late night district of Hamilton.[32] This reduction in harms was not only sustained, but improved. A further study three years after the restrictions were introduced found a 35 per cent reduction in night-time non-domestic assaults requiring police attention and a 50 per cent reduction in night-time street offences.[33]

Given the impact that a reduction in trading hours have on reducing alcohol-related harms, reducing trading hours should be considered for licenses with extended trading hours.

Recommendations

4. That the SA Government legislates for licensed venues to cease trading at 3.00am for venues that currently trade past this time.

5. That the introduction of reduced trading hours be independently evaluated to ascertain the social, health, crime and economic effects of these trading controls.

Promotion

Australian and international research identifies the restriction of alcohol advertising and promotions as a cost-effective policy measure to reduce alcohol related-harms. [34 35 36 37 38]

Most forms of advertising and promotion are self-regulated by the alcohol industry at the national level by the Alcohol Beverages Advertising Code (ABAC).[39] However, state and territories also have a role in regulating certain promotions, such as those at the point of sale (POS), through their respective liquor control legislation. POS marketing refers to promotional materials that are found within or on the exterior of a licensed store or venue at the point where an alcohol purchase will be made (e.g. happy hours, free gifts with purchase, prominent signage, competitions, price discounts for bulk purchases, and sale prices).

Point of sale promotions

The use of POS marketing at licensed premises is “ubiquitous” and “aggressive”.[40] A study which documented the nature and extent of POS alcohol promotions in bottle shops in two Australian capital cities found that there was an average of 33 promotions per outlet.[41] The prolific nature of POS marketing is concerning because it results in minors being regularly exposed to advertisements and promotions that depict alcohol consumption as a fun, social and inexpensive activity.[42] POS promotions involving price or volume discounts have been found to be particularly effective in encouraging the purchase of increased volumes of alcohol.[43]

Liquor promotions in SA are regulated under part 2, section 9(1) and 9(2) of the *General Code of Practice Guidelines* (the Guidelines) which state that:

(1) A licensee must not promote, advertise or conduct their operations in a way that tends to encourage the rapid or excessive consumption of liquor or that discourages a responsible attitude to the consumption of liquor.

(2) A licensee must not offer gender-based promotions involving free or discounted liquor.[44]

The Guidelines provides information on practices that are not permitted for on licensed venues. The Guidelines outline unacceptable practices for on-licence venues such as using language, slogans or images that promote patrons to drink to get drunk, heavily discounted liquor such as $1 shots of spirits, and prizes, rewards, drink cards that can only be redeemed by consuming alcohol on the premises.[45]

The Guidelines are grossly inadequate to effectively regulate liquor and liquor promotion with a view to minimising alcohol-related harms. The Guidelines almost exclusively focus on on-license premises, which only address part of the liquor trade in SA and ignores the expansion in retail liquor outlets and sales. An separate set of Liquor Promotion Guidelines need to be developed to address contemporary alcohol promotions, advertisements and promotional materials which take place or are distributed from licensed premises. Promotions that take place at on-and off-license premises should be regulated equally under law. The riskiness of promotions for package liquor trading should not be exempted from the judgment by the decision maker in terms of the nature of liquor promotions and encouragement of consumption, the promotional price, the time frame of the promotion, safety and amenity, and the legality of the promotion. This is particularly important to reduce minors' exposure to liquor promotions in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets.

The SA Government fails to use it powers to regulate and enforce the provisions under the *Liquor Licensing Act 1997* which aims to control alcohol promotions.

An example of this failure to regulate the promotion of a harmful product is the Bacchus Shot Bucket. A complaint was made to the alcohol industry-regulated voluntary Alcohol Beverages Advertising Code (ABAC) regarding the Bacchus Shot Bucket due to its appeal to young people because the names and packaging of the shots within the product resemble confectionary. On 13 February 2013 the ABAC found the Bacchus Shot Bucket was to be in breach of the ABAC Code under Part 2.1, Section (a)(ii) which requires the "naming or packaging of alcohol products to present a mature, balanced and responsible approach to the consumption of alcohol beverages and must not encourage under-age drinking." It was also found to be in breach of Part 2.1, Section (b) which requires the alcohol product "not have a strong or evident appeal to children or adolescents."[46] However, because the Bacchus Distillery Pty Ltd is not a signatory to the ABAC scheme, it is not obliged to act on the ABAC's decision.

Following this decision by ABAC, FARE requested that the SA Government investigate this complaint in regards to breaching certain provisions under the *Liquor Licensing Act 1997* and to use its regulatory powers to remove the harmful product. The SA Government indicated that it would "monitor the marketing and sale of this product."[47] Despite this, the Shot Bucket remains on retailers' shelves in SA, even though the alcohol industry's own regulatory body determined the product should be withdrawn from sale due to the product's evident appeal to young people,

The SA Government needs to ensure that it uses its regulatory and enforcement powers under the *Liquor Licensing Act 1997* to ensure that reckless alcohol promotions are prohibited.

Recommendations

6. That the Committee finds that the SA Government's Consumer and Business Services has failed to fulfil its responsibility to adequately regulate the promotion of alcohol under the provisions it has under the *Liquor Licensing Act 1997*.

7. That the SA Government develop a separate set of Liquor Promotion Guidelines that go beyond the current *General Code of Practice Guidelines* and ensure that both on-license and off-license premises are regulated with equal weight.

8. That the SA Government clarifies and tightens regulations regarding point of sale promotions with a view to minimising minors' exposure to these promotions in and around licensed premises in public-access areas, such as restaurants with bar sections, supermarkets with liquor sections, and shopping malls with packaged liquor outlets.

Price

Evidence has consistently shown that lower alcohol prices result in increased consumption and harms. A meta-analysis of 112 international studies showed that the price of alcohol is inversely related to overall consumption of alcohol including at harmful levels.[48] It found that on average, a 10 per cent increase in the price of alcohol reduced consumption by five per cent.[49] Price affected all types of alcoholic beverage consumption across the entire spectrum of consumption and young people have been shown to be especially responsive to price.

Reiterating the significance of their findings, the authors of the meta-analysis noted that: "We know of no other preventive intervention to reduce drinking that has the numbers of studies and consistency of effects seen in the literature on alcohol taxes and prices(page 187)." While the most effective way to influence price is through alcohol taxation reform, which is regulated at the Commonwealth level, measures to limit harmful price discounting can be implemented at the state and territory level such as restrictions on discounting practices and introducing a minimum price.

A minimum floor price can stop reckless discounting

Given the current practices by licensees to discount their products, amending the Act to prevent these discounting practices needs to be considered. Bulk buying specials are a common practice by retailers to make alcohol cheaper for consumers. First Choice liquor is currently selling a 750ml bottle of Sauvignon Blanc, with a 14 per cent alcohol content for $2.85.[50] When purchased in a pack of six, this is less than 40 cents a standard drink.

To strengthen the Act and remove the ability of off-licence and on-licence premises to recklessly discount products, the introduction of a minimum floor price is required. A minimum floor price

increases the price of the cheapest alcohol products and ensures that alcohol retailers cannot sell alcohol at dangerously low prices.

Discounting practices by the alcohol industry like 'loss-leading' are less likely to occur if a minimum floor price is introduced for products that can already be purchased relatively cheaply already. Loss-leading strategies are frequently used in off-licence settings, such as supermarkets, as alcohol is often heavily discounted to attract customers into their stores and purchase full priced items. A minimum floor price would counteract these types of discounting practices.[51] An example of loss-leading practice is leading Australian supermarkets that reportedly planned to sell beer below cost price. This plan was to sell cases of beer (24 cans) for $28, which effectively is $1.10 per standard drink.[52] These supermarkets together control 50 per cent of Australia's alcohol distribution.[53]

Implementation of a minimum floor price for alcohol has occurred at local levels throughout England and Northern Ireland, with the aim to reduce harmful alcohol consumption. In 2009, Oldham, an area in Greater Manchester was branded the 'binge drinking capital of Britain' by national media due to high rates of alcohol-related violence.[54] The Oldham council conducted a review of the 22 licensed bars and clubs in the town and passed a regulation in August 2009 whereby premises wishing to sell alcohol below 75 pence per unit of alcohol had to adopt a series of measures. These measures included prohibiting customers from standing near the bar and allowing customers to buy a maximum of two drinks at a time.[55] Most of the bars and clubs in the town accepted the conditions. Statistics indicate that violent crime dropped from 24 incidents per month in 2008 to 18 incidents per month in 2010.[56]

More recently, evidence from an evaluation of minimum pricing in British Columbia in Canada clearly demonstrated the significant impact of minimum price on alcohol consumption. The results of introducing a minimum price in British Columbia showed that a 10 per cent increase in minimum price was associated with a 3.4 per cent reduction in overall consumption.[57] A study that looked at the relationships between increases in minimum alcohol prices, changing densities of liquor stores and alcohol-attributable deaths in British Columbia found that setting a minimum price of $1.25 per drink would prevent 23.03 per cent of alcohol attributable deaths after the first year of implementation.[58]

Recommendation

9. That the SA Government amends the *Liquor Licensing Act 1997* to legislate for a minimum floor price for alcohol sold at both on and off-licence premises to stop reckless discounting by licensees.

The importance of sales data

Collection of data on alcohol consumption and harms is vital to building the evidence-base for policies that are proven to reduce alcohol-related harms. All states and territories in Australia collected alcohol sales data until 1996 when the High Court ruled that state and territory imposed liquor licensing fees and levies were excise duties and therefore illegal under the Australian Constitution. Although the ruling did not preclude the collection of wholesale alcohol sale data by liquor licensing authorities, it removed the incentive to continue to collect this data. Currently, only

Queensland, Western Australia, Northern Territory and the Australian Capital Territory collect and report on alcohol sales data.

Of the jurisdictions that collect sales data, it is reported annually with the exception of the Northern Territory which reports quarterly. All jurisdictions are required to report on wine, beer and spirits (including premix) sales separately, however the Australian Capital Territory and Western Australia are not required to report on cider sales. The Government body which sales data is reported to varies by jurisdiction. For example in the Northern Territory it is the Department of Justice, in Western Australia it is the Drug and Alcohol Office.

Sales data is important as it provides the most accurate picture of what Australians drink, which in turn enables researchers, policy makers and the government to develop, implement and track the progress of evidence-based alcohol policies.[59]

The World Health Organization (WHO) recommends that to provide a more comprehensive picture of alcohol consumption, well-conducted population level surveys need to be complemented by alcohol sales data.[60] Alcohol consumption for SA is available through population level surveys such as the National Drug Strategy Household Survey. However, while national estimates of per capita consumption (which is primarily based on tax system data) are available, SA specific data cannot be extricated from this.

Alcohol sales data needs to be collected and reported on by every jurisdiction in order to obtain an accurate estimate of per capita consumption. Alcohol sales data is essential to monitor national levels of alcohol consumption, as well as consumption patterns associated with specific population groups and beverage choices. It is also necessary to evaluate the impact of different alcohol policies on consumption at local, state and national levels. Alcohol sales data would also contribute to more effective alcohol policy development. For example, it would be valuable in informing alcohol tax reform to determine the beverages associated with the most harmful levels of consumption.

Further data is also required on alcohol-related harms. Data on alcohol-related harms comes from a number of sources including police data, hospital data and ambulance data. This information needs to be effectively coded and recorded to appropriately determine the impact of policies on changes in alcohol consumption and also changes in alcohol-related harms.

Recommendations

10. That the SA Government mandates the collection and publication of alcohol sales data in SA as recommended by the Australian National Preventative Health Agency.

11. That the SA makes alcohol sales data is made publically available in a format which can be easily accessed, used and analysed by policy makers and researchers.

The health risks of excessive consumption of alcohol including:

a) Binge drinking

There is no level of drinking alcohol that can be guaranteed to be completely 'safe' or 'have no risk'. There is also no consistently accepted definition as to what amount of alcohol consumption constitutes 'binge' drinking. However, the *National Health and Medical Research Council* (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking* (the Guidelines) advise on how healthy adults can minimise the risk of short and long-term harms from alcohol consumption.

Short term harms associated with alcohol consumption

The Guidelines recommend that healthy adults consume no more than four standard drinks on any one occasion to reduce the risk of short-term injuries.[61]

The *2010 National Drug Strategy Household Survey* found that 38.4 per cent of South Australians aged over the age of 14 years consumed alcohol at levels that placed them at risk of an alcohol-related injury from a single occasion at least yearly, and 16 per cent of South Australians consumed alcohol at levels that place them at risk of an alcohol-related injury from a single occasion at least weekly.[62]

In FARE's 2013 *Annual Alcohol Poll: Attitudes and Behaviours,* 40 per cent of drinkers stated that they consume alcohol for the specific purpose of getting drunk.[63] Of these people who reported drinking to get drunk, more than half perceive drunkenness as slurring speech or losing balance. The majority (63 per cent) of 18 to 34 year olds drink alcohol with the intention of getting drunk, with 20 per cent doing so at least weekly.[64]

Short-term risks from alcohol consumption include cognitive impairment and increased propensity towards violence resulting in alcohol-related injuries and death. Very high blood alcohol levels can also result in loss of consciousness and death.[65]

The Guidelines state that the lifetime risk of hospitalisation from injury is about 1 in 10 for men and 1 in 12 for women with a drinking pattern of four drinks on an occasion about once a week.

Long term harms associated with alcohol consumption

The Guidelines state that to reduce long-term health risks, it is recommended that healthy adults consume no more than two standard drinks per day.[66]

As the average volume of alcohol consumption increases, the lifetime risk of death from alcohol-related disease also increases. For both sexes, the lifetime risk of death from alcohol-related disease more than triples when consumption increases from two to three standard drinks a day.

The 2010 National Drug Strategy Household Survey found that 19.3 per cent of South Australians consumed alcohol that placed them at risk of lifetime harm (i.e. more than two standard drinks a

day).[67] Like all jurisdictions, South Australian men are more likely than South Australian women to consume alcohol in a manner that places them at risk of lifetime harms (28.7 per cent compared to 10.3 per cent).[68]

Alcohol can cause or be associated with many health problems. They include cardiovascular disease, several types of cancer, cirrhosis of the liver, nutritional depletion and deficiencies, long-term cognitive impairment (such as dementia), and a number of mental health issues including depression, anxiety and schizophrenia.[69]

The Guidelines state that the lifetime risk of death from alcohol-related disease or injury remains below 1 in 100 for both men and women if they always drink two drinks or less on an occasion, even if the occasions are every day.

Policy options for increasing awareness of harms associated with alcohol consumption

The bulk of alcohol harm prevention campaigns have focused on short-term consequences such as drink driving, violence, or less severely, social embarrassment. Continued efforts in these areas are essential in reinforcing the message to the public about the dangers of alcohol consumption in the short term.

Apart from recent efforts in WA, little attention has been paid to public education on the long-term health consequences of drinking. This void is manifest in the large proportions of Australians who are unaware of the link between alcohol consumption and many long-term physical consequences. FARE's 2011 Annual Alcohol Poll showed that while most Australians readily associate illnesses such as cirrhosis of the liver (88 per cent), liver cancer (69 per cent) and heart disease (55 per cent) with alcohol misuse, fewer are aware of the link between alcohol misuse and stroke (44 per cent), mouth and throat cancer (24 per cent) and breast cancer (11 per cent).[70]

In 2010, the Cancer Council in WA launched Phase One of the *Alcohol. Think Again* campaign,[71] which focused on the long-term consequences of harmful drinking with particular attention to alcohol's link with cancer. The campaign featured a television advertising strategy, a planned unpaid media strategy as well as press and out-of-home advertising. Phase Two was launched in March 2012 and aimed to increase personal relevance of the link between alcohol and cancer. Phase Two of the campaign featured a television advertising strategy, as well as a planned unpaid media strategy. The overall aim of the campaign was to decrease alcohol-related harm by reducing short-term and long-term harmful drinking.

Recommendation

12. That the SA Government develop a comprehensive social marketing and public education campaign on the short-term and long-term harms associated with alcohol consumption based on the *National Health and Medical Research Council* (NHMRC) *Australian Guidelines to Reduce Health Risks from Drinking.*

b) Fetal Alcohol Syndrome

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term referring to the lifelong disabilities resulting from an unborn child's pre-natal exposure to alcohol. Fetal Alcohol Syndrome (FAS) is the most clinically recognisable manifestation of FASD and it is characterised by facial anomalies, growth deficits and neuro-behavioural problems. FASD is the leading preventable cause of non-genetic, intellectual disability in Australia.[72]

The primary FASD disability is irreversible brain damage. The behaviours exhibited by people with FASD are often symptoms of the brain damage and are not made through rational decision making or choice. These include impaired cognition, memory, social and emotional skills. When these primary disabilities are not recognised, sufficiently understood and/or managed with appropriate strategies and interventions, secondary disabilities which could have been prevented can occur. These include mental health issues, alcohol and drug problems and trouble with the law.[73]

Many of the effects of prenatal alcohol exposure on the fetus are well established. The higher the dose of alcohol, the more pronounced the effects. However, there is no known low dose that appears to be safe for every pregnancy.[74]

Data suggests that prevalence rates for FAS, one of the conditions within the FASD spectrum, is between 0.06 and 0.68 per 1,000 live births in the general population, and most accept these rates as under ascertained due to poor and ad hoc information; the limited skills and capacities in detection and diagnosis; and the multiple barriers faced by women seeking help.[75] This means that there are potentially many individuals who remain undiagnosed. Even with diagnosis, there are insufficient support mechanisms to assist affected individuals and the people around them to live a better quality of life.

Policy options for the prevention of Fetal Alcohol Syndrome

The SA Government has done some commendable work in the area of FASD. One example is the development of the *Fetal Alcohol Spectrum Disorders: A Guide for Midwives.*[76] This guide outlines key information for midwives on FASD, including strategies on how to ask women about their alcohol consumption during pregnancy and how to identify FASD in children. Given that the guide was produced in 2006, it is important that an updated edition be published incorporating the latest developments in FASD. One important change to note is that since the production of the guide, the NHMRC *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* (the Guidelines) [77] were updated in 2009. These NHMRC Guidelines include new recommendations and research around alcohol use and pregnancy, stating that it is safest for women who are pregnant or planning a pregnancy to avoid alcohol altogether, and the updated *Fetal Alcohol Spectrum Disorders: A Guide for Midwives* should acknowledge this recommendation.

The SA Government also developed a social marketing campaign for the South Australian public, with the tagline 'Pregnancy and alcohol don't mix'. Evaluations of the campaign showed that there was increased community awareness about the fact that there is no safe level of alcohol consumption during pregnancy.[78] However, other key messages were not well-perceived, such as the fact that there is no safe stage within pregnancy to consume alcohol, and knowledge of the specific physical

and intellectual consequences that arise from alcohol consumption during pregnancy. This campaign was run again in 2007 to address these gaps, through a state wide distribution of posters and postcards and media promotions through radio, television, bus shelters, bus interiors and bathroom posters. However, to date, no evaluation of the 2007 campaign has been performed.

The WA Government has also been active in the FASD area. WA was the first state to produce a *Fetal Alcohol Spectrum Disorders Model of Care* (Model of Care). The model promotes a multi-agency approach into the prevention, diagnosis, treatment and management of FASD. This is essential as FASD issues span a wide range of sectors such as medicine, criminal justice and education.[79] An implementation plan for this Model of Care is expected to be published in 2013.

A broader national plan of action is needed to better support people with FASD, their families and carers. FARE has outlined this road map for action in the *Australian FASD Action Plan 2013-16* (Action Plan).[80]

The *Australian FASD Action Plan 2013-16* includes clearly defined priority areas, actions and indicators to address FASD across the spectrum; from prevention through to management across the lifespan. The SA Government has the capacity initiate action on a number of priority items, and encourage and support the Commonwealth Government on matters that require management on a national level. The five priority areas of the Action Plan are:

1. Increase community awareness of FASD and prevent prenatal exposure to alcohol

Fundamental to preventing new cases of FASD is the reduction of harmful consumption of alcohol by the general population, and in particular by women during pregnancy. Prevention activities need to target the whole population to raise awareness of the potential risks associated with alcohol consumption during pregnancy and create a supportive environment for women who are pregnant or planning pregnancy to be alcohol-free during this time. This should be done through public education campaigns and mandatory health warning labels on all alcohol products. In addition, targeted prevention initiatives are needed to support women most at risk of having a child with FASD. It is also imperative that all health professionals are able to ask and advise women about their alcohol consumption at any stage of their lives.

2. Improve diagnostic capacity for FASD in Australia

The prevalence of FASD is Australia is believed to be significantly under reported and this is due in part to low diagnosis rates. There is currently no standardised diagnostic instrument and there is limited diagnostic capacity among health professionals in Australia. An evidence-based standardised diagnostic instrument must be implemented, and opportunities for people to be assessed and receive a diagnosis must be provided. Training is also needed for health professionals to both increase their awareness of FASD and facilitate the use of the diagnostic instrument.

Australia currently has one dedicated FASD diagnostic clinic in Westmead Hospital, Sydney, which is funded by FARE. To improve diagnosis rates and ability of people to receive a diagnosis, it is important that South Australia Government consider the establishment of such a clinic in South Australia.

3. Enable people with FASD to achieve their full potential, including supporting their carers

For people with FASD, their parents and their carers, having access to disability support funding, services and early intervention programs results in better outcomes throughout their lives. Fundamental to this is the recognition of FASD as a disability, through the inclusion of FASD in eligibility criteria for disability supports. People with FASD also require access to early intervention services, and training resources are needed to support those working with people with FASD in education, employment and criminal justice sectors.

4. Improve data collection to understand the extent of FASD in Australia

To provide appropriate services for people with FASD, more information is needed on the prevalence of alcohol consumption during pregnancy and the numbers of people with FASD. Currently, little information is available on alcohol consumption during pregnancy and no standardised information is collected once a diagnosis is made. This makes it impossible to know the extent of FASD within Australia and the level of service provision that is required to address this.

5. Close the gap on the higher prevalence of FASD among Aboriginal and Torres Strait Islander peoples

FASD is more prevalent among Aboriginal and Torres Strait Islander peoples, with the incidence of FAS being between 2.76 and 4.7 per 1,000 births, which is four times the rate of FAS among the general population.[81] Aboriginal and Torres Strait Islander peoples require culturally appropriate diagnostic and treatment services to assist in preventing new cases of FASD and in supporting people who are affected by FASD.

Recommendation

13. That the Committee urges the Commonwealth Government to support the adoption of FARE's *Australian FASD Action Plan 2013-16,* as recommended by the 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.*[82]

The economic cost to South Australia in dealing with the consequences of alcohol abuse

To date, there is no comprehensive analysis of the cost of alcohol misuse to SA. National estimates are available; these could be used to provide a guide for estimating state-specific costs. There has also been research calculating costs-per-incident for alcohol-related crime in New South Wales (NSW) which can also be applied to SA specific estimations. A summary of the available research is presented below.

The costs of alcohol to Australian society in 2004/05[83]

In 2008, a report on the costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05 was released. This study by Collins and Lapsley calculated the costs of alcohol abuse by drinkers in Australia in 2004-05. The study estimated that the total social cost of alcohol abuse in 2004-05 was $15.3 billion.[84] This figure was made up of tangible and intangible costs. Tangible costs were estimated at $10.8 billion, which includes crime, reduction in workforce and health care costs. Intangible costs were estimated at $4.5 billion, which includes loss of life, and pain and suffering caused by road accidents.[85]

The societal costs of alcohol misuse in Australia[86]

The Australian Institute of Criminology released a paper in 2013 which updates the figures used by Collins and Lapsely to 2010 estimates. This study found that the total cost to society of alcohol-related problems in 2010 was $14.325 billion.[87] This includes the $2.958 billion costs to the criminal justice system, $1.686 billion to costs to the health care system, $6.046 billion costs in productivity costs and $3.662 billion costs associated with traffic accidents.[88]

The range and magnitude of alcohol's harm to others [89]

A report commissioned by FARE, the *Range and Magnitude of Alcohol's Harm to Others* is another report which outlines the costs associated with alcohol misuse. Unlike the report by Collins and Lapsley, this report examined the economic impact of someone else's alcohol use on others.

The study estimated that the cost of someone else's drinking totals more than $20.6 billion. This figure consists of $14.3 billion in tangible costs, which consists of out-of-pocket costs, forgone wages or productivity, and hospital and child protection costs. The report also estimated that the intangible costs equate to $6.4 billion. These costs are assigned to lost quality of life due to someone else's drinking.

Taking into account some cost overlaps between the *Harm to others* study ($20.6 billion) and the Collins and Lapsley study ($17 billion after accounting for inflation to 2008), the total alcohol costs to Australian society combined from the two studies is $36 billion per year.

Cost per incident of alcohol-related crime in New South Wales [90]

The purpose of this report by Byrnes, Doran and Shakeshaft was to provide a per-incident-of-crime cost measure for NSW that is applicable for use in economic valuations of alcohol's burden to society. Costs per incident of alcohol-related crimes include both costs associated with committing the crime as well as costs associated with the criminal justice system. These were estimated (in 2006 dollar values) as $5,976 for sexual offence, $3,982 for assault, $1,166 for property damage and $501 for disorderly conduct.

Policy options for calculating the economic costs of alcohol misuse in South Australia

To date, there is no SA specific costs estimation for alcohol misuse, however the above research can be used to provide state-based estimates. As a proxy, the nationwide figures of $36 billion could be applied to South Australian population[91] resulting in an estimate of $2.6 billion for the total cost of alcohol misuse to South Australia. The NSW cost-per-incident study could also be applied to South Australian crime data in order to provide more accurate economic valuations for the costs of alcohol-related crime for the purposes of research and policy formulation.

Such costs of illness studies are important to evaluate the economic costs and benefits of alcohol policies and the economic implications of policy interventions. The last time such a cost of illness study was undertaken was in 2004-05 (the Collins and Lapsley report). This needs to be updated and include other important data previously lacking, such as alcohol-attributable ambulance costs.

Funding for a new cost of illness study for alcohol which provides the latest data on this and improves on the limitations of the previous cost of illness study should also be prioritised. This information is particularly vital within the current alcohol policy context where reforms such as a minimum price for alcohol and abolition of the wine equalisation tax are being considered. Up to date reliable cost of illness data is important in evaluating the economic benefit of these and all alcohol polices.

In Australia there is a significant gap between the tangible alcohol relevant costs and the amount of tax collected by the Government. Estimates show that the Australian Government each year collects over $6 billion as a result of the production and consumption of alcohol.[92 93] As mentioned previously from national estimates, the tangible costs of alcohol misuse are estimated at $10.8 billion incurred by the individual drinkers,[94] and $14.3 billion from third party harms.[95] Note that there may be overlap between these two figures; nonetheless, they still far exceed alcohol revenue.

Recommendations

14. That the Committee finds that there are significant costs to South Australians (approximately $2.6 billion annually) as a result of the misuse of alcohol.

15. That the Committee urge the Commonwealth Government to fund a new comprehensive national cost of illness study for alcohol.

The influence of alcohol abuse in domestic violence

The World Health Organization has gathered a body of evidence supporting the relationship between alcohol use and intimate partner violence.[96] They include that:

- Alcohol use affects cognitive and physical function in such a way that self-control is diminished, making it more difficult for individuals to find a non-violent resolution to relationship conflicts.
- Excessive drinking by at least one partner can aggravate existing relationship stressors such as financial problems, thus increasing the probability of violence.
- Alcohol use is often used as a justification to violence, an externalising factor, given that there are personal and societal beliefs that alcohol causes aggression.
- Violence can result in increased alcohol consumption by the victim as a coping mechanism.
- There are intergenerational effects, with children who are witnesses to their parents' violence being more likely to have problematic drinking later in life.
- Alcohol use (from either one or both parties) is associated with the severity of violence.

As mentioned in the availability section of this submission, outlet density has been associated with increases in domestic violence. The study conducted by Livingston indicated there was a strong association between domestic violence and the density of packaged liquor outlets.[97] A 10 per cent increase in off-licence liquor is associated with a 3.3 per cent increase in domestic violence. Increases in domestic violence were also apparent with general (pub) licences and on-premise licences, although the effect was more modest.[98] Recently in WA a study was undertaken looking at the links between licensed outlets and violence. The study found that for every 10,000 additional litres of pure alcohol sold at a packaged liquor outlet, the risk of violence experienced in a residential setting increased by 26 per cent.[99]

Policy options to reduce alcohol-related domestic violence

Given the strong association between alcohol and domestic violence, targeting reduction in alcohol consumption may provide an important mechanism for reducing domestic violence. A major factor in people's alcohol consumption is the availability of alcohol. Studies indicate that it is not the frequency but the amount of alcohol consumption that influences the likelihood and severity of domestic violence. Higher alcohol prices, trading hour restrictions and lower outlet density have been associated with decreases in domestic violence rates.[100] [101] [102]

In line with the recommendations previously made in the submission, it is essential that all availability policy measures include all categories of licences (including off-licences) to ensure outlet density and trading hours do not contribute to increased alcohol-related domestic violence.

Recommendation

16. That the SA Government ensures that off-licence venues are included in all availability reduction measures, such as saturation zones, and cumulative impact and cluster control policies.

The appropriateness of the current legal age for consumption of alcohol

The current legal age for the purchase and consumption of alcohol is 18 years of age. This is consistent in all states and territories in Australia. There has been growing interest to increase the minimum drinking age to 21, similar to the United States of America and other places.[103] However, focusing on the issue of raising the legal drinking age detracts from evidence-based population wide strategies.

Alcohol misuse is a problem with all age groups, not just 18 to 21 year olds. According to the latest 2010 National Drug Strategy Household Survey[104] although 32 per cent of 18 and 19 year olds are at risk for lifetime harm from alcohol consumption, there are still alarming figures for older age groups, with over 20 per cent of people aged between 20 and 59 at lifetime risk. This is similar for short term risks from a single drinking occasion. While there is a higher proportion of 18-19 year olds placing themselves at short term risk from alcohol misuse at least once a month (58 per cent), older age groups are also exhibiting this worrying tendency (46 per cent of 20 to 29 year olds; 34 per cent of 30 to 39 year olds). Clearly, drinking above the recommended levels of alcohol is not limited to the younger age groups.

Policy options for the current legal age of consumption

The strategy of raising the legal drinking age in order to reduce alcohol-related harm is a blanket solution that fails to adequately protect the whole population. Problematic and risky drinking can occur in any age group and solutions to tackle alcohol misuse should cover all Australians, not just young people.

The most effective way to reduce these wide ranging harms is through population wide strategies aimed at regulating the price, promotion and availability of alcohol.

Recommendation

17. That the SA Government retains the legal drinking age at 18 years of age.

References

[1] Babor, T.F., Caetano, R., Casswell, S., Edwards, G., et al. (2010). Alcohol: No Ordinary Commodity - Research and Public Policy. 2nd Edition. Oxford and London: Oxford University Press.

[2] Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., et al. (2010) The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

[3] Collins, D.J., & Lapsley, H.M. (2008). The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol. Canberra: Commonwealth of Australia, pp.18-22.

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

[5] Pascal, R., Chikritzhs, T. & Jones, P. (2009). Trends in estimated alcohol attributable deaths and hospitalisations in Australia, 1996-2005. National Alcohol Indicators, Bulletin No.12. Perth: National Drug Research Institute, Curtin University of Technology.

[6] South Australia Police. (2010). Alcohol and Crime. Adelaide: Government of South Australia. Retrieved from: http://www.police.sa.gov.au/sapol/safety_security/alcohol_and_other_drugs/alcohol_and_crime.jsp

[7] South Australia Police (2011). Webpage, Alcohol and Crime. Adelaide: Government of South Australia. Retrieved from: http://www.sapolice.com.au/sapol/safety_security/alcohol_and_other_drugs/alcohol_and_crime.jsp

[8] Australian Institute of Health and Welfare. (2011). 2010 National Drug Strategy Household Survey report. Canberra: Australian Institute of Health and Welfare.

[9] Ibid.

[10] South Australia Police (2011). Webpage, Alcohol and Crime. Adelaide: Government of South Australia. Retrieved from: http://www.sapolice.com.au/sapol/safety_security/alcohol_and_other_drugs/alcohol_and_crime.jsp.

11 Trifonoff, A., Andrew, R, Steenson, T., Nicholas, R., & Roche, A.M. (2011). *Liquor Licensing Legislation in Australia: An Overview.* An National Centre for Education and Training on Addiction (NCETA). Adelaide: Flinders Univesity

[12] http://danmurphys.com.au/product/DM_342075/bowler-s-run-shiraz. Accessed 26 February 2013.

[13] https://www.1stchoice.com.au/Red%20Wine/hidden-gem-cabernet-merlot-750ml-2012_9861816. Accessed 26 February 2013.

[14] Coles online: https://www.colesonline.com.au/webapp/wcs/stores/servlet/SearchResultsView?langId=-1&storeId=16051&catalogId=15051&beginIndex=0&searchTermScope=4&searchTerm=mount franklin water. Accessed 26 February 2013.

[15] World Health Organization. (2012). Addressing the harmful use of alcohol : A guide to developing effective alcohol legislation. Geneva: World Health Organization.

[16] Livingston, M. (2008). A Longitudinal Analysis of Alcohol Outlet Density and Assault. Alcoholism: Clinical and Experimental Research, 32(6), 1074-1079.

[17] Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. Addiction, 106(5):919-925.

[18] Livingston, M. (2008). A Longitudinal Analysis of Alcohol Outlet Density and Assault. Alcoholism: Clinical and Experimental Research, 32(6), 1074-1079.

[19] Livingston, M. (2011). Alcohol outlet density and harm: comparing the impacts on violence and chronic harms. Drug and Alcohol Review, 30, 515-523.

[20] Ibid.

[21] MDCH, Bureau of Disease Control, Prevention & Epidemiology. (2011). The association of increased alcohol outlet density & related harms: Summary of key literature. Michigan: MDCH. Retrieved from: http://www.michigan.gov/documents/mdch/Outlet_Density_Associated_Harms_Summary-3.10.2011_373894_7.pdf.

[22] Matthews, S. (2010). To compare regulatory and planning models which reduce crime in the night time economy, Churchill Fellowship Report. Winston Churchill Memorial Trust, Australia.

[23] Hadfield, P. & Measham, F. (2009). England and Wales, pp19-50, in Hadfield, P. (ed) Nightlife and Crime: Social Order and Governance in International Perspective, Oxford University Press Inc., New York, USA.

[24] New York State Liquor Authority. Measuring the Distance – The 200 and 500 foot rules. New York State Liquor Authority: Division of Alcohol Beverage Control. Retrieved from: www.abc.state.ny.us.

[25] Code de La Sante Publique Article L3335-1 and L3335-2.

[26] ABC News. (2013). Small bars laws meet no objection. Retrieved from: http://www.abc.net.au/news/2013-02-20/small-bars-laws-meet-no-objection/4529054.

[27] National Drug Research Institute (2007). Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes. Perth: National Drug Research Institute, Curtin University of Technology.

[28] South Australia Police. (2010). Alcohol and Crime. Adelaide: Government of South Australia. Retrieved from: http://www.police.sa.gov.au/sapol/safety_security/alcohol_and_other_drugs/alcohol_and_crime.jsp.

[29] Ibid.

[30] Ibid.

[31] Kypri, K, Jones, C, McElduff, P & Barker, D (2011). Effects of restricting pub closing times on night-time assaults. Addiction, doi:10.1111/j.1360-0443.2010.03125.x

[32] Ibid.

[33] Hunter New England Local Health District. (2011). Retrieved from: http://lastdrinks.org.au/wp-content/uploads/2012/07/New-Institute-June-2012_Newcastle-Interventiongipa1.pdf.

[34] Anderson, P., & Baumberg, B. (2006). Alcohol in Europe: a public health perspective. A report for the European Commission. London, UK: Institute of Alcohol Studies.

[35] Collins, D.J., & Lapsley, H.M. (2008). The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol. Canberra: Commonwealth of Australia.

[36] Meier, P., Booth, A., Stockwell, A., Sutton, A., *et al*. (2008). *Independent Review of the Effects of Alcohol Pricing and promotion. Part A: Systematic Reviews*. Sheffield: the University of Sheffield.
[37] Babor, T.F., Caetano, R., Casswell, S., Edwards, G., et al. (2010). Alcohol: No Ordinary Commodity - Research and Public Policy. 2nd Edition. Oxford and London: Oxford University Press.
[38] Saffer, H. (1991). Alcohol advertising bans and alcohol abuse: an international perspective. Journal of Health Economics 10(1), pp.65-79.
[39] ANPHA (2012). Alcohol Advertising: The Effectiveness Of Current Regulatory Codes In Addressing Community Concerns. Issues Paper (December).
[40] Jones, S.C., Barrie, L., Robinson, L., Allsop, S., & Chikritzhs, T. (2012). Point-of-sale alcohol promotions in the Perth and Sydney metropolitan areas. Drug and Alcohol Review 31, pp.803–808.
[41] Ibid.
[42] Pettigrew, S., Roberts, M., Pescud, M., Chapman, K., et al. (2012). The Extent And Nature Of Alcohol Advertising On Australian Television. Drug and Alcohol Review 31, pp.797–802.
[43] Jones, S.C., & Smith, K.M. (2011). The effect of point of sale promotions on the alcohol purchasing behaviour of young people in metropolitan, regional and rural Australia. Journal of Youth Studies 14(8), pp.885-900.
[44] Government of South Australia, Attorney-General's Department. (2013). Liquor Licensing Act 1997: General Code of Practice Guidelines. South Australia: Government of South Australia. Retrieved from: http://www.olgc.sa.gov.au/Liquor/Licensees_Obligations/Code_of_Practice/GCOPGuidelines.pdf.
[45] Ibid.
[46] The ABAC Scheme Ltd. (2013). Alcohol beverages advertising code (and packaging) code: guidance notes. Retrieved from: <http://www.abac.org.au/uploads/File/ABAC%20Guidance%20Notes%2019%20February%202013.pdf>. Accessed 12 March 2013.
[47] Correspondence with SA Government Liquor and Gambling Commissioner and the Foundation for Alcohol Research and Education. 11 December 2012.
[48] Wagenaar, AC., Salois, MJ., and Komro, KA. (2009) Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. Addiction 104: 179-190.
[49] Ibid.
[50] First Choice Liquor. https://www.1stchoice.com.au/White%20Wine/hidden-gem-semillon-sauvignon-blanc-750ml-2012_9861510 Accessed 20 May, 2013
[51] Carragher, N., and Chalmers, J. (2011). What are the options? Pricing and taxation policy reforms to redress excessive alcohol consumption in Australia. NSW Bureau of Crime and Statistics and Research, Attorney General's Department: Sydney.
[52] Ferguson, A. (2011) Beer wars: big retail v Foster's. The Age. Retrieved from: http://www.theage.com.au/business/beer-wars-big-retail-v-fosters-20110322-1c59d.html news paper
[53] Carragher, N., and Chalmers, J. (2011) What are the options? Pricing and taxation policy reforms to redress excessive alcohol consumption in Australia. NSW Bureau of Crime and Statistics and Research, Attorney General's Department: Sydney.
[54] Reed, J. (2011) Britain's 'binge drink capital' revisited 27 January 2011. BBC News. Retrieved from: http://www.bbc.co.uk/newsbeat/12288638
[55] Bilton, R. (2009) Minimum alcohol prices for Oldham 10 August 2009. BBC News. Retrieved from: http://news.bbc.co.uk/panorama/hi/front_page/newsid_8189000/8189357.stm
[56] Reed, J. (2011) Britain's 'binge drink capital' revisited 27 January 2011. BBC News. Retrieved from: http://www.bbc.co.uk/newsbeat/12288638
[57] Stockwell, T., Auld, M.C., Zhao, J. & Martin, G. (2012) Does minimum pricing reduce alcohol consumption? The experience of a Canadian province. Addiction 107: 912-920.
[58] Zhao J., Stockwell T., Martin G., Macdonald S., Valance K., Treno A. et al. The relationship between changes to minimum alcohol price, outlet densities and alcohol-related death in British Columbia, 2002–2009. Addiction 2013; 108: 1059–69.
[59] Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K. et al. (2003) Alcohol: No Ordinary Commodity - Research and Public Policy. Oxford, Oxford University Press.
[60] World Health Organisation. (2000). International guide for monitoring alcohol consumption and related harm. Geneva: World Health Organisation.
[61] National Health and Medical Research Council. (2009). Australian Guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia.
[62] Australian Institute of Health and Welfare. (2011). 2010 National Drug Strategy Household Survey report. Canberra: Australian Institute of Health and Welfare.
[63] Foundation for Alcohol Research and Education. (2013). Annual Alcohol Poll: Attitudes and Behaviours. Canberra: Foundation for Alcohol Research and Education.
[64] Ibid.
[65] National Health and Medical Research Council. (2009). Australian Guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia.
[66] National Health and Medical Research Council. (2009). Australian Guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia.
[67] Australian Institute of Health and Welfare. (2011). 2010 National Drug Strategy Household Survey report. Canberra: Australian Institute of Health and Welfare.
[68] Ibid.
[69] National Health and Medical Research Council. (2009). Australian Guidelines to reduce health risks from drinking alcohol. Canberra: Commonwealth of Australia.
[70] Alcohol Education and Rehabilitation Foundation. (2011). *Annual Alcohol Poll: Community attitudes and behaviours*. Canberra: Alcohol Educaiton and Rehabilitation Foundation.
[71] Government of Western Australia: Drug and Alcohol Office. (2013). Alcohol and cancer campaign. Retrieved from: http://www.alcoholthinkagain.com.au/Campaigns/AlcoholAndCancerCampaign.aspx.
[72] O'Leary, C. (2002). Foetal Alcohol Syndrome: A literature review. National Alcohol Strategy 2001 to 2003-04 Occasional Paper. Canberra: Commonwealth Department of Health and Ageing.

[73] Streissguth A., Bookstein F., Barr H., Sampson P., O'Malley K, and Young J. (2004). 'Risk factors for adverse life outcomes in Foetal Alcohol Syndrome and Foetal Alcohol Effects.' Journal of Developmental and Behavioural Pediatrics, 25(4), 228-238.
[74] O'Leary, C. (2002). Foetal Alcohol Syndrome: A literature review. National Alcohol Strategy 2001 to 2003-04 Occasional Paper. Canberra: Commonwealth Department of Health and Ageing.
[75] May, P., Gossage, J., Kalber W., Robinson, L., Buckley, D., Manning, M. and Hoyme, H. (2009). 'Prevalence and epidemiologic characteristics of FASD from various research methods with an emphasis on recent in-school studies.' Developmental Disabilities Research Reviews Vol 15 (3): 176-92. Retrieved from: http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=search&term=19731384
[76] Drug and Alcohol Services South Australia. (2006). Fetal Alcohol Spectrum Disorders: A Guide for Midwives. South Australia: Drug and Alcohol Services South Australia
[77] National Health and Medical Research Council. (2009). Australian guidelines to reduce health risks from drinking alcohol. Commonwealth of Australia, Canberra.
[78] Centre for Health Promotion (2011). Pregnancy and Alcohol webpage. South Australian Government, Women and Children's Health Network. Accessed: http://www.healthpromotion.cywhs.sa.gov.au/Content.aspx?p=81
[79] Department of Health, Western Australia. (2010). Fetal Alcohol Spectrum Disorder Model of Care. Health Networks Branch, Department of Health, Western Australia
[80] Foundation for Alcohol Research and Education. (2012). The Australian Fetal Alcohol Spectrum Disorders Action Plan. Canberra: Foundation for Alcohol Research and Education.
[81] Peadon, E., Fremantle, E., Bower, C. and Elliott, E. (2008). International Survey of Diagnostic Services for Children with Foetal Alcohol Spectrum Disorders. BMC Pediatrics, 8:12
[82] House of Representatives Standing Committee on Social Policy and Legal Affairs. (2012). FASD: The hidden harm. Inquiry into the prevention, diagnosis and management of Fetal Alcohol Spectrum Disorders. Canberra: Commonwealth of Australia.
[83] Collins, D. and H. Lapsley 2008, The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Department of Health and Ageing, Canberra.
[84] Ibid.
[85] Ibid.
[86] Manning, M., Smith, C. & Mazerolle, P. (2013). The societal costs of alcohol misuse in Australia. Trends and issues in crime and criminal justice no. 454. Canberra: Australian Institute of Criminology
[87] Ibid.
[88] Ibid.
[89] Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
[90] Byrnes, J.M., Doran, C.M & Shakeshaft, A.P. (2012). Cost per incident of alcohol-related crime in New South Wales. Drug and Alcohol Review, 31, 854-860.
[91] Australian Bureau of Statistics. (2013). Australian Demographic Statistics, Sep 2012. Cat no. 3101.0. Canberra: ABS.
92 National Preventative Health Taskforce. (2009) Technical report 3, preventing alcohol related-harms in Australia: a window of opportunity. Commonwealth of Australia: Canberra.
[93] Distilled Spirits Industry Council of Australia Inc. (2012) Pre-budget Submission 2012-13 January 2012. Retrieved from: http://www.dsica.com.au/Library/PageContentFiles/7e8adb48-141d-498e-9fbb-0f1c49c2cb1d/DSICA_2012_13_Pre_Budget_Submission_Web_Version.pdf
[94] Collins, D. and H. Lapsley 2008, The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05, Department of Health and Ageing, Canberra.
[95] Laslett, A-M., Catalano, P., Chikritzhs, T., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M., Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) The Range and Magnitude of Alcohol's Harm to Others. AER Foundation and Turning Point Alcohol and Drug Centre: Fitzroy Victoria.
[96] World Health Organization. Intimate partner violence and alcohol fact sheet. Retrieved from: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_intimate.pdf.
[97] Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. Addiction, 106(5):919-925.
[98] Ibid.
[99] Liang., W and Chikritzhs., T (2010). Revealing the link between licensed outlets and violence: Counting venues versus measuring alcohol availability. Drug and Alcohol Review. 30, 524-535.
[100] Markowitz S. (2000). The price of alcohol, wife abuse, and husband abuse. Southern Economic Journal, 67: 279.
[101] Douglas M. (1998). Restriction of the hours of sale of alcohol in a small community: a beneficial impact. Australian and New Zealand Journal of Public Health, 22: 714– 9.
[102] Gray D., Saggers S., Atkinson D., Sputore B., Bourbon D. (1999). Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions. Aust NZ J Public Health, 24:39–44.
[103] Collerton, S. (2011). Should Australia's legal drinking age be 21? ABC News. Retrieved from: http://www.abc.net.au/news/2011-06-24/should-australias-legal-drinking-age-be-21/2770452.
[104] Australian Institute of Health and Welfare. (2011). 2010 National Drug Strategy Household Survey report. Canberra: Australian Institute of Health and Welfare.

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