FARE comments on the Australian Labor Party's National Platform - Consultation Draft

29 May 2015

About the Foundation for Alcohol Research and Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy.

In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's *Global Strategy to Reduce the Harmful Use of Alcohol*[1] for stopping alcohol 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 info@fare.org.au.

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

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Introduction

The Foundation for Alcohol Research for Education (FARE) welcomes the opportunity to provide comment on the Australian Labor Party's *National Platform Consultation Draft* (National Platform).

The comments provided in this submission relate to sections within the National Platform concerning alcohol policy. FARE has also provided comment, along with the Public Health Association of Australia (PHAA), in relation to chronic disease and preventive health in a separate submission.

Alcohol harms in Australia are significant. Alcohol is responsible for over 5,500 deaths, equating to 15 deaths per day.[1] This is more than four times the number of people killed on our roads each year. Alcohol is also responsible for more than 157,000 hospitalisations, equating to 430 hospitalisations every single day.[2]

Labor has a strong tradition of leadership in public and preventive health policy. Most recently, in 2010 the Rudd-Gillard Governments established the Australian National Preventive Health Agency to take action on alcohol, tobacco and obesity, the three biggest risk factors contributing to chronic disease. This was in addition to supporting the National Binge Drinking Strategy and making changes to the alcohol taxation system to apply a higher tax rate to alcopops or ready to drink beverages, which were at the time, the high alcohol content product of choice for teenagers.

The suggested amendments to National Platform focus on areas of opportunity for Labor to continue their focus on preventive health and reducing alcohol-related harms across the community.

Comments on the National Platform

The following sections provides suggested changes to the National Platform and a rationale for these changes.

The titles used in this document are the same titles as they appear in the *National Platform Consultation Draft* for ease of reference.

Where suggestions are made to amend existing text, the change is shown with a strikethrough or text to be deleted and underline of text to be added.

Trading with the world (Chapter 2, p.17)

Suggested changes

Amend the first dot point in paragraph 54 to:

> Does not undermine the Pharmaceutical Benefits Scheme and ~~public health initiatives~~ ensures public health concerns override economic or trade concerns in any area where these priorities may conflict.

Rationale

National and international health and development organisations have raised concerns about the potential health and human rights impacts of the Trans-Pacific Partnership (TPP). Some of these include reduced access to affordable medicines, reduced effectiveness of tobacco and alcohol policies, reduced food security and poorer nutrition, increased costs of providing health services, adverse impacts on the physical environment and increased risk of exposure to environmental hazards.

It is essential that the TPP does not limit the capacity of governments to introduce and implement policies aimed at improving public health, particularly in the area of tobacco control, reducing harmful alcohol use and food nutrition labelling.[3]

A report that assessed the health impact assessment of the proposed trans-pacific partnership agreement found that text within the TPP must ensure that public health concerns override economic or trade concerns in any area where these priorities may conflict. This means:

- including clear and strong public health exceptions
- defining public health as broadly as possible (for instance, not restricting the definition, explicitly or implicitly, to emergencies or to particular diseases).[4]

A fair and efficient tax system (Chapter 2, p.26)

Suggested changes

In the Fair and Efficient Tax System include an additional dot point to paragraph 68:

> Use corrective consumption taxes to modify health behaviours and maximise the benefits to the community.

Rationale

Across Australia today alcohol is more affordable than it has been in three decades. The affordability of alcohol contributes to the way that alcohol is consumed and the associated harms.

The current alcohol taxation system in Australia has contributed to the increase in the affordability of alcohol, and particularly the treatment of wine under the current alcohol taxation arrangements. The alcohol taxation system is illogical, incoherent and does not adequately recognise the extent and costs of alcohol harms to the Australian community.

The Henry Review stated that:

> *While taxes on alcohol should not be used for general revenue-raising, they may have role in addressing the significant spillover costs on the community associated with alcohol abuse, by changing the price of alcohol faced by consumers.*[5]

The Wine Equalisation Tax (WET) is the most inequitable part of the alcohol taxation system. The WET was introduced with the Goods and Services Tax (GST) and applies to grape wine, grape wine products, alcoholic drinks made from cider and mead, and other fruit and vegetable wines greater than 1.15 per cent alcohol by volume (ABV). The tax is paid by wine producers, wholesalers and importers at 29 per cent of a wine's wholesale price. The WET is different to other alcohol taxes in that it has no consideration for the alcohol content of the product and instead incentivises the production of cheaper, mass produced wine.

A hospital and secondary care system that works (Chapter 8, p.118)

Suggested changes

Amend the second dot point in paragraph 35 to:

> Tackle health problems that cause large numbers of hospital admissions, such as tobacco, ~~binge drinking~~ alcohol and avoidable GP-type presentations by investing in brief intervention programs.

Rationale

Health professionals have a key role in raising awareness of the risks associated with alcohol consumption. When consumers visit a health professional this provides a 'window of opportunity' to discuss a variety of health issues and provide information relevant to the individual. This approach, known as screening and brief intervention, consists of 'screening' individuals to determine if they are at risk of harms (such as smoking, alcohol consumption, diet and lack of physical activity) and a 'brief intervention' which is the provision of information to the individual about ways to reduce the risks associated with their current behaviours.[6]

Screening and brief interventions are an effective, evidence-based approach that can reduce harm and prevent further harm from occurring. Screening can identify whether a person's alcohol consumption is placing them or others at risk and identify individuals who may be developing alcohol-related problems and issues. Screening and brief interventions have been shown to reduce the quantity of alcohol consumed per week by individuals and have been proven effective in different settings such as General Practice and Emergency Departments as well as across different age groups.[7]

Aboriginal and Torres Strait Islander health (Chapter 8, p.124)

Suggested changes

Include an additional dot point in paragraph 70:

> Reducing the devastating impacts of alcohol on Aboriginal and Torres Strait Islander communities.

Rationale

Alcohol-related harms disproportionately affect Aboriginal and Torres Strait Islander peoples, who are impacted by alcohol-related violence, domestic violence, health conditions and death.

For example, Aboriginal and Torres Strait Islander men are hospitalised for alcohol-related health conditions at rates between 1.2 and 6.2 times those of other Australian men, and Aboriginal and Torres Strait Islander women at rates between 1.3 and 33 times greater.[8]

Deaths from alcohol-related causes are 7.5 times greater for Aboriginal and Torres Strait Islander peoples than those of other Australians.[9]

At the state and territory level, data from the Northern Territory provides insight into regional variation of the disproportionate nature of alcohol-related-harm among Aboriginal and Torres Strait Islander peoples. Death rates among Aboriginal and Torres Strait Islander peoples and other Australians in the Northern Territory in 2004-05 were 18.6 and 3.8 per 10,000 people respectively; with the Northern Territory alcohol-related death rate as a whole for 2004-05 at 7.2 per 10,000 people 15 years and over, almost 3.5 times higher the national estimate of 2.1 per 10,000 people.[10] The alcohol-attributable hospitalisation rate for Northern Territory Aboriginal and Torres Strait Islander peoples in 2005-06 was 379 per 10,000 people, approximately 6.5 times higher than for non-Aboriginal and Torres Strait Islanders at 57.6 per 10,000 people.[11] Overall, the age-adjusted Northern Territory alcohol-attributable hospitalisation rate in 2005-06 was 135.4 per 10,000 people 15 years and over,[12] which was more than twice the national rate of 62.2 per 10,000 people.[13]

As well as health problems, alcohol is the cause of a wide range of social problems in Aboriginal and Torres Strait Islander communities and contributes to high rates of unemployment and incarceration. It also has a significant impact on whole communities, with particular concern arising from violent antisocial behaviour, the impact of parental alcohol use on children (including those yet to be born) and the intergenerational ramifications of these.[14]

Child and maternal health (Chapter 8, p.126)

Suggested changes

Include an additional dot point in paragraph 76:

> Support programs that work with pregnant women to support positive lifestyle behaviours, such as avoiding alcohol and tobacco during pregnancy.

Rationale

It is estimated that up to 3,000 babies are born each year with Fetal Alcohol Spectrum Disorders (FASD), lifelong conditions that include brain damage, birth defects, developmental delay, as well as cognitive, social, emotional and behavioural deficits.

FASD results from pre-natal alcohol consumption. One in five Australian women who are pregnant continue to drink alcohol after knowledge of their pregnancy, despite the National Health and Medical Research Council's (NHMRC) Alcohol Guidelines recommending that not consuming alcohol is the safest option for pregnant women.

The continuation of alcohol consumption during pregnancy is partly a result of the inexistent promotion of the NHMRC Alcohol Guidelines. Despite these guidelines having been released over four years ago, there has been no active and comprehensive promotion of the information among the general public.

Alcohol and other drugs (Chapter 8, p.130)

Suggested changes

Amend paragraph 96 to:

> Labor will continue to respond to the harm caused by alcohol and other drug abuse with prevention, early intervention, effective treatment and harm minimisation policies.

Amend the second dot point in paragraph 98 to:

> Develop a new National Alcohol Strategy that includes a focus on ~~improved safety throughout our communities by reducing the level of~~ evidence-based measures to prevent and reduce alcohol-related harms, including alcohol-related violence.

Include an additional paragraph in this section:

> Labor is committed to restoring funding to the alcohol and other drug sector to ensure that Australia can continue to provide the quality and quantity of services required to support people in need.

Rationale

There is no national strategy for the prevention and management of alcohol-related harms in Australia. The National Alcohol Strategy 2006-2009 was extended to 2011, and since this time there has been no further review. A national alcohol strategy is vital to ensuring that government efforts are

coordinated and include a comprehensive plan of action that is both evidence-based and cost-effective.

To demonstrate commitment to further alcohol policy reform in Australia, a comprehensive national strategy for action on alcohol is needed. This national strategy should include a focus on preventing or reducing all alcohol-related harms. A comprehensive strategy needs to include clear targets of how much it intends to reduce alcohol-related harms and outline a plan of action as to how these targets will be achieved.

The Australian alcohol and other drugs (AOD) sector provides assistance to individuals who are seeking support for problems with their own or someone else's AOD use. The sector also provides support for those diverted from the criminal justice system.

AOD services are funded under the Department of Health's Drug Strategy Budget. The 2015-16 budget shows that $103 million has been cut from the Drug Strategy Budget since the 2013-14 budget (based on the forward estimates). This represents a 42 per cent cut in funds.

The 2015-16 budget also shows that the Drug Strategy Budget will be cut even further, resulting in a 50 per cent cut to funds forecast in 2013-14 for 2016-17. In 2013-14, the budget estimates provided $251 million for the Drug Strategy Budget in 2016-17. The 2015-16 budget's forward estimates provide just $126 million in 2016-17 and even less in the following year with $115 million forecast for 2016-17. The total cuts to the sector amount to $255,204 over two years.

These cuts to funding have occurred at a time when demand for AOD services has increased. There has been a six per cent increase in the number of treatment episodes across Australia since 2011-12.[15] Waiting lists are also long and act as a barrier to those seeking treatment and support.[16]

Rights and opportunities for people with disability (Chapter 9, p.148)

Suggested changes

Include an additional paragraph in this section:

> Labor is committed to recognising Fetal Alcohol Spectrum Disorder (FASD) as a disability to ensure people living with FASD, families and carers have access to the adequate support services.

Rationale

Across Australia, people with FASD, their families and carers have difficulties in accessing disability support services and funding. Many are precluded due to lack of diagnosis from a health professional or because FASD is excluded from eligibility criteria. There are also differences in the supports available to children and adults and differences between state and territory services.

Access to disability support services and early intervention programs are crucial in preventing the development of secondary disabilities for people with FASD. Secondary disabilities (such as mental health issues, alcohol and drug problems, disrupted schooling, lack of employment and incarceration) can occur when FASD is undiagnosed or misunderstood. Similar to other disabilities, access to early intervention services will result in better outcomes for the individual throughout their life.

Prevent violence against women and children (Chapter 9, p.163)

Suggested changes

Amend the sixth dot point in paragraph 165 to:

> Addressing fragmented responses to family violence, including greater coordination with the alcohol and other drug sector.

Include an additional dot point in paragraph 167:

> Targeting the contribution of alcohol consumption to the incidence and severity of family violence and child maltreatment.

Rationale

The interplay between alcohol and family and domestic violence is complex. Alcohol is a contributing factor to family violence, increasing both the likelihood of violence occurring and the severity of harms.[17]

Alcohol misuse can cause or exacerbate relationship stressors thereby increasing the probability of violence. Alcohol use can be both a consequence to and precursor of relationship stress and violence. Alcohol use also affects cognitive functioning and physical functioning, [18] affecting the likelihood of perpetration, and making those who are impacted by family violence more vulnerable.

Some perpetrators of violence may try to blame the misuse of alcohol and/or drugs or use intoxication as an excuse. This is not the case. Alcohol use and intoxication are never an excuse for violence.

Victims may use alcohol as a coping mechanism for dealing with trauma and pain. There are also intergenerational impacts, with children who witness domestic violence being more likely to have problems with alcohol later in life.[19]

Alcohol is involved in a significant proportion of reported domestic violence and child protection incidents. In 2010-11 there were 29,684 reported incidents of alcohol-related domestic violence to police across four Australian states: Victoria, New South Wales (NSW), Western Australia (WA) and the Northern Territory (NT).[20] Due to challenges with data collection across all jurisdictions, as well as under-reporting of these crimes, these figures are likely to be significant underestimates. This equates to approximately half of domestic assaults reported to police involving alcohol. In addition, a carer's alcohol use is a factor for 10,166 children in the child protection system.[21]

Sport (Chapter 9, p.177)

Include an additional paragraph in this section:

> Labor will protect Australian children and adolescents from relentless alcohol marketing at sporting events by phasing out alcohol industry sponsorship.

Rationale

Alcohol sponsorship of sporting and cultural events is prolific and highly visible in places where young people are present. In 2013, 45 per cent of Australians reported seeing alcohol advertisements at sporting events.[22]

Many sporting events in Australia include sponsorship from various alcohol industry bodies including cricket, the Bathurst 1000 V8 Supercars race, the National Rugby League and the Australian Open tennis championships. These sponsorship deals include field signage, jersey logos and naming rights to events or awards.

Of particular concern is the influence of alcohol advertising and sponsorship on young people's perceptions of alcohol, their drinking intentions and their behaviours. Studies have shown that there is a significant relationship between exposure to alcohol advertising, and drinking intentions and behaviours.[23,24,25]

Alcohol sponsorship of sporting events has also been shown to result in children and young people associating alcohol with sport.[26] In 2010 a survey of children aged between nine and 15 years old in Western Australia found that 75 per cent of children and adolescents recognised Bundy Bear and correctly associate him with an alcoholic product.[27]

Vibrant community and not-for-profit sectors (Chapter 10, p.197)

Suggested changes

Include an additional paragraph after paragraph 82:

> Labor recognises the importance of peak bodies to represent and advocate those in the not-for-profit sector, and will reinstate the funding for peak bodies, including the Alcohol and Other Drug Council of Australia which was defunded under the Coalition Government.

Rationale

Since the Coalition came into Government, two national peak bodies in the alcohol and other drug sector have been abolished.

In November 2013, the Alcohol and other Drug Council of Australia (ADCA) was informed that their funding would be not be continued. This is despite receiving reassurances from the Department that their core funding was secure.

One of the main reasons given by the Assistant Health Minister, Senator Nash to defund ADCA was the issue of duplication. The Assistant Minister, stated at a Senate Estimates hearing that there was many other organisations within the alcohol and other drug sector undertaking similar work to ADCA.

However, this is not the case as ADCA was the only national peak organisation representing hundreds of organisations across Australia that treat people with alcohol and drug issues, including families.

More recently the Australian National Council on Drugs (ANCD) has been abolished and replaced with the Australian National Advisory Council on Alcohol and Drugs (ANACAD), a committee of health and law and enforcement experts to provide advice directly to Assistant Minister. The functions and roles of ANCD have not been carried over to ANACAD, this is despite the Assistant Minister stating that ANCD was one of the organisations that was duplicating the work of ADCA.

With both of these peak bodies now abolished, not-for-profits, treatment services and people dealing with alcohol and drug issues, including families do not have any representation at a national level.

References

1 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point.

2 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point.

3 Hirono, K. et al. (2015). *Negotiating healthy trade in Australia. Health impact assessment of the proposed trans-pacific partnership agreement*. Centre for Health Equity Training Research and Evaluation. Sydney: UNSW.

4 Hirono, K. et al. (2015). *Negotiating healthy trade in Australia. Health impact assessment of the proposed trans-pacific partnership agreement*. Centre for Health Equity Training Research and Evaluation. Sydney: UNSW.

5 Attorney General's Department. (2010). *Australia's future tax system.* Report to the Treasurer, Part Two, Detailed Analysis December 2009. Commonwealth of Australia.

6 The National Centre for Education and Training (Date unknown) *Brief intervention* NCETA Presentation on Resource kit for GP Trainers on Illicit Drug Issues. Retrieved from http://nceta.flinders.edu.au/workforce/publications_and_resources/nceta-workforce-development-resources/gp_trainers_kit/section_b3_3/

7 Kaner, E. et al. (2007). *Effectiveness of brief alcohol interventions in primary care populations* Cochrane Database System Review (2):CD004148.

8 Australian Institute for Health and Welfare (AIHW) and Australian Bureau of Statistics (ABS). (2008). *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*. Canberra: ABS & AIHW.

9 Steering Committee for the Review of Government Service Provision. (2011). *Overcoming Indigenous disadvantage: Key indicators 2011*. Canberra: Productivity Commission,.

10 Northern Territory Government. (2012). *Alcohol use in the Northern Territory*. Health Gains Planning Information Sheet. Retrieved from http://www.territorystories.nt.gov.au/bitstream/handle/10070/245741/Alcohol_use_in_the_Northern_Territory.pdf?sequence=1

11 Northern Territory Government. (2012). *Alcohol use in the Northern Territory*. Health Gains Planning Information Sheet. Retrieved from http://www.territorystories.nt.gov.au/bitstream/handle/10070/245741/Alcohol_use_in_the_Northern_Territory.pdf?sequence=1

12 Northern Territory Government. (2012). *Alcohol use in the Northern Territory*. Health Gains Planning Information Sheet. Retrieved from http://www.territorystories.nt.gov.au/bitstream/handle/10070/245741/Alcohol_use_in_the_Northern_Territory.pdf?sequence=1

13 Skov, S.J., Chikritzhs, T.N., Li, S.Q., Pircher, S., & Whetton, S. (2010). *How much is too much? Alcohol consumption and related harm in the Northern Territory*. Medical Journal of Australia. Vol 193, Number 5: 1-4.

14 Gray, D. & Wilkes, E. (2010). *Reducing the harm from alcohol and other drug related harm: Resource Sheet no 3*. Produced for Closing the Gap Clearinghouse. Australian Institute for Health and Welfare (AIHW) and Australian Institute of Family Studies (AIFS).

15 Australian Institute of Health and Welfare. (2014). *Alcohol and other drug treatment services in Australia 2012-13*. Drug treatment series 24. Cat. no. HSE 150. Canberra: AIHW.
16 Australian Institute of Health and Welfare. (2014). *Alcohol and other drug treatment services in Australia 2012-13*. Drug treatment series 24. Cat. no. HSE 150. Canberra: AIHW.
17 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. & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, and the Foundation for Alcohol Research and Education.
18 World Health Organization. (2006). *WHO facts on: Child maltreatment and child abuse*. Geneva: WHO. Retrieved from: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_child.pdf
19 Braaf, R. (2012). *Elephant in the room: Responding to alcohol misuse and domestic violence*. Australian Domestic & Family Violence Clearinghouse Issues Paper no.24. Sydney: Australian Domestic and Family Violence Clearinghouse.
20 Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research and the Foundation for Alcohol Research and Education.
21 Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). *The hidden harm: Alcohol's impact on children and families*. Canberra: Centre for Alcohol Policy Research and the Foundation for Alcohol Research and Education.
22 Gray, D. & Wilkes, E. (2010). Red*ucing the harm from alcohol and other drug related harm: Resource Sheet no 3*. Produced for Closing the Gap Clearinghouse. Australian Institute for Health and Welfare (AIHW) and Australian Institute of Family Studies (AIFS).
23 Winter, M.V., Donovan, R.J., & Fielder, L.J. (2008). Exposure of children and adolescents to alcohol advertising on television in Australia. *Journal of Studies on Alcohol Drugs*. 69: 676–83.
24 Stacy, A.W., Zogg, J.B., Unger, J.B., & Dent, C.W. (2004). Exposure to televised alcohol ads and subsequent adolescent alcohol use. *American Journal of Health Behaviour*. 28:498–509.
25 Ellickson P, Collins R, Hambarsoomians K, & McCaffrey D. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction*. 100: 235–46.
26 Phillipson, L. & Jones, S.C. (2007). *Awareness of alcohol advertising among children who watch televised sports*. Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) conference: 2803-2810.
27 Carter, O., Phan, T. & Donovan, R. (2010). Letter: Three-quarters of Australian children recognise Bundy R. Bear: Alcohol advertising restrictions are not working. *Australian and New Zealand Journal of Public Health*. 34(6):.635–36.

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