Foundation for Alcohol Research & Education

2013-2014 Pre-Budget submission

Submission to Treasury and

the Department of Health and Ageing

November 2012

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 800 organisations and funded over 1,500 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.

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

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Overview

The case for introducing evidence-based alcohol prevention policies has never been more compelling. Alcohol-related harms in Australia are increasing[1], levels of alcohol consumption remain high by world standards[2] and there is significant community support for change.[3] The harms from alcohol result in substantial costs to the community, resulting from both the harms incurred by an individual's alcohol consumption, as well as the collateral damage of another's alcohol consumption.

The costs that result from an individual's own alcohol misuse include an estimated $1.9 billion for healthcare, $2.2 billion for road traffic accidents, $1.6 billion for criminal justice and $3.6 billion in lost productivity.[4] The 'collateral damage' costs that result from someone else's drinking have been estimated to amount to more than $14 billion in health care and child protection costs, lost wages and productivity, and out-of-pocket expenses such as property and personal damage, costs of professional counselling to cope with the drinker, and costs of having to leave home and stay elsewhere to avoid the drinker.[5]

While the costs from alcohol misuse are substantial, many of these costs can be minimised by investing in population level public policies with the proven ability to reduce harmful alcohol consumption.

FARE acknowledges that the Commonwealth Government is committed to reaching a surplus in the 2013-14 Budget; therefore, this submission outlines areas of cost savings for Government, as well as areas where modest investment will make a significant difference to communities and individuals.

These are to:

1. reform the Wine Equalisation Tax (WET)
2. invest in the prevention and early intervention of Fetal Alcohol Spectrum Disorders, and
3. support research into a Burden of Disease study.

Australia can no longer afford to stand by and incur the increasing cost of alcohol-related harm. The Government needs to act swiftly to ensure that people are not further harmed and that the costs to governments do not continue to increase.

Budget Savings

At a time when the Commonwealth Government seeks to make savings to reach a surplus in the 2013-14 Budget, opportunities for savings can be found in addressing the gross inequities in the current alcohol taxation system. The most inequitable part of the alcohol taxation system is the Wine Equalisation Tax (WET) and WET rebate, which encourage the production of cheap wine.

The current WET regime results in significant forgone revenue to the Commonwealth Government through low tax rates and rebates to the wine industry. The cheaper price of wine also results in significant costs to the community through alcohol-related harms. Evidence clearly shows that low alcohol prices result in higher consumption, and lower prices result in lower consumption.[6] Consequently an increase in alcohol prices results in a decrease in harms, as outlined in the recent Australian National Preventive Health Agency (ANPHA) Draft Report *Exploring the public interest case for a minimum price*

> "a clearer picture [of the effect of price policies] can be provided by studying the effects of pricing policies on health outcomes related to harmful alcohol use, such as liver cirrhosis. For example, studies of cirrhosis mortality have found that tax increases reduce mortality, whilst a study on suicide rates found that increases in beer tax were associated with a reduced rate of male suicide (page 23)."[7]

Clear cost savings can be made by replacing the WET with a volumetric tax rate, through increased revenue to Government and in the longer term through reduced costs of alcohol-related harms.

Replace the WET Rebate with a volumetric tax rate

The case for reforming the WET in Australia has never been stronger. The evidence supporting the need for change is considerable and addresses the economic, health and industry benefits for reforming the current illogical WET. The WET must be reformed as a matter of urgency for the following reasons:

1. the current alcohol taxation system is incoherent and at the centre of this is the WET
2. nine separate government reviews have concluded that the WET needs to be reformed
3. the wine glut has ended and can no longer be used as a reason to delay reforming the WET
4. reforming the WET is cost beneficial
5. the majority of the alcohol industry supports reforming the WET, and
6. claims about the catastrophic impacts of changes to the WET on the wine industry have been discredited.

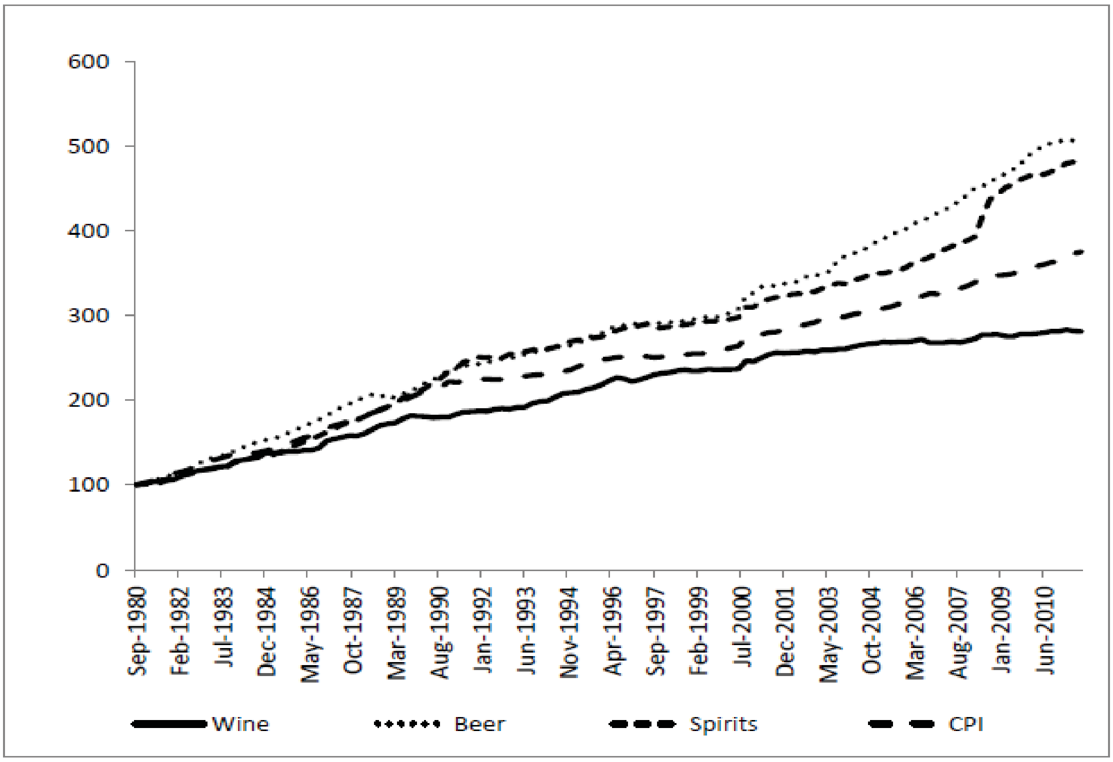
The case for reforming the WET

1. The current alcohol taxation system is incoherent and at the centre of this is the WET

The current alcohol taxation system is illogical, incoherent and does not adequately recognise the extent and costs of alcohol-related harms to the Australian community. Wine is taxed based on its wholesale price rather than its volume of alcohol, which favours the consumption and production of cheap wine with no regard to alcohol volume, while all other products are taxed based upon their alcohol content, albeit at different rates. The WET is paid by wine producers, wholesalers and importers at 29 per cent of a wine's wholesale price.

Wine is by far the cheapest form of alcohol available in Australia. A standard drink containing 12.5 ml of alcohol can be obtained for 36 cents via cheap cask wine compared with $1.75 for beer and $2.52 for ready-to-drink beverages.[8] The price of wine also continues to become more affordable. Figure 1 shows the separate price indices for wine, beer and spirits and compares those with the overall consumer price index (CPI), which shows that relative to CPI, wine prices have fallen 25 per cent.[9] Given what is known about the links between alcohol and price, the increasing affordability of wine has significant implications for the health of Australians and the associated costs to community.

Figure 1: Movement in the prices of beer, wine and spirits, index



Source: ABS (2011), Consumer price index, Australia, Cat No 6401.0

2. Nine government reviews have concluded that the WET needs to be reformed

Nine separate government reviews have concluded that the alcohol taxation system be overhauled.[*] In 2009 the Henry Review concluded that the WET needed to be reformed as a matter of urgency.[10] The Henry Review described the current alcohol taxation system as 'incoherent' and stated that the "current alcohol taxes reflect contradictory policies…As a consequence, consumers tend to be worse off to the extent that these types of decisions to purchase and consume, which may have no spillover cost implications, are partly determined by tax (page 436)."[11] The Henry Review recommended that alcohol taxes should be set to address the spillover costs imposed on the community of alcohol abuse.

Most recently, on 1 November 2012, ANPHA's extensive consultation on the case for the minimum floor price for alcohol in Australia concluded that, "the current operation of the Wine Equalisation Tax is of concern and requires reappraisal (page 42)."[12] This conclusion was based upon extensive consultations with a range of sectors including the public health sector, members of the community and alcohol industry.

3. The wine glut has ended and can no longer be used as a reason to delay reforming the WET

The Commonwealth Government's response to the Henry Review's recommendation to reform the alcohol taxation system was that it would not reform alcohol taxation while Australia is "in the middle of a wine glut and where there is an industry restructure underway (page 30)."[13] FARE has consistently asserted that the Government's position is erroneous and that the wine glut is not a reason for delaying reform.

Furthermore, recent reports have demonstrated that the wine glut has come to an end in Australia. Analysis by FARE reported in, *The Wine Glut: An analysis of the oversupply of wine in Australia and progress of the voluntary industry restructure*, assessed the extent of the wine glut against six indicators. These indicators include forward stock to sales ratio, projected forward stock to sales ratio, stakeholder commentary, progress against the wine industry's restructure agenda and proportion of bulk wine.

The analysis found that, on balance, the wine glut in Australia has come to an end. This is best demonstrated in assessing the stock to forward sales ratio, a ratio representing the actual stock available in one year against sales made in the year after. Australian Bureau of Agricultural and Resource Economics and Sciences (ABARES) suggested that the preferred stock to forward sales ratio was: "between 1.5 and 1.6 years of sales for red wines and between 1.2 and 1.3 years of sales for white wines (page 30)."[14] The ratios for 2011-12 were 1.53 for red table wines and 1.23 for white table wines, which are very close to the ideal ratios. ABARE also assesses projected forward stock to sales ratios for future years. ABAREs projections for 2013-14 for white and red table wine are 1.08

[*] Reviews that have recommended a volumetric tax be applied to wine include: the 1995 Committee of Inquiry into the Wine Grape and Wine Industry; 2003 Federal Standing Committee on Family and Community Affairs Inquiry into Substance Abuse; the 2006 Victorian Inquiry Into Strategies to Reduce Harmful Alcohol Consumption; the 2009 Australia's future tax system (Henry Review); the 2009 National Preventative Health Taskforce report on Preventing Alcohol Related Harms; the 2010 Victorian Inquiry into Strategies to Reduce Assaults in Public Places; the 2011 WA Education and Health Standing Committee Inquiry Into Alcohol; and the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, draft report.

and 1.36 respectively. This is below the ideal ratios established by ABARES suggesting that the industry will no longer have an oversupply of wine.

Recent commentary by David Dearie, Chief Executive Officer of Treasury Wine Estates supports the claim that the wine glut has come to an end. On 22 October 2012, when asked by reporters if the global wine glut is over, Mr Dearies stated that "It certainly appears that way."[15] He went on to say that "There's a lot of evidence to suggest there is less wine - there's less grapes." Mr Dearie even went as far to suggest that the wine industry may soon experience a shortage in wine stocks, stating that "It looks like we're back into a shortage as we start to look at the impact of the harvests in Europe this year."[15]

4. Reforming the WET is cost beneficial

For the first time in Australia a benefit cost analysis (BCAs) of alcohol taxation reform has been undertaken to assess the costs of alcohol taxation reform scenarios against the benefits of reducing the collateral damage from others drinking. The analysis, titled *Bingeing, collateral damage and the benefits and costs of taxing alcohol rationally,* found that alcohol taxation reform is cost beneficial and that any reductions in consumer surplus from reforming the alcohol taxation system are outweighed by the benefits in reductions in costs of the third party harms from alcohol consumption. The BCA also found that an overwhelming majority of Australians (85 per cent) will be better off from changes to alcohol taxation and that reforming the WET will result in moderate drinkers benefiting as they often incur the collateral damage from alcohol misuse.[16]

The analysis examined the impacts of changing the wine tax rate from the current WET to a volumetric tax rate equivalent to that applied to full strength draught beer (at $29.05 per litre of pure alcohol – at the time of the study). The analysis concluded that this taxation change would result in a net benefit of $230 million to the Australian community.[16]

5. The majority of the alcohol industry is supportive of reforming the WET

There is substantial support from the alcohol industry for reforming the WET. Support for reforming the WET is shared by the Distilled Spirits Industry Council of Australia[17], Brewers Association[18] and two major wine producers who make up 20.5 per cent of Australian wine production, Treasury Wine Estates and Premium Wine Brands (Pernod Ricard).

Further commentary from within the wine industry also suggests that there are several other small and medium sized producers who acknowledge that the industry would benefit from reforming the WET. For example, the owner of Westend Estate Wines, Bill Calabria recently stated that "the WET is having a negative impact through the domestic market, and virtual wineries with no long-term vision are abusing the system…(page 82)."[19]

6. Claims about the catastrophic impacts of changes to the WET on the wine industry have been discredited

The Wine Federation of Australia (WFA) has made claims about the potential impacts of changes to the WET on the wine industry. These claims include that introducing a volumetric tax at the packaged beer rate of $40.82 per litre of pure alcohol and removing the WET rebate would result in a fall in sales volumes by 34 per cent and 12,000 jobs being lost.[20] However analysis by the Australia Institute found that these figures were grossly exaggerate and that the actual fall is sales volumes would be 5.2 per cent and a possible loss of 599 jobs. [21]

WFA's continued objection to tax reform is no more and no less than typical industry rent seeking.

The policy settings

To address the inequities in the alcohol taxation system that result in wine being priced significantly less than other alcohol products, a volumetric tax should be applied to wine and the WET rebate should be abolished.

1. Replace the WET with a volumetric tax rate at $29.05 per litre of pure alcohol

Projected savings: $849 million over one year

FARE recommends that Government introduce an interim volumetric tax rate applied at a rate no lower than $17.39 per litre of pure alcohol, which takes into consideration the net revenue currently collected from the wine industry and the revenue forgone through the current WET rebate.

Evidence shows the impact of replacing the WET and setting a rate at $29.05 per litre of pure alcohol would see an increase in the retail price of cask wine of 71.4 per cent and a decrease in the consumption of cask wine of 49.5 per cent which accounts for 13 million litres of alcohol.[22] The $29.05 rate is based on the full-strength draught beer rate at the time the analysis was undertaken (August 2011).This would also result in an overall decrease in total alcohol consumption of 12.3 million litres of pure alcohol.[23] An increase in revenue of approximately $849 million would be generated if set at this rate.[24]

Furthermore, the BCA of the alcohol taxation reform scenarios found that reforming the alcohol taxation system in Australia is of greater benefit to the Australian community that keeping the status quo.[25] The BCA found that replacing the WET and setting a rate at $29.05 per litre of pure alcohol would result in the substantial benefits for the community, with 85 per cent of Australians benefiting from the modelled changes to alcohol taxation. Table 1 outlines the net benefits of the setting a rate at $29.05.

Table 1: Estimates of benefits and costs of replacing the WET with a rate of $29.05 per litre of pure alcohol

	WET removed and replaced with excise rate of $29.05. All other rates unchanged
Reduced harm to others	$330 million pa*
Net loss of consumer surplus	$100 million pa
Net public benefit	$230 million pa

* pa = per annum

2. Abolish the wine rebate

Projected savings: over $200 million over one year

The WET rebate is poorly targeted, has many loopholes and supports unprofitable wine producers. In 2010-11 the WET rebate cost Australia $250 million per annum in forgone revenue. The Commonwealth Government pays over $200 million to the wine industry through the WET rebate, including $30 million spent in rebates to New Zealand producers. [26]

Similar to the WET, the WET rebate is equivalent to 29 per cent of a producer's assessable dealings. The rebate is able to be claimed by producers for up to $1.7 million in domestic wholesale wine sales. The rebate was introduced in October 2004, in response to calls for support for small and rural and regional wineries. In 2005, the WET rebate was extended to New Zealand to satisfy bilateral trade obligations in 2005.[27]

The WET rebate needs to be abolished and an assessment made of the need for a structural adjustment package separate to the tax regime. Furthermore, it is important that any structural adjustment package should not undermine the overall objective of alcohol taxation and reforming the WET which addresses the spillover costs from alcohol consumption.

It is also timely that a restructuring package be looked at now as the Government moves towards finalising its plans for Murray Darling Basin reform.

Budget Expenditure

Through only a modest investment gains can also be made to preventing alcohol-related harms. FARE has identified two such areas: prevention and early intervention of Fetal Alcohol Spectrum Disorders (FASD), and providing funding for research into the burden of disease in Australia.

Fetal Alcohol Spectrum Disoders (FASD)

Fetal Alcohol Spectrum Disorders (FASD) are the leading preventable cause of non-genetic developmental disability in Australia. Despite this, FASD has been largely overlooked by governments and this has resulted in low awareness of the condition by the Australian public and health professionals.

In November 2011 the then Minister for Health and Ageing the Hon Nicola Roxon and the Minister for Families, Community Services and Indigenous Affairs, the Hon Jenny Macklin called an Inquiry into FASD, which is being undertaken by the House of Representatives Social Policy and Legal Affairs Committee. The Inquiry is due to hand down its report later in 2012 or early in 2013. The report will outline actions needed to prevent FASD and better support people with FASD, their families and carers.

A cost effectiveness study undertaken by Health Technology Analysts (HTA) in 2010, and commissioned by Food Standards Australia New Zealand, estimated that annual cost of FASD per individual ranged from $11,707 to $36,533 per year depending on the severity of the disorder. HTA estimated that FASD conservatively costs Australia $66 million each year, with the overwhelming majority of costs (75 per cent) borne by governments.

A broader 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*, which is a fully costed Action Plan for Government.

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 five priority areas of the Action Plan are:

1. increase community increase community awareness of FASD and prevent prenatal exposure to alcohol
2. improve diagnostic capacity for FASD in Australia
3. enable people with FASD to achieve their full potential, including supporting their carers
4. improve data collection to understand the extent of FASD in Australia, and
5. close the gap on the higher prevalence of FASD among Aboriginal and Torres Strait Islander peoples

The total cost of The Australian FASD Action Plan is $37 million over the three years. These costs include:

- $13.9 million to increase community awareness of FASD and prevent prenatal exposure to alcohol
- $9.1 million to improve diagnostic capacity for FASD in Australia, including $852,000 to implement the Australian FASD diagnostic instrument
- $7.5 million to close the gap on the higher prevalence of FASD among Aboriginal and Torres Strait Islander peoples
- $2.5 million to enable people with FASD to achieve their full potential
- $381,000 to improve data collection to understand the extent of FASD in Australia; and
- $3.3 million to evaluate the strategies in the plan.

FARE has prioritised three areas for funding in the 2013-2014 Commonwealth Budget.

1. Publish, implement and evaluated the Australian FASD diagnostic instrument and implement training for health professionals on its use

Projected Cost: $2.1 million over three years

A diagnosis of FASD is crucial to ensuring that a child born with FASD, their birth mothers and/or carers are provided with the support that they need to manage the condition and prevent further disability. However Australia currently does not have a diagnostic instrument for FASD, and health professionals have a low awareness of the condition. The Commonwealth Government has commenced work on the development of an Australian FASD diagnostic instrument. Funding of $450,000 was allocated to the Australian FASD Collaboration to develop a national diagnostic instrument for FASD.[28] The report included a systematic literature review on screening and diagnostic assessment as well as an examination of FASD screening programs and diagnostic guidelines from across the world.[28,29]

This diagnostic instrument now requires validation in a range of clinical environments across Australia prior to its implementation. The total cost of finalising and evaluating the diagnostic instrument is estimated to be $852,000 over three years.[30] This is based previous developmental costs and includes the evaluation the diagnostic instrument.

In addition to the Australian FASD diagnostic instrument being published it is critical that health and medical professionals be trained on its use. This could be undertaken by funding a small grants round for training providers to train health professionals, overseen by consortium of relevant health peak bodies[†]. The total cost of these training grants is estimated at $650,000 over two years and would commence once the diagnostic instrument and guidelines have been published. This funding is based on 500 health professionals being trained at a cost of $1,000 each, and $150,000 towards program management and funds for the consortium.

[†] This consortium should consist of representatives from the peak bodies involved in FASD diagnosis. This includes the Paediatric College within the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners and relevant allied health peaks (e.g. Australian Psychological Society, Australian Agency for Social Workers, Occupational Therapists Australia, Physiotherapists Australia and Speech Pathology Australia). This consortium would then disburse small grants funding to training providers to deliver training on use of the Australian FASD diagnostic instrument

In addition five practical FASD diagnostic training workshops across Australia should be carried out.[31] These training courses, estimated at $300,000 would include an overview on FASD, case scenario diagnostic evaluations and hands-on practice sessions for health professionals. These three actions if implemented in conjunction with each other would greatly improve understanding and awareness of FASD among health professionals in Australia and improve diagnostic rates.

2. Establish FASD diagnostic services

Projected cost: $7.3 million over three years

A FASD diagnosis is determined through a multi-disciplinary approach with assessments undertaken by a range of health professionals including paediatricians, clinical psychologists, occupational therapists, speech and language therapists, physiotherapists and social workers. Obtaining a diagnosis is important as it can improve an individual's opportunities throughout life by having a better understanding of the specific deficits affecting that individual.[32,33]

Australia currently has one dedicated FASD diagnostic clinic, which is funded by FARE. To improve diagnosis rates and ability of people to receive a diagnosis, three FASD clinics should be developed throughout Australia.

The total cost of developing and operating the three diagnostic clinics is estimated to be $3.6 million over three years. The funding provided to the Diagnostic Clinic at The Children's Hospital at Westmead has been used as a guide ($400,000 per year, per clinic).

Research on the other potential diagnostic service models also needs to be undertaken, especially to determine the effectiveness of different models in different locations e.g. rural versus urban settings, specialist clinic versus clinics within existing Child Development Services.

A funding proposal has been developed by the George Institute for Global Health to trial paediatric and child health care being delivered by a multidisciplinary team in Fitzroy Valley schools in Western Australia.[34] This project model is estimated at $1.8 million over three years and would cover large remote geographical areas. Establishing a similar project in another region would allow different FASD diagnostic service models to be evaluated and is estimated at $3.7 million over three years. These models are discussed further in the *Australian FASD Action Plan 2013-2016.*

3. Develop FASD Models of Care

Projected Cost: $517,000 over three years

Women who have alcohol-use related disorders or are alcohol dependent are most at risk of having a child or multiple children with FASD.[35] Efforts to support these women to reduce or cease their alcohol consumption are crucial in helping to prevent new cases of FASD, including referral to appropriate services.

The most effective way to ensure that this occurs is through the development of a model of care in each state and territory. The West Australian Department of Health, Child and Youth Health Network Model of Care for FASD outlines that clear referral pathways are needed between GPs, maternity and newborn services and alcohol and other drug services to ensure comprehensive support for all pregnant women, including those in rural and remote regions.[36]

It is recommended that a National Model of Care be developed, with each state and territory then developing implementation plans.[37] The total cost of developing a National Model of Care and state-based implementation plans for women who have alcohol use disorders with clearly defined referral pathways into treatment is estimated at $517,000.

Fund an Australian Burden of Disease Study

Projected cost: $3 million over three years

The Australian Burden of Disease (BOD) Study is a foundational piece of epidemiological research that indicates the relative contribution of over 170 diseases and 14 risk factors (including alcohol misuse) to premature mortality as well as current and future disability.[38.] It is a critical piece of work for determining optimal resource allocation for the prevention of disease and for service delivery for people who are currently living with disease.

The last BOD study was published in 2007 and in most part used data collected in 2003 although some data was older than this. However, there is no funding available to continue a *new* national BOD study, despite the fact that the data is becoming out-dated, and that a new global BOD study is currently being completed for publication later in 2012. It is in the interest of Australian public health to continue to fund this study.

For alcohol policy specifically, it is of critical importance because the associations between alcohol misuse and liability for cancer and cardiovascular diseases have changed significantly since 2003 as a result of new research. The not-for-profit sector has been investing significant resources into work to develop further evidence of the BOD. For example the Heart Foundation has provided $4 million worth of funding to the Biomedical Survey component of the Australian Health Survey. FARE and VicHealth are also contributing $100,000 to an alcohol-related BOD study.

While this work by not-for-profit organisations is important, a comprehensive Government funded Australian BOD study is needed, without a new national BOD study; policy makers will be making incorrect assumptions of the relative contribution of alcohol misuse to death and disability in Australia.

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