



1. Introduction: changing the drinking culture in Australia

1.1 Purpose

This paper has been prepared for the National Preventative Health Taskforce to provide up-to-date and evidence-based information on policies and programs to prevent alcohol-related harm in Australia. While the paper is intended as an overview of the most relevant and generally available evidence, in the interests of brevity it covers many issues in summary only.

The paper attempts to answer three questions:

- What are the key trends in alcohol consumption and related harm in Australia?
- What are the most effective approaches to preventing and reducing alcohol-related harm?
- What are the gaps and opportunities for preventative action in Australia?

The paper is informed by the most current and readily available information on alcohol consumption and related harm, and the scientific literature on approaches to preventing and reducing alcohol-related harm. It draws upon evidence and examples of approaches from both within Australia and internationally. The paper summarises and acknowledges preventative work addressing alcohol-related harm already under way in Australia, and includes some commentary on its effectiveness, and also attempts to highlight gaps and opportunities for further preventative action.

The range of interventions that are reviewed in some detail in the paper include:

- Regulating physical availability
- Taxation and pricing
- Drink-driving countermeasures
- Treatment and early intervention
- Altering the drinking context
- Regulating promotion
- Education and persuasion.

An emerging theme from the paper is that there is currently a unique window of opportunity in Australia for a significant expansion of activity in the prevention of alcohol-related harm. In part, this opportunity grows from increased community and political concern about the harmful consumption of alcohol (especially focused on youth drinking) and a heightened willingness from all levels of government to take action in the area.

Furthermore, there is an increasingly solid base of evidence upon which policy decisions can be made – even from the brief review presented in this paper, it is clear which of the various policies and programs hold the most promise of being effective, and those which offer the least.

It is also apparent that there are potential synergies with other public health efforts to address tobacco, obesity and a range of chronic diseases.



The priorities for preventative action that are suggested in this paper are reflected in the overarching discussion paper *Australia: the Healthiest Country by 2020*.

1.2 The drinking culture in Australia

Alcohol plays many roles in contemporary Australian society – as a relaxant, as an accompaniment to socialising and celebration, as a source of employment and exports, and as a generator of tax revenue. It is intrinsically part of Australian culture. The majority of Australians who regularly drink, do so in moderation. Around three-quarters (72.6%) of Australians drink below levels for long-term risk of harm.(1) However, short-term consumption of alcohol at harmful levels, while only occasional, is also a prominent feature of the drinking culture in Australia. One in five Australians (20.4%) drink at short-term risky/high-risk levels at least once a month.(2) Put another way, this equates to more than 42 million occasions of binge drinking in Australia each year.

While overall levels of alcohol consumption and drinking patterns have not changed markedly over the past decade, there is an increasing community awareness of the problem of harmful consumption of alcohol. These patterns continue to produce substantial costs to the health of Australians. Alcohol consumption accounts for 3.2% of the total burden of disease and injury in Australia: 4.9% in males and 1.6% in females. (3) Beyond its impacts on the health and wellbeing of individuals and communities, the harmful consumption of alcohol also impacts significantly across a range of other areas, including workforce productivity, healthcare services such as hospitals and ambulances, road accidents, law enforcement, property damage and insurance administration.

The annual cost to the Australian community from alcohol-related harm is estimated to be more than \$15 billion.(4) In Australia, concern in the general community about alcohol's adverse health and social effects is growing. A recent survey of Australians revealed that 84% of people are concerned about the impact of alcohol on the community.(5)

1.3 Determinants of drinking behaviour

The current national alcohol strategy(6) observes that Australia's drinking cultures are driven by a mix of powerful, intangible social forces, such as habits, customs, images and norms, and other interlocking and equally powerful tangible forces relating to the social, economic and physical availability of alcohol, including promotion and marketing, age restrictions, price, outlets, hours of access and service practices(6) (see Fig. 1). Certainly, there is no single factor that determines why people drink at harmful levels. Health-damaging behaviours related to poor diet, inadequate exercise, cigarette smoking, excessive drinking and illicit drug use appear to be embedded in a complex network of social determinants and risk and protective factors, and behaviours are also mediated by cultural influences.(7)

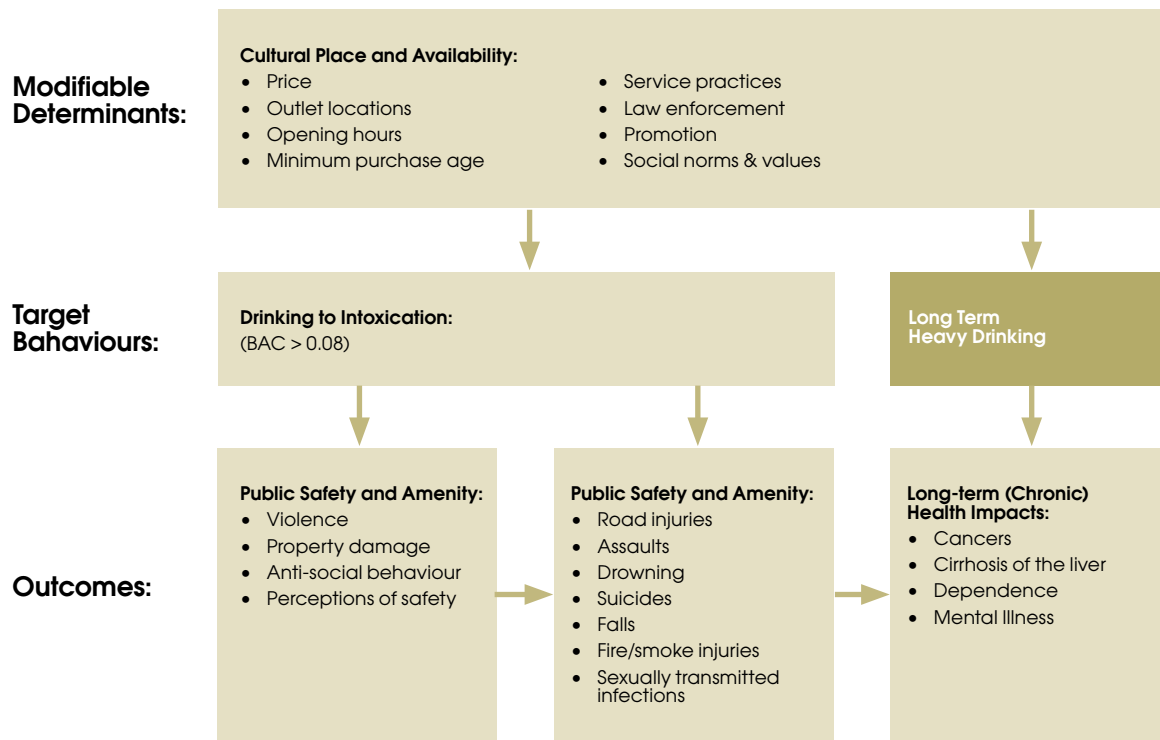


Figure 1: Alcohol-related harm: determinants, behaviours and outcomes
 Source: National Alcohol Strategy 2006–2009(6)

1.4 Alcohol policy and programs in Australia

Preventing alcohol-related harm is a responsibility shared among all levels of government. The Australian Government and the states and territories are working together through the mechanisms of the Ministerial Council on Drug Strategy to implement initiatives as part of the *National Alcohol Strategy 2006–2009*. (6) The strategy is a plan for action developed collaboratively between governments, industry and community partners. Key action areas initially identified for the strategy include:

- Monitor and review of alcohol promotions
- Increase community awareness and understanding of the extent and impacts of intoxication
- Improve enforcement of liquor licensing regulations

- Support whole-of-community initiatives to reduce alcohol-related health problems
- Develop and implement social marketing campaigns to reduce alcohol-related harms.

At a state and territory level, key alcohol policy and program responsibilities include law enforcement, licensing regulation, the provision of treatment services and drug education in schools. Additionally, all states and territories have strategic plans to address alcohol, which vary in scope and funding. Given the diverse range of adverse outcomes of drinking often experienced at a local community level, local governments also play an important role, including their functions in environmental health, planning, community development, waste disposal and youth services.



Local governments can contribute to the management of the physical availability of alcohol and the creation of safer drinking settings, and engage in environmental design and planning that contributes to and supports community wellbeing. There are many examples of innovative, locally responsive measures in Australia, in part to respond to the modern phenomena of 'night-time economies'.(8)

Throughout Australia, there is also a considerable amount of community-based activity under way in preventing alcohol-related harm, some of which is government funded and some of which is led by charitable groups. The contribution of community-level action is significant, and is integral to the effective implementation of federal, state and local government policies and programs.

Overall, while rhetoric is aimed at prevention, and there is currently a mood to address the negative side of alcohol use, there is great difficulty in gaining coherent, cooperative, strategic and effective action. This situation might be compared to the place of and responses to tobacco smoking in Australia in the 1960s.

1.5 Recent developments in Australia

NATIONAL BINGE DRINKING STRATEGY

On 28 March 2008, the Prime Minister announced a new national strategy to address the binge drinking epidemic among young Australians.(9)

COUNCIL OF AUSTRALIAN GOVERNMENTS (COAG) BINGE DRINKING AGREEMENT

The Council of Australian Governments (COAG) recently agreed on the importance of tackling the harmful consumption of alcohol among young people and asked the Ministerial Council on Drug Strategy to report to it in

December 2008 on options to reduce binge drinking, including in relation to closing hours, the responsible service of alcohol, reckless secondary supply and the alcohol content in ready-to-drink beverages. The Australia New Zealand Food Regulation Ministerial Council is to request Food Standards Australia New Zealand to consider mandatory health warnings on packaged alcohol.(10)

MINISTERIAL COUNCIL ON DRUG STRATEGY (MCDS)

The work of the Ministerial Council on Drug Strategy (MCDS) includes a focus on the assessment of late-night lock-outs for licensed premises and the development of a preferred framework to more effectively target police resources on binge drinking hot spots. It is also focused on a national policy framework for the responsible service of alcohol, a preferred regulatory model to address the secondary supply of alcohol to minors, options for reducing the alcohol content in products (including those aimed at young people), possible standards and controls for alcohol advertising targeting young people, and advice regarding the impact of health warnings on alcohol products.(11)

NORTHERN TERRITORY INITIATIVE AND OTHER ABORIGINAL AND TORRES STRAIT ISLANDER SPECIFIC INITIATIVES

Perhaps the most radical experiments in responding to problems, especially among Aboriginal Australians, have been carried out in the Northern Territory. Most recently, the *Northern Territory Initiative* was implemented by the then Minister for Aboriginal Affairs of the previous Australian government, and is soon to be reviewed after one year of implementation. This is a complex area and this paper will not attempt to summarise interventions specific to Indigenous Australians or presume to provide comprehensive information in this area.