



5. Policy imperatives

5.1 The state of alcohol policy in Australia

A recent report by the WHO warns that ‘the difference between good and bad alcohol policy is not an abstraction, but very often a matter of life and death’.(13) Nonetheless, it is acknowledged internationally that ‘alcohol policy is often the product of competing interests, values and ideologies’, and hence is not always based entirely on scientific evidence.(13) More specifically, the cultural significance of alcohol in many societies, along with its economic importance and the political influence wielded by the global and domestic alcohol beverage industries, create a hostile environment for public health policies, especially those aimed at reducing consumption overall as a way of preventing and reducing alcohol-related harm.

While we can see that it is politically necessary to have ‘collaborative and cohesive’ alcohol policy where all interested parties are included, this poses significant impediments to the implementation of the most effective preventative interventions. Notwithstanding this, Australia has been assessed as being comparatively progressive and among the best in the world in terms of evidence-based alcohol policy.(93) In a recent commentary on national alcohol control policies in 18 countries, Babor and Winstanley (94) report that ‘contrary to the generally pessimistic reports about alcohol policies, the case of Australia provides cause for optimism’. This assessment probably speaks to the relative low level of well-integrated policies globally, rather than an opportunity for complacency in Australia.

Stockwell (2004:(42)) has judged that while there are ‘some significant disappointments’, there are also ‘some wonderful examples of successful Australian public policies around alcohol from the past two decades’. Among the population-wide strategies that have been successful in reducing alcohol-related harm in Australia, Stockwell highlights taxation and drink-driving legislation/enforcement. For high-risk groups, the compulsory fortification of bakers flour with thiamine and liquor licensing restrictions in some Indigenous communities are considered as successes. Among the strategies not likely to have been effective, Stockwell points to the dissemination of national drinking guidelines, the introduction of standard drink labelling on alcohol containers, and efforts to encourage GPs to deliver brief interventions and advice about low-risk drinking. Stockwell also underlines some significant ‘setbacks’ in Australian alcohol policy, such as the relaxation of liquor licensing laws, which has led to the proliferation of outlets in many Australian jurisdictions; changes to the tax rate on wine, which has encouraged the production and harmful consumption of cheap wine; and, since 1997, the inability of states and territories in Australia to collect levies on the sale of alcohol products.

The recent review of alcohol policies in 30 OECD nations rated Australia as fifth overall, behind Norway (1st), Poland, Iceland and Sweden.(93) The study rated the state of alcohol policy in each of the 30 countries by creating a composite score based on the extent to which the country had adopted policies in various policy domains such as the physical availability of alcohol, prices, drinking context, alcohol advertising and road safety.



The study also examined the relationship between each country's score and per capita alcohol consumption, and found a strong negative correlation that implied a decrease in consumption of 1 litre of alcohol per year for each 10-point increase in the score. In other words, as alcohol policies increased in strength (i.e. effectiveness), alcohol consumption decreased.

Since the late 1980s, Australia has adopted several national strategies to tackle the harmful consumption of alcohol. Australia's first national alcohol strategy was completed in 1989 (95) followed by subsequent iterations in 1996, (96) 2001, (97) and most recently in 2006.(6) If the success of these strategies is to be measured on the basis of any change in rates of overall per capita drinking, rates of adult binge drinking, rates of underage drinking, and outcomes such as hospitalisations and crime, then these strategies appear to have had only modest success. One Australian commentator has said that 'while these documents provide the basis for a coherent and legitimate national approach to alcohol there has been poor follow-through on implementation'.(98) A recent summary of the state of alcohol policy in Australia reported that 'what is needed now is not so much an understanding of *what* works, but an appreciation of **how to make it work** in the various contexts in which it is implemented'(43) (emphasis added). Essentially, even the most effective strategies in the world will not be effective if they are not properly implemented as intended.

5.2 The best mix of interventions

While some interventions are more effective than others, there is no single strategy that can offer a 'quick fix' or 'silver bullet' to the prevention of harmful consumption of alcohol. The review undertaken by Babor *et al.* (2003) (13) concludes that an integrated approach is required that includes a combination of the strategies that are known to be effective and suitable for the particular context in which they are to be implemented. The NDRI emphasises(36) that it is important to consider the *quality*, rather than the *quantity*, of interventions. For example, 'a single targeted restriction (for example, hotel closing at midnight) may be more effective than an entire suite of half-heartedly implemented, watered-down or ill-considered restrictions'.(36) Importantly, choosing high-quality interventions does not mean choosing the most expensive. In fact, many of the most effective strategies are the cheapest.

A recent analysis of studies into the cost effectiveness of various alcohol-prevention measures found that there are very substantial differences in costs and effects, both between interventions and between world regions. See Table 10.(99) Random breath testing (due to the need for regular sobriety checkpoints administered by police) and brief advice in primary care (the intervention itself, plus costs associated with training) are the most costly interventions to achieve equivalent savings in years of health, expressed as disability-adjusted life years (DALYs) With regard to taxation, cost effectiveness appears to depend in part on the efficiency of the tax system and the degree of anti-drinking sentiment. In the Americas and Europe, where like Australia, the prevalence of heavy drinking is high, taxation was the most effective and cost-efficient strategy. However, by contrast, tax is actually least effective and least efficient in South East Asia, where low rates of heavy drinking appear to favour more targeted approaches such as random breath testing and brief physician advice.(99)



Table 10: Cost-effectiveness (average cost per DALY) of interventions for reducing the burden of alcohol in three WHO sub-regions (at different levels of economic development)

INTERVENTION	AMERICAS	EUROPE	SOUTH EAST ASIA
Brief physician advice	776	2,612	856
Random breath testing	1,919	2,741	701
Excise tax (current)	364	370	5,420
Excise tax (current + 20%)	326	321	7,414
Excise tax (current + 50%)	297	287	9,418
Reduced retail access	484	1,208	1,406
Comprehensive ad ban	536	660	1,807

Source: Chisholm *et al.* (2006)(99)

A more recent, Australian-based study has identified the interventions for which strong Australian or international evidence exists as to their potential benefits, and has attempted to evaluate these benefits in terms of the reduction in the social costs of alcohol-related harm it would be possible to achieve.(100) Interventions identified as being effective and for which benefits are quantifiable, include:

- Higher alcohol taxation, including differential tax rates on forms of alcohol that are particularly subject to abuse
- Partial or complete bans on the advertising and promotion of alcohol
- Measures to reduce drink driving: more intensive enforcement of random breath testing and lowering the legal blood alcohol concentration (BAC) level
- Brief interventions by primary care physicians to reduce hazardous alcohol consumption.

The study estimates that through the adoption of these interventions it would be possible to achieve a 48% reduction in alcohol-attributable deaths, along with significant reductions in the social costs of alcohol-related harm. These include a \$5.94 billion saving from higher alcohol taxation, a \$5.83 billion saving from brief interventions, a \$2.45 billion saving from partial advertising and marketing controls, and a \$0.94 billion saving from greater enforcement of drink-drive laws.



5.3 Challenges in implementation

Australia's international score card in the area of alcohol policy appears to be quite impressive, as the reviews mentioned above testify, and many would argue that incremental policy change, rather than radical approaches, is the most appropriate way to proceed. However, some have cautioned against taking comfort in this approach because of the 'cultural inertia' surrounding alcohol policy in Australia, which can be a formidable barrier to meaningful policy changes. 'Drinking forms part of the Australian legend, and there is good precedent in Australian history to suggest that a radical alcohol reform agenda could provoke community backlash – beware the 'wowsers' label'.(98) An example of radical policy change that has been successful is the introduction of

random breath testing, thanks in part to the accompanying social marketing campaigns that have highlighted both the seriousness of the problem and the effectiveness of the policy response. The level of public support in Australia for new alcohol policy interventions and/or the extension of existing interventions is encouraging in some areas (see Fig. 14); for example, the level of public support for measures known to be effective, such as the strict monitoring of late-night licensed premises (75%), is relatively high. While support for measures such as increasing tax on alcohol to pay for health, education and the treatment of alcohol-related problems is relatively lower (41%), it is a reasonably sufficient base of public support on which to build through public education and social marketing about the rationale and potential benefits of such a measure.

Figure 14. Support for alcohol measures, proportion of the population aged 14+ years, Australia, 2007

Source: AIHW 2008(2)





There are some specific challenges that go beyond public understanding and attitudes. These have been raised throughout this paper and include:

- National Competition Policy, as it relates to liquor licensing systems, regulating alcohol prices and restricting alcohol promotions
- The division of responsibilities between levels of governments for key alcohol policy areas and the historic complexity in achieving coordinated action
- The economic and political importance, and thus influence, of the alcohol beverage and related industries.

These challenges arise in the context of broad, community-wide changes in the nature of work, education and social connectedness, and occur at a time when:

- Alcohol sponsorship of sporting and cultural activities has replaced and is now prominent in many areas previously occupied by the tobacco industry.
- Alcohol consumption is symbolically associated with positive and pleasurable life in portrayals of Australia's history and culture, including the ongoing promotion of alcohol as a necessary ingredient of entertainment, celebration and all 'rite of passage' life course transitions.
- The 'menu' of psychoactive and performance-enhancing substances is increasing in scope and complexity within a society that is encouraged to focus on pleasure and performance, and where alcohol is seen, comparatively, as the 'known' commodity and thus 'unchallengeable' (or at least acceptable).

- The debate regarding the positive health benefits of small doses of alcohol makes forthright messages for social marketing purposes awkward and less memorable, and where compromise is extracted in every effort to implement effective alcohol harm prevention measures.
- Intoxicated behaviour is regarded by many community members as 'normal' and by many young people as desirable.
- The significantly lower life expectancy of Indigenous people is intrinsically linked to layered aetiology, including historic and structural issues, social and service exclusion, patterns of alcohol consumption, where there is great sensitivity to progressing evidence-based approaches in some communities and where the consequent immobilisation and inaction from the broader society is the most ready response. There is a parallel dilemma of too much too fast, and the possibility of even greater broad dysfunction if not managed carefully.
- 'Consumer' is a complex concept in this field. It can include both alcohol consumers (who generally seek liberal access to their favoured drug) and service users who are very often extremely reluctant to seek 'help'. Those who experience the 'second-hand' effects of harmful consumption of alcohol are a somewhat untapped group (including parents, who are the most identifiable group, but extending well beyond this sub-category).
- The extent and level of detail of data available precludes the evaluation of the outcomes of the incremental and planned changes to the levers that influence alcohol-consumption patterns, and patterns of related harm over the past decades, and similarly make effective modelling or assessment of the likely impact of future directed changes incomplete and thus less reliable.



- While there are few well-qualified specialists, there are many middle-managing health and welfare personnel implementing interventions that they sometimes have little faith in, and the concomitant low expectations of success with patients or clients can be self-fulfilling. In this context there is now good evidence of what works and we know that treatment, for example, can be successful. Although many will agree with this statement, few in the responding industry seem to believe it or lack the skills to utilise the most effective means to achieve it.
- The views of community members tend to be closer to the alcohol beverage industries' preferred preventative approaches, such as advocating for measures including school-based alcohol education, the responsible service of alcohol training, parent support and information, and education programs for specific target populations on fetal alcohol effects.

5.4 Opportunities for action

Reflecting on the evidence regarding the determinants of harmful consumption of alcohol, as gleaned from the review of interventions earlier in this paper, is perhaps a starting point for considering what the priorities for action should be. In general:

- When alcohol availability increases, alcohol-related harms are likely to increase
- When alcohol availability decreases, alcohol-related harms are likely to decrease
- When alcohol prices decrease in real terms, alcohol-related harms are likely to increase
- When alcohol prices increase in real terms, alcohol-related harms are likely to decrease.

In summary, changing the physical and economic availability of alcohol is probably the most effective and reliable way of reducing the harmful consumption of alcohol.

As the NDRI (2007) suggests, 'where the ultimate aim of decision makers is to minimise or reduce the negative impact of alcohol on the public health, safety and amenity of a population, best practice is that which is evidence-based and at very least, avoids implementing changes likely to increase overall availability above the current status quo'.

Government decision making relating to the availability in Australia, whether it be liquor licensing decisions or changes to the excise rates of particular alcohol products, tends to be reactionary. As an alternative, NDRI (2007) suggests that 'authorities and decision makers might consider adopting a pro-active style – one which acknowledges the links between alcohol availability and harms and which plans accordingly. Optimally, such an approach would: include policy and strategies based on sound research evidence for efficacy and/or have a solid theoretical grounding; include processes which support the ongoing, systematic collection of detailed objective data for monitoring and evaluation purposes; employ evaluation findings to inform and support future evidence-based decisions and reliable monitoring of community sentiment.'

Of course, 'supply reduction' measures that restrict availability are not the single solution to addressing the harmful consumption of alcohol – harm reduction and demand reduction measures are also important and very necessary. Maintaining and building on Australia's impressive track record in drink-driving countermeasures is an obvious element to include in an overall preventative strategy, but it should not be taken for granted, especially given the powerful cultural forces surrounding alcohol in Australia that could undermine, stall or, worse still, reverse the gains made in preventing and reducing alcohol-related road injuries and fatalities. Brief interventions are known to be one of the most effective preventative measures and more work is needed to examine the most appropriate setting for such an approach. Along with the usual health settings considered, workplaces provide a window of opportunity for reaching



thousands of Australians at the early stages of problematic drinking. This also opens an opportunity for novel partnerships. The success of prevention in other areas of public health, such as tobacco control, tells us that social marketing is a key element that is necessary to inform target audiences, shift attitudes and positively reinforce behaviour changes being driven by other complementary measures, such as restrictions on availability, regulation and enforcement.

5.5 Priorities

The intent of this paper has been to provide background information about alcohol-related harm in Australia, and summarise international best practice in alcohol-prevention policies and programs, rather than to articulate a particular course of action. However, some priorities for preventative policies and programs, and for research, are most important and most urgent, and should be singled out, because they represent a gap in current practice or knowledge in Australia or because they would enhance and/or inform existing and new practices. In the first instance, the major imperatives for Australia are to:

1. Reshape consumer demand towards safer drinking through:

- Managing both the physical availability (access) and economic availability (price). The high accessibility of alcohol – in terms of outlet opening hours, density of alcohol outlets and discounting of alcohol products – is an issue in many Australian communities.
- Addressing the cultural place of alcohol. Carefully planned, targeted and research-based social marketing and public education are required, and will be more effective if the marketing of alcoholic beverages is restricted, including curbing advertising and sponsorship of cultural and sporting events.

2. Reshape supply towards lower-risk products through:

- Changes to the current taxation regime to stimulate the production and consumption of low-alcohol products.
- Improved enforcement of current legislative and regulatory measures (such as Responsible Serving of Alcohol or bans on serving intoxicated persons and minors, or continuing to lower the blood alcohol content in drink-driving laws).

3. Strengthen, skill and support primary health care to help people in making healthy choices:

- Supporting brief interventions as part of routine practice by health professionals and other health workers in primary healthcare settings can assist changes in drinking behaviour and attitudes to alcohol consumption. This support should include consideration of building appropriate reimbursements and other incentives into health system funding.

4. Close the gap for disadvantaged communities:

- There is a need for tailored approaches and services to reach Indigenous and other disadvantaged groups.

5. Improve the evaluation of interventions through:

- Monitoring and evaluation of regulatory measures and other programs to underpin the further evolution of prevention strategies directed at inappropriate alcohol consumption.
- Developing effective models of safer patterns of alcohol consumption in different communities through changes to alcohol taxation arrangements, and an understanding of the impact of different types of alcohol outlets and their density on hospitalisation, violence and crime rates.