



Alcohol Policy Coalition

Submission to the National Drug
Strategy Consultation

24 February 2010

The Alcohol Policy Coalition (“APC”) is a collaboration of health agencies – Australian Drug Foundation, Cancer Council Victoria, Turning Point Alcohol and Drug Centre and VicHealth – with shared concern relating to the misuse of alcohol and its health/social impacts on the community. The APC’s long-term goal is to promote a safer community drinking culture.

National Drug Strategy – Beyond 2009

The current National Drug Strategy is in its final year of implementation and the Ministerial Council on Drug Strategy (“MCDS”) is developing the next phase of the strategy. The MCDS are seeking input from expert stakeholders and the broader community on directions for the strategy 2010-2015.

Executive Summary

As part of the overall review process of the National Drug Strategy the APC considers the following alcohol policy issues to be top priorities for action in the next five years:

1. Alcohol pricing and taxation
2. Regulation of alcohol promotion
3. Health information and warning labels for alcohol products

Currently, in all three areas, there is little consideration of the impact on public health, particularly in relation to taxation, pricing and the regulation of alcohol advertising. The tax rate (and by extension price) of some alcohol products is insufficient to reduce harmful drinking practices. Self-regulation of advertising is failing to protect children and young people from exposure to high levels of alcohol advertising. Finally, the introduction of health and warning labels would complement reforms in pricing and advertising, to encourage those who chose to drink to do so in a safe and responsible manner, and to fully inform consumers about alcohol products.

The APC consider that key reforms in alcohol pricing and taxation, advertising, and labelling have the potential to deliver noticeable reductions in harmful alcohol consumption. Additionally, it is crucial to the implementation of these and other effective alcohol harm reduction policies that steps are taken to reduce the adverse effects of national competition objectives. Furthermore, policy makers must have access to wholesale alcohol consumption and sales data to inform and improve alcohol-harm reducing initiatives.

Background

In preventing and reducing alcohol related problems, the APC is focussed on creating a consolidated and coordinated approach by key agencies.

Australia's current National Drug Strategy has reached its final year of implementation. According to the preamble to the current consultation paper, the Strategy has been evaluated by independent experts at the direction of the MCDS. This evaluation found that the Strategy and its three pillars of supply, demand and harm reduction "are fundamentally sound and have been vital to the success of the Strategy in reducing the prevalence of, and harms from, drug use in Australia over a long period."¹

The technical report to the National Preventative Health Strategy² also discusses Australia's national strategies to target the harmful consumption of alcohol. Of the national alcohol strategies from 1989, 1996, 2001 and 2006, the report notes:

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.³

The report goes on to say that a 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...***'⁴

The APC agrees that the drivers of supply, demand and harm reduction are crucial to minimising the harm arising from the misuse of alcohol. However, we also agree with the comments from the technical report. Significant harms from alcohol use continue to occur in Australia and new trends are emerging. For example, while overall drinking rates have steadied since 1991, there has been an increase in the rate of harmful alcohol consumption, particularly in young people.⁵

The APC's long-term goal is to reduce the negative health and social consequences of alcohol through evidence based policy and advocacy. The APC has developed position statements on key areas of alcohol reform, which are enclosed with this submission.

We are of the firm view that available evidence provides a strong impetus for action in key areas of alcohol regulation. With the recent report from the National Preventative Health Taskforce, and the creation of a National Preventative Health Agency to implement a preventive health strategy, it is important for the next phase of the National Drug Strategy to include measures to implement alcohol reforms.

A PRINCIPLED APPROACH – THE NATIONAL DRUG STRATEGY

The core principles that have underpinned the Strategy for the past 25 years are:

- A consistent approach
- Evidence informed practice
- Partnerships
- A coordinated, integrated approach
- A balanced approach
- International contribution and cooperation
- Emphasis on prevention⁶

The APC commends the MCDS for establishing clear policy principles for the Strategy. These principles should continue to guide and influence the development of responses to alcohol use and misuse for the next five years and beyond.

The following section discusses the Strategy principles and the key points that the APC wish to present in relation to each approach.

A consistent approach

As stated above, the National Drug Strategy was founded on a consensus about harm minimisation, and in particular, the three pillars of supply reduction, demand reduction and harm reduction. The APC considers that the key driver should remain that of harm minimisation, and this should be carried over into the next phase of the strategy.

The recent review of the regulatory framework around the sale and supply of liquor in New Zealand noted that the maintenance of law and order and health and well-being are adversely impacted by the harmful consumption of liquor.⁷ Harmful alcohol consumption in Australia imposes costs on families, government agencies (both state and federal), and on Australian communities.⁸

The reduction of alcohol supply, demand and harm must be the prime policy target of any new strategy and thus, it is essential that the concept of harm minimisation continues to underpin the new strategy.

Evidence informed practice

One of the key principles underpinning Australia's National Drug Strategy is that policy and practice are, wherever possible, informed by research and evidence on patterns of supply and use, the harms arising and the most effective approaches to reducing supply, demand and harm.⁹

Australia is a free and democratic society, and accordingly, any limitations to that freedom must be justified. It is a recognised civil right that people have the liberty to behave as they choose, so long as their actions are not contrary to law and respect the rights of others.¹⁰

It follows that public policy decisions to restrict activities such as the sale and supply of alcohol and alcohol consumption must be justified by strong arguments demonstrating that it is in the public interest to prevent individuals and corporations exercising their freedom in a particular way.¹¹ The policy of harm minimisation acknowledges that while alcohol will continue to be a part of Australian society, the level of preventable harm associated with its misuse is such that it is reasonable to restrict its availability; and the form and strength of restrictions may differ according to the evidence.¹²

It is essential that any drug strategy continues to be informed by good evidence. Evidence-based policies are robust and defensible. However we recognise that they are not always popular with the alcohol industry. The key challenge that faces the MCDS as it moves towards introducing alcohol reforms is communicating the authenticity of an evidence-based approach, in the face of opposition from industry.

Partnerships

The APC is a collaboration of public health agencies, which have come together to advocate for a more responsible drinking culture. We believe that our strength lies in a collaborative approach, melding different but complimentary areas of expertise into an organisation that works towards the overall reduction of the harmful use of alcohol. The APC is of the opinion that finding a solution to the problem of alcohol misuse requires governments, the community, individuals and the alcohol industry to all play a part.

While the APC supports building partnerships to develop comprehensive alcohol harm reduction policies, we would also point out that working with the alcohol industry is difficult because they have traditionally been resistant to support strategies that have a strong evidence base for effectiveness. For example, there is a strong link between alcohol price, consumption and resulting harms - so much so that when prices increase, alcohol consumption and harms decrease.¹³

Overall, industry-supported interventions to minimise alcohol-related harm have not resulted in reductions in alcohol consumption – and in fact the most effective policies have often been implemented amidst direct opposition from the alcohol industry.* Moreover, the alcohol industry traditionally advocates for policies that are least effective¹⁴, for example, education and social change campaigns.¹⁵ Until the alcohol industry acknowledges that the evidence supports interventions like price and availability restrictions, then the reliability of their proposals and the appropriateness of their participation in alcohol policy development and implementation should be questioned.

The APC believes that the next phase in the strategy must address the divide between alcohol policy options offered by health promotion organisations and supported by evidence, compared with those proffered by the alcohol industry.

A coordinated, integrated approach

To reduce alcohol related harm, an integrated and multi-faceted approach is required. It is a matter of adjusting societal attitudes, education and parenting with a range of policy and community actions to tackle the problem of alcohol misuse.¹⁶

The APC supports the inclusion of alcohol within the National Drug Strategy framework. However, we acknowledge that some distinction must be made from time to time between alcohol, tobacco and illicit drugs, bearing in mind that certain policy initiatives are likely to be alcohol specific and not applicable to tobacco or other drugs. Accordingly, we support the current practice of developing national substance-specific strategies, for example, the National Alcohol Strategy.

A balanced approach

A feature of Australia's National Drug Strategy has been the emphasis on a balanced approach:

“...across all levels of government, between supply reduction, demand reduction and harm reduction strategies, between preventing use and harms, and facilitating access to treatment. In this context, the term 'balance' is sometimes used as shorthand for ensuring that investment is weighted towards where there is evidence of the most harm.”¹⁷

* For example, an increase in the tax on ‘alcopops’ in 2009 was strongly opposed by distillers. Yet alcohol sales data from the Nielsen Liquor Services Group, showed a substantial fall in the sales of ready-to-drink beverages in the three months following the initial introduction of the tax in 2008. Although there was some substitution with beer and spirits, the shift was small and importantly, the tax resulted in an overall net reduction in alcohol sales. See Skov, Steven J. ‘Alcohol taxation policy in Australia: public health imperatives for action’ (2009) 190 (8) MJA 437 at http://www.mja.com.au/public/issues/190_08_200409/sko10279_fm.html at 20 January 2010.

The APC prefers the use of the word “effective” to “balanced”. This is because an evidence-based approach should result in effective and targeted policies – however, such policies may not necessarily be balanced. This is because to reduce harmful alcohol consumption may require the imposition of greater restrictions or obligations on one sector of society – but so long as these restrictions can be justified and are effective at reducing harm, then they should be permitted. Therefore, if the intention is for a “broad” approach, then this should be the terminology used within the strategy.

International contribution and cooperation

The World Health Organisation’s (“WHO”) Draft Global Strategy to the Reduce the Harmful Use of Alcohol emphasises an evidence-based approach to alcohol policy development and focuses on key harm reduction issues such as price, availability, drink-driving countermeasures and marketing, prevention and protecting young people.¹⁸

The new strategy should support the recommendations contained in the WHO draft strategy on alcohol, and assuming the Strategy is adopted by the World Health Assembly in May, should include plans for the implementation of the WHO recommendations.

Emphasis on prevention

The APC supports a preventive health focus to reducing alcohol related harms, particularly in light of the recommendations of the National Preventative Health Strategy. Thus, the strategy should be developed in alignment with the recommendations in the National Preventative Health Strategy and should work in partnership with the new preventive health agency.

MATTERS FOR REVIEW

The Consultation Paper prepared on behalf of the MCDS by the Intergovernmental Committee on Drugs National Drug Strategy Development Working Group, lists the following issues that are of particular interest to the Council:

- how the emerging issues and new developments identified in this paper might impact on patterns of tobacco, alcohol, illicit drug use and the misuse of licit substances (e.g. pharmaceuticals, performance and image enhancing substances) in the next five years, and appropriate responses to these patterns
- other emerging issues that are relevant to the next phase of the National Drug Strategy
- what the top priorities for action should be during the next five years; and
- response to the key consultation questions asked throughout the paper.¹⁹

The key questions from the Consultation Paper that are relevant to the APC's work are:

d. Where should effort on the support and development of alcohol sector workforce be focused over the coming five years?

e. What are the particular opportunities and challenges that technology development is likely to pose for the community and the alcohol sector over the next five years?²⁰

The APC considers that over the next five years, support for and development of alcohol policy should focus on harm reduction strategies around taxation, advertising and promotion and consumer information and labelling. These issues also present particular opportunities and challenges arising out of technology development; for example, the ability of under-18s to purchase alcohol online and the exposure of children and young people to internet and viral alcohol advertising campaigns.

Our submission focuses on areas of alcohol policy reform only, and not tobacco or illicit drugs. The following section deals only with those aspects of alcohol harm reduction that, in the APC's opinion, require immediate consideration by the MCDS.

Taxation and pricing

In Australia, the following taxes apply to alcohol: excises, customs duties and the Wine Equalization Tax (WET). In addition to these, a goods and services tax (GST) of 10% is applied to all retail alcohol sales.

Under this system, different products – wine, spirits, beer, ciders and fortified wines - are taxed differently. Excise (applying to beer and spirits) is based on the volume of alcohol contained in the product, while the WET (applying to wine) is an ad valorem tax – i.e. based on the value of the product. Customs duties are a combination of both per-unit of alcohol and ad valorem levies.

The current taxation system is not based on public health or harm minimisation principles. Its incremental development has resulted in a medley of inconsistencies and disparities.

From a public health perspective, some of these disparities are desirable. The reduced tax on low-strength beer is an incentive for the production and consumption of low alcohol beer. However, other disparities are problematic as they provide incentives for the production and consumption of higher strength products. For example, the tax payable per standard drink of cheap cask wine with an alcohol content of 12.5% is only \$0.05, whereas the tax payable per standard drink of mid-strength beer in a can or stubby with an alcohol content of just 3% is \$0.26.²¹

The price of alcohol can be efficiently controlled by taxation; and there is good evidence to show that alcohol taxation is an effective tool to reduce alcohol consumption and related harm.²² Alcohol taxation as a harm reduction tool is also cost-effective. A recent Australian study found that taxation measures could reduce social costs of alcohol in Australia by between 14 and 39 per cent (%) (or between \$2.19 and \$5.94 billion in 2004-05 dollars).²³ A study evaluating a range of alcohol-harm interventions found that taxation based on alcohol content had the lowest intervention costs and provided the greatest benefits in terms of disability-adjusted life years.²⁴

Emerging issue: Review of Australia's future tax system

The MCDS will be aware of the comprehensive review of Australia's tax system, established by the Australian Government on 11 May 2008. This review has reported back, but at this stage the Government has not responded. The APC anticipates significant changes to the way alcohol is taxed, and we look forward to an alcohol taxation system that is coherent, consistent and based on public health (harm minimisation) principles. Any new alcohol tax regime should act to moderate drinking as well as raise revenue to recover the social, health and economic costs of alcohol.

In the formulation of the next phase of the strategy, the MCDS should be mindful of the impact of taxation in shaping patterns of alcohol consumption. Ideally, the tax system will be structured so as to funnel alcohol consumption towards products causing the least harm, such as low strength beer. We are hopeful that the tax review will recommend lower alcohol products be taxed at a lower rate, as an incentive for their production and consumption.

The APC also support special taxation arrangements for those products that cause greatest harm, for example very strong spirits, or beverages that appeal to underage drinkers. In relation to taxation the strategy must address not only standard taxation reform, but should support and research the benefits of a tax scheme that can respond and shape consumption of products identified as particularly harmful (for example alcopops). An example of special tax treatment is the Federal Government's tax increase on Ready-To-Drink (RTD) products.

It is hard to predict what patterns of consumption will emerge from a new alcohol tax system. However, we do know that a new alcohol tax regime has the potential to greatly influence patterns of alcohol use and misuse over the next five years, and beyond. For this reason, the tax review is an important emerging issue relevant to the development of the next phase of the strategy.

The APC also recommend that the current practice of adjusting the excise taxes every six months continue. However the strategy should advocate for adjustments to alcohol taxes based not just on CPI (as is the current practice) but also on new patterns of alcohol use and misuse, so that alcohol taxation is used more effectively to target harmful and emerging consumption patterns.

The strategy should also ensure that programs are implemented to monitor and evaluate the new alcohol taxation system, and to conduct research into potential improvements. Essential to this monitoring process is access to wholesale sales data (see Box 1 below).

Emerging issue: Minimum pricing

It is likely that the introduction of a minimum (or floor) price for alcohol products will emerge as a further issue in relation to pricing and taxation.

The Scottish Government is persisting with efforts to introduce a minimum price for alcohol. Meanwhile, minimum pricing has been introduced in some Canadian provinces; and in Australia some remote communities have introduced price restrictions on, or banned the sale of cheap wines – effectively a de facto increase in the minimum price of alcohol. An evaluation of restrictions in Australia found reductions in overall harm²⁵, but significant substitution to fortified wines (the next cheapest beverage).²⁶ Thus far, there has been no evaluation on the effect of minimum pricing on alcohol sales in those Canadian provinces where minimum pricing has been introduced.

Some alcohol products are inherently cheaper to produce and distribute than others and can be sold at significantly cheaper prices, irrespective of alcohol content. Alcohol can also be heavily discounted to below cost prices and used to lure customers into stores. Cheaper alcohol tends to be bought more by harmful drinkers than moderate drinkers, and is particularly attractive to young people.²⁷

Minimum pricing aims to counter such sales and consumption. According to modelling by Sheffield University in the UK, the regulation of the minimum price of alcohol products has the potential to produce real declines in per capita consumption, rather than just shifts in product preference.²⁸

Assuming that price increases at the cheapest end of the price spectrum result in reduced consumption, a government-set minimum price for a unit of alcohol (whether sold in off- or on-licensed premises) may be an effective strategy that targets highest risk drinkers. Again, essential to this process is access to wholesale sales data to determine the effects on alcohol consumption patterns (see Box 1 below).

In relation to minimum pricing, the National Preventative Health Strategy suggests establishing a public interest case to exempt liquor control legislation from the requirements of National Competition Policy. This recommendation by the National Preventative Health Taskforce is an opportunity for the MCDS to support the formulation of the case for minimum pricing.

National Competition Policy

National Competition Policy reforms introduced from 1995, provided for a presumption in favour of competition that could be rebutted where it could be established that the national interest required restrictions on competition, for example where competition would not achieve efficiency or conflicts with other social objectives.²⁹

Following changes to competition policy, proposals for new regulations are now subject to scrutiny to ensure they restrict competition no more than is necessary, and that the expected benefits to society outweigh any associated costs.

Importance of alcohol sales data

Alcohol consumption data provides a sensitive measure of change, allowing the assessment of policy changes aimed at reducing problems related to alcohol.

Current data on alcohol consumption come from two sources: national estimates of per-capita consumption (based primarily on data from the tax system) and survey-derived estimates of alcohol consumption. Data produced by the Australian Bureau of Statistics is based on Commonwealth tax collections, and cannot be disaggregated below the national level.³⁰ Only three jurisdictions currently collect wholesale sales data: Queensland, Western Australia, Northern Territory.

Reliable data on alcohol consumption is critical for assessing changes to alcohol policies at the local, state and national levels. For example, the tax on RTDs was fiercely contested politically and publicly for almost twelve months before some reliable evidence as to its effects on consumption was available.³¹ Even so this evidence was limited to sales from take-away liquor outlets and reflected trends in only a portion of the market. Detailed, timely and reliable sales data could have been used to produce timely estimates of the impacts of the alcopops tax on overall consumption, as well as any substitution effects between products or between on- and off-premise consumption.

Sales data is also essential for policy development and assessment at the local level. For example, wholesale alcohol sales data (had it been available in Victoria) would have been an important element in a full evaluation of the 2am lockout in inner-Melbourne.

Recommendations made by leading researchers,³² the Ministerial Council on Drug Strategy³³ and the Preventative Health Taskforce³⁴ support a nationally consistent approach to the collection of local-level alcohol sales data.

The strategy must support the implementation of the collection and aggregation of national and local-level alcohol sales data. This data should be made available to researchers and in policy planning, to improve the evidence base for alcohol policy, the evaluation of policy initiatives, and the monitoring of alcohol indicators on a state- and nation-wide basis.

Box 1.

The following broad principles are applied in relation to competition policy and regulatory intervention:

- There should be no regulatory restrictions on competition unless clearly demonstrated to be in the public interest.
- Governments which choose to restrict consumers' ability to choose among rival suppliers and alternative terms and conditions should demonstrate why this is necessary in the public interest.
- the proper role of competition is to build an efficient and dynamic economy capable of delivering improved living standards.
- while it may be appropriate to restrict competition in some circumstances, this should not be done lightly.³⁵

The challenge for the MCDS in addressing minimum pricing in the strategy, is to achieve some balance between the interests of manufacturers, producers, sellers and purchasers of alcohol products, and the imperatives of public health and harm minimisation. The strategy must pursue and propose a form of pricing regulation that is proportionate to the mischief to be remedied, but that satisfies the overriding objective of the strategy, namely the minimisation of alcohol related harm.

Alcohol Advertising and promotion

Traditionally, alcohol beverages have been marketed and promoted through a mix of television, radio and print advertisements, as well as point of sale marketing. In 2008, Australian alcohol advertisers spent over \$109 million.³⁶ Furthermore, the top ten advertisers accounted for 70% of that figure, spread across TV, press, radio, cinema and outdoor advertisements.³⁷

However, in recent years, alcohol marketers have utilised a range of interactive technologies such as mobile phones, the Internet and emails, which are both popular with young people and relatively cheap compared with traditional above-the-line marketing techniques (for example television and print commercials).³⁸ The dynamic nature of the Internet makes it a particularly powerful promotional medium and many alcohol companies have created engaging online environments with content and promotions especially designed to appeal to young people.³⁹

The APC believes that the development of technology, particularly in relation to media, will impact on marketing techniques and practices in relation to alcohol advertising. Marketing strategies have and will continue to become increasingly complex and innovative, involving campaigns that combine multiple technologies for example, personalised emails or texts that promote specific alcohol related incentives.⁴⁰

Sponsorship is another means by which alcohol marketers target consumers, particularly young people. Sponsorship of sports, arts, music and other events offer alcohol companies an audience motivated to have a good time⁴¹ and provides them with opportunities to embed their brands in the everyday activities of current and potential consumers.⁴²

Young people are considered to be more susceptible to advertising messages and more likely to experience harm as a result of risky drinking behaviour.⁴³ There can be significant negative consequences from this early initiation to alcohol consumption. Studies on the long-term impact of adolescent alcohol use consistently show that early and frequent use of alcohol approximately doubles the risk of alcohol related problems later in life.⁴⁴ Further, research into lifelong alcohol consumption demonstrates that early initiation of alcohol drinking and heavy drinking in adolescence and young adulthood can have long-term adverse health impacts, including increased risks for a range of diseases.⁴⁵

Some studies conclude that alcohol advertising and sponsorship simply impacts on brand choice, affecting the market share of the various brands but leaving alcohol consumption unchanged.⁴⁶ Econometric studies, which analyse the relationship between overall levels of alcohol consumption from sales data and overall levels of advertising from advertising expenditure, demonstrate little or no effect of advertising on aggregate alcohol consumption.

However, econometric studies examine total alcohol sales, which are primarily to adults; therefore, they do not take into account the effect of alcohol advertising on young people, who are unable to purchase alcohol, nor do such studies consider the role of alcohol promotion in influencing the behaviour of new drinkers.

By comparison, studies that examine how drinking behaviour, attitudes and knowledge vary with exposure to alcohol advertising, consistently show a strong association between exposure to alcohol advertising in magazines, television, in-store displays and sports venues and young people's early initiation to alcohol use and/or increased alcohol consumption.⁴⁷ There is clear evidence that alcohol advertising significantly influences young people's decisions about drinking and their expectations related to alcohol use.⁴⁸ The more aware, familiar and appreciative young people are of alcohol, the more likely they are to drink both now and in the future.

Claims that alcohol advertising achieves little more than to increase brand loyalty⁴⁹ are, in the APC's opinion, harmful assertions and deserve at the least some critical treatment, particularly in light of evidence showing that the introduction of alcohol advertising bans decrease alcohol consumption.⁵⁰

Emerging issue: Regulation of alcohol advertising in Australia.

There is limited regulation of alcohol advertising in Australia, the key instruments being the Commercial Industry Code of Practice ("the Code"); the Australian Association of National Advertisers' Code of Ethics, and the Alcohol Beverages Advertising Code ("ABAC"), a voluntary code which applies specifically to the advertising of alcohol and is administered by a group of three alcohol industry associations – the Distilled Spirits Industry Council of Australia Inc., Australian Associated Brewers Inc., and the Winemakers Federation of Australia Inc.

The Commercial Television Industry Code of Practice (“Code”) provides that free-to-air televised advertisements to children must not be for, or relate in any way to, alcoholic drinks or draw any association with companies that supply alcoholic drinks.⁵¹ Additionally, to limit children’s exposure to alcohol advertising, the Code states that:

Alcohol advertising is only permitted during periods of M (mature classification), MA (mature audience classification) or AV (adult violence classification) programs.⁵²

The Alcohol Beverages Advertising Code (“ABAC”) requires advertisements to present “a mature, balanced and responsible approach to drinking.”⁵³ Specifically, alcohol advertisements are not to have strong or evident appeal to children or adolescents, depict the consumption or presence of alcohol as contributing to personal, business, social, sporting, sexual or other success, or suggest alcohol contributed to a change in mood or environment.⁵⁴

The APC considers that the current situation regarding alcohol advertising in Australia is unacceptable. The strategy must address the current failure in the regulation of alcohol advertising. The regulation of advertising must adapt with the innovation in marketing techniques, and the strategy address the disparities between the powers of alcohol advertisers to influence consumers, and the powers of regulators to protect those at greatest risk of harm.

Failure of self-regulation

Alcohol promotion is not simply limited to standard advertising on television or in print media. It comes in a variety of forms and is evident in all media (see Boxes 2 and 3). Alcohol companies sponsor music events, festivals and other cultural events; however, there is little evidence examining the effects of alcohol sponsorship on consumption levels for these events.

While the alcohol industry maintains that self- and co-regulation should remain, the compliance record of Australia’s alcohol industry with alcohol advertising regulatory bodies is poor. The ABAC discourages alcohol advertising that has a “strong or evident appeal to children or adolescents”⁵⁵; yet the National Preventative Health Strategy found that a “substantial amount of alcohol advertising is communicated to young people.”⁵⁶ In 2009 the Distilled Spirits Industry Council of Australia introduced a self-imposed moratorium on TV advertising of spirits before nine pm, to “address community concerns in relation to alcohol misuse”.⁵⁷ However, less than 4 months into the proposed 12-month ban, the voluntary initiative was breached on more than one occasion.⁵⁸

A review commissioned by the MCDS in 2003 concluded that the ABAC system was “dysfunctional”.⁵⁹ It found too many advertisements violated ABAC and that many complaints were not investigated and, when they were, the process took too long and decisions were not reported accurately.⁶⁰ Changes were implemented in 2004, including adding a public health expert to the ABAC complaints panel and extending ABAC to include internet advertising.

Despite the changes to ABAC, a 2008 study concluded that decisions made by the Advertising Standards Bureau (who adjudicate alcohol advertising complaints) are not in harmony with the judgement of independent experts; furthermore, the ASB may not be performing an adequate job of representing community standards or protecting the community from offensive or inappropriate advertisements.

Alcohol Sponsorship

Sponsorship of sports events and sports teams by alcohol companies is a common occurrence in Australia. It has been estimated that each year, \$50 million of sports sponsorship comes from alcohol companies, making them one of the biggest spending industries, with 80% invested by three companies – Fosters, Lion Nathan and Diageo.⁶¹

Attitudes towards alcohol consumption are strongly influenced by social and cultural norms and by the specific social situation in which alcohol consumption occurs; in Australia, it is difficult to have any involvement in sport – as a participant or fan – without being exposed to a strong message that alcohol and sport are inextricably connected.⁶²

This connection influences alcohol consumption amongst people involved in sport. For example, university students who are sports fans have been found to drink more alcohol, be more likely to engage in binge drinking and report alcohol-related problems than students who are not sports fans. Australian studies have shown that non-elite sportspeople consume excessive levels of alcohol and that members of male sporting teams feel pressured to drink alcohol because of the masculine image of sporting activity and mateship.⁶³ Research indicates that alcohol industry sponsorship of sportspeople and, in particular, the provision of free or discounted alcoholic drinks is associated with hazardous levels of drinking.⁶⁴

Box 2.

As a voluntary code, there are no means of enforcing the ABAC and no penalties for non-compliance where an advertiser has been found to breach the code. In the pre-vetting system only advertisers who are signatories to certain ABAC industry associations are required to submit their advertisements for pre-vetting. The ABAC is also limited in scope, failing to cover many kinds of marketing techniques such as in-store promotions. It relies on complaints from the public to identify and address breaches of rules and has no facilities for pro-active investigation of potential breaches. Furthermore, there is a lack of systematic, independent monitoring, auditing and research of ABAC's processes and outcomes.

The Code (above) regulates the placement of alcohol advertising, however, importantly, allows alcohol advertising during the day as an accompaniment to the live broadcast of a sporting event on weekends and public holidays or if the sporting event is broadcast simultaneously across a number of licence areas or time zones.⁶⁵

Given the popularity of sport in Australia and the amount of sport broadcast on weekends and across time zones, large numbers of children are exposed to alcohol advertising during these periods. This is substantiated by research that demonstrates the popularity of major sporting events among children⁶⁶ and indicates that, despite the Code's purported restrictions, alcohol advertisements are just as likely to be seen by children as adults.⁶⁷

The Code applies only to free-to-air commercial television stations. The placement of alcohol advertisements on subscription television stations is governed by clause 6.5 of the ASTRA Code of Practice. Clause 6.5;

“...acknowledges the unique relationship between a Licensee and its audience...[including]...the technology available to Subscription Television subscribers which includes the ability to entirely block out the channel or in some instances to block certain levels of classified material.”⁶⁸

In relation to alcohol advertising, a subscription television licensee need only “...take into account the intellectual and emotional maturity of its intended audience...”⁶⁹ Licensees are also encouraged “...to promote the use of the Parental Lockout device or other similar technology.”⁷⁰

It is the APC's opinion that limitations on alcohol advertising on subscription television are wholly inadequate to protect children and young people from exposure high levels of alcohol advertising. Parental lockout devices may not always be utilized, and can be easily disarmed. Additionally, subscription television licensees are abrogating their duties as responsible broadcasters, by assuming parents will take steps to limit exposure to alcohol advertising.

Australia's experience of this ineffective self-regulatory advertising system is consistent with international experience that indicates that attempts to restrict alcohol marketing primarily through voluntary codes are inadequate.⁷¹ Experiences in different countries show that these kinds of codes work best where the media, advertising and alcohol industries are all involved and an independent body has powers to approve or veto advertisements, rule on complaints and impose sanctions.⁷² A recent survey indicated that 72.2% of Australians supported limiting TV advertising of alcohol until after 9.30pm, an indication of the strong public support for reforming the Code and imposing restrictions on alcohol TV advertisements.⁷³

In 2009, the Monitoring of Alcohol Advertising Committee (MAAC) commissioned an analysis of expenditure on alcohol advertising in Australia between 2005 and 2007.⁷⁴ A significant finding from this analysis was that in 2005-2007 the estimated spend on outdoor advertising increased in significance for alcoholic beverages, relative to all beverages.⁷⁵ Magazine advertising of alcohol also increased significantly over this period.⁷⁶

Alcohol Point-of-Sale Marketing

Point-of-sale ("POS") marketing includes on- and off-licence outlet marketing. A US study found that around 60% of people in bars make their decision about what to drink after they arrive at a venue.*

There is limited evidence of the effect of POS marketing in Australia. However, a U.S. study found that for off-licensed venues, higher binge-drinking rates were associated with:

1. the availability of large volumes of beer;
2. lower average prices for cartons of beer;
3. interior and exterior advertising; and
4. promotions such as volume discounts, advertised price specials, or coupons.

For on-licence venues, higher binge drinking rates were associated with:

1. lower prices for a single drink, pitcher or largest volume available;
2. weekend beer specials; and
3. the availability of promotions in the next 30 days.*

A recent study also found "clear evidence of an association with adolescent drinking with weekly exposure to alcohol advertising in stores, and with ownership of alcohol promotional items."*

Box 3.

Although the ABAC purports to cover all forms of alcohol advertising, its ambit covers the content of alcohol advertising only, and has no restrictions on the placement of advertisements within a particular medium, location or timeslot. As discussed above, the Commercial Television Code of Practice determines the placement of alcohol advertisements on commercial free to air television only.

Thus, the placement of alcohol ads in media such as cinema, billboards, subscription television and websites is effectively unregulated. As steps are taken to restrict alcohol advertising exposure to children and young people, it is not unreasonable to expect advertisers to take advantage of loopholes to target audiences that they would not normally have access to.

Alcohol advertising and promotion – a move to responsive regulation

In relation to alcohol advertising the National Preventative Health Strategy recommended:

- 3.1 In a staged approach phase out alcohol promotions from times and placements which have high exposure to young people aged up to 25 years, including:
- Advertising during live sport broadcasts
 - Advertising during high adolescent/child viewing
 - Sponsorship of sport and cultural events (e.g. sponsorship of professional sporting codes; youth oriented print media; internet based promotions)
 - Consider whether there is a need for additional measures to address alcohol advertising and promotion across other media sources.⁷⁷

Increased restrictions on where, when and how alcohol can be advertised would greatly reduce the impact of any alcohol promotions and the harmful consequent effects on the community. Evidence indicates that introduction of alcohol advertising bans decreases alcohol consumption⁷⁸ and, in the Australian context, would be less expensive and more effective than current practices.⁷⁹ Advertising bans also have the potential to reduce the harmful social costs of alcohol consumption such as motor vehicle fatality rates.[†]

[†] If countries with no alcohol advertising restrictions implemented partial bans, alcohol consumption could be reduced by 16% and motor vehicle fatality rates by 10%. As Australia effectively has no advertising bans, there is the potential to save up to \$5,150m in terms of total social costs from alcohol abuse if Australia implemented a full alcohol advertising ban and up to \$3,210m for a partial ban. The estimated impact on social costs of alcohol-attributed road accidents is also significant with up to \$1,210m cost savings after the implementation of a full advertising ban and up to \$470m for the implementation of a partial ban. See DJ Collins and HM Lapsley, 'The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol' (National Drug Strategy Monograph Series No. 70. Australian Government Department of Health and Ageing, 2008) 19.

It is the APC's view that independent alcohol advertising regulation would have the following features:

- Innovative – as the MAAC analysis shows, advertisers will work around restrictions and funnel expenditure into areas more likely to impact their target audience. Therefore, an independent regulator must have the ability to respond to changes in the advertising landscape, and to respond quickly to protect vulnerable consumers;
- Encourage compliance – the current system does not influence the behaviour of advertisers towards meeting their obligations under various advertising codes, and the lack of enforceability means that penalties, even if imposed, do not act to deter further non-compliance. An effective regulatory body should encourage compliance, but where appropriate must have the ability to impose harsh penalties.

It is essential for the next phase of the strategy to support the recommendations of the Preventative Health Strategy and efforts by the new National Preventative Health Agency to restrict alcohol promotions. In particular, the strategy should address the current inadequacies of advertising self-regulation, and prioritise the development of effective and responsive independent regulation of alcohol advertising.

Consumer information and labelling

Alcohol is associated with a number of illnesses, including some cancers (of the mouth, throat, oesophagus, bowel, liver and breast), cirrhosis of the liver, and cardiovascular disease.⁸⁰ Access to information about alcohol is crucial for the consumer and should accompany the sale and supply of all alcohol products as both a public health promotion message and disease prevention measure.

Alcohol labelling includes:

1. factual information such as a list of ingredients (health information labelling); and
2. directional information, including advice and recommendations about drinking (warning labelling).

Currently, the packaging of alcoholic beverages, unlike that of non-alcoholic beverages, is not required to display a list of ingredients or nutritional information, such as the amount of sugar, kilojoules or any preservatives contained in the drink.⁸¹ Standard 2.71 of the Food Standards Australia New Zealand (FSANZ) Act 1991 "Labelling of Alcoholic Beverages and Food containing alcohol" stipulates only that an alcohol label is to include alcohol by volume (expressed in mL/100g or % alcohol by volume) and the estimated number of standard drinks contained.⁸² However the size and legibility of this information varies greatly between products.

In March 2008, the Australia New Zealand Food Regulation Ministerial Council asked FSANZ to consider mandatory warnings on packaged alcohol. As at 15 February 2010, FSANZ has not made any recommendations. In the interim period, a wholesale review of food labelling and regulation has been initiated, which is likely to further delay any recommendation on mandatory warnings on packaged alcohol.

Internationally, a number of countries have introduced mandatory warnings on the labels of alcoholic beverage containers. In 1997, the International Center for Alcohol Policies identified nine countries that had some kind of mandated alcohol warning labels⁸³ and since then at least eight other countries, or jurisdictions within countries, have passed laws requiring some form of alcohol warning labels.⁸⁴

The introduction of health information and warning labels on alcohol products has the potential to increase the awareness of alcohol as a potentially harmful product and should be an important component of the strategy to educate the community on safer alcohol consumption.

Placing health information and warning labels on alcoholic drinks and containers targets the appropriate audience (the drinker) at the appropriate time, when purchasing and using the product. Health information and warning labels can assist to reinforce and complement messages, information and education delivered through other strategies such as media campaigns, school and community education programs and websites.

There is evidence to suggest a degree of increased awareness of alcohol related harms due to warning labels.⁸⁵ A study of the US warning labels showed that warning labels had an impact on cognitive or behavioural stages necessary for behavioural change, such as intention to change drinking patterns, having conversations about drinking and willingness to intervene with others who are seen as hazardous drinkers.⁸⁶ Given the relatively small size of labels, and the obscurity and lack of variation in the label content, the study noted that it was remarkable that any effects were demonstrated.⁸⁷

Other studies have shown that warning labels have the potential to influence behaviour but this depends on the label design, the content of the messages, and how well they are targeted at their intended audience.⁸⁸

While evidence reveals some unintended consequences of alcohol labelling[‡], it also shows that consumers are reading and taking note of nutritional information labelling. An opportunity exists therefore to target specific warning messages to drinkers who are reading and assessing the nutritional information in such detail. Therefore, to have any real impact, alcohol labelling requirements must be comprehensive (i.e. health *and* warning labels) and targeted, so that the appropriate warning message is specifically reaching consumers who are at particular risk of harm, for example new or binge drinkers.

In their review of the effectiveness of warning labels, which looked at the international evidence regarding efficacy in changing attitudes and behaviour, Wilkinson and Room⁸⁹ make the important observation that apart from any short-term effect, the requirement to have a warning on a product regarding its safe use is a 'symbolic statement concerning the nature of that substance.'⁹⁰ This can be important in helping to shift the culture of harmful alcohol consumption but it is difficult to measure such an impact in the short term.

[‡] A 2009 study found that young people are aware of the existence of standard drink labelling; notice standard drinks labels; and take these into account when choosing what to purchase. However, this was predominantly to help them choose the strongest drinks for the lowest cost. This study provides initial evidence to support the view that standard drink labelling, in isolation of other modifications to product packaging and marketing, is likely to serve to further increase heavy drinking among young people. See Sandra Jones and Parri Gregory, 'The impact of more visible standard drink labelling on youth alcohol consumption: Helping young people drink (ir)responsibly?' (2009) 28 (3) *Drug and Alcohol Review*, 230

Emerging issue: Review of Food Labelling Law and Policy

The Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council are carrying out a comprehensive and independent review of food labelling law and policy, in the context of reducing the regulatory burden in food labelling without compromising public health and safety.⁹¹

The APC consider alcohol labelling a key factor in changing alcohol consumption patterns, and more broadly, attitudes to alcohol consumption. It is the APC's position that while there may be good public policy arguments for reducing the regulatory burden in relation to the labelling of some foods, the same arguments cannot be made for alcohol labelling. The APC supports the proposition that "alcohol is no ordinary commodity". As an extension of that, the APC supports the inclusion of alcohol in the national drug strategy, and would oppose the removal of alcohol issues from the framework. We suggest that more, and not less, regulation is needed in relation to alcohol, particularly, the introduction of health information and warning labels.

The concept of informed choice is based on the premise that consumers are in a vulnerable position and that lack of information is a market failure needing to be addressed by regulatory interference in the market.⁹² This principle is recognised in Australian law in the Part V of the *Trade Practices Act 1974*. The stated object of Part V is to protect the consumer by eliminating unfair trade practices, which can include the provision of misleading or insufficient information about a product.⁹³

Knowing the facts about alcohol assists consumers to make informed choices about what and how much they drink. Alcohol content information can also guide consumers' choice about actions after drinking e.g. driving or operating machinery. A 2004 review of the prevention of substance use found the use of standard drink labelling to be a very efficient means of providing information to risky and high-risk drinkers.⁹⁴

In 2009, the National Preventative Health Taskforce recommended health advisory information labelling on all containers and packaging of alcoholic beverages.⁹⁵

The strategy should acknowledge that in some areas, more regulation is required to protect vulnerable members of society, and to correct an imbalance between consumers (whether vulnerable or not) and producers. This imbalance is evident in relation to alcohol packaging; where consumers are not provided full information in relation to the product they are purchasing and consuming.

CONCLUSION

The development of the next phase in Australia's National Drug Strategy presents an opportunity to implement meaningful and effective reforms. A new alcohol tax system, tighter regulations on alcohol promotion and sponsorship and consumer information and labelling of alcohol products are but a portion of an overall strategy aimed at dealing with, and minimising, alcohol-related harm. A comprehensive approach to dealing with this serious public health risk requires concerted action in all areas. However, in the three areas discussed above, the APC have identified suggestions for reform that are not only achievable in the next five years, but would have significant implications for reducing the health and social costs of alcohol, as well as providing an opportunity to gain greater insight into the effectiveness of policy measures to reduce alcohol consumption.

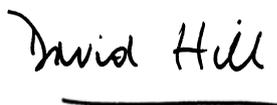
MCDS has the opportunity to establish a strategy that offers practical solutions to the problem of alcohol misuse in Australia.

The APC looks forward to providing further submissions over the course of this consultation process. In the meantime, please do not hesitate to contact Sondra Davoren, Legal Policy Advisor to the APC, on (03) 9635 5062 or at sondra.davoren@cancervic.org.au if you have any queries about this submission or require further information.

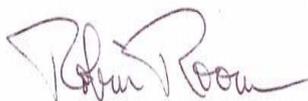
Yours faithfully



John Rogerson
Chief Executive Officer
Australian Drug Foundation



Professor David Hill AO
Director
Cancer Council Victoria



Professor Robin Room
Director, AER Centre for Alcohol Policy
Acting Director, Turning Point Alcohol & Drug
Centre



Todd Harper
Chief Executive Officer
VicHealth

Enc. APC alcohol policy position statements: Physical availability of alcohol
Labelling
Marketing and advertising
Pricing and taxation
Supply of alcohol in private settings

¹ Consultation: Australia's National Drug Strategy beyond 2009, National Drug Strategy <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/consult> at 17 February 2010

² Alcohol Working Group (for the National Preventative Health Taskforce), *Australia: The Healthiest Country by 2020. Technical Report 3 Preventing alcohol-related harm in Australia* (2009)

³ *Ibid.* at 38

⁴ *Ibid.*

⁵ National Health and Medical Research Council, *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, (2009), 15

⁶ Intergovernmental Committee on Drugs National Drug Strategy Development Working Group (for the Ministerial Council on Drug Strategy), 'Australia's National Drug Strategy Beyond 2009 Consultation Paper', (2009) *National Drug Strategy*, [4-6] [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/1624452E56D93AB3CA257682000E70DA/\\$File/consult.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/1624452E56D93AB3CA257682000E70DA/$File/consult.pdf) at 17 February 2010,

⁷ New Zealand Law Commission *Alcohol In Our Lives*, NZLC IP15, (2009), 218

⁸ *Ibid.*

⁹ Intergovernmental Committee on Drugs National Drug Strategy Development Working Group, above note 4, 4.

¹⁰ See, eg *The Victorian Charter of Human Rights and Responsibilities* (2009) Victorian Equal Opportunity & Human Rights Commission <http://www.humanrightscscommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of%20human%20rights%20and%20responsibilities/> at 17 February 2010

¹¹ See New Zealand Law Commission, above note 5.

¹² *Ibid.*

¹³ Alcohol Policy Coalition *Alcohol Pricing and Taxation* (Position statement, 2009) 1.

¹⁴ T. Babor, et al. *Alcohol – No Ordinary Commodity – research and public policy*. (2003).

¹⁵ See, eg DrinkWise, 'Programs' <http://www.drinkwise.com.au/Corporate/Community-Resources/Programs.aspx> at 22 February 2010

¹⁶ *Ibid.*

¹⁷ Intergovernmental Committee on Drugs National Drug Strategy Development Working Group, above note 4, 5.

¹⁸ World Health Organisation *Strategies to reduce the harmful use of alcohol: draft global strategy* (2009) [14] http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_13-en.pdf at 20 January 2010

¹⁹ Intergovernmental Committee on Drugs National Drug Strategy Development Working Group, above note 4, 1.

²⁰ *Ibid.*

²¹ D. Gray et al. 'Beating the grog: an evaluation of the Tennant Creek liquor licensing restrictions' (2000) 24 (1) *Australian and New Zealand Journal of Public Health* 39.

²² See, eg S. Markowitz *The Price of Alcohol, Wife Abuse, and Husband Abuse* (Working Paper Series No. 6916, National Bureau of Economic Research, 1999) and FJ Chaloupka et al. 'The effects of price on alcohol consumption and alcohol-related problems' (2002) 26 *Alcohol Research & Health* 22.

²³ DJ Collins and HM Lapsley, 'The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol' (National Drug Strategy Monograph Series No. 70. Australian Government Department of Health and Ageing, 2008)

²⁴ C Doran et al. 'Identifying cost effective interventions to reduce the burden of harm associated with alcohol misuse in Australia' (Alcohol Education and Rehabilitation Foundation, 2008)

²⁵ Gray, above note 19.

²⁶ Hogan et al. 'What price do we pay to prevent alcohol related harms in Aboriginal communities? The Alice Springs Trial of Liquor Licensing restrictions' (2006) 25 *Drug and Alcohol Review* 1.

²⁷ See Alcohol Policy Coalition above note 11, 2.

²⁸ 'Model Based Appraisal of Alcohol Minimum Pricing and Off-Licensed Trading Discount Bans in Scotland' (2009) <http://www.scotland.gov.uk/Publications/2009/09/24131201/4> at 17 February 2010

- ²⁹ David Crawford, 'Recent Developments in Competition Policy (Speech delivered to the ACT Economic Society, 5 May 2009)
http://www.ncc.gov.au/images/uploads/Recent_developments_in_competition_policy.pdf at 17 February 2010
- ³⁰ *Apparent Consumption of Alcohol, Australia, 2005-06* (2007) Australian Bureau of Statistics
<http://www.abs.gov.au/ausstats/abs@.nsf/ProductsbyReleaseDate/EDC80EFECEB8A331CA25742B001A59CA?OpenDocument> at 17 February 2010
- ³¹ Alcohol Policy Coalition *Alcohol Consumption Data* (Position statement, 2010) 2.
- ³² W.D. Hall et al. Alcohol sales data are essential for good public policies towards alcohol, (2008) *Medical Journal of Australia*, 188.
- ³³ Ministerial Council on Drug Strategy National Alcohol Strategy 2006 – 2009 (2006)
- ³⁴ National Preventative Health Taskforce, *Australia: The Healthiest Country by 2020* (2009)
- ³⁵ See, eg, Productivity Commission, *Review of National Competition Policy Reforms*, Inquiry Report No. 33 (2005); Productivity Commission, *Annual Review of Regulatory Burdens on Business - Business and Consumer Services*, Issues Paper (2009).
- ³⁶ AdNews, *Special Report: Australia's Top Advertisers*. (2009).
- ³⁷ Ibid.
- ³⁸ S. Casswell, and A. Maxwell, 'Regulation of Alcohol Marketing: A Global View.' (2005) 26 *Journal of Public Health Policy* 343, 343.
- ³⁹ T. Carroll, et al. 'Consistency of Alcohol Advertising and Promotion on the Internet with the Revised Alcohol Beverage Advertising Code', (2005) Research and Marketing Group, Commonwealth Department of Health and Ageing. Available at
[http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/963E09FFE16AEF1ECA2571E3001F0EDD/\\$File/consistent-internet.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/963E09FFE16AEF1ECA2571E3001F0EDD/$File/consistent-internet.pdf).
- ⁴⁰ Casswell, above note 36, 344.
- ⁴¹ A.M., Roche, et al. *Young People and Alcohol: The Role of Cultural Influences*. (2007) National Centre for Education and Training on Addiction, 149.
- ⁴² D. Buchanan, & J Levy, 'Beer and fast cars: How brewers targets blue-collar youth through motor sports sponsorship' (1989) Washington D.C. AAA Foundation for Traffic Safety
- ⁴³ *Not in front of the Children – Child Protection and Advertising*. (2007) Alcohol Concern [4]
http://www.alcoholconcern.org.uk/files/20070829_113042_Not%20in%20front%20of%20the%20children%20published%20version.pdf at 25 November 2009.
- ⁴⁴ W. Loxley, et al. *The prevention of substance use, risk and harm in Australia: a review of the evidence*, (Commonwealth Department of Health and Ageing, 2004)
- ⁴⁵ A. Fan, et al 'Association of Lifetime Alcohol Drinking Trajectories with Cardiometabolic Risk' (2008) 93 (1) *Journal of Clinical Endocrinology & Metabolism*, 154.
- ⁴⁶ D. Collins & H. Lapsley. 'The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004 / 05' (2008) Commonwealth Department of Health and Ageing [18]
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/mono64-I> at 25 November 2009.
- ⁴⁷ Roche et. al. above note 39, 133-4.
- ⁴⁸ Ibid.
- ⁴⁹ *Alcohol advertising* (2010) Wikipedia, http://en.wikipedia.org/wiki/Alcohol_advertising at 23 February 2010
- ⁵⁰ H. Saffer & D. Dave, 'Alcohol consumption and alcohol advertising bans', (2002) *Applied Economics*, 1325.
- ⁵¹ Section 2.9, *Commercial Television Industry Code of Practice*,
[http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_\(including%20amendment%20for%20election%20period\)_060907.pdf](http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_(including%20amendment%20for%20election%20period)_060907.pdf) at 25 November 2009
- ⁵² Section 6.7, *Commercial Television Industry Code of Practice*,
[http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_\(including%20amendment%20for%20election%20period\)_060907.pdf](http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_(including%20amendment%20for%20election%20period)_060907.pdf) at 25 November 2009
- ⁵³ Clause (a), *Alcohol Beverages Advertising Code*.
[http://www.abac.org.au/uploads/File/ABAC%20Code%20\(October%202007\).pdf](http://www.abac.org.au/uploads/File/ABAC%20Code%20(October%202007).pdf) at 25 November 2009
- ⁵⁴ Clause (c), *Alcohol Beverages Advertising Code*.
[http://www.abac.org.au/uploads/File/ABAC%20Code%20\(October%202007\).pdf](http://www.abac.org.au/uploads/File/ABAC%20Code%20(October%202007).pdf) at 25 November 2009
- ⁵⁵ Part 1 (b) *Alcohol Beverages Advertising Code*.
[http://www.abac.org.au/uploads/File/ABAC%20Code%20\(at%20November%202009\)\(1\).pdf](http://www.abac.org.au/uploads/File/ABAC%20Code%20(at%20November%202009)(1).pdf) at 11 January 2010
- ⁵⁶ Alcohol Working Group (for the National Preventative Health Taskforce), above note 2, 34.
- ⁵⁷ Melissa Jenkins, 'Industry to phase out alcohol ads' AAP 2 April 2009
<http://www.news.com.au/story/0,27574,25280670-421,00.html> at 11 January 2010
- ⁵⁸ Lee, Julian, 'Blurred vision to blame for booze ads' *The Age*, (Melbourne) 22 October 2009
<http://www.brisbanetimes.com.au/business/blurred-vision-to-blame-for-booze-ads-20091022-hbhi.html> at 11 January 2010
- ⁵⁹ Geoff Munro, 'Advertising alcohol: when the best isn't good enough' (2006) 4 (2) *Of Substance* 12.

-
- ⁶⁰ Ibid.
- ⁶¹ Julian Lee 'Alcohol empire strikes back' *Sydney Morning Herald* 15 March 2008
<http://www.smh.com.au/news/national/alcohol-empire-strikes-back/2008/03/14/1205472088601.html?page=fullpage#contentSwap1> at 25 November 2009
- ⁶² Sandra Jones et al. 'Alcohol and Sport: can we have one without the other?' (Paper presented at the Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) Conference, 4-6 December 2006). Available at: <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=1081&context=hbspapers>.
- ⁶³ Ibid.
- ⁶⁴ Ibid.
- ⁶⁵ Sections 2.9 and 6.7, *Commercial Television Industry Code of Practice*,
[http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_\(including%20amendment%20for%20election%20period\)_060907.pdf](http://www.freetv.com.au/media/Code_of_Practice/Revised_Code_of_Practice_(including%20amendment%20for%20election%20period)_060907.pdf) at 25 November 2009
- ⁶⁶ Australian Communications and Media Authority. *Children's Viewing Patterns on Commercial, Free-to-air and Subscription Television: Reporting analysing audience and ratings data for 2001, 2005 and 2006*. (2007)
http://www.acma.gov.au/webwr/_assets/main/lib310132/childrens_viewing_patterns.pdf at 17 February 2010
- ⁶⁷ E. King, J. Taylor, and T. Carroll, *Australian Alcohol Beverage Advertising in Mainstream Australian Media 2003 to 2005: Expenditure, Exposure and Related Issues*, (Research and Marketing Group, Commonwealth Department of Health and Ageing, 2005)
[http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/resource-advertising-report/\\$FILE/aust-mainstream.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/resource-advertising-report/$FILE/aust-mainstream.pdf) at 17 February 2010
- ⁶⁸ *ASTRA Codes of Practice 2007, Subscription Broadcast Television*, [13]
<http://s3.amazonaws.com/assets.astra.org.au/material/codes\STBCodesofPractice2007.pdf> at 23 February 2010
- ⁶⁹ Ibid.
- ⁷⁰ Ibid.
- ⁷¹ Casswell, above note 36, 352-353.
- ⁷² Babor, et al above note 12.
- ⁷³ Australian Institute of Health and Welfare. (2008). *2007 National Drug Strategy Household Survey: State and Territory Supplement*, [11] Available at <http://www.aihw.gov.au/publications/phe/ndshs07-sats/ndshs07-sats.pdf>.
- ⁷⁴ Monitoring of Alcohol Advertising Committee, Department of Health and Ageing, *Alcohol beverage advertising in mainstream Australian media 2005 to 2007: Expenditure and Exposure* (2009)
- ⁷⁵ Ibid, 3.
- ⁷⁶ Ibid, 9.
- ⁷⁷ National Preventative Health Taskforce, above note 30, 272.
- ⁷⁸ Saffer, above note 48, 1325.
- ⁷⁹ C. Doran, et al. 'Identifying cost-effective interventions to reduce the burden of harm associated with alcohol misuse in Australia' (2008) [5]
<http://www.aerf.com.au/showcase/MediaReleases/2008/Doran%20AERF%20report.pdf> at 17 February 2010.
- ⁸⁰ International Agency for Research on Cancer 'Alcoholic beverage consumption and ethyl carbamate (urethane)' (2009) 96 *Monographs on the evaluation of carcinogenic risks to humans*
- ⁸¹ Food Standards Australia New Zealand. User guides to the new Food Standards Code.
<http://www.foodstandards.gov.au/the/code/assistanceforindustry/userguides>. at 30 November 2009
- ⁸² Standard 2.7.1, Australia New Zealand Food Standards Code.
http://www.foodstandards.gov.au/_srcfiles/Standard_2_7_1_Alc%20label_v64.pdf at 30 November 2009
- ⁸³ International Center for Alcohol Policies 'Health warning labels' (1997) ICAP Reports No. 3.
- ⁸⁴ T. Stockwell, *A Review Of Research Into The Impacts Of Alcohol Warning Labels On Attitudes And Behaviour* (2006) Centre for Addictions Research of British Columbia,
<http://carbc.ca/portals/0/resources/Alc%20Warning%20Labels%20TS.pdf> at 30 November 2009
- ⁸⁵ Commonwealth, *Alcohol in Australia: Issues and Strategies A background paper to the National Alcohol Strategy: A Plan for Action 2001 to 2003/04, National Expert Advisory Committee on Alcohol*, (2001)
- ⁸⁶ Babor, et al above note 12.
- ⁸⁷ Ibid.
- ⁸⁸ G. Agostinelli, G. & J. Grube 'Alcohol counter-advertising and the media. A review of recent research' (2002) 26(1) *Alcohol Research and Health* 15
- ⁸⁹ R Room and C Wilkinson, 'Informational and warning labels on alcohol containers, sales places and advertisements: experience internationally and evidence on effects' (Report to the Drugs Policy and Service Branch, Department of Human Services, State of Victoria. 2008)
- ⁹⁰ Ibid.
- ⁹¹ Food Regulation Secretariat, *Review of Food Labelling Law and Policy*, (2009) Department of Health and Ageing, <http://www.health.gov.au/internet/main/publishing.nsf/Content/review-food-labelling-law-&-policy> at 17 February 2010
- ⁹² *Regulation*, Wikipedia, (2009) <http://en.wikipedia.org/wiki/Regulation> at 10 November 2009
- ⁹³ Ray Steinwall, *Trade Practices Act 1974; Butterworths Annotated Acts* (2008 Edition)

⁹⁴ Wendy Loxely. et al *The prevention of substance use, risk and harm in Australia: a review of the evidence* (2004) The National Drug Research Centre and the Centre for Adolescent Health.

⁹⁵ National Preventative Health Taskforce, above note 30, 251