

## NSW Alcohol Summit: getting a better grip on our favourite drug

Paul S Haber, Katherine M Conigrave and Alex D Wodak

ON 9 MARCH 2003, during the New South Wales state election campaign, Premier Bob Carr announced that a re-elected Labor government would convene a state summit on alcohol. The 1999 NSW Drug Summit and the 2002 Obesity Summit were obvious models. The 1999 Drug Summit, also conceived during a state election campaign, was generally considered to have been successful. It developed a realistic policy framework and substantially increased funding to improve prevention, community and treatment services to reduce problems resulting from illicit drug use in NSW. However, the problems arising from alcohol greatly exceed those of illicit drugs, and, as our favourite drug provides both considerable benefits as well as sizeable costs, these problems are more complex for communities to grapple with.

The Alcohol Summit was held in the NSW Parliament from 26 to 29 August 2003, and involved key government departments (including Health, Police, Gaming and Racing, and the Cabinet Office), as well as health professionals, such as Emeritus Professor Ian Webster, the doyen of the alcohol and drug field in Australia, and industry and community representatives. The Summit comprised plenary sessions with national and international invited speakers who are international authorities on the prevention of alcohol-related problems (eg, Professor Tim Stockwell, Director of the National Drug Research Institute, Perth; and Professor Sally Casswell, Chair of the World Health Organization Committee on the Prevention of Alcohol-Related Problems); 10 working groups addressing specific issues; and site visits to drug and alcohol services to enable parliamentarians to inspect treatment facilities at first hand. All members of the NSW Legislative Assembly and Council were invited to attend the Summit along with 131 delegates from diverse backgrounds. Two one-day satellite meetings preceding the Summit addressed alcohol problems in young people and Aboriginal people, respectively.

### Background

The Summit began with expert reviews on several topics, including the history of alcohol in Australia, the epidemiology of alcohol problems and the evidence base for effective

prevention of alcohol problems. About half the alcohol-related morbidity and mortality in Australia results from acute intoxication, and includes injury, road trauma and suicide. The remaining half results from chronic excessive consumption, and includes cirrhosis, stroke and other medical complications. A large proportion (39%) of the alcohol consumed in Australia is drunk at levels that confer moderate-to-high risk of chronic harm, while 51% of the alcohol consumed poses short-term risks to the drinker.<sup>1</sup> Mr Ken Moroney, NSW Commissioner of Police, stated that people intoxicated with alcohol and perpetrating domestic and other violence account for up to 75% of the workload of the NSW police. Furthermore, alcohol-related problems are very unevenly distributed. For example, the NSW town of Walgett, with a total population of 2000, has 10 liquor licences and one in three of the adult male population has had at least one conviction for alcohol-related violence.

### The debate

Many initiatives were reviewed, especially primary prevention methods to limit intoxication, such as increasing the price (by raising taxes) of cask wine and other beverages particularly associated with severe intoxication. Secondary prevention initiatives proposed included improving enforcement of existing laws concerning responsible service of alcohol. Enforcement of these laws was acknowledged by senior NSW police to be less than adequate, and penalties were generally considered to be insufficient. Installation of breathalysers in bars could enable patrons to test their breath alcohol level before driving home. Tertiary prevention measures were also considered, such as expanding measures focused on problem drinkers. These included ignition interlocks to reduce recidivist drink-driving by requiring participants to pass a breathalyser test before starting their car engine.

Numerous delegates expressed concern about the ready availability of alcohol to under-age youth. The alcohol beverage industry rejected the evidence that under-age drinking is an increasing problem. Anecdotal reports suggested that provision of alcohol by adults to under-aged young people is widespread and quite widely accepted. To address this problem, education of adults and young people was proposed, along with a range of measures to increase enforcement of the law and to increase penalties for offenders (Summit communiqué resolutions 1.10, 8.8–8.23 and 10.1).<sup>2</sup>

Delegates heard that alcohol taxation is one of the prevention measures best supported by evidence of effectiveness.<sup>3</sup> However, taxation of alcohol in Australia is riddled with inconsistencies and anomalies. A more public-health-oriented approach involves taxing alcoholic beverages according to alcohol content rather than beverage class or cost.

#### Drug Health Services, Royal Prince Alfred Hospital, Camperdown, NSW.

**Paul S Haber**, MD, FRACP, Head and Conjoint Associate Professor, Disciplines of Medicine and Public Health, University of Sydney;

**Katherine M Conigrave**, FACHAM, FAFPHM, PhD, Staff Specialist; and Conjoint Associate Professor, Disciplines of Medicine and Psychological Medicine, University of Sydney.

#### Alcohol and Drug Service, St Vincent's Hospital, Darlinghurst, NSW.

**Alex D Wodak**, FRACP, FAFPHM, FACHAM, Director.

Reprints will not be available from the authors. Correspondence: Dr Alex D Wodak, Alcohol and Drug Service, St Vincent's Hospital, 366a Victoria Street, Darlinghurst, NSW 2010. awodak@stvincents.com.au

### Selected recommendations of the NSW Alcohol Summit\*

1. A retailer alerts system should be developed to highlight breaches of the Voluntary Advertising Code.
2. There should be a national public inquiry into alcohol taxation to consider the health, economic, social and community costs and benefits of current and proposed alcohol excise and taxation measures.
3. The liquor industry should be required to set aside a proportion of its advertising budget for harm-minimisation programs.
4. The acceptability of inappropriate alcohol use at sporting events, by both participants and spectators, should be challenged.
5. The distribution of alcohol treatment services in NSW should be reviewed and adjusted to ensure equity of access.
6. The NSW police should investigate the feasibility of random breath testing on waterways.
7. Drink drivers convicted of more serious offences should be required to undertake an alcohol-related brief intervention program before licence reinstatement.
8. The NSW Vice Chancellors' Committee should be asked to consider the development of additional postgraduate programs for professional and clinical staff in drug and alcohol treatment.
9. Intoxication should be defined in relevant legislation so that responsible service-of-alcohol requirements can be applied by both servers and the police.
10. Existing schemes to divert offenders from the criminal justice system towards treatment should be considered for extension to cover those with alcohol misuse problems, and adequate treatment places should be available to absorb court referrals.

\*Resolutions have been edited. The full text is available from the Summit website.<sup>2</sup>

One of the key recommendations of the Summit was to hold a national public inquiry into alcohol taxation (Summit communiqué resolution 2.9). Earmarking some additional tax revenue for prevention and treatment programs is supported by evidence of effectiveness, but was not supported by the Summit.

At times, the debate became quite confrontational. Representatives of the alcohol beverage industry denied developing products designed to appeal to under-age drinkers and advertising inappropriately (including appealing to under-age drinkers). The alcohol beverage industry advocated retaining self-regulation of alcohol advertising, despite the evidence presented to the Summit that the current system does not

prevent grossly inappropriate advertising. The industry argued vigorously that it already promotes responsible drinking. Curfews for young people were debated but not adopted. The industry expressed a strong interest in developing voluntary partnerships with health and community groups, but argued that funding should be drawn from existing alcohol taxes. Total federal, state and territory government revenue from alcohol exceeds \$5 billion annually, not including income from the goods and services tax. Most of this revenue is generated by the federal government, and very little is directed towards preventing or alleviating the adverse effects of alcohol.

### The outcome

In the final sessions, resolutions from the 10 working groups were collated into an interim report for debate. Most resolutions were not controversial: all the proposals of several working groups were adopted without significant change. There was strong support for improving the capacity and quality of treatment for people with alcohol-related problems, and for general practitioners to receive support in this endeavour. A fundamental issue for most delegates was the extent to which the alcohol industry should accept responsibility for the manner in which alcohol is consumed. For example, how can a server more reliably recognise intoxication and refuse further service? The final communiqué comprised 44 pages of recommendations, with 315 recommendations to reduce the burden of alcohol-related harms supported by a majority of delegates (Box).<sup>2</sup>

The outstanding achievement of the Alcohol Summit so far has been returning alcohol control policy to the public health agenda. The resulting policy changes have the capacity to achieve considerable future benefits for the community. However, it is critical that the NSW government maintains its focus on this field and injects new resources to ensure that the Alcohol Summit leads to tangible outcomes.

### References

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