

National alcohol policy after “alcopops”: what next?

Steven J Skov, on behalf of the Royal Australasian College of Physicians Alcohol Advisory Group*

Reintroducing the alcopops tax is important, but more comprehensive reform of alcohol taxation and other broader measures are needed

To those Australians who believe that alcohol consumption in this country is causing too much damage, and that a public health-focused, evidence-based alcohol policy can make a difference, the defeat of the “alcopops” legislation in the Senate in March this year was a disappointment. However, this is no reason to stop national action to reduce damage from alcohol. The thousands of Australians whose lives are damaged by alcohol, and the hundreds each year whose deaths could be prevented, are too important.⁷ Concerned organisations need to collaborate and advocate for a comprehensive, evidence-based approach to reducing the alcohol toll. Their ultimate goal should be to move to a more moderate and responsible drinking culture in Australia.

The first question is what to do with the more than \$400 million raised from the alcopops tax. Our elected representatives are to be congratulated on voting in May to retain it, rather than handing it back to the alcohol industry. Judging by past performance, had it gone to DrinkWise, it would have been spent on soft-sell advertis-

ing, which the great body of evidence suggests has no impact on alcohol consumption or consequent harms.^{8,9}

The alcopops revenue should be directed to independent public health agencies to develop evidence-informed interventions that aim to reduce consumption and consequent harms. The Alcohol Education and Rehabilitation Foundation is one such entity, established using tax revenues generated in similar circumstances from beer sales. The national Preventative Health Taskforce has already developed a framework to prevent alcohol-related harms,¹⁰ and will soon deliver a final report and recommendations for action, including an overarching National Prevention Agency, which will need funds. With additional funding, the National Health and Medical Research Council (NHMRC) could give special priority to alcohol-related research. Funding of agencies such as VicHealth and Healthway in Western Australia, which were originally supported by tobacco revenues, could also be considered.

The Royal Australasian College of Physicians welcomes the federal government’s initiative to reintroduce the alcopops tax legislation in

the current sitting of Parliament, but encourages the government to go further. Although there was evidence the alcopops tax was followed by reduced overall alcohol consumption,¹¹ if the government wishes to address the full range of alcohol-related harms — which include much more than binge drinking in young people — it should comprehensively reform alcohol taxation. Controlling price is by far the most effective, and cost-effective, single intervention available to control consumption and consequent harms.^{8,9,12} A comprehensive reform of alcohol tax is needed, with public health as a principal objective. Specific elements could include:

- taxing beverages on the basis of their alcohol content — a volumetric system;
- a minimum price per standard drink; and
- additional taxation based on evidence of harm associated with particular beverage types.

A proportion of alcohol-related tax revenues should be directed towards prevention and treatment of alcohol-related problems. The Australian public will probably support such taxes.⁷

Taxation policy is crucial but must be part of a broader approach. There is good evidence for the effectiveness of controlling the availability of alcohol by regulating the number, nature and opening hours of alcohol venues.^{8,9,13} The forthcoming review of the Northern Territory's *Liquor Act* provides an opportunity to encourage alcohol legislation to genuinely focus on preventing alcohol-related harms, and not just on regulating the sale of alcohol.

The role and practice of alcohol promotion should also be closely examined. Loosening the link between alcohol advertising, sponsorship and sporting organisations may be an important way to encourage Australian drinking culture to evolve in a healthier direction. Some alcohol tax revenues could be directed towards replacing alcohol-industry sponsorship, as was done for tobacco in several states, or buying back alcohol advertising during sports programs, as suggested by the Australian Medical Association.⁹

Although prevention is essential, many people and their families are already suffering from the effects of alcohol. More treatment programs are urgently needed, particularly in rural and remote areas, where alcohol problems are even more common than in the cities, and for groups with particular needs, such as Aboriginal people, who need tailored programs.

Finally, a strong vision and framework would bind all these strategies together. The National Alcohol Strategy¹⁰ expires this year, and another is needed: one that more closely follows the evidence of what really works in reducing harm.

Much good work to reduce the harms from alcohol has been done in Australia by individuals and organisations such as the Public Health Association of Australia and the Australian Drug Foundation. However, much more is needed, as the level of harm is still unacceptable, especially among young people. We in the health profession need to play a greater advocacy role, in partnership with others within and beyond the health sector, such as the Cancer Councils, and social welfare and community organisations. The Royal Australasian College of Surgeons Trauma Committee, with its experience in road trauma and interpersonal violence, has indicated a strong interest in being involved. We need to be part of, and to help build, active coalitions.

We should heed the lessons learned from the fight against tobacco. Although there are important differences between alcohol and tobacco, much is similar in the need to change the culture surrounding their use, and in the large and powerful industries that profit from their sale. Overcoming these obstacles will require an alliance

* Contributing members of the Royal Australasian College of Physicians Alcohol Advisory Group

Paul S Haber (University of Sydney, Sydney, NSW)
 Alex D Wodak (St Vincent's Hospital, Sydney, NSW)
 Bruce K Armstrong (University of Sydney, Sydney, NSW)
 Katherine M Conigrave (Royal Prince Alfred Hospital, Sydney, NSW)
 George L Rubin (Australasian Faculty of Public Health Medicine, Sydney, NSW)
 Nick M Walsh (Monash University, Melbourne, VIC)
 Jenny Proimos (Royal Children's Hospital, Melbourne, VIC)
 Nicholas Lintzeris (University of Sydney, Sydney, NSW)
 Geoffrey L Metz (Royal Australasian College of Physicians, Sydney, NSW)

of organisations, with a common understanding of the key issues, goals and ways to achieve them, and persistence in their pursuit. With thousands of lives lost or damaged, and billions of dollars wasted every year,⁷ this is our challenge and our responsibility.

Acknowledgements

The Royal Australasian College of Physicians Alcohol Advisory Group is indebted to Mike Daube (Public Health Association of Australia, Perth), Geoff Munro (Australian Drug Foundation, Melbourne) and Tanya Chikritzhs (National Drug Research Institute, Perth) for their helpful comments on drafts of this editorial.

Author details

Steven J Skov, MB BS, MPH, FAFPHM, Public Health Physician
 Centre for Disease Control, Department of Health and Community Services, Darwin, NT.

On behalf of the Royal Australasian College of Physicians Alcohol Advisory Group.*

Correspondence: steven.skov@nt.gov.au

References

- Collins DJ, Lapsley HM. The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Monograph Series No. 64. Canberra: Australian Government Department of Health and Ageing, 2008.
- Babor T, Caetano R, Casswell S, et al. Alcohol: no ordinary commodity — research and public policy. Oxford: Oxford University Press, 2003.
- Loxley W, Tombourou JW, Stockwell T, et al. The prevention of substance use, risk and harm in Australia: a review of the evidence. Perth: National Drug Research Institute and Centre for Adolescent Health, 2004.
- National Preventative Health Taskforce Alcohol Working Group. Preventing alcohol-related harm in Australia: a window of opportunity. Technical Report No 3. Canberra: Preventative Health Taskforce, 2008.
- Chikritzhs T, Dietze PM, Allsop SJ, et al. The "alcopops" tax: heading in the right direction [editorial]. *Med J Aust* 2009; 190: 294-295.
- Collins DJ, Lapsley HM. 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. Canberra: Australian Government Department of Health and Ageing, 2008.
- Australian Institute of Health and Welfare. 2007 National Drug Strategy Household Survey: first results. (Drug Statistics Series No. 20. AIHW Cat. No. PHE 98.) Canberra: AIHW, 2008.
- National Drug Research Institute. Restrictions on the sale and supply of alcohol: evidence and outcomes. Perth: National Drug Research Institute, Curtin University of Technology, 2007.
- Australian Medical Association. New chance for alcopop tax [media release]? 31 March 2009. Canberra: AMA, 2009. <http://www.ama.com.au/node/4534> (accessed May 2009).
- Ministerial Council on Drug Strategy. National Alcohol Strategy 2006–2009. Towards safer drinking cultures. Canberra: Commonwealth of Australia, 2006. □