

Department of Health and Human Services

ALCOHOL AND DRUG SERVICES

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Dear Sir/Madam

Subject: Response in Review of Alcohol Advertising in Australia

Dear Sir/ Madam,

Thank you for the opportunity to comment in response to your review of alcohol advertising in Australia. This is an important issue that deserves careful consideration given the significant adverse health and social impacts associated with alcohol consumption in Australia.

I submit the following comments on behalf of my colleagues of the Alcohol and Drug Services in Tasmania in relation to the ANPHA review of alcohol advertising in Australia. In presenting this submission, I make the point that the views expressed are my own professional views taken together with the views of colleagues with whom I have discussed these matters. This submission should not be taken in any way to represent the views of the Tasmanian government or the Department of Health and Human Services, Tasmania more specifically.

I wish to acknowledge the significant input into this submission by Mr Paul Tchia, Principal Policy Officer and Ms Sylvia Engels, Manager, Policy Development Unit; and comments from Mr James Goodrich, Project Officer. However, I would emphasise that the analysis, conclusions and 'recommendations' provided in this submission are my own.

I note the questions posed by your agency as a framework for submissions. While important I have taken the liberty of broadening the base in my submission, in order to clearly describe the wide ranging reasons for my serious concerns as a doctor about the alcohol beverages industry and noting that a comprehensive approach is now required if we are to make significant headway in addressing our national alcohol problem.

Basis for Establishing the ABAC

I note with particular interest that the ABAC Scheme was established in 1998 by the Brewers Association of Australia and New Zealand Inc. (BAANZ), the Distilled Spirits Industry Council of Australia Inc. (DSICA), and the Winemakers' Federation of Australia (WFA), with the aim of:

“...[ensuring] that alcohol advertising will be conducted in a manner which neither conflicts with nor detracts from the need for responsibility and moderation in liquor merchandising and consumption, and which does not encourage consumption by underage persons.”

This aim is very narrow conceptually but even if it is accepted as a reasonable starting point, it should be clear to anyone who observes what is occurring in the community that even the spirit of this aim is breached in large scale.

Objectives of Advertising

In providing this submission, it is salient to note the WHO Global Alcohol Strategy (2010) discussion on marketing and promotion, which is accepted as a legitimate vehicle generally speaking for industry to promote increased awareness, interest or appeal and desire to obtain and/or consume a particular product or service and thus, to increase sales or service utilisation. The question arises, is unfettered advertising and promotion of alcohol products a legitimate endeavour like all other similar industry efforts to enhance sales and maximise profits? Indeed, is any advertising and promotion acceptable for a commodity that is associated with such significant and widespread harm in the Australian community? I argue that it is not and for very good community interest reasons, particularly as it impacts on children, adolescents and young adults. After all, alcohol is ‘no ordinary commodity’ and as the Commonwealth of Australia (2009)ⁱ has observed, there is no safe level of consumption.

Inherent Weaknesses in the ABAC

The work undertaken by the National Committee for the Review of Alcohol Advertising in 2003 found a number of weaknesses with the ABAC Scheme which included: a lack of transparency and public awareness of the scheme; a failure to address public health concerns associated with alcohol advertising; the inability of the scheme to cover ‘new media’ advertising, such as the internet; and a lengthy and inaccurate reporting process.¹ I note the remedies that were brought to bear in 2008 but those responses are narrow and inadequate.

I would observe there are fundamental flaws; indeed, a serious stretch in credibility of any regulatory framework that places primary responsibility for regulating one’s own commercial promotion activity yet alone responsibility for evaluating and sanctioning commercial behaviours more generally in the hands of industry itself or those with a previous interest or involvement in industry, particularly when such large sums of money are at stake. Industry is structured and inevitably behaves in ways that are designed to maximise sales and maximise corporate profit in order to satisfy the obligations of the industry, its CEO and its Board to its shareholders. Under these circumstances, I present that industry or those with a previous stake or interest in the industry are faced with an impossible and indeed unfair challenge of having to regulate the commercial practices of industry in the knowledge this will most certainly have a significant impact on the industry’s bottom line, at least in the absence of a major restructure of the industry’s business models.

Problems Associated with Alcohol Beverages Advertising Code

Previous assessment of the ABAC identified the following identified issues of concern:

- The voluntary nature of the Alcohol Beverages Advertising Code (ABAC) Scheme means that compliance by advertisers is not guaranteed. Not all sectors of the alcohol industry are signatory to

the scheme.

- Where complaints are upheld, the ABAC does not have the power to apply sanctions that would enforce these decisions. Where a complaint is upheld, the advertiser is requested to withdraw or modify an advertisement within five working days. It is unclear how consistently advertisers adhere to requests by ABAC to withdraw or modify an advertisement, or the extent to which they regard this level of scrutiny as an incentive to change future commercial behaviour.
- Further, apart from aggregate statistical information in its annual reports, no other information about upheld complaints is available.
- ABAC does not currently address alcohol marketing in the form of point of sale promotions or sponsorship; nor advertising through the electronic media, e.g. internet, mobile phones, Facebook, MySpace etc. These latter forms of marketing are particularly attractive to and targeted at young people. Point-of-Sale promotions enhance not only brand loyalty and image, but also encourage those who have never used the product to try it (e.g. gifts with purchase, competitions) and/or increase the volume of purchase by offering discounts for larger volume purchasesⁱⁱ. This demonstrates the industry has a focus on using advertising and promotion to seduce young people to commence or increase their alcohol consumption.
- The ABAC initially paid no serious attention to the issues of packaging and labelling.
- The current ABAC system does not cover 'one off' promotions. Therefore in the case of single magazine advertisements, for example, a recalcitrant advertiser is entirely unaffected when the ABAC Adjudication Panel upholds a complaint about their advertisement. There is some indication to suggest that alcohol advertisements of this kind may be risingⁱⁱⁱ.
- Very often complaints are dismissed by the ABAC Adjudication Panel on technical grounds related to the scope of ABAC, without resolving the issue raised by the complainant. Approximately three quarters of all complaints dealt with by the Panel in 2007-2008 were dismissed.
- The ABAC has a poor record on the timeliness of adjudications on complaints.
- The administrative arrangements to support the Management Committee and Adjudication Panel are inadequate.
- There is limited public awareness about the Scheme.
- There is evidence of a lack of co-ordination between the bodies that administer the relevant laws and codes affecting alcohol advertising in Australia, in what is a complex system.
- There is little industry cohesion and common purpose, as evidenced by the failure to support a Retailer Alert Scheme designed to facilitate the removal of inappropriate products from the market.
- Where these matters have been drawn to the attention of the ABAC Management Committee, it has been slow to make changes.
- An assessment of alcohol advertisements and promotions in 93 magazines popular with Australians aged 18-30 years were reviewed and evaluated against the ABAC guidelines. More than half (52%) were assessed as contravening at least one section of the Code and 22% were deemed to have strong appeal to children or adolescents because they depicted alcohol in connection with skateboarding and partying and the characters within the advertisements appeared younger than 25 years^{iv}.
- The ABAC has arisen from and had strong representation from the industry itself, which really places industry in a very difficult if not impossible situation given its readily apparent conflict of interest. Changes in 2008 addressed this anomaly to some extent it would appear, given the decision that no person may be appointed to the adjudication panel, who at the time of, or during the term of his or her appointment to the Panel, is a current employee or member of the alcoholic beverages industry; or who has been an employee or member of that industry in the five years prior to their appointment. However, it remains unclear whether the present structure provides for genuinely independent assessment and arbitration in response to complaints, but more on that shortly.
- Most importantly, the system pays too little attention to the key upstream determinants of drinking behaviour and health related and other harm, at the population level.

The concerned and astute observer would be entitled to ask, how did such a faulty system ever see the light of day?

It would be implausible to suggest that the ABAC scheme functioned initially in a way that its architects presented that it would work and once again, even if I were to accept the aim of ABAC as appropriate and

sufficient (I don't), I would question that it is working in that way now even following the changes to its makeup in 2008.

I note a description in the ANPHA Issues paper of the way in which the ABAC works and its weaknesses. In particular, that the ABAC Scheme has no underpinning legislative framework, which means the ABAC has no power to issue penalties or infringements. This stands as a fatal design flaw, one that cannot be left unaddressed. Notwithstanding, even if the ABAC system was armed with legislative teeth, once again I suggest it would be implausible and indeed unreasonable to expect that it could ever have applied appropriate sanctions on the alcohol industry given its historical origins and its structure, nor wittingly take actions that would diminish the sales and profit margins of the alcohol industry. Yet this is exactly what National Preventative Health Task Force (NPHTF) recommended in effect in its *Roadmap for Action, 2009*, when it set as a preventative health target, a reduction in the proportion of Australians aged 14+ years who drink at short-term risky/ high-risk levels at least monthly by 30% (from 20.4% to 14.3%); a reduction in the proportion of Australians aged 14+ years who drink at long-term risky/high-risk levels by 30% (from 10.3% to 7.2%) and a reduction in the proportion of Australian secondary school students aged 12–17 years who are current drinkers and who consume alcohol at harmful levels by 30% (from 31.0% to 21.7%).^v

It follows that additional structural reforms are required in Australia including but extending well beyond action in the area of marketing controls if we are to fulfil that highly meritorious and meaningful aspiration of the NPHTF, as a nation. Of course, I recognise this aspiration has not been adopted by our National, State and Territory governments and indeed; I am unaware that any of our parliaments have even debated this issue, which I find both puzzling and disappointing. It is not even clear if your agency, the National Preventative Health Agency, has adopted this target and if not, the people of Australia would be entitled to know why this thinking has altered and what you are now recommending to our Australian government.

I would join others in observing with disappointment that our democratically elected representatives are invariably keen to support soft policy instruments for population level change:

“such as health education, health promotion programs, social marketing and government advocacy for changes in individual and organisational behaviour’

...but reluctant if not unwilling to draw upon the harder policy levers otherwise referred to as 'hard paternalism', such as 'changes in the law, regulations, enforceable policies, and fiscal instruments' (Swinburn, 2008)^{vi}.

As noted above, there are now constraints on appointments to the ABAC of persons who have been employed by the alcoholic beverages industry and at least one of a minimum three but up to five adjudicators, who must have a professional background related to public health (without to my knowledge describing what this means in practice), but it remains unclear whether these specifications are appropriate or effective in ensuring there is no conflict of interest that may influence decision-making and to the detriment of public health in Australia. There is no apparent requirement or reassurance as to the expertise that members of this panel must possess and demonstrate, noting that those charged with responsibility of making decisions about liquor licences in each jurisdiction may not in my observation have command of even the basic evidence related to the number and density of licensed outlets and alcohol-related harms such as alcohol-fuelled violence. An alternative explanation is they do know but choose to ignore this evidence; hence the rapid and substantial increase in special as well as general liquor licences in Australia in recent years and the increase ease of access to alcohol in the Australian community.

The other evidence that provides a basis for my continuing concern about the composition and performance of the ABAC is the present situation where we continue to be flooded by all manner of everyday lifestyle alcohol advertisements in the media, some of which are quite vague in terms of their message while others are more clearly designed to glamorise and normalise drinking in all manner of social settings and circumstances and suggest alcohol is to be viewed as a positive part of everyday socialisation and enjoyment, particularly in those who are young and active.

A colleague recently observed:

“Meaningless messages lead to meaningless activity as advertising agencies take the money and run devising campaigns that have no message other than to engage in the activity of drinking rather than the product. There may well be an intended message, but it is lost in the surreal props, background music and the usual group of younger males engaging in activities, which appear to have no meaning. The theme appears to draw the target audience into a nonchalant environment and an almost universal assumption that the consumer needs to be intoxicated to socialize.”

This illustrates the point that the alcohol industry has turned to increasing its quirkiness in the way it seeks to attract market audience attention and promote its products, which I do recognize is little different to the way other industries may promote their products. The difference is of course, as the *Australian Drinking Guidelines to Reduce Health Risks from Drinking Alcohol* (NHMRC, 2009) point out, there is no safe level of alcohol consumption and the more one consumes, the higher the risks whereas this may not be the case with many other products.

I am concerned that the ABAC system provides no options for triggering formal government review for substantive public policy reform based on industry practices of concern and the evidence on what works best in preventing or containing such worrisome commercial practices. Industry is by its nature commercially opportunistic and when complaints are received, any response from the ABAC will perforce be reactive, case rather than population based, after the fact and one that by the time any decision is made in favour of a complainant, the advertisement may well have run its natural course and ‘done its job’. The industry might therefore be more than happy to remove the advertisement and present itself as a good corporate citizen who obeys such advice.

I note with concern that the ABAC Scheme does not purport to apply to all forms of marketing activity undertaken by alcohol beverage producers and suppliers, but rather only extends to advertising. I expect those who think carefully about these matters would conclude that it is unsatisfactory to knowingly allow such gaping holes in any system that is motivated by an identified need to regulate industry marketing behaviour and given industry’s expected response in finding ‘work-around’ commercial solutions to any constraints that may be placed on its marketing activity. The choice seems clear to me - as a nation, we either decide to regulate the industry because it demonstrates it is unable to effectively do so itself, or we don’t. Half measures are not working at all and I would present that our present approach make no sense.

While it is possibly the case that the ABAC standards have altered the shape of alcohol industry advertising and promotion in certain directions, industry has clearly adapted and now promotes its products in a positive light in association with every day socialisation. Thankfully the one thing industry has not done is promote drinking in social isolation and as a way of ‘coping’ with life difficulty or sadness and as an alternative to a sedative/ hypnotic or anti-depressant medication! I don’t believe any industry would ever go there.

The ANPHA Issues paper noted that previously, Free TV Australia and the Advertising Standards Bureau highlighted that there are a low number of complaints received in relation to alcohol advertising.^{vii} This points to the ineffectiveness of this complaints mechanism possibly not only because the public is not sufficiently aware of its existence but perhaps also because it does not believe that it is likely to be effective as an agent of change to the benefit of the community. A third explanation might be that community levels of health literacy and insight into the nature and extent of alcohol related harm is inadequate since after all, governments have done very little in this space and after all, there are high levels of drinking (ranging from low to high risk) in the community and drinkers are probably less likely to voice their concerns.

I am surprised and concerned to note that the Australian government has not yet undertaken a nationwide public education campaign to educate, explain and promote the rationale and merits of the low risk drinking advisories contained in the *Australian Drinking Guidelines to Reduce Health Risks from Drinking*

Alcohol^{viii}. It is my understanding (but perhaps I am mistaken) that the Australian government did signal its intention to do so following the release of these Guidelines.

Of course, regardless of the issue at hand, it is only a small minority of people in any community who demonstrate the interest and energy to rise above the ordinary and communicate their concerns about any issue of public health and social concern in an effective manner. Regardless of the reason(s), it would seem implausible to suggest that the community would ever believe that this complaints mechanism would be worthy of utilisation based on its performance hitherto and because once again, the ABAC has no regulatory teeth and cannot issue substantial penalties for breaches. Once again, if there is in fact, greater awareness and concern than is thought to be the case, on the basis of past performance and outcomes the community would be entitled to ask – why bother?

On the issue of assessment of advertising impact methodology, as a health professional working in the field of Addiction Medicine, I understand very well that verbal responses to community surveys do not necessarily accurately or reliably reflect underpinning motivations for certain human behaviours at the population level. What people may say about the effects of advertising on them individually does not necessarily reflect why or how they respond to advertising and promotion or why they consume in certain ways and levels. Industry will be well aware of this.

Alcohol Advertising Review Board Established out of Concern for Ineffectual ABAC

The ANPHA Issues papers points out that in March 2012, the McCusker Centre for Action on Alcohol and Youth and the Cancer Council Western Australia launched an independent review board, the Alcohol Advertising Review Board (AARB), to consider consumer complaints in relation to alcohol advertising. In their media release the AARB stated that the new body is an 'independent alternative' to the current self-regulatory system in Australia which it believes is inadequate and ineffective^x. This is a most pleasing initiative, demonstrating there are those who share the concerns I raise in this submission and who have been willing to clearly communicate their concerns and to do something about it. However, as the Issues Paper also points out, like the ABAC Scheme the AARB does not have any legislative power to issue penalties or infringements. While the AARB is serving a purpose at present in highlighting the deficiencies and in effect, 'showing up' the ABAC system, in the long run it will do our nation and its elected representatives and Executives of government no credit if this situation continues unaddressed in any meaningful manner.

In my observation, the current legislative and regulatory framework for assessing and responding to any marketing infringements by industry in relation to the spirit of what it is stated was intended through the ABAC, let alone any broader metric (e.g. those identified by the AARB) for what we might present as socially responsible commercial conduct into the future, is both inadequate and unsatisfactory.

Concern among Health Professionals & Others for very Good Reasons

Health professionals are cognisant (or should be cognisant) there are over 200 ICD-10 3-digit disease codes in which alcohol is a component cause, in addition to thirty 3-digit or 4-digit codes that are alcohol-specific. These figures should speak very loudly to the people of our nation and in particular, to our elected representatives and to the Executives of government as to the full extent of harm and suffering arising from alcohol consumption in Australia. They should alert us to our collective responsibility to act decisively and expeditiously in alignment with best available international evidence and in ways that can prevent or minimise these health harms. As a doctor I would observe these often-avoidable health harms are as palpable in everyday clinical practice as they are tragic. I say they reflect less than well on us as a nation.

It is salient to note that alcohol is responsible for an estimated 3.2% of our national burden of disease and injury before discounting a (scientifically contested) 1% reduction through certain health benefits which are however restricted to middle-aged and older adults in countries with high rates of cardiovascular disease.

Having spent a great deal of time in the past providing consultation medical services in a general hospital setting and in particular, to an Emergency Department, I am ever cognisant of the reality that alcohol makes a very significant contribution to hospital Emergency Department presentations and to hospital admissions, in Australia. I reference the study undertaken and published by Chikritzhs et al, 2011, which reported that 28% of all injury presentations are alcohol-related. In addition, health professionals are cognisant that alcohol is causally associated with over 3000 deaths in Australia each year. We should also all be aware that alcohol is associated both as a cause and as a contributory factor to a wide range of serious disputes, abuse, violence and neglect in the home and in a wide range of other social settings.

A substantial proportion of work undertaken by virtually all health and human service workers arises at least in part as a consequence of the adverse effects of alcohol on human cognition, affect and behaviour and once again, I would observe that the outcomes are so very often tragic. These tragedies play out almost everywhere one may care to look in the Australian community and those that are publically visible represent but a small proportion of the net distress, suffering and harm that is arising every day across our nation.

I note with equal concern that a substantial proportion of Australians experience a range of harms arising from other people's consumption of alcohol, from annoyance at alcohol fuelled antisocial behaviour, fear for one's safety, accidents and injury, to loss of life. Indeed, I note it has been calculated that at least one person dies each day in Australia as a consequence of someone else's drinking^x. This parallels the concerns about passive smoking that triggered a substantial shift away from social acceptance of tobacco smoking in public places, in work places and in the presence of children.

To drive the point home, available data suggests that nearly 10 million people are affected a little by someone else's drinking each year in Australia and more than 2 million people are affected a lot, each year. On the basis of this analysis of health system data, it has been estimated that around 14,000 people were hospitalised because of the drinking of others in 2005. But it gets even worse. More than 70,000 Australians are victims of alcohol-related assaults every year and almost 20,000 children across Australia were victims of substantiated alcohol-related child abuse. Moreover, it is estimated that heavy drinkers cost others more than \$14 billion in out-of-pocket expenses, forgone wages and productivity, and more than \$6 billion in intangible costs. At least \$14 billion per annum can be attributed as tangible costs of alcohol's harm to others (Laslett et al, 2010).^{xi}

These data tell us that drinking is often less than community minded or cognisant and thoughtful of its impacts on the safety and wellbeing of others. To be very honest, these data also suggest to me as doctor that our nation and our parliaments, today as is the case historically, paid no serious attention to these issues. The rationale for continuing to allow the alcohol beverages industry to advertise and otherwise promote its products in the face of such widespread risk and harm is difficult to understand, particularly when we don't allow this for other drugs associated with harm.

The advertising and promotion of alcohol, like tobacco, runs counter to our public health imperative to reduce hazardous, harmful and unsanctioned alcohol consumption, recognising that health care expenditure is escalating rapidly to the point where it threatens to unsustainably overwhelm State and Territory budgets and where doctors and other health professionals will increasingly be forced into the near future to decide who gets treatment and who does not because we simply won't have the health resources to cope. Already governments are being challenged through a range of portals such as the Offices of the Ombudsman, the Coroner, the Health Rights Commissioner and letters to the Minister to deliver always gold standard, comprehensive, accessible, safe and affordable health interventions, which are of course downstream to the preventable health agenda that I would observe we have paid too little attention to, hitherto. Sadly, while

the community may not fully comprehend the situation, those who possess the relevant knowledge recognise that the spread sheet of demand and supply doesn't balance and in the absence of significant attention to the evidence related to a range of preventable health challenges (alcohol; tobacco; energy dense food, inactivity and obesity; injury and gambling), it cannot and will not come close to being balanced.

The Community is Growing Tired of the Violence and other Harms

The Australian community is growing increasingly tired of the clear absence of any demonstrated sense of industry caring for those who consume alcohol and experience significant harm and suffering themselves and who may as a direct consequence of their unsafe or immoderate drinking also cause significant harm to so many other innocent bystanders.

Like so many members of the general community, police officers across the country are also exposed in large scale and on a daily basis to significant personal risk and injury arising from alcohol-related violence. I say this is unacceptable. It is difficult for me to comprehend why we would as a nation, pay such scant attention to the evidence in allowing this situation to continue as at present.

At a recent drug and alcohol sector meeting involving a wide range of Tasmanian government and community sector agencies that came together to discuss prevention and early intervention, there was clear consensus that the community should now push back against the alcohol industry and its present commercially insensitive and opportunistic advertising and promotion activity. "We have had a gutful of the alcohol industry" and "we have had enough of alcohol fuelled violence and health harm" statements seem increasingly common.

I am cognisant of the reality that the alcohol industry will attempt to thwart any attempt by any nation state or government to contain its commercial activity by legal challenge through local political and international legal mechanisms such as free trade agreements. I am cognisant they will also invoke 'nanny state' arguments in their community-focussed communications, in order to garner community sympathy. I am aware they will cry foul in terms of the potential for lost employment and will attempt to claim the high moral ground in arguing for the economic benefits that the industry brings to the community. Of course, each of these arguments is easily addressed.

I have already referenced the work of the Laslett at al (2010) above in relation to the large scale impact of alcohol on the Australian workplace but to further make my point, when the alcohol industry recognises the need to restructure and develop new business models based on a national push towards reduced national consumption, we will learn that this forgone community expenditure will not disappear into thin ether; rather, we will observe that it will find its way into alternative goods and services which are not damaging to the Australian community. In relation to employment, I would observe that the national impact of unsafe and immoderate alcohol consumption on job performance and job loss is substantial. It also has a significant impact on educational performance and attainment and on the role of men in women caring for their children, which are equally important 'jobs'. Many people can't attend work each day across the nation because they are injured or otherwise harmed in a wide range of ways arising from their own or another person's drinking (Laslett at al, 2010). In relation to the nanny state arguments, the observations of Swinburn, (2008) bear consideration:

"Nearly all of the hard policy options are directed at the environment (making the healthy choice the easy choice) and nearly all of the policies that directly target the population are softer options (encouraging people to make the healthy choice). This puts lie to the idea, emphasized by some private sector interests, that government policies will result in a 'nanny state' – implying that the state is telling people what they can and cannot drink or do."

Alcohol Advertising has a Perverse Influence of Australian Society

We so often hear about Australia's 'drinking culture' and this culture is played upon by industry through its advertising and promotion activity. The repeated reference to 'our drinking culture' is in itself part of the problem, because it normalises and unwittingly reifies the belief of a central, seemingly irrevocable and universally positive role of alcohol consumption in everyday life (after all, industry does not portray the harms associated with its products in its advertising and promotion). In repeating the phrase '*alcohol culture*' over and over again, I would observe that we may actually 'believe as we say' and reaffirm a faulty idea. If we were honest, we would more correctly refer as a matter of routine parlance to our '*alcohol-related violence, abuse, neglect, health harm, social disadvantage, human suffering and premature mortality drinking culture*', or similar. If we were to repeat the latter phrase on a regular basis, this might prompt many in the community to stop and think about what they are saying let alone what they believe and how they behave in relation to this drug.

It is salient to note that I have heard representatives of the alcohol industry nebulously identify a need to address our national drinking culture, but this has left me puzzled as I observe the industry working hard in the background to create that 'culture'. Indeed, the advertising and promotion of drinking in the context of everyday life plays a significant part in establishing and perpetuating this dangerous and harmful cultural identity. The industry's current focus of attention on youth through Facebook and the Internet more generally is clear evidence of this.

Portraying oneself as a drinker may be considered to be a socially desirable element of one's identity in many Australian social networks, perpetuating a belief system or 'culture' that normalizes most daily, daily and/ or episodic heavy drinking. As a clinician I equally recognise how often it is the case that 'drinking mates' may distance themselves from those who begin to experience alcohol-related problems including those of a legal, social (e.g. domestic violence) or health-related nature not to mention alcohol dependence. What starts out as a behaviour that may appear to bring people together socially so often tears them apart, with a progressive narrowing of the drinker's 'social margin' until they become a social outcast.

While alcohol is promoted by industry and indeed, by many members of the community as the glue of every day social connectivity and happiness, in reality; alcohol presents an upstream cause or contributor to significant and widespread antisocial behavior, social marginalization, social disadvantage and significant unhappiness if not clinical depression, that is arguably without parallel in Australian society.

As a doctor who witnesses the impact of the industry's commercial practices on a daily basis, I look the industry in the eye and say – 'this is no good, this is simply unacceptable'.

Industry Claims about Advertising and Promotion Lack Credibility

I note with great interest comment in the ANPHA Issues paper that the alcohol industry argues that marketing through advertising and promotion merely serves to increase its own market share and build brand loyalty. I note that the alcohol industry has argued that the evidence linking alcohol promotion and consumption remains inconclusive and that alcohol advertising is not intended to target youth or increase alcohol consumption. These claims lack plausibility and they present a credibility problem for industry, to which I will return in the next section.

The ANPHA Issues paper discusses the evidence and provides a basis for challenging industry claims. Even a simple analysis of what is on the shelves and how and to whom is it marketed and sold also lays open industry claims, which appear to be little more than a commercially convenient way of arguing for a 'do nothing and leave us alone' community response. If industry really believes that the evidence linking alcohol promotion and consumption is inconclusive, once again, why does it continue to invest heavily in these activities? Why does it spend substantial sums of money that it could otherwise save, if it does not believe that it can increase consumption as well as increase market share and consolidate brand loyalty, which is

what it lays claim to in any case? Industry knows that it must maintain and then increase its customer base which in turn means it must target young people to replace those who are lost to the marketplace when they reduce or discontinue consumption through alcohol-related health harm or when they die from alcohol related causes or from other causes.

It is unsurprising that industry would present such weak arguments in defence of its commercial activity. A well-educated community would see through this commercial behaviour for what is, without credibility and without demonstrated respect or concern for the best interests of the Australian community. However, as discussed above, those who already consume alcohol on a frequent basis may not express the same concerns perhaps for behavioural, biological, sociological and/or personal vested interest reasons.

Advertising & Product Development Targets Young People

The ANPHA Issues paper notes that the available evidence suggests that young people in Australia are exposed to a significant amount of alcohol advertising despite the current regulations in place. There is no doubting this.

If industry is not setting out to seduce young people to drink, why the sweet taste of RTDs (alcopops); the bright and exciting colours and often raunchy, sexually suggestive and colourful container labels and of course, the wording that is used in advertising to convey imagery of products that are 'natural', 'full flavoured', 'crisp and clean', reflect 'brewing passion' and the like; promotion through happy hours not to mention the content and nature of advertising and promotion through new media such as Facebook and the Internet? Why does industry pay so much attention to normalising drinking in the context of every day socialisation of young people, not to speak of the celebration of special events? Indeed, why would industry mind if all advertising and promotion were to be rendered lawfully unavailable as a mechanism to promote the sale of its products, if it didn't work for them?

Consumption of RTDs in Australia increased sharply from 0.1L per person in 2001 to 0.87L per person in 2004 (Australian Bureau of Statistics, 2005) before the Australian government increased taxation on these products. These products also increased in alcohol content by volume (ABV) and container size with some containing up to 2.7 standard drinks (Munro & de Wever, 2008)^{xii}.

Though the market is constantly shifting as industry adapts to policy reform, RTDs were identified as the preferred alcohol beverage for 12-15 year old Australians, especially females, and those aged under 18 years have reported their belief that RTD products were designed specifically to appeal to their age group (Copeland et al., 2005; Copeland, Stevenson, Gates, & Dillon, 2007^{xiii}; Jones & Donovan, 2001; Smith, Edwards, & Harris, 2005; Van Beurden & Davis, 2005).

Studies from the United States have found that product integration is widespread in films and music and that one study found that the average adolescent in the United States is exposed to 34 alcohol references in popular music daily^{xiv}. While content analyses of over 500 films from the United States found that 83% depicted alcohol use, with 52% referring to specific brands. Of those movies depicting alcohol use, 57% were G or PG rated.

It is disappointing that the 'captains' of the alcohol beverages industry are demonstrably busy in their back rooms thinking up new ways of introducing young people to their products, creating interest and building loyalty with a view to capturing them as customers in to the distant future. It is well documented that brands such as Smirnoff have relentlessly gone after the young person's market, for example, designing strategies to capture 'the new 18 year olds'.^{xv} I note references in the literature that:

"Smirnoff aspires to become the most respected youth brand (overtaking Lynx) by targeting LPA 24 year old males" and;

“Research conducted for WKD concluded that there was a need to reach out to the up and coming generation through NPD (new product development).”

The commercial behaviours can only serve to reduce the level of respect for and trust in the industry among those with a concern to protect and promote the public good.

I am equally unimpressed by industry claims that their ‘sub-population segmented marketing’ is targeted at adults when of course; these advertisements are seen repeatedly by children and adolescents and are inevitable emulated as normal adult behavior. Adolescents are characteristically in a hurry to become adults in a range of ways and this is invariably not a good thing. Children should be allowed to enjoy being children and enjoy those years free of the encumbrances and responsibilities of adulthood.

Notwithstanding industry claims to the contrary, Anderson and Baumberg (2006) note that alcohol is prominent among the many branded consumer goods that young people in particular increasingly use as a way of signaling their identity, and that producers and marketers, many of whom are global players, use sophisticated promotional practices to target specific groups such as those starting to drink, regular young drinkers and established young drinkers. They also noted that multiple channels such as youth radio, television, events, websites, mobile phones and diverse modalities such as advertising, branding and sponsorship are used to market to youth^{xvi}. Anderson and Baumberg also cited research undertaken in the United States (US) clearly demonstrating alcohol industry targeting of youth people. The research showed that in 2002 in the US underage youth saw 45% more beer and ale advertising, 12% more distilled spirits advertising, 65% more low alcohol refresher advertising, and 69% less advertising for wine than persons 21 years and older.

Then of course there are concerns about the less than responsible sale of alcohol to underage youth and possibly in large quantum, which also raises the question - why do we allow ‘slabs’ of beer to be sold at all in light of the NHMRC (2009) drinking advisories and in view of the ‘hidden harms’ associated with a culture of shouting or purchasing for others.

As a health professional, I would observe that what we don’t want to see is increased loyalty to a particular alcohol brand or a particular brand enjoying an increased market share because that is likely to mean early uptake of drinking (which in itself increases the risk of a substance use disorder developing in adolescence and being carried over into adulthood), maintained or even increased consumption. Present consumption levels and patterns of drinking are of considerable public and population health concern and there is agreement among clinicians, public and population health professionals not to mention the NPHTF (2009) that we need to address high risk drinking contexts and patterns and reduce overall levels of consumption.

To emphasise the point, even if advertising and promotion is aimed at enhancing market share or brand loyalty, we as a society have a ‘wicked problem’. I present that building brand loyalty is actually likely to be about targeting and capturing a new cohort of young drinkers as customers for today and into the distant future.

I would say to industry – “if advertising doesn’t work save to build brand interest and loyalty, stop it”. Whichever way industry tries to argue the case, industry now has a serious credibility problem.

Developmental Health: Biological & Sociological Considerations

As a doctor working in the field of Addiction Medicine, I now want to make some very relevant and important observations about industry’s assertions about population level internal locus of control, capacity for empowered and well considered personal decision-making and the ‘personal responsibility for the health choices’ paradigm. These considerations are particularly relevant to industry’s targeting of young people through marketing activity.

I would observe that it is particularly unreasonable for industry to assert in any way that children, adolescents and indeed, young adults must carry the burden of responsibility for making the safe and healthy choices when that industry is, whether it agrees it is by design and intent or not, I would observe that industry is doing its level best to push young people in the opposite direction and in ways that so often sees them commencing drinking at a very young age and drinking immoderately. I would observe that the arguments are biologically and sociologically implausible, taking into account a number of considerations that I will now discuss but including our knowledge that the human brain is not fully developed until the age of about 25 years.

Animal studies provide evidence that exposure to binge drinking renders individuals more vulnerable to brain injury and more cognitive functional impairment in adolescence compared to adulthood and that while the adolescent brain is more sensitive when compared to the adult brain to hippocampal-related memory deficits following alcohol use, these studies also show that adolescents are less sensitive when compared to adults to the sedative and motor impairing effects of alcohol (White and Swartzwelder, 2004)^{xvii}. This is likely to allow adolescents to continue drinking for a longer period of time than adults and potentially achieve much higher blood alcohol concentrations without becoming sedated or appearing intoxicated. Young people may in other words, not display evidence of intoxication until they had consumed far in excess of what might now be considered 'low risk' drinking levels even in an adult.

What is more, alcohol use in adolescence may also alter the brain so that it continues to be less sensitive to motor impairment following alcohol use, with this effect being maintained into adulthood, potentially adding to an increased lifetime risk of alcohol-related problems (White and Swartzwelder, 2004).

It is of relevance to note longitudinal research findings that early uptake of drinking and levels of drinking are, alongside family factors and conduct problems, predictive of trajectories of drinking in the post school period and these trajectories in turn predictive of drinking levels and harms at age 21. These studies also point to the potential to modify less than favourable outcomes for young people. (Fergusson et al 1995; Toumbourou et al, 2004)^{xviii, xix}

Using a rodent model, Nasrallah et al (2009)^{xx} showed that Individuals who abuse alcohol at an early age show decision-making impairments that are carried into adulthood. However, the question of whether maladaptive choice constitutes a predisposing factor to, or a consequence resulting from, alcohol exposure remains open. However, either way, if these findings are confirmed in human research, industry has a social responsibility problem.

Teens with an alcohol use disorder reporting greater monthly alcohol consumption and more intense desires to drink show the greatest extent of neural response to alcohol advertisements and promotions (Brown and Tapert, 2004)^{xxi} even before they become addicted when of course 'decision-making and 'choices' are axiomatically further reduced or in practical effect, extinguished. In other words, alcohol may have a particularly harmful biological impact on the teenage and even young adult brain, rendering them more receptive to the seductive cues of alcohol advertising and promotion and influencing their decision making in an adverse manner.

Of course, even when a young person (or any person for that matter) begins a drinking session and has a low blood alcohol level, their cognition, affect and behaviour is affected and their capacities to make health and safety protective decisions and follow through will be affected more as their drinking proceeds. Of course, as neuroadaptation builds from frequent and regular drinking, tolerance will render these impacts less apparent, but now the drinker faces a more serious problem – alcohol dependence.

Young people may be highly vulnerable and physiologically primed to respond to alcohol industry promotion activity that deliberately targets the youth market with a view to encouraging young people to start and then increase their drinking.

Young people cannot be expected to be in possession of all relevant knowledge that might guide their decision-making about whether to drink or not and even if they do possess this information, they do not have life experience to draw upon in weighing up relative risks, valuing and protecting not only the present but also their future health and well-being, nor necessarily possess the confidence to make and maintain a decision not to drink in the face of parental, social and/ or commercial pressures or inducements to do otherwise.

In both humans and animal models, adolescence is a period when the brain undergoes extensive remodelling. New connections among neurons are formed; at the same time, a substantial number of existing connections are lost (Spear, 2000)^{xxii}.

When the prefrontal cortex is incompletely developed in a young person and when the hind brain dominates thinking and behaviour, there is less than optimal capacity for planning or judgment, a preference and attraction to more risky, impulsive and compulsive behaviours and minimum consideration of negative consequences of one's actions. We know that brain maturation proceeds from the back to the front (Gogtay et al, 2004)^{xxiii}.

The sequence in which the human cortex matures in a back-to-front direction with the prefrontal cortex developing last is consistent with regionally relevant milestones in cognitive and functional development. Parts of the brain associated with more basic functions mature early while later to mature are areas involved in executive function, attention, and motor coordination (frontal lobes) (Gogtay et al, 2004). It is unreasonable indeed developmentally implausible to always expect a young person's decision-making and life impacting choices to be well considered. Prior to this, I present that it is unknowledgeable, disingenuous and indeed irresponsible for any adult, whether they be a parent, a guardian, a policy decision maker or an Executive or 'Indian' of the alcohol industry, to hold a child, an adolescent and indeed a young adult to account in relation to always making the safe and healthy choices in the face of powerful inducements to do otherwise.

Children and adolescents are dominated by short-term thinking and desires and they are particularly vulnerable to marketing pressures that are designed to create these desires. They may often seek instant gratification without giving sufficient consideration to the longer-term implications that may often not be in their best interests.

Young people don't possess life experience and can't be expected from either developmental or psychosocial perspectives to possess or readily develop the appropriate scripts and confidence to communicate those scripts in order to resist social and commercial influences that push them away from the safe and healthy choices.

In addition, young people are by their nature, often highly impressionable and therefore vulnerable to peer and industry influence and are as a natural consequence of an immature pre-frontal cortex, attracted by risk. Often maladaptive adult-child (e.g. parents and industry) power relations may further distort and overwhelm the health and other life related decisions of young people.

Again, once socialised into drinking or when alcohol dependence is established, true choice is axiomatically further constrained or removed. As a consequence, the idea of educating and building resilience in young people to resist pressures to drink, while perhaps well intended, is misplaced from developmental, biological and sociological perspectives. I say once again, it follows that adult expectations, indeed demands to the contrary are ill conceived and indeed, are socially and commercially irresponsible.

A sector of the industry, the Australian Hoteliers Association, recently told the people of Australia that:

"Alcohol isn't the only cause of violence and its increasing intensity" and...

"Drugs are the real problem and people must take more personal responsibility"

- 'Punch Drunk', Four Corners, ABC television, 25 February, 2013.

The AHA spokesperson from NSW commented:

“Well it's a society problem; it's not an AHA problem. The AHA works closely with the community, works closely with government, works closely with police to ensure they provide safe venues.”

I have presented evidence and analysis in this submission showing that these assertions are not based on any sound biological or sociological analysis of human behaviour at the population level. In my assessment, these industry comments well demonstrate the lack of sophistication in thinking and analysis or alternatively, the lack of demonstrated responsibility where responsibility can more properly be sheeted home, that is, to the commercial decision makers in industry and to governments where governments fail to intervene to support and promote community safety and population health.

The community is entitled to ask – we trust the alcohol beverages industry isn't telling us they are wittingly serving any alcohol to young people whom they know or believe to be using other drugs and we trust the industry is aware of the potential biological and legal ramifications in any such commercial practices. The community is also entitled to ask: does the industry really think its responsibilities begin and end at providing 'safe venues', whatever that means and in any case, does this claim ring true because wherever alcohol is consumed in a crowd setting, the chances of aggression and violence are not small, whether this occurs inside or outside the venue. Like many of my health professional colleagues, I was deeply puzzled and indeed, concerned by what the AHA spokesperson had to say on this occasion.

Similarly, industry sometimes informs us that it is not its fault that young people are getting deeply intoxicated in their venues because they are engaging in a pre-drinks strategy before coming to the venue. Once again, I trust the industry is not telling us that they are serving or selling alcohol to young people in the knowledge they have or may already have consumed considerable amounts of alcohol beforehand, are they?

As if all of these biological and sociological considerations I raise above aren't sufficient to drive a knife through the heart of young people, the sweet fruity flavour of alcohol beverages targeted at young people, screwtops for easy portability, bright colours for brand identification, high alcohol content for rapid intoxication, relatively low price and widespread availability make them very appealing to young adolescents (Copeland, Gates, Stevenson, & Dillon, 2005). Industry developed ready-to-drink beverages (RTDs), also known as alcopops due to their similarity to soft drinks, and these have been largely marketed for young “starter drinkers” (Jackson et al, 2000)^{xxiv}.

I present that it is inappropriate and bad public policy to allow industry to place young people at continued risk through product development targeting the youth segment and through commercial inducements and pressures to then argue society should seek to bullet proof the very same target audience against the activities of industry through health education and 'resilience building interventions', something that industry loves to promote and support as a 'good corporate citizen'. While we should certainly teach critical thinking and build confidence and competence in our children to astutely analyse and manage external pressures to behave in ways that present a threat to their safety, their health and their life opportunity, I present that any strategy that places primary responsibility on children, adolescents and indeed young adults to always make the healthy choices is neither developmentally plausible nor ethical. I also make the point that children are at best mid-stream in the causal chain of 'health behaviours' while adults as parents, public policy decision makers and the executives and workers in industry are upstream. Finally, I would ask members of the alcohol beverages industry to stop and think very carefully - what would you request, even demand of society in relation to the protection and promotion of your own children's best interests today and into the future?

I will now turn my attention to a number of other issues relevant to the question of alcohol advertising and promotion.

Sporting Sponsorship Ought to be of Serious Concern

Sponsorship of sporting events and teams by alcohol companies is commonplace in Australia, from the grassroots to the elite level, I note with an estimated \$300 million spent by industry every year.

Sponsorship of sports, arts, music and other events is commonplace and offers alcohol companies a receptive audience that is primed to have a good time and a chance that new consumers will trial their products. Alcohol products and brands are represented as part of the entertainment or sporting culture, thus consolidating the association between the product and all the positive effects of having a good time. Alcohol sports sponsorship reinforces sexual stereotyping and links masculinity with sports and alcohol consumption, particularly in young males who are especially prone to drink at riskier levels. In turn, alcohol products are strategically embedded by industry in the way we think about enjoyable leisure activities through the event name, results (e.g., Cup, medal, prize with sponsor's name) and commentary of sporting events. Sponsorship by alcohol companies also enhances the perception that the alcohol industry is "a good corporate citizen", with a genuine interest in promoting a healthy sports-oriented lifestyle.

Signage that promotes alcohol products in prominent places around the sporting arena is commonplace. To demonstrate the perversity of such sponsorship relationships, a contemporary local Tasmanian football club *Player Information* document states explicitly that it is club policy that players attend a particular hotel after all away games, because supporting sponsors is extremely important so the club can benefit from the relationship. Players are also encouraged to 'shout' a particular 'drinking machine' a 'nip of port and he will entertain you with tales of his travels for the rest of the night'. These messages aren't born out of any intent to do harm to the young people in their charge, rather, they arise out of a lack of knowledge about the vulnerability of the young brain to even small amounts of alcohol, a strong connectedness to heavy drinking norms, a failure to undertake sound inductive reasoning and an absence of understanding or insight into the club's duty of care to its players.

Alcohol is associated with substantial health harm and lost life opportunity among sporting participants in Australia, at all levels. The media constantly reminds us that high profile players get themselves into all manner of serious and sometimes career threatening trouble in association with their drinking but of course, when non-elite sportsman and women also travel down the same unhappy path, their plight may not be public knowledge unless they do significant harm to others.

I have worked as a football club doctor in the past and has witnessed firsthand the commonplace and serious harms associated with alcohol and other drugs in sport. I acknowledge in this regard recent positive effort to tackle alcohol sponsorship in sport and the interaction between sporting clubs and alcohol, through the National Binge Drinking Strategy, which include funding of the Good Sports program. Notwithstanding, there is a long way to go before we can say we have addressed this set of challenges in a satisfactory manner. I have observed though it is not well acknowledged that the support and even strong promotion of drinking, smoking and gambling in sporting clubs serves to dissuade many members of the public from joining in either as participants or as supporters and also drives many others away from sporting activity. Drinking culture nepotisms in team selection is another feature that can push non-drinkers and moderate drinkers out of sport and this should be of equal concern to sporting clubs and to the community.

Paying Attention to New Media

The unparalleled growth in electronic media that has provided a new, and largely unregulated, means to promote alcohol products to a global audience is concerning. Alcohol product websites focus on youth-oriented images, including cartoons, animation, music videos and interactive games (often with prizes and incentives) that provide an attractive virtual playground for children and adolescents who can easily bypass the age verification page. Alcohol industry Facebook pages may promote unsafe, inappropriate and

immoderate drinking and related aberrant behaviours. A range of alcohol beverage websites, which promote brands that are available in Australia, contain elements of strong appeal to young people, including music, extreme sports, arcade games, sexual innuendoes, and competitions to win alcohol products or other prizes (Carroll & Donovan, 2002). This is disappointing commercial behaviour which once again serves to diminish our respect and trust in the alcohol beverages industry.

I note the comment in the ANPHA issues paper that there is limited evidence relating to regulation and alcohol marketing in new media. It has been argued that marketing via new media does not necessarily seek to increase consumption of alcohol beverages initially, rather it may seek to 'normalise' alcohol and drinking as part of everyday life. That is in itself, reason for concern.

The largest part of a company's marketing budget is often invested in promotional activities, such as sponsorship, point-of-sale and special event promotions, and Internet and mobile phone advertising. These types of activities would ultimately be unaffected by bans on alcohol advertising via television, radio, and magazines if that is where any such bans started and ended. This is an argument for well-thought through and comprehensive strategies that are cognizant of the potential for displacement activities and have strategies in place to address these proactively.

I also note mention of the observations of Nicholls (2012), who argues that the limited scope of existing regulation allows social media marketing to embed brand awareness and encourage normalisation of drinking as part of everyday life, without violating regulatory codes^{xxv}. It is concerning to observe that marketing campaigns can develop a brand through discussions and conversations that do not explicitly reference drinking. This commercial workaround solution is now a commonly adopted approach, one that underscores the need to work towards a much firmer approach to regulation and, ultimately a total prohibition of all alcohol advertising and promotion.

Continued and widespread hazardous, harmful and unsanctioned drinking is not an unchangeable reality, as some seem to think is the case. After all, we no longer spit or pour raw sewage in the streets because we recognised these behaviours (or 'a part of previous culture') presented an unacceptable threat to public health and because social norms supported by scientific evidence, evolved over time. They were 'normal' behaviour in another century but they are no longer considered normal or acceptable behaviours in present day society and for very good reasons. I present that the promotion of a product that is causally associated with such significant harm, in any form, presents a serious threat to public and population health of significant degree and that those in a position to address the wide ranging and serious human problems associated with alcohol, often referred to as 'our drinking culture', have a responsibility to take action through a comprehensive range of evidence based alcohol policy reforms and interventions and this must pay attention to evolving loophole opportunities for industry, such as those presented by new media. I will now briefly discuss some of these 'other promotion opportunities' for industry.

Internet Advertising

The lack of regulation restricting the volume or placement of alcohol advertisements on the Internet is concerning. Although difficult and likely to be impractical to enforce, it is nonetheless important to have a clear policy position. The ABAC Panel referred this issue to the Management Committee, questioning whether the ABAC Scheme should cover the placement of alcohol advertisements on the Internet.

Once again, here we have strong evidence of an industry that demonstrates a careless disregard for the best interest of children and young people and that is focused first and foremost on recruiting young people and growing its market, regardless of the risks and harms this poses to young people and the adults of tomorrow's Australian community. Industry cannot plausibly claim these marketing activities are aimed at adults because children and adolescents inevitably see these promotions. There is no way of preventing this so the only way industry can lay claim to responsible practice is to completely desist from any such activity.

Branding

Alcohol-branded merchandise, which has expanded substantially to include T-shirts, hats, watches and glassware, offers consumers opportunities to “try on” the image of a drinker (Henriksen, Feighery, Schleicher, & Fortmann, 2008). Branded items, which may be associated with sports (cricket, rugby, motor racing), often find their way into the hands of adolescents (Workman, 2003) and owning alcohol-branded merchandise is associated with initiation of alcohol use (McClure, Dal Cin, Gibson, & Sargent, 2006). Branding uses the ‘cultural capital’ of an audience to tap into shared understandings with humour, music, style and language. It is not a good look witnessing young people wearing alcohol branded items of clothing and other merchandise, though they may think it is ‘hip’ and say it is their choice to do so. Once again, I say this reflects less than well on the alcohol industry and also on governments of today and historically, for allowing this to continue unaddressed.

Marketing at the Point-of-Sale

Point-of-Sale promotions are aimed at enhancing not only brand loyalty and image, but also encouraging those who have never used the product to try it (e.g. gift with purchase, competitions) and/or to increase the volume of purchase by offering discounts for larger volume (Jones & Lynch, 2007). Marketing at the point-of-sale has become increasingly widespread with the expansion of alcohol sales into more retail outlets. Examples of point-of-sale promotions include free gifts with purchase, prominent signage, competitions, price discounts for bulk purchases (e.g. 3 for the price of 2) and sale prices.

Discounting Practices/ Promotions

Price of alcohol beverages, particularly at the point of sale, has a potentially powerful impact on people's choice of beverage and quantity consumed. Low-income earners, young people and marginalised groups are especially price sensitive consumers. Promotional activities, such as “happy hour” and special price promotions, have been associated with increased consumption during the promotion period in bars around US campuses (Kuo, Wechsler, Greenberg, & Lee, 2003) and in British pubs (MCM, 2004). Similar discounted drinks promotions are also widely available in licensed outlets across Australia.

Discounted alcohol sold in supermarkets is thought to underlie the growth in “pre-loading” (consuming alcohol before going out to licensed premises) among young people in the UK (Addiction, 2007^{xxvi}). Allowing the sale of alcohol through supermarkets and outlets that are co-located with supermarkets (the industry's work around solution where supermarket sales are prohibited) represents bad public policy because it transgresses one of the most important principles impacting on the level of alcohol consumption and that is how easy it is to access.

Bar staff interviewed in pubs in Manchester, London and Nottingham generally agreed that heavily promoted discounted drinks and the practice of ‘up-selling’ increased alcohol consumption (MCM, 2004)^{xxvii} – upselling refers to the practice of offering the customer an option to purchase more alcohol to get better value for money. For example, bar staff may suggest the customer purchase a bottle if they order two glasses of wine, on the basis that the bottle represents better value. Young people interviewed in the same bars and pubs reported selecting drinking venues on the basis of the discounts and promotions on offer to “get the evening started” (MCM, 2004, p 15). This study picks up on the point I make about an apparent failure at the point of sale for industry workers to think through their commercial practices and to recognise their potential for adverse public and population health impacts. Of course, sales personnel may be following instructions from their alcohol outlet managers or owners.

Young people tend to buy the higher content alcohol product as it provides more "bang for the buck". They weigh up key criteria, including cost-benefits, in deciding which alcohol products to purchase. The cheapest priced alcohol item is cask wine, which is less popular among young people (King, Taylor, & Carroll, 2005a) compared to other vulnerable groups such as the homeless, Indigenous and transient populations, but this may change in light of recent tax levies and their impact on the price of RTDs. It can also change as drinkers fall prey to alcohol dependence and when staving off withdrawal symptoms emerges as a prominent determinant of daily drinking. Herein lays a counter argument for the placement of the number of standard drinks on product labels.

Promotions conducted on licensed premises, such as provision of low cost or free drinks (e.g. during 'happy hour' promotions) or giveaways and prizes is a major marketing tool that increases consumption. A NSW study found that despite the existence of a Code of Practice for Responsible Promotion of Liquor Products there were numerous examples of promotions that breached both the spirit and letter of this Code (Jones & Lynch, 2007). For example, the researchers found that a number of promotions which offered free entry for university students, 'student happy hours' and free transport from university campuses to venues and between venues all had the potential to encourage young people to drink at risky levels (Jones & Lynch, 2007).

The largest part of a company's marketing budget is often invested in promotional activities, including:

- Sponsorship – including sporting events (where young people may not be the primary target but would nevertheless be exposed to the advertising that is associated with a particular sponsorship package;
- Point-of-Sale, and special event promotions;
- Advertising through the use of communication technology, such as mobile phones and the Internet – in particular the posting of alcohol promotional activities on both the Internet and mobile phones.

It is unclear at present to what degree current liquor licensing legislation and the Codes of Practice for Responsible Promotion of Liquor Products across different jurisdictions adequately address Point-of-Sale advertising; promotions on licensed premises including discounted prices, merchandise and give-aways; and require the education and training of staff in the responsible service of alcohol. As a consequence, my colleagues identify a need to review existing State and Territory Liquor Licensing legislation and related codes to assess their adequacy, consistency and the comprehensiveness of their coverage, with a view to tightening the legislation whereas I would see this as no more than an initial step towards a more comprehensive ban on all advertising and promotion.

As many alcohol-related promotional activities fall under the control of liquor license legislation, questions arise regarding the level of enforcement of such legislation. This issue is of particular importance as it is often a responsibility that is divided between police and liquor licensing authorities. Such divided responsibility can create role ambiguity and the scope for inappropriate promotional activities to go undetected or to fall between the cracks. Where such responsibility largely falls to Police, concern has been raised about the adequacy of available resources to deal with the complex range of monitoring activities involved, especially where responsible service of alcohol codes are involved. Some have observed that where there are clear regulations, such activities can be controlled.

Before the increases in taxation, more than 40% of all glass-door display fridges in Australian bottle shops were dedicated to RTDs (Smith et al., 2005). Supplied free by the alcohol industry, fridges are to be used exclusively for their products and displayed in a prominent position that is visible from outside the store.

This is an example of 'bracket creep', whereby advertising that is aimed at one target group can be expanded to include and impact on another group such as younger, underage and "new" drinkers.

Product placement in films, television shows, and sports or music events is largely unregulated and unmonitored and alcohol companies pay for prominent placement of brands in films and television (Casswell & Maxwell, 2004)^{xxviii}. Alcohol use is typically portrayed as part of a normal lifestyle, with little or no negative consequences associated with getting drunk or drinking at risky levels. Similarly, alcohol

imagery in prime-time television (including programs, advertisements and community service messages) in New Zealand (McGee, Ketchel, & Reeder, 2007)^{xxix} was depicted primarily in positive or neutral terms, with only 8% of depictions showing negative consequences.

Anderson and Baumberg 2006^{xxx} noted that the increasingly influential European of Court Justice unambiguously supported advertising bans in Catalonia and France, accepting that “it is in fact undeniable that advertising acts as an encouragement to consumption”.

I would have to beg the question – why is it that I am able to point to these numerous gaps in the structural capacity of governments to adequately monitor and police regulations designed to protect citizens and ensure good corporate behaviour? What does it say about an industry that so openly flaunts the rules of society in such large quantum through commercial work around or stealth practices, to the point where authorities feel overwhelmed and unable to keep up and meet their duty of care obligations to the community?

My colleagues have concluded from this evidence and analysis that consideration should now be given to ensuring greater consistency across jurisdictions in terms of their liquor licensing legislation in relation to the advertising and promotion of alcohol products. As I trust I have demonstrated in this submission, there can be little doubt that advertisers and marketers target young people in particular in all forms of advertising and promotions. I would suggest that a total ban on all advertising and promotion would be easier to police and to prosecute because any transgressions would be immediately apparent.

Perverse Role of the Media in Glamorising Immoderate Drinking

I am concerned about the role played by the media and in promoting unsafe and immoderate drinking. Legislators might consider strategies to dissuade or prohibit media commentators from conveying overt or covert messages that in any way glamorise or support drinking as a way of celebrating, commiserating or socialising. This occurs all too often and it is not a good look for the individuals concerned, for the media or for our nation.

In this regard, a colleague made the following observation:

“There are Codes of Conduct that cover television and radio broadcasting. If a breach occurs, action may be taken against the offending party. This is a contradiction to the standards applied to content that is often aired relating to talk back radio and live television programs. The Alcohol Beverages Advertising Code (ABAC) is failing to regulate the other form of alcohol advertising; that of ‘talking up’ the activity of drinking rather than referring to the alcohol itself. This is evident in the myriad of talk back shows on radio on any given afternoon. I have heard listeners call in with heroic tales of how much they drank, where and with whom. This is then carried on by the host of the show, and is almost an approval process by society. The loop holes are getting bigger and bigger as other opportunities arise to promote drinking as an activity.”

If we are serious about dismantling our so-called ‘drinking culture’, this commonplace though perhaps sometimes unwitting and misguided promotion of drinking should be of concern to us all and demands attention. This will require careful education and explanation to the community because the community is likely to see this as yet another example of the nanny state interfering with the everyday lives of citizens.

Industry Will Not Take Responsibility

It is evident that industry will continue to display contempt for the community and governments alike in promoting its products to young people and to adapt and to play a cat and mouse game with government, looking for ‘work around’ and ‘stealth’ avenues for continued product promotion. This is to be expected of an industry that has a commitment to its shareholders.

As I have noted, industry is quick to place the burden of responsibility on individual citizens for making the 'safe and healthy life choices and accepts no responsibility for its own commercial actions that are designed to persuade citizens to make the unsafe and unhealthy choices.

By way of further example, the idea that 'responsible server practice' is serving alcohol until an individual demonstrates evidence of intoxication is a clear demonstration of the perversity of the industry's commercial thinking and behaviour. I say as a doctor that the attempted juxtaposition of any measure of 'intoxication' with 'responsible' behaviour is both illogical and unsupportable. However, walk into any licensed venue and that is what one can readily observe – many people who are obviously drug (alcohol) affected and who continue to be served well in excess of the NH&MRC (2009) low risk advisories.

Regulatory Systems

There is research from overseas supporting the view that content control in alcohol advertising does not seem to work where the rules are vague and open to interpretation^{xxxix}.

Various regulatory systems are in place around the world to address issues related to alcohol advertising. The following approaches have been identified in a recent review^{xxxix}:

1. No controls (23 countries)
2. Self-regulatory controls (16 countries)
3. A combination of self-regulation and legislation (22 countries)
4. Legislation to ban or restrict alcohol advertising (52 countries).

Self-regulation is the least common approach to managing alcohol advertising, while bans and restrictions are the most common.

Alcohol advertising in Australia is currently self-regulated. This needs to change and urgently so.

Advertising Restrictions

For most of the developed world, total prohibition of alcohol advertising has not hitherto been viewed as a politically acceptable option even if the potential for reducing alcohol problems does exist. The exception to this observation lies in plain tobacco packaging legislation passed recently by our Federal government. One might ask, how can those with a knowledge and skill in the area of preventative health best communicate with our elected representatives in government and with the community in ways that explain that evidence base and that persuade our decision-makers to have the courage to adopt the necessary policy reforms?

Bans on alcohol sales for specific persons in the population (e.g., children and adolescents), or in specific circumstances (e.g. at sporting events), have been applied with demonstrated success. ^{xxxix}

In a review of the evidence several years ago, it was found that countries with partial restrictions had 16% lower alcohol consumption rates and 10% lower motor vehicle fatality rates than did countries with no restrictions, and countries with complete bans on television advertisements had 11% lower consumption rates and 23% lower motor vehicle fatalities than did countries with partial restrictions. If countries with partial advertising restrictions implemented full bans, they could reduce alcohol consumption by further 11 per cent and motor vehicle fatality rates by a further 2%. If countries with no alcohol advertising restrictions implemented partial bans, they could reduce alcohol consumption by 16% and motor vehicle fatality rates by 10%.^{xxxix}

It was estimated that a total ban on alcohol advertising might reduce motor vehicle fatalities by as much as 5,000 to 10,000 lives per year across the United States (Saffer, 2006)^{xxxix}.

New Zealand Demonstrating Clear Intent on Strong Policy Leadership

I am aware of and commend New Zealand for its progressive approach to these matters. In particular, as part of the New Zealand Alcohol Reform Bill, the Law Commission has recommended a three-stage plan over five years to control alcohol promotion, advertising and sponsorship (Drug Foundation, 2012)^{xxxvi}. Stage three, if adopted by government, will restrict the advertising and promotion of alcohol in all media and eventually, no alcohol advertising will be allowed, except if it gives factual product information.

I note that the New Zealand Government has accepted stage one of the Law Commission's recommendations and is establishing an expert forum on alcohol advertising and sponsorship^{xxxvii}.

Australia can take a leaf out of New Zealand in its stated intention to adopt a more proactive alcohol advertising and promotion policy response, noting of course that Australia has recently established its own admirable track record by leading the world in its implementation of plain packaging for tobacco products.

Additional Considerations:

- **International Trade Agreements:** Alcohol-related policy in this area is constrained by current and emerging international free trade agreements. However, alcohol is not an ordinary commodity and that there is a range of inherent harms and costs associated with its consumption (and excessive consumption in particular).
- Globally, countries use a wide range of policies to control alcohol advertising and marketing^{xxxviii}. Unlike tobacco, there is no international or regional agreement to restrict alcohol marketing. I present that it is important that our Federal government should lobby the World Health Organization to commence the development of an International Framework Convention on Alcohol that would among other matters, address advertising and promotion but recognise the political and other challenges in any such endeavour. The public health reasons for regulating the alcohol industry are strong and must be argued on their merits in international forums such as these.
- There is commonly embraced neoliberal view that a deregulated market place provides an effective and appropriate sorting mechanism that modulates consumer behaviour on the basis of some meaningful though silent and inexact consumer driven calculus of net benefit and harm but there are good reasons to challenge such claims, particularly when considering products and services that we know are causally associated with a high incidence and prevalence of significant health and social harm.
- Relevant to this discussion, as a health professional who on a daily basis witnesses and advises on or clinically manages the substantial human harm and suffering arising as a consequence of alcohol consumption, I present that unfettered market deregulation is both unworkable and unsustainable in any enlightened and caring society. It is not serving us at all well; moreover, I suggest it cannot.
- The rationale underpinning the market sorting argument also falls short when we consider the recommendations of the National Preventative Health Task Force in its report in 2009, setting a target of 30% reduction in alcohol consumption for short and long term harm and among those under 18 years of age. Implicit in these targets is a net reduction in alcohol sales nationwide, unless industry makes claim that it will export this difference but then, we could not endorse a commercial strategy to increase alcohol consumption in any other nation either. This leads to the inevitable conclusion that the market forces argument cannot apply if as a nation we aspire to reduce alcohol consumption in order to reduce alcohol-related harm in Australia while at the same time remaining a good international citizen. It is important to add that the evidence that links population level alcohol-related harm to per capita alcohol consumption is strong. (e.g. Babor, Caetano & Casswell et al. (2003; p. 125)^{xxxix}.
- **National Competition Policy:** The case has been made that alcohol is a special product with unique and inherent harms associated with its use, and a special duty of care is owed by government to more vulnerable groups including children and young people, women, Indigenous groups and marginalised groups in the community in relation to alcohol's potential negative effects. A special case is made for alcohol on the grounds that the remit of government extends beyond the scope of economic considerations alone upon which the competition policy guidelines are based.

- **Displacement Effects:** It is recognised that the implementation of more stringent controls on alcohol advertising may result in the alcohol industry more frequently utilising forms of advertising that are more difficult to regulate (e.g. Internet, Point-of-Sale promotions, use of mobile phones via SMS messages). Therein lays the argument for a much stricter approach to regulating advertising and promotion into the future. Governments will need to introduce strong regulatory controls with appropriate hefty sanctions for any identified industry workarounds through these more difficult to control media. While it may be more difficult to keep up with industry as it turns to these other mediums, the application of strong and clear sanctions when demonstrated to have crossed the line might give industry reason for pause.

Questions Raised by the ANPHA

While I would like to have seen a broader and more comprehensive terms of reference presented by the ANPH, I hope I have covered these points in this submission. However, my summary responses are as follows:

Effectiveness	<p>I am unable to identify examples of where alcohol advertising regulation works effectively. I have cited numerous examples of where it fails to do so.</p> <p>I present that the current alcohol advertising regulation framework in Australia is ineffective in reducing the exposure of alcohol advertising / marketing to children and young people.</p>
Scope	<p>I present there are areas in which the scope of alcohol related advertising regulations should be broadened. More importantly, I have presented an argument for strengthening regulations towards the ultimate prohibition of all advertising and promotion of alcohol products.</p> <p>In relation to questions about the practicalities involved in whether a more expanded scheme can self-regulate effectively, I have presented the case that this is an implausible approach, based on widespread industry commercial practices that fail to demonstrate industry is cognisant of or able to meet its duty of care obligations to the community. The public and population imperatives demand that governments now take clear and strong action as a core component of our preventative health agenda.</p>
Management	<p>In response to the question about whether the current management arrangements are appropriate for managing a code and associated regulations for an issue of significant social concern, I have presented my reasons for responding in the negative.</p> <p>I have also presented evidence and analysis in support of my opinion that the public health inputs and considerations are insufficient.</p>
Other	<p>In response to the question on what other aspects of the alcohol advertising regulations in Australia are critical to consider, I have provided a wide-ranging commentary on numerous other aspects that I present, need to be taken into account.</p>

Role of the APHA

In the context of this review of the advertising and promotion of alcohol products, I note with interest that the Australian National Preventative Health Agency was established as a 'catalyst for strategic partnerships, including the provision of advice and assistance to all levels of government and in all sectors, to promote

health and reduce health risk and inequalities and to initiate actions to promote health across the Australian community'. This mission appears to fall somewhat short of where I would want it to be pitched.

Swinburn (2008) points out that:

"Tackling many other public health epidemics and threats in the past has required a backbone of hard policies around which the softer options can work to amplify their effectiveness."

He cites by way of example:

"Tobacco control as a classic case where taxation, advertising bans, and smokefree environments legislation have served as the drivers for change with quit programs, social marketing and education providing added value."

Swinburn (2008) also describes the essential elements of a strategic approach to addressing our obesogenic environments. He concludes that:

"Concerted action is needed from governments in four broad areas: provide leadership to set the agenda and show the way; advocate for a multi-sector response and establish the mechanisms for all sectors to engage and enhance action; develop and implement policies (including laws and regulations) to create healthier food and activity environments, and; secure increased and continued funding to reduce obesogenic environments and promote healthy eating and physical activity."

To the extent that these observations ring true, we might ask what role can the ANPHA play in setting the policy agendas for robust evidence informed discussions in all of our parliaments, clearly explaining the evidence to the people of our nation, and facilitating a robust public discussion which will in turn provide our elected representatives with more confidence to take appropriate action.

The role of the ANPHA in shaping future public policy and strategic thinking about health is not as clearly articulated as I would wish it to be, and I think this is well illustrated by the Strategic Plan, 2011 to 2015 which offers global statements about the role and manner of working for the agency but which I feel falls well short on the specifics of what it might seek to facilitate or achieve following on from the Australian National Preventative Health Task Force Report (2009). The governance structures and processes that underpin the Agency's operation are equally unclear to me.

Indeed, it is unclear to me how the ANPHA can make a difference given its current governance arrangements and plan. It is certainly unclear how progress can be made in the area of alcohol advertising and promotion when the alcohol industry has a seat at the table. The World Health Organisation now recognises that industry should not be at the decision-making table where decisions may impact on public health. In a statement of concern Thomas Babor, co-author of the Alcohol Use Identification Test (AUDIT), has commented that:

"The industry should refrain from engaging in health related prevention, treatment, and research activities, "as these tend to be ineffective, self-serving and competitive with the activities of the WHO and the public health community" and the public health community should "avoid funding from industry sources for prevention, research and information dissemination activities."

"Alcohol companies are engaging with WHO and other health initiatives solely in an attempt to influence policy makers, "so that it appears they are doing something constructive and therefore other more effective remedial action does not have to be taken." At heart, they are "adamantly opposed to policies that restrict access to alcohol, restrict marketing or put constraints on pricing." (Babor, 2013)^{xi}

Once again, alcohol-related health costs are escalating rapidly and significantly and in the absence of concerted and determined preventative policy reform and other actions, Australia will not turn the tide around in a timely way and indeed, I can see that health practitioners will increasingly be faced with very difficult ethical decisions about who to offer treatment to and who not to offer treatment.

The alcohol industry provides a quintessential example of unsatisfactory commercial behaviour. The above outlines some of the examples of such behaviour. It is important for ANPHA and governments alike to acknowledge this in order to be able to deal with the issues appropriately.

It is salient to note in this regard that one Coroner in Tasmania has called for the alcohol industry to fully fund the economic externalities associated with their products and services (my words). This would of course be a very expensive exercise for the industry and I am guessing could well bankrupt the industry. Others in the community have called for strict server liability legislation out of frustration with the industry given its persistent practice of serving patrons until and well beyond the point of intoxication and all of the serious consequences that arise so commonly.

This review of advertising and promotion provides ANPHA with the opportunity to demonstrate its potential to really make a difference, however I would observe it will be necessary for the agency to go beyond the aspirations that are outlined in its strategic plan if it is to make any real headway. I would present that the agency will need to refocus its thinking with a view to acting further upstream in the causal chain of preventable ill-health. It will be important to identify and address the most important policy agendas which include regulating industry where for example, industry is showing itself incapable and unwilling to discontinue its clear marketing practices which are aimed at young people and that are driving our nation away from rather than towards supporting citizens to achieve their best possible level of health and capacity to flourish in life

Among a narrow and often relatively downstream set of recommended approaches, the agency's strategic plan suggests the nation should invest significant sums of money in social marketing but if governments fail to look industry in the eye and say, 'enough is enough, no more' in relation to aberrant commercial behaviour, we will struggle to make any inroads into our preventable health agenda. As noted above, Swinburn (2009) describes the role of social marketing in the context of a broader strategy to address our obesogenic environments.

Our historical approach to regulating the tobacco, alcohol, food and gambling industries (in which there is of course, considerable cross ownership) provides very good examples of where understanding and preventative efforts are often misplaced and destined to have little if any enduring impact at the population level. The lessons of history tell us that nation states simply cannot rely on industry to self-regulate commercial practices that will constrain profit margins and perhaps even an industry's very existence in its present form. Nor is it appropriate in my observation to delay action and instead call for more monitoring and evaluation and yet more research, while more good quality research is always helpful, when we have more than sufficient evidence and understanding to push forward on our national preventative health agenda and in ways that we can be confident will make a difference. However, we must first show that we care sufficiently as a nation to commit to these things politically.

The *Australian Drinking Guidelines to Reduce Health Risks from Drinking Alcohol* (NHMRC, 2009) provide a rational framework for low risk drinking and we really do need to do more to educate and promote these low-risk drinking advisories in the Australian community and to clearly link responsible server practice standards to these low risk drinking advisories. The World Health Organization has provided nation states with clear guidance through its *Global Alcohol Strategy* (2010) and this Strategy is consistent with a range of key Australian research papers and related publications on the matter. Among the actions that are supported is serious attention to alcohol advertising and promotion.

It is imperative that governments at all levels commit to a comprehensive suite of alcohol policy reforms and actions aimed at substantially reducing hazardous, harmful and unsanctioned drinking. This means implementing structural reforms and strategies designed to reduce drinking in high-risk contexts and high-risk populations as well as the overall per capita consumption. A range of quality research papers and reports including the World Health Organization's *Global Alcohol Strategy* (2010) provide clear policy and strategic direction to governments in this respect.

I would suggest that establishing a far more robust set of governance structures and processes for addressing our serious national alcohol problem is essential and attention to regulating the advertising and promotion of all alcohol products and services must be among those areas that demand concerted evidence-based action. I would present that Australia must work towards the same policy goals that it has for tobacco products and ultimately prohibit all forms of alcohol advertising and promotion. The National Preventative Health Taskforce set a target for reducing drinking by 30% so we can become the healthiest nation by 2020. This will require of local, State and our Australian governments to adopt an appropriate policy mix as a matter of urgency, with a particular focus on the most potent policy levers for change, notably, price increases through an appropriately set volumetric tax and floor price, a range of access controls and a ban on all advertising and promotion.

The NPHTF has stated this target is attainable and by 2020 but I would observe this to be implausible unless we act in a comprehensive manner based on the evidence and expeditiously. It must be understood in this regard that present political moves to appease industry through the 'reduction of red tape' stands as a potential barrier to human progress, that is, if these reductions in red tape are the wrong ones. While there is great merit in identifying and modifying or eliminating inefficiencies in government regulation that hinder industry productivity, we must be careful to ensure in this endeavour that we do not afford those industries that are not always responsible in their product development and promotion that we do not afford them further freedom that is not in the best interests of the community.

Concluding Remarks

Alcohol consumption is associated with wide ranging and often-tragic outcomes in Australia. I present that as a nation, we cannot continue to stand on our hands and do very little to address the serious nature of these problems, not from a health and safety perspective, not from a kindness and caring for others perspective, not from the perspective of health and human services professionals that are overwhelmed by the adverse consequences of drinking and not from a long-term economic perspective given our burgeoning health expenditure and the contribution of preventable disease and injury that stands alongside forecasting models that predict health expenditure will simply overwhelm State budgets in the next several decades if we continue as at present.

A range of concerns have been raised in relation to the ABAC Scheme including the fact that it is of a voluntary in nature and unable to apply any meaningful and timely sanctions on advertisers that breach the code.

The present self-regulation approach and associated advertising code is probably only serving to sharpen the creativity and gamesmanship of the alcohol industry in its concerted attention to building lifetime brand loyalty among children and adolescents and young adults. Health and human service professionals alike, witness the adverse effects associated with this drug on a daily basis and no small part of the social imagery and importance accorded to this substance is attributable to the marketing of these products. I am left in no doubt that the current system of regulating alcohol advertising and promotion is not working at all well. I have presented reasons and arguments for tightening the regulatory controls on alcohol products with a view to ultimately imposing a total prohibition of all advertising and promotion with severe penalties for attempted work around solutions.

However, controls on marketing are only one aspect that needs careful consideration because we know that a multi-faceted approach based on good evidence, will be required to reduce consumption and reduce consumption-related harm in all of its forms. The alcohol beverages industry will oppose these policy shifts because they will undermine their fundamental commercial drivenness to maximise sales and hence, profits. But as others have argued, alcohol is no ordinary commodity.

Like the tobacco industry, the alcohol industry stands exposed and vulnerable and the community is awakening to this reality. There is no safe level of consumption and yet very unsafe consumption is common in Australia and industry is doing nothing that is effective to curtail this situation. In view of the reality that industry faces an impossible conflict of interest and is demonstrably unable to self-regulate, save around the margins, with a view to placing public and population health ahead of all other priorities, governments have a duty of care to the people they represent to step in and take whatever action the evidence shows is required to reduce immoderate and unsafe levels and patterns of consumption and the related health and social harms and generate greater opportunities for the people of Australia to flourish to the best of their ability, in life. There can be no rationale policy argument for allowing the alcohol beverages industry to continue to advertise and promote products that are responsible for such wide ranging and high incidence and prevalence health and social harm. These harms cannot be rationally or ethically counterbalanced by the economic benefits that are derived by the industry and its employees or by the short term tax receipts. Industry might like to test that argument in our courts and see what they would have to say.

I would observe that the missing element is genuine and strong leadership within the health and human service professions, among the Executives of government and among our democratically elected representatives. If we are to attain any national aspirations we may have in relation to our well-identified priorities in preventative health, in Australia, those with the capacity to change our collective lives must now stand tall and firm. Governments at all levels and of all political persuasions now have no option other than to fulfil their duty of care obligations to the people they represent. They have no option other than to act in accordance with the evidence of significant and widespread alcohol-related harm and suffering across our nation by adopting a raft of policy reforms that the evidence informs them will prevent or reduce these harms.

The pushback against the alcohol industry has begun in the community and will continue to grow. The alcohol industry would be well advised not to attempt to pick off individual observations of concern such as those that I make in this submission nor criticise the messengers, in an attempt to disprove the analysis that it is not doing the right thing by the people of our nation. If it elects to go down that track it may find itself facing an even stronger health and human service professional and community backlash. Instead, I would suggest industry should start to rethink its business models from anew in the understanding that it must derive its future profits from a more diverse and socially responsible source of products and services.

I applaud of the report of the National Preventative Health Task Force (2009) and I trust the Australian National Preventative Health Agency will strive to achieve all of the aspirations and targets set out in the Task Force Report and beyond. This review of alcohol advertising and promotion in Australia is a good first step but it must be followed in a timely way by a review and implementation of a broader range of strategies to improve the health of all Australians as they relate to alcohol.

Yours sincerely,



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14 April 2013

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