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AMA Queensland Submission: Inquiry into alcohol-related violence

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Submission to the inquiry paper– Alcohol-related violence

Introduction

As the State's peak medical professional body, AMA Queensland welcomes the opportunity to respond to the parliamentary inquiry into alcohol-related violence.

The Association has long advocated Government intervention to address chronic disease in Queensland, and the adoption of public health policies that share a common core focus on preventative medicine. While the Association welcomes the Government's initiative to hold a parliamentary inquiry on alcohol-related violence, any interventions should involve ongoing involvement and long-term commitment of all sectors of society. These policies need to be equally met with adequate funding and support.

At a federal level, the AMA has called for preventative measures aimed at reducing the risks contributing to alcohol-related harms explored in the *National Health Preventative Health Strategy*. These include supporting and strengthening the role of doctors in health prevention, and engaging a range of stakeholders and agencies across all sectors of society to combat the rising prevalence of harmful alcohol consumption.[1]

Best practice harm minimisation measures

AMA Queensland advocates for effective measures to reduce the adverse impacts alcohol brings to community and individuals. Those measures are reflected in the *AMA Position Statement – Alcohol Consumption and Alcohol-Related Harms* and *AMA Information Paper – Alcohol Use and Harms in Australia (2009)* (attached as Appendix 1 and 2). Both documents emphasise behavioural change measures through targeted prevention and early intervention, and best-practice treatment.

The AMA places particular importance in the preventative role doctors play in providing advice, support, and referral options to patients. Evidence shows that brief interventions conducted by doctors are effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.[2]

The AMA Information Paper on Alcohol Use and Harms in Australia (2009) acknowledges the close association between consumption of alcohol and its harmful consequences, particularly violence. Alcohol affects a person's concentration,

[1] AMA, *AMA Submission: Preventative Health Taskforce Australia The Healthiest Country*, 2008.

[2] Wutzke, S. et al., *The long-tem effectiveness of brief intervention for unsafe alcohol consumption: a 10-year follow-up*, Addition, 2002.

coordination, and judgement, and slow response time to unexpected situations.[3] Alcohol also alters brain receptors and can consequently leads to an increased likelihood of risk-taking with impaired problem-solving in conflict situations, thus increasing the risk of aggressive behaviour.[4] Both the amount of alcohol consumed and patterns of drinking can contribute to all alcohol-related health risks. For instance, single or occasional episodes of binge drinking can lead to an increased incidence of injury, motor vehicle accidents and violence.[5]

Measures to reduce harm

AMA Queensland supports the preventative measures proposed by the inquiry to minimise consumption of alcohol, namely:

- Limiting promotions that encourage irresponsible consumption e.g. free or cheap alcoholic drinks;
- Enhanced liquor licensing, enforcement regulation and inspection regimes;
- Community involvement in the licensing application process;
- Reducing the availability of full-strength alcohol at certain venues and events;
- Restriction on advertising;
- Creation of an effective offence and penalty framework e.g. the use of health education diversion programs for alcohol-related offences; and
- Pricing and taxation measures.

AMA Queensland notes the interventions proposed by the Committee to minimise the violence and harm caused as a result of alcohol consumption, namely:

- Security measures inside venues; and
- Replacing glass with plastics.

AMA Queensland holds the view that these interventions work to minimise the impact of alcohol related violence, but should not be considered as preventative steps to a long-term solution for alcohol consumption.

In addition to the listed proposals, AMA Queensland calls on the State Government to lobby the Commonwealth Government to implement the following preventative measures:

- ❖ Volumetric taxation based on the total volume of alcohol in beverages, in order to encourage a shift to consumption of products containing less alcohol

[3] AMA, *AMA Information Paper: Alcohol Use and Harms in Australia (2009)*, 2009.
[4] Ibid.p.2
[5] Ibid.p.2

- ❖ Standard alcohol drink labelling that includes information on the health and social risks associated with excess consumption (i.e. consumption of alcohol and pregnancy)
- ❖ Stricter controls to curb the marketing of products like 'alcopops' to teenagers
- ❖ Expenditure of the revenue collected from alcohol taxation should be committed to programs for alcohol prevention and early intervention, and treatment support
- ❖ All service staff in licenced premises should undertake training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.

The impact of late opening hours

The physical availability of alcohol facilitated by opening hours for licenced premises is a key determinant of alcohol use and misuse.[6] As outlined in the *AMA Submission to the National Preventative Health Taskforce,* increased trading hours for licenced premises have been closely associated with increased level of alcohol consumption and alcohol-related harm.[7] Excessive alcohol consumption is also highly related to increased density of outlets within close proximity to residential areas at most hours of the day.

The Queensland University of Technology (QUT) Centre for Accident Research & Road Safety – Qld (CARRS-Q) recently published a research article, which examined the impact of introducing the 3am lockout policy in the Gold Coast. Though the data collection period was brief (nine weeks), the study found significant reductions in alcohol related offences, particularly those related to disturbances and sexual offences following the introduction of the lockout policy. [8] The findings support the AMA's view that reducing the physical availability of alcohol reduces alcohol-related violence.

To reduce the harmful level of alcohol consumption, AMA Queensland calls for a review of the liquor licensing regulations, in order to consider the known impact of the positioning and opening hours of licenced premises on excess consumption, violence and related harms in Queensland.[9]

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[6] *Alcohol misuse: tackling the UK epidemic*, British Medical Association, 2008.
[7] *Restrictions on the Sale and Supply of Alcohol: Evidence and Outcomes*, National Drug Research Institute, Curtin University of Technology, 2007 in AMA, *AMA Submission: Preventative Health Taskforce Australia the Healthiest Country*, 2008.
[8] Palk, G.R. et al., The impact of a lockout policy on levels of alcohol-related incidents in and around licensed premises, *Police Practice and Research*, 2009, 1-11.
[9] AMA, *AMA Submission: Preventative Health Taskforce Australia the Healthiest Country*, 2008.

Flow-on issues for emergency service workers, police, and front-line health workers

Police

Any legislative measures aimed to tackle the reduction of alcohol-related violence must be met with adequate resources and funding towards policing and enforcement of regulations, and timely response to incidents. As outlined in the *National Preventative Health Strategy*, proactive or intelligence-led enforcement system such as the NSW *Alcohol Linking Program* has shown to reduce alcohol-related crime, and should be considered for trials and implementation in Queensland. The system enhances police enforcement of liquor laws by providing data-based feedback to police and licensees about alcohol-related crime following drinking on specific licenced premises. [10]

Front-line health workers

The issue of alcohol-related hospitalisations in Queensland presents a priority to the health system. Alcohol was the main preventable cause of injury burden in Queensland in 2003, and caused 18.7% of the total burden of injuries. Although the rate of increase in alcohol-caused hospitalisations was below the national average, rising by 20 percent in 10 years, alcohol misuse costs the health system over $128 million per year, with 25,621 hospitalisations per year in Queensland in 2005/06-2006/07, and 114,214 occupied bed days in 2005/06 alone. [11] AMA Queensland strongly advocates improved infrastructure and funding for services to treat patients and people affected by alcohol misuse, but at the same time funding for community program awareness and prevention.

People intoxicated by alcohol can present to Emergency Departments (EDs) with violence and aggression, threatening hospital staff that are trying to look after them, or other patients seeking treatment, making them difficult to manage. Safety is paramount, and hospital staff and patients need to feel secure at all times. Notwithstanding appropriate risk management policies and staff training to appropriately manage intoxicated individuals, EDs and other health care facilities must be adequately staffed to ensure personal safety at all times.

Overcrowding and access block in EDs is an ongoing problem that AMA Queensland has heavily lobbied the State Government for more doctors, and more hospital beds to cope with the demand for services. Long waiting times in EDs exacerbate the problem, causing both frustration and hostility by some patients, placing greater pressure, and a less-safe working environment for hospital staff. Inevitably awareness and prevention is a long-term process, and the burden of alcohol misuse to the health system will continue to increase. Until such time as hospitalisations and bed occupancy due to alcohol are reduced, it is imperative that there are more

[10] Wiggers, J. et al., Strategies and outcomes in translating alcohol harm reduction research into practice: the Alcohol Linking Program. *Drug and Alcohol Review (September 2004)*, 23,355-364.
[11] Ibid. p. 63

doctors and hospital beds available to provide adequate safety for staff and patients, and meet the demand for services.

Education campaigns and their role in cultivating effective social change in terms of community attitudes to alcohol consumption

Achieving social change and a cultural shift in the acceptance of alcohol consumption has long remained a difficult process to facilitate, with patterns in alcohol consumption between 1991 and 2007 remaining largely unchanged. [12] This marginal outcome warrants an even greater need for resolve, but this can only be achieved through community awareness, acceptance and engagement.

AMA Queensland calls for education and media campaigns in alternating social norms towards alcohol consumption. Education program focusing on developing teenagers' decision-making skills and resistance to risk-taking, as well as educating the harm of excess of alcohol use should be implemented in Queensland schools. Education campaigns to encourage teenagers to see their doctor when they have concerns about their alcohol use should also be developed.[13]

Health education diversion programs

AMA Queensland supports the use of health education diversion programs for alcohol-related offences particularly with teenage and under-age drinkers. Such programs should direct offenders to education sessions and counselling about alcohol use and harms, and build skills around responsible drinking.[14] An example of this is the Australian Centre for Addiction Research's *Control Your Drinking Online: A Web-Based Self-Change Program*. The program is delivered as four, one hour modules taken fortnightly under an eight-week period, and is based on research that drinkers can be taught skills to control their drinking. Instead of providing an abstinence-orientated program, the program assists people in their personal choice to reduce their drinking and achieve personal goals. Not only can this program be used to assist in rehabilitation, but encourages others to seek assistance on how to control drinking patterns.

Community engagement

The success in effecting social change in terms of community attitudes to alcohol relies on community initiatives to address excessive alcohol consumption and related harms, particularly in Indigenous communities. In order to encourage communities to actively take action in alcohol management, funding should be provided to those communities who take a proactive approach in reducing alcohol consumption and related harms. While addressing the issues of alcohol management among the communities requires multi-level strategies and intersectoral collaboration,

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[12] Ibid. p. 62

[13] AMA, *AMA Position Statement: Alcohol Consumption and Alcohol-Related Harms*, 2009.

[14] Ibid. p.3

community acceptance to deal with their own alcohol issues is considered the first step to help improve their health outcomes in their community. [15]

Social marketing

Social marketing campaigns have shown to provide some results in improving social attitudes towards drinking. Queensland Health's Young Women and Alcohol Campaign – *Make up your own mind about drinking* was a social marketing campaign implemented in 2004 in an effort to empower young women to take control of how they drink.[16] This included media message delivery and local initiatives to reinforce the messages, such as working with sporting associations to raise awareness about alcohol misuse. The success of the campaign resulted in reductions in the amount of alcohol consumed at any one time, and the number of drinking occasions among young women.[17] The Commonwealth Government's DrinkWise campaign, and the National Binge Drinking Campaign (which includes the *"Don't turn a night out into a nightmare"* media campaign) also provide useful examples of targeted social marketing that the State Government should implement at the state and local level.

The role of parents in influencing attitudes towards alcohol consumption

Alcohol misuse causes 12% of the burden of disease in young people. [18] Adolescents are typically first introduced to alcohol in the family home, and those who drink regularly (weekly drinkers) report parents as their most common source for obtaining alcohol. Children's attitudes and behaviours towards alcohol consumption are heavily influenced by parents' level of alcohol use. *The AMA Information Paper on Alcohol Use and Harms in Australia (2009)* recognises that adverse impacts of excess alcohol on families include mental health and cognitive problems in children are demonstrated when one or both parents misuse alcohol. Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. To address the influence of family on children's drinking habits, parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.

The 2004 research report by the Australian Institute of Family Studies on *Parenting influences on adolescent alcohol use* provides several strategies to assist parents to more efficiently guide adolescents towards responsible alcohol use, including: [19]

- Parents should be provided with information concerning the advantages of delaying the age at which young people begin using alcohol;

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[15] QLD Minister for Communities, Disability Services, ATSIP, Multicultural Affairs, Seniors and Youth, *Community driven alcohol management rewarded*, Media release, 2008.
[16] Queensland Health, *The Health of Queenslanders 2008: Prevention of Chronic Disease, Second Report of the Chief Health Officer Queensland*, Queensland Health, Brisbane, 2008.
[17] Ibid. p.109
[18] Ibid. p.81.
[19] Australian Institute of Family Studies, *Parenting influences on adolescent alcohol use*, 2004.

- Parents should be provided with educative guidelines on the influence of parental attitudes and norms on adolescent alcohol use, as well as guidance in managing the social pressure they feel to allow their adolescents to consume alcohol;
- Once adolescents have commenced alcohol use, parents should be provided with educative guidelines which enable them to guide their adolescents in responsible alcohol use;
- Parent education and family intervention programs should be supported in Australia to assist parents to gain skills for encouraging their adolescents to delay initiation to alcohol use and to adopt less harmful patterns of use; and
- Given that broader social norms exert a considerable influence on adolescent alcohol use, strategies to reduce favourable cultural attitudes towards under-age alcohol consumption will be needed to support parental efforts.

AMA Queensland recommends the State Government's strongly considers the findings from the report, in order to implement information and support programs to parents. An example of a program is the Commonwealth Government's *DrinkWise* program. [20]

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[20] www.drinkwise.com.au

Alcohol Consumption and Alcohol-Related Harms

2009

Australians drink a large volume of alcohol overall, and many drink at harmful levels, including teenagers and young adults. Young Australians are starting to drink at an earlier age, and most drink in a way that puts their own and others' health at risk. (Details can be found in the supporting *AMA Information Paper: Alcohol Use and Harms in Australia 2009*)

A range of factors can contribute to harmful alcohol use, including the marketing and glamorisation of alcohol (especially to young people), the social acceptability of hazardous use, the ready availability of alcohol (in terms of locality and time of day), and affordability.

The harms of excess alcohol use are significant and warrant serious measures. The AMA is committed to Australia achieving the greatest possible reduction in the harmful effects of excess alcohol consumption. The AMA believes these harms are best reduced through targeted prevention and early intervention, and fully resourced best-practice treatment.

Prevention

Successful prevention and early intervention will minimise the effect of factors that contribute to harmful alcohol use, and promote and strengthen the factors that protect against that behaviour.

The AMA recommends implementation of the following preventative measures:

Alcohol marketing and promotion

- The production and sale of alcohol beverages which are particularly attractive to young teenagers and adolescents, should be prohibited. This includes alcoholic drinks that are colourful, fruit flavoured, have a high sugar content, or are marketed as 'energy drinks'.
- Alcohol sponsorship of sporting events and youth music events should be phased out, and alcohol sponsorship of junior sports teams, clubs or programs should be prohibited.
- The alcohol industry should develop and implement standards for the responsible advertising and labelling of alcohol, to ensure that:
    - alcohol advertising and labelling encourages no more than the daily levels of consumption recommended by the NHMRC for low risk drinking, and that the product should not be consumed by pregnant women;
    - alcohol advertising and labelling warns of the dangers of excess consumption;
    - alcohol advertising and promotion is restricted to locations, publications, times, and approaches that minimise the likelihood of influencing people under the age of 18.

These standards should apply to all contexts of alcohol promotion, including point-of-sale, packaging, naming and emerging media.

- Conformity with these standards should be monitored by a panel whose representatives include those with expertise in public health and health social marketing. Significant penalties should be imposed for significant breaches.

Product Content and Information

- Licensed venues should provide clearly visible point of sale signage that specifies the risks of excess alcohol consumption, and what constitutes unsafe levels of drinking.
- Glasses for alcohol at venues should indicate their volume in terms of standard drinks.
- Governments and other stakeholders should address the public's understanding of how various drinking vessels for alcohol (eg., wine glasses, beer glasses) translate into a "standard drink" metric.

Access and Availability of Alcohol

- All service staff in licensed premises should undergo training in the responsible service of alcohol, and liquor licenses should be reviewed annually to assess responsible service.
- Liquor licensing regulations should consider the known impacts of liquor outlet density and opening hours on excess consumption, violence and related harms.
- State and Territory licensing authorities should regulate the issuing of liquor licenses in a way that is sensitive to the extant levels of alcohol related harm in that respective State or Territory.

Pricing and Taxation of Alcohol

- Alcohol products should be taxed on the basis of the percentage volume of alcohol they contain. Products with higher alcohol content will be taxed at a higher rate, pushing prices higher than lower content ones. A volumetric alcohol tax will also act as an incentive for manufacturers to produce lower alcohol products.[1]
- Alcohol taxes should be set at a level which sustains high prices for alcohol products, so that price-signals reflect the very substantial social costs of alcohol consumption.
- Expenditure of the revenue collected from alcohol taxation should be devoted to programs for alcohol prevention and early intervention, and treatment support.
- All licensed premises should set a 'minimum floor price' for alcohol to disallow alcohol promotions involving free or heavily discounted drinks. Guidelines should also be developed for discount offers in off-licence retail outlets.

Public Education, Schooling and Family Education

- Appropriately targeted and sustained mass media campaigns on the harms of excess alcohol use are essential, and should be funded from a levy on alcohol products.
- Classroom-based programs which develop teenagers' decision-making skills and resistance to risk-taking should be implemented in Australian schools, as well as other programs that educate about the harms of excess alcohol use.
- Parents' behaviour in relation to alcohol, and the way in which adolescents are introduced to alcohol, influence children's future drinking patterns. Parents should be supported and encouraged to set rules and explain to their children the various harms associated with alcohol use.

- NHMRC guidelines on alcohol consumption should assist people as much as possible to make informed decisions about drinking. The NHMRC should therefore develop guidelines as to what levels of consumption are high-risk and what levels are low-risk.

Alcohol and Pregnancy

Alcohol consumed during pregnancy crosses the placenta and can cause complications of pregnancy and damage to the developing foetus, including foetal alcohol syndrome. The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.

- As there is no scientific consensus on a threshold below which adverse effects on the foetus do not occur, the best advice for women who are pregnant is to not consume alcohol. The NHMRC guidelines should clearly state that no level of alcohol consumption during pregnancy is safe for the foetus.

Early Identification and Intervention

Even when a comprehensive package of prevention measures is put in place, there will still be some who occasionally engage in high risk drinking or develop habits of harmful alcohol consumption. It is crucial that they are identified as early as possible and that appropriate measures are taken to stop the problem becoming worse.

The Important Role of Doctors

Nine out of ten Australians visit a general practitioner at least once a year. During 2007-08, nearly 30% of patients visiting a GP were at-risk drinkers.[2] This gives doctors significant opportunities to identify and address the risk behaviours of a very large proportion of the Australian population. Brief interventions from doctors have been shown to be effective in reducing alcohol consumption and alcohol-related problems, with follow-up sessions resulting in longer-term effectiveness.

To maximise these opportunities for early intervention, the AMA believes it is important that:

- the time doctors need to provide advice and information to at-risk patients should be properly recognised in the government rebates available to patients;
- there should be greater capacity for doctors to use medical practice staff resources more efficiently and flexibly to provide preventive interventions for those at risk;
- grant programs should be established to support the development and implementation of 'whole of practice' programs for problematic alcohol use, suited to practice populations;
- media and public education campaigns should be developed with a focus on encouraging young people to see their doctor if they have questions or concerns about their alcohol use.

Law Enforcement and Diversion Programs

The AMA supports the use of health education diversion programs for alcohol-related offences, particularly with teenage and under-age drinkers who come to police attention. Such programs should direct offenders to education sessions and counselling about alcohol use and harms and, where appropriate, seek to build skills around responsible drinking.

Treatment of Problematic Alcohol Use

Treatment for alcohol abuse and dependence must be based on clinical decisions about the most appropriate approach for the individual, taking into account the extent and severity of the problems, the individual's goals, and health and safety considerations.

- The successful treatment of alcohol dependence often requires ongoing and extended assistance. There should be increased availability of specialized alcohol treatment services throughout the community, so that doctors can readily refer problematic drinkers, and those showing early risks. Such services should also be attuned to the co-occurrence of alcohol use and depression and similar 'dual diagnoses'. These should include GP led services where there is expertise.

- Treatment and detoxification services for alcoholism should be provided at all major hospitals, and services for acute alcohol abuse treatment at hospitals with Emergency Departments. Brief early intervention and referral services are vital in early detoxification and appropriate referrals.

- A full range of culturally appropriate treatment approaches should be provided to address alcohol use for Indigenous peoples. Resources such as the *Alcohol Treatment Guidelines for Indigenous Australians* should be utilised and regularly reviewed to ensure they reflect current evidence and best practice.

Research and Data Collection

There is a need for accurate, timely and comprehensive indicators and monitoring of alcohol use and alcohol-related harms.

- Alcohol sales data should be collected so that the sales volumes of each beverage type and type of outlet can be determined at local level to facilitate evaluation of community initiatives to reduce alcohol-related harm.
- The evidence-base around alcohol treatment options and outcomes for adolescents and teenagers needs to be significantly strengthened and appropriately funded from taxation.
- Data should be collected on foetal alcohol spectrum disorder, both in the general population and in high-risk groups.
- Data on alcohol use and patterns collected by government departments or authorities should be readily available to alcohol researchers and program evaluators.

Responsibility for Policy and Action

Addressing harmful alcohol use is a shared responsibility. The Commonwealth Government can make a distinctive contribution in setting national targets for reducing harm, funding major initiatives, tracking outcomes, sponsoring research and evaluation, and coordinating action among jurisdictions. Local communities can also make a big difference, particularly in relation to the density of drinking establishments, opening hours and policing licenses.

- National alcohol policy needs to foster local initiatives and solutions to local problems, and empower local communities to adopt their own "local alcohol action plans" to respond to local needs.
- A major responsibility lies with the alcohol manufacturing and retail industry itself, to take concrete and serious steps to make sure that it does not profit at the expense of those who may be harmed by excess alcohol use.

AMA PUBLIC AND PREVENTATIVE HEALTH COMMITTEE

[1] Volumetric taxation has been identified as the most cost-effective measure to reduce the overall harms from alcohol use across the population. See Doran, C., Vos, T., et. al., 2008, *Identifying cost-effective interventions to reduce the burden of harm associated with alcohol misuse in Australia*

[2] C Bayram, H Britt, et. al 2008, *General Practice Activity in Australia 2007-08*, Australian Institute of Health and Welfare.

Alcohol Use and Harms in Australia (2009)

Alcohol Consumption in Australia

Considered overall, Australians drink a large volume of alcohol and drink it frequently. In 2007 the per capita consumption of alcohol for Australians over 15 years was nearly 10 litres[1]. This is high by world standards. 90% Australians over 14 in 2007 had consumed alcohol in their lifetime (an estimated 14.2 million people), 40% drank alcohol weekly, and 8% drank daily.[2] While many young Australians drink frequently,[3] the highest proportion of daily drinkers in 2007 were those over 60 years old.[4] The proportion of Australians over 14 years of age who had never consumed alcohol increased by a small degree between 2004 and 2007, and the proportion who drank daily declined by a small degree in that period.

Many Australians drink alcohol at harmful levels. There are short-term risks of harm (associated with high levels of drinking on a single occasion) and long-term risks (associated with consistent high level consumption over a lengthy period of time.) In 2007, the majority of Australians (60.8%) over 14 years of age drank alcohol at levels that involved a low risk of harm. However, almost one in ten Australians over 14 years of age in 2007 drank at levels considered risky or high risk to health (ie, 7 or more standard drinks on any one day for males and 5 or more standard drinks on any one day for females).[5]

Those living in remote or very remote areas were more likely to drink at risky or high risk levels than those living in other areas. A lower proportion overall of Indigenous people than the general population drink alcohol, and drink less frequently, but those who do drink generally drink at higher levels.[6]

Alcohol Use Among Young Australians

Young Australians are starting to drink at an earlier age, and most drink in a way that puts their health and others' at risk. The age at which Australians are having their first drink is continuing to decrease. Approximately 90 percent of people have tried alcohol by the age of 14[7], and most Australians have consumed a full serve of alcohol before the age of 16.[8] In 2004, people in their 20s were more than twice as likely to have consumed alcohol by the age of 14 than were people in their 40s and 50s.[9] There are indications that early initiation to alcohol use is related to more frequent use, higher consumption levels and the development of alcohol-related harms in adulthood, including mental health and social problems.[10]

80 percent of alcohol consumed by people aged 14 – 24 is consumed in ways that put the drinker's (and others') health at risk.[11] By the age of 18, about half of both males and females are drinking at risky levels, but the majority of these drinkers classify themselves as 'social drinkers' and do not perceive their consumption patterns to be a problem[12].

"Binge" Drinking

Young adults as well as teenagers drink at high risk levels. There is no standard definition of what constitutes 'binge' drinking. However, it is commonly understood to mean levels of drinking at risk or high risk for short term harm (injury or death). Teenagers and young adults aged 20-29 are more likely to consume alcohol at levels associated with short-term harm and long-term risk.[13] The rate of binge drinking among teenagers (14-19 years of age) was high in 2007 at 39.2%, but had

decreased over the last ten years from approximately 46% in 1998.[14] Teenagers are not the group amongst which binge drinking is highest in Australia. People in their twenties are one and a half times more likely to binge drink than teenagers, and one in seven people 20-29 years of age engaged in binge drinking at least once a week in 2007.

Types of Alcohol Consumed

In 2007, male drinkers most commonly consumed regular strength beer, and female drinkers were most likely to drink bottled wine.[15] Females between 12 and 17 also had a very strong preference for drinking pre-mixed spirits and bottled spirits. The preference for pre-mixed spirits, or 'alcopops', among this age group also increased between 1999 and 2005.[16] Ready to drink pre-mixed spirits are usually sweet, very palatable to drink, and highly marketable to younger people.

Alcohol Related Harms

Excess alcohol consumption can result in adverse health and other outcomes for individuals (in the short term or long term), as well contribute to broader social costs.

Health Effects of Alcohol

Alcohol has been causally linked to more than 60 different medical conditions[17] including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, eye diseases and conditions, and alcohol dependence.[18] Alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, breast cancer and bowel cancer.[19]

Consumption of alcohol affects concentration, coordination and judgement, and slows response time to unexpected situations.[20] Alcohol alters brain receptors and can result in an increased likelihood of risk-taking with impaired problem-solving in conflict situations, increasing the risk of aggressive behaviour.[21] Alcohol consumption also increases the risk of mental illness, such as depression, in people who are prone to these conditions.[22] There is also a high co-morbidity between alcohol misuse and the misuse of other drugs, with consistent patterns in the uptake of polydrug use among those treated for alcohol problems.[23]

Alcohol consumed during pregnancy can cause complications and damage to the developing foetus, including fetal alcohol syndrome.[24] The risks are greatest with high, frequent alcohol consumption during the first trimester of pregnancy.[25] It has not been possible to establish a threshold below which adverse effects on the foetus do not occur.

Both the amount of alcohol consumed and patterns of drinking contribute to all these health risks. Regular drinking at high levels increases the risk of chronic ill health and premature death, while single or occasional episodes of heavy drinking ("binge drinking") can lead to an increased incidence of injury, motor vehicle accidents and violence.[26]

While some studies have found that, at low levels of consumption, alcohol may have some health benefits, nearly all of the potential benefits are confined to males over the age of 45 and women past menopause.

Adverse Impacts on the Health of Australians

In 2003, alcohol was the risk factor responsible for the greatest burden of disease and injury in Australian males under the age of 45,[27] and is the second largest cause of drug-related deaths and hospitalisations in Australia after tobacco.[28]

Road trauma is the leading cause of death among young Australians. Between a quarter and a third of fatal crashes on Australia's roads involve drivers or riders with blood alcohol levels above the legal limit, with males and young people being over-represented.[29] One in 8 people also admit to driving while under the influence of alcohol.[30] There are also significant risks associated with excess drinking as a pedestrian with the potential for grave harm to pedestrians or motorists.

Deaths from alcohol-related causes among Indigenous Australians compared to non-Indigenous Australians are almost 8 times greater for males and 16 times greater for females. The level of alcohol-attributable deaths among Indigenous Australians aged 15-24 is almost 3 times greater than that for non-Indigenous Australians of the same age.[31]

Adverse Impacts on the Health of Teenagers and Young People

Those who experience acute alcohol-related harms are predominantly young and predominantly male.[32] Among young Australians, the most common causes of death and injury due to risky or high-risk drinking are road injury, suicide, and violent assault.[33] Alcohol accounts for 13 percent of all deaths among people 14-17 years of age Australians, and it has been estimated that one Australian teenager dies and more than 60 are hospitalized every week from alcohol-related causes.[34]

Underage drinkers are more likely than older drinkers to experience risky or antisocial behaviour.[35] Evidence suggests that young people with mental health disorders are more likely to drink, and drink with the intention of getting drunk. There is also evidence that alcohol use may contribute to poor mental health.[36] Young people who use alcohol to cope with mental health or social problems are more likely to drink at dangerous levels.[37] Teenagers are developing mentally and physically, and do not have the benefit of good judgement from experience. This makes teenagers vulnerable to alcohol related harm in a way that older drinkers may not be.

Adverse Social Impacts of Alcohol

Excess alcohol consumption is associated with a range of adverse social consequences impacting on families, communities and workplaces. Impacts on families include a range of mental health and cognitive problems in children where one or both parents abuse alcohol.[38] An estimated 450 000 Australian children live in a household with at least one adult who regularly binge drinks.[39]

There is a strong association between alcohol use and crime, particularly violent crime.[40] In 2001, two-thirds of teenagers (and more than 80% of binge drinkers) reported they had witnessed violence by someone who was drunk and aggressive and had had to look after a friend who had drunk too much.[41] During the 2007-08 holiday period, more than 2.2 million Australians experienced physical and/or verbal abuse from someone under the influence of alcohol, with more than 30% of teenagers fearing for the safety of their family and friends as a consequence of excess drinking, and 45% of people 14-17 years of age claiming they knew someone who was injured or harmed as a result of drinking excessively.[42] According to national data in 2003-04, more than 3 in 10 homicide offenders were under the influence of alcohol at the time of the homicide.[43]

Factors that Contribute to Alcohol-related Harms

A range of individual, social and economic factors can contribute to the excess or harmful use of alcohol.

Social acceptability of hazardous alcohol use

Most of the detrimental effects of alcohol consumption arise from harmful or hazardous drinking by 'social' drinkers who are not alcohol-dependent.[44] Hazardous, but socially acceptable patterns of consumption have become part of popular Australian culture.

The marketing and glamorisation of alcohol (especially to young people).
Alcohol advertising and promotion is increasingly sophisticated, and is aimed at attracting, influencing, and recruiting new generations of potential drinkers.[45] Teenagers and young people are particular targets of alcohol advertising at sporting and music events, and the marketing of sweet-tasting alcopops where the taste of alcohol is disguised by sugar and other flavours. Education about the significant potential negative effects of alcohol consumption competes with powerful and constant impact of positive media and advertising messages about alcohol[46].

The availability of alcohol (in terms of locality and time of day)
Alcohol can be obtained from a wide range of venues in Australia, including supermarkets, internet sites, and licensed clubs, bars and restaurants. These are within close proximity to the vast majority of residential areas in Australia, and alcohol is available from at least one of these types of outlet at most hours of the day. Studies have linked higher geographical availability of alcohol with higher levels of excess drinking among teenagers.[47]

The price of alcohol
The price of alcohol beverages is another factor determining how available alcohol is to people, particularly adolescents and teenagers who typically have limited disposable income. There is a substantial body of empirical evidence spanning many decades across many jurisdictions which shows that the consumption of alcohol is responsive to changes in prices.[48] The lower the price, the greater the demand. The higher the price, the lower the demand. There are alcohol products that are inexpensive, such as ready to drink spirits, and are therefore more available to young people with limited money.

The harms associated with excess alcohol consumption are very significant for individuals and for society as a whole, and warrant a serious response: AMA Position Statement "*Alcohol Consumption and Alcohol-Related Harms – 2009*".

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