

20 September 2011

Victorian Alcohol and Drug Strategy Team
Mental Health
Drugs and Regions Division
Level 17
50 Lonsdale Street
MELBOURNE VIC 3000

Dear Sir/Madam

**WFA/VWIA Response to the Whole-of-government Victorian alcohol and drug strategy –
Community Consultation**

The following response to the *Whole-of-government Victorian alcohol and drug strategy* (the 'Strategy') is provided jointly by the Winemakers' Federation of Australia (WFA) and the Victorian Wine Industry Association (VWIA) and addresses the three pillars of relevance to the wine industry – Supply, Demand and Harm Reduction.

The submission does not address each of the specific questions proposed by the community consultation paper, rather it comments on matters that relate directly to wine and the Australian wine sector, and where we believe we have a contribution to make to the debate.

We are pleased to have this opportunity to provide an initial submission to the strategy and are looking forward to further engagement as the strategy is further developed.

Background

VWIA is the state association for Victorian winemakers and is charged to represent and promote the interests of the wine industry in Victoria. It is an independent membership-based Association that works closely with regional and national bodies, and liaises with the Victorian Government.

The VWIA mission is to develop and enhance the long term sustainability of the Victorian wine industry. It represents twenty-one distinct wine regions that span the state from east to west and north to south, which produce wines in every conceivable style.

WFA is the peak national body representing wine enterprises of all sizes across Australia. Our aim is to provide leadership, strategy, advocacy and support. Our voluntary membership represents in excess of 95% of wine production in Australia.

With 64 wine regions across the nation, the wine sector is a major contributor to the economic and social fabric of Australian life. As the third largest agricultural exporter, our sector plays a pivotal role in regional employment, trade and tourism and consistently produces a highly regarded product that we encourage to be responsibly enjoyed by millions of people around the world.

The WFA and VWIA are unashamedly representative bodies for Australian wine producers and our submission reflects this.

It is worth noting that Public Health Advocates, especially those involved with the National Alliance for Action on Alcohol (NAAA) of which VicHealth is a member and provides Secretariat services, have just as much a vested interest as alcohol companies.

Appendix A highlights the lack of evidence-base for the anti-alcohol movement's policy-base.

DEMAND REDUCTION

It is important to recognise that alcohol is different from other drug and substance abuse.

While alcohol and tobacco are similarly categorised as licit drugs, this is where the similarity ends. The fundamental difference between alcohol and tobacco is that all tobacco consumption is harmful to human health and society. Alcohol, and particularly wine, when consumed responsibly in moderation, is not harmful to human health and society, and in fact can be considered as part of a healthy diet and lifestyle for Australians.

Government and industry focus should not be on reducing demand for alcohol per se, but for reducing the hazardous consumption of alcohol.

Measuring success of Government programs by looking at per capita consumption does not adequately reflect where Government, Industry and NGO attention should be directed. It is quite reasonable to have a high per capita consumption as long as alcohol is being consumed responsibly. Conversely, it is possible to have a low per capita consumption (eg: large numbers of abstainers), yet have hazardous drinking patterns.

Australia has signed on to the World Health Organisation (WHO) Global Strategy to Reduce *Harmful Use of Alcohol* (our emphasis) and recently re-emphasised this commitment at the UN Non-Communicable Diseases Summit.

This direction in focussing on harm formed the Australian Government's response to the Preventative Health Task Force and is also a feature of all state government drug and alcohol strategies.

1. How can we promote cultural change in the community concerning drinking and intoxication, including across a wide range of settings such as workplaces, post-secondary education and training and sport?

WFA has long supported the initiatives undertaken by DrinkWise Australia¹, an independent, not-for-profit organisation focused on promoting change towards a healthier and safer drinking culture in Australia. DrinkWise is a multi-faceted organisation which aims to affect generational change in the

¹ <http://www.drinkwise.org.au>

way Australians consume alcohol by developing and implementing national information and education campaigns that inform the community and supports them by offering practical resource.

DrinkWise has undertaken significant amounts of work in a variety of areas such as slowing down the induction of young people to alcohol, having role models (including the Sports Hall of Fame) explain the influence parents have over their children's future drinking habits, and more generally working towards changing Australia's drinking culture.

DrinkWise recently launched new consumer information as part of its ongoing community education programs that will appear on the labels of alcohol products nationwide. DrinkWise's producer members represent 80% of the alcohol industry (by volume), so this constitutes a significant proportion of alcohol products in Australia. The core message incorporated in the labels will be 'Get the facts' and used separately or in tandem with three other messages:

- Kids and Alcohol Don't Mix
- Is Your Drinking Harming Yourself or Others?
- It is Safest Not to Drink While Pregnant (or the pregnant lady pictogram).



Figure 1: A new DrinkWise labelling initiative using the core message of 'Get The Facts' alongside other campaign messages.

The messages are supported by a point-of-sale campaign which will provide educational material to consumers in outlets where alcohol is purchased. The material will direct consumers to the DrinkWise website which provides detailed information on these issues and others concerning age or gender specific issues, alcohol and health or drink driving.

These important initiatives are being implemented broader Drink Wise campaign that encompasses social media, television, online materials and print and helps engage directly with Australia's current drinkers.

DrinkWise presents a unique opportunity to link the preventative health sector, community, industry and government's objectives. Given the Victorian Department of Health's willingness to consider collaborative approaches in addressing alcohol abuse, DrinkWise's work in this area will offer a considerable wealth of knowledge and depth to furthering the strategy.

2. What can be done to delay the use of alcohol and reduce underage alcohol consumption?

By its very nature, wine is not the preferred beverage of most young drinkers aged 14-29 years, the age group that proportionally drinks at higher risk levels in the community. Data from the 2007 National Household Survey, conducted by the Australian Institute of Health and Welfare shows that wine, either cask, or bottled, is not the product of choice for underage males or females.

MALES		
	“Low Risk”	“Risky” or “High Risk”
14-19	Pre-mixed spirits in a can (52.8%)	Regular strength beer (74.3%)
20-29	Regular strength beer (65.8%)	Regular strength beer (78.6%)
30-39	Regular strength beer (59.0%)	Regular strength beer (77.0%)
40+	Bottled wine (54.3%)	Regular strength beer (61.5%)

FEMALES		
	“Low Risk”	“Risky” or “High Risk”
14-19	Pre-mixed spirits in a can (64.2%)	Bottled spirits and liqueurs (84.9%)
20-29	Regular strength beer (58.8%)	Bottled spirits and liqueurs (67.6%)
30-39	Regular strength beer (68.9%)	Bottled wine (69.7%)
40+	Bottled wine (69.9%)	Bottled wine (72.2%)

We are concerned that NAAA views “to limit or prevent exposure to alcohol advertising and promotion through a staged approach to regulation”

As previously evidenced, banning or allowing alcohol advertising had no impact on consumption trends.

Advertising bans do, however, make it very difficult for new entrants to compete or in the case of wine, to inform consumers of new wine varieties and styles.

Proposals to implement whole-of-population measures in an attempt to alter the behaviour of only a small group of problem consumers are not warranted.

Education from parents and other key influencers, including modelling safe and responsible use of alcohol is the most effective tool in shaping responsible consumption by young persons. If alcohol is viewed as a product which is consumed responsibly and in moderation, by those closest to them, then underage drinkers are less likely to engage in risky alcohol consumption. Families need to communicate with their children and have earlier discussions to ensure a positive approach towards responsible consumption is formed.

Public health groups often criticize alcohol advertising as appealing to children. It must be acknowledged that alcohol advertising in Australia is covered by the quasi- regulatory Alcohol

Beverages Advertising Code (ABAC) Scheme². ABAC is independent of the industry, handles complaints efficiently and effectively, with all costs incurred by alcohol producers. ABAC leads the world as the most progressive regulatory system for alcohol advertising and there is strong evidence to show it has moved with Australian community expectations.

The vast majority of advertisements for wine show it being consumed responsibly by adults as an accompaniment to food in positive social situations. This is exactly the consumptive behaviour Australian Governments should be highlighting rather than banning.

3. How can we reduce the number of people drinking at risky levels?

Many effective policies focus on consumer behaviour and cultural influences rather than the blunt whole-of-population measures that only penalise the vast majority of responsible consumers and do little to change behaviour amongst high-risk groups. These are succinctly categorised in the below table:

Focus on Industry Behaviour	Focus on Consumer Behaviour
• <i>Product integrity & safety (inc. labelling)</i>	• <i>Drink driving</i>
• <i>Outlet density</i>	• <i>Primary health care (inc. GPs)</i>
• <i>Licensing restrictions</i>	• <i>Other brief interventions</i>
• <i>Advertising restrictions</i>	• <i>Targeting high-risk sub-groups: teenagers (and their parents), pregnant women, sports clubs, indigenous, etc.</i>
• <i>Taxation</i>	• <i>Pharmacotherapies</i>

All of those issues which focus on industry behaviour, and drink-driving, are mature areas of policy debate and considered as general population measures and represented in the shaded section of the above table.

The remaining issues in the unshaded area place the emphasis on dealing with hazardous consumption and high-risk drinkers

As most NGO and State and Australian Government interest over recent decades has been on the disproven 'grey' area, there is a real opportunity for the Victorian Government to lead a new wave of investment in the 'greenfield' issues for public policy in Australia, where the greatest gains could be made.

Henry in the Taxation Review also acknowledges that alternate policies can deliver a better outcome in specifically addressing alcohol abuse:

“individual-based interventions (usually by doctors) are an effective way to reduce hazardous alcohol consumption. Stricter enforcement of random breath testing, and

² Australian Beverages Advertising Code
<http://www.abac.com.au>

reducing the allowed blood alcohol concentration level for drivers would be effective ways of reducing the costs of drink driving.”

These arguments all add up to a compelling case against whole-of-population measures and strong support for specific policies that target the specific behaviours, attitudes and groups of consumers who impair public health outcomes.

Rose³ found the following benefits in pursuing individual (targets high-risk consumers) strategies.

- Intervention appropriate to the individual
- Subject motivation
- Physician/health professional motivation
- Cost-effective use of resources

The following disadvantages were linked to a population-based (e.g.: tax) strategy

- Small benefit to individual (prevention paradox)
- Poor motivation of subject
- Poor motivation physician/health professional

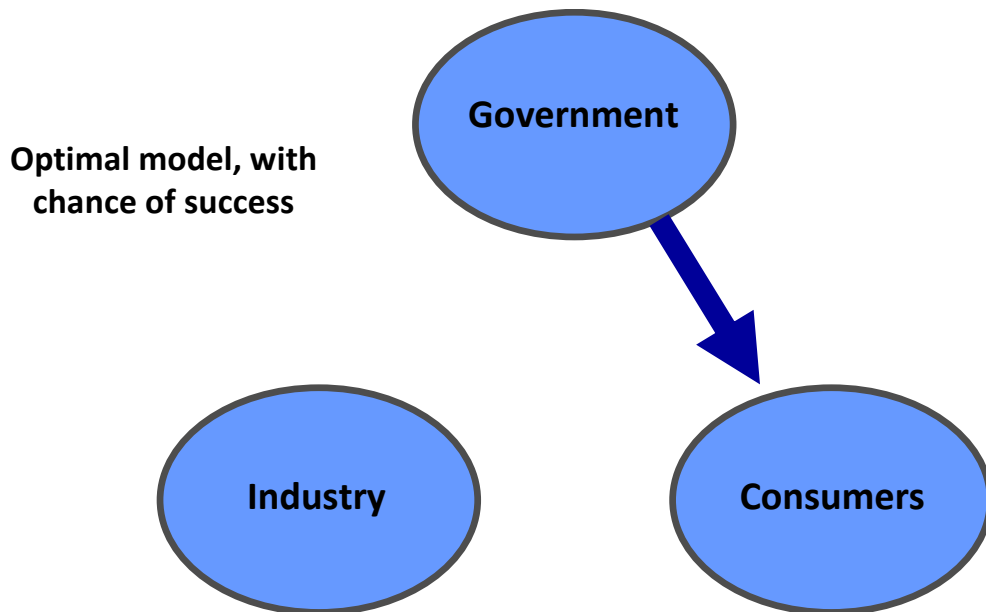
The other significant disadvantage of a population-based strategy is the possibility of substantial welfare loss to the majority of consumers.

Drinking pattern is often a better predictor of alcohol-related harm than just the amount consumed. Correspondingly, a greater reduction in harm may be achieved through the prevention of heavy high-risk consumption occasions rather than by a reduction in the mean level of consumption.

The Australian wine sector believes strategies should be implemented to target those groups that are engaging in risky consumption with a view to changing that behaviour. It will continue to support population-based programs that educate consumers about the health implications of drinking at risky levels and the benefits of responsible consumption to bring about long-term, sustained cultural change.

Instead of Government attempting to talk to consumers by going around industry (the grey-shaded area), it is more appropriate to talk directly to those consumers who are drinking at hazardous levels.

³ Rose G, 1985, Sick Individuals and Sick Populations, International Journal of Epidemiology, International Epidemiological Association 1985, Vol. 14, No. 1



The majority of public support is also behind targeted measures focussing on consumer or individual behaviour.

The National Preventative Health Taskforce Report found most consumers favoured policies with a focus on consumer behaviour.

The 2010 Household Survey found the top 3 supported measures to reduce problems associated with alcohol (from most supported) were:

1. More severe penalties for drink driving
2. Stricter enforcement of laws against serving drunk customers
3. Strict monitoring of late night licensed premises

The 2010 Household Survey bottom 3 supported measures to reduce problems associated with alcohol (from least supported):

1. Increasing the price of alcohol
2. Reducing the number of outlets that sell alcohol
3. Increasing tax on alcohol to pay for health, education and treatment of alcohol-related problems

The Australian public has quite clearly determined that price / taxation / outlet control are not appropriate mechanisms for dealing with issues associated with hazardous consumption. They are clearly seeking a greater Government investment in the grey-shaded area.

Behavioural and Cultural influences are therefore highly important to understand in the context of interventions.

Understanding these behavioural determinants of consumption, and what is “normal” drinking for our culture is crucial to ensure that preventative actions have a high benefit/cost.

4. *What should be the role of health practitioners, community organisations, liquor outlets and educators in influencing demand?*

Health practitioners have an important role to play as primary health care approaches have been more successful in reducing alcohol abuse. Health practitioners should be focused on undertaking helpful research and present findings based on sound evidence.

Community organisations should focus on fostering responsible drinking behaviours in their citizens. This can include investing in programs or community grants that support community members with alcohol problems or investing in infrastructure or activities for young people to assist in delaying

Liquor outlets should comply with their relevant Responsible Service of Alcohol (RSA) regulations and ensure that all staff are adequately trained in the responsible service of liquor.

Educators have perhaps one of the most crucial roles in influencing demand and should ensure that correct, scientific based material is regularly distributed to the Australian public to ensure that they are receiving clear and factual messages about alcohol to assist them in making their own decisions.

It is also appropriate to question where responsibility should lie in the endeavour to reduce hazardous consumption.

While clearly the above groups can and do have a role to play, it is important that individual responsibility is not abrogated to these groups.

Police, community organisations and licensed venues need appropriate support to drive a culture change.

Stories in which people charged with violence on a licensed premise and being let off by the courts are all too common. How is an individual meant to take responsibility for their actions when the judiciary fail to uphold community standards and expectations? The same can be said for repeat drink driving offenders appearing before courts and only minimally remanded.

It is simply inappropriate that going 5 kilometres over the speed limit incurs a substantial fine and loss of points, yet a person can instigate a fight in a licensed premise and walk away without penalty.

9. *How should prevention activities address the specific needs of Victorian Aboriginal and Torres Strait Islander people?*

Aboriginal and Torres Strait Islander people have specific problems with alcohol and this requires specific solutions which will vary across Australia in terms of seriousness and urgency.

Most Australian wine casks will soon carry a full-size representation of what constitutes a standard drink as well as consumer information promoting responsible alcohol consumption.

The voluntary initiative has the support of the majority of wine cask producers and products initially involved include well-known brands such as Banrock Station, Berri, Coolabah, Hardys, Renmano, Sunnyvale, Stanley and Yalumba.

The new-look casks began appearing on retailers' shelves in mid-August.

The prominent information panel includes a diagram indicating what an average glass of wine looks like and how many “standard drinks” it amounts to.

Many people know how many standard drinks are recommended, but actually visualising what a standard drink is can be a problem because the size of wine glasses varies greatly.

With a bottle you can easily see how much has been consumed; half the bottle represents half the total number of standard drinks, as stated on the label. But casks contain significantly more servings and you cannot see the level as a guide.

Research carried out for WFA by London-based Wine Intelligence shows that the typical Australian cask consumer is aged over 55, earns less than \$55,000 a year and generally has only one or two glasses with their evening meal.

However, we also recognise that cask wine is one of the preferred beverages sought out in indigenous communities despite significant limitations on its availability in those communities.

The cask wine panel initiative demonstrates a willingness on behalf of the wine sector to address problems in specific circumstances to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander Australians.

10. How can we improve health literacy and educate young people and adults about the risks associated with drugs and alcohol?

Communicating health education to young adults is not always easy. However, material regarding alcohol consumption by teens and young adults must be specifically tailored towards these groups as they are likely to respond positively to health education and advice when the information is presented in an unequivocal, factual and non-judgemental manner.

The Australian wine sector recently assisted in the production of an information booklet titled ‘A parent’s guide to teen alcohol and parties’.⁴ The information provided in the booklet was specifically written with teenagers in mind to promote useful discussion between high school students and their families and provided practical advice on a range of teen alcohol-related issues. The included strategies on:

- Modelling good drinking behaviour
- Communicating with their teenagers
- Starting the discussion young
- Negotiating the boundaries
- How to host a safe party
- Hosting over-18 parties
- Attending a party

This information was initially only available to local high schools, but through support of the wine industry, the pamphlet has now been distributed to high schools across Australia, reaching a far wider audience of 200,000 homes, or roughly one-fifth of Australian families.

⁴ <http://www.clearaboutwine.com.au/brochure.pdf>

SUPPLY REDUCTION

12. How can we foster a culture of personal responsibility around alcohol use?

Individuals need to take responsibility for their actions and determine whether their own attitudes towards alcohol reflect a positive and responsible approach.

In order to do this, they need to be empowered with information upon which to make a decision.

In Australia that guidance on healthy drinking is provided by the National Health and Medical Research Council and been supported by alcohol producers since 1997 when we first provided information on a standard drink on every label.

We believe that population-based supply strategies and funding should be directed towards educating consumers about the NHMRC's *Australian Guidelines to Reduce Health Risks from Drinking Alcohol* so they can make informed decisions on their drinking patterns.

Recent Household Data survey shows more than half of consumers are unaware of the Drinking Guidelines or what a standard drink was. A great opportunity was missed when the Australian Government did not adequately launch its promised consumer campaign to coincide with the industry labelling initiative.

It is also important to ensure discussion about the impact of alcohol consumption is based on accurate information. We are greatly concerned when research is commissioned and released to support a specific agenda rather than present a balanced view of the facts.

A recent figure was the claim in the AER Foundation Report that the social cost of alcohol misuse is \$36 billion a year - a figure that not surprisingly made headlines and is regularly repeated. A review of the report by Access Economics (commissioned by the National Alcohol Beverage Industries Council) subsequently found that the figure was grossly exaggerated and based on flawed research that "should play no part in informing health policy".

A further review, the *Cost of Cost Studies*, by Eric Crampton, Matt Burgess, of the University of Canterbury, New Zealand and Brad Taylor, from the Australian National University found that only \$3.8 billion of Collins and Lapsley \$15 billion was costs borne by external parties.

In reviewing the Collins and Lapsley \$15 billion figure similar concerns are highlighted. It is important to note the Access Economics conclusion that: "Alcohol taxes thus pay more than the social costs of alcohol abuse, by a considerable margin each year".⁵

A further case in point was a recent release by the Alcohol Policy Coalition (Secretariat Services provided by VicHealth who are also a member) entitled "Myth busted: red wine no magic remedy for heart disease" that presented a paper challenging the commonly-held belief that red wine is beneficial for preventing cardiovascular disease and asserted cancer links to the smallest consumption of alcohol.

This paper captured headlines, but was not even published in a Journal or subject to any level of adequate peer review.

It has subsequently been subject to intense criticism by ISFAR⁶ who:

⁵ Access Economics, *Collins and Lapsley Report Review: Social Costs* 28 Nov 2008

“Were disturbed that the coalition statement was limited almost exclusively to the effects of abusive drinking, was based primarily on extremely limited sources of information (mainly position statements by other organizations, and not publications based on sound research), and indicated a strong bias against alcohol.

“Forum members contend that the Australian report misrepresents the extensive scientific data available on alcohol and health. The report specifically ignores scientific data indicating that in all developed countries, moderate consumers of alcohol are at much lower risk of essentially all of the diseases of ageing: coronary heart disease, ischemic stroke, diabetes, and dementia. And conspicuously absent from the Australian report is a description of the lower total mortality among middle-aged and elderly people associated with moderate alcohol consumption, a finding that has been found consistently throughout the world.

“Further, there is no mention in the report of the key relevance of the pattern of drinking, although regular moderate drinking (versus binge drinking only on week-ends, even when the total volume of alcohol is the same) has been shown to be a strong determinant of beneficial effects of alcohol consumption.

“Scientific data over many decades have shown that while excessive or irresponsible alcohol use has severe adverse health and societal effects, regular moderate drinking is associated with beneficial effects on health. And a very large number of experimental studies, including results from human trials, have described biological mechanisms for the protective effects of both alcohol and the polyphenolic components of wine.

As a Victorian Government Agency – VicHealth – put its name and provides resourcing to this anti-alcohol organisation paper, it is beholden on them as a publicly funded agency to ensure the public are provided with the full facts so individuals can make educated and informed considerations.

13. Are there effective ways of encouraging greater access to, and consumption of, lower alcohol content beverages?

Wine is not a beverage that is intended to be consumed on its own.

It does have a higher ABV than beer or RTDs, but as a product it is usually paired with food and consumed responsibly by a more mature audience.

Again, it is important to not view all alcohol as bad, but to focus on the consumption habits surrounding it.

However, the demand for low alcohol and low calorie wines in Australia and internationally is increasing. Improved technology has meant that lower alcohol wines can be produced with increasing quality and taste.

WFA recently applied to Food Standards Australia New Zealand (FSANZ) to alter the Standard 4.5.1 – Wine Production Requirements in the *Australia New Zealand Food Standards Code* to reduce the minimum alcohol content permitted for wine and sparkling wine produced in Australia from 8% (80mL/L) to 4.5% (45mL/L) alcohol/volume (alc/vol).⁷ This was approved on 19 August 2011 and has effectively removed a technical barrier to innovation in Australian low alcohol wine.

⁶ <http://www.bu.edu/alcohol-forum/critique-058-a-misguided-statement-on-alcohol-and-health-from-a-coalition-in-australia-28-september-2011/>

⁷ http://www.wfa.org.au/resources/1/Updates%20and%20overviews/FSANZ_Min_Alcohol.pdf

The wine sector is keen to ensure that it continues to be very proactive and lower alcohol content wines assist in providing consumers with greater choice in their drinking habits and consumption levels.

14. Given the liquor licensing reforms underway are there other opportunities in this area to reduce the harm caused by excessive alcohol consumption?

The WFA and VWIA strongly support the view of the Strategy that abuse of alcohol is unacceptable. However, we submit that restricting, reducing or over-regulating the supply of alcohol does little to deter and/or assist alcohol abusers, while penalising the vast majority of responsible consumers. When consumed responsibly alcohol has a legitimate and accepted place in society and can enhance lifestyle and wellbeing. Harm occurs when a minority of consumers abuse it.

An unintended consequence of the last attempt to introduce higher fees on venues resulted in a significant unintended imposition on cellar-doors in Victoria.

It is necessary to recognise that “one-size-fits-all” approaches rarely solve the problem being targeted.

The wine sector submits that the Victorian Government could assist in licensing reforms by recognising national consistent Responsible Service of Alcohol (RSA) training. The mobility of today’s hospitality workforce is hampered by each State requiring separate RSA training. Equally, wineries hosting tasting or attending events across Australia are required to have an RSA certificate for each State and for each staff member involved. This is a significant regulatory burden and business impediment.

HARM REDUCTION

19. How can we support and encourage people to drink responsibly?

Moderate consumption of alcohol can play a very helpful role in assisting the quality of life and general wellbeing of most individuals. However, we do acknowledge that excessive consumption may cause significant harms to individuals and the community. As such, we continue to direct consumers to the NHMRC *Guidelines to reduce harm from drinking alcohol*.

The WFA and VWIA are very aware of their commitment to corporate social responsibility and as such remain committed to ensuring that their products are consumed responsibly by the majority of Australians.

In addition to the standard drinks labelling information and ‘drink responsibly’ messages contained on Australian wine bottles, many winemakers have voluntarily implemented a ‘pregnant lady’ pictogram indicating that it is best not to drink alcohol whilst pregnant, breastfeeding or trying to conceive’.

WFA has also assisted cask wine producers in developing a cask wine panel to be placed voluntarily on all cask wine products, under the title ‘Be wine wise’⁸ which provides helpful information and links about the product including:

- An example of a life-size standard drink of wine.

⁸ <http://www.wfa.org.au/cask>

- Information on what a standard drink is.
- What the Australian guidelines of alcohol are.
- The effect of wine on health.

As well as informing individuals of the health risks associated with excess consumption, it is important that people are aware of the benefits of moderate alcohol consumption. The Australian Wellbeing Index⁹ demonstrated that:

- “16% of the total never have an alcoholic drink and [that] they have the lowest level of wellbeing compared with the drinking groups”.
- “People who drink alcohol ‘almost every day’ have a higher wellbeing than people who never drink alcohol and people who drink about once a week”.

Recently, public health groups have called for the introduction of large graphic health warning labels indicating the dangers of excessive alcohol consumption, similar to cigarette style warning labels. However, numerous studies from around the world show that such warnings are not effective in reducing harmful consumption or changing behaviour. These include reports by the Australia’s Preventative Health Taskforce (PHT)¹⁰, the World Health Organisation¹¹ and the Australia New Zealand Food Safety Authority¹².

The WFA and VWIA welcomes the use of evidence-based or evidence-informed policies and practices when forming alcohol and drug strategies by using approaches that have proven effective in the past. As such, the approach of Food Standards Australia New Zealand is worth noting. It weighed up the scientific evidence then rejected health warning labels as they “are not effective in modifying at risk behaviour...and would therefore not provide any additional protection of public health and safety”¹³.

Furthermore, the WFA and VWIA is supportive of the view of the World Health Organisation, which goes to great lengths in its global strategy to stress that it wants to reduce harmful use of alcohol, not the overall use of alcohol.

20. Are there practical improvements that can be made to the design and management of licensed premises to reduce the risks of specific harms to the health and safety of patrons?

The WFA and VWIA reiterates its support for uniform national Responsible Service of Alcohol (RSA) standards and would welcome any proposals as to how these should be formulated and implemented. A nationwide set of standards and regulations would be a clear strategy of how licensed premises across the nation can deal with the same RSA matters leading to greater consistency and unity in addressing alcohol abuse.

⁹ “The Wellbeing of Australians – Links with exercise, nicotine and alcohol”

Australian Unity Wellbeing Index, Survey 19, Report 19.0. Robert A. Cummins, Jacqui Woerner, Adele Gibson, Lufanna Lai, Melissa Weinberg, and James Collard. August 2008

¹⁰ Preventative Health Taskforce (2009). *Technical Report 3 : Preventing Alcohol Related Harm in Australia: A Window of Opportunity*. Canberra: Australia Government

¹¹ WHO Expert Committee on Problems related to Alcohol Consumption. (2007) *Second Report*. Geneva WHO

¹² NZFSA (2008). *Submission to FSANZ Applications A576*. Wellington: NZFSA

¹³ Australia New Zealand Food Authority (2000). *A539 – Labelling of Alcoholic Beverages: Full Assessment Report and Regulation Impact Statement*. Page 3

21. What are some examples of local community projects that have succeeded in reducing harms such as alcohol and drug fuelled anti-social behaviour?

DrinkWise has made significant progress in encouraging people to initiate discussions within the community regarding alcohol abuse, and this often starts with families. Their recent 'Under Your Influence' campaign garnered support from many high-profile ambassadors urging the public to think about what influences, we as adults have over our children, in regard to alcohol consumption.

Recent statistics have shown the amount of teens abstaining from consuming alcohol has increased, leading us to believe that people are starting this conversation and progressive change is starting to take shape.¹⁴

25. What approaches foster partnerships between agencies, to reduce the adverse health, social and economic consequences of the use of alcohol and drugs? This could span settings and approaches including specialist alcohol and drug treatment, police, courts, child protection, housing, road safety, local community amenities, and workplace health.

The wine sector takes very seriously its responsibility to ensure that wine is produced, marketed and consumed in a responsible manner and is committed to the development of a holistic approach that balances industry self- or quasi-regulation, personal responsibility and legislation based on sound scientific evidence. We have long been supportive of collaborative approaches in addressing alcohol misuse.

The WFA and VWIA are committed to working collaboratively with Government departments such as Health and Ageing, as well as the Preventative Health Agency in formulating strategies for addressing alcohol abuse, as well as very active State associations and state governments. We continue to have a constructive and open dialogue with

Furthermore, we continue to support the efforts of DrinkWise to ensure that they continue their focus on changing the drinking culture of Australians.

The WFA and VWIA are also open to working with public health groups to address alcohol abuse. We will continue to push for sound scientific research that presents a balanced view, thereby allowing policy makers a greater understanding of the overall picture as opposed to separate and biased reports skewed towards whatever point the public health group of the day wants to make.

Unfortunately public health agencies – including VicHealth – have joined together to form the National Alliance for Action on Alcohol (NAAA). NAAA specifically reject any role for industry to play in alcohol policy and advocate this position to Government.

This wasn't always the case, as the alcohol sector has worked cooperatively with health groups in the past and achieved a number of success stories.

As Government tend to be the principle funder of the NGOs, it has a role to play in breaking down the present level of industry resentment that exists coming out of the NAAA and its members.

¹⁴ Australian Institute of Health and Welfare, 2010 National Household Survey

CONCLUSION

Alcohol is a legal product and has a legitimate place in society when consumed responsibly and in moderation. When public health groups lobby the Government to impose unnecessary and excessive limitations and restrictions, it can be seen as an attempt to de-legitimise the product and de-legitimise the rationality of the individual.

WFA and VWIA submits that the Victorian Government should avail itself of the role industry can play when formulating policies and strategies concerning alcohol. There is a real opportunity for greenfield investment rather than the blunt instruments advocated through the command-and-control policies of VicHealth and the NAAA.

WFA and VWIA are committed to ensuring that wine is consumed appropriately and our industry remains socially responsible. We welcome any constructive discussion on strategies to reduce harm from alcohol consumption and we thank you for considering our response to the Victorian Alcohol and Drug Strategy. We would appreciate the opportunity to work together to achieve mutually satisfying arrangements.

APPENDIX A - POLICY-BASED EVIDENCE VS. EVIDENCE-BASED POLICY

The National Alliance for Action on Alcohol and its members (which include VicHealth) believe the following measures are Cost-Effective (their words):

- Comprehensive advertising bans
- Increasing excise taxes on alcoholic beverages
- Regulating availability, including outlet density, time of sales and a governmental monopoly control of retail sales

They believe the following policy measures are not Cost-Effective (their words):

- Drink-driving countermeasures: low BAC, zero for young drivers, RBT
- Treatment of alcohol use disorders and brief interventions for hazardous and harmful drinking

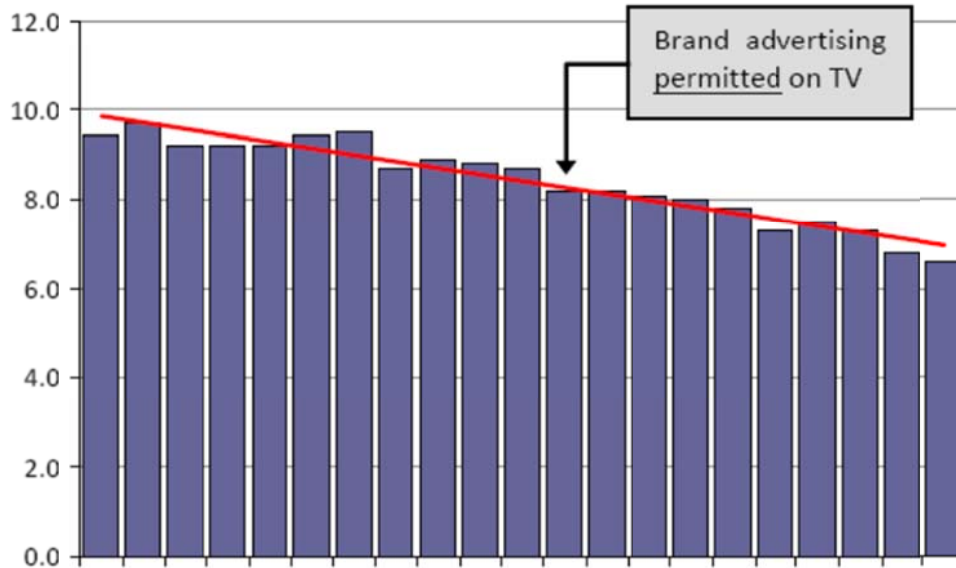
There is no 'robust' scientific or research evidence to support these assertions. We will deal with each anti-alcohol proposal in turn.

Fortunately, the UN Non-Communicable Diseases Summit process saw the end of the "Best-Buys" concept, but the fundamental philosophical beliefs amongst NGOs have not changed and should be recognised in any Victorian Government strategy.

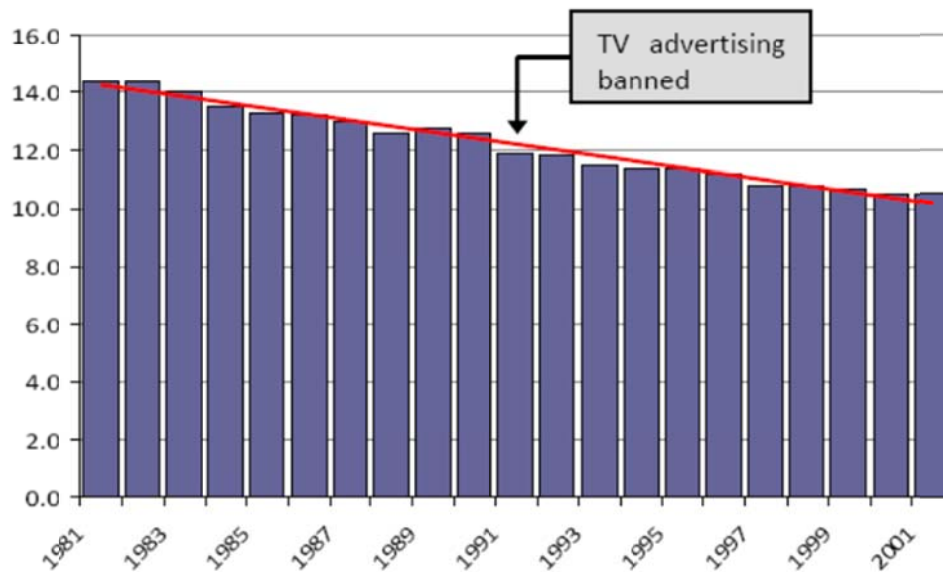
Advertising Bans Effective?

The below graph clearly shows that changes to laws concerning brand advertising of alcohol did nothing to change consumption habits:

New Zealand per Capita (pure) Alcohol Consumption (litres)



France per Capita (pure) Alcohol Consumption (litres)



In the same year that New Zealand permitted alcohol advertising, France banned it. The trend line for alcohol consumption did not change.

Increasing Tax – Is It Really the Solution?

Daube & Harper from NAAA are quoted as saying “An Australian example of the effectiveness of pricing policies in reducing harms is the Northern Territory’s Living With Alcohol Program”.

Yet, Dr Ian Crundall who administered the Living With Alcohol Program in the NT said “their success wasn’t the levy itself, it was what they did with the money and the range of coordinated strategies they were able to develop and implement using the money that led to the success of the program.”

NAAA advocates and its members would try and argue that a small 5c per standard drink levy was what contributed to the success of the Program.

The wine sector and broader alcohol sector would cite the range of activities and programs that were delivered including:

- 0.05 drink driving (1994) laws;
- drink driving advertising campaigns,
- several community education programs;
- night patrols for some areas;
- the addition of new sobering up shelters;
- several changes to the NT Liquor Act (1978) and the Liquor Commission's liquor policy including;
 - reductions in prescribed hours for off-premise alcohol sales,
 - increased power for licensees to remove intoxicated persons from licensed premises;
 - known heavy drinkers who have caused injury to self or others or been arrested more than 3 times in the last 6 months to be prohibited from entering licensed premises.

The NAAA often argue that raising prices through taxation would stop young people binge drinking and stop heavy drinkers from drinking at hazardous levels.

Dr John Boffa, a member of the NAAA spoke at the Central Australian Aboriginal Health Conference [SMH, 8 June 2011] and said "But what would change is the price of awful cask wine that no one other than young people and heavy drinkers go near"

As 4L cask wine is no longer sold in the Northern Territory and 2L cask wine sales are severely restricted, it is unclear why he was targeting cask wine in the first instance.

What the Wine Sector does know about its typical cask wine consumer is at opposite ends to the NAAAs views of our consumers.

Cask Wine Buyers [Wine Intelligence]:

- Are mostly aged 55+
- Only 12% are younger than 34
- Typically earn less than \$50,000 per annum
- On average, drink fewer glasses per drinking occasion from a cask
- 73% of small cask users and 66% of large cask users have less than 2 glasses per day
- Usually eat food when drinking cask wine

Restricting Availability?

Typically the NAAA would argue that increasing the minimum drinking age is an effective intervention.

However, the evidence doesn't support this:

In the United States and according to the Centers for Disease Control and Prevention (a U.S. federal agency designed to protect public health and safety), 90% of the alcohol consumed by Americans

under the age of 21 is in the form of binge drinking (based on more than 5 drinks for men and four drinks for women)

In Australia with 18 as its legal age, just 17.8% of 14-19 year olds drank at least 4 standard drinks on an occasion within the month that placed themselves at short-term risk (18-19 year olds was 25.7%; 16-17 year olds was 19.4%)

The second NAAA argument is for Government to have monopoly control over liquor supply and availability.

Wilsnack and colleagues (2000), in an analysis¹⁵ that included 10 countries, found that Canadian men and Swedish women had the highest percentages of drinkers who had engaged in heavy episodic drinking in the last 12 months. Both countries have Government monopoly control over alcohol sales.

¹⁵ The National Drug Research Institute (funded by the Australian National Drug Strategy). International Comparisons of Alcohol Consumption. Kim Bloomfield, Dr.P.H., Tim Stockwell, Ph.D., Gerhard Gmel, Ph.D., and Nina Rehn, M.A. Pol.Sc.