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| Subject: | Alcohol Related Harm | Ref. No. | REL-GOV-025 |
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INTRODUCTION

The harmful use of alcohol is a significant contributor to the global burden of disease. The World Health Organisation (WHO) lists misuse of alcohol as the third leading risk factor for premature death and disability in the world. It is estimated that 2.5 million people worldwide died from alcohol-related causes in 2004, including 320,000 young people between 15 and 29 years of age.¹

Alcohol misuse substantially contributes to social disruption, injury and death. In Australia about half the reported cases of interpersonal violence, domestic violence and sexual assault are related to excessive alcohol consumption.² Alcohol-fuelled incidents are also a factor in up to two thirds of police callouts and around half of homicides.

The College has developed its recommendations on reducing alcohol-related harm drawing on scientific evidence and the expertise of our Fellows in Australia and New Zealand, and other members of the medical profession.

CONTEXT

Surgeons are dramatically confronted with the effects of alcohol misuse when treating patients with injuries resulting from road traffic trauma, interpersonal violence and personal accidents that are related to excessive alcohol consumption. Alcohol misuse is also a significant contributor to the total burden of disease, including liver failure, GI bleeding, upper GI and oropharyngeal cancer and infections related to malnutrition.³ Overall, hospitalisations relating to alcohol misuse continue to represent a significant and concerning proportion of the surgical workload.

Alcohol is legal but it is not an ordinary commodity. Public awareness of the extent of alcohol-related harm in Australia and New Zealand is limited. Alcohol has never been more affordable, available or heavily promoted than it is today,⁴ and a major reason for this is the involvement of the alcohol industry in government decision making,⁵ and lax advertising regulation.

HEALTH AND WELLBEING IMPACTS

Alcohol misuse is a causal factor in more than 200 diseases and injury conditions, including cirrhosis of the liver, inflammation of the gut and pancreas, heart and circulatory problems, sleep disorders, male impotency, and eye disease.⁶ Excessive alcohol consumption also raises the overall risk of cancer, including cancer of the mouth, throat and oesophagus, liver cancer, breast cancer and bowel cancer.⁷

The Australian study 'The Range and Magnitude of Alcohol's Harm to Others' released in 2010 by Laslett et al, was the first of its type in the world to quantify alcohol harm on those directly affected by the drinker. The study has contributed to WHO methodology as part of that agency's global strategy to reduce the harmful use of alcohol.⁸

The study found that an estimated 367 Australians died and nearly 14,000 people were hospitalised because of the drinking of others, in the year studied. In 2005, interpersonal violence resulted in 182 deaths, of which 42% (77 deaths) were estimated to be attributable to another person's drinking. A total of 277 deaths of people aged 15 years and over were estimated to be due to another's drinking and driving, with 31 of these being pedestrian deaths.⁹

In New Zealand, the prevalence of self-reported harm from others' drinking was higher than harm from own drinking (18% vs. 12% in the past year) and was higher in women and young people.¹⁰ The link between alcohol and family violence in New Zealand has also been recently highlighted in a report from The Glenn Inquiry, which identified alcohol as one of the overwhelming contributors to the severity of domestic abuse.¹¹

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The following statistics further demonstrate the pervasive effects of harmful alcohol use and the significant cost to health services and the community:

Australia

- Each week, on average, more than 100 Australians die and more than 3,000 are hospitalised as a result of excessive alcohol consumption.¹²
- Every year more than 70,000 Australians are the victims of alcohol-related assaults of which 24,000 are victims of domestic violence. In addition, almost 20,000 children across Australia experience substantiated alcohol-related child abuse.¹³
- The total cost to society of alcohol-related problems in 2010 was estimated to be \$14.352b.¹⁴ The estimated cost of alcohol's negative impacts on others was estimated at \$6.807b.¹⁵ The same year, the Australian Government received an estimated \$7.075b in total alcohol tax revenue.¹⁶
- More than one third (38%) of people aged 14 or older consumed alcohol at least once in 2013 at a level placing them at risk of injury, and one quarter had done so as often as monthly (26%).¹⁷
- 3.5 million Australians drank at levels that placed them at lifetime risk of an alcohol-related disease or injury (down 250,000 from 3.7 million in 2010).
- Young people are more likely to drink at risky levels and their increased alcohol consumption is linked to an increase in alcohol-caused hospitalisations.¹⁸
- The rate of alcohol-attributable death among Indigenous Australians is about twice that of the non-Indigenous population, with a particularly strong association apparent between alcohol use and suicide¹⁹. From 2000-2006, 87% of intimate partner homicides among Indigenous populations were alcohol related.²⁰

New Zealand

- Each week, on average, 20 New Zealanders die as a result of excessive alcohol consumption.²¹
- Around a third of injury-based emergency department presentations are alcohol-related.²²
- The latest results from 2013/14 show that one in six adults has a hazardous drinking pattern - one in three of these are 18-24 year olds, and one in three identify as Māori.²³
- National drinking surveys consistently show around 25% of drinkers – the equivalent of 700,000 New Zealanders – typically drink large quantities when they drink.²⁴
- In 2012, alcohol was a contributing factor in 73 fatal crashes, 331 serious injury crashes and 933 minor injury crashes. These crashes resulted in 93 deaths, 454 serious injuries and 1,331 minor injuries.²⁵
- Harmful drug use in 2005/06 caused an estimated \$6,525 million of social costs. This is equivalent to the GDP of New Zealand's agricultural industry (\$6,701 million).²⁶
- Overall, Māori have four times the alcohol-related mortality of non-Māori.²⁷

WHAT CAN BE DONE?

The Royal Australasian College of Surgeons endorses preventative measures as the best way to reduce alcohol-related harm, as well as delivering substantial health, social and economic benefits. The College supports coordinated efforts between governments, health professionals, health services and community organisations to reduce alcohol related harm and injury by the production of evidence-based policy reform. Since the corporate responsibility of the alcohol industry is to its shareholders to

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increase profit, governments should exercise considerable caution to ensure that harm minimisation remains at the core of legislative objectives, and that public health is prioritised over financial benefit.

Given that the tax revenue received by the Commonwealth Government is not even half of the total estimated cost of alcohol-related harm, an increased proportion of tax revenue could arguably be used to implement strategies aimed at further reducing the social costs associated with alcohol misuse.

RECOMMENDATIONS

The College encourages governments to give consideration to the following policy areas as a means to reduce alcohol-related harms.

Restricting the physical availability of alcohol (Hours and Outlets)

The Australian Government's Preventative Health Taskforce, citing evidence compiled by the National Drug Research Institute, concluded that, 'Most Australian studies have shown that increased trading hours have been accompanied by significantly increased levels of alcohol consumption and/or harms.'²⁸ The Taskforce highlighted consistent links between the availability of alcohol in a region and the alcohol-related problems experienced there. Many studies have also linked rates of violence to density of alcohol outlets.²⁹

By regulating the physical availability of alcohol, through reduced trading hours and liquor outlet density restrictions, governments can make a significant contribution to reducing its negative impacts.

Restricting the economic availability of alcohol (Taxes)

International scientific evidence consistently shows that rates of alcohol consumption and resultant harm are influenced by price.³⁰ Alcohol taxation is one of the most effective policy interventions to reduce the level of alcohol consumption and related problems, including mortality rates, crime and traffic accidents. Even small increases in the price of alcohol can have a significant impact on consumption and harm.³¹ However, despite its reported effectiveness, taxation as a strategy to reduce alcohol-related harm has been under-utilised in Australia and New Zealand.³²

The Henry Review of Australia's taxation system described Australia's present alcohol tax system as 'incoherent', and recommended a new approach based on volumetric or alcohol content-based tax. The Australian Government's Preventative Health Taskforce also called for taxes on alcohol to be overhauled. Economic modelling commissioned by the Foundation for Alcohol Research and Education has shown that replacing the Wine Equalisation Tax and rebate with a ten percent increase to all alcohol excise and a volumetric tax on wine and cider would deliver \$2.9 billion revenue and reduce alcohol consumption by 9.4 per cent.³³

The New Zealand Ministry of Justice has suggested that imposing a minimum price per standard drink of alcohol will reduce harmful alcohol consumption, particularly among young people, who consume the highest quantities of low cost, high alcohol volume products.³⁴ It estimated a \$1-\$1.20 minimum price per standard drink would result in net benefits to society ranging from \$44 million to \$86 million in the first year.

Reduce exposure

Analysis of national drinking survey data from New Zealand indicates young people's drinking patterns have changed in recent years towards increased consumption per occasion,³⁵ and the New Zealand Ministerial Forum on Alcohol Advertising and Sponsorship has made recommendations to the Government about restricting the exposure of minors to alcohol advertising and sponsorship.³⁶

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A 2013 survey commissioned by the Salvation Army found that nearly three-quarters of Australians believed that alcohol and sport were too closely related. Two thirds of the survey respondents believed that alcohol sponsorship should be phased out of sport, and 70 per cent said that the amount of alcohol advertising that people under 25 see encourages them to drink more.³⁷

Australian studies have shown that exposure to alcohol advertisements among Australian adolescents is strongly associated with increased drinking patterns.³⁸ The National Health and Medical Research Council recommends that parents of adolescents delay the age of drinking initiation as long as possible to protect the health and wellbeing of young Australians.³⁹

Given current high levels of drinking among Australian and New Zealand youth, the College supports efforts to reduce young people's exposure to alcohol advertising through policy reforms aimed at reducing the proliferation of alcohol advertising.

Data collection

Government agencies monitor and report incidents of alcohol-related harm and some of the costs associated with alcohol abuse, however, agencies do not monitor or report the total costs to the community through alcohol related trauma and law enforcement, meaning we do not have a complete picture of the harm caused by alcohol in terms of its costs and effects on society.

Despite the evidence supporting the effectiveness of Screening and Brief Intervention (SBI) programs very few patients are asked about their alcohol use in the past year. A structured SBI program is inexpensive, takes little time to implement (5-10 minutes), and can be undertaken by a wide range of health and welfare professionals.

The College supports further investigation of how a suitable SBI program could be implemented in Australia and New Zealand, in particular the mandatory collection of data on whether alcohol use is a factor in emergency department presentations, either by the patient or another individual. Since data is essential for good public policy, the College also supports the mandatory collection of alcohol sales data.⁴⁰

RESOURCES

As below.

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