NATIONAL ALCOHOL STRATEGY

ANALYSIS OF ALCOHOL INDUSTRY SUBMISSIONS

July 2018

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Foundation for Alcohol Research & Education

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STOPPING HARM CAUSED BY ALCOHOL

About the Foundation for Alcohol Research & Education

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol. Alcohol harm in Australia is significant. More than 5,500 lives are lost every year, and more than 157,000 people are hospitalised, making alcohol one of our nation's greatest preventative health challenges. For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. FARE is guided by the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol for stopping alcohol harms through population-based strategies, problem directed policies and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.

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SUMMARY

After being without a national alcohol strategy since 2011, there is a unified desire amongst medical and public health bodies to see the adoption of an effective strategy that will guide Australia in its efforts to stop alcohol harm.

In contrast, the analysis presented here of alcohol industry submissions to the National Alcohol Strategy (the Strategy) consultation shows that the alcohol industry is actively working to undermine the effectiveness of the strategy, or even to ensure that no strategy is ever adopted.

This is part of a worldwide trend, which is easily understood in the context of the alcohol industry's vested interest in selling alcohol to make a profit. Recent studies have documented the alcohol industry engaging in the same tactics as the tobacco industry to prevent or delay government regulation and undermine good public policy. These tactics are designed to build economic and institutional relations and influence culture, ideas, and perceptions of people, advocates and scientists.[1] Strategies include casting doubt on legitimate science, attacking and intimidating scientists, creating front organisations to conduct research, manufacturing false debate, insisting on 'balance' between public health and industry objectives, framing issues in ways that misrepresent the problem, funding disinformation campaigns and influencing the political agenda.[2]

Concern about industry's derailment of public health has been expressed at the highest level. The immediate past Director General of the World Health Organisation (WHO), Dr Margaret Chan, expressed her concerns stating that "when industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely. This, too, is well documented, and dangerous. In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests."[3]

The UN Secretary General's 2017 report *Progress on the prevention and control of non-communicable diseases* states "multinationals with vested interests routinely interfere with health policymaking, including by lobbying against the implementation of recommended interventions, working to discredit proven science and pursuing legal challenges to oppose progress." The report observes "industry interference impedes the implementation of the 'best buys' and other recommended interventions, including the taxation of tobacco, alcohol and sugar-sweetened beverages."[4]

The analysis of the industry submissions in this report shows these patterns being replicated all too clearly in Australia. The industry is critical of population-wide approaches to prevent harm, makes claims that there is no justification for regulation or sufficient evidence to act, emphasises true but irrelevant facts, and cherry-picks data out of context.

KEY FINDINGS

The consistency of arguments and messaging across the alcohol industry submissions indicates a coordinated, industry-wide response. Of the industry arguments, four claims were seen and judged to be particularly problematic from a public health perspective. These are:

- The alcohol industry is as a legitimate stakeholder and partner in reducing alcohol harm.
- Australia is already making good progress on alcohol and therefore no change is needed.
- Moderate alcohol consumption has population health benefits.
- Population-wide measures are ineffective and unjustified.

BACKGROUND

Consultations are currently being undertaken to finalise the adoption of the *National Alcohol Strategy 2018-2026* before the end of 2018. Australia has been without a strategy since 2011. When completed the Strategy will be a sub-strategy of the National Drug Strategy 2017-2026 and should guide governments in their efforts to tackle alcohol harm.

In December 2017, the Ministerial Drug and Alcohol Forum (MDAF) released a draft of the Strategy for public consultation, authored by the Commonwealth Department of Health. The public consultation took place from 27 November 2017 to 11 February 2018. Submissions to the consultation have now been made public and form the basis of this report.

METHOD

One hundred and one submissions to the consultation on the National Alcohol Strategy were made by a range of stakeholders across the country. Of these, 96 submissions are available online with five authors requesting that their submissions remain confidential.

Seventeen alcohol industry submissions were identified, which comprised almost 17 per cent of the total public submissions. In addition there was one submission from Free TV which was supportive of a number of industry positions in regards to advertising. These submissions are listed at Appendix A.

Each industry submission was read and key arguments identified. Comparisons were made across the submissions to identify industry-wide positions. The key arguments were reviewed for their accuracy and consistency, and the most prominent and problematic claims from a public health perspective were identified.

This paper takes the four most problematic claims and assesses each against the evidence base.

INDUSTRY CLAIMS

Industry claim 1: The alcohol industry is a legitimate stakeholder and partner in reducing alcohol harm

CLAIM

There is no justification for excluding the alcohol industry as a stakeholder. Industry can make a valuable contribution to reducing alcohol harm and the Strategy will only be successful with a whole-of-community approach including industry.[5] It would be unreasonable to exclude the industry from the Alcohol Reference Group.[6] DrinkWise is not an industry body; it is a trusted source of health information.[7]

- "The strategy is significantly undermined without industry as full partners and collaborators."[8]
- "DrinkWise is recognised as being a trusted source of information for people who are looking for information about alcohol and health, drinking in moderation and tips/advice about alcohol generally."[9]
- "DrinkWise is a key stakeholder and a valuable contributor that should be considered in the establishment of a new Reference Group."[10]
- "[Addressing alcohol-related harms] will only be achieved with a whole-of-community approach involving organisations such as DrinkWise, health experts and industry."[11]

REALITY CHECK

Allowing the alcohol industry to be involved in developing the National Alcohol Strategy and/or to be represented on the Alcohol Reference Group would contravene World Health Organization (WHO) principles on excluding industry from public health policy development. WHO has stated in the clearest possible terms, that alcohol policy development should be free from industry influence: "In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests."[12]

In 2007 the WHO *Expert Committee on Problems Related to Alcohol Consumption* recommended that "any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion".[13]

A 2017 study led by the London School of Hygiene and Tropical Medicine analysed the accuracy of information about alcohol and cancer disseminated by the alcohol industry through "social aspects and public relations organizations" such as the Australian variant DrinkWise. DrinkWise is funded by the alcohol industry, with strong representation from the industry on its Board.[14] Most organisational websites (24 of 26), including DrinkWise, were found to contain significant omissions and/or misrepresentations of the evidence about the association between alcohol and cancer. The researchers concluded that "the alcohol industry appears to be engaged in the extensive misrepresentation of evidence about the alcohol-related risk of cancer".[15] The alcohol industry, including DrinkWise, is not an independent, trusted or legitimate source of health information.

The objective of alcohol manufacturers is to sell more alcohol. Alcohol industry corporations have a fiduciary responsibility to maximise shareholder returns and they do so primarily by maximising sales. It is unacceptable for public health information or other policy interventions to be provided by organisations that are in direct pecuniary conflict of interest with consumers receiving and acting upon that information.

Industry claim 2: Australia is already making good progress on alcohol and therefore no change is needed

Industry claim 2a: Alcohol consumption is declining and therefore no change is needed

CLAIM

Australia has a positive trajectory of increasingly moderate consumption.[16] With so many improvements in Australia's drinking culture, the case for the next National Alcohol Strategy to pursue a more punitive and restrictive suite of policies cannot be justified.[17]

- "The key indicators related to alcohol consumption in Australia have been continuing on a positive trajectory of increasingly moderate consumption for well over a decade."[18]
- "The Strategy should be premised on the evidence that Australians' relationship with alcohol is changing - to one that is more mature and responsible."[19]
- "With so many improvements in Australia's drinking culture since 2004, the case for the next National Alcohol Strategy to pursue an even more punitive and restrictive suite of policies cannot be justified."[20]
- "Australia is now a society more defined by moderation than excess when it comes to alcohol."[21]
- "[…] the draft [Strategy] does not include […] recognition of the significant reductions in harmful alcohol consumption […]."[22]
- "[The draft Strategy] does not take into consideration the vast improvements in Australia's drinking culture […]."[23]

REALITY CHECK

Since 1990 Australia's apparent consumption of alcohol has averaged about 10 litres of pure alcohol per adult per year – with periods above this and periods below this. The Australian Bureau of Statistics (ABS) latest consumption data (2015-16) shows that consumption increased slightly on the previous year from 9.5 to 9.7 litres, after seven years of decline.[24]

Although the overall decline in consumption since 1975 is to be welcomed, it has to be remembered that consumption levels today are more than three times what they were in the 1930s.[25]

Unfortunately, the overall decline in consumption has not translated into a reduction in alcohol harm. In fact, alcohol harm has remained fairly stable over this period.

Data collected by the National Alcohol Indicators Project conducted by the National Drug Research Institute at Curtin University show that national rates of alcohol-attributable deaths and alcohol-attributable hospitalisations have remained relatively stable over time. This data shows that cancers are now responsible for the largest proportion of premature deaths due to alcohol use in Australia.[26] Meanwhile, alcohol-related emergency department presentations have remained stable or slightly increased over time.[27]

Unfortunately, the quality of data collection on alcohol harm indicators varies across the states and territories, but certain jurisdictions provide useful data which can give an indication of trends. For example, AODstats, which is produced by Turning Point, tells us that alcohol intoxication-related ambulance attendance in Victoria has risen year on year since 2011 and now totals over 22,000 alcohol-related ambulance attendances per year.[28]

This is an important reminder that while consumption may be declining, the burden of harm from alcohol is still unacceptably high.

While alcohol industry submissions pretend that the decline in consumption is a positive thing, an article in the alcohol industry publication *The Shout* on 5 March 2018 reveals the truth of the matter: "A year ago we celebrated a surprising upturn in alcohol consumption by Australian adults […]".[29]

Industry claim 2b: Australia is already exceeding its international obligations

CLAIM

Australia is already exceeding its obligations under the World Health Organization (WHO) guidelines and other international instruments.[30]

- "[…] Australia is currently exceeding commitments to the WHO guidelines and other international instruments […]."[31]
- "Australia has implemented the overwhelming majority of the policy options outlined in [the WHO Global Strategy to Reduce Harmful Use of Alcohol]."[32]
- "The [United Nations Sustainable Development Goals] agenda does not provide substantive guidance on reducing harmful alcohol use. It is largely irrelevant for a developed country like Australia […]."[33]
- "[…] The NAS should acknowledge Australia's leadership and progress internationally."[34]

REALITY CHECK

Internationally, Australia ranks 28 out of 44 Organisation for Economic Co-operation and Development (OECD) countries in terms of alcohol consumption. Australians consume on average 9.7 litres of pure alcohol per adult per year, compared to New Zealand (8.8 litres) and the United Kingdom (9.5 litres). Countries such as Norway (6 litres), Greece (6.5 litres), Italy (7.1 litres) and South Africa (7.1 litres) consume significantly less quantities of alcohol.[35]

WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 (WHO Action Plan on NCDs)[36]

The global monitoring framework supporting this plan sets a voluntary target of a 10 per cent reduction in alcohol consumption by 2025. It is correct that Australia has made progress towards meeting this target. However, when this international target was agreed to by the World Health Assembly in 2013, Australia was already on a downward trajectory. Therefore, it would be misleading to imply that the WHO target is being achieved through concerted action.

The Australian Health Policy Collaboration (AHPC) has developed Australian-specific targets to complement the WHO Action Plan on NCDs, stipulating a 20 per cent reduction as a more appropriate target in the Australian context.[37] Appendix 3 of this action plan lists policy 'best buys' and other recommended interventions for alcohol as a modifiable risk factor of NCDs.[38] As indicated in the recent report *Preventing chronic disease: How does Australia score?*, Australia has not effectively implemented the policy recommendations for alcohol.[39]

The WHO Global Strategy to Reduce Harmful Use of Alcohol

This strategy lists 59 policy options and interventions. Some of these Australia has implemented partially, others completely and some not at all.

The first recommendation listed is *"developing or strengthening existing, comprehensive national and subnational strategies, plans of action and activities to reduce the harmful use of alcohol"*.[40] Australia has been without a national alcohol strategy since 2011.

United Nations 2030 Sustainable Development Goals (SDG) agenda[41]

Alcohol negatively impacts 13 of 17 SDGs.[42] The Alcohol Beverages Australia submission focuses on SDG 3.5 but this does not encompass all of the social, economic and health impacts of alcohol. To imply that alcohol harm is confined to SDG 3.5 overlooks the fact that alcohol also plays a role in all sub-indicators of SDG 3. In particular, the Alcohol Beverages Australia neglected to mention SDG 3.4 – to reduce NCDs by one third by 2030. Australia is not on track for this at all.

Industry claim 3: Moderate alcohol consumption has population health benefits

CLAIM

Moderate alcohol consumption has protective or positive effects on population health.[43] Moderate alcohol consumption can be part of a healthy lifestyle.[44]

- "The evidence base of the Draft NAS has also missed crucial information regarding the possible health benefits of moderate alcohol consumption. Providing accurate information on the health outcomes with moderate alcohol consumption could work as encouragement for harmful drinkers to become more moderate in their habits."[45]
- "Because moderate consumption of alcohol is proven to be beneficial, the danger in using tax or other measures to reduce per-capita consumption among the responsible majority is that you actually add to the burden of harm by reducing the health benefit."[46]
- "[The Strategy should provide] recognition of the extensive literature associated with alcohol's protective health effects."[47]
- "[…] the best available evidence suggests protective effects [of alcohol]."[48]
- "The Draft NAS does not make the distinction between overall alcohol consumption and excessive or harmful alcohol consumption […]."[49]
- "The [Strategy should] recognise that alcohol can be a legitimate part of a healthy diet and lifestyle when consumed in moderation […]."[50]

REALITY CHECK

In 2016, a systematic review and meta-analysis was undertaken of studies which had investigated the relationship between alcohol use and risk of death from all causes. This review covered almost four million individuals, amongst whom 367,103 deaths were recorded. The researchers found that, after they introduced appropriate controls for bias and other quality-related characteristics, the data showed that low-volume alcohol consumption had no net mortality benefit compared with lifetime abstention or occasional drinking.[51]

In 2007, in a thorough systematic review of the worldwide evidence, the World Cancer Research Fund concluded that there is a convincing evidence base showing that drinking alcohol was a cause of cancers of the oral cavity, pharynx, larynx, oesophagus, breast, and colorectum in men. (The World Cancer Research Fund added liver cancer to this list in 2015, and stomach cancer in 2018.)[52]

In 2009, the International Agency for Research on Cancer, a branch of the World Health Organization, assessed the evidence and came to virtually identical conclusions: that alcohol is a cause of cancers of the oral cavity, pharynx, larynx, oesophagus, colorectum, liver, and female breast.[53]

Once the causal relationship had been established, researchers sought to understand whether there was a safe level of alcohol consumption. In 2018 the World Cancer Research Fund published an update based on a further systematic review of the worldwide evidence. It stated that there is strong evidence that risk of mouth, pharynx, larynx, oesophagus and breast cancers is increased with any amount of alcohol, and continues to increase with every drink.[54]

While some research suggests that risk of cardiovascular disease is lower in light drinkers than non-drinkers[55], a landmark research study published in *The Lancet* in April 2018 found that when you break down cardiovascular disease into its subtypes, alcohol consumption seems to decrease the risk of heart attacks, but increases the risk of stroke and heart failure even at low levels of consumption. The researchers concluded that the overall risk of death and cardiovascular disease outweighs any benefits from drinking alcohol.[56]

Industry claim 4: Population-wide measures are ineffective and unjustified

Clear, consistent opposition was expressed in the alcohol industry submissions to the introduction of population-wide measures. This opposition was underpinned by assertions that most Australians drink responsibly, that harmful alcohol consumption is declining, and moderate alcohol consumption has health benefits.

Advertising restrictions, health warning labels, minimum unit price and tax reform were the focus of the strongest opposition. Each of these areas is considered below.

4a: There is no causal relationship between alcohol advertising and alcohol consumption, including adolescent alcohol consumption

CLAIM

There is no evidence to support a causal relationship between alcohol advertising and alcohol consumption. Alcohol advertising does not affect young people's drinking behaviours.[57]

- "The draft National Alcohol Strategy claims a 'strong association between exposure to alcohol advertising and young people's drinking'. This is demonstrably wrong."[58]
- "Australian research demonstrates that alcohol advertising is not a driver for uptake or drinking behaviour."[59]
- "There is simply no compelling evidence to suggest that 'exposure' to alcohol marketing outside stores or venues is in any way a driver of underage drinking."[60]
- "[Ending alcohol sponsorship of local sporting teams] would significantly undermine the community's capacity to build healthy futures for its children through sporting activities, and would have no impact on whether those children participated in underage drinking."[61]
- "If there were a causative relationship between advertising and uptake, the findings from Australia's most authoritative national alcohol surveys would be tracking in a very different direction."[62]

REALITY CHECK

Evidence clearly shows that young people's exposure to alcohol marketing increases their alcohol consumption and increases their likelihood to start drinking earlier.[63,64,65]

A systematic review of longitudinal studies on the impact of alcohol advertising on adolescent alcohol use reviewed thirteen longitudinal studies that followed up a total of more than 38,000 young people over periods ranging from 8 to 96 months. The studies measured exposure to advertising and promotion in a variety of ways, including estimates of the volume of media and advertising exposure, ownership of branded merchandise, recall and receptivity.

The researchers concluded that alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, and drink more if they are already using alcohol.[66]

The industry's claims that advertising does not impact on consumer behaviour is logically inconsistent with the fact that they spend millions of dollars a year on advertising.

4b: Alcohol advertising is already well regulated

CLAIM

Alcohol advertising is already stringently regulated with protections in place to protect minors.[67]

- "A national code already exists that is consistent with community expectations, has strong compliance from industry, and includes Government representation."[68]
- "[The Alcohol Beverages Advertising Code (ABAC) Scheme] has stringent content and placement requirements designed to protect minors."[69]
- "The Alcohol Beverages Advertising Code provides for strict regulation of alcohol advertising, marketing and social media. This robust independent system includes government representation, and complements and adds to the Australian Association of National Advertisers' system by providing specific and significant restrictions on the content of alcohol advertising, including […] responsibility towards minors […]."[70]
- "Alcohol advertising meets community expectations."[71]
- "There is already an extensive range of restrictions in place governing the content and scheduling of alcohol advertising on free-to-air television."[72]

REALITY CHECK

Alcohol advertising is regulated through a myriad of opaque voluntary industry codes. It is not regulated independently of industry, and standards are not legislatively prescribed. The current system is convoluted, ineffective and lacks clear and consistent penalties for code breaches.

A pertinent example of the need for better regulation of advertising is the vast exposure of children to alcohol advertising on TV that occurs due to the sport exemption in the Commercial Television Industry Code of Practice. Generally under the code, alcohol advertisements are not allowed to be broadcast before 8.30pm (i.e. during children's viewing hours). However an exemption exists in the case of a sports program or the broadcast of a live sporting event. This exemption means that millions of children are exposed to alcohol advertising during children's viewing hours.

The exemption is heavily exploited by the alcohol industry, with 49.5 per cent of all alcohol advertising shown during the broadcast of live sporting events.[73]

There is evidence that this exemption is causing harm. Alcohol sponsorship of sporting events is resulting in children and young people associating alcohol with sport.[74,75] An Australian study of 164 children aged 5 to 12 years found that 76 per cent were able to correctly match at least one sport with its relevant sponsor.[76] This is not surprising given an estimated cumulative audience of 26.9 million Australian children and adolescents across Australia's three major televised sporting codes, AFL, Cricket and NRL, are exposed to 51 million instances of alcohol advertising each year, with nearly half (47 per cent) of these broadcast during daytime programming between 6am and 8.30pm.[77]

Contrary to the Brewers' Association assertion that "alcohol advertising meets community expectations"[78], there is public support for ending the exemption for sport, with two thirds (67 per cent) of Australians supporting a ban on alcohol advertising on television before 8.30pm.[79]

4c: Alcohol industry is a willing partner in implementing awareness and prevention messages

CLAIM

Industry is a willing partner in delivering awareness and prevention messages to consumers and has voluntarily adopted pregnancy warning labels.[80]

- "Industry has voluntarily adopted on-label information to complement Government health messaging around healthy pregnancies and the prevention of Fetal Alcohol Syndrome Disorder (FASD)."[81]
- "The Draft NAS should be amended to highlight the opportunities for Governments to work with industry to provide comprehensive information to consumers about healthy lifestyles […]."[82]
- "Industry has a one-to-one interface with consumers and is a critical partner in delivering awareness and prevention messages."[83]

REALITY CHECK

The voluntary pregnancy labelling scheme has been operating for more than six years. Overall, industry adoption and implementation of pregnancy health warnings has been increasing over time. However, it is still too low. In Australia in 2016-17, fewer than half (48 per cent) of all packaged alcoholic beverages available for sale displayed some type of pregnancy warning label.[84]

More concerning, there is now a notable body of evidence that the industry-designed DrinkWise labels most frequently used under the voluntary scheme have not been effective at communicating the clear message that pregnant women should not drink alcohol.[85,86,87,88] Recent research conducted on consumer understanding of the DrinkWise pregnancy warning label shows that the current message is not fully understood and leaves room for interpretation as to whether alcohol consumption during pregnancy is safe. This research also demonstrated that the current pictogram is too small to effectively attract attention.[89]

In the submissions there is a disconnect between industry's rhetoric of being willing collaborators in implementing awareness and prevention messages, and industry's stated position that it does not support container health warnings:

- "[…] in 2018 there is no shortage of health/nutritional information for consumers. Through mobile devices consumers can scan barcodes or QR codes to have all the information they could ever want literally at their fingertips. The label is simply out-dated." […] "Outdated 2009 thinking should not be used to implement a solution in 2018."[90]
- "The industry does not support on-label health warnings, such as graphic warnings on either front or back labels."[91]

4d: Australian winemakers are among the highest taxed wine industries in the world

CLAIM

"Australian winemakers are among the highest taxed wine industries in the world, especially when compared with our international competitors."[92]

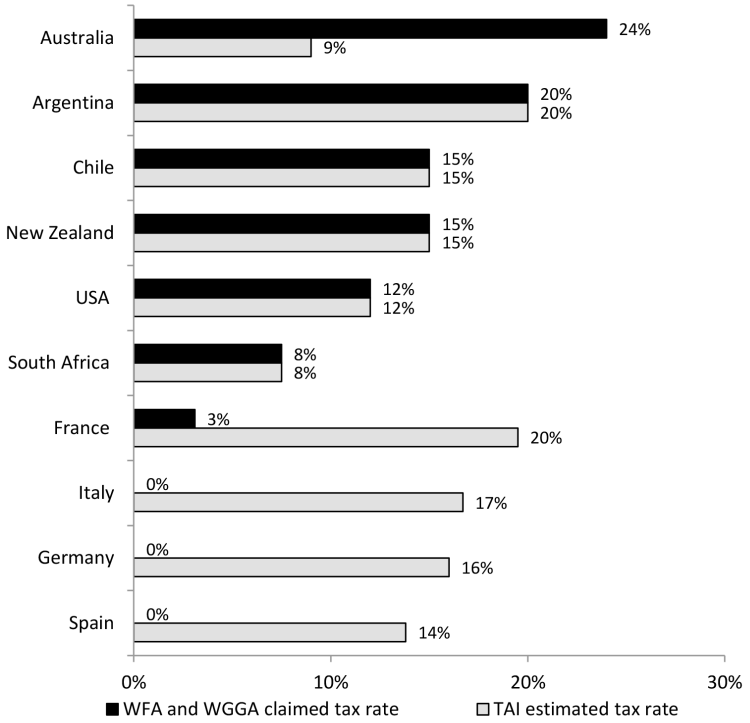
REALITY CHECK

In 2011, The Australia Institute (TAI) analysed similar claims made by the Winemakers' Federation of Australia (WFA) and other industry bodies and found that they were comparing the Wine Equalisation Tax (WET) and GST applied to wine, solely against the wine tax applied in European countries and not the GST equivalent Value Added Tax (VAT). This is a significant omission since the VAT rate on wine was 19.6 per cent in France, 20 per cent in Italy and 16 per cent in Spain in 2011.

TAI found that the misleading figures presented by the WFA did not take into account the WET rebate which offsets the WET liability. The WET rebate was worth up to $500,000 for each eligible wine producer. Some Australian wine producers received WET rebates at a level sufficient to offset their entire WET liability (in particular smaller operations), so that in reality most producers paid very little or even no net tax.

TAI estimated the tax rate on wine to be nine per cent for low-volume Australian producers whose WET rebates fully offset the WET liability. This is illustrated in the graph below which shows the discrepancy between the tax rate reported by the WFA and the TAI estimated tax rate in the 2011 analysis. The figures for Australia are based on the WFA claims and TAI's estimates for low-volume producers. By including the VAT on wine in European countries, TAI showed that the impression is much different to the one that was portrayed by the WFA.[93]

Graph 1. International tax rates on wine as reported by WFA and WGGA and TAI calculations (%)[68]



Another issue with comparing Australia's wine tax with other countries is that the percentage of tax paid in Australia depends on the value of the wine, as the tax is determined on the wholesale price of wine. This means that there is very little tax on cheap wine and premium wines pay significantly more tax.

4e: Minimum Unit Pricing is an ineffective population-wide measure; this would unfairly penalise lower socioeconomic consumers and those who drink responsibly

CLAIM

Minimum Unit Pricing is an example of an ineffective population-wide measure; it would unfairly penalise lower socioeconomic consumers and those who drink responsibly.[94]

- "[MUP is] an example of a population wide measure that is ineffective in reducing harm […]."[95]
- "[MUP would] unfairly penalise those who drink responsibly and do not misuse alcohol, and force an unnecessary cost of living increase burden onto those with lower and fixed incomes […]."[96]
- "[The evidence shows that] simply increasing the cost of alcohol is unlikely to have any impact on those who misuse alcohol, however, will adversely affect the overwhelming majority of ordinary Australians who drink responsibly."[97]
- "MUP unfairly increases costs for lower socio economic consumers who are consuming responsibly […]."[98]

REALITY CHECK

Adjusting the price of alcohol is one of the most effective measures to reduce alcohol harm. Price is an important driver of consumption, especially for young people and those that drink at the most harmful levels. Low prices and high affordability lead to higher levels of consumption, while higher prices and reduced affordability lead to lower levels of consumption.[99]

By setting a price per standard drink below which alcohol cannot be sold, a minimum unit price (MUP) increases the price of the cheapest alcohol. Cheap alcohol products are a concern because they encourage underage drinking and higher levels of consumption, including heavier drinking and binge drinking. This results in higher levels of alcohol harm, affecting not just the drinker, but their intimate partners, children and communities.[100]

Evidence suggests that cheap alcohol is disproportionately consumed by heavier consumers[101] who are found across all socioeconomic groups, not just low income consumers.[102] This means that even though MUP is a population-wide measure, it targets those most at risk of harm. People consuming alcohol within the *Australian Guidelines* are largely unaffected.[103]

Economic modelling undertaken in Australia to examine the impact of an MUP suggested that moderate consumers with low incomes tend to purchase beverages with prices above a $1.50 threshold, meaning the impact will be concentrated on those people drinking at harmful or hazardous levels. In fact, the analysis showed that at $1.50 per standard drink, low income 'moderate' consumers will be less affected than middle and high income 'moderate' consumers.[104]

Research from the UK found that a MUP would have a very small impact on 'moderate' drinkers and a much greater health benefit for 'risky' drinkers.[105] This finding has been supported by research in Canada where alcohol attributable hospitalisations decreased with an increase in the minimum price.[106]

The UK research also showed that there were more abstainers and fewer drinkers overall in low income groups.[107] In fact, overall findings of this research suggested that a MUP has the potential to reduce socio-economic health inequalities.[108]

4f: Volumetric taxation is an ineffective approach

CLAIM

A volumetric tax would have minimal impact on harmful consumption.[109]

- "[Volumetric taxation] is a blunt and ineffective means to target harmful alcohol consumption. It would have minimal, if any, impact on patterns of harmful consumption [...]."[110]
- "Tax reform suggested by the 2010 Henry Tax Review (abolition of the Wine Equalisation Tax and expansion of the volumetric excise system) should not be included in the NAS."[111]

REALITY CHECK

Increasing the price of alcohol is one of the most effective measures to reduce alcohol harm. There is a wealth of evidence to show that pricing strategies work to change behaviour, whether it be associated with the price of alcohol or other consumer products.[112] Increasing the price of alcohol will lead to a decrease in the level of consumption and in turn, a reduction in harm. Young people and heavy drinkers have been shown to be particularly sensitive to alcohol price, with the heaviest drinkers more likely to seek out cheaper drinks.[113]

A meta-analysis of 112 peer-reviewed studies on the effects of alcohol price and taxation levels on alcohol consumption found that there was "overwhelming evidence of the effects of alcohol pricing on drinking".[114] It found that on average, a ten per cent increase in the price of alcohol reduces consumption by five per cent.[115] Price affected all types of alcoholic beverage consumption across the entire spectrum of consumption and young people were especially responsive to price.[116]

Alcohol taxation reform has been specifically identified as the most effective measure to reduce alcohol harm. It is a broad-based measure that affects the whole population and is effective in reducing alcohol consumption and consequent harms among target groups such as harmful drinkers and young people.[117] It has been implemented across a range of countries.[118]

The World Health Organization has identified that taxation and price-related policies are amongst the most efficient strategies to minimise the harmful use of alcohol.[119] Policies that increase the price of alcohol lead to a reduction in the proportion of young people who are heavy drinkers, a reduction in underage drinking, and a reduction in per occasion 'binge drinking'.[120] They are highly cost-effective[121] in reducing alcohol-attributable deaths and disabilities at the population level.

The alcohol taxation system in Australia is a complex arrangement with different levels of tax being applied depending on the type of product, the volume of alcohol, the way in which alcohol is packaged, and in the case of wine, the value of the product. Unlike beer and spirits which are taxed on volume of alcohol, wine is taxed under the Wine Equalisation Tax (WET), a tax based on the value of the wine. The WET contributes to wine being the cheapest alcohol product available for sale in Australia.[122] Heavy discounting of wine reduces the price to the point where it has become the most affordable alcohol product in Australia.[123]

The alcohol taxation system has been described as incoherent and inconsistent[124] and does not recognise the extent and costs of alcohol harms to the Australian community. Because of the inequities in the taxation of alcohol, at least 13 government reviews, including the Henry Tax Review, have concluded that wine should be taxed on a volumetric basis.[125] The Henry Review reported that a common alcohol tax base would better address social harm, better satisfy consumer preferences and effectively introduce a floor price through a common alcohol tax base. The review states that "taxes on alcohol should be set to address the spillover costs of alcohol abuse, when this delivers a net gain to the community's wellbeing and is more effective than alternate policies".[126]

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APPENDIX A

All submissions to the consultation on the draft National Alcohol Strategy 2018-2026 are available to view on the Department of Health website www.health.gov.au/internet/main/publishing.nsf/Content/national-alcohol-strategy-2018-2026-submissions

List of alcohol industry organisations that made submissions:

- Alcohol Beverages Australia
- Australian Hotels Association
- Australian Vignerons
- Brewers Association of Australia
- DrinkWise
- Canberra District Wine Industry Association
- Late Night Venue Association of South Australia
- Liquor and Gaming Specialists
- Murray Valley Winegrowers
- NSW Wine Industry Association
- Riverina Wine Grapes Marketing Board
- South Australian Wine Industry Association
- The Australian Wine Research Institute
- Victorian Farmers Federation Sunraysia Branch
- Wine Industry Suppliers Australia
- Winemakers Federation of Australia
- Wines of Western Australia

Additional submission included in this analysis:

- Free TV

STOPPING HARM CAUSED BY ALCOHOL

Foundation for Alcohol Research & Education

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