

21 February 2018

The Hon Jay Weatherill MP  
Premier  
South Australian Labor Party  
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Dear Mr Weatherill

### **2018 SOUTH AUSTRALIAN ELECTION - ALCOHOL POLICY REFORM**

We write to ask what the South Australian Labor Party's position is on three key alcohol policy issues, ahead of the forthcoming election.

Alcohol has a staggering burden on South Australia's health system. Each year alcohol is responsible for more than 400 deaths and 10,500 hospitalisations in South Australia.<sup>1</sup> We cannot continue to allow alcohol to devastate our communities, particularly when there are clear solutions available - solutions that will contribute to the reducing and preventing the harm caused by alcohol, while supporting people to live healthier and significantly reducing costs to our health services.

We are requesting a response from you to the following questions:

1. Does the South Australian Labor Party support mandating alcohol pregnancy warning labels on all alcohol products and point of sale material by 2019?
2. Does the South Australian Labor Party support the mandatory collection of alcohol sales data in South Australia?
3. Does the South Australian Labor Party support the introduction of a minimum floor price for alcohol in South Australia to address the harm caused by cheap alcohol?

The case for each of these policies is set out below.

#### **Alcohol pregnancy warning labels**

The 2016 Australian National Drug Strategy Household Survey found that 44.4 per cent of women drink alcohol during pregnancy.<sup>2</sup> This equates to about 75,000 alcohol exposed pregnancies each year (based on the number of pregnancies recorded by Australian Bureau of Statistics).<sup>3</sup> Alcohol consumption during pregnancy is associated with a range of adverse consequences including miscarriage, stillbirth, low birth weights and Fetal Alcohol Spectrum Disorder (FASD). FASD is a lifelong brain-based injury resulting in disabilities that are preventable.

In Australia and New Zealand a voluntary scheme exists where messages that have been developed by the alcohol industry are placed on some alcohol products. This scheme has been in operation since 2011 and been subject to two reviews and two Parliamentary inquiries. All have found it to be ineffective in informing consumers of the risks of drinking alcohol in pregnancy and the current scheme is unlikely to

ever drive significant behaviour change. Due to the commercial realities of the alcohol industry, a voluntary system is unlikely to meet the health needs of Australians.<sup>4 5</sup> New Zealand research has shown that consumers are confused by these labels with almost 40 per cent misinterpreting the label to believe that alcohol consumption during pregnancy is acceptable.<sup>6</sup> The current labeling scheme is grossly inadequate due to its lack of clarity.

On 24 November, Ministers responsible for Food Regulation in Australia and New Zealand meet to decide if this voluntary scheme (which has been in place for four years) has been effective in informing consumers about alcohol harms during pregnancy and the extent to which these labels have been applied on alcohol products. Ahead of this meeting, the Hon Roger Cook MP, Health Minister for Western Australia, Ms Meegan Fitzharris MLA, Minister for Health and Wellbeing for the Australian Capital Territory and the Hon Jill Hennessy MP, Minister for Health for Victoria, all supported the call for mandatory pregnancy warning labels on alcohol products.

### **Alcohol sales data**

Alcohol sales data is the World Health Organization's gold standard recommendation for measuring alcohol consumption in communities.<sup>7</sup> General self-reports of consumption routinely understate actual consumption, and the degree of understatement may vary across time. Alcohol sales data are information collected from either retailers or wholesalers on the volume of specific alcoholic beverage types sold, to the public (in the case of retailers) or to retailers (for wholesale sales data).<sup>8</sup>

Reliable alcohol sales data provides valuable health information on consumption levels and patterns.<sup>9</sup> While the collection and monitoring of alcohol sales data has improved, many challenges remain that limit the effective use of this data. State-wide wholesale data is not currently collected consistently and by all jurisdictions across Australia compromising the integrity of the data. The Northern Territory, Queensland, Western Australia, Victoria and the Australian Capital Territory all collect and report statewide wholesale alcohol sales data, although the reporting quality varies.<sup>10</sup> South Australia and New South Wales do not collect this data. The South Australia Government had undertaken to do so after the recent review of alcohol regulation, although to date this process has not commenced.

### **Minimum floor price**

Pricing measures are among the most effective in reducing the harm associated with alcohol consumption.<sup>11,12,13,14, 15,16</sup> To date the Australian Government's resistance to reforming the alcohol taxation system has increased the availability of excessively cheap alcohol. This is despite evidence demonstrating that taxation is the most effective alcohol harm prevention measure.<sup>17</sup> Cheap alcohol encourages higher levels of consumption, including heavier drinking, occasional drinking, and underage drinking. This results in higher levels of alcohol harm, affecting not just the drinker, but their partners, children and communities.<sup>18</sup> In the absence of taxation reform by the Commonwealth, the adoption of a minimum floor price for alcohol (minimum unit price), which sets a price below which a standard unit<sup>a</sup> of alcohol cannot be sold, becomes a powerful recourse for state governments. Eliminating cheap alcohol

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<sup>a</sup> In Australia, a standard unit/drink is defined as 10 grams of ethanol. There are approximately 1.4 standard units in a 375ml can of full-strength beer and approximately eight (8) in a 750ml bottle of red wine.

by setting a floor price has been shown to be a highly targeted intervention, leading to marked reductions in the quantity of alcohol consumed by the heaviest drinkers while limiting the impact on moderate consumers.

The success of this measure has been demonstrated overseas. A 10 per cent increase in the minimum price of alcohol in two Canadian provinces resulted in a reduction in alcohol consumption across all beverage types. Saskatchewan saw an 8.4 per cent<sup>19</sup> overall reduction in alcohol consumption and British Columbia a 3.4 per cent<sup>20</sup> reduction, with the difference in impact due to differences in the circumstances in which the measures were introduced and in the cost per standard drink in each province.

Most recently, national and international momentum has been building towards introduction of minimum unit pricing. The Northern Territory Government has given support in-principle to implementing a floor price on alcohol,<sup>21</sup> the Western Australian Government is exploring this policy option<sup>22</sup> and famously the Scottish Government will introduce a floor price in May after a five-year battle with the alcohol industry.

We would appreciate your response to these questions by 14 March 2018, emailed to [sarah.mcbride@fare.org.au](mailto:sarah.mcbride@fare.org.au).

Please do not hesitate to contact us if you would like to discuss this issue.

Yours sincerely



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**Cc:** Mr Reggie Martin, State Secretary, South Australian Labor Party

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<sup>1</sup> Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

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<sup>3</sup> Australian Bureau of Statistics (2017). Births, Australia, 2015.

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