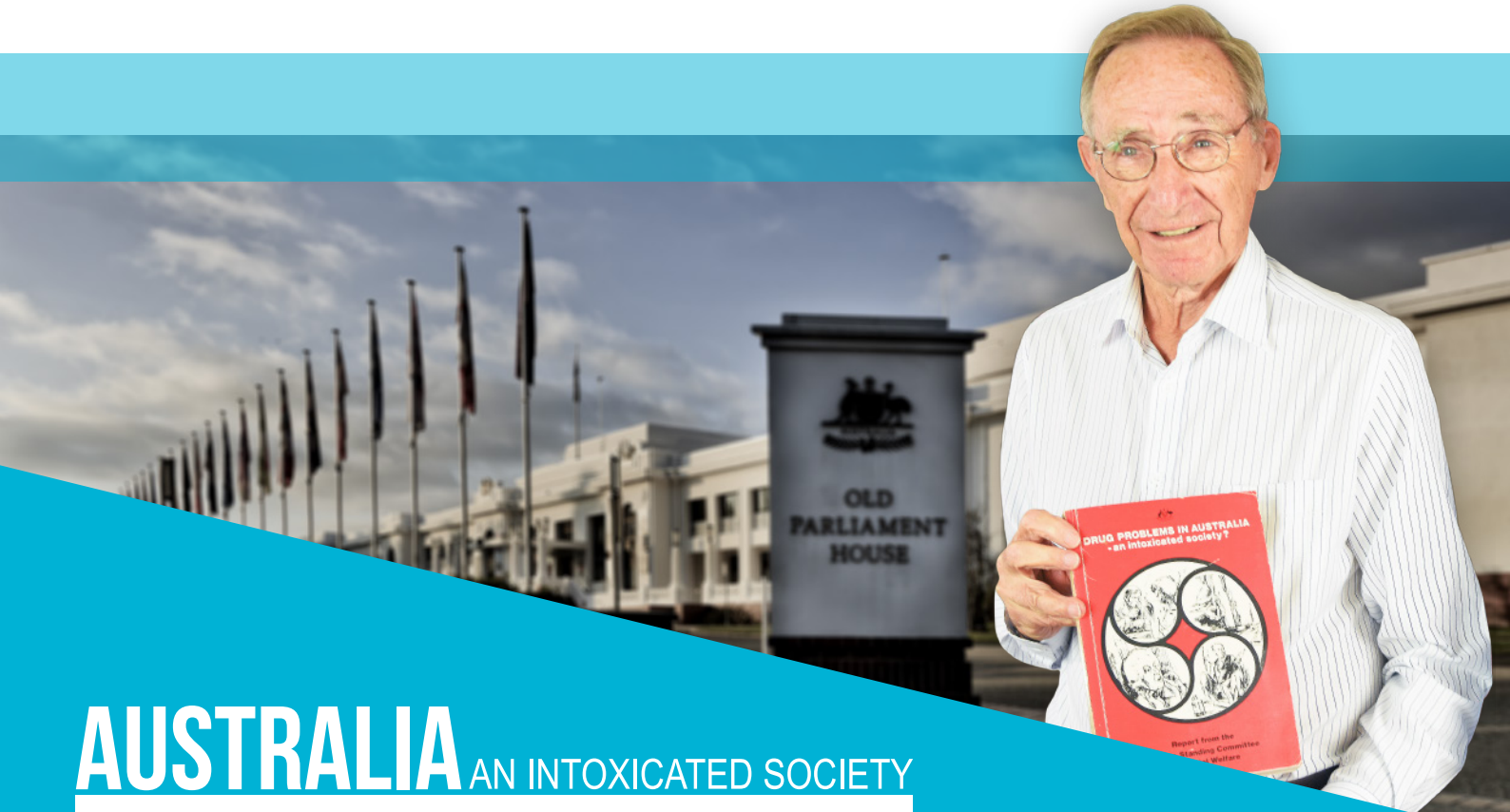




Foundation for Alcohol Research & Education



AUSTRALIA AN INTOXICATED SOCIETY

40 YEARS ON FROM THE BAUME REPORT

PETER BAUME
LIBERAL SENATOR FOR NSW (1974-1991)
AND MINISTER FOR HEALTH (1982)

NOVEMBER 2017



Foundation for Alcohol Research & Education

ABOUT FARE

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 harm by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia. FARE is guided by the World Health Organization's Global Strategy to Reduce the Harmful Use of Alcohol for stopping alcohol harm 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.

CORRECT CITATION

Foundation for Alcohol Research and Education (2017). *Australia, an intoxicated society – 40 years on from the Baume Report*. FARE: Canberra.

ACKNOWLEDGEMENTS

FARE would like to acknowledge and thank the following people for their input to this report:

- Professor Robin Room, Centre for Alcohol Policy and Research, La Trobe University
- Professor Margaret Hamilton AO, University of Melbourne
- Dr David McDonald, Social Research and Evaluation
- Professor Steve Allsop, National Drug Research Institute, Curtin University
- Mr Michael Moore AM, Public Health Association of Australia
- Professor Alison Ritter, National Drug and Alcohol Research Centre, University of New South Wales

FOREWORD

If one was to assert that a re-examination of some of the recommendations is necessary after forty years, there would be little objection to that course, and so I congratulate FARE on what is a considered and comprehensive report.

It is no small feat to do as FARE has done and to dissect and evaluate progress over the last forty years against each recommendation.

As a physician at Royal North Shore Hospital before entering the Parliament of Australia, in 1974, and, together with my wife Jenny, as telephone drug counsellors for many years afterwards, I was witness to the impact of alcohol harm on individuals, families and indeed communities.

Alcohol was the main drug that people phoned in about – the legality or otherwise had little to do with its impact on people. In my hospital rounds it was possible to see the large number of people accessing alcohol treatment wards and to see the very limited success that practitioners had dealing with those people.

Reflecting on the progress made against the recommendations contained within the report over the last 40 years, it is sad that some recommendations on alcohol excess have been ignored. The community is worse off as a result.

At present, heavy drinking communities (such as those that exist in the Northern Territory, but also throughout Australia) suffer because governments will not act when they could.

So there is heavy drinking, not enough food for children, not enough clothes for children, domestic violence – all of which could be mitigated.

I take heart then, at the recent Riley Liquor Review in the Northern Territory (NT) and the Territory Government's comprehensive in-principal support of the recommendations.

The NT Government's response offers hope that governments are prepared to act on the evidence to make life better for the women and children so adversely affected.

On the sporting front, it is disgusting that some elite sportspeople wear alcohol logos on their shirts; and that those same sporting organisations might take advertising money from any morally doubtful source and not consider the social consequences. The alcohol advertising that is seen on television is disgusting too – and governments could and must do something about this.

A Senate Committee consists of six Senators. In 1974 there was unanimous support for the recommendations on alcohol from the Senators from the main three parties.

Such bipartisan leadership in the interests of protecting Australian lives from the scourge of alcohol harm is much needed today, 40 years on.

Peter Baume
Liberal Senator for NSW (1974–1991)
Minister for Health (1982)

CONTENTS

SUMMARY	5
BACKGROUND	7
APPROACH	10
OVERVIEW OF RESULTS	12
RESULTS	16
THEME 1: PRICE AND THE ECONOMIC COST OF ALCOHOL	16
THEME 2: ALCOHOL AND THE WORKFORCE	21
THEME 3: ALCOHOL AND ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES	24
THEME 4: ENFORCEMENT	26
THEME 5: PHYSICAL AVAILABILITY	29
THEME 6: ADVERTISING AND SPONSORSHIP	33
THEME 7: DRINK-DRIVING COUNTER MEASURES	39
THEME 8: NATIONAL LEADERSHIP AND GOVERNANCE	45
DISCUSSION	48
REFERENCES	53

SUMMARY

Forty years ago, a progressive and prescient Senate Committee report identified alcohol and its harms as a problem of epidemic proportions.

In 1977 the Senate Standing Committee on Social Welfare released its report, *Drug Problems in Australia – an intoxicated society?* The report is often referred to as the Baume Report since the Committee was chaired by Peter Baume, a physician and then Senator for New South Wales (NSW).

Peter Baume spoke of the report's legacy in 1984, saying that "one thing that our report did was to alter, for the present anyhow, and I hope for all time, the public debate about drug use in Australia. The public agenda now includes use of legal drugs..." He added that "the press is now willing to promote health and to promote moderation and to consider the use of legal drugs as part of our problem. All this represents some degree of progress across the spectrum."¹

The report has also been described as the "ancestral document" to today's National Drug Strategy,² which has at its heart 'harm minimisation' instead of a 'war on drugs'. This is an enduring legacy.

A 2002 review of Australian drug policy stated that the "practicality articulated by Peter Baume is often cited as a cornerstone of the Australian approach and one that differentiates it from other approaches."³

It is rare that Parliamentary inquiry reports are remembered, let alone have enduring impact: Baume's report is an exception.

In initiating the inquiry the Committee resolved on its own motion to examine 'the extent and nature of the inappropriate use of alcohol, tobacco, narcotics and other drugs' in Australia. This study provides a high-level overview of progress made over the last 40 years against the report's 37 alcohol specific recommendations.

The study finds a majority of the recommendations remain relevant today, even though Australia has greatly changed over these 40 years. These include changes in our understanding of alcohol and the nature of harm, changed patterns of drinking, and broader societal, legislative and economic developments within and beyond the realm of alcohol.

This study shows some progress in alcohol policy over the last 40 years, but not much. Of the 37 alcohol-specific recommendations, 12 were implemented in full, some action was taken against 16, and no progress was made against nine. Action on drink-driving countermeasures stands out as the most successful area. Of the 13 related recommendations, eight recommendations have been implemented in full and some progress has been made against the remaining five.

There have also been some positive developments in relation to alcohol in the workplace, but not because of Baume's recommendations. Workplace health and safety has been transformed for the better since 1977 by employers and unions working together to make workplaces safer. This has necessarily resulted in completely different working environments that see drinking discouraged if not totally banned. The lesson for public health campaigners is that at times there are different paths to achieving a shared objective.

Given the ongoing relevance of the Baume Report recommendations today, it is unfortunate that the substantive progress in tackling drink-driving has not been mirrored in the remaining seven policy intervention areas. Little progress has been achieved against 'control' areas and those assessed by the World Health Organization as being effective in reducing alcohol harm – recommendations relating to the price, promotion and availability of alcohol. While some progress has been made against price- and cost-related recommendations, the Wine Equalisation Tax (WET) and WET Rebate remain a significant barrier to further progress.

Progress against alcohol's physical availability reflects a clear policy failure by all governments. From the standpoint of 40 years on, alcohol has never been more available. The reasons are many-fold, but mainly due to the adoption of liberal market-oriented economic policies, manifesting itself in National Competition Policy, and together with enforcement largely failing to keep pace with these changes, has resulted in a rapid increase in the availability of alcohol and consequent harm.

Finally, despite the Committee's calls for alcohol advertising to be banned, this study demonstrates that no progress has been made against the advertising and sponsorship of alcohol. In fact, arguably Australia has actually gone backwards. Without independent regulation, alcohol advertising and sponsorship has become prolific and is exposing people, particularly children and young people, to alcohol harm.

Forty years on it is remarkable what has been achieved in tobacco control. Australia leads the world in reducing rates of smoking to a point where that among teenagers under the age of 16 there is a near zero effective rate of smoking.⁴

However, the story with alcohol is in sharp contrast. While this study documents the very significant achievement in reducing drink-driving and the road toll, and that workplace drinking has been transformed, Baume's plea that if nothing else, do not let alcohol become more affordable, more available and more heavily promoted, has been largely ignored.

And together with that failure we witness the ever growing undue influence of the alcohol industry, an influence that manifests itself through industry self-regulation over government regulation, through the determined and deliberate undermining of the science of what works to reduce alcohol harm, through aggressive and monied influence of politicians and policy-makers, all of which puts profit before the public interest in defence of its ever burgeoning bottom line.

The more than 5,500 deaths and 160,000 hospitalisations each year⁵ due to the consumption of alcohol is testament to this failure.

It says much about the normalcy of drinking in Australia that we tolerate these daily tragedies and are not sufficiently motivated to demand effective and enduring action from all our governments to reduce this toll.

Baume was right to conclude that alcohol "now constitutes a problem of epidemic proportions", and that in light of the extent of the problem "any failure by governments or individuals to acknowledge that a major problem — and potential national disaster — is upon us would constitute gross irresponsibility".⁶

BACKGROUND

“Many people do not realise that the use of alcohol and tobacco is drug use and that each causes vastly more damage in Australia than all illicit drugs combined (p16)”

ABOUT THE INQUIRY

In 1976, the Senate Standing Committee on Social Welfare was tasked with inquiring into the nature of drugs in Australian society. This Committee was chaired by Peter Baume, then Senator for NSW. Unlike other politicians, Baume was also a physician who had seen first-hand the harm drugs were causing in society.

As Baume recalled in an interview with the Drug and Alcohol Review, drugs, in particular alcohol and tobacco, had not really been on anyone's agenda until the Committee reported.⁷ While perceptions had slowly begun to change, alcoholism, the term commonly used at the time, was seen as an issue confined to middle-aged, chronically-dependent people. Approaches to alcohol, were therefore more clinical and treatment focused than focused on prevention as we now broadly understand the term.

On 25 October 1977, the Committee tabled its report in the Senate, *Drug Problems in Australia – an intoxicated society?*⁸ This was the first comprehensive report on drugs, outlining 84 recommendations relating to use of alcohol, tobacco, analgesics, cannabis, amphetamines and barbiturates. The Committee rejected the two extreme views of “strict prohibition” and “total permission” that had characterised the drug use debate at the time, instead aiming for a more evidence-informed “constructive debate” focused on reducing the drug problem.⁹

The Committee urged the Commonwealth Government to adopt a seven-point strategy in its approach to drug abuse.¹⁰ To summarise, it recommended controlling drugs rather than eliminating them; focusing efforts at drugs causing the most harm in society, broadening efforts aimed at reducing the supply and demand of drugs, recognising drug abuse as a social and medical issue rather than a legal issue, improving interagency coordination, and recommended the Commonwealth Government provide national leadership on this issue in coordination with the states.¹¹

The Commonwealth Government at the time, led by Malcolm Fraser, found the report problematic. It appointed Justice Woodward to undertake a Royal Commission into drug trafficking which reported findings at odds with the Baume Report in 1979.^{12,13} On 19 March 1980, three years after the Baume Report was released, then Senator, Dame Margaret Guilfoyle, outlined the Fraser Government's response to each recommendation.¹⁴ As Baume recalled, the Fraser Government “accepted all the easier and less significant recommendations and rejected all the harder ones”.¹⁵

SIGNIFICANCE OF THE BAUME REPORT

The Baume Report is recognised as a landmark report by many. For the first time, it highlighted Australia's problems with alcohol and tobacco in the context of overall drug use. In relation to alcohol, the report stated that it “now constitutes a problem of epidemic proportions”, concluding that in light of the extent of the problem “any failure by governments or individuals to acknowledge that a major problem — and potential national disaster — is upon us would constitute gross irresponsibility”.¹⁶

The Baume Report also laid the foundations for Australia's harm minimisation approach to drugs. While there have been many inquiries and reports on drugs over the last 40 years, the big concepts and principles that evolved as a result of the Baume Report influenced the development of Australia's national drug strategies. These included the principle of harm minimisation, first defined in Australia's first national drug strategy, the 1985 National Campaign on Drug Abuse; the development of national policies that dealt with all drugs in one package; acknowledgement that alcohol and tobacco were causing too much harm and needed to be urgently addressed; and an understanding of the need for and power of regulation.

The Baume Report also had a focus on prevention as we now broadly understand the term. In relation to alcohol, this included recommendations relating to the price, promotion and availability of alcohol.

THE LAST 40 YEARS

The world has changed over the last 40 years. Political leaders and governments have come and gone; globalisation and increasing global connectedness has resulted in both benefits and new problems; significant developments in technology mean that the internet now pervades the everyday lives of many; non-communicable diseases are now the leading cause of death and disability world-wide;¹⁷ and the global population has reached approximately 7.6 billion people.¹⁸ There have also been a number of important global health developments that have shaped national approaches to public health, such as the 1986 Ottawa Charter for Health Promotion that made health promotion and preventive approaches a priority.

In Australia alone, there have been many changes in the broader environment that have had ramifications for alcohol policy. These include changes in alcohol epidemiology in terms of population groups and trends, and a more comprehensive understanding of the nature of alcohol harm and the types of interventions that are effective in reducing this harm. Structural changes in society and the economy, including workforce composition changes, demographic changes, media transformation, application of neoliberal ideologies and increasing focus on gender equity, have also affected drinking patterns and responses to alcohol harm.

As data before the 1990s is limited, the best estimates of overall consumption are provided by the Australian Bureau of Statistics (ABS) estimates of per-capita alcohol consumption. According to these estimates, the average litres of pure alcohol consumed by Australians per year have steadily decreased, albeit with some fluctuations, from 12.98 litres in 1977-78 to 9.7 litres in 2015-16.¹⁹ It is worth noting that since the 1990s, apparent consumption of alcohol per person has hovered around 10 litres, and that this increased for the first time in nine years in 2015-16.²⁰ The Baume Report was therefore released at approximately the high-point in modern times of Australian levels of alcohol consumption. However, as discussed below, rates of alcohol harm have not necessarily decreased, and in some cases, have increased.

Within the broader population, patterns of drinking have also changed dramatically, although limited data makes it difficult to assess changes over the entire period since 1977. The 2016 National Drug Strategy Household Survey (NDSHS) shows that young adults are continuing to drink less – a significantly lower proportion of respondents aged 18-24 years reported consuming five or more standard drinks on a monthly basis (from 56.7 per cent in 2001 to 42 per cent in 2016).²¹ The proportion of respondents aged 12-17 years who reported abstaining from drinking alcohol has also significantly increased from 34 per cent in 2001 to 81.5 per cent in 2016.²² No significant increases in lifetime abstinence from alcohol have been observed among respondents aged 50 years or over between 2001 and 2013.²³

Despite downward trends in overall per-capita consumption and young people's drinking, Australians continue to consume alcohol at risky levels. Twenty per cent or 3.8 million Australians aged 14 years and above averaging more than four standard drinks of alcohol per day, consume 74.2 per cent of all alcohol consumed nationally each year.²⁴ According to the 2016 NDSHS, 25.5 per cent of Australians aged 14 years and over reported consuming alcohol at a level that placed them at risk of short-term harm, and 17.1 per cent reported consuming alcohol at a level that placed them at risk of lifetime harm.²⁵ In addition, more people in their 50s consumed 11 or more standard drinks on one drinking occasion when compared to 2013.²⁶ While Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to abstain from alcohol, among those who do drink alcohol, a higher proportion of Aboriginal and Torres Strait Islander peoples drink at risky levels.²⁷

Today, we also have a more comprehensive understanding of the harm caused by alcohol, both short-term and long-term. Contributing factors include improvements in data collection and reporting at the Commonwealth, and state and territory levels, as well as targeted studies by public health organisations and research centres. The harm caused by alcohol continues to be too high, and is not just confined to violence in pubs and on the streets, but extends to homes and unborn children, and contributes to long-term chronic diseases.

To list just a few statistics, in 2010, 5,554 deaths and 157,132 hospitalisations were attributable to alcohol in Australia, with the number of deaths increasing by 62 per cent since the study was last undertaken a decade before.²⁸ Alcohol was also involved in between 23 per cent²⁹ and 65 per cent³⁰ of family violence incidents reported to police across NSW, Victoria, Western Australia (WA), and the Northern Territory (NT). A recent report published by the *Australian Institute of Health and*

Welfare found that at least 31 per cent of the overall burden of disease is preventable, that is, due to the modifiable risk factors of tobacco and alcohol use, high body mass and physical inactivity.³¹ Alcohol is a substantial contributor as a preventable factor, with the report finding that alcohol was associated with 5.5 per cent of the burden of disease in Australia.³² Compared to 1977, there is now also greater awareness and understanding of Fetal Alcohol Spectrum Disorders (FASD), a lifelong disability stemming from alcohol consumption during pregnancy.

The one exception to the trends of continuing or increasingly high levels of alcohol harm is road crash deaths. As outlined in the Baume Report, alcohol was estimated as being a major cause of road crash fatalities in the 1970s. Over the last 30 years, annual road crash fatalities have decreased by 53.3 per cent, with reductions varying from 9.4 per cent for Western Australia to 75 per cent for the Australian Capital Territory (ACT).³³

Just as understandings of alcohol harm have evolved, so have understandings of effective interventions aimed at reducing alcohol harm. We now know what works to reduce alcohol harm and this can be attributed to both international and national research. In Australia alone, there are now a range of specialised research institutions undertaking alcohol policy-related research including the Centre for Alcohol Policy Research (CAPR) based at Latrobe University, the National Drug and Alcohol Research Centre (NDARC), the National Centre for Education and Training on Addiction (NCETA), the National Drug Research Institute (NDRI), and the Deakin University Centre for Drug, Alcohol and Addiction Research. In addition to these, there are a range of multi-disciplinary and/or multi-focused research institutes undertaking alcohol-related research. NCETA and NDRI were both established in 1986 as an outcome of the Hawke Government's 1985 National Drug Summit.

There are now a number of evidence-informed global strategies relating to alcohol including the World Health Organizations' (WHO) *Global strategy to reduce harmful use of alcohol and a Global strategy for the prevention and control of noncommunicable diseases*. It is also now recognised that both population-level interventions and targeted interventions, aimed at addressing specific risk factors and/or population groups, are required to address alcohol harm.

Equipped with this more comprehensive understanding of alcohol epidemiology, the nature of alcohol harm and effective interventions, it could be argued that governments are now in a much better position to make decisions to address alcohol harm than in 1977.

APPROACH

This study provides a high-level overview of progress made over the last 40 years against the alcohol-specific recommendations of the Senate Standing Committee on Social Welfare's report *Drug Problems in Australia – an intoxicated society?* (known as the Baume Report). This report was tabled in the Senate on 25 October 1977.³⁴ In focusing on alcohol, this study does not assess progress made against the report's other subject areas: modes of control and national strategy, tobacco, analgesics, cannabis, amphetamines and barbiturates, supplementary policy considerations and education.

This study aims to highlight progress made against policy intervention areas now assessed to be most effective in reducing alcohol harm. First, the 37 alcohol-specific recommendations were grouped into eight key policy intervention areas which largely align with how they are grouped in the Baume Report:

1. Price and the economic cost of alcohol
2. Alcohol and the workforce
3. Alcohol and Aboriginal and Torres Strait Islander communities
4. Enforcement
5. Physical availability
6. Advertising and sponsorship
7. Drink-driving countermeasures
8. National leadership and governance

Second, all policy intervention areas except number three were assessed against the evidence for effectiveness, including cost-effectiveness, in reducing alcohol harm. 'Alcohol and Aboriginal and Torres Strait Islander communities' was not included in this step because the focus of this recommendation is targeted at a specific population group rather than at the population level. Key sources of evidence used for this assessment were:

- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K.,...Rossow, I. (2010). *Alcohol: no ordinary commodity: research and public policy* (2nd ed.). New York, NY: Oxford University Press.
- Cobiac, L., Vos, T., Doran, C., and Wallace, A. (2009). Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. *Addiction*, 104, 1646-1655.
- World Health Organization (WHO). (2011). *Global status report on noncommunicable diseases 2010*. Geneva, Switzerland: WHO.

The top three most effective policy options and interventions for *each* key source are summarised below:

INTERVENTION AREA	BABOR ET.AL. (2010)	COBIAC ET.AL. (2009)	WHO (2011)
Alcohol taxation	X	X	X
Restricting the availability of alcohol	X	X	X
Advertising bans		X	X
Drink-driving countermeasures	X		

Policy intervention areas were then given a rating of effectiveness based on the evidence.

RATING	EXPLANATION
✓✓	Evidence indicates a high degree of effectiveness.
✓	Evidence indicates some degree of effectiveness.
-	Evidence indicates a lack of effectiveness.
?	Insufficient evidence to make judgement on effectiveness.
N/A	Not applicable.

Lastly, progress on each alcohol-specific recommendation was assessed using a traffic light system, where green represents a recommendation that has been completed, amber represents a recommendation where some action has been taken, and red represents a recommendation where no progress has been made. Further information on each of these classifications is included in the table below. It is important to note that the responsibility for the implementation of many of the report's recommendations is shared across Commonwealth, state and territory governments.

PROGRESS MADE	EXPLANATION	COLOUR CODE
Completed	The recommendation has been implemented in full.	
Some action taken	The recommendation has not been fully implemented but some activities have been taken which can be interpreted as progress towards this recommendation. When responsibility is shared across Commonwealth, state and/or territory governments, this may also mean that some governments have progressed the recommendation, while others have not.	
No progress made	This recommendation has not been implemented and/or governments have indicated this recommendation will not be progressed.	

Assessment of progress occurred through a desktop analysis and key informant interviews. For the desktop analysis, a range of sources were examined at the Commonwealth, state and territory levels including alcohol-related legislation, policies, and other information on government websites. Government-commissioned and independent research studies were also examined. To complement the desktop analysis and build a more in-depth understanding of progress, semi-structured interviews were held with six key informants. Key informants were selected based on their expertise and in-depth knowledge of Australian alcohol policy and historical context.

Under each policy intervention area, the relevant recommendations are outlined, along with the Fraser Government's response, and information relating to the progress made against each recommendation as of November 2017.

Information included within the sections titled 'Current situation' do not represent an exhaustive list of all activities that have been undertaken by governments over the last 40 years. Rather, information contained provides a high-level overview of any progress made against each recommendation. It is important to note that the context within which some of these recommendations were made has changed substantially since 1977, reducing the relevance of a small number of recommendations to today's context. In some cases, attempts may have been made to respond to a recommendation but, due to a range of factors and changing circumstances, the recommendation is not as relevant now.

OVERVIEW OF RESULTS

EVIDENCE OF EFFECTIVENESS	POLICY INTERVENTION AREA	RECOMMENDATION NUMBER*	RECOMMENDATION	STATUS
		4	That government imposts on all alcoholic beverages be adjusted annually so that real prices of the beverages remain constant.	●
		5	That government revenue policies operate to keep at approximately the same level the prices of the absolute alcohol contained in beer, in wine and in spirits, bearing in mind that the Government has at its disposal various revenue devices with which it can achieve this aim.	●
		6	That a sales tax or excise on wine be phased in over a period which will enable the wine industry to adjust appropriately.	●
✓✓	Price and the economic cost of alcohol	7	That the excise imposed on beers of a low alcohol content (defined as not more than 2.5 per cent by weight) be 30 per cent less than that on other beers.	●
		8	That the Commonwealth Department of Health and the health policy body in each State and Territory continually monitor the levels and patterns of alcohol consumption and formally advise their respective Governments, before each budget, of the health considerations to be taken into account when examining excise and other revenue from alcohol.	●
		19	That the Commonwealth Department of Health prepare and publish a comprehensive analysis of the costs of alcohol abuse in Australian society.	●
		9	That the Federal Government take urgent steps to introduce into the Commonwealth Public Service an appropriate program to deal with alcohol abuse, and that all possible encouragement be given to the State Public Services to follow the direction taken in Victoria.	●
?	Alcohol and the workforce	10	That, in view of the demonstrated value of alcohol programs in industry, adequate long-term funding be provided by Commonwealth and State Governments specifically for the purpose of promoting, monitoring, evaluating and designing such programs.	●
		11	That the Federal Government give practical support and encouragement to Australian firms and trade unions for the development and introduction of their own alcohol-abuse programs with suitably trained personnel.	●
		12	That Commonwealth and State Governments participate with trade unions and employers in further research into and development of appropriate alcohol-abuse programs.	●
N/A	Alcohol and Aboriginal and Torres Strait Islander communities	13	That the Federal Government implement the recommendations made by Committees of both Houses on alcohol and its use by the Aboriginal community, and report to the Parliament on the steps which it takes in accordance with those recommendations.	●

*Recommendation numbers align with the numbering of recommendations in the Baume Report.

EVIDENCE OF EFFECTIVENESS	POLICY INTERVENTION AREA	RECOMMENDATION NUMBER*	RECOMMENDATION	STATUS
		14	That the Australian Capital Territory Police have restored to them the authority to enter licensed premises to deal with the problem of under-age drinking.	●
✓	Enforcement	15	That State and Territory licensing laws be more strictly enforced than at present.	●
		16	That section 60 (bona fide travellers provision) of the New South Wales Licensing and Liquor Act be repealed.	●
✓✓	Physical availability	17	That State Governments defer relaxation of regulations regarding sales outlets and that the Commonwealth Government not in any way increase the availability of alcohol.	●
		18	That the Commonwealth Department of Health examine the relationship between merchandising and alcohol consumption patterns and advise on the types of sales outlets most appropriate to the attainment of the desired national goals.	●
		20	That the Commonwealth Government ban the advertising of alcoholic beverages, whether by way of corporate advertising or by exhibiting of the brand name of such beverages in a planned fashion, on radio and television and in areas under direct Commonwealth control, such as in the Territories and at airports.	●
		21	That, until a total ban has been implemented, the question of substantial compliance with the voluntary code for the advertising of alcoholic beverages by brewers, distillers, wine makers and all retailers of alcoholic beverages be reviewed annually.	●
✓✓	Advertising and sponsorship	22	That State Governments and local government authorities be encouraged to ban the advertising of alcoholic beverages.	●
		23	That the Federal Minister for Environment, Housing and Community Development, and the State Ministers responsible for youth, sport and recreation, appeal to sportsmen and sportswomen throughout Australia not to lend their names and prestige to the promotion of alcoholic beverages.	●
		24	That the Commonwealth Government make any grants to sporting and cultural bodies conditional on their not accepting money from manufacturers and retailers of alcoholic beverages and investigate the possibility of indemnifying such bodies for loss of revenue, at least in the short term.	●
		25	That the Commonwealth Government consider refusing tax deductibility for expenses incurred in the promotion of alcoholic beverages.	●

EVIDENCE OF EFFECTIVENESS	POLICY INTERVENTION AREA	RECOMMENDATION NUMBER*	RECOMMENDATION	STATUS
		3	That governments and the public use the term 'road crash' instead of 'road accident'.	●
		26	That, if diversionary programs are shown to be effective, they be introduced in all States and Territories.	●
		27	That provision for the evaluation of effectiveness be incorporated in any diversionary programs introduced.	●
		28	That, if evaluation shows random breath tests to have positive effects on driver behaviour, they be introduced in all States and Territories.	●
		29	That police extend Breathalyzer testing in the vicinity of all places where people drive after drinking.	●
		30	That the suggestions of the Australian Law Reform Commission regarding screening tests of drivers be adopted.	●
✓	Drink-driving countermeasures	31	That blood samples be taken from all persons over a specified age who are involved in serious road crashes.	●
		32	That the option to issue qualified licences to convicted drink-drivers be introduced in all States and Territories.	●
		33	That learner drivers be provided with information about the effects of alcohol and other drugs on driving, that questions on such effects form part of the licence test, and that literature on the interaction of alcohol and drugs with driving be sent with notices of licence renewals.	●
		34	That, except for pilot programs, Commonwealth and State Governments give financial assistance only to educational programs which identify the dangers of drink-driving and which have been demonstrated to produce the desired behavioural changes.	●
		35	That Commonwealth and State Governments support the researching and development of mechanical devices to deter drink-driving and, when perfected, require that they be fitted to the vehicles of recalcitrant drivers, at their own expense, as a prerequisite to any renewal of their driving licences.	●

EVIDENCE OF EFFECTIVENESS	POLICY INTERVENTION AREA	RECOMMENDATION NUMBER*	RECOMMENDATION	STATUS
✓	Drink-driving countermeasures	36	<p>That a Sub-committee on Drugs and Driving be established within the National Standing Control Committee on Drugs of Dependence, with at least the following functions-</p> <ul style="list-style-type: none"> i. To formulate and state a national policy relating to alcohol, other drugs and driving. j. To monitor and assess the drink-driving problem and problems associated with driving and other drugs. k. To monitor and assess existing drink-driving countermeasures. l. To examine proposals to counteract the drink-driving problem and problems associated with driving and other drugs. m. To formulate guidelines for the implementation of viable proposals, each of which should have an evaluation component built in. n. To report its findings, and to recommend lines of action, to Commonwealth and State Governments. 	●
		37	That the National Standing Control Committee on Drugs of Dependence be required to report publicly every two years on the activities and progress of the Sub-committee on Drugs and Driving.	●
		2	That blood alcohol level be expressed in Standard International Units (millimoles per litre) and that the new system be phased in with appropriate publicity.	●
?	National leadership and governance	38	That the Commonwealth Government develop and announce a specific policy on alcohol and alcohol abuse, which should include a clear statement of the Government's intention to bring about an overall reduction in the level of alcohol consumption in the community.	●

RESULTS

THEME 1: PRICE AND THE ECONOMIC COST OF ALCOHOL

SUMMARY: Wine consumption has dramatically increased over the last 40 years, aided by a poorly constructed system of alcohol taxation. The rate of excise on alcohol (beer and spirits) that is taxed on a volumetric basis has been indexed in line with the Consumer Price Index, while the value-based Wine Equalisation Tax ties the level of taxation to its real value. Despite this, economic distortions imposed by the inconsistent approach to alcohol taxation have incentivised production of cheap wine. As price is the most determinative factor in the consumption of alcohol, the failure to establish a coherent system of taxation is a critical weakness in Australia's approach to alcohol control. In addition, while there have been improvements in data collection and monitoring, and alcohol-related cost studies have been undertaken, additional and sustained efforts in these areas are required.

“More alcohol than even before is being consumed per head in our community today. One reason is that it is possible to drink more for less expenditure in real terms (p41) In excise and sales tax, governments have two very powerful means of controlling the price of alcohol (p43)

RECOMMENDATION 4: That government imposts on all alcoholic beverages be adjusted annually so that real prices of the beverages remain constant.

RECOMMENDATION 5: That government revenue policies operate to keep at approximately the same level the prices of the absolute alcohol contained in beer, in wine and in spirits, bearing in mind that the Government has at its disposal various revenue devices with which it can achieve this aim.

RECOMMENDATION 6: That a sales tax or excise on wine be phased in over a period which will enable the wine industry to adjust appropriately.

RECOMMENDATION 7: That the excise imposed on beers of a low alcohol content (defined as not more than 2.5 per cent by weight) be 30 per cent less than that on other beers.

FRASER GOVERNMENT RESPONSE TO RECOMMENDATIONS 4 TO 7

Tax rates on alcohol are matters to be determined in a budgetary context: the Government will take health considerations into account in setting those rates.

CURRENT SITUATION – RECOMMENDATION 4: SOME ACTION TAKEN

Since 1983, the rate of excise on alcohol has been indexed in line with Consumer Price Index (CPI) twice yearly. The intention of this policy was to ensure that alcohol taxation kept pace with inflation.³⁵ It is important to note that the tax on wine, cider, perry, mead and sake is not an excise,^a as it is based on the value of these products. Because tax is applied relative to the value of these products, the rate is held constant relative to their real value.

^a See the Australian Taxation Office (ATO) definition of excise at <https://www.ato.gov.au/Business/Excise-and-excise-equivalent-goods>

CURRENT SITUATION – RECOMMENDATIONS 5: SOME ACTION TAKEN

Although it has been suggested that the Australian Constitution intended to provide some scope to states and territories to impose tax in a variety of situations, its interpretation by the High Court and action by the Commonwealth Government has largely prevented its use in this manner.³⁶ Until 1997, state and territory governments were able to collect alcohol taxes, although this power has rarely been exercised. In the 1990s, a levy on alcohol products was introduced as part of the Living with Alcohol Program (LWAP) in the NT, but was removed after the High Court's ruling.³⁷ Consequently, the Commonwealth Government now has sole legislative responsibility for the taxation of alcohol.

Contrary to the Recommendation 5, Government revenue policies do not operate to keep at approximately the same level the prices of the absolute alcohol contained in beer, wine and spirits. This is because the current alcohol taxation system is a convoluted mix that applies different approaches to different products.

Most alcohol products, including beer and spirits, are taxed on a volumetric basis. According to these, taxation is based on the amount of pure alcohol contained within products (alcohol by volume). In general, a differentiated volumetric approach is currently utilised, meaning that higher strength products such as spirits are taxed at a higher rate per unit of alcohol than lower strength products (such as beer).³⁸ However, there are some exceptions (see Recommendation 7 below). The 2008 'Alcopops Tax', which raised the tax on ready-to-drink (RTD) beverages to bring them their rate in line with spirits, presents an additional complication. This resulted in a 70 per cent increase in tax for these products.

Unlike beer and spirits, the tax on wine, cider, perry, mead and sake products is applied relative to their value.^b In particular, the tax is levied at a rate of 29 per cent of the wholesale price of wine and cider under the Wine Equalisation Tax (WET). Consequently, premium (high value) wine and cider products pay significantly more tax than cheap bulk wine.

As a result, the rate of tax on cheap wine is considerably less per unit of alcohol than other alcohol products such as beer and spirits. To demonstrate this, in 2014-15, the effective excise rate for a \$15 four litre cask of wine was \$2.99, compared to \$79.36 for spirits and RTDs, \$36.08 for full-strength packed beer, and \$16.93 for mid-strength draught beer.³⁹ This means that wine, particularly cheap wine, is much more affordable and accessible than many other alcoholic products.

CURRENT SITUATION – RECOMMENDATION 6: COMPLETED

Between 1965-66 and 2015-16, wine consumption as a proportion of total pure alcohol consumption has increased from 13 per cent to 37.5 per cent, while beer consumption has decreased considerably from 75.2 percent to 39.9 per cent.⁴⁰

On 1 July 2000, the WET was introduced with the Goods and Services Tax (GST) as part of *A New Tax System*, in order to maintain wine prices and revenue collection from wine sales. This followed the abolition of the wholesale sales tax that had operated since 1974 and reached 41 per cent in 2000.⁴¹ In combination with the 10 per cent GST, the WET 'equalised' the prevailing price level of wine.⁴²

The WET applies not only to wine made from grapes, but also to other fruit and vegetable based alcoholic products with greater than 1.15 per cent alcohol by volume (ABV), including cider and mead.^c The tax is paid by wine producers, wholesalers and importers at 29 per cent of the last wholesale sale, which usually occurs between the wholesaler and the retailer.⁴³

In 2004, the WET Rebate subsidy was introduced to support small wine producers in rural and remote areas who were disadvantaged by the WET. The WET Rebate entitles wine producers to a rebate of 29 per cent of the wholesale value of eligible domestic sales, up to a maximum of \$500,000 each financial year.⁴⁴ In effect, this represents a rebate on tax remitted under the Wine Equalisation Tax. In 2015-16, the total value of the net WET Rebate was \$383 million.⁴⁵

From 1 July 2018, the maximum value that may be claimed under the WET Rebate will reduce to \$350,000 per annum.⁴⁶ However, this change is to be accompanied by a new Wine Tourism and Cellar

^b It is worth noting that no tax is applied to alcohol products that are exported.

^c Note that flavoured and coloured ciders are usually subject to excise rather than the WET, and attract the same excise rate that applies to ready-to-drink products (RTDs).

Door grant program that will provide wine producers who have exceeded the rebate cap up to an additional \$100,000 per financial year on their cellar door sales.⁴⁷ This new grant almost restores the level of the WET Rebate subsidy back to its original level.

CURRENT SITUATION – RECOMMENDATION 7: COMPLETED

This recommendation was accepted in the 1984 Budget, more than a decade after it had been made.⁴⁸ In 1988, beer excise arrangements changed such that taxation became based on the volume of alcohol (matching the excise tax system for spirits),⁴⁹ but with a low rate for low-alcohol beer, and a differentiation by size of container that amounts to a higher tax on beer for off-premise than for on-premise consumption. As previously mentioned, differentiation of the volumetric system means that higher strength products, such as spirits, are taxed at a higher rate per unit than lower strength products (such as beer).⁵⁰

Table 1 below shows the statutory excise rates for beer as at 1 August 2017:

DESCRIPTION	EXCISE RATE (\$ PER LITRE OF ALCOHOL)
Alcohol volume not exceeding 3%, individual container up to and including 48 litres	41.95
Alcohol volume not exceeding 3%, individual container over 48 litres	8.39
Alcohol volume exceeding 3% but not exceeding 3.5%, individual container up to and including 48 litres	48.86
Alcohol volume exceeding 3% but not exceeding 3.5%, individual container over 48 litres	26.28
Alcohol volume exceeding 3.5%, individual container up to and including 48 litres	48.86
Alcohol volume exceeding 3.5%, individual container over 48 litres	34.42
Produced for non-commercial purposes using commercial facilities or equipment, alcohol volume not exceeding 3%	2.95
Produced for non-commercial purposes using commercial facilities or equipment, alcohol volume over 3%	3.41

Source: Australian Taxation Office. (2017). Excise rates for alcohol. Retrieved November 13, 2017, from: <https://www.ato.gov.au/Business/Excise-and-excise-equivalent-goods/Alcohol-excise/Excise-rates-for-alcohol>

RECOMMENDATION 8: That the Commonwealth Department of Health and the health policy body in each State and Territory continually monitor the levels and patterns of alcohol consumption and formally advise their respective Governments, before each budget, of the health considerations to be taken into account when examining excise and other revenue from alcohol.

FRASER GOVERNMENT RESPONSE

The Commonwealth Department of Health already performs this function.

The States' attention is being drawn to this recommendation.

CURRENT SITUATION: SOME ACTION TAKEN

Since 1985, the Commonwealth Department of Health has commissioned the National Drug Strategy Household Survey.⁵¹ The survey is conducted every three years and provides cross-sectional data on alcohol, tobacco and other drug use in Australia. Self-reported alcohol-related data collected includes information on drinking status, consumption patterns, drinking preferences, risk of alcohol harm, alcohol-related incidents, and attitudes towards alcohol and alcohol-related policies. The Commonwealth Department of Health also commissions the annual alcohol and other drug treatment services in Australia reports that present information about publicly funded alcohol and other drug treatment service agencies, the people they treat and the treatment provided.⁵²

State and territory departments and agencies also collect a range of alcohol-related data, including harm, sales and treatment data. The type, method and extent of data collection differs across jurisdictions. Alcohol harm data includes alcohol-related hospital, ambulance and police data. 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).⁵³ Reliable alcohol sales data provides valuable health information on consumption levels and patterns.⁵⁴

While the collection and monitoring of alcohol sales data has improved, many challenges remain which are limiting the effective use of this data. This includes that state-wide wholesale data is currently not collected consistently and by all jurisdictions across Australia. The Northern Territory (NT), Queensland (QLD), Western Australia, Victoria and the Australian Capital Territory (ACT) all collect state-wide wholesale alcohol sales data, although reporting requirements vary.⁵⁵ In November 2016 the South Australian Government committed to introducing similar collection methods,⁵⁶ leaving NSW as the only state or territory not collecting or committed to collecting this data. Lack of nationally consistent wholesale data makes it difficult to measure relative alcohol consumption and harm, develop responsive policies, effectively allocate public resources, and monitor and evaluate policies and programs.⁵⁷

As demonstrated above, there is more to collecting and monitoring data than examining excise and revenue. Collecting and monitoring data serves other important purposes such as informing targeted prevention approaches and the design, development and evaluation of policies and programs. Nevertheless, the principle remains that alcohol is relevant to a range of areas beyond the health portfolio, and therefore collaboration is required.

There is no available evidence to indicate that the Commonwealth Department of Health briefs the Government, before each budget, on the health considerations to be taken into account when examining excise and other revenue from alcohol. While the Department of Health has responsibility for the health-related aspects of alcohol policy, alcohol taxation is the responsibility of The Treasury. It is not clear what level of interaction there is between the Treasury, the Department of Health and the relevant Ministers on this issue.

While the Commonwealth Government has sole policy responsibility for alcohol taxation, state and territory governments are responsible for regulating the sale, supply and promotion of alcohol in their jurisdictions. States and territories administer and enforce liquor legislation and often bear the financial cost of alcohol harm due to responsibility for hospital and policing services. To address these costs, the Australian Capital Territory (ACT), Queensland, Victoria and NSW, have introduced risk-based licensing, a system where liquor licence fees are charged annually and are scaled according to risk.

It is not clear whether relevant state and territory agencies brief their respective governments prior to each budget on health and other alcohol-related considerations to be taken into account when considering revenue from alcohol.

RECOMMENDATION 19: That the Commonwealth Department of Health prepare and publish a comprehensive analysis of the costs of alcohol abuse in Australian society.

FRASER GOVERNMENT RESPONSE

Accepted, within the constraints of existing resources.

CURRENT SITUATION: SOME ACTION TAKEN

The Commonwealth Department of Health commissioned economists David Collins and Helen Lapsley to undertake four studies estimating the social costs of the abuse of drugs (alcohol, tobacco and illicit drugs) in Australia. These were undertaken for the years 1988, 1992, 1998-99 and 2004-05.⁵⁸ The fourth report, released in 2008, estimated the total social cost of alcohol abuse to be \$15.3 billion in 2004-05, with alcohol and illicit drugs acting together accounting for another \$1.1 billion.⁵⁹ This is the net cost, and consistent with previous studies, Collins and Lapsley believed a conservative approach to estimation was adopted. The estimation included assessment of both tangible costs (for example

relating to crime, healthcare and lost productivity) and intangible costs (such as the loss of life, pain and suffering due to road accidents).

The Commonwealth Department of Health also commissioned Collins and Lapsley to undertake a study estimating the extent to which the social costs of alcohol abuse, estimated in 2004–05, could be reduced through implementation of appropriate public policy interventions. The study estimated both the proportion of Australian social costs which are potentially avoidable and the values of the potential benefits of the identified interventions. The report, released in 2008, identified the following effective interventions which have quantifiable benefits:

- higher alcohol taxation, including differential tax rates on forms of alcohol which are particularly subject to abuse
- partial or complete bans on the advertising and promotion of alcohol
- measures to reduce drink driving—more intensive enforcement of random breath testing
- lowering the legal blood alcohol concentration (BAC) level, and
- brief interventions by primary care physicians to reduce hazardous alcohol consumption.⁶⁰

All cost-related study methodologies contain a number of inherent assumptions and interpretations that can leave such methodologies open to critique. Mainstream economists were critical of some aspects of the methodology used by Collins and Lapsley, perhaps contributing to the abandonment of this series of studies after 2004–05.

In the absence of a cost study funded by Commonwealth Department of Health, other organisations and institutions have undertaken such research. In 2010, the Alcohol Education and Rehabilitation Foundation (now FARE) released *The Range and Magnitude of Alcohol's Harm to Others*.⁶¹ This study aimed to quantify, for the first time, the range and magnitude of alcohol's harm to others, and moved beyond the scope of Collins' and Lapsley's previous estimates which had focused predominantly on the cost to drinkers themselves and the direct costs to society. This study quantified alcohol's harm to others as more than \$14 billion in tangible costs and more than \$6 billion in intangible costs. When combined with estimates made by Collins and Lapsley, and allowing for overlap, the total cost of alcohol misuse in Australia was estimated to be \$36 billion.⁶²

The methodology used in *The Range and Magnitude of Alcohol's Harm to Others* is considered robust, with Marsden Jacob Associates identifying advantages associated with focussing on the costs of harms to others as:

- *it rebalances the debate by drawing analytical attention to the substantial costs of alcohol consumption and behaviour which lie in areas other than impacts on drinkers themselves.*
- *HTO [harm to others] are externalities by definition. Consequently, the issue of conflicting value judgements on what constitutes an externality can be reduced.*⁶³

Other alcohol cost-related studies are listed below:

- In 2010, the University of Queensland and Deakin University released the *ACE-Prevention* study that aimed to evaluate the costs and benefits of health interventions, including alcohol-related interventions.⁶⁴
- In 2013, the Australian Institute of Criminology released *The societal costs of alcohol misuse in Australia* that estimated the total costs to society of alcohol-related problems in 2010 to be \$14.35 billion.⁶⁵ This estimate does not include self-reported assessments of costs and is therefore considered as conservative.

In 2014, FARE and VicHealth in collaboration with Turning Point released *Alcohol's burden of disease in Australia*⁶⁶ that utilised the most up-to-date methodology at the time for estimating alcohol-related harm and beneficial effects. Consistent with other burden of disease studies, the metric used was Disability Adjusted Life Years (DALYs). The burden of disease methodology is now used globally with both the World Health Organization and the Institute for Health Metrics and Evaluation currently conducting Global Burden of Disease studies to quantify health loss from hundreds of diseases, injuries and risk factors.

THEME 2: ALCOHOL AND THE WORKFORCE

SUMMARY: Health and safety in the workplace has been transformed for the better since 1977. Due to a combination of factors, these four recommendations are arguably not as relevant today compared with other recommendations outlined in the Baume Report. While the Commonwealth Government did provide funding and work with unions and employers to establish workforce alcohol programs, such programs have since evolved due to changes in the broader workplace safety environment.

RECOMMENDATION 9: That the Federal Government take urgent steps to introduce into the Commonwealth Public Service an appropriate program to deal with alcohol abuse, and that all possible encouragement be given to the State Public Services to follow the direction taken in Victoria.

FRASER GOVERNMENT RESPONSE

The Public Service Board, in consultation with the Commonwealth Department of Health, has produced guidelines and is currently pursuing a program on alcohol misuse. The Board and the Department will be asked to report on the appropriateness and effectiveness of the program.

RECOMMENDATION 10: That, in view of the demonstrated value of alcohol programs in industry, adequate long-term funding be provided by Commonwealth and State Governments specifically for the purpose of promoting, monitoring, evaluating and designing such programs.

FRASER GOVERNMENT RESPONSE

The Government will support this proposal, within the constraints of existing resources.

RECOMMENDATION 11: That the Federal Government give practical support and encouragement to Australian firms and trade unions for the development and introduction of their own alcohol-abuse programs with suitably trained personnel.

FRASER GOVERNMENT RESPONSE

The Government is currently encouraging the development of these programs through the Community Health Program and will continue to support the proposal, within existing resources.

RECOMMENDATION 12: That Commonwealth and State Governments participate with trade unions and employers in further research into and development of appropriate alcohol-abuse programs.

FRASER GOVERNMENT RESPONSE

The Government will support this proposal, within the constraints of existing resources.

CURRENT SITUATION: SOME ACTION TAKEN

Health and safety in the workplace has transformed significantly since publication of the Baume Report in 1977. Today's context is much different to the context within which these four recommendations were made. Due to a combination of factors, these recommendations are arguably not as relevant today compared with other recommendations outlined in the Baume Report. This however, should not detract from the importance and relevance of these recommendations at the time these were made.

For these reasons, this section of the analysis will be structured slightly differently to the others. One response will be provided for all four recommendations. This will attempt to describe the changing context and outline any progress made against these recommendations over the last 40 years. This section has been largely informed by key informant interviews.

CONTEXT AT TIME OF THE BAUME REPORT

Alcoholism, a term commonly used at the time, was perceived as being confined to a limited sector of society – middle-aged and chronically dependent people. In the lead up to the Senate Inquiry, this perception began to change with increasing awareness that alcohol was affecting a broader cross-section of society. This was evidenced, for example, by increasing numbers of people presenting at hospital accident and emergency departments with alcohol issues.

At this time, the workforce was more heavily unionised and a greater proportion of the workforce was engaged in manual labour. Employees' abuse and misuse of alcohol, particularly where this impacted on paid employment, was presenting a number of workplace issues. These issues were, however, not just confined to 'industrial' occupations.

Unlike other Baume Report recommendations which had more of a public health and prevention focus (in terms of how we now view these terms), these four recommendations were targeted more at the individual worker.

EARLY ALCOHOL PROGRAMS

As stated in the Baume report, the Commonwealth Government provided short-term funding of \$100,000 to the Australian Foundation on Alcoholism and Drug Dependence (now the Alcohol and Drug Foundation) to support its national work to combat alcoholism in industry. Such programs formed the first iteration of Employee Assistance Programs (EAPs).

A key feature of these early EAPs in Australia was the tripartite composition of their Boards of Management comprising government, trade unions and employer representatives (cited in Keys-Young, 1993).⁶⁷ At the Commonwealth level, a National Alcohol and Drug Dependence Industry Committee was convened in 1976 comprising senior representatives of the Australian Council of Trade Unions, the Confederation of Australian Industry, and the Commonwealth Government, with similar committees established in all jurisdictions.⁶⁸ Alcohol programs were established with Commonwealth Government funding.⁶⁹

Despite the collaboration, these early alcohol programs began to experience challenges. While many policies were developed, actual services were slow to commence, and stigma became an issue.⁷⁰

BROADENING OF EAPS AND A CHANGING ENVIRONMENT

In response to the challenges faced by early EAPs, these evolved into more holistic programs aimed at dealing with a broader range of employee- and workplace-related issues.^{71,72} By 1984, this more holistic approach had been adopted across Australia,⁷³ and in 1985, the Australian Council of Trade Unions passed a resolution of support for EAPs as the preferred model to address alcohol and other drug-related issues in the workplace.⁷⁴ The number of EAPs increased in the 1990s.⁷⁵

During this time, a number of broader environmental factors began to impact on the issue. Occupational health and safety (OHS) regulations began to tighten, with employer duty of care provisions built into relevant state and territory legislation.⁷⁶ These duty of care provisions included minimising hazards and risks, including from alcohol and drug use. Tripartite arrangements continued in some jurisdictions, some in the form of occupational health and safety commissions, as in WA.

Other potential influencing factors included growing awareness among some employers of legal liability, increasing awareness of alcohol harm and alcohol's broader impact on society, enhanced

drink driving interventions, the establishment of multinational companies in Australia with longer histories of health-focused workplace interventions, and the 1986 introduction of a Fringe Benefits Tax levied on employers.

CRITICISM OF THE EAPS APPROACH

EAPs are largely influenced by the disease model – a model that identifies individuals with problems and rehabilitates them. This approach began to attract criticism including that:

- They tended to focus more on the individual rather than the broader environmental conditions that might be contributing to the individual's issues.
- They tended to focus more on treatment rather than prevention and early intervention.
- In terms of drinkers, they tended to capture those with significant alcohol issues but failed to recognise harm from occasional intoxication.
- The programs tended to be confined to larger organisations or conglomerates.
- In relation to people referred for work performance, there were concerns that their ability to return to work was being determined by whether they had stopped drinking.
- A one-size-fits-all model does not work for all employees.

CONTEXT TODAY

With increasing demand for more holistic services beyond an alcohol and drugs focus, the Commonwealth Government ceased funding arrangement for EAPs through drug and alcohol grants in 1993 (cited in Peters, 1997).⁷⁷ Today, all EAPs are privately run for-profit services.

Australia's workforce composition has changed significantly since 1977, with a lower proportion of workers engaged in manual labour. In relation to workplaces, the main policy lever available to governments is now regulation, with governments unlikely to get involved in workplace practices to the extent proposed in 1977.

Today EAPs, with their broader health and wellbeing focus, is a service commonly offered in workplaces. Given the changing context, there is currently no specific program to deal with alcohol abuse in the Australian Public Service. The Australian Public Service Commission's focus is on broader health and wellbeing, promoting policies and practices that facilitate healthy and safe workplaces while improving employee attendance. This includes flexible workplace practices, EAPs which provide staff with access to counselling services, and other programs focusing on mental health, exercise, diet, alcohol, smoking and workplace assessments.⁷⁸

Despite EAPs existing since the 1970s, limited research on the conduct of and effectiveness of EAPs has been undertaken in Australia.⁷⁹ A recent qualitative study investigating how and why EAPs are used in organisations found that participants considered EAPs to be vital source of support for staff, particularly in terms of the provision of short-term counselling; a cost-effective mechanism for managing risk and developing staff; and an industry expectation.⁸⁰ Some EAPs have now become more of a conduit for treatment referral rather than a workplace-specific treatment provider. It is recognised that what works for one individual doesn't necessarily work for another, and that it is not appropriate for workplaces to prescribe a particular type of treatment.

Today, a range of options are available to prevent, manage and treat alcohol-related issues. Services can be accessed via general practitioners (GPs), social workers, community-based workers and residential-based workers.

In addition, many workplaces have completely banned alcohol and drugs, with these policies strictly enforced through regular onsite alcohol and drug testing.

As previously stated, the evolution of this context is the result of a range of factors and has not occurred in a linear type of way or solely in response to the Baume Report recommendations.

THEME 3: ALCOHOL AND ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

SUMMARY: There is now a high level of recognition of the impact of alcohol on Aboriginal and Torres Strait Islander peoples. This issue has been subject to numerous government reviews and inquiries over the years, is now addressed in a range of high-level strategies, and has resulted in implementation of a range of high-profile policy mechanisms and 'experiments' at the Commonwealth and state and territory levels. Despite this, Aboriginal and Torres Strait Islander people continue to be disproportionately affected by alcohol.

“Unless urgent action is taken, part of our original Australian community may be wiped out by this [alcohol] epidemic (p58)

RECOMMENDATION 13: That the Federal Government implement the recommendations made by Committees of both Houses on alcohol and its use by the Aboriginal community, and report to the Parliament on the steps which it takes in accordance with those recommendations.

FRASER GOVERNMENT RESPONSE

Action has already been taken by the Department of Aboriginal Affairs, and a report made to Parliament.

CURRENT SITUATION: SOME ACTION TAKEN

At the time the Baume Report was prepared, recognition that the end of prohibition meant serious problems in Aboriginal communities was just beginning to sink in. The problems of drinking among Aboriginal Australians were only in the process of becoming evident in Australian politics in the late 1970s. Prohibition of access to alcohol for Aboriginal Australians had only ended in the previous two decades, and the anthropological literature, for instance, had only begun to acknowledge there was a serious problem.⁸¹

On 1 November 1977, the House of Representatives Standing Committee on Aboriginal Affairs tabled its final report on the impact of alcohol on Aboriginal people, *Alcohol problems of Aboriginals*.⁸² In the report's foreword, the Committee states that "it believes that the most effective methods of tackling the problems are preventive measures aimed at overcoming the causes of alcohol abuse".⁸³ The report outlines 28 recommendations (Attachment 1) across a range of areas including consultation with Aboriginal people, environmental conditions, licensed clubs or beer canteens, liquor legislation, education programs, social security benefits, treatments services, Aboriginal health workforce, and the decriminalisation of drunkenness in the NT.⁸⁴

In a speech to the Senate on 18 September 1979, the Hon Fred Chaney, then Senator and Minister for Aboriginal Affairs, outlined the Fraser Government's response to the report.⁸⁵ Senator Chaney stated that 16 of the 28 recommendations (1, 3, 4-5, 7-8, 13, 17-21, 24-25, 27-28) related to policies or programs being undertaken by the Department of Aboriginal Affairs in conjunction with other Departments. For the remaining recommendations, he outlined the steps he would take to raise these with the relevant departments and/or state or territory governments.

Fast forward to 2017 and sadly Aboriginal and Torres Strait Islander peoples and communities continue to be disproportionately affected by alcohol misuse, family violence and alcohol-related family violence.⁸⁶ While some of these recommendations outlined in *Alcohol problems of Aboriginals* have been implemented by successive Commonwealth, state and territory governments, many remain relevant today.

While Aboriginal and Torres Strait Islander people are more likely than non-Indigenous Australians to abstain from alcohol, among those who do drink alcohol, a higher proportion of Aboriginal and

Torres Strait Islander peoples drink at risky levels.⁸⁷ Over the period 2011–15, in New South Wales (NSW), Queensland, Western Australia (WA), South Australia (SA) and the Northern Territory (NT) combined, Aboriginal and Torres Strait Islander males died from alcohol-related causes at five times the rate of non-Indigenous males, and Aboriginal and Torres Strait Islander females at six times the non-Indigenous rate.⁸⁸ Over the period July 2013 to June 2015, there were 9,816 hospitalisations of Aboriginal and Torres Strait Islander peoples with a principal diagnosis related to alcohol use.⁸⁹ This represented two per cent of all hospitalisations of Indigenous Australians (excluding dialysis).

Self-reported data from the 2014–15 National Aboriginal and Torres Strait Islander Social Survey shows that nearly one-quarter (23 per cent) of Aboriginal and Torres Strait Islander adults had experienced physical or threatened physical violence in the previous 12 months.⁹⁰ Half (50.2 per cent) of Aboriginal and Torres Strait Islander people aged 15 years and over who had experienced physical violence in the last 12 months said that a family member (including a current or previous partner) was the perpetrator of the most recent incident.⁹¹ The majority (87 per cent) of intimate partner homicides among Aboriginal and Torres Strait Islander peoples from 2000 to 2006 were alcohol-related.⁹²

There is now a high level of recognition of the impact of alcohol on Aboriginal and Torres Strait Islander peoples, as well as the widespread inequities that exist between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. This can be demonstrated by incorporation of the need to address alcohol and alcohol harm in a range of high-level strategies such as the National Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019,⁹³ the National Aboriginal and Torres Strait Islander Health Plan 2013-2023,⁹⁴ and the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing 2017-2023.⁹⁵ Broader and more holistic strategies such as the Closing the Gap strategy and the Indigenous Advancement Strategy have aimed at addressing wider inequities across a range of areas such as health, education, employment and housing.

The issue of alcohol has been the subject of and/or featured heavily in numerous government reviews and inquiries over the last 40 years, including the Royal Commission into Aboriginal Deaths in Custody in the late 1980s, the 2014 House of Representatives inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities,⁹⁶ and the 2012 House of Representatives inquiry into Fetal Alcohol Spectrum Disorders.⁹⁷

Successive Commonwealth, state and territory governments have tried to address these issues through a range of high-profile policy mechanisms and 'experiments' such as the NT's Living with Alcohol Program (LWAP),^d the Northern Territory Emergency Response (NTER) that introduced widespread alcohol restrictions on NT Aboriginal land, and the current trial of the BasicsCard (cashless welfare card). Pockets of success include the levy on alcohol products introduced as part of the LWAP in the 1990s which resulted in a reduction in acute alcohol-attributable deaths in the NT.⁹⁸ Nevertheless, positive changes have generally not been sustained due to a range of factors including the top-down and short-term nature of many approaches. Long-term, sustainable and community-driven policy solutions, programs and funding, are still required, as well as genuine reconciliation between the wider Australian community and Aboriginal and Torres Strait Islander peoples.

^d The Living with Alcohol Problem did not focus specifically on Aboriginal and Torres Strait Islander peoples in the NT.

THEME 4: ENFORCEMENT

SUMMARY: The environment in which alcohol is promoted and sold has changed substantially since 1977. Over the last 40 years, liquor licensing legislation has been reviewed and revised in all jurisdictions. Despite this, major enforcement challenges continue to exist indicating that enforcement has failed to keep pace with the increasingly permissive environment.

RECOMMENDATION 14: That the Australian Capital Territory Police have restored to them the authority to enter licensed premises to deal with the problem of under-age drinking.

FRASER GOVERNMENT RESPONSE

Already implemented.

CURRENT SITUATION: COMPLETED

The Australian Capital Territory *Liquor Act 2010* (the Act) provides a number of mechanisms to address under-age drinking on licensed premises. Under section 110 of the Act, a liquor licensee or permit holder commits an offence if they supply liquor to a child or young person.⁹⁹ Section 154 provides authorised people, such as police, the power to enter licensed premises.¹⁰⁰ Section 146 also provides a senior police officer the power to issue an 'emergency closure order' for 24 hours where a licensee or permit-holder has breached, or is likely to breach, the Act, or to protect the safety of the community.¹⁰¹

RECOMMENDATION 15: That State and Territory licensing laws be more strictly enforced than at present.

FRASER GOVERNMENT RESPONSE

This recommendation is being drawn to the attention of the States and Territories.

CURRENT SITUATION: NO PROGRESS MADE

This recommendation contains two aspects: the nature of state and territory liquor licensing laws; and the extent to which these laws are enforced. It is important to note, however, that any assessment of progress made against this recommendation cannot be separated from the fact that the context within which alcohol is now promoted and sold has changed drastically since 1977.

One significant change is the "unprecedented growth in the availability of alcohol", largely a result of the application of National Competition Policy principles in the 1990s.¹⁰² In addition to an increase in liquor licences, the nature of the retail market has also changed substantially. The application of Competition Policy Principles also resulted in caps on ownership being lifted, allowing major supermarket chains to expand their packaged liquor businesses.¹⁰³ Today, nearly 80 per cent of alcohol consumed in Australia is sold at packaged liquor outlets; ¹⁰⁴ alcohol can be purchased online and delivered to homes; on-licence venues can trade well beyond 10pm, some even 24 hours; certain products such as wine can be purchased very cheaply making them very accessible; and there is now a broad range of alcoholic products available for purchase. Alcohol is now promoted more heavily than ever before through traditional media, social media, outdoors, and through sponsorship and other commercial arrangements. All of these developments have created new legislative and enforcement challenges for all levels of government.

In terms of the nature of state and territory liquor licensing legislation, all jurisdictions have reviewed and revised these laws. At the symbolic level, liquor legislation across all jurisdictions now include 'objects of the Act' with harm minimisation objectives.¹⁰⁵ The acts also include a number of statutory provisions regulating:

- who can sell and supply alcohol
- the commercial practices of licensed premises
- offences and duties of licensees
- disciplinary procedures and penalties
- who can consume and access alcohol, and
- where alcohol can or cannot be consumed and/or possessed.¹⁰⁶

Liquor legislation revision has resulted in the inclusion of new offences and penalties. For example, all states and territories have now introduced secondary supply provisions (South Australia (SA) being the last jurisdiction to do so recently).^{107,108} To varying extents, jurisdictions have introduced powers to remove, exclude and prevent problem patrons from attending licensed premises,¹⁰⁹ and include provisions making it an offence to conduct certain types of promotional activity. Despite these changes, legislation remains imperfect and many gaps remain. In many jurisdictions, current liquor policies and legislation do not pay adequate attention to the harm caused by off-licence premises.¹¹⁰ In other jurisdictions like SA, current liquor legislation does not contain adequate provisions aimed at restricting or banning alcohol marketing and promotion.

In relation to enforcement, available evidence combined with the significant change in context within which alcohol is now promoted and sold, makes it challenging to conclude that licensing laws are being more strictly enforced than in 1977. Enforcement of liquor legislation is equally as important as the legislation itself.¹¹¹ While states' and territories' liquor legislation have evolved since 1977, major enforcement challenges have increased predominantly due to the substantial increases in numbers of licensed premises (see Theme 5 – Physical Availability).

One of these challenges stems from the fact that formal "objects" of liquor legislation contain competing objectives. On the one hand, these include harm minimisation objectives and on the other hand, these may include objectives aimed at supporting the development of the licensed hospitality and tourism industries. While harm minimisation is the primary object in some jurisdictions, in others it is one of several primary objects or one of a number of equally ranked objects.¹¹² As Davoren and O'Brien (2014) argue, this has implications for how liquor licensing decisions are made.¹¹³ Even when harm minimisation has primacy, interpretations can still result in increased alcohol availability.¹¹⁴

Responsible service of alcohol (RSA) provisions have been largely ineffective at preventing intoxication at licensed premises due to lack of enforcement. In Australia, all persons involved in alcohol service are required to complete RSA training. However, this training is only useful if it is applied fully and consistently by staff. Without appropriate enforcement mechanisms, RSA measures have limited impact on the behaviour of people working in licensed venues and do not reduce alcohol harm.¹¹⁵ A recent observational study of licensed premises across five Australian cities found that 85 per cent of patrons were being served alcohol until they were heavily intoxicated.¹¹⁶ This supports the notion that the responsible service of alcohol is not taking place. Contributing to this issue is the fact that convictions for selling alcohol to intoxicated patrons are also rare, making up a minority of liquor law breaches.¹¹⁷

Enforcement of liquor legislation is shared between licensing regulators and the police in all jurisdictions, although the types of powers and functions vary.¹¹⁸ Licensing regulators generally are responsible for making liquor licensing decisions and managing licensee compliance, with police powers confined more to law enforcement matters. These powers can be both complementary and conflicting, and ambiguity surrounding respective roles and responsibilities can also add to enforcement challenges.¹¹⁹

As outlined by Nicholas, Trifonoff and Roche (2014), police experience a number of challenges when enforcing liquor licensing legislation. These include the complexity and changing nature of liquor licensing legislation, difficulties with dealing with and proving gross intoxication, difficulties with collecting adequate alcohol-related data to inform policing decisions, difficulties in managing harm caused by packaged liquor outlets due to inadequate data and legislative constraints, and difficulties with adequately managing secondary supply of alcohol to underage persons.¹²⁰

An additional challenge with enforcement across all states and territories is that it tends to be more reactive than proactive in nature. While licensing regulators do conduct some proactive compliance activities (some much more effectively than others), the effectiveness of these activities is dependent on the way in which venues are notified of these visits; the frequency, timing and nature of the visits; and the way in which any breaches are managed. Swift and certain sanctions create strong and predictable deterrents and penalties for offensive and dangerous conduct by licensees, permit holders, and their staff at licensed premises. Studies have found that there is a close relationship between perceived risk of apprehension and self-willingness to engage in crime.¹²¹ Without such sanctions, monitoring and compliance activities are ineffective.

These are just some of the many enforcement challenges that exist today. The above indicates that liquor licensing legislation, and in particular enforcement, have not managed to keep up with today's environment which is much different from that of 1977. Effective enforcement remains a key challenge today.

RECOMMENDATION 16: That section 60 (bona fide travellers provision) of the New South Wales Licensing and Liquor Act be repealed.

FRASER GOVERNMENT RESPONSE

This recommendation is one for consideration by the New South Wales Government. The Commonwealth notes that section 60 has been repealed, but that the repeal is in the context of a liberalisation of the New South Wales Licensing Act and therefore contrary to the intent of the recommendation.

CURRENT SITUATION: COMPLETED

This recommendation was made at a time when alcohol sales in NSW were generally confined to pubs that closed at 6pm. Given changes in alcohol availability over the last 40 years, such as the rise of packaged liquor outlets and later and extended trading hours, this recommendation has essentially been superseded by other changes.

In 1982, the NSW *Liquor Act 1912* was repealed and substituted by the *Liquor Bill 1982* which aimed to streamline liquor regulation.¹²² Since then, NSW liquor legislation has been through various iterations until 2007 when the *Liquor Act 2007* was introduced. The *Liquor Act 2007*¹²³ regulates and controls the sale and supply of alcohol and certain aspects of the use of premises on which alcohol is sold or supplied. It does not provide special scope for liquor to be served to bona fide travellers at certain times.

THEME 5: PHYSICAL AVAILABILITY

SUMMARY: The availability of alcohol is influenced by a range of factors including trading hours, the number and type of outlets, and the range of alcoholic products available for purchase. While the foundations for deregulation of alcohol in Australia were laid well before the 1990s, the application of Competition Policy Principles has resulted in a rapid increase in the availability of alcohol. Despite the 2015 Competition Policy Review Final Report recognising that alcohol is no ordinary commodity, alcohol is now more affordable and available than in 1977.

RECOMMENDATION 17: That State Governments defer relaxation of regulations regarding sales outlets and that the Commonwealth Government not in any way increase the availability of alcohol.

FRASER GOVERNMENT RESPONSE

This recommendation is being drawn to the attention of the States and Territories.

CURRENT SITUATION: NO PROGRESS MADE

Physical availability of alcohol is influenced by a range of factors including: the hours and days of the week that alcohol can be sold; the location, number, density (concentration in a particular area) and type of alcohol outlets; and the range of alcohol products available for purchase. Rapid changes in the availability of alcohol over the last few decades, largely attributable to the application of Competition Policy Principles, are fundamentally a manifestation of Australia's strong neoliberal thrust towards a deregulated market-oriented economy.

LAYING THE FOUNDATIONS FOR ALCOHOL DEREGULATION

The foundations for deregulation of alcohol in Australia can be traced back to the reaction against the temperance movement and the shifting in the "cultural position of alcohol" in society.¹²⁴ Alcohol controls put in place during the temperance era had already begun to relax by the 1960s.¹²⁵ As observed by Craze and Norberry (1994:39) in relation to the state of liquor licensing legislation in Australia in the 1990s:

*a noticeable development...has been the shift by legislatures away from the social purposes of the restriction of liquor sale, supply and public consumption for the purposes of deregulation, the reduction of state interference with the liquor industry, the encouragement of diversity in services and facilities and the promotion of tourism and economic prosperity.*¹²⁶

As argued by Room (2010), these developments left remaining alcohol restrictions vulnerable to the impact of competition policy.¹²⁷

THE IMPACT OF COMPETITION POLICY PRINCIPLES ON ALCOHOL REGULATION

The application of Competition Policy Principles on alcohol regulation from the 1990s onwards has resulted in alcohol becoming more available and more affordable than it has been in more than three decades.¹²⁸ Following the release of the National Competition Policy report in 1993, state and territory governments, at the insistence of the Commonwealth Government, reformed their liquor licensing legislation, resulting in unprecedented growth in the availability and affordability of alcohol in the past two decades.¹²⁹

In 2003, the Commonwealth Government withheld competition payments of \$27.2 million from five Australian jurisdictions, NSW, Queensland, WA, SA and the NT, for failing to reform their liquor licensing regulations.¹³⁰ These jurisdictions were further penalised in 2005 with the National Competition Council (NCC) recommending that these states lose five per cent of their annual payment, equating to \$7.8 million for Queensland, \$3.9 million for WA, \$3 million for SA and \$400,000 for the NT.¹³¹ The threat of further and ongoing loss of competition payments pressured state and territory governments to reform their liquor licensing legislation, leading to greater liberalisation of alcohol licensing.

In 2003 the then NSW Premier the Hon Bob Carr said in a radio interview that he was being forced to “adopt policies that encourage alcoholism, all in the name of competition” and that Competition Policy:

...just increases pretty dramatically the number of outlets, and there would've been a consensus at our liquor summit some months ago, where we had all the stakeholders gathered in Parliament House, that you don't increase the number of outlets if you want to control teenage access to liquor, which is a major component of the problem we've got with liquor abuse.¹³²

The adoption of Competition Policy Principles has resulted in consistent growth in numbers of liquor licences in Australia and an increase of liquor licences per head of population over 18 years of age. As at June 2016, there were approximately 59,116 liquor licenses in Australia. Please note that state and territory liquor licensing systems all classify liquor licences in different ways.

Table 2: Liquor licences by jurisdiction as of 30 June 2016

JURISDICTION	NUMBER OF LIQUOR LICENCES	LIQUOR LICENCES PER 100,000 POPULATION
NSW	15,369	199
QLD	7,760	160
SA	6,843	399
WA	4,800	188
TAS	1,603	310
VIC	21,500	348
NT	537	219
ACT	704	174
TOTAL	59,116	244

Sources: NSW Department of Justice Annual Report 2015-16; Queensland Office of Liquor and Gaming Regulation Annual Statistical Report 15-16; SA Consumer and Business Services Annual Report 2015-16; WA Department of Racing, Gaming and Liquor 2015-16 Annual Report; Tasmanian Treasury liquor industry data; Victorian Commission for Gambling and Liquor Regulation Annual Report 2015-16; NT Director-General of Licensing Annual Report 2015-16; ACT Access Canberra data; Australian Bureau of Statistics Cat. No. 3101.0 – Australian Demographic Statistics, March 2017.

Victoria has seen the most dramatic change in the number of liquor licences and now has the most deregulated alcohol market across Australia. This is despite reservations being expressed by members of Parliament in 2006 about the increasing liberalisation of liquor licensing in Victoria and that alcohol “... should be exempted from the NCP [National Competition Policy] for health-related reasons.”¹³³

Two substantial reviews of liquor licensing took place in Victoria 1987 and in 1998. The second, which had Terms of Reference constrained by the competition policy agreement, introduced Competition Policy Principles to liquor licensing legislation. These reviews broadened the type of licences available and relaxed trading hours. Since 1998 licensed premises have more than doubled in Victoria, from 8,965 to 21,610 in 2016.¹³⁴ There has also been an expansion in the number of late night trading premises, with 966 premises able to trade late at night as of July 2017, including 122 that can trade for 24 hours, 365 days of the year.

Table 3: Extended trading licences by type, Victoria, July 2017

	ON-PREMISES	GENERAL	PACKAGED LIQUOR	RESTAURANT AND CAFÉ
2AM	20	20	1	18
3AM	214	230		70
4AM	15	7		8
5AM	42	57		12
6AM	2	1		
7AM	33	75		8
24 HOURS x 365 DAYS	24	89		9
AIRPORT 24 HOURS	5	5	1	

Source: The Victorian Commission for Gambling and Liquor Regulation

The increase in licensed premises is not just confined to Victoria. SA experienced a 40 per cent increase in liquor licenses from 2003 to 2016,¹³⁵ and Tasmania saw a 24 per cent increase in liquor licenses from 2006 to 2016.¹³⁶ The Australian Liquor Stores Association highlighted in an industry magazine in April 2015 that packaged liquor outlets nationally increased by 20 per cent in the six years from 2008 to 2014, with the 38 per cent increase in NSW due to regulatory changes.¹³⁷

IMPLEMENTATION OF TRADING HOUR RESTRICTIONS

Trading hour restrictions were not as relevant in 1977 given the sale of alcohol was largely confined to pubs that shut around 10pm. As discussed above, the situation is much different now. In an effort to curb alcohol-related violence, some state governments have made recent attempts to address the availability of alcohol through the implementation of trading hour restrictions. In 2014, the NSW Government introduced a package of measures aimed at reducing alcohol harm that included 3am last drinks and a 1:30am lockout in Sydney; and a 10pm closing time for off-premise alcohol sales statewide. In response to the findings of the independent liquor law review (Callinan Review), the NSW Government extended lockouts from 1:30am to 2am and last drinks from 3am to 3:30am.¹³⁸

On 1 July 2016, the Queensland Government also introduced trading hour measures as part its *Tackling Alcohol-fuelled Violence* policy. This included a state-wide cessation of the service of alcohol at 2am (unless the venue is in a Safe Night Precinct) and 3am last drinks in Safe Night Precincts.

AUSTRALIAN GOVERNMENT COMPETITION POLICY REVIEW

In 2013, the then Abbott Government announced a review of competition policy. The Review Panel, appointed in March 2014, were tasked with examining "...whether Australia's Competition Policy, laws and institutions remain fit for purpose..." In March 2015, the Review Panel released its Final Report and made it very clear that it supported the view that that "the risk of harm from liquor provides a clear justification for liquor regulation, any review of liquor licensing regulations against competition principles must take proper account of the public interest in minimising this potential harm".¹³⁹ They agreed with the many submitters including FARE which noted that "Alcohol, because of its potential to cause harms, is not like other products. It is not the same as cornflakes, nor is it similar to washing powder or orange juice".

The Competition Policy Review Final Report (Report) states that:

*...the Panel does not propose that the recommendation to deregulate trading hours for sellers of 'ordinary' goods and services (see Recommendation 12) should prevent policy makers from regulating trading times for alcohol retailing (or gambling) in order to achieve the public policy objective of harm minimisation. Similarly, the recommendation that competition be taken into account as an important part of the planning and zoning process (see Recommendation 9) should not be interpreted as removing any ability for governments, in dealing with planning and zoning, to take full account of harm minimisation as an objective.*¹⁴⁰

The Panel reinforces this message in other parts of the Report with comments such as “it is certainly not the Panel’s view that the promotion of competition should always trump other legitimate public policy considerations”¹⁴¹ and “The goal is to ensure that regulation does not restrict competition, except to the extent required to meet other overriding policy objectives”.¹⁴²

It is worth noting that despite the Competition Policy Review Final Report, there have been no major changes in the overall direction of liquor licensing legislation aimed at reducing the availability of alcohol. While some state governments have recently introduced trading hour restrictions, these have come at the tail end of the last 40 years and have only addressed part of the availability issue. The recent NT Alcohol Polices and Legislation Review does provide a real opportunity for the NT Government to introduce availability measures and address the high level of harm caused by alcohol in the Territory.

THEME 6: ADVERTISING AND SPONSORSHIP

SUMMARY: Despite the Baume Report's calls for alcohol advertising to be banned, there has been little, if any, progress made against these recommendations. While evidence demonstrates self-regulation does not work, alcohol advertising in Australia continues to be predominantly self-regulated. This has contributed to the increasing proliferation of alcohol advertising, exposing vulnerable Australians to alcohol harm. Alcohol sponsorship of sport has also become commonplace, with teams and members of major professional sporting codes continuing to lend their names to the promotion of alcohol.

“The Committee is concerned that, given the high level of exposure of people – especially the young – to mass media advertising...the pressures of advertising will augment pressures by peer groups to push young people into drinking (p61)

RECOMMENDATION 18: That the Commonwealth Department of Health examine the relationship between merchandising and alcohol consumption patterns and advise on the types of sales outlets most appropriate to the attainment of the desired national goals.

FRASER GOVERNMENT RESPONSE

Some preliminary work has already been done by the Department. Further work will be undertaken, within the constraints of existing resources.

CURRENT SITUATION: NO PROGRESS MADE

Today, alcohol sales are no longer confined to licensed hotels. Over the last 40 years, the types of alcoholic products available and the places where alcohol can be purchased, have evolved significantly. Today, nearly 80 per cent of alcohol consumed in Australia is sold at takeaway liquor outlets.¹⁴³ The packed liquor retail market is now dominated by the two major Australian supermarket chains, Woolworths and Coles,¹⁴⁴ a development that has greatly contributed to alcohol being more available and more affordable than ever before (see previous section). These changes can be largely attributed to Australia's market-oriented economy and the failure of regulation to keep pace with resulting changes.

Alcohol marketing and promotion now extends well beyond the physical confines of retail stores. Media channels used to promote alcohol advertising have changed over the last two decades, and retailers now dominate expenditure in this area.¹⁴⁵ Transformation of the media and technology has contributed to this, with both traditional (including newspapers and television) and increasingly 'new' media (including social media and websites) used to advertise alcohol.

Knowledge has been greatly enhanced about the impact of alcohol advertising. The relationship between alcohol marketing, alcohol consumption patterns and subsequent harms has been well researched, albeit not necessarily commissioned by the Commonwealth Department of Health. Numerous Commonwealth Government documents acknowledge the negative relationship between alcohol marketing and promotion and alcohol consumption, particularly among children and young people. For example, the National Alcohol Strategy 2006-2009 states that "the wide-ranging ways in which alcohol is promoted is a major force behind Australia's drinking cultures",¹⁴⁶ and that it is "vital that alcohol promotions be regulated to ensure public health and safety interest are upheld".¹⁴⁷ Similarly, the National Drug Strategy 2017-2026 lists "restrictions on promotion" as an "evidence-based and practice-informed" approach to reducing demand for alcohol.¹⁴⁸ It highlights the need for special attention to be given to promotions aimed at young people.

In recognition of the harm caused by alcohol sponsorship of sport, the Australian National Preventative Health Agency (ANPHA) implemented a Community Sponsorship Fund (CSF) in 2012. This was an initiative that provided replacement funding for national sporting organisations in exchange for the removal of alcohol marketing from their events, but ceased to exist in 2014. The CSF is discussed in further detail under Recommendation 24 below.

In April 2014, ANPHA released its Final Report on alcohol advertising.¹⁴⁹ The report discusses the extensive Australian and international research that shows that alcohol advertising influences young people's awareness of alcohol brands and their readiness to adopt alcohol consumption as a normal activity. The report states that

There is more than sufficient evidence in this area of public health risk to confirm the necessity of effective controls on the exposure of children and adolescents to alcohol promotion and to ensure that those controls are as broad as possible as new forms of marketing emerge.¹⁵⁰

Despite acknowledgement of the negative relationship between alcohol marketing and promotion and alcohol consumption, this analysis has been unable to identify whether the Commonwealth Department of Health has advised on appropriate types of sales outlets within this context. The rise of packaged liquor, the expansion of media channels for alcohol advertising, and the failure of regulatory systems to keep pace with these change, are contributing to the prolific nature of alcohol advertising today and warrants Department- and government-level action.

RECOMMENDATION 20: That the Commonwealth Government ban the advertising of alcoholic beverages, whether by way of corporate advertising or by exhibiting of the brand name of such beverages in a planned fashion, on radio and television and in areas under direct Commonwealth control, such as in the Territories and at airports.

RECOMMENDATION 21: That, until a total ban has been implemented, the question of substantial compliance with the voluntary code for the advertising of alcoholic beverages by brewers, distillers, wine makers and all retailers of alcoholic beverages be reviewed annually.

RECOMMENDATION 22: That State Governments and local government authorities be encouraged to ban the advertising of alcoholic beverages.

FRASER GOVERNMENT RESPONSE RECOMMENDATIONS 20 TO 22

The Government does not support a total ban. The Government notes that the industries concerned have developed a uniform voluntary code of advertising of alcoholic beverages. This code is oversighted by the Alcoholic Beverages Advertising Council and monitored regularly by the Commonwealth Department of Health. The Australian Broadcasting Tribunal and Trade Practices Commission already play important roles in this area.

CURRENT SITUATION – RECOMMENDATION 20: NO PROGRESS MADE

The Commonwealth Government has not banned the advertising of alcoholic beverages on radio, television and in areas under direct Commonwealth control. Alcohol advertising across Australia is predominantly self-regulated meaning that the advertising regulators, alcohol industry and government handle complaints and noncompliance jointly.

Today, alcohol advertising on television and radio are regulated through industry codes of practice registered with the Australian Communications and Media Authority (ACMA).^{151,152} For radio, the *Commercial Radio Code of Practice March 2017* has no restrictions on the advertising of alcoholic products. The only vague constraint in place states "Material not suitable for broadcast.... presents as desirable the misuse of alcoholic liquor".¹⁵³ Subscription radio has no restrictions on alcohol advertising.

For commercial television (free to air), the placement of alcohol advertising is controlled under the *Commercial Television Industry Code of Practice* (The Code). The Code prohibits alcohol advertising with the exception of live sports broadcasts, as an accompaniment to a non-live sports program on a weekend or public holiday and also during M and MA15+ classification zones (except between 5am-6am and 7.30pm-8.30 pm).¹⁵⁴ An exemption for live sports was first introduced in 1970,¹⁵⁵ with this exemption exposing children and young people to alcohol marketing given sporting events are often held or televised during times when they are likely to be watching or in attendance at the event.

The content and placement of alcohol advertising at airports is again regulated through industry codes of practice: the Outdoor Media Association's (OMA) Alcohol Advertising Guidelines and the Alcohol Beverages Advertising Code (ABAC) *Responsible Alcohol Marketing Code*. OMA's guideline prohibits alcohol advertising located within 150 metres of schools and states it will only accept alcohol advertising that has been pre-vetted by the ABAC.¹⁵⁶ However, the latter doesn't apply to 'Retail Price Advertisements' and membership of both the OMA and ABAC is voluntary. Further weaknesses with the ABAC scheme will be discussed in the next section.

The NT and the ACT are no longer under direct Commonwealth control, achieving self-government in 1978 and 1989 respectively. Both territories regulate alcohol advertising, to varying extents, through liquor legislation and policies.

In 2010, the Commonwealth Government responded to the report of the National Preventative Health Taskforce, *Australia: the healthiest country by 2020*. The Australian Government noted the Taskforce's recommendations relating to the need to regulate alcohol promotions stating that:

*The Government's approach is to pursue voluntary and collaborative approaches with the alcohol industry to promote a more responsible approach to alcohol in Australia before considering more mandatory regulation.*¹⁵⁷

In 2017, there continues to be little appetite by the Commonwealth Government to ban or impose any independent regulation of alcohol advertising.

CURRENT SITUATION – RECOMMENDATION 21: NO PROGRESS MADE

In the absence of a complete ban of alcohol advertising, the regulation of alcohol advertising content is reliant on an industry self-regulated and funded scheme, the ABAC. The scheme includes an optional pre-vetting system that assesses proposed marketing communications at an early stage of development, and an Adjudication Panel that investigates complaints. The ABAC is a voluntary code that applies to print, billboard, cinema, television, producer point of sale, radio and other marketing, and now covers both the content and placement of alcohol ads.

As outlined in ANPHA's Final Report on alcohol advertising, the ABAC scheme has been the subject of a number of formal and informal government reviews since 2003. This includes a major national review undertaken for the Council of Australian Governments (COAG) through the then Ministerial Council on Drug Strategy (MCDS) which recommended addressing a number of ABAC scheme shortcomings, including the lack of public awareness of the scheme, the lack of transparency around decisionmaking, and the failure to address public health concerns associated with alcohol advertising.¹⁵⁸ While ABAC revised the scheme in response to the review, the MCDS again raised concerns about the ABAC in 2009, stating (as cited in ANPHA, 2014) that it had "significant shortcomings and should be reformed as a mandatory co-regulatory scheme".¹⁵⁹

Similarly, in 2007, a study of magazine alcohol advertising compliance with the ABAC found that 52 per cent of items appeared to contravene at least one section of the ABAC, with breaches equally consistent across promotional items and advertisements.¹⁶⁰ The authors also concluded that the self-regulatory system was not working. Despite this evidence and the MCDS' recommendations in relation to the ABAC, a combination of factors, including industry opposition, has meant that these recommendations have not led to any major reform in this area.

The ABAC was recently updated to include rules surrounding placement of alcohol ads, as previously there were none. However, this new rule states that alcohol ads can only be placed where the audience is at least 75 per cent adults – with reference to a population where only 22 per cent of the population are children, with less than 10 per cent aged 10–17 years.¹⁶¹ The ABAC only applies to advertising during programs that are 'directed primarily to children'. This fails to include not only sport but programs such as Master Chef, Modern Family and the Simpsons which are the most popular among children.

Despite the ABAC taking responsibility for regulating content and placement of alcohol ads, the scheme is ineffective because it is voluntary and does not impose any meaningful sanctions for noncompliance. Given this, the question of reviewing alcohol industry compliance with the ABAC is redundant.

CURRENT SITUATION – RECOMMENDATION 22: SOME ACTION TAKEN

State and territory governments regulate some forms of alcohol advertising in their respective jurisdictions. This is done, to varying extents, through their respective liquor legislation. Such provisions generally relate to two types of alcohol advertising or promotion: undesirable liquor products and promotional activity conducted by licensed venues. These provisions have been incorporated in legislation in two ways: through the inclusion of specific provisions in liquor legislation that restrict or prohibit certain products or activities, and/or through the inclusion of power to make regulations relating to the advertising or promotion of alcohol.

The extent to which states and territories regulate alcohol advertising through their respective liquor legislation varies considerably. While the NSW *Liquor Act 2007* and *Liquor Regulation 2008* include the power to make regulations relating to alcohol advertising or promotion, specific product/package provisions, and specific promotional activity provisions,^e the South Australian *Liquor Licensing Act 1997* only includes one provision that enables the Minister to declare a specific liquor product.^f

In many jurisdictions, current liquor policies and legislation do not pay adequate attention to the harm caused by off-licence premises.¹⁶² For example, according to the ACT *Liquor (Responsible Promotion of Liquor) Guidelines 2012*, "discounts of 50% or more" is an unacceptable practice.¹⁶³ However, these guidelines have no enforcement power. Although regulation 29(1)(h) of the *Liquor Regulation 2010* prescribes promotional activities involving the sale of liquor at half, or less than, half the usual price, this only applies to liquor sold for consumption at the premises.¹⁶⁴ Failure to regulate the heavy discounting of alcohol by packaged liquor outlets is contributing to the alcohol harm.

In addition to liquor legislation, some states and territories have used policies to restrict alcohol advertising. In September 2015, the ACT Government banned the advertising of junk food, fossil fuels, gambling, alcohol and weapons from ACTION buses.¹⁶⁵ The SA Government is currently reviewing the content standards for advertising on Adelaide Metro vehicles with the intent to ban alcohol advertising, and the WA Government made a commitment in their election campaign to ban alcohol advertising on all Public Transport Authority property.^{166, 167}

Local government authorities generally do not play a major role in regulating alcohol advertising. This is despite Swensen (2016) arguing that such authorities, using WA as a case study, are well placed to regulate outdoor alcohol advertising due to their 'ownership' and responsibility for public spaces and the substantial statutory powers they possess under local government and town planning laws.¹⁶⁸

“In sad contrast to this, we now see the use of leading sportsmen – for instance, members of the Australian Test Cricket Team – in the promotion and advertising of alcohol. It is perhaps a pity that sportsmen and sportswomen lend their prestige to the promotion of products which, when used to excess, are so demonstrably harmful to so many Australians (p62)

^e See the NSW *Liquor Act 2007*: Part 6, Division 1, Sections 99–102; NSW *Liquor Regulation 2008*: Part 5A, Division 1, Clause 53FA; Part 5, Division 2, Sections 50 and 52;

^f See the SA *Liquor Licensing Act 1997*: Part 10A, Section 131AA.

RECOMMENDATION 23: That the Federal Minister for Environment, Housing and Community Development, and the State Ministers responsible for youth, sport and recreation, appeal to sportsmen and sportswomen throughout Australia not to lend their names and prestige to the promotion of alcoholic beverages.

FRASER GOVERNMENT RESPONSE

The Government supports the proposal and will attempt to have it implemented through an amendment to the voluntary code of advertising of alcoholic beverages.

CURRENT SITUATION: NO PROGRESS MADE

As mentioned previously, the alcohol industry self-regulates the content and placement of alcohol advertising through the ABAC scheme. However, the scheme is ineffective because it is voluntary and does not include any meaningful sanctions for noncompliance. In relation to alcohol sponsorship and the sporting elite, section 2b(v) of the ABAC Responsible Alcohol Marketing Code clearly states that the Code does not apply to sponsorship.¹⁶⁹

Given the absence of regulation in this area, alcohol sponsorship of professional sport has become all too common in Australia. XXXX Gold recently launched its 'Goldie' Australian cricket campaign¹⁷⁰ demonstrating that the Australian test cricketers have continued to lend their name to the promotion of alcohol. In addition to Cricket Australia, the major sponsors of the Australian Football League (AFL), National Rugby League (NRL), and Australian Rugby Union (ARU) are *Carlton Draught*, *Victoria Bitter*, and *Hahn Super Dry* respectively. In Tennis the Australian Open was sponsored by *Jacob's Creek* and the F1's major sponsor was *Heineken*. The proliferation of alcohol sponsorship today has resulted in alcohol branding featured on jerseys, merchandise, billboards, sporting fields and other signage.

Alcohol sponsorship of sporting events is resulting in children and young people associating alcohol with sport.^{171,172} 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.¹⁷³ This is not surprising given an estimated cumulative audience of 26.9 million Australian children and adolescents watching Australia's major televised sporting codes, AFL, Cricket and NRL are exposed to 51 million instances of alcohol advertising, with nearly half (47 per cent) of these broadcast during daytime programming between 6am and 8.30pm.¹⁷⁴

RECOMMENDATION 24: That the Commonwealth Government make any grants to sporting and cultural bodies conditional on their not accepting money from manufacturers and retailers of alcoholic beverages and investigate the possibility of indemnifying such bodies for loss of revenue, at least in the short term.

FRASER GOVERNMENT RESPONSE

Not accepted: some sporting and cultural bodies would experience financial difficulties, as it is unlikely that other interests would take over the support foregone, if the proposal were introduced.

CURRENT SITUATION: NO PROGRESS MADE

Commonwealth Government grants to sporting and cultural bodies are not conditional on these bodies not accepting money from the alcohol industry.

In 2012, the Australian National Preventative Health Agency (ANPHA) implemented a Community Sponsorship Fund (CSF), an initiative that provided replacement funding for national sporting organisations in exchange for the removal of alcohol marketing from their events. Sixteen Australian sporting organisations signed up to the fund, including the Football Federation of Australia and Surfing Australia.¹⁷⁵ This did not include three of the major sporting professional codes in Australia, the AFL, the NRL and Cricket Australia.¹⁷⁶ The CSF was established for a \$25 million commitment from Government but ceased in 2014 when ANPHA was abolished.

RECOMMENDATION 25: That the Commonwealth Government consider refusing tax deductibility for expenses incurred in the promotion of alcoholic beverages.

FRASER GOVERNMENT RESPONSE

Not accepted. This proposal is inconsistent with the general principle of the income tax law that expenditure incurred in deriving assessable income, or necessarily incurred in carrying on a business for the purpose of deriving assessable income, is an allowable deduction provided the expenditure is not of a capital, private or domestic nature. Furthermore, adoption of the recommendation would involve the complex task of isolating expenditure on promotion and, in the case of multiproduct enterprises such as retailers, it would be necessary to isolate the costs of promoting a particular product, or range of products, from their general costs of promotion.

CURRENT SITUATION: NO PROGRESS MADE

According to the Australian Taxation Office's website, businesses can claim a tax deduction for a range of operating expenses including advertising and sponsorship costs.¹⁷⁷ There is no caveat stating that this does not apply to alcohol-related advertising and sponsorship costs.

THEME 7: DRINK-DRIVING COUNTER MEASURES

“The relationship between alcohol and the road toll is staggering (p64)

SUMMARY: Significant progress has been made in the drink-driving counter measures area. State and territory legislation has resulted in the introduction of random breath testing, alcohol interlocks, and screening tests. Effective enforcement has occurred through application of swift and certain sanctions for breaches of drink-driving legislation. Such measures have been complemented, to varying extents, by drink-driving diversionary programs and public awareness initiatives. The Transport and Infrastructure Council comprising relevant Commonwealth, state and territory ministers, oversees the National Road Safety Strategy 2011-2020.

RECOMMENDATION 3: That governments and the public use the term 'road crash' instead of 'road accident'.

FRASER GOVERNMENT RESPONSE

The Commonwealth will support and sponsor at Australian Transport Advisory Council (ATAC) and the National Health and Medical Research Council (NH&MRC).

CURRENT SITUATION: SOME ACTION TAKEN

While there appears to have been a move towards use of the term 'road crash' to describe alcohol-related road incidents, both governments and the public still use 'road crash' and 'road accident' interchangeably. For example, 'road crashes' is used in the National Road Safety Strategy 2011-2010,¹⁷⁸ the 2017 Bureau of Infrastructure, Transport and Regional Economics report, Road trauma Australia 2016 statistical summary,¹⁷⁹ and by the Tasmanian Road Safety Council;¹⁸⁰ 'road accidents' is used in the National Drug Strategy 2017-2026;¹⁸¹ and both 'road crashes' and 'road accidents' are used in the National Alcohol Strategy 2006-2009.¹⁸² It is unclear whether governments have attempted to standardise terminology in this area.

RECOMMENDATION 26: That, if diversionary programs are shown to be effective, they be introduced in all States and Territories.

RECOMMENDATION 27: That provision for the evaluation of effectiveness be incorporated in any diversionary programs introduced.

FRASER GOVERNMENT RESPONSE TO RECOMMENDATIONS 26 AND 27

The Commonwealth will support and sponsor at the Health Ministers' Conference and Australian Transport Advisory Council (ATAC), and will draw the recommendations to the attention of the States and Territories.

CURRENT SITUATION – RECOMMENDATION 26: SOME ACTION TAKEN

The Baume Report appears to use the term 'diversionary program' to refer to a suite of programs for drink driving offenders based on education, counselling or behaviour modification. While it may sound like something different, the term 'rehabilitation program' is used today to refer to programs that can include one or a combination of elements such as education, counselling, health, treatment and skills development,¹⁸³ and are often implemented through the courts.¹⁸⁴

Evaluations suggest rehabilitation programs largely targeted at high blood alcohol concentration (BAC) and recidivist drink drivers, can improve drink drivers' knowledge and attitudes and decrease recidivism.^{185,186} They are most effective when combined with more punitive measures such as licence disqualification and suspension and ignition interlocks.^{187,188}

Most states and territories have introduced specific drink-driving rehabilitation programs aimed at drink-driving offenders. These programs vary considerably in terms of focus, format and target participant group. For example, NSW has introduced a Sober Driver Program, a therapeutic group program that specialises in changing the attitudes and behaviours of repeat and high-risk drink drive offenders;¹⁸⁹ and Victoria has introduced driver education programs for offenders under 25 years of age, those requested to by the Court, or those who commit combined drink- and drug-driving offences.¹⁹⁰

This desktop analysis could not identify existing voluntary or compulsory drink-driving courses for offenders in SA.

CURRENT SITUATION – RECOMMENDATION 27: SOME ACTION TAKEN

Through this desktop analysis, it has not been possible to determine whether the provision for the evaluation of effectiveness has been incorporated in all diversionary programs introduced over the last 40 years. What is known, however, is that some of these programs have been evaluated. For example:

- An examination of recidivism over a five and half year period demonstrated reduced rates of recidivism among offenders who had participated in the NSW Sober Driver Program (SDP) compared with offenders who had not.¹⁹¹
- An outcome evaluation of the NSW Sober Driver Program (SDP) found that SDP participants were 43 per cent less likely to re-offend over two years compared with a control group who had only received sanctions.¹⁹²
- An evaluation of the ACT Sober Driver Program (SDP) found that program participation generally increased participants' knowledge of the effects of alcohol on driving ability, and that the program may have reduced drink driving behaviour (as cited in Groenveld, C. et.al, 2005).¹⁹³

RECOMMENDATION 28: That, if evaluation shows random breath tests to have positive effects on driver behaviour, they be introduced in all States and Territories.

RECOMMENDATION 29: That police extend Breathalyzer testing in the vicinity of all places where people drive after drinking.

FRASER GOVERNMENT RESPONSE TO RECOMMENDATIONS 28 AND 29

The Commonwealth will support and sponsor at the Australian Transport Advisory Council (ATAC): and will draw the recommendations to the attention of the States and Territories.

CURRENT SITUATION - RECOMMENDATION 28: COMPLETED

Random breath testing (RBT) has been introduced in all Australian states and territories and is the primary mechanism through which drink-driving laws are enforced.^{194,195}

CURRENT SITUATION - RECOMMENDATION 29: COMPLETED

Each state and territory is responsible for regulating and enforcing road user behaviour, with relevant RBT legislation providing police the power to stop any driver at any time for breath testing.¹⁹⁶ RBT is conducted by police in static, highly visible checkpoints or by mobile police on normal patrol duties. For example, in NSW, every police car can conduct RBT.¹⁹⁷

Evidence demonstrates that for RBT programs to be effective, they must follow best practice principles: jurisdiction-wide implementation, randomly and strategically deployed, enforced through penalties, credible, accompanied by effective public awareness campaigns and involve targeted responses for recidivist drink-drivers.¹⁹⁸

RECOMMENDATION 30: That the suggestions of the Australian Law Reform Commission regarding screening tests of drivers be adopted.

FRASER GOVERNMENT RESPONSE

Already implemented throughout Australia.

CURRENT SITUATION: COMPLETED

While it is not entirely clear from the Baume Report what is meant by 'screening tests', this is believed to refer to a test that is designed to analyse a sample of a person's breath to indicate if the person's blood or breath contains the presence of alcohol. As outlined in the explanatory statement for the *Australian Federal Police Act 1979*, alcohol screening tests are conducted as a preliminary form of breath testing.¹⁹⁹ Alcohol screening tests have been adopted across Australia.

RECOMMENDATION 31: That blood samples be taken from all persons over a specified age who are involved in serious road crashes.

FRASER GOVERNMENT RESPONSE

The Commonwealth will support and sponsor at the Australian Transport Advisory Council (ATAC).

CURRENT SITUATION: SOME ACTION TAKEN

A review of state and territory road safety, transport or traffic-related legislation demonstrates that there is no uniform requirement for blood samples to be taken from all persons over a specified age who are involved in serious road crashes. While all jurisdictions have legislation that provides the power for blood samples to be taken from drivers who are involved in a car crash and are taken to a hospital, the circumstances within which this occurs vary. This requirement is mandatory in NSW (for patients aged 15 years or over),²⁰⁰ SA (for patients aged over 10 years),²⁰¹ and the ACT (no age specified),²⁰² not mandatory in the NT, and at the discretion of the police in Queensland (no age specified),²⁰³ WA (no age specified)²⁰⁴ and Tasmania (no age specified).²⁰⁵

RECOMMENDATION 32: That the option to issue qualified licences to convicted drink-drivers be introduced in all States and Territories.

FRASER GOVERNMENT RESPONSE

The Commonwealth will support and sponsor at ATAC, noting that the proposal has already been implemented in New South Wales, Western Australia, Tasmania, the Northern Territory and the Australian Capital Territory.

CURRENT SITUATION: COMPLETED

While drink-driving penalties vary across jurisdictions, the type of penalties issued are similar. These tend to depend on the nature of the offence committed and may include fines, licence suspension, licence disqualification, loss of demerit points, referral to an alcohol interlock program and in serious cases, imprisonment. Qualified licences do not appear to be a standard penalty option across jurisdictions, although it could be argued that in all jurisdictions, harsher penalties actually exist.

In some jurisdictions such as in the ACT and Tasmania, a disqualified driver that is not a repeat offender is eligible to apply for a restricted licence.^{206,207} In SA, those returning from disqualification may be required to have probationary conditions added to their licence.²⁰⁸

RECOMMENDATION 33: That learner drivers be provided with information about the effects of alcohol and other drugs on driving, that questions on such effects form part of the licence test, and that literature on the interaction of alcohol and drugs with driving be sent with notices of licence renewals.

FRASER GOVERNMENT RESPONSE

The first two proposals are already implemented throughout Australia. The Commonwealth will support and sponsor at the Australian Transport Advisory Council (ATAC) the proposal for forwarding literature on the interaction of alcohol and drugs with driving, with notices of licence renewals.

CURRENT SITUATION: SOME ACTION TAKEN

The first two proposals have been implemented throughout Australia, though the extent of information provided varies across jurisdictions. In the case of licence renewals, this desktop analysis could not identify the requirement for literature on the interaction of alcohol and drugs with driving to accompany licence renewal forms across all jurisdictions. These days, licence renewal forms are often issued electronically. This development does not remove the ability for information on alcohol and drugs to be included.

RECOMMENDATION 34: That, except for pilot programs, Commonwealth and State Governments give financial assistance only to educational programs which identify the dangers of drink-driving and which have been demonstrated to produce the desired behavioural changes.

FRASER GOVERNMENT RESPONSE

The Commonwealth will support and sponsor at the Australian Transport Advisory Council (ATAC).

CURRENT SITUATION: COMPLETE

The Baume Report discussed education programs in the context of activities such as drink-driving campaigns aimed at increasing public awareness of the risks of alcohol consumption and driving impairment.

The Commonwealth, states and territories have funded, and continue to fund and implement, a range of public awareness programs and campaigns aimed at addressing drink-driving. While this desktop review cannot conclusively say that governments only fund educational programs and campaigns that have been demonstrated to provide the desired behavioural changes, what is clear is that many of these programs and campaigns have been subject to evaluations. In addition, Australia is now considered a leader in the use of social marketing campaigns aimed at increasing awareness of road safety prevention.²⁰⁹ Below are examples of evaluations:

- In 1980-81, the Australian Government's Office of Road Safety conducted an experimental evaluation of a drink-driving pilot campaign in Tasmania. As evaluation results indicated that the campaign was successful in changing people's knowledge, attitudes and behaviours in respect of drinking and drink-driving, the campaign was rolled out nationally in 1982-83.²¹⁰
- The Victorian Transport Accident Commission (TAC) has implemented a range of drinkdriving advertising campaigns since 1989.²¹¹ Many of these have been extensively evaluated, with a 2004 evaluation finding that these campaigns were effective in reducing serious crashes during high alcohol hours in the first three years of implementation.²¹²

- In 2012, the NSW Centre for Road Safety implemented the Plan B drink driving campaign. An evaluation found that more than 80 per cent of those surveyed recalled seeing the Plan B campaign materials, with nearly 75 per cent of the target audience able to identify the core message.²¹³
- In 2014, the WA Department of the Premier and Cabinet commissioned Enth Degree to undertake a review of the WA Office of Road Safety Mass Media campaigns. Among other things, the review concluded that there was value in adapting relevant interstate mass media campaigns – rather than creating new ones – in changing driver habits and attitudes.²¹⁴
- The Australian Government commissioned Ipsos-Eureka to undertake an evaluation of its National Binge Drinking Campaign (not focused specifically on drink-driving). The results of a preliminary evaluation, released in 2009, found positive, though modest, impact on the primary and secondary target audiences. While two further evaluation waves were planned for October/November 2009 and March/April 2010, this data does not appear to be publicly available.²¹⁵

RECOMMENDATION 35: That Commonwealth and State Governments support the researching and development of mechanical devices to deter drink-driving and, when perfected, require that they be fitted to the vehicles of recalcitrant drivers, at their own expense, as a prerequisite to any renewal of their driving licences.

FRASER GOVERNMENT RESPONSE

The Government supports the proposal in principle, but maintains that it would be wasteful to duplicate work in progress overseas. Accordingly, the Commonwealth will sponsor the approach proposed in the recommendation at the Australian Transport Advisory Council (ATAC) when the required technology is developed.

CURRENT SITUATION: COMPLETED

All states and territories have introduced alcohol interlocks for certain drink driving offences.²¹⁶ An alcohol interlock is an electronic breath testing device linked to a vehicle's ignition system that prevents a vehicle from starting if it detects alcohol.

RECOMMENDATION 36: That a Sub-committee on Drugs and Driving be established within the National Standing Control Committee on Drugs of Dependence, with at least the following functions:

- To formulate and state a national policy relating to alcohol, other drugs and driving.
- To monitor and assess the drink-driving problem and problems associated with driving and other drugs.
- To monitor and assess existing drink-driving countermeasures.
- To examine proposals to counteract the drink-driving problem and problems associated with driving and other drugs.
- To formulate guidelines for the implementation of viable proposals, each of which should have an evaluation component built in.
- To report its findings, and to recommend lines of action, to Commonwealth and State Governments.

RECOMMENDATION 37: That the National Standing Control Committee on Drugs of Dependence be required to report publicly every two years on the activities and progress of the Sub-committee on Drugs and Driving.

FRASER GOVERNMENT RESPONSE TO RECOMMENDATIONS 36 AND 37

The Government supports these recommendations in principle, but notes that the functions that are proposed are not within the ambit of the National Standing Control Committee as presently constituted. Therefore, the Ministers for Health and Transport will be asked to delegate the tasks to appropriate existing bodies.

CURRENT SITUATION – RECOMMENDATIONS 36: COMPLETED

CURRENT SITUATION – RECOMMENDATION 37: COMPLETED

The transport portfolio has primary oversight responsibility for drink-driving in Australia. The National Road Safety Strategy (NRSS) 2011-2020 represents the commitment of federal, state and territory governments to an agreed set of national road safety goals, objectives and actions.²¹⁷ Specifically, it presents a 10-year plan to reduce the annual numbers of both deaths and serious injuries on Australian roads by at least 30 per cent.²¹⁸ The NRSS sets out a number of priority actions and targets to address and monitor irresponsible road use, including driving under the influence of alcohol and other drugs.

The Transport and Infrastructure Council comprising Commonwealth, state and territory ministers responsible for transport and infrastructure, now oversees the NRSS. Monitoring occurs through the publishing and regular updating of key statistical measures of road safety progress, and through the presentation of an annual report to the Transport and Infrastructure Council. Progress of the NRSS was comprehensively reviewed in 2014 and an implementation status report released in November 2016.²¹⁹

Given the health-related aspects of drink-driving, drink-driving is also addressed as part of the health portfolio. For example, 'reducing driving under the influence of alcohol or other drugs' is a harm reduction approach outlined in the National Drug Strategy (NDS) 2017-2026.²²⁰ As specified in the NDS, performance measures for the strategy are high-level and do not include any specific indicators around drink-driving.

Under the NDS, the National Drug Strategy Committee – comprising senior officials from relevant government agencies – coordinates annual reports on the strategy's progress for the Ministerial Drug and Alcohol Forum (MDAF). The MDAF consists of ministers with responsibility for alcohol, drugs, health, justice and law enforcement. More detailed progress reports will be provided in line with the release of the National Drug Strategy Household Survey findings.²²¹

There is currently no national policy on alcohol.

THEME 8: NATIONAL LEADERSHIP AND GOVERNANCE

SUMMARY: There have been three national policies or strategies specifically focused on alcohol since 1977. Given changes in alcohol consumption patterns and trends over the last 40 years, approaches to these strategies have evolved. Today, there is recognition that both population-level interventions and more targeted interventions are required to reduce alcohol harm. Despite the existence of these strategies, none of these have included the types of 'control' strategies outlined in the Baume Report. In addition, no evaluations have been undertaken to assess impact although this analysis suggests the respective ambitions of these strategies have failed to be realised.

RECOMMENDATION 2: That blood alcohol level be expressed in Standard International Units (millimoles per litre) and that the new system be phased in with appropriate publicity.

FRASER GOVERNMENT RESPONSE

The Commonwealth will support and sponsor through the Australian Transport Advisory Council (ATAC) when the introduction of Standard International Units makes this change appropriate.

CURRENT SITUATION: NO PROGRESS MADE

There are several units of measurement of breath and blood alcohol concentration used across the world. In Australia, blood alcohol concentration (BAC) is expressed as 'grams of alcohol per one hundred millilitres of blood'⁹ rather than in Standard International Units. A BAC of 0.05% means that there is 0.05g of alcohol in every 100ml of blood.

This recommendation was made at a time when Australia had begun the process of adopting Standard International Units for all forms of measurement. Lack of implementation of this recommendation is not considered a significant issue.

⁹ For example, see ACT Government. (n.d.). 'Drink and drug driving laws for the ACT'. Retrieved from <http://www.justice.act.gov.au/page/view/3077/title/drink-and-drug-driving-laws> ; Queensland Government. (2017). Alcohol limits. Retrieved from <https://www.qld.gov.au/transport/safety/road-safety/drink-driving/blood-alcohol>

“We believe that a reasonable national goal would be to aim for a relative stabilisation of levels of consumption within the next five years, followed by a one per cent annual reduction in the levels of overall consumption in the next ten years (p73)

RECOMMENDATION 38: That the Commonwealth Government develop and announce a specific policy on alcohol and alcohol abuse, which should include a clear statement of the Government's intention to bring about an overall reduction in the level of alcohol consumption in the community.

FRASER GOVERNMENT RESPONSE

The Government accepts this recommendation and, as part of the proposed national strategy (Recommendation 1), has adopted the following policy on alcohol and alcohol abuse:

Health-oriented Policy on Alcohol

The Government's concern is with the abuse of alcohol.

Alcohol abuse is drinking an amount which can cause short or long-term damage to the health or social or financial wellbeing of the drinker, those who depend on him or strangers. The actual amount which constitutes abuse is not fixed, it varies from individual to individual according to physical attributes such as size and other attributes such as earning capacity.

Within the one individual, alcohol abuse also varies from one occasion to another; an amount that a person could safely drink at home would be abuse if that person were driving a motor vehicle.

The Government's initiatives to combat alcohol abuse will be both preventive and curative in nature. The Government will endeavour to persuade those whose consumption is presently acceptable from abusing alcohol in the future, it will also do what it can to reduce consumption where it is already excessive.

To achieve its aims, the Government will use both specific and general approaches. As an example of specific approaches, the Government is accepting, and supporting through the Australian Transport Advisory Council for adoption by States, a number of measures designed to curb drink-driving. Searches for, development of, and implementation of effective, specific approaches will continue to be supported.

General approaches have proved harder to develop. The ideal approach would be to discourage alcohol overuse and abuse but not to restrict the freedom to drink responsibly. Unfortunately, no such ideal approach has yet been developed, here or overseas, but the Government will encourage such development.

The Senate Standing Committee on Social Welfare recommended that this policy should include a clear statement of the Government's intention to bring about an overall reduction in the level of alcohol consumption by the community. The Senate Committee made this recommendation because of the general observation that any community or group which increases or decreases total alcohol consumption also has an increase or decrease respectively in most alcohol-related problems.

The Government favours an overall reduction in alcohol consumption, although not necessarily by each Australian, as many citizens drink responsibly. It is aware that implementation of any national policy which involves reducing overall alcohol consumption will also involve some curtailment of the rights of responsible consumers of alcohol. The present frequency and seriousness of alcohol problems in Australia make it necessary for the Government to adopt this approach at least in the short-term, until some more satisfactory way is found of discouraging alcohol abuse.

CURRENT SITUATION: SOME ACTION TAKEN

Over the last 40 years, there have been significant changes in alcohol epidemiology in terms of patterns and trends in alcohol consumption. While overall per capita alcohol consumption is declining in Australia,²²² this has not been accompanied by a similar trend in alcohol harm.

Since the release of the Baume Report, there have been three national policies or strategies specifically focused on alcohol. Each of these strategies or policies have differed in their commitment to reducing overall reduction in the level of alcohol consumption in the community. Some of the reasons for this include changes in alcohol consumption patterns and more comprehensive knowledge of the nature and extent of alcohol harm. In recognition of these changes, including the high, and in some cases, increasing levels of alcohol harm, more recent national alcohol policies have shifted focus to both overall consumption levels and levels of harm. Nevertheless, none of these strategies or policies have included the type of 'control' measures recommended in the Baume Report.

The origin of Australia's national alcohol policies stem from the 1985 National Drug Summit and the launch of the *National Campaign Against Drug Abuse* launched that same year. These key developments marked the beginning of the Commonwealth Government taking some responsibility for drug policy. Under the Hawke Government, Australia's first National Health Policy on Alcohol was endorsed by the Ministerial Council on Drug Strategy (MCDS) in 1989. However, as outlined in David Hawks' recollections of the policy formulation process, the final version that was endorsed was much different to the original draft.^{223,224}

Given scientific literature supported the notion that reducing alcohol harm was dependent on reducing Australia's per capital consumption of alcohol, the first draft of the policy included a number of control measures aimed at addressing the price, promotion and availability of alcohol. However, these recommendations were substantially watered down in the final version of the policy due to immense political and industry pressure.^{225,226} What was initially intended to be a broader 'national alcohol policy' that recognised alcohol policy's reach beyond the health portfolio, was eventually watered down to a narrow focus on 'health policy'.

After the defeat of the Hawke-Keating governments in 1996, the Howard Government turned its attention to illicit drugs launching the *National Illicit Drug Strategy – Tough on Drugs* initiative in 1997. However, alcohol remained on the agenda with the MCDS endorsing the *National Alcohol Strategy: A Plan for Action 2001 to 2003-04* in 2001, a document that "aimed to achieve a balance between reducing the burden of alcohol-related harm and maximising the social and health benefits of low risk alcohol consumption".²²⁷ As outlined in the strategy, it reflected "a shift in emphasis over the past decade away from average consumption levels to a focus on patterns of drinking".²²⁸

In 2006, the MCDS endorsed Australia's third national alcohol policy or strategy, the *National Alcohol Strategy 2006-2009*. As stated under 'Strategy Aims', while this strategy represented a small, symbolic shift back towards a focus on reducing overall consumption, it also recognised the need for targeted strategies aimed at reducing alcohol harm:

*In light of the evidence of alcohol-related harm in the general community and within specific sub-populations, both universal approaches to reduce overall consumption and strategies targeted to reduce harm are need in Australia.*²²⁹

While 'Priority Area 4: Cultural Place and Availability' of the National Alcohol Strategy recommended a number of 'control' strategies, these were also not as strong as those recommended in the Baume Report. For example:

- 4A: Strengthen the regulation of alcohol availability including liquor licensing controls.
- 4B: Investigate price-related levers to reduce consumption of alcohol at harmful levels.
- 4C: Monitor and review alcohol promotions.²³⁰

Although the National Alcohol Strategy 2006-2009 was subsequently extended until 2011, the Commonwealth Government currently does not have a specific national policy on alcohol.

Despite the existence of three national policies or strategies specifically focused on alcohol, none of these have been evaluated. Evaluating these strategies would be a worthwhile exercise but one likely to identify little impact.

DISCUSSION

A CHANGING CONTEXT

It is clear that a majority of the Baume Report recommendations remain relevant today. However, discussing progress in alcohol policy over the last 40 years cannot be done without acknowledging that the context within which alcohol policy is now made has changed substantially since 1977. This is evident from some parts of this report's 'Results' section, where the passage of time and a range of developments have rendered a small number of Baume Report recommendations less relevant today. This is not to detract from the importance and relevance of these recommendations at the time of the Senate Standing Committee's inquiry. Such recommendations include those relating to 'bona fide travellers', alcohol-related workforce programs and the measurement of blood alcohol level in Standard International Units.

In the case of alcohol and the workforce, a myriad of structural, policy and program changes, while not specifically directed at dealing with alcohol-related harm, have nevertheless had dramatic impact on changing workplace-drinking cultures. These have largely been positive developments.

Though not discussed as part of the analysis, the Baume Report's first recommendation called for all governments to adopt a recommended seven-point strategy as the basis of their approach to drug abuse.²³¹ The seventh point of this strategy states that "The Federal Government has particular responsibility for giving national leadership in coping with drug abuse".²³² While the goals of national alcohol policies have evolved since 1977, the principle still stands – that is – that Australia should have a specific national policy on alcohol that is aimed at reducing alcohol harm (a policy Australia currently does not have).

Alcohol consumption patterns have changed greatly over the last 40 years and we now have a more detailed and thorough understanding of alcohol, the harm it causes and the types of interventions that are effective in preventing and reducing this harm. There is now greater recognition that Australia needs both population-level interventions aimed at reducing average consumption and targeted interventions aimed at addressing specific risk factors and/or population groups. It is important to note that while the Baume Report had a strong focus on reducing average consumption levels, this report did single out 'Aboriginal Australians' as a specific population group experiencing high levels of alcohol harm that required "urgent action".²³³ Despite numerous attempts over the last 40 years to address alcohol's disproportionate impact on Aboriginal and Torres Strait Islander peoples, sadly, this issue remains just as relevant today.

Our understanding of the nature and extent of alcohol harm has also broadened. In some cases, these harms have increased, with the total cost of alcohol misuse in Australia estimated to be \$36 billion annually.²³⁴ With social costs totalling \$11 billion per annum,²³⁵ and conservative methods estimating at least \$5.6 billion in external costs,²³⁶ the burden from alcohol and cost to governments is simply too high. The inequitable and ineffective alcohol tax system, particularly the value-based Wine Equalisation Tax, has prevented action to address negative externalities associated with the alcohol trade. The market has continued to fail while the costs of harm associated with alcohol consumption continue to be borne by the taxpayer.

Given the advances in knowledge over the last 40 years, it would be logical to assume that substantive progress has been made in alcohol policy since 1977. This appears to have been the case with respect to drink-driving which was tackled as part of a non-alcohol-specific goal: to reduce road crash fatalities more generally. However, as this analysis also demonstrates, substantive progress has not been shared across the remaining seven policy intervention areas and arguably the situation has gotten worse.

PROGRESS AGAINST DRINK-DRIVING COUNTERMEASURES – AN EXAMPLE OF SUCCESS

The stand-out policy intervention area in terms of progress is drink-driving countermeasures. In some respects, this is not a surprising finding given Australia is considered a 'success story' and a world leader in implementing and enforcing drink-driving countermeasures aimed at reducing deaths from road traffic crashes. Of the 13 drink-driving-related recommendations, progress has been made against all of these. Eight recommendations have been implemented in full including the introduction of random breath testing and mechanical devices to deter drink-driving (alcohol interlocks). This is a major achievement considering responsibility for implementing these recommendations is shared across the Commonwealth and states/territories, with multiple recommendations requiring action from all states and territories to achieve a 'completed' status.

Political interest in addressing road crash fatalities had gained momentum prior to the release of the Baume Report. As such, the Baume Report's recommendations can be seen as continuing a process that had already commenced. Australia's success in this area is attributed to a combination of a range of factors including political will and leadership, the introduction of key traffic safety measures, strong legislation and enforcement with swift and certain sanctions, and public awareness campaigns.²³⁷ When looking at how Victoria managed to halve deaths from road crashes between 1989 and 2004, additional success factors included having an evidence-driven strategy with accountability mechanisms, and integration and coordination across implementing agencies.²³⁸ However, as the latest annual road trauma statistical summary demonstrates, Australia cannot be complacent. Despite a rate of decline over the last decade, annual road crash deaths increased by 6 per cent between 2015 and 2016, from 5.06 annual deaths per 100 000 population in 2015 to 5.37 annual deaths per 100,000 population in 2016.²³⁹

PROGRESS AGAINST 'CONTROL' POLICY INTERVENTION AREAS – EXAMPLES OF INACTION AND FAILURE

Unlike the drink-driving countermeasures, there has been much less progress made against the key 'control' measures recommended in the Baume Report. These are the recommendations relating to the price, promotion, and availability of alcohol, highlighting that the most effective policy levers for reducing alcohol harm lie outside the health portfolio. Despite the evidence-base clearly demonstrating that these three policy intervention areas are most effective in reducing alcohol harm, this analysis demonstrates that there has been a clear lack of progress in these areas.

Of these three 'control' areas, this analysis demonstrates that the most progress has been made against the price and the economic cost of alcohol recommendations. However, what is also clear is that the current alcohol taxation system remains a convoluted mix of different products being taxed at different methods. This is particularly the case with wine and other fruit and rice-based products that continue to be taxed on the basis of their value, rather than on a volumetric basis, resulting in the availability of very cheap alcohol. The wine industry has been given more than enough time to adjust to being taxed given the Baume Report recommendations were made 40 years ago. With 13 reviews^h recommending that a volumetric tax be applied to wine, it is time for the Commonwealth Government to exercise leadership and abolish the WET.

^h Reviews that have recommended a volumetric tax be applied to wine include:

- the 1995 Committee of inquiry into the wine grape and wine industry
- the 2003 House of Representatives Standing Committee on Family and Community Affairs inquiry into substance abuse
- the 2006 Victorian inquiry into strategies to reduce harmful alcohol consumption
- the 2009 Australia's future tax system (Henry Review)
- the 2009 National Preventative Health Taskforce report on Preventing alcohol related harms
- the 2010 Victorian inquiry into strategies to reduce assaults in public places
- the 2011 Western Australia Education and Health Standing Committee inquiry into alcohol
- the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, draft report
- the 2012 Australian National Preventive Health Agency Exploring the public interest case for a minimum (floor) price for alcohol, final report
- the 2014 House of Representatives report on the Inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities
- the 2017 Interim Report on the Effect of red tape on the sale, supply and taxation of alcohol
- the 2017 Productivity Commission Shifting the Dial: 5 year productivity review
- the 2017 Northern Territory Alcohol Policies and Legislation Review.

In relation to the physical availability policy intervention area, progress against this recommendation reflects a clear failure of implementation on the part of governments. While the foundations for deregulation were already being laid well before the 1990s,²⁴⁰ it is the application of Competition Policy Principles, including pressure exerted by the Commonwealth on state and territory governments to reform liquor licensing regulation that has resulted in a rapid increase in the availability of alcohol. Despite the 2015 findings of the Australian Government Competition Policy Review confirming that alcohol is no ordinary commodity,²⁴¹ state and territory governments have, to varying extents, continued to increase the availability of alcohol. This is the complete opposite direction to that recommended in the Baume Report.

Recent implementation of trading hour restrictions in NSW and Queensland demonstrates there has been some recognition of the harm caused by the widespread availability of alcohol. Late night trading hours have become the norm, making trading hour restrictions much more relevant today than in 1977. Despite strong evidence showing that an increase in trading hours is associated with an increase in harms²⁴² and that alcohol-related assaults increase significantly after midnight,^{243,244} trading hour restrictions remain a contentious policy option today.

As the recent failure to introduce 3am last drinks in the ACT highlights,²⁴⁵ harm minimisation arguments are increasingly being pitted against those relating to red-tape reduction, tourism promotion and vibrant nightlife rhetoric. As history shows, Australian public opinion has oscillated between being more "wet" (focused on the widespread integration of alcohol in society) and "dry" (focused on the exclusion of alcohol from society).^{246,247} For example, in contrast to the period 1995-2004, the period 2004-2010 saw an increase in support for alcohol policy restrictions relating to the availability and accessibility of alcohol.²⁴⁸ The NSW and Queensland trading hour restrictions and the recent Northern Territory Alcohol Polices and Legislation Review, provide some cause for optimism that the policymaking process has begun to attend to the shift in public opinion.

Closely tied to the issue of physical availability is that of enforcement. The environment within which alcohol is now promoted and sold is much different from that of 1977, creating a new set of enforcement challenges. The retail market has diversified and expanded, with arguably the most significant change being the rise and now prominence of packaged liquor outlets. While nearly 80 per cent of alcohol consumed in Australia is now sold at packaged liquor outlets,²⁴⁹ the majority of liquor policies and legislation are currently failing to address the harm caused by these outlets.²⁵⁰ Despite some improvements to state and territory liquor legislation over the last 40 years, there is still plenty of room for improvement. Based on available evidence, it is also difficult to conclude that legislation is being better enforced now compared with in 1977.

This leaves the advertising and sponsorship policy intervention area, an area where the Senate Standing Committee's directives were strong and clear in terms of the need to ban alcohol advertising. Unfortunately, this area arguably reflects the least progress over 40 years out of the eight policy intervention areas. Of the seven recommendations, there has been no progress made against six of these and only minimal progress made against the remaining one.

Alcohol advertising in Australia remains predominantly self-regulated, despite plenty of evidence demonstrating that self-regulation does not work. While commercial television is the one medium which has alcohol advertising controls aimed at protecting children and young people, these controls are undermined by an archaic live sports exemption which can be traced back to 1970.²⁵¹ Although state and territory legislation includes some provisions aimed at regulating the types of products and promotional activities undertaken by licensees, the extent of these regulations varies considerably across jurisdictions and does not adequately address promotions undertaken by packaged liquor outlets. This failure to regulate the heavy discounting of alcohol by packaged liquor outlets is contributing to alcohol harm.

On the issue of alcohol sponsorship, this analysis also demonstrates that there has been no progress made against these recommendations. In fact, it could be argued, that Australia has actually gone backwards. Given the prolific nature of alcohol sponsorship in sport today, with alcohol branding featured on jerseys, merchandise, billboards, sporting fields and other signage, it is clear that professional sporting codes and players have ignored the Senate Select Committee's appeal to them "not to lend their names and prestige to the promotion of alcoholic beverages".²⁵² In the absence of regulatory controls, alcohol companies have continued to pursue lucrative sponsorship arrangements with sporting codes with one aim in mind – to increase brand awareness and ultimately, the

companies' profits. Despite evidence indicating that alcohol sponsorship of sporting events is resulting in children and young people associating alcohol with sport,^{253,254} there appears to be little appetite among political leaders to enact change in this area.

LESSONS FOR THE FUTURE

While Australia has made some progress in alcohol policy over the last 40 years, substantive progress has only been made in relation to drink-driving. As this analysis demonstrates, arguably the least progress has been achieved against areas assessed as the most effective in reducing alcohol harm. Governments' failure to undertake action is particularly evident in relation to the physical availability of alcohol and the alcohol advertising and sponsorship policy intervention areas. It is also important to note that despite numerous government inquiries and policy 'experiments', alcohol continues to disproportionately impact Aboriginal and Torres Strait Islander peoples.

Despite the lack of progress in some key areas, there is still opportunity for change. The evidence is clear about what works to reduce alcohol harm. This includes the implementation of population-level interventions aimed at addressing the price, promotion and availability of alcohol, as well as more targeted interventions aimed at addressing particular risk factors and/or specific population groups. The success of progress against the drink-driving-related recommendations also provides lessons that can be applied to other areas. To effectively reduce harm, strong political leadership is required with effective coordination and integration across relevant agencies. A comprehensive package of measures must be implemented that includes both national- and jurisdiction-level evidence-driven strategies, strong legislation with effective enforcement, and hard-hitting public awareness campaigns.

Attachment 1: Recommendations – 1977 House of Representatives Standing Committee on Aboriginal Affairs' Final Report: Alcohol problems of Aboriginals²⁵⁵

1. When the Government is developing programs aimed at reducing alcohol problems of Aboriginals, emphasis be given to preventive measures.
2. Commonwealth and State officers who deal with Aboriginal people undertake training aimed at improving relations between the Aboriginal and non-Aboriginal communities.
3. There be adequate consultation with Aboriginals and that they participate fully in all matters affecting them.
4. The Government continue to improve the environmental conditions of Aboriginals.
5. The movement to outstations be supported where such movement is a considered decision by the community concerned.
6. Enforcement of decisions by Aboriginal communities be supported by all resources of Commonwealth and State laws.
7. A licensed club or beer canteen be established in an Aboriginal community when that community has decided to allow the consumption of alcohol.
8. Funds be made available through the Aboriginal Loans Commission or the Benefits Trust Fund for the provision of facilities for clubs or beer canteens.
9. Licensing legislation be amended to provide for special guidelines and conditions applicable to licensed clubs or beer canteens in Aboriginal communities.
10. Relevant laws be amended to prevent alcohol being carried to or for an Aboriginal community by charter or commercial aircraft and boats or through the mail when a decision has been made by the community that alcohol be prohibited or rationed.
11. Legislation regarding the carriage and sale of alcohol by taxi drivers be enforced.
12. Alcohol education oriented towards traditional Aboriginal culture be an integral part of the school curriculum in schools with a significant Aboriginal enrolment.
13. Alcohol education programs for Aboriginal adults be developed.
14. Where acceptable to the beneficiary unemployment or sickness benefits payable for the wife and children be paid to the wife in cases where the husband does not provide for his family.
15. Where acceptable to the beneficiary, a storekeeper be nominated to receive payment of a portion of social security benefits and to provide goods to the value of the payment received.
16. Where acceptable to the beneficiary all or a portion of social security benefits be paid to the Aboriginal Council.
17. Aboriginal alcohol rehabilitation and treatment facilities established on an experimental basis continue to receive Government assistance until their effectiveness has been assessed.
18. Regular and detailed assessment of Aboriginal alcohol programs be maintained.
19. The Government encourage and support the recruitment and training of Aboriginal alcohol counsellors and field workers and that such people be encouraged to return to their own communities to pass on their knowledge and experience to others affected by alcohol abuse.
20. Aboriginal sobriety groups receive Government encouragement and financial support.
21. Where Aboriginal Alcoholics Anonymous groups are established they be given every encouragement and support.
22. The licensing laws relating to the sale of alcohol to intoxicated or under-age persons be more rigidly enforced by policy and licensees.
23. New South Wales, Victoria, Western Australia and the Northern Territory amend their licensing laws to provide that a ground for objection to the renewal of all liquor licences be the disruption to the quiet and good order of the neighbourhood.
24. The Department of Aboriginal Affairs provide every possible assistance to Aboriginal communities presenting a case to the Licensing Court and that the Department identify and monitor areas where assistance may be required.
25. The Attorney-General take immediate action to expedite the Border Store case in the Northern Territory Licensing Court to enable a decision to be reached as soon as possible.
26. An assessment be undertaken of the effectiveness of decriminalisation of drunkenness in the Northern Territory.
27. Each State and the Northern Territory establish an Aboriginal controlled co-ordinating committee on Aboriginal alcohol problems.
28. Statistics relating to Aboriginals be maintained on a regular and continuing basis and that the Commonwealth take the initiative by immediately amending its own legislation.

REFERENCES

- 1 Analysis & Policy Observatory. (2017). Drug problems in Australia – an intoxicated society? Retrieved November 11, 2017, from <http://apo.org.au/node/38156>.
- 2 Analysis & Policy Observatory. (2017). Drug problems in Australia – an intoxicated society? Retrieved November 11, 2017, from <http://apo.org.au/node/38156>
- 3 Fitzgerald, J. & Swards, T. (2002). Drug policy, the Australian approach. Canberra, Australia: Australian National Council on Drugs. Retrieved from http://www.atoda.org.au/wp-content/uploads/rp5_austrian_approach.pdf , p17.
- 4 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey 2016: detailed findings. Canberra: AIHW.
- 5 Gao, C., Ogeil, R.P. and Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.
- 6 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia – an intoxicated society? Canberra, Australia: Australian Government Publishing Service, p25.
- 7 (2002). Interview with Peter Baume. *Drug and Alcohol Review*, 21, 77-82.
- 8 Parliament of the Commonwealth of Australia. Senate. (1977). Senator Peter Baume speech (Official Hansard). Retrieved November 13, 2017, from <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=ld%3A%22hansard80%2Fhansards80%2F1977-10-25%2F0127%22>
- 9 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia – an intoxicated society? Canberra, Australia: Australian Government Publishing Service, p13
- 10 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia – an intoxicated society? Canberra, Australia: Australian Government Publishing Service.
- 11 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia – an intoxicated society? Canberra, Australia: Australian Government Publishing Service.
- 12 (2002). Interview with Peter Baume. *Drug and Alcohol Review*, 21, 77-82.
- 13 New South Wales Government. (1979). Report of the Royal Commission into Drug Trafficking. Sydney, Australia: Government Printer.
- 14 Parliament of the Commonwealth of Australia. Senate. (1980). Senator Dame Margaret Guilfoyle's ministerial statement on the report of the Standing Committee on Social Welfare (Official Hansard). Retrieved November 13, 2017, from <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=ld%3A%22hansard80%2Fhansards80%2F1980-03-19%2F0173%22>
- 15 (2002). Interview with Peter Baume. *Drug and Alcohol Review*, 21, 77-82.
- 16 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia – an intoxicated society? Canberra, Australia: Australian Government Publishing Service.
- 17 World Health Organization (WHO). (2017). Integrated chronic disease prevention and control. Retrieved November 13, 2017, from: http://www.who.int/chp/about/integrated_cd/en/
- 18 United Nations Population Fund. (n.d.). World population trends. Retrieved November 13, 2017, from <http://www.unfpa.org/world-population-trends>
- 19 Australian Bureau of Statistics (ABS). (2017). Apparent consumption of alcohol, Australia, 2015-16. Retrieved November 8, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4307.0.55.001>
- 20 Australian Bureau of Statistics (ABS). (2017). Apparent consumption of alcohol, Australia, 2015-16. Retrieved November 8, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4307.0.55.001>
- 21 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Retrieved November 8, 2017, from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/summary>
- 22 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Retrieved November 8, 2017, from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/summary>
- 23 Livingston, M. (2015). Understanding recent trends in Australian alcohol consumption. Canberra, Australia: Foundation for Alcohol Research and Education.
- 24 Foundation for Alcohol Research and Education (FARE). (2016). Risky business: The alcohol industry's dependence on Australia's heaviest drinkers. Canberra, Australia: FARE.
- 25 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Retrieved November 13, 2017, from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/summary>
- 26 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey (NDSHS) 2016 – key findings. Retrieved November 13, 2017, from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/contents/summary>
- 27 Australian Institute of Health and Welfare. (2014). National Drug Strategy Household Survey detailed report 2013. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- 28 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.
- 29 Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education
- 30 Northern Territory crime statistics. Data through December 2013. Cited in Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S., & Room, R. (2015). The hidden harm: Alcohol's impact on children and families. Canberra: Foundation for Alcohol Research and Education.
- 31 Australian Institute of Health and Welfare (AIHW). (2016). Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra, Australia: AIHW.
- 32 Australian Institute of Health and Welfare (AIHW). (2016). Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra, Australia: AIHW.
- 33 Bureau of Infrastructure, Transport and Regional Economics (BITRE). (2017). Road trauma Australia 2016 statistical summary. Canberra, Australia: BITRE. Retrieved from https://bitre.gov.au/publications/ongoing/files/Road_Trauma_Australia_2016_Web.pdf

- 34 Parliament of the Commonwealth of Australia. Senate. (1977). Senator Peter Baume speech (Official Hansard). Retrieved November 13, 2017, from <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22hansard80%2Fhansards80%2F1977-10-25%2F0127%22>
- 35 Parliamentary Budget Office. (2015). Alcohol taxation in Australia: Report no 03/2015. Parliament of Australia. Retrieved November 13, 2017, from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Budget_Office/Reports/Research_reports/Alcohol_taxation_in_Australia
- 36 James, D. (1997). Federal and State Taxation: A Comparison of the Australia, German and Canadian Systems. Department of the Parliamentary Library. Current Issues Brief 5 1997-98. Retrieved November 20, 2017, from https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/CIB/CIB9798/98cib05#AUSTRALIA
- 37 Gray, D., Chikritzhs, T. and Stockwell, T. (1999). The Northern Territory's cask wine levy: health and taxation policy implications. *Australian and New Zealand Journal of Public Health*, 23(6), 651-653.
- 38 Manton, E. (2015). Historical and cross-cultural changes in taxation of different alcoholic beverages. Canberra: Foundation for Alcohol Research and Education.
- 39 Parliamentary Budget Office. (2015). Alcohol taxation in Australia: Report no 03/2015. Parliament of Australia. Retrieved November 13, 2017, from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Budget_Office/Reports/Research_reports/Alcohol_taxation_in_Australia
- 40 Australian Bureau of Statistics (ABS). (2017). Apparent Consumption of Alcohol, Australia, 2015-16. Cat. No. 4307.0.55.001. Retrieved November 16, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4307.0.55.001Main%20Features62015-16?opendocument&tabname=Summary&prodno=4307.0.55.001&issue=2015-16&num=&view=>
- 41 Parliamentary Budget Office. (2015). Alcohol taxation in Australia: Report no 03/2015. Parliament of Australia. Retrieved November 13, 2017, from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Budget_Office/Reports/Research_reports/Alcohol_taxation_in_Australia
- 42 Australian National Audit Office. (2011). Administration of the Wine Equalisation Tax Australian ANAO Audit report No. 20 2010-11.
- 43 Australian Taxation Office. (2014). Wine equalisation tax – rulings and definitions. Retrieved November 3, 2017, from: https://www.ato.gov.au/Business/Wine-equalisation-tax/How-WET-works/Rulings-and-definitions/?anchor=Taxable_value#Taxable_value
- 44 Australian Taxation Office. (2017). Producer rebate. Retrieved August 31, 2017, from <https://www.ato.gov.au/Business/Wine-equalisation-tax/Producer-rebate/>
- 45 Australian Government. (n.d.). Taxation Statistics 2014-15, GST – Table 1. Retrieved October 31, 2017, from http://data.gov.au/dataset/taxation-statistics-2014-15/resource/847e2b92-14f1-4ebb-8f2c-cf4da18d024e?view_id=2f399cdd-f895-4b8b-95cc-babc4553fad9
- 46 O'Dwyer, K. (2016). Fact Sheet – Wine Equalisation Tax Rebate Changes – 2 December 2016. Retrieved from Kelly O'Dwyer MP's website: <http://kellyodwyer.com.au/assets/20161202-Fact-Sheet-WET-Rebate.pdf>
- 47 O'Dwyer, K. (2016). Fact Sheet – Wine Equalisation Tax Rebate Changes – 2 December 2016. Retrieved from Kelly O'Dwyer MP's website: <http://kellyodwyer.com.au/assets/20161202-Fact-Sheet-WET-Rebate.pdf>
- 48 Manton, E. (2015). Historical and cross-cultural changes in taxation in different alcoholic beverages. Canberra: Foundation for Alcohol Research and Education.
- 49 Manton, E. (2015). Historical and cross-cultural changes in taxation in different alcoholic beverages. Canberra: Foundation for Alcohol Research and Education. Retrieved from <http://www.fare.org.au/wp-content/uploads/research/Historical-and-cross-cultural-changes-in-taxation-of-different-alcoholic-beverages.pdf>
- 50 Manton, E. (2015). Historical and cross-cultural changes in taxation of different alcoholic beverages. Canberra: Foundation for Alcohol Research and Education.
- 51 Australian Institute of Health and Welfare (AIHW). (2017). National Drug Strategy Household Survey (NDSHS) 2016 – detailed findings. Retrieved November 13, 2017, from <https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-detailed/contents/table-of-contents>
- 52 Australian Institute of Health and Welfare (AIHW). (2017). Alcohol and other drug treatment services in Australia 2015-16. Retrieved November 3, 2017, from <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2015-16/notes>
- 53 Rankin, G. and Livingston, M. (2016). Understanding alcohol sales data in Australia. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://www.fare.org.au/wp-content/uploads/research/Understanding-alcohol-sales-data-in-Australia.pdf>
- 54 World Health Organisation (2014). Global Status Report on Alcohol & Health. Geneva: World Health Organisation. Retrieved from http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1
- 55 Rankin, G. and Livingston, M. (2016). Understanding alcohol sales data in Australia. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://www.fare.org.au/wp-content/uploads/research/Understanding-alcohol-sales-data-in-Australia.pdf>
- 56 Attorney-General's Department SA (2016). Summary of Proposed Changes to the Liquor Licensing Act. Adelaide: Government of South Australia. Retrieved from <http://www.agd.sa.gov.au/sites/agd.sa.gov.au/files/documents/Liquor%20licensing/Summary%20of%20Proposed%20Changes%20to%20the%20Liquor%20Licensing%20Act.pdf>.
- 57 Rankin, G. and Livingston, M. (2016). Understanding alcohol sales data in Australia. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://www.fare.org.au/wp-content/uploads/research/Understanding-alcohol-sales-data-in-Australia.pdf>
- 58 Collins, D. and Lapsley, H. (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Retrieved from [https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)
- 59 Collins, D. and Lapsley, H. (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Retrieved from [https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)
- 60 Collins, D. and Lapsley, H. (2008). The avoidable costs of alcohol abuse in Australia and the potential benefits of effective policies to reduce the social costs of alcohol (Monograph Series No.70). Retrieved from: [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/0A14D387E42AA201CA2574B3000028A8/\\$File/mono70.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/0A14D387E42AA201CA2574B3000028A8/$File/mono70.pdf)
- 61 Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
- 62 Foundation for Alcohol Research and Education (FARE). (n.d.). About alcohol's \$36 billion cost. Retrieved from <http://www.fare.org.au/wp-content/uploads/research/36-Billion.pdf>
- 63 Marsden Jacob Associates. (2012). Bingeing, collateral damage and the benefits and costs of taxing alcohol rationally. Report to the Foundation for Alcohol Research and Education, October. Retrieved from <http://fare.org.au/wp-content/uploads/research/FINAL-MJA-Report-Bingeing-Collateral-Damage-and-Taxation-2012.pdf>

- 64 Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE–Prevention Team (2010). *Assessing Cost-Effectiveness in Prevention (ACE–Prevention): Final Report*. University of Queensland, Brisbane and Deakin University, Melbourne.
- 65 Australian Institute of Criminology. (2013). *The societal costs of alcohol misuse in Australia*. No. 454. Retrieved from http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi454.pdf
- 66 Gao, C., Ogeil, R.P. and Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point.
- 67 Kirk, A. and Brown, D. (2006). Australian perspectives on the organizational integration of employee assistance services. In Attridge, M., Herlihy, P. A., & Maiden, R. P. (Eds.), *The integration of employee assistance, work/life, and wellness services* (p351-366). Retrieved November 13, 2017, from <http://ebookcentral.proquest.com.ezproxy1.library.usyd.edu.au>
- 68 Compton, R. and Buon, T. (1990). *Employee assistance programs: the Australia way*. Working Paper 1:90. Westmead, Australia: Centre for Employment Relations, University of Western Sydney, Nepean.
- 69 Compton, R. and Buon, T. (1990). *Employee assistance programs: the Australia way*. Working Paper 1:90. Westmead, Australia: Centre for Employment Relations, University of Western Sydney, Nepean.
- 70 Compton, R. and Buon, T. (1990). *Employee assistance programs: the Australia way*. Working Paper 1:90. Westmead, Australia: Centre for Employment Relations, University of Western Sydney, Nepean.
- 71 Compton, R. and Buon, T. (1990). *Employee assistance programs: the Australia way*. Working Paper 1:90. Westmead, Australia: Centre for Employment Relations, University of Western Sydney, Nepean.
- 72 Calogero, C. Midford, R., & Towers, T. (2001). Responding to drug-related harm in the workplace: the role of prevention, counselling and assistance programs. In Allsop, S., Phillips, M., and Calogero, C. (Eds), *Drugs and Work: Responding to Alcohol and Other Drug Problems in Australian Workplaces* (pp88-104). East Hawthorn, Australia: IP Communications.
- 73 Compton, R. and Buon, T. (1990). *Employee assistance programs: the Australia way*. Working Paper 1:90. Westmead, Australia: Centre for Employment Relations, University of Western Sydney, Nepean.
- 74 Allsop, S., and Lang, E. (1990). *Alcohol and the worksetting*. Bentley, Australia: WA Alcohol & Drug Authority and the Curtin University of Technology.
- 75 Kirk, A. and Brown, D. (2006). Australian perspectives on the organizational integration of employee assistance services. In Attridge, M., Herlihy, P. A., & Maiden, R. P. (Eds.), *The integration of employee assistance, work/life, and wellness services* (p351-366). Retrieved November 13, 2017, from <http://ebookcentral.proquest.com.ezproxy1.library.usyd.edu.au>
- 76 Allsop, S. and Lang, E. (1990). *Alcohol and the worksetting*. Bentley, Australia: WA Alcohol & Drug Authority and the Curtin University of Technology.
- 77 Kirk, A. and Brown, D. (2006). Australian perspectives on the organizational integration of employee assistance services. In Attridge, M., Herlihy, P. A., & Maiden, R. P. (Eds.), *The integration of employee assistance, work/life, and wellness services* (p351-366). Retrieved November 13, 2017, from <http://ebookcentral.proquest.com.ezproxy1.library.usyd.edu.au>
- 78 Australian Public Service Commission. (2017). *Promoting an attendance culture, a guide for APS agencies*. Retrieved September 1, 2017, from: <http://www.apsc.gov.au/publications-and-media/current-publications/promoting-attendance-culture>
- 79 Joseph, B. and Walker, A. (2016). Employee assistance programs in Australia: the perspectives of organizational leaders across sectors. *Asia Pacific Journal of Human Resources*, 55, 177-191.
- 80 Joseph, B. and Walker, A. (2016). Employee assistance programs in Australia: the perspectives of organizational leaders across sectors. *Asia Pacific Journal of Human Resources*, 55, 177-191.
- 81 Room, R., Agar, M., Beckett, J., Bennett, L., Caswell, S., Heath, D.,...Waddell, J. (1984). Alcohol and Ethnography: A Case of Problem Deflation? [and Comments and Reply]. *Current Anthropology*, 25(2), 169-191.
- 82 Parliament of Australia. (n.d.). House of Representatives Committees, Standing Committee on Aboriginal Affairs [1973-92]. Retrieved September 1, 2017, from http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=report_register/bycomlist.asp?id=123
- 83 Parliament of Australia. (n.d.). House of Representatives Committees, Standing Committee on Aboriginal Affairs [1973-92]. Retrieved September 1, 2017, from http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=report_register/bycomlist.asp?id=123
- 84 Parliament of Australia. (n.d.). House of Representatives Committees, Standing Committee on Aboriginal Affairs [1973-92]. Retrieved September 1, 2017, from http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=report_register/bycomlist.asp?id=123
- 85 Parliament of Australia. (1979). Senator Fred Chaney's Ministerial Statement to the House of Representatives Standing Committee on Aboriginal Affairs: Final report on the alcohol problems of Aboriginals (Official Hansard). Retrieved November 13, 2017, from <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;adv=yes;orderBy=customrank;page=0;query=Dataset%3Ahansards.hansards80%20Content%3Aalcohol%20Content%3Aand%20Content%3Aaboriginal%20Date%3A01%2F09%2F1979%20%3E%3E%2030%2F09%2F1979;rec=0;resCount=Default>
- 86 Senior, K., Chenhall, R., Ivory, B. and Stephenson, C. (2009). *Moving Beyond the Restrictions: The Evaluation of the Alice Springs Alcohol Mandatory Plan*. Darwin: Menzies School of Health Research & Monash University, Medicine, Nursing and Health Sciences, School of Public Health and Preventive Medicine.
- 87 Australian Institute of Health and Welfare. (2014). *National Drug Strategy Household Survey detailed report 2013*. Drug statistics series no. 28. Cat. no. PHE 183. Canberra: AIHW.
- 88 Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*. AHMAC: Canberra. Retrieved from: https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf
- 89 Australian Health Ministers' Advisory Council. (2017). *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*. AHMAC: Canberra. Retrieved from: https://www.pmc.gov.au/sites/default/files/publications/2017-health-performance-framework-report_0.pdf
- 90 Australian Bureau of Statistics (ABS). (2016). 4714.0 – National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Retrieved September 27, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Key%20findings~1>
- 91 Australian Bureau of Statistics (ABS). (2016). 4714.0 – National Aboriginal and Torres Strait Islander Social Survey, 2014-15. Retrieved September 27, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Key%20findings~1>

- 92 Deardon, J. and Payne, J. (2009). Alcohol and homicide in Australia, trends and issues in crime and criminal justice no. 372. Retrieved November 7, 2017, from <http://aic.gov.au/publications/current%20series/tandi/361-380/tandi372.html>
- 93 Intergovernmental Committee on Drugs. (n.d.) National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019. Retrieved November 7, 2017, from: <http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/natsipds2014-19>
- 94 Australian Government Department of Health and Ageing. (2013). National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Retrieved November 7, 2017, from: <http://www.health.gov.au/natsihp>
- 95 Commonwealth of Australia. (2017). National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Retrieved November 7, 2017, from: <https://pmc.gov.au/resource-centre/indigenous-affairs/national-strategic-framework-mental-health-social-emotional-wellbeing-2017-25>
- 96 Parliament of Australia. (n.d.). The harmful use of alcohol in Aboriginal and Torres Strait Islander communities – About this inquiry. Retrieved September 1, 2017, from http://www.aph.gov.au/Parliamentary_Business/Committees/House/Indigenous_Affairs/Alcohol
- 97 Parliament of Australia. Inquiry into Fetal Alcohol Spectrum Disorders – Report. Retrieved September 1, 2017, from: http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=spla/fasd/report.htm
- 98 Chikritzhis, T., Stockwell, T., Pascal, R. and Catalano, P. (2004). The Northern Territory's Living With Alcohol Program, 1992-2002: revisiting the evaluation, Technical Report. Perth: National Drug Research Institute. Retrieved from: https://espace.curtin.edu.au/bitstream/handle/20.500.11937/5052/19234_download_stream_326.pdf?sequence=2
- 99 Liquor Act 2010 (ACT) s.110. Retrieved from <http://www.legislation.act.gov.au/a/2010-35/current/pdf/2010-35.pdf>
- 100 Liquor Act 2010 (ACT) s.154. Retrieved from <http://www.legislation.act.gov.au/a/2010-35/current/pdf/2010-35.pdf>
- 101 Liquor Act 2010 (ACT) s.146. Retrieved from <http://www.legislation.act.gov.au/a/2010-35/current/pdf/2010-35.pdf>
- 102 Roche, A. and Steenson, T. (2014). Liquor licensing in Australia: an overview of the legislative frameworks. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp9-19). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, p10.
- 103 Hollander, R. (2006). National Competition Policy, regulatory reform and Australian federalism. *Australian Journal of Public Administration* 65(2), pp33-47.
- 104 Euromonitor International (2012). *Alcoholic drinks in Australia*. Euromonitor International Ltd London
- 105 Manton, E., and Zajdow, G., (2014). Public interest objectives and the adoption of harm minimisation. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp20-28). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, 2014; Liquor Licensing Act 1990 (Tas) s.2A (Austl.). Retrieved November 7, 2017, from <https://www.legislation.tas.gov.au/view/html/inforce/current/act-1990-044#GS2A@EN>
- 106 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). Liquor licensing legislation in Australia: An Overview. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/2913/5226/7673/EN456_LLReport1.pdf
- 107 Liquor Licensing (Liquor Review) Amendment Bill 2017 (SA). s.110A (Austl.). Retrieved November 7, 2017, from [https://www.legislation.sa.gov.au/LZ/B/CURRENT/LIQUOR%20LICENSING%20\(LIQUOR%20REVIEW\)%20AMENDMENT%20BILL%202017.aspx](https://www.legislation.sa.gov.au/LZ/B/CURRENT/LIQUOR%20LICENSING%20(LIQUOR%20REVIEW)%20AMENDMENT%20BILL%202017.aspx)
- 108 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). Liquor licensing legislation in Australia: An Overview. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/2913/5226/7673/EN456_LLReport1.pdf
- 109 109 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). Liquor licensing legislation in Australia: An Overview. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/2913/5226/7673/EN456_LLReport1.pdf
- 110 Livingstone, M. (2014). Liquor regulation: beyond the night-time economy. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp79-86). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, 2014.
- 111 Nicholls, R., Trifonoff, A. and Roche, AM. (2014). Liquor licensing legislation – Australian police perspectives. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp179-187). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, 2014.
- 112 Davoren, S., and O'Brien, P. (2014). Regulating to reduce alcohol-related harm: liquor licensing and the harm minimisation test. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp38-46). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne.
- 113 Davoren, S., and O'Brien, P. (2014). Regulating to reduce alcohol-related harm: liquor licensing and the harm minimisation test. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp38-46). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne.
- 114 Foster, J., Harrison, A., Brown, K., Manton, E., Wilkinson, C. and Ferguson, A. (2017). *Anytime, anyplace, anywhere? Addressing the physical availability of alcohol in Australia and the UK*. London and Canberra: Institute of Alcohol Studies and the Foundation for Alcohol Research and Education.
- 115 National Drug Research Institute (NDRI). (2007). *Preventing harmful drug use in Australia, restrictions on the sale and supply of alcohol: Evidence and outcomes*. Perth: Curtin University.
- 116 Miller, P., et al. (2013). *Patron offending and intoxication in night time entertainment districts (POINTED)*. Final report. Geelong: Deakin University for the National Drug Law Enforcement Research Fund.
- 117 Briscoe, S. and Donnelly, N. (2003). *Liquor licensing enforcement activity in New South Wales*. Alcohol Studies Bulletin no. 4. Sydney: NSW Bureau of Crime Statistics and Research (BOCSAR).
- 118 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). Liquor licensing legislation in Australia: An Overview. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/2913/5226/7673/EN456_LLReport1.pdf
- 119 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). *Liquor Licensing Legislation in Australia: Police Expectations*. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/3413/5226/7676/EN458_LLReport3.pdf
- 120 Nicholas, R., Trifonoff, A., and Roche, A. (2014). Liquor licensing legislation – Australian police perspectives. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp179-187). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne.
- 121 Weatherburn, D. (2004). *Law and Order in Australia: Rhetoric and Reality*. Sydney, Australia: The Federation Press.

- 122 Drabsch, T. (2003). Alcohol Abuse. Background Paper No 5/03. Sydney: NSW Parliamentary Inquiry Research Service. Retrieved from: <https://www.parliament.nsw.gov.au/researchpapers/Documents/alcohol-abuse/bg05-03.pdf>
- 123 Liquor Act 2007 (NSW). (Austl). Retrieved November 7, 2017, from http://www.austlii.edu.au/cgi-bin/viewdb/au/legis/nsw/consol_act/la2007107/
- 124 Room, R. (2010). The long reaction against the wowser: The prehistory of alcohol deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
- 125 Room, R. (2010). The long reaction against the wowser: The prehistory of alcohol deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
- 126 Craze, L., and Norberry, J. (1994). The objectives of liquor licensing laws in Australia. In Stockwell, T. (ed.). *An examination of the appropriateness and efficacy of liquor-licensing laws across Australia*, Vol. 5 (pp. 35-56). Canberra, Australia: Australian Government Publishing Service, p39
- 127 Room, R. (2010). The long reaction against the wowser: The prehistory of alcohol deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
- 128 Marsden Jacob Associates. (2005). Identifying a framework for regulation in packaged liquor retailing. Report prepared for the National Competition Council as part of the NCC Occasional Series, Melbourne.
- 129 Marsden Jacob Associates. (2005). Identifying a framework for regulation in packaged liquor retailing. Report prepared for the National Competition Council as part of the NCC Occasional Series, Melbourne.
- 130 Alcohol and other Drugs Council of Australia. (2004). Submission to the Productivity Commission inquiry into National Competition Policy Arrangements. Retrieved November 7, 2017, from: <http://www.pc.gov.au/inquiries/completed/national-competition-policy/submissions>
- 131 Trifonoff, A., Andrew, R., Steenson, T., Nicholas, R. and Roche, A.M. (2011). Liquor Licensing Legislation in Australia: An Overview. National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA. Retrieved from: http://nceta.flinders.edu.au/files/2913/5226/7673/EN456_LLReport1.pdf
- 132 ABC Radio (2003). Carr criticises Fed Govt over \$51-mil anti-competition fine. Retrieved November 7, 2017, from <http://www.abc.net.au/am/content/2003/s1006116.htm>
- 133 Drugs and Crime Prevention Committee. (2006). Inquiry into strategies to reduce harmful alcohol consumption: Final report. Parliament of Victoria. Page xxb. Retrieved from http://www.parliament.vic.gov.au/images/stories/committees/dcpc/alcoholharmreduction/DCPC-Report_Alcohol_Vol1_2006-03.pdf
- 134 Victorian Commission for Gambling and Liquor Regulation. (2016). Annual Report 2015-16. Retrieved from https://www.vcglr.vic.gov.au/sites/default/files/VCGLR_annual_report_2015_16.pdf
- 135 Consumer and Business Services. (2016). Current Liquor Licences as at 30 June. Retrieved from: <https://www.cbs.sa.gov.au/assets/LAR/liquor-gambling/Liquorstats.pdf>
- 136 Department of Treasury and Finance. (n.d.). Liquor Industry Data. Retrieved September 1, 2017, from <http://www.treasury.tas.gov.au/liquor-and-gaming/legislation-and-data/liquor-industry-data>
- 137 Mott, T. (2015). Innovation is essential. *National Liquor News* April 2015.
- 138 Liquor and Gaming NSW. (2016). Fact sheet 1 – Government response to independent liquor law review. Retrieved November 8, 2017, from: http://www.liquorandgaming.nsw.gov.au/Documents/about-us/Fact%20sheet_1_Overview%20of%20NSW%20Government%20reforms.pdf
- 139 Harper, I., Anderson, P., McClusky, S. and O'Bryan, M. (2015). Competition Policy Review Final Report March 2015 Commonwealth of Australia, p145.
- 140 Harper, I., Anderson, P., McClusky, S. and O'Bryan, M. (2015). Competition Policy Review Final Report March 2015 Commonwealth of Australia, p146.
- 141 Harper, I., Anderson, P., McClusky, S. and O'Bryan, M. (2015). Competition Policy Review Final Report March 2015 Commonwealth of Australia, p146.
- 142 Harper, I., Anderson, P., McClusky, S. and O'Bryan, M. (2015) Competition Policy Review Final Report March 2015 Commonwealth of Australia, p116.
- 143 Euromonitor International (2012). *Alcoholic drinks in Australia*. Euromonitor International Ltd London
- 144 Jones, E. (2005). Liquor retailing and the Woolworths/Coles juggernaut. *Journal of Australian Political Economy*, 55, 23-47.
- 145 White, V., Faulkner, A., Coomber, K., Azar, D., Room, R., Livingston, M., . . . Wakefield, M. (2015). How has alcohol advertising in traditional and online media in Australia changed? Trends in advertising expenditure 1997–2011. *Drug and Alcohol Review*, 34(5), 521-530. doi:10.1111/dar.12286
- 146 Ministerial Council on Drug Strategy. (2006). National Alcohol Strategy 2006-2009. Retrieved November 7, 2017, from: http://webarchive.nla.gov.au/gov/20140801013918/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09_p26.
- 147 Ministerial Council on Drug Strategy. (2006). National Alcohol Strategy 2006-2009. Retrieved November 7, 2017, from: http://webarchive.nla.gov.au/gov/20140801013918/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09_p28.
- 148 Commonwealth Department of Health. (2017). National Drug Strategy 2017-2026. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9E5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9E5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf) p43.
- 149 Australian National Preventive Health Agency. (2014). Alcohol advertising: the effectiveness of current regulatory codes in addressing community concern – Final report. Retrieved from: [http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/\\$File/Alcohol%20advertising.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/$File/Alcohol%20advertising.pdf)
- 150 Australian National Preventive Health Agency. (2014). Alcohol advertising: the effectiveness of current regulatory codes in addressing community concern – Final report. Retrieved from: [http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/\\$File/Alcohol%20advertising.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/$File/Alcohol%20advertising.pdf) p7.
- 151 Australian Communications and Media Authority. (2017). ACMA registers new Commercial Radio Industry Code of Practice. Retrieved September 1, 2017, from: <http://www.acma.gov.au/Industry/Broadcast/Radio/Radio-content-regulation/acma-registers-new-commercial-radio-industry-code-of-practice>
- 152 Australian Communications and Media Authority. (2015). The ACMA registers new Commercial Television Industry Code of Practice. Retrieved September 1, 2017, from: <http://www.acma.gov.au/Industry/Broadcast/Television/TV-content-regulation/the-acma-registers-new-commercial-television-industry-code-of-practice>

- 153 Commercial Radio Industry. (2017). Commercial Radio Industry Code of Practice March 2017. Retrieved from <http://www.acma.gov.au/~media/Content%20Projects%20and%20Policy/Regulation/Word%20Document/Commercial%20Radio%20Industry%20Code%20of%20Practice%20March%202017%20docx.docx>
- 154 Commercial Television Industry (2015). Commercial Television Industry Code of Practice. Retrieved from http://www.freetv.com.au/media/Code_of_Practice/Free_TV_Commercial_Television_Industry_Code_of_Practice_2015.pdf
- 155 Australian Broadcasting Control Board. (n.d.). Twenty–second annual report, year ended 30 June 1970. Canberra, Australia: Australian Government Publishing Service.
- 156 Outdoor Media Association. (n.d.). OMA Alcohol Advertising Guidelines. Retrieved from: http://www.oma.org.au/_data/assets/pdf_file/0003/13449/OMA_Alcohol_Guidelines_2016_Update.pdf
- 157 Australian Government. (2010). Taking Preventative Action – A response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce. Retrieved from: [http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/6B7B17659424FBE5CA25772000095458/\\$File/tpa.pdf](http://www.health.gov.au/internet/preventativehealth/publishing.nsf/Content/6B7B17659424FBE5CA25772000095458/$File/tpa.pdf) p93.
- 158 Australian Government. (2010). Taking Preventative Action – A response to Australia: The Healthiest Country by 2020 – The Report of the National Preventative Health Taskforce. Retrieved from: [http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/\\$File/Alcohol%20advertising.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/$File/Alcohol%20advertising.pdf)
- 159 Australian National Preventive Health Agency. (2014). Alcohol advertising: the effectiveness of current regulatory codes in addressing community concern – Final report. Retrieved from: [http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/\\$File/Alcohol%20advertising.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/295F33DC21996D1ECA257EF900007EEA/$File/Alcohol%20advertising.pdf)
- 160 Donovan, K., Donovan, R., Howat, P. and Weller, N. (2007). Magazine alcohol advertising compliance with the Australian Alcoholic Beverages Advertising Code. *Drug and Alcohol Review*. 26 (1): 73-81.
- 161 Australian Bureau of Statistics. (2017). Australian Demographic Statistics, Mar 2017. ABS Cat. No. 3101.0, Canberra, Australia: ABS. Retrieved November 7, 2017, from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3101.0Explanatory%20Notes1Mar%202017?OpenDocument>
- 162 Livingstone, M. (2014). Liquor regulation: beyond the night-time economy. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp79-86). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, 2014.
- 163 Liquor (Responsible Promotion of Liquor) Guidelines 2012 (No 1) (ACT). Retrieved from <http://www.legislation.act.gov.au/ni/2012-127/current/pdf/2012-127.pdf>
- 164 Liquor Regulation 2010 (ACT) r.29 (Austl.). Retrieved from <http://www.legislation.act.gov.au/si/2010-40/current/pdf/2010-40.pdf>
- 165 ACT Government. (2015, September 29). Media release - Shane Rattenbury MLA media release: Buses will no longer advertise junk food, alcohol, gambling and weapons. Retrieved November 1, 2017, from: http://www.cmd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2015/buses-will-no-longer-advertise-junk-food,-alcohol,-gambling-and-weapons
- 166 Mullighan S. (2016, August 19). News release – Steven Mullighan: alcohol advertising to be banned on public transport. Retrieved October 18, 2017, from <https://www.premier.sa.gov.au/index.php/stephen-mullighan-news-releases/1036-alcohol-advertising-to-be-banned-on-public-transport>
- 167 McGowan M. (2017, February 15). WA Labor will ban alcohol advertising on public transport. Retrieved October 18, 2017, from <https://www.markmcgowan.com.au/news/wa-labor-will-ban-alcohol-advertising-on-public-transport-1323>
- 168 Swensen, G. (2016). Public spaces and alcohol advertising: Exploratory study of the role of local government. *International Journal of Alcohol and Drug Research* 5(3), 117-123.
- 169 ABAC. (n.d.). ABAC Responsible Alcohol Marketing Code. Retrieved from: http://www.abac.org.au/wp-content/uploads/2017/07/ABAC_CodeofConduct_2017_web.pdf
- 170 Campaign Brief. (2017). XXXX Gold unveils Goldie work via Host/Havas to reward Aussies for coming together over cricket. Retrieved November 8, 2017, from: <http://www.campaignbrief.com/2017/11/xxxx-gold-unveils-goldie-campa.html>
- 171 Phillipson L. & Jones S.C. (2007). Awareness of alcohol advertising among children who watch televised sports. *Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) Conference*, 2803-2810.
- 172 Jones S.C., Phillipson L. & Barrie L.R. (2010). 'Most men drink... especially like when they play sports': Alcohol advertising during sporting broadcasts and the potential impact on child audiences. *Journal of Public Affairs*, 10 (1-2), 59-73.
- 173 Pettigrew S, et al. (2013). Game on: do children absorb sports sponsorship messages? *Public Health Nutrition* (1):1-8.
- 174 Carr, S. et al (2015) Child and adolescent exposure to alcohol advertising in Australia's major televised sports. *Addiction*
- 175 Australian National Preventive Health Agency. (2013). Be the Influence – Tackling Binge Drinking. Retrieved September 1, 2017, from: <http://www.quitnow.gov.au/internet/anpha/publishing.nsf/Content/bti-tbd-home>
- 176 Australian National Preventive Health Agency. (2013). National Binge Drinking Strategy. Retrieved November 1, 2017, from: <http://www.quitnow.gov.au/internet/anpha/publishing.nsf/Content/NBDS>
- 177 Australian Taxation Office. (2017). Other operating expenses. Retrieved September 1, 2017, from: <https://www.ato.gov.au/business/income-and-deductions-for-business/deductions/other-operating-expenses/>
- 178 Australian Transport Council. (n.d.). National Road Safety Strategy 2011-2020. Retrieved November 1, 2017, from: <http://roadsafety.gov.au/nrss/>
- 179 Bureau of Infrastructure, Transport and Regional Economics (BITRE). (2017). Road trauma Australia 2016 statistical summary. Retrieved from: https://bitre.gov.au/publications/ongoing/files/Road_Trauma_Australia_2016_Web.pdf
- 180 Road Safety Advisory Council. (2017). Towards zero. Retrieved August, 31, 2017, from <http://www.rsac.tas.gov.au/>
- 181 Commonwealth Department of Health. (2017). National Drug Strategy 2017-2026. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf)
- 182 Ministerial Council on Drug Strategy. (2006). National Alcohol Strategy 2006-2009. Retrieved November 1, 2017, from: <http://webarchive.nla.gov.au/gov/20140801013918/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09>
- 183 Freeman, J. and Liossies, P. (2002). Drink driving rehabilitation programs and alcohol ignition interlocks: Is there a need for more research? *Road and Transport Research*, 4: 3-13.
- 184 Ferguson, M., Sheehan, M. C., Davey, J. D. and Watson, B.C. (1999) Drink driving rehabilitation: The present context. Australian Transport Safety Bureau, Canberra. Retrieved from: https://infrastructure.gov.au/roads/safety/publications/1999/pdf/Alc_Rehab_2.pdf

- 185 Terer, K. and Brown, R., (2014). Effective drink driving prevention and enforcement strategies: Approaches to improving practice. Trends and Issues in Crime and Criminal Justice, No 472. Retrieved from: http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi472.pdf
- 186 Ferguson, M., Sheehan, M. C., Davey, J. D. and Watson, B.C. (1999). Drink driving rehabilitation: The present context. Australian Transport Safety Bureau, Canberra. Retrieved from: https://infrastructure.gov.au/roads/safety/publications/1999/pdf/Alc_Rehab_2.pdf
- 187 DeYoung, D. (1997). An evaluation of the effectiveness of alcohol treatment, driver license actions and jail terms in reducing drunk driving recidivism in California. *Addiction* 92(8): 989-997.
- 188 Ferguson, M., Sheehan, M. C., Davey, J. D. and Watson, B.C. (1999). Drink driving rehabilitation: The present context. Australian Transport Safety Bureau, Canberra. Retrieved from: https://infrastructure.gov.au/roads/safety/publications/1999/pdf/Alc_Rehab_2.pdf
- 189 Roads & Maritime. (2016). Sober Driver Program. Retrieved September 1, 2017, from: <http://www.rms.nsw.gov.au/roads/safety-rules/offences-penalties/drug-alcohol/sober-driver-program.html>
- 190 VicRoads. (2016). Getting your licence back. Retrieved September 1, 2017, from: <https://www.vicroads.vic.gov.au/licences/demerit-points-and-offences/drink-driving-offences/getting-your-licence-back-after-a-drink-driving-offence>
- 191 Mazurski, E., Withaneachi, D. and Kelly, S. (n.d). The NSW Sober Driver Program: Recidivism rates and program parameters. Retrieved from <http://casr.adelaide.edu.au/rsr/RSR2011/6EPaper%20188%20Mazurski.pdf>
- 192 Mills, K., Hodge, W., Johansson, K., & Conigrave, K. (2008). An outcome evaluation of the New South Wales Sober Driver Programme: a remedial programme for recidivist drink drivers. *Drug and Alcohol Review*, 27(1):65-74.
- 193 ACT Department of Territory and Municipal Services. (2008). Discussion paper: Review of the Road Transport (Alcohol and Drugs) Act 1977. Retrieved from http://www.cla.asn.au/Submissions/TAMS_Alcohol_and_Drugs_discussion_paper.pdf
- 194 Australian Institute of Criminology. (2015). Effective drink driving prevention and enforcement strategies: Approaches to improving practice. Retrieved September 1, 2017, from: <http://www.aic.gov.au/publications/current%20series/tandi/461-480/tandi472.html>
- 195 Ferris, J., Devaney, M., Sparkes-Carroll, M. and Davis, G. (2015). A national examination of random breath testing and alcohol-related traffic crash rates. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://www.fare.org.au/wp-content/uploads/2015/03/A-national-examination-of-random-breath-testing-and-alcohol-related-traffic-crashes-2000-2012-FINAL-web.pdf>
- 196 Australian Institute of Criminology. (2015). Effective drink driving prevention and enforcement strategies: Approaches to improving practice. Retrieved September 1, 2017, from: <http://www.aic.gov.au/publications/current%20series/tandi/461-480/tandi472.html>
- 197 Transport for NSW. (2014). Random breath testing. Retrieved September 1, 2017, from: <http://roadsafety.transport.nsw.gov.au/stayingsafe/alcoholdrugs/drinkdriving/rbt/index.html>
- 198 Ferris, J., Devaney, M., Sparkes-Carroll, M. and Davis, G. (2015). A national examination of random breath testing and alcohol-related traffic crash rates. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://www.fare.org.au/wp-content/uploads/2015/03/A-national-examination-of-random-breath-testing-and-alcohol-related-traffic-crashes-2000-2012-FINAL-web.pdf>
- 199 Explanatory statement – Australian Federal Police 1979 s. 40R (Austl.). Retrieved November 1, 2017, from <https://www.legislation.gov.au/Details/F2010L02686/Explanatory%20Statement/Text>
- 200 Road Transport Act 2013 No. 18 (NSW) Division 4 – Accidents (Austl.). Retrieved November 1, 2017, from: <https://legislation.nsw.gov.au/~view/act/2013/18/full#>
- 201 Road Traffic Act 1961 (SA) s. 471 (Austl.). Retrieved from <https://www.legislation.sa.gov.au/LZ/C/A/Road%20Traffic%20Act%201961.aspx>
- 202 Road Transport (Alcohol and Drugs) Act 1977 (ACT) s. 15AA (Austl.). Retrieved November 1, 2017, from <http://www.legislation.act.gov.au/a/1977-17/>
- 203 Transport Operations (Road Use Management) (Qld) s. 80 (Austl.). Retrieved November 1, 2017, from <https://www.legislation.qld.gov.au/browse/inforce>
- 204 Road Traffic Act 1974 (WA) s. 66(6a) (Austl.). Retrieved November 1, 2017, from https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_848_homepage.html
- 205 Road Safety (Alcohol and Drugs) Act 1970 (Tas) s. 10A (Austl.). Retrieved November 1, 2017, from <https://www.legislation.tas.gov.au/view/html/inforce/2015-07-01/act-1970-077>
- 206 ACT Government Justice and Community Safety Directorate. (n.d.) Drink and drug driving laws for the ACT. Retrieved November 6, 2017, from: (<http://www.justice.act.gov.au/page/view/3077/title/drink-and-drug-driving-laws>)
- 207 Tasmanian Department of State Growth. (n.d.) Transport, Licensing, Demerits and Offences. Retrieved November 6, 2017, from: <http://www.transport.tas.gov.au/licensing/offences>
- 208 ACT Government Justice and Community Safety Directorate. (n.d.). Drink and drug driving laws for the ACT. Retrieved September 1, 2017, from: <https://www.sa.gov.au/topics/driving-and-transport/driving-offences-and-penalties/driving-laws-offences-and-penalties>
- 209 Stevenson, M. and Thompson, J. (2014). On the road to prevention: road injury and health promotion. *Health Promotion Journal of Australia*, 25:4-7.
- 210 Boughton, C.J. and South, D.R. (n.d.). Evaluation of a drink driving publicity campaign. Retrieved from: http://www.icadtsinternational.com/files/documents/1983_018.pdf
- 211 Transport Accident Commission. (n.d.). Drink Driving Case Study. Retrieved from: https://www.tac.vic.gov.au/_data/assets/pdf_file/0008/44657/TACDrinkDrivingCaseStudy.pdf
- 212 Tay, R. (2005). Drink driving enforcement and publicity campaigns: are the policy recommendations sensitive to model specification? *Accident Analysis & Prevention*, 37(2), 259-266. doi:<http://dx.doi.org/10.1016/j.aap.2004.10.001>
- 213 Transport for NSW. (2017). Plan B, Don't drink and drive. Retrieved September 1, 2017, from: <http://roadsafety.transport.nsw.gov.au/campaigns/planb.html>
- 214 Enth Degree. (2014). Review of Office of Road Safety Mass Media Campaigns. Prepared for the Government of Western Australia. Retrieved from: <https://www.rsc.wa.gov.au/RSC/media/Documents/Road%20Data/Research%20and%20Reviews/Road%20Safety%20and%20Mass%20Media%20Review.pdf>
- 215 Ipsos-Eureka. (2009). National Binge Drinking Campaign – Evaluation Survey. Prepared for the Australian Government Department of Health and Ageing. Retrieved from: [http://www.drinkingnightmare.gov.au/internet/drinkingnightmare/publishing.nsf/Content/3F34473572CF15F2CA257679007C3A7A/\\$File/eval.pdf](http://www.drinkingnightmare.gov.au/internet/drinkingnightmare/publishing.nsf/Content/3F34473572CF15F2CA257679007C3A7A/$File/eval.pdf)
- 216 Australian Transport Council. (2016). National Road Safety Strategy 2011-2020 Implementation status report. Retrieved from: http://roadsafety.gov.au/performance/files/NRSS_Implementation_report_Nov2016.pdf

- 217 Australian Transport Council. (2016). National Road Safety Strategy 2011-2020 Implementation status report. Retrieved from: http://roadsafety.gov.au/performance/files/NRSS_Implementation_report_Nov2016.pdf
- 218 Australian Transport Council. (n.d.). National Road Safety Strategy 2011-2020. Retrieved from: http://roadsafety.gov.au/nrss/files/NRSS_2011_2020.pdf
- 219 Australian Transport Council. (2016). National Road Safety Strategy 2011-2020 Implementation status report. Retrieved from: http://roadsafety.gov.au/performance/files/NRSS_Implementation_report_Nov2016.pdf
- 220 Commonwealth Department of Health. (2017). National Drug Strategy 2017-2026. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf)
- 221 Commonwealth Department of Health. (2017). National Drug Strategy 2017-2026. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/\\$File/National-Drug-Strategy-2017-2026.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/$File/National-Drug-Strategy-2017-2026.pdf)
- 222 Australian Bureau of Statistics (ABS). (2017). Apparent consumption of alcohol, Australia, 2015-16. Retrieved November 1, 2017, from <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4307.0.55.001>
- 223 Hawks, D. (1990). The watering down of Australia's health policy on alcohol. *Drug and alcohol review*, 9(1), 91-95.
- 224 Hawks, D. (1993). The formulation of Australia's national health policy on alcohol. *Addiction*, 88(s1).
- 225 Hawks, D. (1990). The watering down of Australia's health policy on alcohol. *Drug and alcohol review*, 9(1), 91-95;
- 226 Hawks, D. (1993). The formulation of Australia's national health policy on alcohol. *Addiction*, 88(s1).
- 227 Ministerial Council on Drug Strategy. (2001). National Alcohol Strategy: A Plan for Action 2001 to 2003-04. Retrieved from: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/CB55FB4FF6B43636CA2575B40013539B/\\$File/alcohol_strategy.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/CB55FB4FF6B43636CA2575B40013539B/$File/alcohol_strategy.pdf) p3.
- 228 Ministerial Council on Drug Strategy. (2001). National Alcohol Strategy: A Plan for Action 2001 to 2003-04. Retrieved from: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/CB55FB4FF6B43636CA2575B40013539B/\\$File/alcohol_strategy.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/CB55FB4FF6B43636CA2575B40013539B/$File/alcohol_strategy.pdf) p3.
- 229 Ministerial Council on Drug Strategy. (2006). National Alcohol Strategy 2006-2009. Retrieved November 1, 2017, from: <http://webarchive.nla.gov.au/gov/20140801013918/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09> p2.
- 230 Ministerial Council on Drug Strategy. (2006). National Alcohol Strategy 2006-2009. Retrieved November 1, 2017, from: <http://webarchive.nla.gov.au/gov/20140801013918/http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/nas-06-09> p30.
- 231 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). *Drug problems in Australia - an intoxicated society?* Canberra, Australia: Australian Government Publishing Service, p1.
- 232 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). *Drug problems in Australia - an intoxicated society?* Canberra, Australia: Australian Government Publishing Service, p2.
- 233 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). *Drug problems in Australia - an intoxicated society?* Canberra, Australia: Australian Government Publishing Service, p58
- 234 Foundation for Alcohol Research and Education (FARE). (n.d.). About alcohol's \$36 billion cost. Retrieved from <http://www.fare.org.au/wp-content/uploads/research/36-Billion.pdf>
- 235 Collins, D. and Lapsley, H. (2008). The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05. Retrieved from [https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](https://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)
- 236 Cnossen, S. (2010). Excise taxation in Australia. In Melbourne Institute—Australia's future tax and transfer policy conference.
- 237 Johnston, I. (2005). Halving deaths from road traffic crashes – a case study from Victoria, Australia 1984-2004. Retrieved from https://international.fhwa.dot.gov/halving_fatalities/halving_fatalities.pdf
- 238 Johnston, I. (2005). Halving deaths from road traffic crashes – a case study from Victoria, Australia 1984-2004. Retrieved from https://international.fhwa.dot.gov/halving_fatalities/halving_fatalities.pdf
- 239 Bureau of Infrastructure, Transport and Regional Economics (BITRE). (2017). *Road trauma Australia 2016 statistical summary*. Canberra, Australia: BITRE.
- 240 Room, R. (2010). The long reaction against the wowser: The prehistory of alcohol deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
- 241 Harper, I., Anderson, P., McClusky, S. and O'Bryan, M. (2015). *Competition Policy Review Final Report March 2015 Commonwealth of Australia*, p145.
- 242 Babor, T., Caetano, R., Casswell, S., et al. (2010). *Alcohol, No Ordinary Commodity: Research and public policy* 2nd edition, Oxford University Press
- 243 Jochelson, R. (1997). *Crime and place: An analysis of assaults and robberies in Inner Sydney*. Sydney: New South Wales Bureau of Crime Statistics and Research (BOSCAR).
- 244 Briscoe, S. and Donnelly, N. (2001). *Temporal and regional aspects of alcohol-related violence and disorder*. Alcohol Studies Bulletin. Sydney: New South Wales Bureau of Crime Statistics and Research (BOCSAR).
- 245 Knaus, C. (2016, July 27). ACT government abandons plan for 3am Canberra nightclub fee hikes. *The Canberra Times*. Retrieved November 19, 2017, from <http://www.canberratimes.com.au/act-news/act-government-abandons-plan-for-3am-canberra-nightclub-fee-hikes-20160726-gqe50i.html>
- 246 Room, R. (n.d). Responses to alcohol-related problems in an international perspective: characterizing and explaining cultural wetness and dryness. Retrieved November 9, 2017, from: <http://www.robinroom.net/response.htm>
- 247 Room, R. (2010). The long reaction against the wowser: The prehistory of alcohol deregulation in Australia. *Health Sociology Review*, 19(2), 151-163.
- 248 Callinan, S., Room, R. and Livingstone, M. (2013). Changes in Australian attitudes to alcohol policy: 1995-2010. *Drug and Alcohol Review*, 33(3), p227-234.
- 249 Euromonitor International (2012). *Alcoholic drinks in Australia*. Euromonitor International Ltd London
- 250 Livingstone, M. (2014). *Liquor regulation: beyond the night-time economy*. In Manton, E., Room, R., Giorgi, C, Thorn, M (Eds.), *Stemming the tide alcohol: liquor licensing and the public interest* (pp79-86). Canberra: Foundation for Alcohol Research and Education in collaboration with The University of Melbourne, 2014.

- 251 Australian Broadcasting Control Board. (n.d.). Twenty-second annual report, year ended 30 June 1970. Canberra, Australia: Australian Government Publishing Service.
- 252 Parliament of the Commonwealth of Australia. Senate Standing Committee on Social Welfare. (1977). Drug problems in Australia - an intoxicated society? Canberra, Australia: Australian Government Publishing Service, Recommendation 23.
- 253 Phillipson L. and Jones S.C. (2007). Awareness of alcohol advertising among children who watch televised sports. Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) Conference, pp.2803-2810.
- 254 Jones S.C., Phillipson L. and Barrie L.R. (2010). 'Most men drink... especially like when they play sports': Alcohol advertising during sporting broadcasts and the potential impact on child audiences. *Journal of Public Affairs*, 10 (1-2), 59-73.
- 255 House of Representatives Standing Committee on Aboriginal Affairs. (1978). Final Report: Alcohol problems of Aboriginals. Parliamentary Paper No. 299/1977. Canberra, Australia: The Commonwealth Government Printer.

**STOPPING
HARM**
CAUSED BY
ALCOHOL

ISBN 978-0-6481593-5-3



Foundation for Alcohol Research & Education

PO BOX 19, DEAKIN WEST, ACT 2600 :: 02 6122 8600 :: info@fare.org.au :: www.fare.org.au