

Hitting the drink

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THE language is urgent, the message alarming: alcohol is out of control, a timebomb, a silent epidemic. Alcohol-fuelled violence is mounting, our cities becoming perilous, our youth in more danger of brain damage and assault.

Politicians, journalists, police and politicians are delivering the same message, driven by a group of anti-drinking health professionals recommending new restrictions on Australia's favourite social lubricant.

In federal and state parliaments, the message is finding its target.

Governments are increasing taxes and contemplating restrictions on alcohol advertising; we may soon confront labelling laws that put gruesome pictures of cirrhotic livers on wine bottles; the state's police chiefs are co-ordinating their power to curb binge drinking; and the nation's alcohol guidelines are about to be changed to declare that more than two drinks a day constitutes risky drinking, and more than four is a binge.

The Victorian Government, citing research "now beginning to show that a significant proportion of Victorians drink too much", is restricting liquor licences for the first time since the 1980s. It is contemplating an increase in licence fees, enforcing a trial 2am lockout, and considering recruiting under-age operatives to buy grog and entrap unwary publicans.

The rhetoric suggests that the problem is suddenly escalating. But it's not.

Quietly, in the midst of it all, the Australian Institute of Health and Welfare produced a little study that poured cold water on the enterprise: "The overall drinking status of the Australian population has been stable over the past two decades," it said. It went on: "There has been virtually no change in the pattern of risky drinking over the period 2001 to 2007." And 2.4% more people are teetotallers.

Presented to the Senate committee investigating Kevin Rudd's alcopop tax increase, the government-funded study, based on interviews with more than 20,000 Australians, identified a slight increase in preference for ready-to-drink mixed spirits, but mainly among older groups, and said this did not appear "to have directly contributed to an increase in risky alcohol consumption".

In fact, among the under-age women who are the target of the tax rise, the institute identified a decrease in numbers taking risks on a monthly basis, from 32% to 27%.

On the question of total alcohol consumption, there is surprising unanimity, even from the health professionals keenest on urgent government action.

"Per capita alcohol consumption in Australia reached a peak in the early 1980s and has since declined by about 25%," Alex Wodak, the director of St Vincent's Hospital's Alcohol and Drug Service, told another Senate inquiry recently.

"Fundamentally ... consumption seems fairly stable," said Robin Room, the head of the Centre for Alcohol Policy Research at Turning Point in Melbourne.

Australia's alcohol consumption, at about 9.9 litres of pure ethanol a person per year, is in the middle ranks among comparable, developed nations.

But according to Wodak, asking whether alcohol consumption is rising, falling or staying about the same is nothing more than a detail.

"The first-order question we should be asking is whether Australia regards the health, social and economic costs of alcohol to be acceptable," he says.

With a new study suggesting an annual economic cost of \$15 billion from alcohol, and 3500 alcohol-related deaths, there is little doubt that alcohol remains a problem; some say the most serious drug problem in Australia. It's just that it has always been there. What has changed is the amount of concern. Alcohol is receiving enormous attention. There are 12 national inquiries into alcohol policy at the moment.

The National Health and Medical Research Council is reviewing the official drinking guidelines; the Food Standards authority is looking at health advisory labels on alcohol containers; Council of Australian Governments (COAG) ministers have an alcohol policy forum later this month; there are two Senate inquiries; and there are at least two separate inquiries on taxation levels and alcohol.

In Victoria, Mental Health Minister Lisa Neville is pushing through a number of measures as part of the Victorian Alcohol Action Plan, which includes the controversial 2am lockout.

It is not just Australia where concern is rising: there is also a global push that started in January, led by the World Health Organisation, to deal with the problem of death and disease from alcohol.

Just as the attack on tobacco started off to protect victims of passive smoking, the "passive" damage from drinking — the victims of drink-driving, rape, domestic and other violence and crime — will be the focus of the first global attempt to limit harm from alcohol.

The planned alcohol strategy will not be legally binding and will allow individual countries to decide on their own laws.

Some people are concerned, though, that the response will not be proportional to the problem. Former health minister Tony Abbott has described it as a "moral panic" which is not justified by any change in the harm done.

And the alcohol industry fears a cabal of influential health activists is ignoring the pleasure, relaxation and conviviality that alcohol provides to about 80% of drinkers, and trying to turn us into a nation of wowsers.

ACCORDING to Victorian Mental Health Minister Lisa Neville, the biggest drivers of the Government's alcohol policies are "alarming trends" in terms of alcohol-related violence and the increase in extremely drunk young people turning up at hospitals to be treated for accidents or acute intoxication.

The trends are clear. A recent study by Turning Point showed that young women between 18 and 24 were hospitalised for alcohol-related reasons at a rate of 14.6 per 10,000 in 2005-06, more than double the six admissions in 1998-89. Young men were also being treated more regularly.

The figures on assaults are more complex. Often cited is a 17.5% growth in assaults per 100,000 people in the Melbourne CBD last year, but these numbers bounce around from year to year (residential burglaries were up 27%), and anecdotal evidence from police suggests that, even before the 2am lockout, assaults were falling again.

Police assault statistics for the whole of region one (city and inner suburbs) show a 24% increase in assaults since about 2000, but over the same period the population has grown by 60%. Assaults on CBD licensed premises have fallen.

Taking the trends together, there is broad agreement from the alcohol industry and health professionals that the way some young people are drinking has changed: those who were already binge drinking may be drinking even more, to the extent that they are ending up in fights or in hospitals.

Nobody can adequately explain the trend. Stephen Riden, of the Distilled Spirits Industry Council of Australia, suggests that young people raised in a long period of prosperity might consider themselves "bulletproof" and that a generation of "strong, independent, liberated" women believe, wrongly, that they can safely adopt the drinking patterns of the boys around them.

Turning Point's Robin Room wonders if the role alcohol plays in young people's rites of passage is somehow changing in complex ways.

There is also little doubt that the way licensing laws have worked in recent years has changed, gathering drinking premises into strips of large bars and nightclubs — in Melbourne's King Street and Queen Street, Sydney's Darling Harbour and Kings Cross, and Surfers Paradise in Queensland.

"Our cities and towns have tried to create entertainment precincts so they can be marketed to tourists, and the licensing enforcement and policing has lagged behind," Riden says.

The effect has been to bring a lot more alcohol-affected young men together at one time, and more "stranger on stranger violence". According to Room, the trend, and the problems, are much further advanced in Britain where the pubs have been "commercialised" into chains, leading to a "hectic night-time economy".

In Melbourne the main concern seems to be about the very large bars, such as CQ in Queen Street, which has a licence for 6170 patrons. This is hardly the European ambience that Premier John Cain envisaged when he made Victoria's licensing laws the most liberal in the country in the late 1980s.

To combat the trend, the State Government is considering increasing licence fees according to the risk of a venue causing trouble.

There might be broad agreement about the problem — binge drinking, hospitalisation and violence — but there is no agreement on how to fix it. The health practitioners say the only way is to increase restrictions: tax, licences, labelling, marketing.

VicHealth chief executive Todd Harper spent eight years in a successful campaign to squeeze the tobacco industry with bans and restrictions. He says there are lessons from tobacco but also some key differences.

Unlike alcohol, any amount of tobacco is harmful, but the impact of binge drinking is much more immediate: "Someone who smokes a packet of cigarettes today won't be facing health problems tomorrow. Someone who skols a six-pack now exposes themselves to immediate accident and injury."

"I like the Four Ps approach: price, product, place and promotion," Harper says.

On price, he, like most health lobbyists, wants to see volumetric taxation of alcohol — a tax on the amount of alcohol in a product, not the value of the product. This would quickly lift the price of cheap wine, particularly cask wine, which has a very low tax rate under the current regime.

Harper wants to use the packaging on alcohol containers to tell consumers about the health risks attached to drinking. In the case of alcopops, which are sometimes made to look like soft drinks, he says packaging should be more heavily regulated.

Alcohol advertising on TV should be banned until after 9pm (the current limit is 8.30pm), and advertising during live sporting events should also be banned.

The industry's self-regulatory advertising review body should be replaced with an independent arbiter. In order to have a total advertising ban, such as the one on tobacco, he says you would need to "bring the community with you".

Alex Wodak, of Sydney's St Vincent's Hospital, says tax increases are the "single intervention best supported by evidence". He cites a study in which a combination of taxes, advertising bans and health interventions extended the combined lives of the study participants by 983 years.

In Finland, when taxes were reduced by between 33% and 44% because of its European Union membership, alcohol-related harm rose by up to 20%, according to the country's Health Ministry. Four years later, Finland increased taxes again.

Room says that, with 20% of the heaviest drinkers consuming 70% of Australia's alcohol: "If anything the effect of a tax increase is more dramatic on the heavy drinkers than it is on the rest of the population."

The alcohol industry disagrees. In their view, increasing taxes, hitting licensees and introducing more regulation hurts everybody who drinks and, disproportionately, the moderate drinkers.

Fosters' communications director Natalie Toohey argues for more treatment for people in trouble, as well as "nuanced, tailored responses" aiming for culture change. This means education campaigns directed at the specific problem, the young binge drinkers.

One campaign, run by the industry-funded body DrinkWise, is aimed at parents who are among the largest suppliers of alcohol to their children. They cite a number of studies that indicate that parental disapproval of adolescent drinking deters youngsters from problem drinking.

Toohey also cites an American border project at the San Diego-Tijuana border. Young people crossing to the south to binge drink were told about the dangers, and this resulted in a 29% reduction in pedestrians with a blood alcohol reading of more than 0.08%. "What doesn't work is bans, taxes ... They are blunt instruments; easy, but they don't work," Toohey says.

Asks Riden: "Why should the couple sitting down to drink a bottle of wine with their dinner pay \$2 or \$3 more on it because someone 20 kilometres away is a complete idiot who is drinking to intoxication?"

Wine industry spokesman Dominic Nolan said his members would be the chief victims of a volumetric tax on alcohol at the same rate as beer. It would cost 3500 jobs in three major inland producing regions, mainly among the grape growers who supply cask wine producers. It would also raise the cost of more than 90% of the wine sold in Australia.

Industry calls the policy of restricting, warning and increasing prices "the Scandinavian approach" after the policy in Sweden, Finland and Norway, which imposes extremely high taxes, state control of advertising and state ownership of alcohol retailing outlets.

They say Robin Room, who is on almost every Australian committee looking into alcohol policy, is its chief proponent. "He's the world's leading advocate of the Scandinavian approach ... a tight, locked-down process ... and its underlying belief is that the first drink is doing you damage," said one industry figure, who declined to be named.

For those who have watched the argument for a long time, it all sounds familiar. But right now, the health lobby has the upper hand.

According to Harper, the pressure among health professionals for more action had been building up for some time, but was ignored by the previous federal government, and "slipped under the radar". The increase in treatment of young people for alcohol-related conditions, and in city violence, had acted as a catalyst to bring it to public attention.

Others suggest that the change of federal government has allowed the health lobbyists a new toehold.

"There are periods of greater and lesser concern, and what tends to happen at periods of lesser concern is that people take away the regulation that was put in place when there was more concern, because they don't see the reasons any more, and then you get a build-up in problems again," says Room.

"I think we are in a period of greater concern about alcohol. I think it's reflecting to some extent larger concerns in the culture about health and longevity."

More regulation seems the inevitable consequence.

"I would hate to think they were winning," says Riden, of the Distilled Spirits Industry Council, "but certainly I think they've got the wind in their sails."

Lynn is in Melbourne to visit her two sons who live here and has bought some brandy for later in the evening.

"Brandy and Coke is definitely my favourite tippie. I love a glass now and then.

"We're heading out to dinner but we will probably end up at my son's place in Windsor. I've told him to make sure there's ice ready in the freezer so I can enjoy a drink when we get back from the restaurant."

Grainger loves his beer on a night out: "It's definitely lager — except when it gets late I start on the Jagerbombs! I probably go out for a drink most nights a week. At the moment I'm staying in St Kilda so there's plenty of bars to choose from.

"It's a social thing, it's just good fun to go out with friends."

"We're having a quiet night at home with some friends so there's not too much booze," Casey says. "It's more a case of a glass to enjoy while watching a movie than trying to get drunk."

"I'm usually a beer drinker and I'll have a couple tonight in front of the telly," says Kim. "But if we run low I could always have a glass of wine as I'm not too fussy."

"We'll have these guava flavoured breezers at a friend's place before heading on to a club where we might have some Jagerbombs," Vinnie says. "We've already had a bottle of white wine over dinner to warm up."

"I reckon I have a drink about three or four nights a week, which is a bit less than I used to but I can still hold my own," says Cody.

Michael Bachelard