An Overview: the Issues and the National Alcohol Policy

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It was a pleasure to be approached by the Institute of Criminology and asked to give an overview of this Conference and to link this to Australia's Health Policy on Alcohol. At the outset, it should be said that in endeavouring to give this brief overview, it is not possible to adequately present the substantial and diverse range of views intended by authors. Rather, my observations of the key issues will be described, and how these issues have, or have not been, addressed by the National Health Policy on Alcohol will be identified.

Key Issues

The Conference papers can be divided into five categories: links between alcohol use and crime; drinking driving; policing problems; corrective programs and legislative issues.

The first observation, is that there is obvious uncertainty about the extent and nature of the relationship between alcohol use and criminal behaviour. Undoubtedly, nearly all authors are observing high correlations between alcohol and crime. However, while some indicate that alcohol use may not be linked as a pre-cursor to criminal behaviour (McGregor 1989), others disagree (Indermaur 1989; Giddings 1989).

With empirical studies to date limited to individuals under surveillance, violent incidents, clinical aggression and drinking in 'natural' settings, there is a clear need for further research (Tomsen 1989). This could not be overstated in the area of domestic violence, which was reported as being able to occur without intoxication and that intoxication does not necessarily lead to domestic violence (McGregor 1989). It seems that although criminal offences are often associated with intoxication, and that in one study 65 per cent of prisoners had an alcohol related disability (Hayes 1989), there is still a tendency for the courts and indeed, clients themselves, to blame alcohol for their criminal behaviour in order to somehow legitimise the offence and not bear responsibility for the consequences.

Drink driving

It is of no surprise to find that drink driving as a crime is probably the best researched and most reviewed area of the alcohol-crime relationship. Undoubtedly, random breath testing has changed the nature of public drinking in Australia. Various programs have been described to reduce drink driving crime, including the Victorian countermeasures (South 1989), liquor industry campaigns
(Broderick 1989), legislation for zero-blood alcohol limits for learner drivers and that reducing the BAL from 0.08 per cent to 0.05 per cent will significantly reduce injury accidents (Smith 1989). In addition, there is an indication that server intervention programs should be given a higher policy priority by government, as a means of limiting alcohol availability (Smith 1989).

Policing problems

The enforcement of government regulations relating to liquor laws or intoxication has been described as problematical in terms of resource allocation (Tuncks 1989). For example, the policing of the Public Intoxication Act in South Australia has not enabled a treatment perspective as originally intended, but rather developed a 'revolving door' philosophy. While 'dry' areas were introduced in South Australia as a means to control the consumption and position of alcohol in public places, their effect is inconclusive, and it was suggested that this legislation may only be a short-term measure (Tuncks 1989).

Correction programs

The relationship between under-age drinking and criminal activity and the need for specific programs for prisoner groups with special needs has been well addressed (Williams 1989; Ireland 1989; Hayes 1989; Indermaur 1989). Tasmanian government initiatives for youth have been described (Williams 1989) which include alcohol-free entertainment venues, education programs and the 'kids n cops' program. Suggestions for addressing the under-age drinking-crime problem include an examination of the introduction of juvenile curfews; modification to the penalty structure for licensed premises and the enforcement of juvenile related provisions of liquor control Acts (Ireland 1989). Also, it is possible that screening for alcohol problems among the prison population may itself have an intervention effect (Indermaur 1989).

Legislative issues

Ultimately, problems arising from the association between alcohol use and criminal behaviour can be substantially reduced through comprehensive legislation based on sound research, and preceded by community support. Notably, alcohol related crime and traffic accidents may effectively be reduced through legislative and fiscal restrictions addressing the drinking age, hours of sale of alcoholic beverages, limiting the number of outlets for alcohol, lowering blood alcohol levels, random breath testing and increasing the price of alcoholic beverages (Smith 1989).

Dram Shop Liability has been described as:

a term of art referring to the potential legal liability of service of alcoholic beverages for injuries caused by their intoxicated and under-aged patrons (Shoebridge 1989).

Although Dram Shop Liability in Australia has not had the powerful impact experienced in the United States of America, it is likely that the growing community awareness of alcohol related problems will stimulate licensees to be
Summary of key issues presented

It is difficult to put in a nut-shell a statement which summarises the substantial and authoritative observations presented at this Conference on the relationship between alcohol use and criminal behaviour. That there is an association is unlikely to be disputed. However, it is also unlikely to be disputed that acts of lawlessness occur without intoxication. Without a clearly defined relationship between alcohol and crime it becomes difficult to identify effective prevention measures with predictable outcomes. As with problems in changing any human behaviour, only a multi-faceted approach is likely to be successful.

It has been noted, however, that as per capita alcohol consumption increases, so too do alcohol problems, including alcohol related crime (Smith 1989). While the association between per capita consumption and alcohol related problems has frequently been challenged by liquor industry advocates, the relationship nonetheless, is observable (Shoebridge 1989).

It is this relationship, and its impact on criminal behaviour, which will now be addressed, particularly in terms of Australia's National Health Policy on Alcohol.

The National Health Policy on Alcohol

Two weeks ago today, the government's Ministerial Council on Drug Strategy met in Burnie, Tasmania and endorsed the final version of Australia's National Health Policy on Alcohol (adopted 23 March, 1989). Like many Australian government policies, the final version was, in its key areas, substantially different from the draft policies developed by the Council's expert Alcohol Sub-committee over a four-year period.

The final National Health Policy document is in two parts. The first is the policy document (Commonwealth Department of Community Services and Health 1989), covering education, control and legal policies, the role of the non-government sector and the community, and research and treatment policies. The second document (Commonwealth Department of Community Services and Health 1989) gives examples of strategies for each of these areas. It is not my intention to scrutinise all the policy areas, but rather to focus on those control and legal policies as they relate to alcohol related crime.

The draft policy

Work on a draft National Health Policy on Alcohol commenced in 1984 under the auspices of the National Standing Committee on Alcohol, reporting to the then Standing Committee of Health Ministers. However, with the initiation of the National Campaign Against Drug Abuse in April 1985, the responsibility for drafting the policy was passed onto the Alcohol Sub-committee of the Standing Committee of Officials reporting to the Ministerial Council on Drug Strategy.

The draft policy was received by the Ministerial Council in November 1986 and released for public comment, resulting in some 176 submissions including a
number representing major liquor industry interests.

In November 1987, the Ministerial Council on Drug Strategy's Alcohol Sub-committee presented another draft, with a commentary on submissions received. The Council's meeting of 1987 rejected the draft document, referring it back to the Alcohol Sub-committee for further drafting during 1988. Although the Alcohol Sub-committee was lobbied by the liquor industry during 1988, the committee did not seek comment on the final version of the policy from health advocates, before its endorsement by the Ministerial Council on Drug Strategy two weeks ago.

The draft National Health Policy had all the aspirations of prevention strategies to be envied by many other countries, including the provision for clear control policies on price, taxation, availability, advertising and the marketing of alcohol.

Differences between the draft and final policy

It is important to examine the differences between the draft and final policy documents for two reasons. First, major exclusions from draft to final policy occurred in key crime prevention areas. These changes should be identified. Second, state governments may be interested, through effective lobbying, in re-introducing the key exclusions.

Price and taxation

One author from this Conference has noted that:

Increasing the price of alcoholic beverages, and using price as a means to encourage the substitution of low alcohol content drinks for high alcohol content drinks should be priority measures to reduce those alcohol related problems which are closely associated with consumption levels (Smith 1989).

It is interesting to see that this point was well recognised in the draft policy document, but was completely deleted in the final document, with the excluded text being:

Liver cirrhosis, mortality and traffic crash deaths are two of the indices of alcohol use for which a relatively small change in price has been observed to have an effect. Many such deaths occur in non-dependent drinkers. The consumption of even heavy drinkers has been found to be influenced by price.

No particular beverage seems more harmful than any other and it follows that the taxation policies adopted by the Commonwealth, states and territories should not give preferential treatment to any particular beverage class, be it beer, wine or spirits. Policy should however favour the consumption of some classes of beverages (for example, low alcohol beer) with reduced alcohol content.

To date wine has been treated preferentially. The failure to apply a significant tax on wine has meant that the price of wine has fallen progressively, relative to other alcoholic beverages and average
weekly earnings. This has contributed to, in part, the dramatic increases in wine consumption in recent years (Commonwealth Department of Community Services and Health, November 1987, p. 11).

Moreover, the following strategies on taxation from the draft policy do not appear in the final document:

i. That there is an incremental adoption of a taxation policy based on the absolute alcohol content of drinks, favouring those with low alcohol content;

ii. That as an interim measure:
   o excise on beer be proportionate to alcohol content;
   o sales tax on fortified wines be increased to 30 per cent;
   o sales tax on all bulk wines (for example, casks and flagons) in excess of 3.5 per cent of alcohol/volume be increased to 30 per cent

iii. That practices which tend to promote immoderate use, such as excessive discounting and the introduction of happy hours, should be actively discouraged;

iv. That alcoholic beverages be removed from the 'basket of goods' used to calculate the cost of living index;

v. That there is progressive introduction of taxation policies based on the alcohol content of particular beverages.

It is fair to say that the endorsed policy does make reference to the regular adjustment of excise import duty and licence fees to assist in maintaining the real price of the various alcoholic beverages.

The rejection by the Ministerial Council of an alcohol-strength tax, a realistic wine tax and the recognition that price is one of the major determinants of alcohol related problems is, an appalling indictment on the process used to achieve the final policy.

For example, one can observe that the final document was prepared by a Ministerial sub-committee chaired by the Minister for Health in South Australia. One can also observe that the President of a major political party is South Australian, so too was the previous President of this political party who was also a senior Federal Cabinet Minister, and the present Federal Minister for Health is a South Australian. It is also of interest that South Australia, which has a weak manufacturing base and is approaching state elections, produces approximately 60 per cent of Australia's wine. One can only speculate between these facts and the apparently effective lobby of the wine producing states, leading to the policy being watered down.

Availability

Availability measures to prevent alcohol related crime can best be summarised in the conclusions drawn by one paper at this Conference:
Changes in the days and hours of sales of alcoholic beverages should reduce, rather than increase, alcohol availability.

An Australian study has highlighted the value of minimising the total number of outlets, but irrespective of whatever the total number is, having as many of the outlets as possible for off-premise sales only.

As noted by the Commonwealth Youth Bureau, raising the legal minimum drinking age to 20 years in each state and territory should be a priority measure for reducing the number of young people killed or injured in traffic accidents, and for reducing juvenile crime (Smith 1989).

Again, the following extract in the draft policy document referring to the above conclusions, has been completely excluded in the final National Alcohol Policy document:

That availability can be an important determinate of consumption and thus the nature and extent of alcohol related problems in society is attested to by a considerable body of scientific evidence. Legal drinking age, extension of opening hours and the proliferation of licences have all been shown to be associated with increases in problems associated with consumption of alcohol. In particular, the introduction, or extension of liquor licensing for off-premises sales by grocery stores and supermarkets, is generally thought to have contributed to increased consumption by women (Commonwealth Department of Community Services and Health, November 1987, p. 13).

The National Policy has been weakened even further by the exclusion of the following indices, proposed in the draft policy as monitoring mechanisms for the strategies on availability: the ratio of liquor outlets to population in states and territories; the hours during which alcohol is available; the minimum age at which alcohol can be consumed; the number of alcohol licences granted to outlets also selling food; the number and severity of fines and other penalties imposed in association with the infringement of the liquor laws; and the proportion of alcohol supplied illegally.

Advertising and marketing

While there is considerable debate, even within the health industry, about the impact of liquor advertising on consumption and problems related to consumption, there is nevertheless general concern about some current forms of alcohol advertising and the inability for the industry to self-regulate under a voluntary advertising code.

The draft and final policy documents on advertising and marketing do not substantially differ, opting for voluntary restrictions on alcohol advertising, rejecting earlier calls for immediate advertising bans by some health advocates. The health ministers have committed themselves to a Media Standards Committee of the Ministerial Council of Drug Strategy to monitor the effectiveness of the voluntary codes, and if the code should continue to prove
unsatisfactory, consideration will be given to some form of regulatory control.

Should this new Media Standards Committee be as receptive to lobbying as the recent Alcohol Sub-committee, it is unlikely to have much impact. Obviously, the composition of the Media Standards Committee will be a critical element in determining its success.

Last year, the liquor industry spent some $75 million on alcohol advertising. This year both major brewers have budgeted 40 per cent more expenditure for their advertising campaigns, in anticipation of increased sales arising from favourable excise tax reductions announced in the last budget.

The National Campaign Against Drug Abuse, which is the only source of funding for campaigns advocating the responsible use of alcohol, has less than $5 million to spend nationally on such campaigns, and this money must include campaigns covering other drugs. The National Alcohol Policy objective of wanting the advertising and marketing of alcoholic beverages to be consistent with the aim of encouraging responsibility in alcohol use, would have been enhanced had the following strategy not been deleted from the draft document:

The funding of an educational program advocating the responsible use of alcohol from a levy raised from the sale of alcohol (Commonwealth Department of Community Services and Health, November 1987, p. 16).

Legal policies

It is not surprising to find that legal policies have not suffered the same demise in the National Alcohol Policy as those policies relating to the controversial areas of taxation and availability.

Given the concerns expressed at this conference on the need to review legislation, the need to provide facilities for people in conflict with the law, the need to deal with public intoxication and to provide equitable drink driving legislation throughout Australia, it is expected that the prescribed legal policies will receive widespread support. The objective of the legal policy is:

To ensure that legislation and administrative practices in all areas relative to alcohol operate in a manner consistent with the objective of reducing the level of alcohol related problems in Australian society (National Health Policy on Alcohol, adopted 23 March 1989, p. 8).

Policy strategies include:

- The establishment of mechanisms for reviewing existing legislation;
- The provision of facilities for people in conflict with the law which will address their alcohol related problems;
- The decriminalisation of intoxication in a public place and the provision of health care facilities for those found intoxicated;
- The introduction of legislation giving police and others power to remove
under-age persons drinking or intoxicated in a public place;

- The introduction of drink driving legislation which will facilitate the identification of people at risk with alcohol related problems;
- The introduction of zero-blood alcohol levels for learner drivers;
- The adoption of the lowest uniform acceptable blood alcohol level legislation and the adoption of random breath testing;
- The provision of adequate treatment services for those in corrective institutions;
- The introduction of some form of positive identification for establishing age.

**Likely Impact of the National Health Policy on Alcohol Related Crime**

Returning to my original view that any initiative which reduces total absolute alcohol consumption can be expected to have a beneficial effect on alcohol related crime, the new National Health Policy on Alcohol will not have the impact originally hoped for by health professionals and others, providing one accepts that price and availability are major determinants of per capita alcohol consumption. As a crime prevention tool, the National Policy, which had such potential, becomes little more than a big disappointment. Moreover, the implementation of the policies throughout Australia now lies with state government jurisdictions who as we know, may not necessarily adopt all the policies and strategies.

The information presented at this conference reinforces the view that alcohol related crime in Australia is a major problem. Priority therefore must be given to its prevention through social policy changes addressing availability, taxation, alcohol advertising and legal issues. While education and treatment programs may in part change attitudes and assist those with difficulties, they are likely to have little to no effect on alcohol consumption. However, as social scientists well know, such legislative changes will be most successful if preceded by informed community pressure.

*The way ahead*

Establishing a political commitment to any national health policy requires equal collaboration in its development between the major operators. In the case of the National Health Policy on Alcohol, collaboration between government and non-government sectors and the alcohol industry did not occur, particularly in its latter stages.

I do not believe that policy making is a rational process in which policy outcomes are considered and decisions made based on expert evidence. Rather, it is a process of move, counter-move and negotiation usually designed to ensure the survival of government.

Ministerial appointments to the Ministerial Council on Drug Strategy and its taskforces must naturally hold prevailing government views. These views often reflect those of individual politicians who base their decisions on moral grounds
or factors which would mitigate against powerful groups with vested interests. With anticipated revenue of some $3.2 billion from alcohol taxation this year, one can only speculate on the Treasury's view on any policy which could result in a predicted reduction in per capita alcohol consumption.

Alcohol consumption has wide-ranging effects not only upon criminal activity, but upon public health generally. The associated costs have often been used as a justification for the raising of public revenue from those who purchase alcohol. Undoubtedly the implementation of the strategies in the National Alcohol Policy will be costly. Without identified revenue for their implementation, the strategies and policies can only become token gestures.

The Australian Alcohol and Drug Foundation will be lobbying for the concept of a levy on tax revenue from excise, customs and sales tax to be applied to funding the strategies in the National Alcohol document. This levy could be introduced within the framework of policy, perhaps under State Government control, without necessarily increasing alcohol taxation. Such a tied tax would clearly demonstrate that governments are indeed serious in expressing to the public their concern about a major health problem. The symbolic nature of such governmental action should not be under-estimated.

It is anticipated that such a levy system would go a long way to mobilising public opinion about problems associated with alcohol use. The Policy's educational strategies can ensure that people understand, appreciate and call for legislative changes which can lead to a reduction in alcohol problems, including alcohol related crime.

With the liquor industry being probably the most powerful interest group shaping public opinion on alcohol, there is a need for greater collaboration between the industry, health advocates and government in order for policies to be successfully implemented. For example, since Treasury officials generally are opposed to tied taxes, it would be interesting to see if the liquor industry would be prepared to support a levy on tax for the purposes of implementing the National Policy's strategies.

Other questions which must be raised between health advocates, government and the liquor industry, and where there may be some common agreement, include the need to improve and expand further intervention programs, to launch joint health promotion ventures addressing drink driving and under-age drinking and intoxication and finally, the need to promote responsible drinking.

To this end, the Australian Alcohol and Drug Foundation is prepared to facilitate with funding support, a summit to examine these areas and develop an affirmative action campaign in a climate of mutual collaboration. I do believe the liquor industry wishes to be seen to be more responsible and I do believe there are sufficient common areas of agreement between all parties for productive negotiation.

Summary
In summary, the nature of the relationship between alcohol use and criminal behaviour needs further research, although that there is an association appears to be accepted. Prevention measures, therefore, which are aimed at reducing per capita alcohol consumption may well also reduce alcohol related crime.

The new National Health Policy on Alcohol, which initially had the potential as an effective tool for preventing alcohol related problems, including alcohol related crime, will have little impact except in the law enforcement, educational, treatment and research areas.

One way ahead in addressing this major health problem, must surely be through a more collaborative approach between government, health advocates and the liquor industry. Such approaches should result in programs and activities able to target the current unacceptable level of criminal behaviour associated with alcohol use.

References


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