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Too much booze in the bush: how can we prevent alcohol harm in rural Australia?

Madeleine Day

Foundation for Alcohol Research and Education

Abstract

People in rural communities are more likely to consume alcohol at high risk levels. They also experience disproportionate harm from alcohol compared with urban areas, including higher rates of alcohol-related disease, alcohol-related hospitalisations, fatal alcohol-related traffic accidents, and fatal alcohol-related drownings. The burden of disease and injury from alcohol consumption increases with increasing remoteness. When combined with the stretched and under-resourced medical services in much of rural and remote Australia, there is a confounding effect whereby people in rural communities have poorer health outcomes. This is not a problem without solutions. The World Health Organization (WHO) outlines clear evidence-based, cost-effective interventions to reduce alcohol harm. This paper explores the central pillars of alcohol harm prevention policy—affordability, availability and advertising—and how they can positively impact rural Australia.

Introduction

Alcohol is no ordinary commodity. It is an addictive, psychoactive carcinogen, and is a causal factor in more than 200 disease and injury conditions.¹ Alcohol is one of the leading contributors to death and disability across the country and hinders Australia's progress in achieving 13 of 17 of the United Nations (UN) Sustainable Development Goals (SDGs).^{2,3} From a health perspective alone, alcohol is responsible for approximately 435 hospitalisations and 15 deaths every day in Australia.⁴ Alcohol causes harm not only to the drinker but those around them. The social and economic cost of this burden is estimated to be \$36 billion a year.⁵ The majority (76 per cent) of Australians believe more needs to be done to prevent alcohol harm⁶ and that governments have an obligation to protect their citizens against agents of harm, including alcohol.⁷

According to the National Health and Medical Research Council's (NHMRC) *2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, drinking no more than two standard drinks on any day reduces your lifetime risk of harm from alcohol-related disease or injury, and drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion.⁸ Alcohol consumption has fluctuated in recent years—daily and weekly drinking rates have fallen, but rates of risky drinking on a single occasion have not changed.⁹ Data from the latest National Drug Strategy Household Survey (2016) indicates that millions of Australians aged 14 and over are drinking above the national guidelines, with approximately 3.4 million (17 per cent) drinking more than 2 standard drinks a day and approximately 2.4 million (12 per cent) drinking

more than 4 standard drinks on a single occasion at least monthly.¹⁰ This consumption data is self-reported and therefore likely to be an under-representation of the true level of harm.¹¹

Rural and remote burden from alcohol

People in rural communities are more likely to consume alcohol at high risk levels. The percentage of Australians aged 14 and over drinking at risk of lifetime harm (more than two standard drinks per day) is 15.4 per cent in major cities, 19.6 per cent in inner regional, 22.2 per cent in outer regional and 25.9 per cent in remote/ very remote areas.¹² Or to put it in relative terms, people in remote areas are nearly 70 per cent more likely to drink at risky levels for lifetime harm. The percentage of Australian's aged 14 and over drinking at risk of single occasion harm (more than 4 standard drinks on an occasion) is 36.1 per cent in major cities, 39.2 per cent in inner regional, 39.7 per cent in outer regional and 46.1 per cent in remote/ very remote areas.¹³

The higher rates of alcohol consumption seen in rural communities leads to the disproportionate levels of alcohol-related harm they experience including cancers, domestic violence, suicides and road fatalities.¹⁴ Alcohol-related hospitalisations and death rates are 15 per cent and 48 per cent higher respectively, in non-metro areas compared with metro areas.¹⁵ This increasing level of risk with remoteness is consistent with data from the Australian Institute of Health and Welfare (AIHW) burden of disease study, which shows that the burden of disease and injury from alcohol use is 2.4 times higher in very remote areas compared with major cities.¹⁶ When looking at the two major causes of death in Australia, cancer and cardiovascular disease, death rates in non-metro Australia are 47 per cent higher for alcohol-related cancers and 40 per cent higher for alcohol-related cardiovascular disease compared to metro Australia.¹⁷

The social factors that impact on our health and wellbeing (social determinants of health), are shaped by the distribution of money, power and resources.¹⁸ Alcohol harm in regional and rural communities is further exacerbated by the lack of access to health services, including general health services, specialist services and treatment services. The confounding effect of increased alcohol consumption, combined with the stretched and under-resourced medical services results in people living in rural communities having poorer health outcomes. Because of the lack of services to deal with the outcomes of risky drinking, prevention is even more important, and will provide higher dividends in rural Australia. This paper explores the central pillars of alcohol harm prevention policy—affordability, availability and advertising—and how they can positively impact rural Australia.

Policy interventions

The marketing and sale of alcohol must be appropriately and effectively regulated to mitigate and eliminate the harm it causes. Corporate activities shape our environments and determine the price, promotion and availability of products including alcohol. These factors that influence our health and stem from commercial motivations are called the commercial determinants of health.¹⁹ The World Health Organization (WHO) outlines clear evidence-based, cost-effective interventions to reduce alcohol harm.²⁰ The most cost-effective 'best buys' are:

- increase excise taxes on alcoholic beverages
- enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
- enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media).

These three policy interventions are the foundations of alcohol industry regulation. They also sit within the prevention pillars of affordability, availability and advertising and are key to addressing the commercial determinants of health. The WHO report also lists other recommended interventions for the prevention and control of alcohol harm including:

- enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
- provide brief psychoactive intervention for persons with hazardous and harmful alcohol use
- carry out regular reviews of prices in relation to level of inflation and income
- establish minimum prices for alcohol
- enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets
- restrict or ban promotions of alcoholic beverages in connection with sponsorship and activities targeting young people
- provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services
- provide consumer information about, and label, alcoholic beverages to indicate the harm related to alcohol.

Implementing these policies and interventions—starting with the most cost effective—is paramount to addressing alcohol harm across Australia, particularly in rural communities where the burden is higher. There is clear and overwhelming evidence that shows availability, affordability and advertising are the key drivers of alcohol sales and consumption and that targeting these drivers is the most effective strategy for reducing alcohol consumption and preventing alcohol harm. The disproportionate burden of alcohol harm in rural Australia can be addressed by prioritising the following three areas.

Make alcohol less affordable

Alcohol is more affordable in Australia than it was 20 years ago.^{21,22} This is particularly the case with wine, with some products being sold for as little as 21 cents per standard drink. The price of alcohol is one of the main determinants of consumer decisions on whether to drink, how much, and how frequently. The WHO states that increasing the price of alcohol ‘is one of the most effective interventions’ to prevent alcohol harm based on clear evidence.²³ Evidence also shows that people in rural areas, particularly young people, are more motivated by price reductions on alcohol than people in the city.²⁴

Taxation

A key factor for success of price-related policies in reducing alcohol harm is ‘an effective and efficient system for taxation matched by adequate tax collection and enforcement’.²⁵ A meta-analysis of 112 peer-reviewed studies on the effects of alcohol price and taxation levels on alcohol consumption found that there was ‘overwhelming evidence of the effects of alcohol pricing on drinking’.²⁶ The Commonwealth Government can use corrective taxation to affect consumption behaviours, directing Australians towards safer options and mitigating associated risks. Tax can be used to raise the price of cheap alcohol and influence consumption and harm among specific high-

risk populations known to drink more cheap alcohol, including young people and heavy drinkers.²⁷ Australia's current alcohol tax system applies a volumetric rate to beer and spirits whereby the rate applied is differentiated by the product's strength. However, wine and cider are taxed on the basis of their value, resulting in the cheapest wine and cider being taxed at the lowest rate. These inconsistencies in the taxation of wine and cider are reducing the effectiveness of tax as a policy measure and fueling the production and consumption of excessively cheap wine. Ensuring that Australian's tax system is effective and efficient by reforming the tax of wine and cider is key to reducing harmful consumption of alcohol.

Minimum unit price

Tax is one of two WHO recommended fiscal policy measures, the second being a minimum price or minimum unit price. A minimum unit price sets a price per standard drink (or unit of pure alcohol) below which alcoholic beverages cannot be sold. It is a regulatory measure that increases the price of the cheapest alcohol products. It can also prevent retailers from using extreme discounting and loss leaders to attract customers into their stores and encourage impulse purchases. A minimum unit price is a non-discriminatory policy that would apply to all alcohol products in all locations and would be effective immediately once implemented. A 10 per cent increase in the minimum price of alcohol in Saskatchewan, Canada saw an 8.4 per cent reduction in consumption, an 8 per cent decrease in night-time alcohol-related traffic offences in men and a 9.7 per cent reduction in observed violent offences.²⁸ On 1 October 2018, the Northern Territory Government introduced a \$1.30 minimum unit price as a fiscal measure to reduce alcohol consumption in the Territory, which has the highest consumption rate in the country. The People's Alcohol Action Coalition (PAAC) in the Territory has been advocating for a minimum unit price for alcohol for many years.²⁹ Saskatchewan and the Northern Territory have large regional and rural populations. Other regional and rural communities can follow their lead and work with governments to legislate a minimum unit price, or work with local stakeholders to introduce a voluntary minimum unit price.

Harmful products

Another voluntary measure that has been used to address risky levels of consumption in regional communities is a ban on four and five litre cask wine. On 1 January 2011, the NT Government introduced a ban on the sale of four and five litre casks of wine from take away outlets across the Territory. These products were sold at very cheap prices, were the drink of choice for heavy drinkers and had already been successfully removed from the market in Alice Springs.³⁰ Following the withdrawal of four and five litre casks from sale in Alice Springs in 2006, there was a 20 per cent reduction in pure alcohol sales³¹ and a significant reduction in overall alcohol harm. Additionally, protective custody orders halved between October and December 2006, compared to the same period in the previous year, and there was an overall reduction in alcohol-related crime of 12 per cent from October to December 2006.³² If price mechanisms are unavailable, the removal of excessively cheap products from the market is another effective way to reduce harm.

Reduce the availability of alcohol

Alcohol is more available than ever before. 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. Increased availability of alcohol is associated with an increase in assault,^{33,34} domestic violence,³⁵ road crashes,³⁶ child maltreatment,³⁷ and harmful consumption.^{38,39} Despite this, there has been a rapid increase in the availability of alcohol over the last few decades.

Density

Measures should be implemented that both prevent areas from becoming saturated with liquor licences and reduce the excessive availability of alcohol in areas already saturated with liquor licences. Research has shown that there is a strong association between family violence and the concentration of take-away liquor outlets (or off-premise licences) in an area.⁴⁰ This association has been recognised by the WHO and the Council of Australian Governments (COAG).^{41,42} Alcohol consumption of both the perpetrator and the victim is a factor that contributes to physical violence.⁴³ Evidence also shows that almost two thirds of alcohol-related attendances at rural emergency departments are fuelled by takeaway liquor.⁴⁴ Managing the density of liquor licences is one way regional communities can decrease the availability of alcohol and in doing so, reduce alcohol-related family violence.

Trading hours

Another priority area is the introduction of trading hour restrictions for both on- and off-licence venues to reduce the excessive availability of alcohol. There have been extraordinary increases in the trading hours for on- and off-premise sales of alcohol in Australia over the last half-century.⁴⁵ Research has shown that an increase in trading hours is associated with an increase in harms⁴⁶ and that alcohol-related assaults increase significantly after midnight.^{47,48} Australian and international research demonstrates that for every additional hour of trading, there is a 16-20 per cent increase in assaults and conversely, for every hour of reduced trading there is a 20 per cent reduction in assaults.^{49,50} Evidence also shows that alcohol-related attendances at rural emergency departments account for 36 per cent of all attendances that occur during high alcohol consumption hours which are 8pm Friday night to 6am Saturday morning and 8pm Saturday night to 6am Sunday morning.⁵¹ Queensland has introduced early last drinks policies into regional centres with late night venues in an attempt to reduce alcohol-related interpersonal violence. Other regional communities can look to introduce similar controls by working with local health groups, local police and local governments.

Online sales

In addition to traditional 'bricks and mortar' retailers, the growth of online and home delivery is increasing the availability of alcohol in regional and rural towns. While the internet provides huge advantages to regional areas this is an area that is highly unregulated. The online market is poorly controlled, therefore making it easier for intoxicated, underage and dependent drinkers to get access to alcohol, leading to more harm to drinkers and those around them. The growth of online sales from 2013–2018 was a staggering 54 per cent.⁵² Regulatory systems have not kept pace with changes in this market. IbisWorld industry reports state that online sales operate under low-level regulation and are largely unaffected by state-based legislation governing retail sales through traditional 'bricks-and-mortar' approaches.⁵³ Industry documents also show that online shopping encourages impulse purchases. When buying alcohol online, people are more likely to buy additional items at the online check out compared to in store, and if using a 'click and collect' service, they are more likely to make additional impulse purchases when picking up in store.⁵⁴

This problem is further compounded by quasi-credit lending services that are offered online, such as AfterPay and ZipPay. 'Buy now pay later' acts upon the consumer's need and the want of an item right now. It reduces the barriers to purchase by virtually eliminating the upfront cost, which enables people to make purchases that they cannot afford at the time, or potentially will not be able to afford in the future. A reduction in the barriers at the point of sale may have a particular impact on people who struggle with dependent drinking, exacerbated by the delayed financial burden on the consumer. It also undermines any pricing policies that might be in place. Unfortunately as the online market continues to grow and delivery services are being offered in more remote areas at faster

speeds, it is likely to increase consumption and add to the disproportionate burden of alcohol harm in rural Australia.

Restrict the aggressive advertising of alcohol

Alcohol is one of the most heavily promoted products in the world. The primary purpose of alcohol advertising is to increase sales, thereby increasing the amount of alcohol consumed either by more people or in greater amounts by existing drinkers.⁵⁵ There is clear and strong evidence that shows a positive correlation between exposure to alcohol advertising and increased consumption. A review of twelve longitudinal studies of more than 38,000 young people has shown a dose response relationship; the more alcohol advertising they are exposed to the earlier they will begin to drink, and the more they will consume if they already drink.⁵⁶ Particular subgroups of the population are especially vulnerable to alcohol advertising and alcohol harm, including children and adolescents, dependent and heavy drinkers.⁵⁷ These vulnerable groups are the object of direct marketing strategies to promote alcohol.⁵⁸ Rural populations have higher rates of heavy and dependent drinking, and higher rates of youth drinking, making them particularly vulnerable to alcohol marketing.

Alcohol advertising is self-regulated by the alcohol industry. This self-regulatory system has been found to be ineffective, largely due to narrowly worded provisions, the exclusion of important forms of marketing, the lack of independence with members of the alcohol industry being heavily represented among the adjudicators, and the voluntary nature of the system.⁵⁹ Alcohol advertising appears in many places where exposure to children cannot be, or is not currently, prevented—such as outdoor and online. Medical and health groups including the Australian Medical Association (AMA), the Royal Australasian College of Physicians (RACP), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the National Rural Health Alliance, the Public Health Association of Australia and more, have long been advocating for better alcohol marketing restrictions.^{60,61} Additionally, compliance, monitoring and enforcement remain ongoing issues due to the voluntary nature of the industry codes.

Outdoor and online

It is virtually impossible to control who sees outdoor and online advertising. Young Australians are bombarded with alcohol promotions in a variety of settings, including on billboards and posters, on bus stops, through other promotional material and on the internet.⁶² Advertising has a powerful influence in shaping how we view the world. Outdoor and online alcohol advertising is extensive and growing, it has features that appeal to children, and instils the idea that consumption of the alcohol product is associated with positive personality traits and success.^{63,64} The advertising industry has described outdoor advertising as ‘always on, delivering messages 24 hours a day, seven days a week’.⁶⁵ Online and outdoor digital content is interactive, eye-catching and cannot be switched off. The entire community is exposed, including children.

Local governments in Western Australia have introduced policies to prohibit the marketing of alcohol on their local bus shelters and the Australian Capital Territory has banned alcohol ads on public buses. Overseas, there are bans on alcohol marketing and specifically online advertising. To comply with these laws, Facebook and Google policies now prevent alcohol advertisements targeted to Norway, Estonia, Finland, the United Arab Emirates and any other country prohibiting alcohol advertisements.⁶⁶ Many countries, including Australia, ban tobacco advertising through any medium. This sets a precedent for Australia to follow, and prioritise the health and wellbeing of Australians by prohibiting online and outdoor alcohol advertising. In the absence of Commonwealth Government action, rural communities and local governments can advocate for restrictions on online advertising and can introduce their own bans on public transport and local government infrastructure.

Additionally, individuals and local businesses can play a role by reconsidering their partnerships and marketing contracts, adopting policies that prevent alcohol advertising, and instead promote healthy products and services.

Sponsorship and sport

The WHO recommends restricting or banning alcohol promotions in connection with sponsorship and activities involving young people, for example sport. Sport, including community sport, is routinely targeted by alcohol companies as a way to normalise alcohol consumption and groom their consumers of the future. Alcohol sponsorship of sport has an impact on both players and spectators. It is associated with hazardous drinking by those playing the sport at both an elite and amateur level, including rural community sport,^{67,68} and communicates strong messages about alcohol brands and drinking that are absorbed by children and young people, resulting in them associating alcohol with sport.^{69,70} 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.⁷¹

Under the current industry-regulated code of practice, sponsorship is not considered a form of advertising. This is a significant loop hole resulting in alcohol brands sponsoring Australia's most popular sports. This is further exacerbated by an exemption in the legislative framework. In recognition of its harm, alcohol advertising is prohibited during children's television viewing hours. However, there is an exemption clause that excludes sports broadcasts from these restrictions.^{72,73} These exemptions and loop holes are being exploited by the alcohol industry resulting in millions of children and young people being exposed to advertisements for harmful products they legally cannot purchase.

Sport is an integral element of rural communities. It promotes good health and wellbeing yet it is saturated with alcohol advertising, thereby undermining the positive health benefits. Transitioning away from alcohol sponsorship of rural sport is one key way to curb unhealthy influences in regional Australia. This has been recognised by the Country Women's Association of Australia, the Country Women's Association of Victoria and other rural community groups that have joined the End Alcohol Advertising in Sport Campaign.⁷⁴ Regional and rural communities can promote healthy environments by introducing policies to prevent alcohol sponsorship of sporting and community events, particularly those where children are in attendance. This will help to de-normalise alcohol consumption within the community and in turn reduce alcohol harm.

Conclusion

Alcohol is an addictive, carcinogenic, health harming product that is being consumed at high levels across Australia and even riskier levels in rural and regional communities. It is for this reason that rural Australia is experiencing disproportionate levels of alcohol harm. International research, including research from the WHO has identified affordability, availability and advertising as the key drivers of consumption as well as the key pillars for preventing harm.

Policy interventions that address the affordability, availability and advertising of alcohol are largely population-level interventions. However, there are targeted measures that communities can adopt including a minimum price, density and trading hour controls, and restrictions on alcohol sponsorship of sport. The solutions are the same across Australia. However, due to the disproportionate burden of harm in rural Australia, the positive impact from these policies could potentially be much higher. Alcohol consumption is a highly socialised behaviour and often our community structures and organisations encourage drinking rather than promote health. Communities need to be advocates for alcohol harm prevention policy and lead by example. By

prioritising prevention in rural Australia and supporting our communities to address affordability, availability and advertising of alcohol, we can begin to address the health inequities facing these populations, and improving the wellbeing of all our communities.

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Presenter

Madeleine Day is a Senior Policy Officer at the Foundation for Alcohol Research and Education (FARE), an independent organisation working to stop the harm from alcohol in Australia. Maddie holds a Bachelor of Biomedical Science and a Masters in Social Change and Development and has a background in policy, advocacy, research and communications. Maddie is passionate about public health and other social issues with a particular interest in creating healthy environments and the commercial and social determinants of health.