



Where the College stands on alcohol

A Comprehensive, Evidence-Based National Strategy is Required

The harms of alcohol are being understated and normalised. It's time for a national strategy to re-think drinking and address the harms of alcohol, targeting:



Better protection of young people



Appropriate availability



Access to effective treatment services

The strategy must draw on the evidence of what works and the expertise of those working in the field.

The evidence

The significant harms of alcohol

Alcohol is the world's third largest risk factor for disease and eighth largest risk factor for deaths and:

- is a causal factor in more than 200 disease and injury conditions,
- is still our biggest killer on the roads,
- can lead to lifelong problems associated with Fetal Alcohol Syndrome Disorders.

Alcohol impacts the lives of far too many who suffer with addiction or have someone close to them who does.

Teenagers are most at risk:



The peak age for the onset of alcohol use disorders is only 18 years.



Young drinkers have a tendency to engage in high risk activities.



Alcohol affects the development of the brain, which continues to form and mature during adolescence.

Alcohol advertising in sport



instances of **alcohol advertising in live sport**

Children and adolescents are exposed to far too many alcohol industry advertisements through live sport advertising.

In one year, AFL, NRL and cricket broadcasts drew a cumulative viewing audience of 26.9 million children and they were exposed to 50.9 million instances of alcohol advertising.

RACP President Laureate Professor Nick Talley:

“Sporting stars and sporting codes need to ask themselves: what message are you sending your young fans?”

Why re-think drinking?

Advertising in sport is influencing our kids

During 2012, in just a two month period,



was spent
**advertising
alcohol through
sport**

Alcohol marketing strategies harm kids in three ways:



Loopholes allow alcohol advertisements to be broadcast during live sporting events in peak viewing times for children and adolescents.

Alcohol advertising regulations have recently been relaxed to allow alcohol advertising during any sport programs, at times when young people are viewing in high numbers.

Australia's elite athletes are being linked to drinking: Children hero-worship athletes and wear the jerseys of sporting stars with pride.

Risky drinking is being normalised: alcohol is cheap and everywhere

The Wine Equalisation Tax (WET) means wine taxation is based on its wholesale price, rather than its alcohol volume, which encourages cheap wine onto the shelves – attractive to risky and younger drinkers.

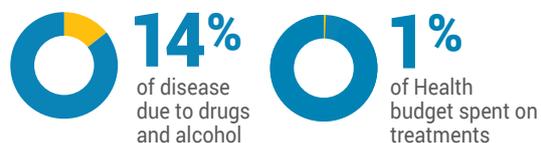
Evidence suggests that reducing outlet density and trading hours has the potential to lower levels of risky drinking.

Only 1 in 10 Australians with alcohol dependence get treatment.

The vast majority of Australians with alcohol dependence are never treated.

On average, there is a twenty-year lag between onset of an alcohol use related disorder and the first episode of treatment.

14% of the burden of disease in Australia is due to drug and alcohol problems and yet less than 1% of our health budget is spent on drug and alcohol treatments.



Recommendations

1. Advertising in sport

The College is calling for Sporting Codes to re-think drinking and stand up for kids. This means phasing out alcohol advertising and promotion in sport.

Governments must play their role and shut down alcohol advertising loopholes for sport.

2. Pricing and availability

The RACP supports restrictions on availability including laws controlling outlet density and trading hours.

The WET should be removed and a universal volumetric tax introduced. Funds from the resulting \$1.3 billion in revenue should be invested in treatment services and a national Re-Thinking Drinking program.

3. Treatment

Appropriate treatment services should be available nation-wide that are targeted to meet the specific needs of risky drinkers. This should include screening for harmful drinking levels and brief interventions for high-risk drinkers.

Facts and statistics in this document are sourced in the RACP and RANZCP Alcohol Policy 2016