

**EDUCATION AND HEALTH
STANDING COMMITTEE**

**INQUIRY INTO THE ADEQUACY AND APPROPRIATENESS OF
PREVENTION AND TREATMENT SERVICES FOR ALCOHOL AND
ILLCIT DRUG PROBLEMS IN WESTERN AUSTRALIA**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 20 OCTOBER 2010**

SESSION THREE

Members

**Dr J.M. Woollard (Chairman)
Mr P. Abetz (Deputy Chairman)
Ms L.L. Baker
Mr P.B. Watson
Mr I.C. Blayney**

Hearing commenced at 11.04 am**DAUBE, PROFESSOR MIKE****Director, McCusker Centre for Action on Alcohol and Youth, examined:**

The CHAIRMAN: On behalf of the Education and Health Standing Committee I would like to thank you for your interest and appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the adequacy and appropriateness of prevention and treatment services for alcohol and illicit drug problems in Western Australia. You have been provided with a copy of the committee's specific terms of reference. This committee is a committee of the Assembly. This hearing is a formal procedure. Even though we will not ask you to provide evidence on oath or affirmation, any deliberate misleading of the committee may be regarded as contempt of Parliament. Given that this is a public hearing, Hansard is making a transcript of the proceedings for the record. If you refer to any document it would assist Hansard if you could provide the full title for the record.

Have you completed the "Details of Witness" form?

Prof. Daube: Yes.

The CHAIRMAN: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Prof. Daube: Yes.

The CHAIRMAN: Did you read the information for witnesses briefing sheet provided with the "Details of Witness" form today?

Prof. Daube: Yes.

The CHAIRMAN: Do you have any questions in relation to being a witness at today's hearing?

Prof. Daube: No.

The CHAIRMAN: Thank you very much for coming along this morning. This is the last hearing for this inquiry in Australia. You have an opportunity to sock it to us!

You are aware of the fact that we have had hearings down south and in the Kimberley over the past 18 months. Whilst we have been gathering evidence we have seen more and more devastation caused by alcohol consumption. We have heard more and more tragic stories about people, families and communities who have been affected by alcohol abuse. We have also seen the dark side gathering its forces. I should not use that description. We have seen forces mounting to fight against bans, particularly bans on the advertising of alcohol. It is similar to the struggle 50 or 60 years ago when people realised the damage that tobacco was doing to the community. This inquiry must provide Parliament with a report on alcohol-related problems in the community. We must identify the social costs of those problems and whom those social costs affect. We know that they affect not only the person who drinks but also the person's family, the community and the departments. What treatment services or what services can be provided to the community and what strategies can be taken by the government to address some of the problems so that we can make a difference in the next few years? We will not necessarily see a difference next year or the year after that, but hopefully we will start to make a difference over the next few years.

Prof. Daube: If it is acceptable to the committee, I will speak for about 10 to 15 minutes and then I would be very happy to address any issues in discussion. I am grateful for the opportunity to present. I am conscious that you are reaching the end of a lengthy investigation so I will not restate

the problems at length. I will try to identify specific issues and, I hope, provide constructive recommendations. As I indicated I am speaking primarily in my role as Director of the McCusker Centre for Action on Alcohol and Youth, which was recently established at Curtin University following a very generous initiative from the McCusker Charitable Foundation. While I have other roles, particularly as Chair of the National Alliance for Action on Alcohol and, as Professor Holman mentioned, as Deputy Chair of the National Preventative Health Taskforce, my main focus for this purpose is on young people and prevention.

I start from the premise stated in the NHMRC guidelines on alcohol, which are based on the best scientific evidence. They read —

For children and young people under 18 years of age, not drinking alcohol is the safest option.

We know that the early initiation of drinking is related to increased alcohol consumption in adolescents and young adulthood and there is increasing and disturbing evidence that these patterns are in turn related to the developing brain and development of alcohol-related harm in adulthood. There is cause for special concern about the drinking patterns and cultures that we are seeing in young people. As you know, the risk of accidents, violence and self-harm are high among drinkers aged under 18. Young people who drink more are more prone to risky and antisocial behaviour than are older drinkers. With regard to Western Australians aged between 12 and 17 years, 24.3 per cent reported drinking at levels considered to place adults at risk of short-term harm. When you read about people binge drinking—or whatever phrase you use—we are talking about young people who often drink five to seven drinks or more in a session. The trends are not encouraging. Rates of alcohol-related harm in young people have increased significantly over recent years, particularly for those aged between 16 and 24 years. Young people are drinking at younger ages. They are drinking to get drunk. They grow up in a culture where drinking and drinking to get drunk is seen as acceptable. One survey found that two-thirds of 16 and 17-year-old school students reported that it is okay to get drunk occasionally and 43.3 per cent said that one of the main reasons they drink is to get drunk. Eighty per cent of alcohol consumed by people aged between 14 and 24 is consumed in ways that puts the health of those drinkers and others at risk of acute harm. We also need to remember that young people are victims of alcohol problems. That is something that we do not talk about enough. They are victims whether they are victims of fear, violence or domestic violence. I cannot remember the number of kids who come to the attention of the Department for Child Protection, but as I recall between 30 per cent and 40 per cent are related to alcohol problems. Clearly whatever we are doing is not working. We need action that will over time change the culture that informs children and young people that drinking to get drunk is acceptable at earlier ages.

[11.15 am]

Before I come to the recommendations, to complement the submission we put in I have two preliminary points: whatever I am saying is not about trying to get rid of alcohol. It is not about curbing sensible drinking among adults. It is also not about ignoring other problems. There have been suggestions that those concerned about alcohol for some reason are trying to cover inaction on illicit drugs. There are a range of other problems.

We have in our society illicit drugs and others. While those must remain a concern, the prevalence of illicit drug use has actually been consistently declining over the past 15 years while alcohol consumption in Australia and WA has been increasing over that period. Yes, we need action on illicit drugs, and I have been heavily involved in that area over time, but that should not be used as a cynical excuse to distract attention from alcohol problems.

What do I hope the committee will recommend? I am really basing these comments on the recommendations of the National Preventative Health Task Force, which are consistent with the views again of the World Health Organisation and the Australian Medical Association and others.

First, it may not be one for you directly but price is tremendously important. The price of alcohol is primarily a federal issue although there might be scope, as we have seen in the territory a while ago, for state levies. Excise duty is a federal issue, but I hope this committee is in a position to make recommendations that the federal government will sort out the current mess that alcohol taxation is—it was described, I think, as dysfunctional by Henry—and also will support volumetric or alcohol content–based systems that enable more harmful products to be more highly priced.

The second issue that I want to pick up on—there are seven—is access and availability. Now the committee has had a lot of evidence that I have read on this, so today I do not want to wade into issues about lockouts and so on. I just want to make a few points.

First, I do not want to demonise all those who are selling alcohol. There are a lot of people who do so and try to do so sensibly and responsibly, but there are problems. What I am looking for, and hoping that you are able to recommend, is a consistent approach to enforcement of the legislation in which the intent can be implemented. It is not an issue relating specifically to young people; I believe the Observation City case of a couple of years ago is an example where the intent of the legislation for various reasons could not be implemented, so that has to be right.

Serious penalties for those who transgress seriously: especially in relation to minors—not a slap on the wrist but serious penalties.

Adequate resources for monitoring and enforcement: I admire the work done by the Department of Racing, Gaming and Liquor. I query whether they have enough inspectors and resources to monitor around this vast state.

Reviewing the objects of the act: it is still a matter of concern to me that we have that third object in the act that puts the interests of the industry and tourism and so on, on a par with health and wellbeing. Health and wellbeing should be a paramount consideration. I hope that third object which was introduced with good intentions can go.

The next point I want to focus on is public and community education. There is a lot of interest and good intention. The Drug and Alcohol Office, where I chair the board, is running some very good campaigns with minimal funding and it is up against massive promotion. We do not have good, properly funded, sustained public education in this area and we have shown over the years, in health and other areas, that works if it is well done, well funded and sustained—tobacco, HIV–AIDS immunisation, road safety. We know that it works if it is adequately funded. There is no way we can have an adequate impact on the current budgets and I would like to see an allocation for that of—let us pluck the figure out of thin air a bit, but on the basis of experience in other areas—at least \$5 million a year on public education on alcohol.

The next area related to that is school education. Again, good work is being done with the school drug education project and so on. Alcohol and drug education is not mandatory in all our schools. It is happenstance if it occurs and even in the next tier of the new national curriculum, health and physical education are not in the top two categories, although the arts are. As important as the arts are, I think that alcohol —

Mr I.C. BLAYNEY: Health is probably slightly more important.

Prof. Daube: This area should be there. We know that one-offs and occasional visits do not get us anywhere. What we need is alcohol and drug education in all schools on the basis of best practice guidelines.

My next point is in relation to road safety and drink driving. Professor Holman has discussed that. I certainly support the views that have been expressed by the Road Safety Council. I would argue, in relation to a later comment I want to make, that there is an incongruity, to put it at its best, about the fact that while we have all this concern about alcohol and drink-driving and road crashes and deaths, we also see cars racing around our television screens plastered with promotions for Jim Beam and other forms of alcohol. There is something at best incongruous there.

The next issue is Indigenous alcohol. Similarly, I will not dwell on that because I know that you spent a lot of time looking at that area, other than I would comment to indicate support for the concerns that have been raised and the importance of action here, particularly working with Indigenous communities and organisations.

I do want to focus, having argued for public education, to argue for an absence of counter-education. I want to focus for a couple of minutes, maybe three, on alcohol marketing, advertising and sponsorship. This is a hard area to address, but I think it is vital if we are going to show we are serious about this issue. Young people today are growing up in a culture where alcohol promotion is ubiquitous. Alcohol is associated with glamour, excitement, having a good time, social success, sexual success, sporting success, but never with the adverse consequences.

We can argue to eternity about who is targeted by alcohol advertising and promotion, but there is no doubt from the evidence—I think you heard Professor Hastings present to you earlier—that younger age groups are targeted, despite solemn industry denials, but the issue is more important than that. The issue is that young people are massively exposed. Whatever the targeting is, they are massively exposed through all media: television, radio, press, internet, social media, and sponsorship events. They are exposed to a flood of alcohol promotion.

We see products being developed and targeted at the youth market. Alcopops are a very clear example; sugary confections, many of which seem to me to be designed to help young people get drunk faster. I brought this, which some of you may have seen reported in *The West Australian*. [indicates cask] This is essentially alcopops in casks now. I brought this. This is Smirnoff Vodka and Blood Orange.

Ms L.L. BAKER: I will have a look at this.

Mr I.C. BLAYNEY: She wants a snort!

Prof. Daube: That gives you 10 standard drinks. It cost me \$22.50. Kids can just go out and buy that and I am told—I have not tried it—that it essentially masks the taste of the alcohol and so you drink more and more of it, you can preload, you can get drunk on it and so on. So the sheer cynicism of this I think shows us how the industry thinks, and if anybody thinks, as the industry claims, that this product is not at least in part targeted at kids, you only need to look at the YouTube advertising for the product, which is full of glamorous young people.

Mr I.C. BLAYNEY: It has got something written on here. It says, “Is your drinking harming yourself or others?” which I suppose you might be able to read if your nose is about a foot away from it.

Ms L.L. BAKER: I remember having to source my own vodka and orange when I was 17 and 18. I can imagine that would be very appropriate for giving to vodka kids.

Prof. Daube: I think the point that Mr Blayney makes is a really important one too. You get a tiny little warning that really means nothing. They are not tested—well, they probably are tested and have minimal impact. Can you imagine a 16-year-old who has got a cask of that looking at it and saying, “Gee, is my drinking harming myself or others?”

Mr I.C. BLAYNEY: And putting it back up on the shelf.

Prof. Daube: I think there is a real concern here about the way these products are marketed from their creation and development onwards. There are no effective curbs on alcohol promotion. There is a system of voluntary self-regulation that relies on codes and interpretations that lump pretty much everything through. You mentioned the Bundy Bear earlier. They do not even accept that the Bundy Bear might have an appeal to kids and the codes do not cover a vast range. The codes do not even cover sponsorship. There is nothing. You cannot complain to anybody about sponsorship.

The quantum is massive. The industry does not tell us how much they spend. My best estimate would be taking into account all forms of alcohol promotion, there is a minimum of half a billion

dollars being spent on alcohol promotion in Australia, possibly more. Some, of course, for brand share, some of course for adults, but it also impacts on kids.

I have mentioned the marketing of products, the cask products, and I would just like to comment on the way the advertising works and the way that it has no boundaries. This is a full-page advertisement that has been in *The Sunday Times* for the last couple of weeks for Johnnie Walker. [indicates newspaper page] It is Johnnie Walker cricket and there are 12 references to Johnnie Walker in the ad itself, plus another one to VB for good measure. I want to comment on sponsorship in just a moment.

Mr I.C. BLAYNEY: Do you think many young people drink Johnnie Walker?

Prof. Daube: I am concerned about the exposure of young people to promotion of these products. There is also quite a range of Johnnie Walker alcopops—Johnnie Walker mixed with other products.

Mr I.C. BLAYNEY: Just ruins the taste of Coke if you ask me.

Prof. Daube: Here is an example that if there is any question, any denial that young people are at least going to see and be exposed to those advertisements, you will see on the right it even tells you the cost of children's tickets. Children's tickets are even mentioned in the advertisement.

There is a website. I will just take another three or four minutes. I went into the website under my own name but as a 10-year-old, 52 years too late, and it let me in as a child. The only thing that children cannot get into is the competition to carry the drinks; otherwise, kids can get in. If kids go into that website to select the Johnnie Walker team, by the end of the process they will have had a minimum of 52 exposures to the Johnnie Walker name. I think there is something that is just outrageous about that kind of promotion that does not protect children.

I want to talk a little longer. First, I want to make the point that I hope, therefore, overall this committee will be able to recommend statutory curbs on the quantum of promotion, legislated codes of practice with legislated means of enforcement and the development of an effective researched warning system for advertisements and products. I think those are key priority recommendations.

Briefly, I would like to discuss sports sponsorship by alcohol companies. Professor Holman said, and many of us are concerned by the extent of this, this is the very high profile, very public sports sponsorship that we see. I am not here to discuss some of the low profile stuff that goes on around ovals around states. I am talking about the high profile stuff.

[11.30am]

Our kids are swamped by the promotion of alcohol in association with sport. Every major televised sport—AFL, cricket, NRL, rugby union, soccer or motor racing—they all ensure that kids get the message that sporting success is linked to alcohol. It is everywhere—cricket players are mobile billboards, grounds, boardings, television and so on. A survey that we published a year or two ago showed that in major sponsored sporting events, the sponsor's logo was clearly visible between 44 and 74 per cent of playing time, and the 74 per cent was alcohol. There are no controls. I just gave you one example of Johnnie Walker, but there are so many others. Any kid watching the Australian cricket team sees VB everywhere—it is throughout sport. The prevention taskforce, the AMA and others have recommended a phasing out of sports sponsorship over five years. The sports seem to have two main counter arguments, and I will read you one —

The industry annually grants millions of dollars to foster and develop a wide range of sports at all levels. The damage that would be done to these sports without this support is almost impossible to calculate. In fact, it would be true to say that the income derived from this sponsorship is essential to their survival.

You might think that that is what the drinks industry is saying now or the sports are saying now, but it is actually what the Australian Rugby Football League was saying about tobacco sponsorship in

1984—no difference in the argument. Twenty-six years further on I have not noticed rugby league falling apart. They found other sponsors and I think all the arguments are identical to those that we have heard from tobacco. It just does not make sense that these sports are still promoting alcohol to young people, still promoting contrary messages to those that we are trying to put out from health groups. It also does not make sense for the sports groups to say, “Well, that’s all right, because we can assist; we are going to run joint-education programs and send people out on visits to schools.” There is no evidence from anywhere around the world that that has ever worked or has any impact on anybody. There is evidence that these occasional visits are contrary to best practice educational guidelines. The reality is that these sports—cricket, football and so on—are consciously taking huge sums to promote alcohol to adults and kids. I do not see any hope of change by the manufacturers and the sports. It was indeed disturbing that only recently, despite the recommendations of the prevention taskforce, WHO, the AMA and so on, that the WA Football Commission embarked on a new ten-year contract to keep promoting alcohol. I do not understand why the major sporting bodies are not willing to work with health agencies to seek replacement funding from governments. It happened with tobacco. The federal government gets \$8 billion a year in excise duty from alcohol. State governments have funding for various programs. It would seem to me to be logical for the sports to work with health groups to look for replacement funding for those sports.

Mr I.C. BLAYNEY: I can tell you one of the reasons; that is, if you are in a particular electorate and your electorate might be strongly held by one party or the other, if you have got politicians involved in allocating government money, in a lot of cases they are putting it into marginal seats. If you are in a seat that is now strongly held by either party, your groups will not get much of it. I could go and find cases for you that 80 per cent of government money has gone into marginal seats. If you are dealing with, be it, Fosters, VB or whoever, they do not discriminate. You can be in a seat like mine, out in the bush where you do not get much attention from a lot of government agencies, and yet those companies are there, they will help you. If the member for Albany was here he would back me up completely on this; he is on the other side of the house, but he would agree with me 100 per cent. Whereas, especially if it is money coming from Canberra, we might as well sing a lot of the time.

Prof. Daube: A couple of things on that. First of all, it is an issue of balance and whether it is appropriate to seek that money and so on. But even setting that aside, as I was saying earlier, I am looking here particularly at the high-profile sponsorships and so on, which are not allocated on a local basis. I think that if we started with that, that would be a very, very good starting point. There is then the issue that if replacement funding were found and allocated, it would be up to this committee to recommend an independent process that does not take account of those—so I think what we need to do is develop the processes. As I said, what beats me is that the sports maintain that absolute loyalty to the drinks industry instead of saying, “Yep, we realise that you are not against the sports, we actually want to work with you to seek replacement funding from governments and other groups.” Because the cost of alcohol to the economy is vast and it would be worth it to government to put replacement funding in for that sports sponsorship so that kids were not targeted.

The CHAIRMAN: Mike, that is what I said to you before, when I mentioned the dark side. Because the dark side is the alcohol lobby group. The alcohol lobby group, in fact, is the group that influences legislation and influences members of Parliament to influence legislation. To get that legislation in that is going to say, “No more advertising in five or 10 years”, that is what is needed. You have got that alcohol lobby group working on, particularly, members who are in marginal seats, where they could lose their seats, where their opponent is willing to say, “Look, I won’t support that legislation.” It is wicked, but that is what is happening.

Mr P. ABETZ: This is the issue. I think what Mike is saying is that we have got to find a substitute for it. If you pull a figure out of the air like five per cent tax on the wholesale price that the grog is sold on for, and that all went to a central fund that sports clubs that have been sponsored by alcohol

companies in the past could apply to—like Healthway or whatever name you want to give the thing—and get their funding from that, I think that the community would not be too fussed about it because what the sports clubs want is money.

Ms L.L. BAKER: Is there not a bit of an inherent problem in what you are saying, because in order to top up the fund you need to sell more alcohol.

Mr P. ABETZ: Just bump up the percentage—as alcohol sales drop, bump up the percentage!

The CHAIRMAN: It is a good idea!

Prof. Daube: I think that there are two issues here. One is the issue about lobbying and the lobbying power of the drinks industry, and we know that that is vast, that is universal, that is global; this is a huge industry. It is a very strong, powerful industry. On the other hand, as against that, we have a whole range of health authorities and law enforcement groups; I read the police commissioner's evidence here and I think he said that somewhere around 75 per cent of the police operational budget goes on alcohol, and that in itself is cause for putting some funding back into changing the culture. I think that we have seen other areas too, that over time lobbying and pressure from health organisations, law enforcement and others can make a difference. I think that that is something that also resonates absolutely with the community. People out there are worrying about kids and alcohol. We get calls from them, we hear from them, you read about them in the media, and when the media report these things they are not inventing that concern. It is a concern out there and everything I see shows that that concern is getting stronger and stronger—parents who just do not know what to do. They know their kids are preloading, that they are getting drunk at 14 or 15 and so on. Yes, there is that lobby and I think we need to shine a light on the way the drinks industry does lobby, but I think we just have to accept it. I do not want to draw too many parallels, but we were there, we had to do that with tobacco, we still have to do that with tobacco, and the public has learned over the years about the way the tobacco industry has worked. Governments and parties of all sides have moved simply to supporting action on tobacco, as this committee did.

The issue of tax: I think five per cent would, massively, more than cover it. We are talking relatively small amounts in terms of overall governmental expenditure. Years ago when we replaced tobacco sponsorship funding through Healthway we actually found it was much less than the companies claimed it was, because quite a lot of the money was tied to product promotion. What we found with tobacco was that the government was able to raise the tax, spend some of it on replacement and the rest went back into government revenue. I do not think you would be contingent on increased sales for that. There is also a proposition that some colleagues in Victoria have put up, which is that this replacement funding should be taken as a levy on drinks industry expenditure on advertising and promotion. That means that government does not have to come into it, in a sense. You look at a levy on drinks industry promotion and you take that, if it goes down then that is fine because you know that the promotion is going down.

What I am really trying to argue is that, as a leading public health figure said to me yesterday, “This is as big a public health problem as we have in our community now. It is leaving aside all the law enforcement and other issues.” What is costing us, whether it is \$15 billion or \$20 billion, is the massive social cost. Changing the culture will not happen overnight, but I think if you are able to make recommendations that point us in those directions, that would be a terrific start towards changing the culture. I do not claim that funding from tax, funding from advertising, expenditure or whatever is necessarily the right answer. But I think if as a committee you are able to identify an approach that you could recommend for further exploration to the government—you take the alcohol advertising levy or whatever would be a pretty good starting point—those are the kinds of things that I think can make a difference.

My final comment is that although changing culture takes time, we do need something fairly dramatic that will start sending a signal that something needs to change, and that, maybe above all, is what I am hoping this committee will be able to do.

The CHAIRMAN: Mike, the committee does have other questions, but I have asked it not to put them to you because of time. Dave does want me to ask about the impact of the recommendations on the National Preventative Health Task Force, and I am going to ask you that. Plus we have several other questions to go to you. One of those questions that will go to you will be in relation to the fact that in Scotland—when you were talking about the objects of the act—they actually have public health in their act. But you cannot discuss that now, we will have to put it in relation to some other questions. Could you just address the recommendations of the National Preventative Health Task Force fairly quickly because Parliament starts at 12? We really needed, again two hours with you rather than one hour.

Prof. Daube: The recommendations were broadly, as you expect, fairly consistent things as I have been saying. A comprehensive approach covering those issues is always so important, because there is no one magic bullet approach. The government has issued a response to those recommendations and, I think, if I were to score them out of 10, I would say on tobacco use 10 out of 10, on alcohol it is 7 out of 10 and on obesity it is probably about 3 out of 10. But one of the most important things is that they will be establishing an Australian national preventive health agency and that will cover areas like public education—some public education on tobacco, alcohol and obesity. I worry that the funding for alcohol needs to be upped, and certainly is not at the level that we would hope to see, but it is a good start. So the most important thing in alcohol that they are doing is establishing a national preventative health agency. Tax is going into the mix along with other comments from the Henry review and then some of the other alcohol recommendations are being considered through the various processes of federal government.

The CHAIRMAN: Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for the correction of minor errors. Any such corrections must be made and the transcript returned within 10 days of the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added by these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you very much for appearing today.

Prof. Daube: Thank you.

Hearing concluded at 11.44 am