

National Preventative Health Taskforce

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Introduction

The dangers associated with binge drinking have become a national issue, as growing concern surrounding the misuse and dangers of alcohol continues to dominate community debate.

Comments in the media by the Prime Minister, the Hon. Kevin Rudd MP, regarding the epidemic of “binge drinking” among young people, and the release of the National Preventative Health Taskforce’s discussion and technical papers have firmly placed excessive consumption of alcohol on the national agenda.

The culture of heavy drinking permeates our society, and bringing about change will need a coordinated, educated and a strategic public awareness approach. However, the issue of alcohol misuse should not be focused solely on teenagers. Although the peak of “binge drinking” is around the ages 18-23, there is a good deal of heavy drinking among adults older than 23, as well.

What ADCA and the AOD services are witnessing in teenagers is, to a considerable extent, them making a claim on “adult” behaviours, such as drinking and getting drunk. These teenage behaviours are unlikely to change if they are tackled without addressing the drinking of the older ‘adults’ they are emulating.

ADCA welcomes the taskforce’s emphasis on alcohol’s short-term harms. We agree that changing Australia’s ‘culture of intoxication’ will dramatically reduce alcohol’s negative impacts on our community.

ADCA and the AOD sector – Who we are and what we do

The Alcohol and other Drugs Council of Australia (ADCA) is the national peak body for the alcohol and other drugs (AOD) sector, providing an independent voice for the people working to reduce the harm caused by alcohol and other drugs.

ADCA is a non-government, not-for-profit organisation principally funded through the Australian Government’s Community Sector Support Scheme and the National Drug Strategy Program. Some additional funding is provided through membership fees, subscriptions and project activities.

As the national peak body, ADCA has a key role in advocating for adequate infrastructure support and funding for the delivery of evidence based alcohol and other drug initiatives. In this regard, ADCA represents the interests of a broad group of service providers and individuals concerned with prevention, early intervention, treatment, supply reduction and research.

At 1 March 2008, ADCA’s membership covering Associate Organisations, and individuals totaled 353 covering organisations, services, agencies and individual professionals, practitioners engaged in alcohol and other drug services throughout Australia, major university research centres, tertiary institutions offering courses in addiction studies and other programs for alcohol and other drug workers, law enforcement and criminal justice systems, policy development and analytical areas, and administration.

ADCA’s broad and diverse membership base across all jurisdictions provides input on key strategic issues through active participation as members of ADCA’s Reference Groups.

Executive Overview of ADCA's response

ADCA and the alcohol and other drugs (AOD) sector believes the Inquiry provides an opportunity to harness the resources of government, community groups, non-government organisations (NGO), prevention and treatment services, sporting groups, industry representatives, the community, and the media to join together to tackle this issue.

ADCA is determined to provide a strong voice in the current climate, to help bring about positive change for our community. Our priorities are as follows;

- **ADCA supports restricting both the physical and economic availability of alcohol.**
Reducing the economic availability through taxation and the physical availability will change consumption patterns in a way that will promote safer drinking.
- **ADCA supports limits on the way alcohol is advertised and marketed to young people.**
The current system of self-regulation is not working, and more should be done to ensure advertising and marketing to our youth is appropriately directed and controlled. These regulations need to address both what is being shown on broadcast media, as well as the positioning of products and promotional materials at the point-of-sale.
- **ADCA supports the introduction of health information labels on all alcohol products.**
Consumers need to be informed at the “point-of-drinking” that the product they are consuming can have a serious impact on their health and well-being; that Alcohol is a drug –TOO! These warning labels would be similar to what is currently provided on tobacco products. Also, alcohol is currently regulated as a food product and falls under the authority of Food Standards Australia and New Zealand (FSANZ), which is currently considering its position on branding issues related to alcohol products and packaging. ADCA believes that branding issue is one that must be addressed to provide warnings to the public.
- **ADCA supports the pre-approval of alcohol advertisements by an Australian Communications Media Authority Division**
It's imperative that advertisements promoting alcohol consumption be rigorously tested by experts from within the AOD sector, health and motor vehicle industries to ensure they have NO strong or evident appeal to children, and do not suggest that alcohol contributes to personal, business, social, sporting, sexual or other success in life.
- **ADCA supports the introduction of a comprehensive education program about the dangers of alcohol.**
We need to educate our children about the misuse and health risks associated with alcohol to assist them with developing a better understanding of its effects (*Addiction*, 99, pp. 278-291). This needs to take place both in communities and through the media

There is no doubt that a host of resources are needed in order to achieve these goals. We cannot move forward without cooperation, communication and most importantly the resources to underpin a national strategy to overcome these issues.

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ADCA is committed to taking a leading role – contingent on the fact that governments at all levels provide support, infrastructure and funding needed to progress recommendations agreed by the Inquiry for implementation across Australia.

ADCA has revised a number of policy positions which includes a paper on alcohol consumption, comorbidity and alcohol abuse, workplace AOD policy development, and AOD sectoral workforce issues. We believe these policies have a significant part to play in reducing alcohol's public health burdens. (ADCA 2008).

It is time that communities were engaged to start making different choices about alcohol consumption, distribution and promotion to enhance the overall wellbeing of the community - change attitudes to drinking, act as responsible role models, and refrain from using alcohol as a means to celebrate success.

The only way to address the excessive use of alcohol, especially for events and celebrations – is to give people valid reasons to consume alcohol responsibly. Having a drink and getting drunk have totally different outcomes – in the first case this shows responsible drinking, however, getting drunk can potentially lead to personal injury, impact on family and friends, and cause health and legal issues.

The economic cost to our community through the misuse of alcohol and other drugs is growing, with research indicating the damaging impact on physical, mental and social wellbeing.

The government in cooperation with the States and Territories need to significantly reduce the level of alcohol abuse in Australia, especially in geographic and demographic hot spots. A solid starting point would be by examining the pricing structure of alcohol, including taxation, the marketing of alcohol and regulating the distribution, availability, and consumption of alcohol. In addition consideration needs to be given to the economic and social issues associated with the drug, as well as rehabilitation and education initiatives.

Since alcohol was placed on the national agenda following the 2007 Federal election, the media across Australia has continually highlighted alcohol-related issues both on the negative and positive aspects of responsible drinking. ADCA firmly believes that the media is a major strategic stakeholder in encouraging a cultural shift away from risky drinking. Media coverage over the past 18 months has steadily increased, and the public health sector's challenge is to keep the media focused on promoting positive solutions.

In the case of this submission ADCA has drawn on the expertise of professional frontline workers from the widest possible spectrum. ADCA will continue to consult with relevant stakeholders with the aim of assisting the Taskforce in its deliberations, and the implementation of recommendations.

ADCA's Answers to Discussion Paper Questions

The answers below relate to the Alcohol, Supporting Prevention and the Choosing Performance Indicators.

Section 4 – Alcohol.

Q1: Do you support a focus on the suggested priorities?

ADCA agrees with the Preventative Health Taskforce's priorities. However, as discussed in the report, ADCA believes that the Taskforce's focus should be on the policies which provide the greatest scope to reduce alcohol harms within our community. Accordingly, ADCA would like to see the following order of policies:

1. Implementation of a non-linear, accelerating alcohol taxation regime. ADCA, along with a variety of Alcohol and Other Drug (AOD) Non-Government Organisations (NGO) has provided a submission to the Henry Taxation Review. This paper advocates for:
 - a. an overall increase in alcohol taxation
 - b. replacing the ad valorem Wine Equalisation Tax (WET) and other product-based tax distortions with a consistent volumetric taxation regime; and
 - c. creating progressive volumetric tax rates, based on alcohol content of the drinks, i.e.: taxing low-strength products lightly, while taxing high-strength products more heavily.
2. Removing alcohol from the provisions of the national competition policy (NCP). The World Health Organisation (WHO) has stated that alcohol, because of its psychotropic effects on the human brain, should not be treated as an ordinary commodity. ADCA agrees with this approach. Therefore, we believe that alcohol should be removed from the provisions of NCP. Removing alcohol from the NCP provisions will allow individual states to create appropriate regulations regarding outlet density and trading hours.
3. At a state level, re-regulating the hours alcohol can be sold at, and the density of liquor outlets. As noted in various research papers, alcohol related anti-social behaviour predominantly occurs in areas where there are:
 - a. high number of outlets (density); and
 - b. long hours of trading

ADCA believes that a prescriptive 'one size fits all' approach regarding licensing approaches is not likely to work. ADCA's preferred approach is for state-based liquor licensing to be amended, and for local communities to have the power to implement further local liquor accords, voluntarily restricting hours to suit communities at a local level. The amendment should re-prioritise community amenity and public safety to be the over-arching basis of liquor licensing. This then would allow communities to object to, and possibly stop liquor applications at a local level.

Further, ADCA would recommend that State and Territory Governments create a risk-based licensing approach, taking the recent amendments to Queensland's Liquor licensing into account (as a starting point). This would enable governments to recoup some of the external costs associated with alcohol harms and late night trading, (Deacons, 2008).

4. Regulation of alcohol advertising

Alcohol advertising and promotion is currently self-regulated by industry bodies, rather than by the Federal Government. ADCA believes that this regulation is ineffective and does not accord with public views on when and how restrictions should be applied.

ADCA calls for a system of government regulation of advertising and promotion of alcoholic beverages which aims to reduce the health and social harm from alcoholic beverages. Advertisements in any medium for alcoholic beverages should be required to include a series of warning messages about the potential harms of use; similar to what has been carried out within the tobacco industry. In addition, alcohol advertising and sponsorship of major sporting events needs to be reviewed to discourage excessive or binge drinking at these events. ADCA calls on the Federal Government to create a division within the Australian Communications Media Authority (ACMA) to review and approve liquor advertising, as the current self-regulating code appears unsuccessful.

5. Collection of better alcohol consumption data

In the last decade, as a result of Federal Court decisions on taxation matters, there has been a sharp reduction in data on alcohol sales at State, Territory and local levels. The Federal Government should use its taxing powers to require alcohol producers and distributors to collate, and make available data on alcohol sales at the levels of localities, states and territories.

This data would enable the AOD, Health and Wellbeing sectors to clearly see where alcohol harms lie and would aid in developing effective public health approaches to ameliorate these harms.

Q2: If you do not support these actions, or have other suggestions, what would you propose we do as a nation to halt the toll of early deaths and disease caused through alcohol-related harm?

As stated above, ADCA agrees with the broad priorities outlined by the Taskforce. However ADCA has the following caveats:

1. Building the evidence base ignores the excellent research studies done in Australia and around the world on alcohol's harm to society. ADCA would contend that Government resources should be focused on the policy levers listed above which, we believe, will work now to reduce the harmful effects of excessive long and short-term alcohol consumption.
2. The paper ignores the effects positive social infrastructure can have on late-night entertainment districts. Listed below are links to effective late-night infrastructure solutions that have been trialed in diverse communities within Australia
 - Free Shuttle bus to Reduce Drink Driving Crime in Penrith City
<http://www.penrithcity.nsw.gov.au/index.asp?id=2186>
 - First stop for Summer Bus
<http://www.wollongong.nsw.gov.au/community/drugalcoholinitiatives.asp>

- A community bus service to reduce drink driving
<http://www.tacsafety.com.au/jsp/content/NavigationController.do?areaID=13&tierID=2&navID=A91AC1577F000001010A6001F950832F&navLink=null&pageID=1536>
- Turning Point – report into alcohol-free zones and harm-minimisation studies
[http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/resources-harm-minimisation/\\$FILE/alc_harm.pdf](http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/resources-harm-minimisation/$FILE/alc_harm.pdf)
- Its no fuss – Use the Bus
<http://www.tumbashire.nsw.gov.au/roads/1152/1164.html>
- Nightcare – free barbeque in Newcastle CBD
http://www.ncc.nsw.gov.au/data/assets/pdf_file/0015/5613/nightcare_progress_rpt.pdf

ADCA believes programs like those listed above are often over-looked by Governments. These programs have made a demonstrable difference to the amenity and helped to reduce alcohol-related harm in these areas.

ADCA believes that some of the monies raised by State Governments under new, risk-based licensing systems proposed above should be used to roll-out projects such as these above, or used to improve social infrastructure in other ways (eg through more police, subsidised security guards etc). This would lead to a reduction in alcohol-related assault and other anti-social crimes.

3. Also, this paper ignores the underlying social issues involved in alcohol abuse. Conditions such as poverty, social deprivation, remoteness and mental illness are often the real problem, with the issues raised in the Taskforce's discussion paper, i.e. alcohol, tobacco and obesity merely symptoms of the underlying causes. Governments, corporate bodies and the wider NGO sector need to collaboratively design and implement strategies to deal with these multi-faceted problems.

Q3: What are the most important issues that can engage support from individuals, communities, industry and governments and drive cultural change?

A combination of the actions as outlined in ADCA's executive overview. In addition there needs to be consultation at a community level to drive lasting cultural change. This consultation needs to incorporate the broad range of providers.

ADCA believes there are two other significant issues that can drive cultural change:

- Violence to non-drinkers
- Domestic violence

These issues are emotive and affect the broader community. By highlighting the cost to people who aren't intoxicated, similar to the passive smoking argument, community-level change can occur.

Q4: What prevention strategies work best for high-risk groups, particularly among young people and in Indigenous communities?

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A variety of studies have found that high-risk consumers of alcohol are comparatively more price-sensitive than low-risk, see Richardson & Crowley. As advocated above, changing the alcohol tax regime, to firstly, eliminate special, product-based concessions and secondly, to raise the overall tax intake. Taxation intervention has a particularly strong evidence-base, after the positive outcome achieved by the Northern Territory's 'living with alcohol' program (NDRI, 2000). This imposition of an extra 5c tax reduced consumption by around 22% per person.

As noted in several studies, young and indigenous peoples typically have lower than average per capita income figures. Accordingly, the taxation changes outlined above will have greater impact on these populations. This has been borne out, in a limited extent, with after Federal Government removed the taxation concession on Ready-To-Drink spirits (RTD). Consumers shifted consumption patterns away from the (now) higher taxed RTDs, as evidenced by a fall in sales.

Restricting alcohol advertising. As discussed above, regulating alcohol advertising and, especially restricting alcohol advertising to late-night viewing slots will restrict young people's access to these ads.

Technical paper

Priority 1 – Reshaping consumer demand towards safer drinking.

ADCA agrees that the overwhelming priority should be to reduce both the physical availability and the economic availability of alcohol.

Firstly, the Federal Government can act to reduce the physical availability through implementing a non-linear, accelerating taxation regime.

Over the past decade a number of studies have shown that both increased hours of trade and increased density of outlets has led to increases in alcohol-related harms. ADCA believes that, to reduce these harms, there needs to be tighter liquor licensing laws. This process involves coordination between the Commonwealth Government, to remove alcohol from the provisions of the NCP, then at State and Territory-levels, Governments need to amend liquor licensing to incorporate a risk based system, taking into account evidence from the public health sector.

Secondly, ADCA believes the Federal Government should re-examine enforcement of the alcohol advertising legislation. Advertising linking alcohol consumption to both sporting and sexual success can only act as an enticement to drink excessively. ADCA advocates for regulation of alcohol advertising under the Communications Media Authority to replace the current

Further, ADCA agrees that all Governments need to implement a multi-faceted media and public relations campaign to promote a cultural change in alcohol consumption.

Lastly, ADCA believes that effective enforcement of Responsible Service of Alcohol (RSA) will over time, also act to reduce demand as we change our culture from risky, intoxicating drinking to more responsible measures.

Priority 2 – Reshape supply towards lower-risk products.

ADCA agrees that a non-linear, accelerating taxation regime should encourage a demand shift towards lower strength alcohol products, which will change supply. We have seen in the past how concessional taxation has shifted alcohol consumption tastes Australia, as evidenced by the proliferation of RTDs in the local marketplace. Since the removal of the RTD tax concession, which ADCA supported, sales data has recorded a decrease in RTD consumption.

Broadly speaking, ADCA supports providing more resources to mandate alcohol industry staff hold RSA certification and also to improve enforcement of the RSA provisions. As noted by a variety of research papers, when enforced, RSA is an effective measure to reduce alcohol-related harms.

Priority 3 – Strengthen, skill and support primary health care to help people in making healthy choices.

ADCA agrees that brief interventions by primary care professionals will reduce alcohol harms. ADCA urges all Australian governments to adopt a proactive and coordinated approach to prevention, supported by adequate resources. This includes funding projects over a number of years to provide an opportunity to demonstrate positive outcomes. It

should also include trialling non drug-specific, holistic interventions aimed at addressing risk and protective factors and building resilience in individuals, families and communities.

Alcohol and other drug misuse is quite often a symptom of underlying issues, such as mental illness family conflict etcetera. It is vital that the Taskforce takes factors such as these into account when implementing primary healthcare strategies.

ADCA urges the Taskforce to take comorbidity into account when designing Brief intervention material.

Lastly, ADCA and its member organisations would like to highlight the cross-sectoral capacity that needs to be built to strengthen primary health care. Primary health-care needs strengthening between NGO's community health, GP's and pharmacists. Greater awareness will lead to quicker, more appropriate treatment and aid prevention.

Priority 4 – Close the gap for disadvantaged communities.

As noted, ADCA believes that by hypothecating a portion of the revenue raised through the non-linear, accelerating taxation regime advocated for above and using that revenue to fund alcohol programs, as done under the Northern Territory's 'Living with Alcohol' program will act to significantly reduce the gap between disadvantaged communities.

Secondly, ADCA believes that using knowledge gained within these communities, from culturally-appropriate projects such as the Yuendumu project at Mt Theo in the Northern Territory, projects in the Kimberleys and other locations.

ADCA encourages Governments at all levels to invest in social infrastructure within these disadvantaged communities to give inhabitants constructive, diversionary opportunities apart from alcohol misuse. There are a variety of community-based examples around Australia that could be rolled-out nationally, just as the Goodsports program has.

Finally, ADCA believes that the term 'disadvantaged communities' is a misnomer, labeling them all as disadvantaged, implies that a one-size all solution will work. The experience of ADCA's member organisations shows that community-level solutions, developed in consultation with the Health, Wellbeing and AOD NGO's are already producing efficient outcomes, while working within tight organizational capacity constraints.

Previous submissions

Below is a list of the previous Submissions ADCA has provided in relation to alcohol.

- Submission to the National Health and Medical Research Council (NHMRC) – review by the NHMRC of the Australian alcohol guidelines: health risks and benefits.
Submitted/Issued: 10 December 2007
- Submission to Food Standards Australia New Zealand (FSANZ) – initial assessment report. Labeling of alcoholic beverages with pregnancy health advisory label.
Submitted/Issued: 2 February 2008
- Submission to the Senate Community Affairs Inquiry into the *Alcohol Toll Reduction Bill* 2007.
- Submission to the Senate Community Affairs Inquiry into Ready-To-Drink (RTD) alcohol beverages.

Conclusion and Recommendations

ADCA and the AOD/ NGO sectors are committed to finding a solution to the alcohol problem in Australia.

To do this, there needs to be a united effort from all governments, treatment and prevention services, community groups, non-government organisations, sporting groups, industry representatives and the media.

Alcohol broadly agrees with the priorities set by the National Health Taskforce and ADCA strongly recommends agreement with:

- ***the introduction of a non-linear, accelerating taxation regime of alcohol products.***
- ***the removal of alcohol from the provisions of the National Competition Policy (NCP)***
- ***reviewing and amending State liquor licensing regimes along harm-minimisation principles, similar to the recent Queensland amendments***
- ***the introduction of health warning labels on all alcohol products, supported by additional warning posters/signs in establishments selling alcohol***
- ***establishing restrictions on the way alcohol is advertised and marketed to young people***
- ***pre-approval and rigorous testing of alcohol advertisements and promotions by experts to curb their influence on the community, and***
- ***establishing a nation-wide education program to raise awareness of the dangers of alcohol.***
- ***Increased emphasis on social infrastructure and community development projects, especially in regional / remote areas.***

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