

Law, regulation, policing and enforcement

*Prevention research
evaluation report*

*Prevention research
summaries*

Reading and resource list

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Law, regulation, policing and enforcement in the prevention of alcohol-related harm

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Introduction

The existence of laws prohibiting the supply and use of specific substances, together with the threat of prosecution, can be important in influencing individual and community levels of harmful substance use. In this Prevention Research Evaluation Report, we focus specifically on alcohol, and consider the research evaluating efforts to prevent alcohol-related harm to children and young people through legislative and regulative mechanisms. Opportunities for further progress are also examined from the perspective of six Victorian practitioners working in a variety of areas that have relevance to the prevention of alcohol-related harm.

Definitions

According to the definition provided in the second report in this series (Toumbourou 2002b) law, regulation, policing and enforcement refers to "modification to, and enforcement of, legislation or regulations, policing strategies and procedures for dealing with offenders, aimed at preventing initiation or escalation of youth behaviour problems". Key terms are further defined in the sections that follow.

The law in Australia is based upon the legal system of Great Britain. It comprises legislation passed by the Australian Federal Parliament, acting under the powers set out in the Australian Constitution together with legislation passed by the States and Territories. Lewis (1992) provides an historical account of the

development of Federal and state law relevant to the management of alcohol in Australia and focusing upon the policy tensions between the alcohol industry and public health concerns. Precedents for the major Australian legislative mechanisms involving state licensing for the alcohol industry and prohibitions on public drunkenness have precedents in British law.

In Victoria, government efforts to regulate the alcohol industry are implemented through the Liquor Control Commission, a formal component of the State court system which has reporting responsibilities to Parliament. Regulatory efforts impart responsibilities to a variety of sectors. In cases such as the alcohol industry, professional bodies have emerged that work closely with the government to implement the relevant legislation. In other cases such as the advertising industry, the state has been reluctant to establish new legislation and costly regulatory structures, and so industry self-regulation is pursued.

Efforts to regulate alcohol use also involve stakeholders at the institutional levels. In their review, Toomey & Wagenaar (1999) differentiate between public and institutional policies. Public policies affect large aggregate sections of the population and include areas such as excise taxes and minimum legal drinking-age laws, while institutional policies have a more local application and include restrictions on under-age entry and alcohol-server training. In Victoria, the State is active at both levels of policy making, although it no longer has power to tax alcohol. Efforts to establish and enforce

alcohol policies are also relevant in other institutions, including schools, universities and workplaces.

Once enacted and publicised, laws and policies can serve to formalise a normative consensus or standard for behaviour, acting to influence attitudes and behaviours towards substance use through social conformity and the threat of sanctions. The law is associated with complex social processes and, hence, may also define boundaries for enacting rebellious and norm-violating behaviours. The use of the law to regulate behaviour is controversial, running the gauntlet of, on the one hand, protecting rights and the common good, while on the other hand infringing upon freedoms.

Policing and enforcement play important roles in influencing perceptions that violations will be detected and punished. Although behavioural research suggests that behavioural change is more likely if punishments (or rewards) are close in time to the offence (or positive behaviour), the complex policing and judicial processes rarely achieve this ideal. The relationship between police command and operational levels can be complex, and police may be unwilling to prosecute offenders where they are not convinced that the law is fair and reasonable and its penalty justified. For these reasons, successful efforts to increase the enforcement of laws relevant to alcohol often include training for police, community education and a warning phase for offenders (Grube 1997).

Australian legislative efforts relevant to the control of alcohol have been framed against a political struggle between the alcohol industry and various movements associated with temperance. The post-war years have seen an increasing liberalisation of liquor licensing, such that alcohol is now more readily available in Australia. However, this period has also witnessed considerable public health success, as indicated by population reductions in alcohol consumption and harms (Lewis 1992). In concert with developments more broadly within the field of criminology (Braithwaite 2000), modern approaches tend to emphasise the potential for negotiated solutions between political rivals in legislative reform efforts and to emphasise monitored self-regulation where possible.

The role of evidence in the process of law reform

This report explores the prospects for reducing levels of alcohol-related harm for young people through “evidence-based” modification to law, regulation, policing and enforcement. An important paradox confronting the evidence-based approach to policy is that areas such as the law that have the most profound potential to modify aggregate human behaviour also have limited potential for controlled research (for example, randomisation to control conditions). The “gold-standard” for scientific research relevant to the impact of the law on human behaviour currently relies upon time-series observation of behaviour pre- and post-implementation of changes to the law, and comparison against matched countries or communities in which the law remains unchanged.

Notwithstanding the obstacles, significant scientific progress is evident, such that legislators now have a substantial body of research to supplement the traditional political and advocacy processes of law reform. The process of law reform incorporates research analysis but also includes influences from public opinion assessment, stakeholder lobbying, political negotiation and legislative procedures. Experienced alcohol policy advocates interviewed for this report argued for a directional relationship, with changes in community attitudes considered to be the first driver in efforts to achieve legislative reform. The media were considered as playing an important role in influencing community attitudes.

A number of the practitioners interviewed stated that Australians are currently tolerant of high levels of consumption and harm associated with alcohol use by young people. Those interviewed were in general agreement that legislative mechanisms have an important role in prevention efforts. However, any application of a punitive legal approach in the absence of major community support was viewed unfavourably and felt to be potentially risky and counterproductive. As expressed by a professional experienced in community policing, “by nature Australians are not a compliant type of society”; the “larrikin” ethos is part of the background and Australians do not take easily to being dictated to by

authority. "So it is important to recognise that ... legal constraints are a last resort". This ambivalence to an exclusive reliance on law and punishment was also evident in the response of an informant experienced in child protection. In this case, attempting to force women to reduce their tobacco or alcohol use while pregnant through legal prohibitions was considered "not feasible ... and a waste of time".

Wallack (1990) has described the processes that can be used to promote public policy reform. In general, advocacy efforts such as political lobbying are more effective where they are preceded by initial work to build coalitions with common interests. Advocacy efforts typically include the use of the media to highlight public health issues and research findings.

In the sections that follow, a developmental framework is used to organise the literature, evaluating prevention opportunities at different points across the life course. Evidence for the effectiveness of interventions are considered prior to birth, in the preschool and school years and at different stages in the development of alcohol use.

Prior to birth

Adverse effects of maternal drug use have been documented on the unborn child, and can affect physical and psychological development in both the short and longer terms. This potential for long-term harm means that an important issue for prevention policy surrounds the use of drugs by pregnant women and also women who are planning to become pregnant. Specific effects have been documented in relation to the use of both tobacco and alcohol. Maternal smoking during pregnancy and early childhood is associated with a range of developmental deficits (Olds 1997). Even in the absence of Foetal Alcohol Syndrome, infants born to alcohol-dependent mothers show increased incidence of intellectual impairments, congenital anomalies and decreased birth weight (Aronson *et al.* 1985).

There is currently little monitoring of alcohol use by pregnant or breastfeeding women. The 1998 National Drug Strategy Household Surveys (NDSHS) found that 75 per cent of women who were pregnant or breastfeeding reported having consumed alcohol, tobacco or at least one illicit drug in the 12 months

prior to the survey. Among these women, 75 per cent had drunk alcohol, 24 per cent had smoked cigarettes, 18 per cent cannabis and 8 per cent used other illicit drugs (Higgins *et al.* 2000).

The 2001 NDSHS (Australian Institute of Health and Welfare 2002) revealed that 41.5 per cent of pregnant women and 45.8 per cent of breastfeeding women had consumed alcohol. Only a small minority, however, stated that they had not reduced their drinking or had completely abstained while pregnant (4.4 per cent) or breastfeeding (5.8 per cent).

There is an international trend for increasing rates of alcohol-dependence problems to be identified among more recent cohorts of young women (Holdcroft & Iacono 2002). To date, efforts to discourage women from excessive alcohol use prior to conception, during pregnancy or while breastfeeding have relied on education and information approaches. Although the topic is debated overseas (Chavkin & Paltrow 2003), there currently are no local proposals for regulatory or legislative approaches in these areas.

In cases in which alcohol or drug dependence is associated with a conviction, there are provisions in state legislation for courts to offer an option of drug treatment as an alternative to other forms of punishment. Although there is little Australian evidence, the international literature suggests that legally coerced treatment programs may be as effective in reducing both drug use and criminality as voluntary treatment programs (Hall 1997). Although there are a range of efforts currently being made at the state and national levels to better protect infant and child health in families affected by alcohol and other drug problems, there remains little evaluation.

There is evidence for a genetic link to some types of alcohol problems (Jackson *et al.* 2000; McGue *et al.* 2001); however, there are no proposals currently for legislative interventions in this area. With advancing scientific understanding of genetic pathways to alcohol problems, further debate regarding the ethical and legal issues surrounding genetic screening might be anticipated.

The preschool and early school years

Over the past decade, Victoria has experienced a considerable escalation in demand for child protection and placement services, and these problems can be related to high rates of alcohol and drug use in the young adult population. The increase in notifications of suspected child abuse is substantial and is not explained simply by the introduction of mandatory reporting. Although the introduction of mandatory reporting in 1993 was associated with a large increase, there was a more recent 20 per cent increase in notifications from 1996–97 to 2001–02 (from 31,707 to 37,967). Since 1996–97, the number of substantiated cases has increased, and there is now a greater likelihood that substantiated cases will be subject to re-notification. Department of Human Services tracking of “concerning characteristics” of parents involved in child protection matters reveals that alcohol and other drug abuse is increasingly observed. In 1996–97, substance abuse was a concern in 12.5 per cent of first notifications. By 2001–02 this had doubled to 25.2 per cent of cases (Allen Consulting Group 2003).

A variety of regulatory and legislative options have been considered in efforts to ensure the healthy development of children. In Victoria, the *Children and Young Person’s Act 1989* targets children and young people at the extreme in the continuum of risk once they have suffered or are likely to suffer “significant harm”. It is of concern, therefore, that on current projections one in five or 19 per cent of the cohort born in Victoria in 2003 are predicted to be notified or suspected of child abuse during their childhood or adolescence, while 9 per cent are expected to be the subject of an investigation (Allen Consulting Group 2003).

The Victorian child protection approach targets a legal and potentially punitive response to families at the extreme tip of the continuum of child development problems (Allen Consulting Group 2003). Evidence reviewed previously in the DrugInfo Clearinghouse’s Research Evaluation Report series suggests that both targeted family intervention (Toumbourou *et al.* 2003a) and parent education (Toumbourou *et al.* 2003b) can be effective methods for reducing drug-related harms in families adversely affected by

drug and alcohol problems. Legal pressure has been used effectively to encourage participation in family interventions in the United States (for example, Bry *et al.* 1998).

However, an alternative approach to the targeting of high-risk families involves a broader focus on the encouragement of change at community level. The Victorian Beststart program (see www.beststart.vic.gov.au) provides communities with a set of indicators relevant to healthy child development. Communities are encouraged to use this data to select interventions relevant to the enhancement of child health across health, education and welfare. This approach has similarities to the Communities That Care program (Hawkins *et al.* 1992) that is also being trialed in Victorian municipalities. In some communities, coalitions between police, courts and service agencies can assist and support families within a community context, and thereby improve environments for healthy child development. Although trials of these community approaches are underway, there are as yet no published studies evaluating their effectiveness in reducing the impact of family alcohol and drug use on children.

With currently high levels of alcohol misuse among young adults in Australia (Heale *et al.* 2001) it remains important to maintain efforts to reduce the negative impact of parental alcohol problems prior to birth and in the preschool and early school years. Further efforts to implement, document and evaluate efforts to utilise legislative and regulative mechanisms in this area would appear to be warranted.

Preventing early age alcohol use in childhood and adolescence

A range of longitudinal behavioural research demonstrates that initiation of alcohol use at an early age increases the likelihood of alcohol-related harm. After controlling for other influences, initiation of alcohol use at an earlier age increases the risk of subsequent progression to regular and harmful alcohol use (for example, Fergusson *et al.* 1995). More frequent alcohol use in adolescence, in turn, increases the risk of subsequent harms associated

with alcohol (for example, Bonomo *et al.* 2001; Guo *et al.* 2001; Toumbourou *et al.* 2003d).

The maturation during adolescence of brain reward pathways for alcohol provides one plausible mechanism to explain both the interest in substance use through this phase and the potential for specific vulnerability due to alcohol misuse. Although there is speculation that early adolescent alcohol misuse may undermine healthy brain development, further research will be required to establish such a link more firmly (Spear 2002).

Although a range of factors influence alcohol use, parents appear to play a critical role in introducing children to alcohol and also in discouraging early or excessive use. In an analysis of the New Zealand Christchurch cohort, parental approval of adolescent alcohol use at age 14 predicted a higher frequency of alcohol use at age 15 (Fergusson *et al.* 1994). Currently in Australia, young people report their parents as being their major source for obtaining alcohol (White 2001). Through childhood and early high school, young people tend to regard their parents as having legitimate authority to set rules regarding alcohol and tobacco use. However, the impact of parental rules appears to be mediated by parenting effectiveness (Jackson 2002).

Informants interviewed for the current report agreed that parents and families were critically important in the introduction of children to alcohol use. However, assessments of the current community climate suggested that there may be community resistance to generalised efforts to reduce under-age drinking. Without further effort to mobilise public opinion, one informant who has considerable experience in public advocacy relevant to youth alcohol use considered that targeting under-age-18 drinking in general may be "unrealistic". A more feasible initial focus was considered to involve efforts to address harmful drinking in early adolescence.

Efforts to discourage parents from introducing children to alcohol may need to focus initially on research to clarify the link between early age alcohol use and subsequent harms. Community education also appears warranted to better inform parents of the existing research.

Reducing alcohol-related harms by increasing the legal age for alcohol use

Evidence that increasing the legal age for alcohol purchase and use reduces adolescent alcohol use and alcohol harms come mainly from studies that have used trend discontinuities to examine the impact of changes to state laws on alcohol-related harm indicators. These studies primarily have been conducted in the United States and Canada, and suggest that increasing the legal drinking age from age 18 or 19 to age 21 reduces youth alcohol-related harm (Douglass 1980; Whitehead & Wechsler 1980; Yu & Shacket 1998). A multi-site matching trial of the enforcement of minimum drinking-age laws in the United States also demonstrated a significant reduction in youth access to alcohol (Grube 1997).

One example of research efforts in this area comes from New York State. The introduction of a law to increasing the drinking age to 21 years was monitored through a series of state youth surveys. The introduction of the law was associated with self-reported declines in alcohol purchase, alcohol use, driving while under the influence of alcohol and being a passenger in a vehicle with an alcohol-impaired driver. Although rates were reduced, around one-quarter continued to report alcohol-impaired driving or riding with an impaired driver (Yu & Shacket 1998).

In what way might increasing the legal drinking age reduce alcohol-related-harms? Findings from a New York study suggested that parental supervision may be an important factor in enforcing the drinking-age law and reducing alcohol use by young people. Yu (1998) monitored findings from a New York State youth alcohol survey to examine changes in attitudes over a period through the 1980s when the state legal drinking age was modified from age 19 to age 21. The analysis associated the movement to older minimum drinking-age laws with less favourable parental attitudes to under-age drinking.

In Australia, state laws establish the minimum age for the legal purchase and use of alcohol, and set license conditions limiting the sale of alcohol. A summary of state laws relevant to youth and

alcohol can be obtained from the Lawstuff website (www.lawstuff.org.au).

Young people under age 18 are generally permitted to use alcohol in a private residence in all states in Australia. However, there are differences between states in the laws affecting the supply of alcohol to minors and access to licensed venues. The laws in Victoria, Western Australia and Queensland generally restrict entry to licensed premises for under-18s outside specified circumstances. In New South Wales, minors are permitted to enter most licensed premises, but there are restricted areas within which access is prohibited.

In Victoria, alcohol use by those aged under 18 is generally only permitted on licensed premises if it is part of a meal and if the minor is accompanied by a parent or guardian. In New South Wales and Queensland, under-18s are generally not permitted to possess or use alcohol on licensed premises. In most states, public drunkenness is prohibited, and in some cases drinking in public spaces is also prohibited.

The law in New South Wales is specific in prohibiting any person from selling or supplying liquor to anyone under age 18. In Victoria, it is not an offence for an adult to supply alcohol to a minor in a private residence.

What are the prospects for increasing legal drinking-age laws in Australia? The NDSHS has monitored public attitudes for a number of years, and generally finds that around 40 per cent or less of Australians would support raising the minimum age for alcohol purchase and use. None of the practitioners interviewed for this report emphasised increasing the legal age for alcohol purchase and use as a viable policy goal. Stricter enforcement of existing laws on minimum drinking age may, however, be more universally supported. At present, compliance with these laws is uneven in Australia, making young people's access to alcohol comparatively easy (Stockwell 2001).

Reducing the supply of alcohol to minors

The consideration of under-age alcohol use needs to acknowledge the community context of this

behaviour. Although parents have an important influence on their child's alcohol use, there are other influences at work, including the practices of other parents and the management of school and community environments. A liberal approach to youth alcohol use on the part of other sections of the community may provide a source of access to alcohol that contravenes the values and preferences within the child's family.

There is some support for efforts to change Victorian legislation to prohibit the supply of alcohol to minors. A number of those consulted for this report were aware of the experience of the Clarke family, whose son Leigh had died from alcohol poisoning after the mother of a friend provided vodka essence to her child and friends. An interest group known as Society Without Alcohol Trauma has been established and is actively campaigning for specific change to the law in Victoria.

The management of events related to school may be a further community context in which young people may be introduced to alcohol use. An international review of school substance-use policies demonstrated that there has been relatively little research examining the impact of school policies on youth alcohol use. Although there has been relatively more research that has examined tobacco use, research in this area is also far from extensive (Evans-Whipp *et al.* in-press). Further research examining the impact of school policy could be valuable in establishing the potential for impacts on family management, youth access to alcohol, youth attitudes and alcohol-use behaviours.

Preventing progression to harmful use

At some point, use of alcohol by children and adolescents can progress to episodes of binge drinking and intoxication. Such episodes elevate the potential for a variety of harms including alcohol poisoning, injury, violence and regretted activities in areas such as relationships and sex. Patterns of binge and harmful drinking may increase the likelihood of introduction to other types of drug use and mental health problems (Toumbourou 2002a).

The management of early experiences with intoxication may provide intervention opportunities for diverting young people away from harmful alcohol use. Enforcement of laws prohibiting public drunkenness provide one mechanism for police intervention in instances where young people are demonstrably alcohol impaired. Community protocols such as escorting young people home and advising parents of the young person's behaviour and possible parental responses could be simple mechanisms for encouraging parenting interventions. Although police are active in these areas, there is little evidence that programs have been formally documented or evaluated.

As police symbolise social authority, the way in which police respond to early adolescent behaviour can play an important role in the young person's social development. Efforts within policing to divert young offenders from the legal system, toward health and social services have included police-youth involvement programs (Thurman *et al.* 1993) and the use of police in counselling and referral roles (Anders & Gye 2000).

One informant interviewed for this report was familiar with the operation of the Children's Court in Victoria. In discussing the prospects for diversion relevant to youth alcohol offenders, potential obstacles were considered as including the tendency for such problems to be overlooked in the focus on illicit drug use and the lack of clarity regarding operational procedures for addressing youth alcohol use. However, this informant observed that "alcohol is often what gets kids in trouble" due to "acting out and disinhibited behaviour that gets the attention of the police". Better addressing alcohol problems may provide an opportunity for earlier intervention before young people "get up to the harder end, like heroin, where usually their whole life is a mess".

To date, there has been little outcome evaluation examining the effectiveness of policing strategies in reducing progression to alcohol-related harm. In Victoria, descriptive research documenting current police protocols relevant to youth intoxication would provide a valuable preliminary for further program development and evaluation.

Reducing harms associated with driving

A number of legislative mechanisms have evidence for their effectiveness in reducing alcohol-related harms in specific contexts. There is support for laws that require a lower blood alcohol concentration (BAC) for young drivers. Zwerling and Jones (1999) found that the implementation in different countries of low BAC laws for younger drivers was associated with reduction in injuries or crashes. The effect appeared analogous to a dose-response. The greatest reduction (22 per cent) was reported for night-time, single-vehicle fatalities in those states with zero BAC laws. In states with 0.02 per cent BAC laws, the reduction averaged 17 per cent and in states with 0.04 to 0.06 per cent BAC laws, the reduction was only 7 per cent.

There is some suggestion that minimum drinking-age laws may support other laws limiting BAC. Voas *et al.* (2003) studied states in the United States and found that substantial reductions in alcohol-positive involvement in fatal crashes were associated with the introduction of age-21 minimum drinking-age laws and laws limiting BAC to 0.02 per cent for drivers younger than age 21. In their discussion, Chaloupka *et al.* (2002) suggested that one mechanism by which laws may influence youth alcohol use may be through increasing the perceived cost of use in particular contexts.

Laws in Victoria limiting BAC for young drivers appear to have contributed towards reductions in alcohol-related harms (Zwerling & Jones 1999). The informants interviewed for this report cited these as successful examples of the use of the law to reduce alcohol-related harms.

Reducing harms through the management of alcohol use within the community

There is evidence from a number of studies that well-managed environments for the sale and consumption of alcohol provide an important community contribution to reducing harms associated with alcohol use. In their review, Loxley *et al.* (2004) found that alcohol-related violence

was associated with a small number of venues that had characteristics such as bar service to obviously intoxicated patrons, overly relaxed or aggressive staff, large numbers of patrons binge drinking at the same time, frustrating or irritating patrons, poor ventilation, smoky air, inadequate seating, inconvenient bar access, more “permissive” environments (for example., allowing aggressive behaviour, swearing, rowdiness etc.), crowding and congestion, pool playing, patrons milling about and patrons being bored. A geographic concentration of venues or closing times that occur at the same time can also result in gatherings of large numbers of intoxicated people, and thus may contribute to an increase in alcohol-related crime.

The existence of laws prohibiting service to intoxicated customers appears to have little deterrent effect in the absence of effective enforcement strategies (Stockwell 2001). As all Australian states and territories have responsible-service laws in place, encouraging responsible service is usually more a matter of enforcing existing laws than creating new ones. Responsible-service programs that are well supported and implemented can be effective at reducing levels of intoxication, and in reducing the chance that drunk patrons will be served (Loxley *et al.* 2004).

In some states of the United States, legislation has been introduced to clarify alcohol-server liability in cases in which patrons served while intoxicated subsequently experience harm. Evidence from one study associated legal prosecution of alcohol-service offences with modest reductions in alcohol-related traffic injuries in Texas (Wagenaar & Holder 1991b). This type of approach has not been advocated as appropriate for the Australian context.

Increasingly, community intervention efforts are being implemented and evaluated for their potential to contribute to reductions in alcohol-related harm. The effectiveness of community mobilisation programs has been evaluated previously in the present series (Toumbourou 2003c). These programs encompass a broad range of practice aimed at reducing local social environmental influences that contribute towards harmful substance use. Typically, activities aim to involve local people in the co-ordination and implementation of a range of

complimentary prevention strategies. At one level, programs have focused on encouraging local norms unfavourable to alcohol use by young people (for example, Perry *et al.* 1996); in other cases the focus has been on the reduction of harms associated with drinking (Holder *et al.* 1997). Holder and colleagues (1997) demonstrated that reductions in alcohol-related harms were achievable through an integrated community action campaign that included enforcement of local laws.

More recent evidence supports the view that integrated community mobilisation programs can reduce alcohol-related violence. A program based on community mobilisation, training in responsible beverage service for servers and stricter enforcement of existing alcohol laws was initiated in Stockholm, Sweden in 1996. Over a 10-year period, violent crimes decreased significantly in the intervention community relative to a control community (Wallin *et al.* 2003).

Our informants generally supported community action and mobilisation as critical components in efforts to reduce alcohol-related harms in Victoria. A number of informants were aware of community mobilisation efforts in Victoria surrounding the Good Sports program run by the Australian Drug Foundation. This program is assisting sporting clubs to develop and implement policies that will reduce the exposure of young people to alcohol misuse while also implementing practices to better manage alcohol supply and use. The program was considered as providing a successful example of how the local community culture surrounding alcohol use by young people can be changed by demonstrating that support for clubs can increase where public health issues are appropriately addressed. Research efforts focusing on documenting and evaluating community intervention programs such as Good Sports warrant support in Victoria.

Regulations controlling the manufacture, distribution and pricing of alcohol

State and national legislation influencing the pricing and availability of alcohol may play an important role in reducing population-level consumption and

harm. The United States' experience with prohibition resulted in net reductions in community alcohol use and associated harm. However, unintended consequences included a rise in the illegal alcohol economy. Scandinavian countries have a long history of government-controlled alcohol monopolies, and there is some evidence that these have been successful in reducing population-levels of consumption and harm (Loxley *et al.* 2004).

Following the political failure of prohibition in the United States, federal control of alcohol distribution fell to the states. Many states continued to control the distribution of wine and spirits through various forms of government monopoly; however a trend to allow non-government retailing gained pace over the past two decades. Researchers investigating trends in alcohol sales have found that the move away from state monopolies was associated with overall population increases in alcohol consumption in the United States (Wagenaar & Holder 1991; Wagenaar & Holder 1995). The reasons for this increase in alcohol use are not fully understood but are believed to link to lower opportunity costs through ease of access and lower prices due to competition (Chaloupka *et al.* 2002).

Current economic theory asserts market deregulation to be an important driver for economic prosperity. In this environment, proposals for government monopoly of alcohol production or marketing are likely to be strongly opposed, and in any case do not appear to be essential for success in managing public health concerns. The use of hypothecated taxes from tobacco and alcohol does, however, have a long tradition in Australia, and there exists supporting evidence for effectiveness. All other things being equal, lower pricing of alcohol is associated with higher levels of consumption, and there is evidence that youth alcohol consumption may be particularly sensitive to reductions in price (Chaloupka *et al.* 2002). In Australia's Northern Territory, the imposition of an alcohol levy to fund a range of prevention and treatment programs was associated with a 22 per cent drop in per capita alcohol use and harms over a 4-year period (Chikritzhs *et al.* 2000). While a proportion of beer taxes collected in the year 2000–01 was hypothecated to form the Alcohol Education and Rehabilitation Foundation, there is no

continuing hypothecation of either tobacco or alcohol taxes at the national level, and such taxes are no longer permitted by law at the state/territory level (Loxley *et al.* 2004).

The Community Alcohol Action Network has been established within the Australian Drug Foundation to identify and address inappropriate community practices surrounding the advertising, marketing and supply of alcohol. Among the issues raised by informants familiar with this area were recent industry practices that have increased the availability of inexpensive, pre-mixed drinks that include a high sugar content to mask the taste of alcohol. The history of political struggle in Australia (Lewis 1992) suggests that public health interests will need to continue to be vigorously asserted in order to ensure that industry and economic pressures for market deregulation do not further contribute to the high levels of alcohol misuse currently being observed among young people in Australia.

Conclusions

This report reveals a range of legislative and regulative areas that have the potential to prevent alcohol-related harms. There is reasonable evidence that current policy approaches, such as limiting driver BAC and setting a minimum age for alcohol purchase and use, contribute towards reductions in alcohol-related harms. In order to succeed, new policy interventions must accommodate both the interests of a formidable alcohol industry lobby and other community stakeholders.

High rates of alcohol and drug use in the young adult population can be related to growing concerns that healthy child development is being compromised in Australia. Encouraging a delayed age for first alcohol use and less regular alcohol use through adolescence are public health objectives that would be likely to lead to population-level reductions in alcohol misuse in young adulthood. Evidence suggests that the attitudes and practices of parents will be critical drivers in efforts to achieve these changes in the development of alcohol use in childhood and adolescence. For this reason, an important first objective for efforts to reduce young adult alcohol misuse involves public education to better inform the

community of evidence linking early alcohol use with subsequent escalations in alcohol use and harm.

With an appropriate investment in public education, it would be possible to raise community concern such that providing alcohol to children at an early age would be considered controversial. In order to support such an objective, amending the Victorian legislation to more clearly prohibit the supply of alcohol to minors would be desirable. Such a change would also provide police with additional opportunities for legal intervention in cases in which under-age drinkers come to attention due to intoxication.

Current evidence supports the view that alcohol use by young people is influenced by the price of alcohol. Given this context, the trend to alcohol market deregulation is not serving young people well, in that the ready availability of low-price, sweetened alcohol beverages can be considered to be one of the factors contributing to high levels of alcohol misuse. It is unclear whether industry self-regulation will be sufficient to limit the development and advertising of products contributing to youth alcohol misuse. The continuing efforts of organisations such as the Community Alcohol Action Network will be important in monitoring developments in this area, and specific legislative reform may be necessary.

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