# The Clinical Senate of Western Australia

# Position Statement on Alcohol

POSITION STATEMENT

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## The Clinical Senate of Western Australia

The Clinical Senate of Western Australia is the peak clinical body in WA Health. It comprises a diverse group of clinicians drawn from a broad cross-section of health services and sectors in WA.

The Senate meet quarterly to debate challenging issues in health reform and to work collaboratively towards making recommendations in the best interests of the health of all Western Australians.

Using the "deliberative decision making model" the Clinical Senate has developed a process of bringing a clinical influence to the big picture aspects of health reform. It is a "truth to power" opportunity that provides a mechanism for coalface clinical opinion to directly advise key decision makers.

Recommendations from the debates are presented and progressed through the Director General and State Health Executive Forum and onto the Minister for Health.

The Senate is currently made up of 75 clinicians from all disciplines and consumer representatives, with 25% of members from rural/remote areas.

The Clinical Senate has established itself as an integral part of the reform process in Western Australia. It is a vehicle for cultural change and the development of clinical champions influencing policy and programme development across WA Health.

## Why take a position on alcohol?

Clinical senators face daily the outcomes of the harmful consumption of alcohol across the lifespan. This may be harm caused by alcohol-related road trauma and violence treated in emergency departments, trauma wards, operating theatres or intensive care units. It may also be through the care of patients with mental illness or chronic disease brought about by harmful alcohol consumption over the longer term. Or it may be through dealing with developmental problems arising from alcohol use in pregnancy, including foetal alcohol spectrum disorders.

The increasing scientific evidence regarding the health outcomes influenced by alcohol is persuasive to anyone involved in healthcare or health promotion, and clearly indicates that action must be taken.

Australia has developed a very concerning drinking culture. We live in a community that supports harmful drinking and where consuming alcohol is increasingly becoming part of everyday activities. This culture has developed over many decades.

While there are many people who drink at low risk levels or do not drink alcohol at all, drinking at harmful levels and getting drunk is essentially tolerated, supported and frequently celebrated and glamourised. Our young people drink the way they do because it has become "the norm" – essentially because it is what they see, they hear and what has been portrayed as acceptable (and expected) from adults and the general community. Alcohol consumption is commonly accepted and acknowledged as a means of dealing with stress.

The social pressure to drink, the vast range of alcohol products, the way it is promoted, its availability during most hours of the day and days of the week, and the number of settings for drinking and purchase make it easy to drink large amounts. Research suggests that even with the best of

intentions, it can be difficult for responsible drinking to take place if getting drunk is the accepted norm.

Despite industry messages that the main culprits are a small number of "hard core" or problem drinkers, research shows a majority of alcohol-related harm is the result of people who drink moderately most of the time and occasionally drink at harmful levels (or "binge drink" as the media has coined it). This accounts for a large part of the general drinking population, indicating that the costs of harmful alcohol use are indeed a community-wide issue.

Consumption data shows it is not just a few that have given Australians the reputation of being big drinkers. From 1990/91 to 2008/09 the Australian trend has been that alcohol consumption has been increasing[1]. There has been a similar trend in alcohol-related mortality and morbidity across this period.

Alcohol remains relatively cheap, and can be purchased for as little as 20 cents per standard drink. Evidence suggests that a 10 per cent increase in price is likely to lead to a five per cent decrease in consumption at a population level.

Alcohol-related harm goes well beyond the drinker, impacting on family, friends, workmates and others. Data and the evidence around alcohol-related deaths, hospitalisations, child protection cases and assaults in police records are overwhelming. In Australia, alcohol is second only to tobacco as the leading preventable cause of death and hospitalisation[2].

The Clinical Senate met to debate the issue of alcohol on 3 December 2010, adding to previous debates where alcohol has featured as an issue for discussion and analysis.

The co-executive sponsors for the alcohol debate were Mr Neil Guard, Executive Director, Drug and Alcohol Office and Dr Tarun Weeramanthri, Executive Director, Public Health.

Senators were called upon to take up the challenge of the important issue of reducing alcohol-related harm and ill-health in the community. Senators considered their various roles in the WA community: as citizens; as clinicians, in a range of settings; as educators; through professional bodies and via the health system.

## The importance of the issue for Western Australia

The statistics on alcohol-induced harm and related data in WA are concerning, with some ranking poorly when compared with other Australian states and territories.

- Western Australians consume alcohol at a higher risk of harm (short and long term) compared to Australians. In 2007, more Western Australians aged 14 years and over drank at risky/high risk levels of long-term harm and short-term harm (11.5% and 37.1% respectively) compared with Australians aged 14 years and over (10.3% and 34.6% respectively)[3–4].
- In 2007, more than one in 10 Western Australian females in all age groups (other than 60+) reportedly drank at harmful levels in the long term, and for 20–29 year olds this increases to one in five females[3].
- More males aged 14 years and over reportedly drank at risky/high risk levels of harm in the short term (41.3%) compared to females aged 14 years and over (33.0%) in 2007 in Western Australia[3].
- The proportion of Western Australian school students (12–17 yrs) who reportedly drank in the week prior to the 2008 Australian School Students Alcohol and Drug (ASSAD) survey at risky levels (24.3%) has significantly increased since 1993 (15.6%)[5].
- The 2007 National Drug Strategy Household Survey showed the proportion of Western Australians over 14 years of age who consume alcohol daily or weekly is around 57% and still higher for males than females[3].
- From the 2007 National Drug Strategy Household Survey, Western Australia ranks the second highest state or territory for daily (9.8%) or weekly (46.9%) drinkers, has the second lowest prevalence of "ex" drinkers (5.9%) [6] and now has almost 4350 active licensed premises[7].
- Recent work through the National Drug Research Institute suggests that for Western Australia the social costs of alcohol in 2009/10 could be over $3 billion[8].
- Drink driving is a major contributor to road crashes in WA, accounting for one in four fatal road crashes.
- In 2007/08, about 19,000 drivers were convicted of a drink driving offence and over 35% of these were repeat drink drivers[9].
- Since 2003, drink driving convictions in WA have been steadily rising, as have repeat drink driving offences[9].
- In 2006, more than a quarter (26%) of fatal crashes involved a driver/rider with a Blood Alcohol Content (BAC) which exceeded the legal limit[10]. Preliminary data suggests this percentage rose to approximately 33% in 2009[11].

The risky use of alcohol has a major impact on our hospital system, with very significant numbers of

alcohol-related hospitalisations for a range of conditions - for example:

- In 2008, the total cost of alcohol-related hospital admissions in WA was well over $80 million[12].
- Alcohol-caused falls alone cost WA Hospitals over $21 million[12].
- Males contributed to 61% of the overall alcohol related hospitalisations – well over $50 million[12].

## What action can be taken?

In line with the World Health Organization's *Global strategy to reduce the harmful use of alcohol*[13] our policy options and interventions include:

- leadership, awareness and commitment;
- health services' response;
- community action;
- drink- driving policies and countermeasures;
- availability of alcohol;
- marketing of alcoholic beverages;
- pricing policies;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public health impact of illicit alcohol and informally produced alcohol;
- monitoring and surveillance.

## The Senate's position on alcohol

The evidence in support of the need for intervention is compelling – the risk lies in the whole population; alcohol problems are not restricted to a small proportion of heavy/dependent drinkers.

A reduction of alcohol-related harm and shift to a culture of responsible drinking are matters requiring urgent, preventative action, and a change in our societal culture.

The National Health and Medical Research Council have recently updated the Australian Guidelines to Reduce Health Risks from Drinking Alcohol[14] (2009). Drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol, whether you are male or female. No more than four standard drinks should be consumed on any one occasion.

The National Preventative Health Taskforce[15] (2009) has also recently produced an excellent and comprehensive review of both the nature of the problems associated with alcohol in Australia, and the range of evidence-based interventions that can be applied with sufficient societal and political will.

We recognise that the Australian Government has committed over $100 million to a National Binge Drinking Strategy[16] that includes new initiatives to confront the culture of binge drinking, particularly in sporting organisations and for funds to provide an alternative to alcohol industry sponsorship for local community, sporting and cultural organisations.

Given the facts outlined above, the Clinical Senate of Western Australia chose to consider what specific role clinicians can play in the societal debate on alcohol and resolved to form a position statement.

The Clinical Senate recognises that individual clinicians have not always been good role models, and some health professional groups have yet to develop sound organisational policies that discourage at-risk drinking. We also recognise that just as there is no single factor that contributes to the development of alcohol-related problems, no single strategy is likely to be sufficient. The evidence suggests the need to coordinate a variety of approaches.

It is recognised that by using the power and influence of individuals, and in partnership or coalition with others, clinicians can lead the way to address this important issue.

# We, the Clinical Senate of Western Australia, recognise the harmful effects of alcohol on our people and our community.

We therefore state:

- As senators, we will value the opportunity to be role models by living the guidelines we espouse to others. We will name the issue of alcohol-induced harm and give it voice.
- We will have the courage to speak up in groups at work, and socially, and will use opportunities to educate others about the issues as they arise.
- We will use our clinical expertise and individual professional experiences to provide targeted advocacy as individuals and in partnership with others. Where possible we will identify and encourage our clinical champions.
- We will recognise that we may or may not be the right person to deliver the message but our role is to find the right person and support them to deliver the message.
- We also recognise that individuals are the source of a powerful local story within their community.
- As clinicians we are responsible for our level of knowledge to ensure that we are promoting a consistent message. We commit to maintaining our current knowledge of evidence, practice, policy, guidelines and services available.
- As clinicians we will ensure that every patient "consultation" is an opportunity for brief intervention.
- We support the inclusion of an alcohol history patient assessment throughout all health settings.
- We will support and contribute to appropriate and relevant data collection to influence policy and legislation across government and to further the knowledge base.
- As educators and role models for future healthcare professionals, we will promote a culture of responsible drinking in all our interactions with the next generation.
- We will support and advocate for the provision of alcohol education and awareness to be made available to all staff in all health services.
- We will advocate for responsible drinking messages, and supportive strategies to be included in the education curricula at primary, secondary and tertiary levels.
- The Clinical Senate seeks to highlight the critical importance of community alcohol harm reduction and prevention strategies.
- The Clinical Senate supports an increase in the price of alcohol whether through an increase of the absolute price and/or the introduction of volumetric taxation, and/or a uniform floor price.
- We support an increase in the drinking age.
- We support strategies to decrease the availability of alcohol including restricting outlet density and trading hours.
- We support more stringent enforcement of compliance with drink driving counter-measures, and Responsible Service of Alcohol policies.
- We support stronger restrictions on alcohol marketing, sponsorship and advertising.
- In particular, we believe we need to break the connection between major sport and alcohol promotion that reinforces the central place of alcohol in our society, and strongly influences children and adolescents in their attitudes and subsequent behaviours.
- We will promote a responsible drinking culture in all our spheres of influence.

Strategies that clinicians may choose to employ in their various roles include:

- Standardised assessment of documentation with tick box for alcohol history.
- Increasing awareness of standard drink volumes.
- Alternative gifts to alcohol at conferences and public events.
- Advocacy practices: individual petitioning, write letters, from coalitions etc.
- Participation in and promotion of events such as Dry July and Febfast.
- Educating colleagues.
- The sharing of data across government to education, local government, sport & recreation and police.

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## CONFLICTS OF INTEREST

None

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