



Public Health Association
AUSTRALIA

Supplementary submission

Inquiry into Health impacts of alcohol and other drugs in Australia

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The **Public Health Association of Australia** (PHAA) is Australia's peak body on public health. We advocate for the health and well-being of all individuals in Australia.

We believe that health is a human right, a vital resource for everyday life, and a key factor in sustainability. The health status of all people is impacted by the social, commercial, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the root causes of poor health and disease. These determinants underpin the strategic direction of PHAA. Our focus is not just on Australian residents and citizens, but extends to our regional neighbours. We see our well-being as connected to the global community, including those people fleeing violence and poverty, and seeking refuge and asylum in Australia.

Our mission is to promote better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Our vision is for a healthy population, a healthy nation and a healthy world, with all people living in an equitable society, underpinned by a well-functioning ecosystem and a healthy environment.

Traditional custodians - we acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

Introduction

PHAA welcomes the opportunity to provide additional input to the Inquiry into Health impacts of alcohol and other drugs (AOD) in Australia. PHAA [submitted a response](#) to the original call for submissions in October 2024 which included the following suite of recommendations that PHAA still strongly supports:

- Fully implement the National Preventive Health Strategy.
- Ensure that the National Drug Strategy is revised before 2026.
- Remove the Wine Equalisation Tax and include wine in the Alcohol Excise Taxation system.
- Introduce and implement minimum unit pricing for alcohol.
- Reduce community exposure – particularly that of children and adolescents – to alcohol marketing and create effective independent and enforceable regulatory controls on alcohol marketing.
- Reform alcoholic beverage labelling regulations to include mandatory health warnings and to prohibit false and misleading health and nutrient content claims.
- Strengthen capacity for prevention and early intervention of foetal alcohol spectrum disorder.
- Exclude industry influence from public policy development.
- Introduce data collection from large liquor retailers and develop a nationwide data sharing model.
- Develop and continuously fund public education campaigns on the harms of alcohol and other drugs.
- Support the establishment of drug checking services across Australia.
- Address the policy levers which improve the protective factors in people’s lives, which can help to prevent or delay people’s interactions with alcohol and other drugs, including increasing the basic rate of social security payments to above the poverty line, ensuring reliable, affordable and safe housing, addressing food insecurity, and implementing the Early Years Strategy 2024-34.

PHAA take this opportunity to provide a supplementary submission to highlight policy opportunities at different levels of government that together, help prevent alcohol harm in the first instance. This submission’s recommendations largely align with the World Health Organization’s ‘Best Buys to Tackle Non-communicable Diseases’ (‘Best Buys’), specifically the alcohol section which are:

1. Increase excise taxes on alcoholic beverages
2. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
3. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale).(1)

These recommendations are of low cost to government and are evidence based to save lives, improve quality of life through reducing non-communicable diseases, save the government money and increase the productivity and wellbeing of populations.

PHAA Response to the Inquiry Terms of Reference

PHAA appreciates the many perspectives of AOD harm that the Committee has heard over the past 12 months. We wish to emphasise below for the Committee the importance of understanding the root cause of harmful AOD use* or dependency. It is through addressing the root causes that preventing AOD harm at the population level can be achieved.

Social determinants significantly contribute to harmful AOD use. Social determinants include complex risk factors such as little or no family support, limited access to education and being part of a marginalised community.(2–4)

Australia's National Preventive Health Strategy recommends that to counter these risk factors, public policy must '[build] protective factors and [develop] resilience throughout the lifespan'.(4) These 'protective factors' include quality relationships in childhood, secure employment, and strong social support. The United Nations International Standards on Drug Use strongly emphasises that the more protective factors a person has, the more likely that harmful AOD use can be prevented in the first instance.(2)

Improving these protective factors, leads to improved social and economic determinants of health, and can positively influence health outcomes.(4) Social and economic determinants of health are wide ranging and require a whole-of-government approach to ensure there are policies in place to improve the social and economic determinants of health for all people in Australia.

A balanced illicit drug harm minimisation framework

The great majority of drug-related harm is attributable to alcohol and tobacco.(5) However, the burden of disease attributable to illicit drugs has risen from 1.8% in 2011,(18) to 2.9% in 2024.(6) PHAA reiterates the point made in our 2024 submission, that a combination of harm reduction, demand reduction and supply reduction (the three pillars of the harm minimisation framework) is the best approach governments have to reduce the harm that illicit drugs can cause in Australian communities.

A balance of implementing these three pillars involves the government investing the appropriate funds to monitor the entry of illicit drugs at the border and inhibit supply, to increase social support payments that contribute to stable living situations (a core determinant in harmful AOD use) to reduce demand, and to support the operation of drug checking clinics to reduce harm and provide front line counselling.

This balance continues to be heavily weighted towards supply reduction. Since our 2024 submission, there have been no substantial changes to social safety net policies that may help reduce demand, and the two drug checking clinics in Queensland have been closed by the Queensland Government.(7) These closures occurred even after a University of Queensland report found that 43% of the drugs tested at the clinic contained substances other than the expected substance (including psychoactive substances).(8)

PHAA recommends that the Government align AOD policy to the harm minimisation framework outlined in the National Preventive Health Strategy and the National Drug Strategy.

Tax reforms to reduce the availability of harmful cheap alcohol products

Alcohol tax in Australia has been described as "incoherent" by a major government review,(9) and "a mess, with alcohol content taxed at multiple rates, with no rhyme or reason for the variations, bar history and vested interests" by the 2017 *5 Year Productivity Review* from the Productivity Commission.(10)

* in this submission, the expression "harmful use of alcohol" is defined as exceeding the [Australian guidelines to reduce health risks from drinking alcohol](#).

It is complex to administrate and incentivises low-cost, high-alcohol wine products. Access to these products contributes significantly to the harms caused by alcohol.(10) This not only impacts the individual, but their family, community and the broader economy.

Alcohol pricing is the most effective measure governments have to curb alcohol related harm.(11,12) For instance, the WHO estimates that raising alcohol taxes in the European region will save 130,000 lives per year.(12) Alcohol tax reform is of low financial cost to the government and will greatly benefit the Australian community. PHAA highlights below two examples of tax reform that will reduce the harm of alcohol, such as domestic violence, in our community. However, PHAA supports an independent inquiry into the best options to reform the current clumsy and harmful system.

PHAA recommends that the Government direct the Productivity Commission to undertake a comprehensive, evidence-based review of Australia's alcohol taxation system. The review should assess how current tax settings can be restructured to align the system with public health objectives, economic efficiency, and equity.

Wine Equalisation Tax (WET)

The social and economic cost of alcohol in Australia (e.g., absenteeism, hospitalisations) is estimated at \$66.8 billion per year.(13) A cost carried by individuals, families, communities, workplaces, the health system and the Government.

As part of the patchwork of alcohol tax policy in Australia, we have a wine taxation policy that incentivises production of cheap, harmful wine products, such as cheap cask wine (Wine Equalisation Tax or 'WET').(14,15) The evidence globally is clear and consistent, that cheap alcohol disproportionately contributes to alcohol-related harms (e.g., assault).(10–12,14,16–18)

Removing the WET from wine and other fruit-based alcohol products and applying a volumetric tax to all alcoholic beverages would align Australia with the WHO 'Best Buys' interventions and policies for alcohol; alcohol pricing is the most effective tool Governments have to curb alcohol harm and the cost of that harm to individuals, families, communities, the health system and the economy.(1)

A volumetric excise tax scheme increases the cost of cheap alcohol and acts as a deterrent to drink more; which, given that 10% of Australia's most frequent alcohol consumers are almost twice as likely to drink cask wine than the rest of the population,(19) makes this tax reform pertinent in the Australian context.

To ensure no socio-economic group is disproportionality impacted by volumetric taxation, policies that improve access and availability of alcohol treatment and management services and a sustained public education campaign about the harms of alcohol should be co-implemented with the tax reform. The initial investment into such policies and services should be relatively small in comparison to the annual \$66.8 billion cost of alcohol harms in Australia.

Additional benefits include:

- Moving wine products to a volumetric excise tax scheme would remove administrative cost burden for the Government.
- A volumetric excise tax scheme applied to wine and other fruit-based alcohol products would remove tax breaks for large producers who profit off a cheaply available, harmful product, and be returned to Government.
- The wine industry also supports a review of the WET.(20)

PHAA recommends removing the WET for all wine and other fruit-based alcohol and including these products under the existing volumetric excise tax scheme as other alcohol products.

PHAA recommends supporting the implementation of a volumetric excise tax with a sustained public education campaign about the harms of alcohol on individuals, families and communities, as well as improving access and availability of alcohol treatment and management services.

Minimum unit pricing (MUP)

Another alcohol pricing policy that is recommended globally and has demonstrated true harm reduction is minimum unit pricing (MUP).(11,12,21,22) The policy objective of MUP is to increase the cost of stronger alcoholic beverages that are sold at disproportionately low prices, such as cask wine. However, in Australia, there is no jurisdiction that currently implements a MUP, and instead we see off-premise unit prices as low as \$0.26 per standard drink for red wine packaged in a 4-L cask, for a total price of less than \$10.(23)

MUP policies have been implemented internationally in countries such as Scotland and Ireland and have resulted in reductions in hospitalisations and deaths.(16) Prior to the repeal of the Northern Territory MUP in 2025, which was widely opposed by public health advocates and key health agencies who represent priority populations, independent evaluations of MUP in the Territory demonstrated a significant decrease in alcohol-related assaults, police attended hospitalisations, and emergency department presentations while the policy was in effect.(24–27) Findings also showed that MUP does not financially impact people who consume alcohol in low to moderate amounts.(23,28,29)

Although PHAA appreciates that a MUP would be set by jurisdictional governments, **PHAA recommends** the Commonwealth Government lead efforts with the states and territories to implement MUP.

Reforms for healthier environments

The ‘environmental determinants of health’ are the natural and the built environments in which we live, work, play and age.(30) If Australian communities are flooded with alcohol outlets, marketing and home delivery, then the environments people live in are not supporting them to make healthy choices and can negatively impact people’s interactions with harmful products, such as alcohol.

Marketing harmful products

Another WHO “Best Buy” policy for alcohol harm reduction is to ‘enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)’.(31) Again, this policy is relatively inexpensive for Governments to implement, however, reaps significant community benefit.

As discussed in our prior submission, Australian children are being flooded with alcohol advertising at alarming levels via social media, television, public infrastructure, billboards, and sports clubs. Research consistently demonstrates that this exposure is associated with the increased likelihood that adolescents will start to drink alcohol earlier, develop positive beliefs about alcohol, drink underage, and increase the risk of hazardous drinking. In following years, exposure to advertising increases risky consumption into adulthood.(32,33)

Since our October 2024 submission, the recommendations in the Report of the Rapid Review of Prevention Approaches, *Unlocking the Prevention Potential Accelerating action to end domestic, family and sexual violence* (‘Rapid Review’) commissioned by the Council of Australian Governments have been released.(34) Corroborating with the WHO ‘Best Buy’, the Rapid Review recommendation 17 also calls for the Commonwealth and State and Territory governments to reviewing and strengthen alcohol regulatory environments to prioritise the prevention of gender-based violence. One of the measures highlighted in this recommendation is for governments to restrict alcohol advertising.(34)

It is imperative that the Government deliver on practical preventive measures, such as marketing restrictions on alcohol products, to protect Australian communities from domestic, family and sexual violence, as well as protecting children from being positively influenced by alcohol advertising.

PHAA recommends the Government act on its agreement to “Address the role that systems and harmful industries play [alcohol] in exacerbating violence”(35) and restrict alcohol advertising, as one measure to address the tragic and disturbing rates of domestic, family and sexual violence in Australia.

Off-premise alcohol outlet density

Alcohol harm is disproportionately present in low socio-economic government areas. Local government areas with the most socio-economically disadvantaged residents often have the highest off-premise outlet (e.g., a bottle store) density.(36,37) Evidence also shows that higher alcohol outlet density is correlated with higher rates of alcohol fuelled violence.(31,38–40) Such an environment inhibits protective factors (i.e., strong social support) that help prevent harmful use of substances such as alcohol. One example of why there is higher outlet density is that disadvantaged areas have less community-level power when trying to influence planning and zoning decisions.(37,41)

Although PHAA appreciates that zoning and liquor licensing is not a federal policy matter, it is important for the Committee to understand how communities have odds stacked against them when it comes to safety and health relating to alcohol. It is also helpful context for the Committee and the Government in this current focus of economic reform to understand the impacts that other levels of government have on productivity.

A potential solution would be to invest in communities and ensure that every local government body supports a permanent AOD/gambling staff resource to address the safety and health of the community when new licenses are introduced. However, this replicates the common problem of the local level of government being expected to fund and manage practical solutions (often of minimal effectiveness) to problems over which they do not have upstream policy control. Policymaking at a higher level of government to prevent over-burdening communities and their local governments outlets should be considered, even at federal level.

Alcohol delivery

PHAA appreciates that liquor laws are determined by the States and Territories. However, PHAA wishes to highlight to the Committee that, despite making a commitment to do so at the Council of Australian Governments, almost* no jurisdictions have reviewed their liquor laws in accordance with the Rapid Review findings.

The Rapid Review made two key recommendations regarding alcohol. These were: restrictions on alcohol sales and delivery timeframes, and adopting clear primary objectives in state and territory liquor regulatory regimes to prevent gender-based violence, alongside existing objectives around alcohol harm reduction.

These recommendations align with evidence concerning late night alcohol consumption and rates of violence, injury and suicide,(42–45) rapid delivery and continuation of drinking data, and a Victorian Coroners report findings in 2025.(46)

If the Government is serious about addressing the role that harmful industries play in our society, as well as improving the wellbeing of Australians, **PHAA urges** the Government to work with states and territories to amend online sale and delivery of alcohol laws to at least align with the ACT’s new [Liquor Amendment Bill](#)

*The ACT last week just passed [the Liquor Amendment Bill](#) that [aligns with the Rapid Review](#). SA has a Bill pending that if passed, would align with the Rapid Review recommendations.

to introduce a 2-hour safety delay between point of sale and delivery and for delivery to be restricted from 10am to 10pm; and to take the additional but critical step to make public health and safety the primary objective of liquor laws. **PHAA also urges** the Government to invest in research in the ACT to properly study the impact of these amendments on the population. For further detail on PHAA's recommended amendments, we would be happy to provide further expert testimony at hearings.

Also, rapid alcohol delivery is a new industry that has increased more rapidly than lawmakers have had time to review its safety and create guardrails. This startling development should act as a warning to governments to write legislation that protects the public against future harmful industry expansion.

For instance, alcohol delivery developed so rapidly that in multiple jurisdictions it is still not a requirement for retailers to ensure effective digital ID-checks for sales, nor is it an offense to sell to people under 18. The next development for alcohol delivery could be drone delivery, just as the popularity for drone delivery of food has increased in recent years.⁽⁴⁷⁾ If pre-emptive regulations are not made, then delivery via drone can also be used to deliver alcohol.

PHAA recommends the Government work with states and territories to future proof alcohol laws to protect the public's health and safety.

Mandatory health warning labels

Recent developments

PHAA celebrates the introduction of mandatory kilojoule labelling on alcohol labels as a step towards improving the information available to consumers on alcohol labels. However, more can be done to improve the population's understanding of the health impacts of alcohol.

Health warning labels on alcoholic products are an effective way to increase people's awareness of alcohol harms, thus providing people with more information to make an informed choice.^(48–50) The evidence shows that health warning labels on alcoholic products have been effective in impacting consumer intentions to drink, slowing down people's drinking and reducing alcohol sales, ^(49–53) particularly when rolled out with an extensive public education program.⁽⁵⁰⁾

Since the prior submission, there have been further developments globally regarding health warning labels:

- In January 2025, U.S. Surgeon General Vivek Murthy released a public health advisory which called for health warning labels regarding cancer risk on all alcoholic beverages. This call was in response to the growing data that shows that alcohol is a leading cause of preventable cancer.⁽⁵⁴⁾
- In May 2025, the Canadian Parliament saw a Private Members Bill introduced which would amend the Food and Drugs Act to mandate health warning labels. Again, these labels would provide information about the causal link between alcohol and cancer.⁽⁵⁵⁾
- In the UK, the government has released a 10-Year Health Plan for England which would replace existing voluntary alcohol labelling guidelines with a mandatory requirement to display consistent information and health warning labels.

PHAA recommends that the Government introduce a strengthened health warning label on all alcohol products that is mandated, standardised, and presents rotating health messages.

Exclude industry influence from public policy development.

Regulation of the activity of many industrial, commercial, and retail businesses is essential to protect public health, in terms of control of unhealthy products brought to market, promotion of unhealthy behaviours, and unhealthy effects of many manufacturing and resource-use activities.

To strengthen the capability of lawmakers to make policy in the interests of public health, various forms of regulation of the political influence activities of businesses are justified, including measures aimed at transparency of corporate influence into political and electoral processes and influence over public officials, curtailing corporate lobbying activities, and the protection of lawmakers and political agencies and institutions from corporate influence over the capacity of officials to act in the public good.

All Australian legislatures should enact strong regimes governing corporate lobbying of elected and public sector officials. Some activities, including financial dealings between business sectors and political parties, should be prohibited. Some other activities should be made transparent.(56)

Bans on any political donations from corporate interests in specific highly regulated sectors have been enacted in New South Wales, Queensland, and the ACT. The High Court has upheld the validity of such laws.(56)

The recent disclosures relating to corporate lobbying through the Parliament's Sport Club are highly concerning. Parliament House is a public workplace. The extent of socialisation that is done for the purposes of lobbying should be better regulated.

PHAA recommends that political donations from the alcohol sector be prohibited through the Commonwealth Electoral Act.

Another example of the persistent presence of the alcohol industry influencing public policy is the industry funded DrinkWise organisation. DrinkWise has a history of producing public education materials that are inconsistent with evidence-based health advice and advocating against policy that is evidence-based best practice in alcohol harm prevention.(57–59) Despite this, DrinkWise continues to be included in the development of public education campaigns, such as the recent decision to partner with DrinkWise for an alcohol awareness campaign ahead of Schoolies.

To safeguard public health from ineffective and, in some cases, counterproductive industry led campaigns, **PHAA recommends** that industry (including DrinkWise) should be excluded from public policy development.

Taking a leadership role on alcohol consumption - alcohol in our Parliaments

Parliaments (Commonwealth, State and Territory) are important standard setting entities within the community that should operate at the highest possible level of integrity. They should have a tone of responsibility and respect, given their essential democratic role to represent the people of Australia. They are also professional workplaces with hundreds if not thousands of employees, that are also all funded by the taxes paid by the public.

Despite this, there has been persistent reports of harmful alcohol use within Parliament houses,(60–65) and there are many instances of Members of Parliament and staff experiencing alcohol related harm in the workplace. As was identified by Sex Discrimination Commissioner Kate Jenkins and the Australian Human Rights Commission in the report, [*Set the Standard: Report on the Independent Review into Commonwealth Parliamentary Workplaces to Government*](#). The report specifically identified that “significant alcohol use” and a “drinking culture”, was one of the risk factors that had contributed to the prevalence of workplace bullying, sexual harassment and sexual assault within the Commonwealth Parliament.(65)

PHAA recommends that Parliaments should, as a bare minimum, have policies concerning alcohol use as like any other workplace, but given the gravitas of the institution, they should strive for a higher standard than other workplaces.

Also, alcohol is still commonly served at functions and events at Parliament houses, funded by public taxes. If alcohol is paid for out of taxpayer funds and served at Parliament houses, taxpayers have a right to know how much public money is spent on alcohol in those institutions.

PHAA recommends that all Australian Parliaments should report annually on the amount of public money is used to purchase alcohol that is served (not purchased by individual consumers) at functions, meetings and events.

Conclusion

PHAA appreciates the opportunity to provide additional feedback to the Inquiry. PHAA is keen to ensure the Committee provides recommendations in line with this and PHAA's prior submission to this Inquiry. We are particularly keen that the following points are highlighted:

- Tax reforms to reduce the availability of harmful cheap alcohol products are an evidence-based and internationally recognised policy lever to prevent alcohol harms on individuals, families and communities.
- Creating healthier environments for people to live is a responsibility of all levels of government through marketing, investing in community safeguards and liquor laws.
- Implement mandatory health warning labels on all alcoholic products to ensure consumers have greater access to information of the harms of alcohol.
- Tougher laws are essential to exclude industry influence from public policy development.
- Parliaments across Australia should reconsider their alcohol policies to align, if not exceed the standard set in other workplaces and be transparent about the amount of taxpayer money spent on alcohol served in Parliament.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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