



Foundation for Alcohol
Research & Education

Level 1,
40 Thesiger Court
Deakin ACT 2600

PO Box 19
Deakin West ACT 2600

T 02 6122 8600
F 02 6232 4400

www.fare.org.au

ABN 91 096 854 385

1 September 2016

Office of the Assistant Director-General
Cluster for Noncommunicable Diseases and Mental Health
World Health Organization
appendix3@who.int

To whom it may concern

SUBMISSION TO THE WHO GLOBAL NCD ACTION PLAN 2013-20, APPENDIX 3

The Foundation for Alcohol Research and Education (FARE) welcomes the opportunity to provide comments on the Draft updated Appendix 3 of the World Health Organization (WHO) *Global Non-Communicable Disease (NCD) Action Plan 2013-2020*.

FARE is an Australian-based independent organisation that has been working for more than a decade with communities, governments, health professionals and police across the country to take action to the harms from alcohol. Alcohol harms are significant, resulting in more than 5,500 lives lost and 157,000 hospitalisations each year in Australia.¹

This submission focuses on the actions relating to alcohol and uses headings referred to in Appendix 3.

Use of alcohol

Each year 3.3 million deaths are attributable to alcohol, representing 5.9 per cent of all deaths and alcohol is responsible for 5.1 per cent of the global burden of disease and injury.²

Alcohol is a significant risk factor for non-communicable diseases, evidence has been published that corroborates the WHO's *International Agency for Research on Cancer* classification of alcohol as a group one carcinogen.³ A 2016 report published by the World Cancer Research Fund found strong links between alcohol use and stomach cancer⁴, and a comprehensive evidence review published in 2016 found strong evidence that alcohol causes cancer in seven sites of the body and probably others.⁵ A recent report published by the *Australian Institute of Health and Welfare* found that at least 31 per cent of the burden of disease is preventable, being due to the modifiable risk factors of tobacco and alcohol use, high body mass and physical inactivity.⁶ Alcohol was found to be associated with 5.5 per cent of the burden of disease.⁷

A systematic review and meta-analysis published in 2016 looking at whether moderate drinking associated with reduced mortality risk found that regular moderate drinking had no net health benefits compared to abstention or occasional drinking.⁸ The researchers also concluded that we should be

skeptical of claims that alcohol consumption offers health benefits. This latest available evidence supports the statement that there is no level of alcohol consumption that is without risk to health

Recommendation:

- Amend the use of the term ‘harmful alcohol use’ to ‘alcohol use’ in the *Global NCD Action Plan 2013-2020* to better reflect the latest available evidence

Price (relating to A1: Increase in excise taxes on alcoholic beverages)

Among alcohol harm prevention policies, alcohol taxation continues to be the most effective.⁹ Alcohol taxation is effective because it not only reduces consumption and related harms, and provides revenue to contribute to services addressing alcohol-related harms.¹⁰ A key element of alcohol taxation policies is its ability to target heavy drinkers.¹¹ There is also support for reforming alcohol taxation among the Australian public, with 71 per cent of Australian believing that the alcohol industry should pay for reducing alcohol harms and 51 per cent supporting an increase to the tax on alcohol.¹²

Increasing the price of alcohol has repeatedly been shown to be one of the most effective ways to reduce the level of alcohol consumption and related problems such as mortality rates, crime and traffic accidents.¹³

Analysis of the effects of minimum pricing in Canadian two provinces has shown that a 10 per cent increase in the minimum price of alcohol resulted in a reduction in alcohol consumption in both provinces and across all types of beverages. Saskatchewan saw an 8.4 per cent¹⁴ and British Columbia a 3.4 per cent overall reduction in alcohol consumption¹⁵ with differences due to implementation. Research has also shown that implementing a minimum price for alcohol resulted in a nine per cent decrease in alcohol attributable hospital admissions¹⁶ and a 32 per cent reduction in alcohol attributable deaths in British Columbia.¹⁷

In the UK, a number of studies have suggested that a minimum unit price for alcohol would reduce hospitalisations and deaths significantly.^{18,19,20} The most recent of these showed that a 50p per unit minimum unit price in Scotland would reduce both hospitalisations and deaths by seven per cent.²¹ Research has also shown that 80 per cent of the lives potentially saved by introducing minimum pricing in England would be from those with low socioeconomic status²².

The effectiveness of introducing a minimum price for alcohol is reflected in the *WHO Global Strategy to reduce harmful use of alcohol*,²³ and should be included in intervention A1 of Appendix 3 of the WHO Global NCD Action Plan 2013-2020.

Recommendation:

- Amend intervention A1 to include minimum pricing policies as a fiscal measure to raise the price of alcohol.

Marketing (relating to A2: Enforcement of bans or comprehensive restrictions on alcohol advertising)

Exposure to alcohol advertising by young people is associated with both an increase in the likelihood that young people will start to use alcohol, and result in greater consumption for young people already using alcohol.²⁴ Despite this, the volume of alcohol marketing that young Australians are exposed to is unprecedented. Not only are they exposed to alcohol marketing through traditional communication mediums such as television, radio, newspapers and magazines, billboards, merchandise and sponsorship; but also through the internet, including social media sites such as Facebook, YouTube and Twitter.

A vast majority of Australian parents and guardians (71 per cent) believe their child has been exposed to alcohol advertising.²⁵ On Facebook in 2012, the 20 twenty alcohol brands in Australia produced 4,500

posts collectively and had 2.3 million interactions with fans.²⁶ From these figures it is possible to begin to understand the potential reach of alcohol advertising.

People aged 15 to 17 represent one of the prime grooming ages for the alcohol industry. A report titled *They'll drink bucket loads of the stuff, an analysis of internal alcohol industry marketing documents in the United Kingdom (UK)* revealed that alcohol producers and advertisers identified in the documents are keen to recruit new drinkers and establish their loyalty to certain brands. It was revealed that market research data on 15 and 16 year olds was often used to influence the development of promotional materials.²⁷

Data indicates that on weekdays, the peak viewing hours for Australian children aged up to 14 years are from 7pm to 8pm,²⁸ with tens of thousands of children still watching free-to-air commercial television at 9.30pm.²⁹ Australian researchers have also identified children's peak viewing times using commercial audience data showing that peak viewing times included 3.30pm to 10.30pm on weekdays and weekends.³⁰

These figures are a concern given our understanding of the impact of alcohol advertising on young people, influencing their perceptions, drinking intentions and behaviours.^{31,32,33} Young people bear a disproportionate level of harm from alcohol-related accidents and injury.³⁴

The volume of alcohol advertising young people are exposed to has also been demonstrated to impact on their future alcohol consumption behaviour. A review of twelve longitudinal studies of over 38,000 young people has shown that the volume of advertising they are exposed to influences the age that they start drinking as well as their consumption levels.³⁵ This review of longitudinal studies also showed a dose response relationship between volume of exposure to advertising and alcohol consumption in young people. This means that the more alcohol advertising that young people are exposed to, the earlier they will start to drink, and the more they will consume if they already drink.

A study undertaken in the United States showed that in 15 to 26 year olds, each additional advertisement seen increased the number of alcoholic drinks consumed by one per cent.³⁶ In the United States, each additional hour of television viewing per day among school children increased their risk of initiating drinking 18 months later by nine per cent.³⁷ Similarly, a study in New Zealand showed that males who reported being aware of more alcohol advertisements at age 15 drank significantly more beer at age 18.³⁸ It also showed that in beer drinkers aged 18 years, liking (preference) of alcohol advertising had a positive impact on beer consumed at age 21 years and they were more likely to be heavy drinkers at 26 years.

In the Australian context, one of the largest and most comprehensive studies of alcohol advertising exposure and alcohol consumption patterns among young people found associations between exposure to multiple different forms of alcohol advertising and alcohol consumption.³⁹ It studied 1,113 adolescents aged between 12 and 17 years and examined their exposure to advertising in television, magazines, billboards and posters, bars and clubs, bottle shops, on the internet and in promotional materials. The study found that nearly all (94.2 per cent) of the people surveyed had seen alcohol advertising on television.⁴⁰

These studies show that the relationship between alcohol advertising and alcohol consumption demonstrate that the volume of alcohol advertising exposure is a strong predictor of future consumption patterns in young people, including initiation of alcohol consumption, and heavier consumption among people who already consume alcohol.⁴¹

In addition, the alcohol industry increases its advertising exposure through sponsorship of sporting, music and cultural events. For example, the alcohol industry uses its relationship with sporting

institutions like Cricket Australia, the Australian Football League (AFL) and National Rugby League (NRL) as ‘trojan horses’ to enhance its marketing programs. Alcohol brands are in constant view of the public, both at the ground and on television, through naming rights (of events, sporting fields and teams) and branding (on fences, the pitch and other signage at the sports ground and on uniforms and promotional merchandise).

Alcohol sponsorship of sporting events has been shown to result in children and young people associating alcohol with sport.^{42,43} An Australian study demonstrated that alcohol advertising during sport is extensive, has features that appeal to children and instils the idea that consumption of the alcohol product is associated with sport as well as positive personality traits and success.⁴⁴ A systematic review published in 2016 also found a positive association between exposure to alcohol sports sponsorship and increased drinking amongst schoolchildren and adult sportspeople.⁴⁵

The prolific alcohol advertising during sports further cement the intrinsic associations between alcohol, sports and ‘being Australian’.⁴⁶ Sport is a health promotion activity and its association with an unhealthy product such as alcohol is counter-intuitive at best and harmful at worst. For example, university students who play sports are more likely to drink at risky levels if they or their club or team receive alcohol industry sponsorship.⁴⁷ This type of alcohol marketing is visible by children and young people as sporting events are often held or televised during times when young people are likely to be watching or in attendance at cultural event.

Given that the breadth of evidence linking the exposure of alcohol advertising and sponsorship to an increase risk of harms particularly in young people, intervention A2 of Appendix 3 of the *WHO Global NCD Action Plan 2013-2020* should be updated to reflect the evidence.

Recommendation:

- Amend intervention A2 to “Enforcement of bans or comprehensive restrictions on alcohol advertising, promotion and sponsorship across all types of media, including modern means of communication.”

Availability (relating to A3: Enforcement of restrictions on the physical availability of retailed alcohol)

Extended trading hours have been shown to increase the availability of alcohol which in turn is associated with an increase in assaults,^{48,49} domestic violence,⁵⁰ road crashes,⁵¹ child maltreatment,⁵² and harmful consumption.^{53,54} Reducing trading hours have been identified as a key strategy to manage alcohol-related harm. An increase in trading hours has been shown to be associated with an increase in harms⁵⁵ and alcohol-related assaults have been shown to increase significantly after midnight.^{56,57}

Research has shown that there is a 16-20 per cent increase in assaults for every additional hour of trading and conversely, if you decrease trading hours, there is a 20 per cent reduction in assaults.^{58,59} Research by the New South Wales Bureau of Crime Statistics and Research (BOCSAR) found that the proportion of alcohol-related assaults in New South Wales increased considerably between 6pm to 3am, with the highest rates of alcohol-related assaults occurring between midnight and 3am.⁶⁰

Australia is fortunate to have local examples demonstrating the effectiveness of reducing trading hours in reducing alcohol harm.

Case Study 1: Newcastle, New South Wales

In 2008, the New South Wales Liquor Administration Board introduced modest restrictions to 14 hotels in Newcastle including a 3am closing time and 1am lockout. However, these times were later amended to 3.30am and 1.30am following a legal challenge by the licensed premises. Other measures introduced included having a supervisor on the premise from 11pm until closing time and introducing restrictions on the types of drinks that could be sold after 10pm such as banning the sale of shots, more than four drinks to one patron at any one time and mixed drinks containing more than one standard drink of alcohol.

An evaluation of these restrictions after 18 months found that there was a 37 per cent reduction in night time assaults between the hours of 10pm and 6am.⁶¹ Five years after the restrictions were introduced, a further evaluation found a sustained reduction in alcohol-related assaults with an average of a 21 per cent decrease in assaults per hour.⁶²

Evidence also shows that the measures led to a diversification of the night time economy. A study commissioned by the Australian National Local Government Drug and Alcohol Advisory Committee found that between 2009 and 2011 there was a 9.6 per cent decline in 'drink' sales revenue in Newcastle which was offset by a 10.3 per cent increase in 'food' sales revenue.⁶³

Case study 2: Sydney CBD and Kings Cross, New South Wales

On 24 January 2014, the New South Wales Government announced a package of measures aimed at reducing alcohol-related violence. The measures included 3am last drinks in conjunction with 1.30am lockouts and drink restrictions in Kings Cross and the Sydney CBD precinct. The measures also included a freeze on new liquor licences in the Sydney CBD precinct, a continuation of the freeze in Kings Cross and a 10pm closing time for all off-licence premises across New South Wales.

An independent evaluation of the restrictions in the Sydney CBD and Kings Cross precincts by the Bureau of Crime Statistics and Research (BOCSAR) found that the measures were associated with a reduction in non-domestic assaults of 32 per cent in Kings Cross and 26 per cent in the Sydney CBD precinct as well as no evidence of displacement of these types of assaults to adjacent areas. In one area of the Sydney CBD, the reduction in non-domestic assaults was as high as 40 per cent.⁶⁴

Health services in Sydney have also experienced a decrease in alcohol-related presentations. Research has shown that since the introduction of the policies there has been a 24.8 per cent reduction of seriously injured patients presenting to St Vincent's Hospital emergency department in Sydney during high alcohol times.

Academics have also investigated the impact of the number and density of outlets on alcohol consumption and harm. Studies have found that risk increases as the density of liquor outlets (the number of active liquor licences in an area) increases and both on- and off- premises are associated with harm. These harms include assaults, domestic violence, drink driving, homicide, suicide, child maltreatment, adolescent drinking, and alcohol-related chronic disease.^{65,66,67,68}

An Australian study found that takeaway chain outlets (packaged liquor) also contribute more substantially to risk, with recent research estimating that each additional chain outlet was associated with a 35 per cent increase in intentional injuries and a 22 per cent increase in unintentional injuries.⁶⁹ A study also found a strong association between the concentration of takeaway outlets in an area and domestic violence, with a ten per cent increase in off-licence liquor outlets associated with a three per cent increase in domestic violence.⁷⁰

In addition, there is strong and consistent evidence supporting the use of minimum purchase age laws for alcohol. A review of 132 studies published between 1960 and 1999 found very strong evidence that

changes in minimum drinking-age laws can have substantial effects on drinking among young people and alcohol-related harm, particularly in relation to road traffic accidents. These effects can often be seen years after young people reach the legal drinking age⁷¹. The *WHO Global Strategy to reduce harmful use of alcohol* acknowledges that ‘implementation of laws that set a minimum age for the purchase of alcohol show clear reductions in drinking-driving casualties and other alcohol-related harm⁷² and recommends, that Member States adopt minimum legal purchase age laws of 18 years for on-trade and off-trade establishments.⁷³

Recommendation:

- Amend intervention A3 to “Enforcement of restrictions on the physical availability of retailed alcohol (via reduced density of retail outlets, reduced hours of sale and minimum legal purchase age laws).”

Overarching/enabling actions

It is now well accepted in public health literature that the alcohol industry should not be involved in the development of alcohol policy and programs. A recent article authored by the former Chair of the Preventative Health Taskforce, Professor Rob Moodie and colleagues provided clear recommendations to Governments on engagement with the alcohol industry and other industries representing ‘unhealthy commodities’, stating that “Unhealthy commodity industries should have no role in the formation of national and international policy for non-communicable diseases” and “Discussions with unhealthy commodity industries should be with the government only and have a clear goal of evidence-based approaches by government.”⁷⁴

The *WHO Expert Committee on Problems Related to Alcohol Consumption* recommends that “Any interaction [with the alcohol industry] should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion”.⁷⁵ Despite this recommendation, the alcohol industry is currently involved in the development of alcohol policy in Australia, despite their significant vested interests.

There is increasing support nationally and internationally to stop the alcohol industries involvement in policy development. In April 2013, the Director General of the WHO, Dr Margaret Chan reaffirmed the World Health Organization’s position that the “alcohol industry has no role in the formulation of alcohol policies”.⁷⁶ It is essential that health policy is protected from vested interests, in particular producers of unhealthy commodities such as alcohol, soft drinks, tobacco and processed foods high in fat, salt and sugar.⁷⁷

Recommendation:

- That the World Health Organization develop Guidelines for Member States to support them in preventing, identifying and managing conflicts of interest when implementing policies to reduce NCDs.

Thank you again for the opportunity to contribute to Appendix 3 of the *Global NCD Action Plan 2013-2020*. If you would like any further information, please contact Amy Ferguson, Director, Policy and Research on (02) 6122 8600 or amy.ferguson@fare.org.au.

Yours sincerely



MICHAEL THORN
CHIEF EXECUTIVE

References

- 1 Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point.
- 2 World Health Organization (2016), Global status report on alcohol and health 2014. Available from: <http://www.who.int/substance_abuse/publications/global_alcohol_report/en/> [Accessed 16 August 2016].
- 3 World Health Organization International Agency for Research on Cancer (2012), Consumption of Alcoholic Beverages, *IARC Monographs on the Evaluation of Carcinogenic Risks to Humans Volume 100E*. Available from: <<http://monographs.iarc.fr/ENG/Monographs/vol100E/mono100E-11.pdf>> [Accessed 16 August 2016].
- 4 World Cancer Research Fund International (2016), Diet, nutrition, physical activity and stomach cancer. Available from: <http://wcrf.org/sites/default/files/Stomach-Cancer-2016-Report.pdf?utm_source=wcrfuk&utm_medium=alcohol%26cancer&utm_campaign=CUPStomach> [Accessed 16 August 2016].
- 5 Connor, J. (2016), Alcohol consumption as a cause of cancer, *Addiction*. doi: 10.1111/add.13477
- 6 Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra: AIHW.
- 7 Ibid.
- 8 Stockwell, T. et al (2016), Do "moderate" drinkers have reduced mortality risk? A systematic review and meta-analysis of alcohol consumption and all-cause mortality, *Journal of Studies on Alcohol and Drugs* 77:2, pp186-98.
- 9 Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M. & Wallace, A. (2010). *Assessing cost-effectiveness in prevention: ACE-prevention September 2010 final report*. University of Queensland.
- 10 Babor, T. et al. (2010). *Alcohol: No ordinary commodity. Second edition*. New York: Oxford University Press.
- 11 Ibid.
- 12 Foundation for Alcohol Research and Education. (2016). *Annual alcohol poll 2016: Attitudes and behaviours*. FARE: Canberra.
- 13 Babor et al. Alcohol: No Ordinary Commodity - Research and Public Policy Oxford University Press, 2nd ed. 2010
- 14 Stockwell T, Zhao H, Giesbrecht N, Macdonald S, Thomas G & Wettlaufer A et al (2012) The raising of minimum alcohol prices in Saskatchewan, Canada: impacts on consumption and implications for public health *American Journal of Public Health* 102(12):e103-e110
- 15 Stockwell T, Auld MC, Zhao J & Martin G (2012) Does minimum pricing reduce alcohol consumption? The experience of a Canadian province *Addiction* 107: 912-920
- 16 Stockwell, T. et al (2013), Minimum alcohol prices and outlet densities in British Columbia, Canada: Estimated impacts on alcohol-attributable hospital admissions, *American journal of Public Health* 103:11, pp2014-20.
- 17 Zhao, J. et al (2013), The relationship between minimum alcohol prices, outlet densities and alcohol-attributable deaths in British Columbia, 2002-09, *Addiction* 108:6, 1059-69.
- 18 Holmes, J. et al (2014), Effects of minimum unit pricing for alcohol on different income and socioeconomic groups: a modelling study, *Lancet* 383, pp1655-64.
- 19 Meier, P. et al (2016), Estimated effects of different alcohol taxation and price policies on health inequalities: a mathematical modelling study, *PLOS Medicine* 13:2, doi: 0.1371/journal.pmed.1001963.
- 20 Angus, C. et al (2016), Model-based appraisal of the comparative impact of Minimum Unit Pricing and taxation policies in Scotland. Sheffield: SCHARR, University of Sheffield.
- 21 Ibid.
- 22 Meier, P. et al (2016), Estimated effects of different alcohol taxation and price policies on health inequalities: a mathematical modelling study, *PLOS Medicine* 13:2, doi: 0.1371/journal.pmed.1001963.
- 23 WHO (2010) Global strategy to reduce harmful use of alcohol. Available from http://www.who.int/substance_abuse/alcoholstrategyfinal.pdf?ua=1 [Accessed 16 August 2016].
- 24 Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and alcoholism*, 44(3), 229-243.
- 25 Foundation for Alcohol Research and Education. (2016). *Annual alcohol poll 2016: Attitudes and behaviours*. FARE: Canberra.
- 26 Carah, N. (2014). *Like, comment, share: Alcohol brand activity on Facebook*. Canberra: Foundation for Alcohol Research and Education. Retrieved from: <http://fare.org.au/2014/05/like-comment-share-alcohol-brand-activity-on-facebook/>
- 27 Hastings, Gerard (2009). *"They'll drink bucket loads of the stuff": An analysis of internal alcohol industry advertising documents*. London: The Alcohol Education and Research Council, p. 3.
- 28 Australian Communications and Media Authority (2007). *Children's viewing patterns on commercial, free-to-air and subscription television; Report analysing audience and ratings data for 2001, 2005, and 2006*. Canberra: ACMA.
- 29 Screen Australia (2013). *Child's play: Issues in Australian children's television 2013*. Sydney: Screen Australia.
- 30 King, L., Hebden, L., Grunseit, A., et al. (2010). Industry self-regulation of television food advertising: responsible or responsive? *International Journal of Pediatric Obesity*. 6:1-9.
- 31 Winter, M.V., Donovan, R.J., Fielder, L.J. (2008). Exposure of children and adolescents to alcohol advertising on television in Australia. *Journal of Studies on Alcohol Drugs* 69, pp. 676-83.
- 32 Stacy, A.W., Zogg, J.B., Unger, J.B., Dent, C.W. (2004). Exposure to televised alcohol ads and subsequent adolescent alcohol use. *American Journal of Health Behaviour* 28, pp. 498-509.
- 33 Ellickson, P., Collins, R., Hambarsoomians, K., & McCaffrey, D. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction* 100, pp. 235-46.
- 34 National Preventative Health Taskforce. (2009). Australia: The healthiest country by 2020. Technical report no 3. *Preventing alcohol-related harm in Australia: A window of opportunity*. Canberra: Commonwealth of Australia.
- 35 Anderson, P., De Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol and Alcoholism* 44, pp. 229-43.
- 36 Snyder, L.B., Milici, F.F., Slater, M., Sun, H., and Strizhakova, Y. (2006). Effects of alcohol advertising exposure on drinking among youth. *Archives of Pediatrics and Adolescent Medicine* 160(1), pp. 18-24.
- 37 Stacy, A.W., Zogg, J.B., Unger, J.B., & Dent, C.W. (2004). Exposure to televised alcohol ads and subsequent adolescent alcohol use. *American Journal of Health Behavior* 28(6), pp. 498-509.

- ³⁸ Smith, L. and Foxcroft, D. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: Systematic review of prospective cohort studies. *BMC Public Health* 9, p. 51.
- ³⁹ Jones, S. and Magee, C. (2011). Exposure to alcohol advertising and alcohol consumption among Australian adolescents. *Alcohol & Alcoholism* 46(5), pp. 630-637.
- ⁴⁰ Ibid.
- ⁴¹ Anderson, P., de Bruijn, A., Angus, K., Gordon, R., & Hastings, G. (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies. *Alcohol & Alcoholism*. 44(3):229-243.
- ⁴² Phillipson, L. & Jones, S.C. (2007). *Awareness of alcohol advertising among children who watch televised sports*. Proceedings of the Australian and New Zealand Marketing Academy (ANZMAC) Conference, pp.2803-2810.
- ⁴³ Jones, S. C., Phillipson, L. & Barrie, L. R. (2010). 'Most men drink... especially like when they play sports' - alcohol advertising during sporting broadcasts and the potential impact on child audiences. *Journal of Public Affairs*, 10 (1-2), 59-73.
- ⁴⁴ Ibid.
- ⁴⁵ Brown, K. (2016) Association Between Alcohol Sports Sponsorship and Consumption: A Systematic Review, *Alcohol and Alcoholism*, 1-9 doi: 10.1093/alcal/agw006
- ⁴⁶ Barrie, L., Jones, S., Chapman, M. & Corr, N. (2013). *Alcohol advertising in televised broadcasts of Australian football finals series*. Retrieved from [https://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/87d249a468a3b6f1ca257b650024bf41/\\$FILE/Alcohol%20advertising%20in%20televised%20broadcasts%20of%20Australian%20football%20finals%20series.pdf](https://www.parliament.nsw.gov.au/prod/parlment/committee.nsf/0/87d249a468a3b6f1ca257b650024bf41/$FILE/Alcohol%20advertising%20in%20televised%20broadcasts%20of%20Australian%20football%20finals%20series.pdf)
- ⁴⁷ O'Brien K.S, Ferris J., Greenlees, I., Jowett, S., Rhind D., Cook, P.A. & Kypri K. (2014). Alcohol industry sponsorship and hazardous drinking in UK university students who play sport. *Addiction*, 109(10), 1647-54.
- ⁴⁸ Jochelson, R. (1997). *Crime and place: An analysis of assaults and robberies in Inner Sydney*. Sydney: New South Wales Bureau of Crime Statistics and Research.
- ⁴⁹ Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- ⁵⁰ Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106: 919–25.
- ⁵¹ Chikritzhs, T., Stockwell, T. (2006). The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction*, 101(9):1254-64.
- ⁵² Laslett, A.M., Mugavin, J., Jiang, H., Manton, E., Callinan, S., MacLean, S. & Room, R. (2015) *The hidden harm: Alcohol's impact on children and families*. Canberra: Foundation for Alcohol Research and Education.
- ⁵³ Stockwell, T. & Chikritzhs, T. (2009). Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety*. 2009,11, 153-170.
- ⁵⁴ Hobday, M., Chikritzhs, T., Liang, W. & Meulners, L. (2015). The effect of alcohol outlets, sales and trading hours on alcohol-related injuries presenting at emergency departments in Perth, Australia, from 2002 to 2010. *Addiction*, 110, 1901–1909.
- ⁵⁵ Babor et al (2010). *Alcohol no ordinary commodity: Research and public policy. Second Edition*. Oxford University Press.
- ⁵⁶ Jochelson, R. (1997). *Crime and place: An analysis of assaults and robberies in Inner Sydney*. Sydney: New South Wales Bureau of Crime Statistics and Research.
- ⁵⁷ Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- ⁵⁸ Kypri, K., Jones, C., McElduff, P., Barker, D.J. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*, 106 303-310.
- ⁵⁹ Rossow, I. & Norström, T. (2011). The impact of small changes in bar closing hours on violence. The Norwegian experience from 18 cities. *Addiction*. Vol 107, Issue 3.
- ⁶⁰ Briscoe, S. & Donnelly, N. (2001). Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*.
- ⁶¹ Kypri, K., Jones, C., McElduff, P., Barker, D.J. (2010). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*, 106 303-310.
- ⁶² Kypri, K., McElduff, P. & Miller, P. (2014). Restrictions in pub closing times and lockouts in Newcastle, Australia five years on. *Drug and Alcohol Review*. 33, 323–326.
- ⁶³ Bevan, T (2013). *The Australian Night Time Economy A First Analysis 2009 to 2011*. Canberra: The National Local Government Drug and Alcohol Advisory Committee.
- ⁶⁴ Menéndez, P., Weatherburn, D., Kypri, K. & Fitzgerald, J. (2015). Lockouts and last drinks: The impact of the January 2014 liquor licence reforms on assaults in NSW, Australia. *Crime and Justice Bulletin: Contemporary Issues in Crime and Justice*. Number 183.
- ⁶⁵ Livingston, M. (2011). Alcohol outlet density and harm: Comparing the impacts on violence and chronic harms. *Drug and Alcohol Review*, 30, 515-23.
- ⁶⁶ Michigan Department of Community Health (MCDH) Bureau of Disease Control, Prevention & Epidemiology. (2011). *The association of increased alcohol outlet density & related harms: Summary of key literature*. MDCH: Michigan.
- ⁶⁷ Livingston, M. (2008). A longitudinal analysis of alcohol outlet density and assault. *Alcoholism: Clinical and experimental research* 32(6): 1074-1079.
- ⁶⁸ Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5): 919-925.
- ⁶⁹ Morrison, C., & Smith, K. (2015). *Disaggregating relationships between off-premise alcohol outlets and trauma*. Canberra: Foundation for Alcohol Research and Education.
- ⁷⁰ Livingston, M. (2011). A longitudinal analysis of alcohol outlet density and domestic violence. *Addiction* 106(5):919-925.
- ⁷¹ Wagenaar AC, Toomey TL. (2000), 'Alcohol policy: gaps between legislative action and current research', *Contemporary Drug Problems*, 27, pp. 681–733
- ⁷² WHO (2010) Global strategy to reduce harmful use of alcohol. Available from http://www.who.int/substance_abuse/alcstratenglishfinal.pdf?ua=1 [Accessed 16 August 2016].
- ⁷³ WHO (2011) European action plan to reduce the harmful use of alcohol 2012-2020. Available from http://www.euro.who.int/data/assets/pdf_file/0008/178163/E96726.pdf?ua=1 [Accessed 16 August 2016].
- ⁷⁴ Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarngansi, T., Lincoln, P., Casswell, S. (2013). Non-communicable Disease 4, Profits and pandemics: prevention of harmful effects of tobacco alcohol and ultra-processed food and drink industry. *The Lancet*. 381.
- ⁷⁵ World Health Organisation. (2007). *WHO Expert Committee on problems related to alcohol consumption (Second Report)*, WHO Technical Report Series 944. Geneva: World Health Organization.
- ⁷⁶ Chan, M. (2013). Re: Doctors and the alcohol industry: an unhealthy mix? *British Medical Journal*

⁷⁷ Conflict of Interest Coalition Statement of Concern, http://info.babymilkaction.org/sites/info.babymilkaction.org/files/COIC150_0.pdf [accessed 17 August 2016].