Alcohol sales data are essential for good public policies towards alcohol

Wayne D Hall, Tanya N Chikritzhs, Peter H N d’Abbs and Robin G W Room

Australia should be improving, not abandoning, the collection of alcohol sales data

Australians pay a substantial price for the pleasure they derive from alcohol. According to the latest estimate, on a net basis, alcohol accounts for 2.2% of the total disease burden in Australia.1 This is marginally more than illicit drugs (2.0%),1 but alcohol’s toll would be even higher if the 3430 deaths of young adults caused by alcohol-related road crashes, accidents, assaults, suicide and other causes were not partially offset by 2345 deaths from heart disease counted (some would argue erroneously)2–3 as having been averted by moderate drinking in adults over the age of 65.1

The health costs of risky alcohol use are not the only social costs. According to a National Drug Strategy study,4 in addition to $1.98 billion in health costs in the 2004–05 financial year, alcohol misuse cost the Australian economy $3.58 billion in lost productivity in the workplace, $1.57 billion in lost productivity in the home, $1.61 billion in crime-related costs, and $2.20 billion in road accidents, with a total social cost in excess of $15 billion.

For the past decade, illicit drugs have overshadowed alcohol as a political and public health issue. Policies to reduce alcohol-related harms (such as taxation and reduced trading hours)5 have been effectively opposed by an alcohol industry that has had the ear of federal and state governments, both of which have major conflicts of interest in alcohol policy. The federal government derives substantial income from alcohol excise, while state and territory governments impose licensing fees and taxes on gambling in pubs and clubs. Governments are also aware that the alcohol industry plays an important role in the Australian economy, especially in regional areas (eg, the wine industry in South Australia).

The recent change of federal government has brought a renewed policy interest in alcohol use. The alcohol industry claims that this interest is misplaced, citing data which suggest that per capita alcohol consumption and frequency of consumption, as indicated by household surveys, have been relatively stable for over a decade.6,7 However, there are doubts about the quality of these alcohol trend data. For example, the National Drug Strategy surveys and the National Health Surveys, provide important information on drinking patterns among population subgroups, but, at best, they complement rather than substitute for sales-based data. For instance, the National Drug Strategy surveys and the National Health Surveys are conducted every 3 years and 5 years, respectively, and the alcohol use they measure accounts for only 60% of the alcohol that is sold.10 The response rates of the most recent National Drug Strategy surveys (in 2004 and 2007) have been less than 50%, raising concerns about the representativeness of survey data for population alcohol use.

State and territory sales data should be collected in ways that enable the sales volumes of each beverage type to be estimated at local levels. These local-level sales data can be used to evaluate the effectiveness of community initiatives to reduce alcohol-related harm, such as those in northern and central Australia, and the effects of liquor licensing changes on alcohol consumption. State-level data could be used to evaluate the effect of new alcohol management strategies such as pub “lock outs”, restrictions on types of alcohol that can be sold in Aboriginal communities, and the tax increase on premixed spirits-based drinks.
The collection and reporting of alcohol sales data would entail minimal cost to the alcohol industry, which already provides these data to commercial market research companies. Given that alcohol harms a substantial proportion of people who use it and can also adversely affect the safety and amenity of those who do not misuse it, the federal government should require alcohol sales data to be provided by those who are licensed to sell this intoxicating and addictive commodity.

Competing interests
Wayne Hall has received research project funding from the Alcohol Education and Rehabilitation Foundation (AERF). Peter d’Abbs is a Director of the AERF and receives reimbursement of costs to attend board meetings. Robin Room’s position is funded primarily by the Victorian Government Department of Human Services, and partly by the AERF. Neither organisation had any role in the writing or publication of this editorial.

Author details
Wayne D Hall, BSc, PhD, Professor of Public Health Policy
Tanya N Chikritzhs, BA(Hons), GradDipEpidBioStats, PhD, Senior Research Fellow
Peter H N d’Abbs, BA, MA, PhD, Associate Professor
Robin G W Room, PhD, Professor of Social Alcohol Research, and Director
1 School of Population Health, University of Queensland, Brisbane, QLD.
2 National Drug Research Institute, Curtin University of Technology, Perth, WA.
3 School of Public Health, Tropical Medicine and Rehabilitation Sciences, James Cook University, Cairns, QLD.
4 School of Population Health, University of Melbourne, Melbourne, VIC.
5 Turning Point Alcohol and Drug Centre, Melbourne, VIC.
Correspondence: w.hall@sph.uq.edu.au

References