



PARLIAMENT OF NEW SOUTH WALES

LEGISLATIVE COUNCIL

**STANDING COMMITTEE  
ON  
SOCIAL ISSUES**

**DRUG ABUSE AMONG YOUTH**

---

---

DECEMBER, 1990

---

---



# CONTENTS

	<b>Page</b>
<b>Chairman's Foreword</b>	<b>i</b>
<b>Acknowledgments</b>	<b>ii</b>
<b>The Committee</b>	<b>iii</b>
<b>Terms of Reference</b>	<b>iv</b>
<b>Executive Summary and List of Recommendations</b>	<b>v</b>
<b>CHAPTER 1 - INTRODUCTION</b>	<b>1</b>
<b>Antecedent Inquiries</b>	<b>1</b>
<b>Social and Economic Implications</b>	<b>3</b>
<b>Causal Factors</b>	<b>4</b>
<b>Role of the Media</b>	<b>5</b>
<b>Harm Minimisation</b>	<b>6</b>
<b>Drug Supply</b>	<b>7</b>
<b>Terminology</b>	<b>7</b>
<b>Implementation of Recommendations</b>	<b>8</b>
<b>CHAPTER 2 - DIRECTORATE OF THE DRUG OFFENSIVE</b>	<b>9</b>
<b>Drug Policy in New South Wales</b>	<b>9</b>
<b>Policy for Youth</b>	<b>11</b>
<b>The Effective Implementation of Drug Policy</b>	<b>12</b>
<b>Background to the Creation of the DDO</b>	<b>13</b>
<b>Does the DDO Have Sufficient Influence and Authority?</b>	<b>15</b>
<b>Co-ordination</b>	<b>16</b>

<b>Enhancement of the DDO's Influence and Authority</b>	<b>24</b>
<b>Problems</b>	<b>24</b>
<b>CHAPTER 3 - TOBACCO</b>	<b>31</b>
<b>Introduction</b>	<b>31</b>
<b>Magnitude of the Problem - A Statistical Profile</b>	<b>32</b>
<b>Arguments About Increased Regulation of Tobacco</b>	<b>34</b>
<b>The Tobacco Advertising Regulation Committee</b>	<b>46</b>
<b>Health Warnings</b>	<b>47</b>
<b>Incidental Advertising In Feature Films</b>	<b>54</b>
<b>Price Sensitivity and Influence on Consumption</b>	<b>56</b>
<b>CHAPTER 4 - ALCOHOL</b>	<b>58</b>
<b>Introduction</b>	<b>58</b>
<b>Extent of the Problem</b>	<b>58</b>
<b>Why Do Young People Drink Alcohol?</b>	<b>59</b>
<b>Current Prevention Strategies</b>	<b>60</b>
<b>Further Prevention Strategies</b>	<b>63</b>
<b>(a) Education</b>	<b>64</b>
<b>(b) Enforcement</b>	<b>64</b>
<b>(c) Amendments to the Law</b>	<b>65</b>
<b>(d) Proof-of-Age Card</b>	<b>68</b>
<b>(e) Blood Alcohol Levels</b>	<b>68</b>
<b>(f) Compulsory Health Warnings</b>	<b>69</b>
<b>(g) Alternate Recreation Facilities</b>	<b>70</b>
<b>(h) Alcohol and Health Promotion Foundation</b>	<b>70</b>

(i) Advertising	71
(j) Availability	77
(k) Pricing Policy	77
Raising the Minimum Legal Drinking Age	77
<b>CHAPTER 5 - HEALTH PROMOTION FOUNDATION</b>	<b>78</b>
Introduction	78
Victoria	78
South Australia	81
California	84
Western Australia	84
Australian Capital Territory	85
Arguments in Favour of an HPF	86
Arguments Against an HPF	87
<b>LIST OF WITNESSES</b>	
<b>ORGANISATIONS WHICH SUPPLIED SUBMISSIONS</b>	
<b>PEOPLE WITH WHOM FORMAL DISCUSSIONS WERE HELD IN OTHER JURISDICTIONS</b>	
<b>PEOPLE WITH WHOM FORMAL DISCUSSIONS WERE HELD OVERSEAS</b>	
<b>BIBLIOGRAPHY</b>	
<b>APPENDIX - NEW SOUTH WALES DRUG OFFENSIVE GRANTS PROGRAM</b>	

## CHAIRMAN'S FOREWORD

Drug use by our young people is one of society's most urgent and distressing problems. Youth are the community's great resource and it is incumbent upon us all to ensure that our young people have every opportunity to enjoy a healthy and rewarding life now and in the future.

In the course of conducting this Inquiry, my fellow Committee Members and I have come to better appreciate the magnitude and many complexities of the problem of youth drug abuse. With the benefit of the many submissions received, the evidence of numerous witnesses, the information and advice given to us by experts throughout Australia and overseas, and the considerable literature which we reviewed, we became aware of the active and at times bitter debate about the nature of the problem and what needs to be done about it.

One important factor which is too often lost sight of, is that youth drug use is part of the wider phenomenon of drug abuse within the community as a whole, not something separate and unique to young people. Another is that drug use is often a symptom of other serious socio-economic or psychological problems which themselves need to be properly addressed in conjunction with the drug problems.

There will be some who will disagree with our recommendations, but that is inevitable with such a controversial and multi-dimensional issue. There is no single solution, nor any finite body of solutions to this problem. What we have sought to do in this Report is to address some of the most pressing aspects, in the hope of making a meaningful contribution in those areas.

I am grateful for the sincere endeavours of my fellow Committee members and especially for the great efforts put into this Inquiry and Report by the Committee staff: Peter Gacs, Committee Director, Tony Pooley, Senior Project Officer, Alison Burke, Chairman's Assistant and Heather Crichton, Stenographer, without whose unstinting dedication we would not have accomplished our task.



**Max Willis**  
Chairman

## **ACKNOWLEDGEMENTS**

**The Committee wishes to record their appreciation for the many thoughtful written submissions and evidence received from members of the public and representatives of a wide range of organisations.**

**The Committee wishes to acknowledge the very valuable advice and assistance which it received from, in particular, Dr. Michael MacAvoy and his colleagues at the Directorate of the Drug Offensive, Department of Health, and also, representatives of the NSW Departments of Family and Community Services, Education and Youth Affairs and Police.**

**Particular thanks are due to Mr. Milton Luger, Dr Jara Krivanek, Dr Alex Wodak and Dr. Andrew Ball. Representatives of the Cancer Council and the National Heart Foundation (NSW Division) also provided valuable assistance.**

**Finally the Committee extends its thanks to the staff of the Parliamentary Library for their assistance and co-operation.**

**MEMBERS OF THE SOCIAL ISSUES COMMITTEE**

**The Hon. Max Willis, MLC (Chairman) - Liberal Party**

**The Hon. Ann Symonds, MLC (Deputy Chairman) - ALP**

**The Hon. Franca Arena, MLC - ALP**

**The Hon. Keith Enderbury, MLC - ALP**

**The Hon. Duncan Gay, MLC - National Party**

**The Hon. Dr Marlene Goldsmith, MLC - Liberal Party**

**The Hon. Judith Jakins, MLC - National Party**

**Rev The Hon. Fred Nile, MLC - Call to Australia**

**The Hon. Helen Sham-Ho, MLC - Liberal Party**

**Peter Gacs - Committee Director**

**Tony Pooley - Senior Project Officer**



## **TERMS OF REFERENCE**

**To examine and report upon:**

- (a) the extent and nature of drug abuse among youth between the ages of 8 and 18;**
- (b) the social and material cost; and**
- (c) what steps can be taken to try to solve this extremely pressing problems.**

**Without limiting the generality of the above, particular consideration should be given to:**

- (i) the effectiveness of existing deterrent and preventative measures;**
- (ii) the effectiveness of drug education programmes;**
- (iii) the effectiveness of rehabilitation and counselling facilities; and**
- (iv) the inter-relation of schemes for rehabilitation and punishment.**

## EXECUTIVE SUMMARY

### Introduction

This Report is the outcome of an Inquiry by the Standing Committee on Social Issues of the NSW Parliament, into Drug Abuse Among Youth. The Inquiry was referred to the Committee by the Minister for Police and Emergency Services in his capacity as Chairman of the Ministerial Committee on Drug Strategy (MCDS). Given the magnitude of the issue, the Committee decided to divide the Report into two parts. This first part takes an overview of the whole process of implementation of drug policies and programs in NSW and seeks to identify areas which need improvement; it also focuses on the two major problem drugs: alcohol and tobacco. The second part of the Report, scheduled for completion in 1991, will cover prevention strategies, illicit drugs, treatment and the needs of specific groups in the community. The recommendations made in the Report are intended to be consistent with the precepts of the National Campaign Against Drug Abuse (NCADA), including its basic principle of harm minimisation. This principle implies no implicit or explicit support for illicit drug use.

2 The use by young people of both licit and illicit drugs is one of the most pressing problems facing the community. Although adolescence has its unique characteristics, it is important that youth drug abuse is recognised as part of the wider phenomenon of drug misuse in the community as a whole. The direct and indirect social and economic costs of this phenomenon cannot be accurately measured, but the available data shows that Australia-wide there were 25,495 drug-related deaths in 1987, and that in recent years the misuse of alcohol and pharmaceuticals, the use of tobacco and law enforcement relating to illicit drugs has been costing billions of dollars annually.

3 The Committee made a number of inter-state visits, and a sub-committee travelled overseas, to study drug policies and programs in other jurisdictions. The overseas study revealed that NSW is at least equal to, and in some cases ahead of comparable Western societies in dealing with drug abuse. This is gratifying but no cause for complacency. Previous reports and studies covering this area were also reviewed. The Committee was concerned to find that there appears to have been insufficient implementation of the recommendations emanating from very useful previous reports of inquiry. It considers that the Directorate of the Drug Offensive should monitor and review all such reports for the MCDS.

4 The Committee commenced by examining the reasons for the uptake of drugs by young people. There is no complete and definitive list of the major antecedents of drug use by youth, though there is widespread consensus about many of them. Some relate to poverty, homelessness and family dysfunction. The Committee sees a need for government to effect major strategies to minimise the effects on youth of poverty, family dysfunction and

the drug use which can be a symptom of these conditions.

5 Accurate public perception of drug problems and policies is important if those policies are to be effective. The media plays a central role in the process of informing the public, but although there has been much responsible reporting about drugs, there is still a tendency in some of the media to sensationalise drug issues, thereby distorting the image of the real situation. Given its enormous public influence, the media needs to give greater attention to accuracy and balance in its drug reporting.

#### Directorate of the Drug Offensive

6 Drug policy and services in NSW are co-ordinated by the Directorate of the Drug Offensive, located within the Department of Health. Policy follows the guidelines laid down by the national Ministerial Council on Drug Strategy, who direct NCADA. Policy goals are intended to reflect the need to properly balance supply control and demand reduction strategies, with emphasis on the latter; this conforms with the public health model.

7 While accepting this policy, the Committee is concerned by the lack of any body of guidelines specific to youth. The problems and needs specific to adolescence are neither more nor less serious than those of adults, but are different and require separate consideration. The Committee considers essential the development of such guidelines, the principal of which should be to ensure that all prevention and treatment campaigns, programs and activities include youth in their focus and/or are accessible to young people.

8 The Committee detected major impediments to the effective implementation of drug policy in NSW. These are largely due to the fact that the operations of the Directorate of the Drug Offensive are unduly circumscribed by limitations in the Drug Offensive Act and by inadequacies in the Directorate's resources. Although the Act requires all government organisations which provide drug services to consult with the Directorate, it does not specify at what point such consultations should occur nor oblige the organisations to respond in any way to the Directorate's advice. As a consequence of these ambiguities, the degree of consultation with the Directorate has varied from organisation to organisation. For example, while some Departments such as FACS and School Education have been fairly active in this process, some Area Health Services rarely consult at all. This situation serves to dilute the Directorate's advocacy, influence and guidance profile.

9 The relationship between the Directorate and non-government drug agencies has also been a difficult one (as has the relationship between many of the non-government agencies themselves). This apparently stems largely from differences in attitudes over government funding processes and accountability, which in turn illustrates the need for a closer and better defined process of consultation between the Directorate and the non-

**government drug sector.**

**10 The Committee considers that in order to enhance the Directorate's role and effectiveness, a number of measures need to be taken. First, the Drug Offensive Act needs to be amended to ensure that consultation between government organisations including Area Health Services, and the Directorate takes place prior to the provision of services, and that organisations should inform the Directorate if they are unwilling or unable to act on its advice. The Directorate could then, if it so wished, raise the issue with the Minister for Health. Secondly, the Directorate needs to resume the responsibility, recently moved to another area within the Health Department, for overseeing the accountability of recipients of Drug Offensive funding and monitoring their adherence to established standards. Third, there is a need to review the functions of the Drug and Alcohol Co-ordinators attached to each Area and Regional Health Service, and their relationship with the Directorate, to ensure that they play a fully effective role in the provision of drug services throughout the State. Finally, the Directorate's administrative status within the Health Department should be upgraded to that of a separate Division reporting directly to the Minister, and its staffing levels, which are currently inadequate, should be reviewed to ensure that it has adequate resources to meet its full responsibilities.**

### **Tobacco**

**11 From whichever perspective one cares to make a "cost" comparison between tobacco and other drugs, whether it be mortality figures per annum, cost to the community in the provision of health services to users, cost to the health of individuals exposed to others' smoke, or cost to the economy in terms of days lost through ill health of addicts, cigarette smoking is clearly and overwhelmingly the most serious drug problem for the general community.**

**12 There is absolutely no safe level of tobacco use. Nicotine is a highly toxic and addictive drug. To continue to allow the promotion and advertising of tobacco products would be a dereliction of Government responsibility and would be sanctioning the marketing of a substance which, if used as the manufacturer recommends, can lead to premature death.**

**13 Evidence heard by the Committee overwhelmingly supported increased, Government-sponsored action on price, availability, advertising, education, age-of-purchase and warnings in relation to cigarettes and other tobacco products.**

**14 The Committee is of the opinion that the evidence linking advertising, promotion and sponsorship of tobacco products with reinforcement of smoking among minors, is overwhelming. The "voluntary code" which currently regulates the sale, advertising and other forms of promotion of tobacco products in New South Wales is vague and ineffective. The**

Committee considers that it should be withdrawn and replaced by legislation which would prohibit cigarette advertising at point-of-sale, on billboards and on taxis, and also parallel advertising.

15 Consistent with the Committee's concern to do all in its power to limit the availability and attractiveness of tobacco to minors, it recommends an increase in the legal age at which cigarettes may be purchased, the abolition of tobacco company sponsorship of all sporting or cultural events, and that there should be an increase in the size of health warnings on tobacco products.

16 Current research indicates that passive smoking is an issue of considerable concern. The Committee is encouraged by the trend in Government Departments and Statutory Authorities towards the provision of smoke-free workplaces. As a further step, it recommends that all restaurants in New South Wales seating in excess of 100 people be required to provide a smoke-free area.

17 Increasing the cost of cigarettes appears to be the most effective single measure for curtailing total consumption of tobacco, particularly among young people. Thus, in order to achieve a substantial price increase and to simultaneously provide funding for a proposed health promotion foundation, it is recommended that the tobacco licence fee be increased initially by 10 per cent (from 35 per cent to 45 per cent of the wholesale price) and in successive years by one per cent annually until the total state licence fee reaches 50 per cent of the wholesale price.

### Alcohol

18 Alcohol is second to tobacco as the most harmful drug consumed in the community generally, but for young people it is the most harmful drug when measured in terms of drug-related deaths. The most recent NSW survey underlines the fact that under-age drinking continues to be a significant problem. While it shows an overall decline in alcohol consumption among school students, it also indicates disturbing increases in the prevalence of regular drinking among the older school-age group, and of heavy drinking among older male students. The survey also indicates that alcohol is readily available to minors, and that young people's perceptions of which drugs cause most deaths do not correspond with the true situation.

19 Current prevention strategies, such as education, alternate alcohol-free entertainment facilities, police enforcement and the legal controls on the consumption of alcohol by, and its supply to minors as embodied in the relevant liquor control Acts, are important but should be reviewed or, in the case of the liquor legislation, amended, in order to further enhance their effectiveness.

20 The Committee believes there is a place for the issuing of on-the-spot

finer to minors for some under-age drinking offences, subject, however, to ensuring that the infringement notice process is not seen to be a diminution of the seriousness of the offences involved. The Committee endorses two recent government initiatives: first, the sponsorship of a voluntary proof-of-age card which, along with photo drivers licences, will allow licensees to quickly determine the age of persons seeking to purchase alcohol or enter licensed premises; the second initiative is the lowering to 0.02 per cent of the permissible blood alcohol limit for new drivers under the age of 25.

21 The Committee recommends two new strategies: the introduction of compulsory health warnings on all alcohol labelling and in all alcohol advertising, and the establishment of a Health Promotion Foundation (see below). It also believes that strategies relating to the pricing and availability of alcoholic beverages should be considered.

22 Advertising is a further area of particular concern in relation to under-age drinking and one which requires considerable reform. The liquor industry spends an estimated \$57 million annually on advertising. While research evidence to date has failed to prove any causal connection between advertising and increased consumption levels, a number of Australian and overseas studies have concluded that alcohol advertising does reinforce under-age drinking. The Committee is persuaded that the greatest cause for concern is the message conveyed to young people by alcohol advertising in which drinking is "glamorised, sanitised and normalised."

23 The Committee considers that alcohol advertising needs to be significantly restricted. It also considers that there is a need to address the manifest shortcomings in the self-regulatory system of alcohol advertising currently in force throughout Australia. The system is embodied in a voluntary Alcohol Beverages Advertising Code, which contains guidelines for acceptable alcohol advertising. The Alcoholic Beverage Advertising Code Council (ABACC) advises on the development of the code, while the Advertising Standards Council (ASC) interprets the code and adjudicates public complaints against offending advertising material.

24 The Committee's attention was drawn to the concerns of numerous medical and consumer organisations and drug professionals about the interpretation of the code by the ASC and what are regarded as lengthy and cumbersome procedures for the submission and consideration of complaints. Another complaint made to the Committee was that there is a significant imbalance in the membership of the ABACC in favour of the media, advertising and liquor industries.

25 The Committee concluded that the self-regulatory system is ineffective and needs to be replaced by a new system mandated by law. The voluntary code should be replaced by a mandatory, legislated code; and a statutory body should be set up to interpret the new code and adjudicate public complaints about particular advertisements.

26 As print and television advertising are federally regulated, those of the Committee's recommendations which pertain to the Federal sphere are directed to the NSW Government to be taken up with the other State and Territory governments, and submitted jointly by them to the Federal Government.

#### Health Promotion Foundation

27 In conjunction with the recommended abolition of tobacco company sponsorship of sport and the arts, the Committee advocates the establishment in NSW of a health promotion foundation. The concept behind such a foundation is that a hypothecated tax on cigarettes and alcohol products is channelled into an independent body charged with the task of replacing tobacco sponsorship of sports and the arts, and of promoting healthier lifestyles through sports and cultural promotions, education and drug research.

28 The Committee believes that for such a foundation to become viable, it must be strongly supported by all parties within the Parliament. Nominees of both the Government and Opposition should be represented on the board of trustees.

29 Currently in Australia, health promotion foundations exist in South Australia, Victoria and the Australian Capital Territory, and their establishment is being considered currently by the West Australian and Tasmanian Parliaments

30 Health promotion foundation funding avoids the hypocrisy of healthy sports being sponsored by unhealthy products. It guarantees funding for programmes such as "Quit For Life" and "Rage Without Alcohol".

31 Sponsorships of festivals and specific sports can be used to target particular groups such as non-English speakers or young women, with specific health messages.

32 The recommended New South Wales Health Promotion Foundation should be funded by an increase in the licence fees on both alcohol and cigarettes. It is expected that these levies would raise approximately \$76 million annually.

33 It is vital that the New South Wales Health Promotion Foundation be seen to be independent and as such should be constituted as a statutory authority.

## **LIST OF RECOMMENDATIONS**

### **RECOMMENDATION 1**

**THAT THE DIRECTORATE OF THE DRUG OFFENSIVE MONITOR AND REVIEW ALL MAJOR DRUG REPORTS ISSUED IN NSW, AT THE FEDERAL LEVEL AND ELSEWHERE AS APPROPRIATE, AND PREPARE AT LEAST ANNUALLY DIGESTS OF THESE REPORTS INCLUDING ASSESSMENTS OF THE FEASIBILITY AND COST IMPLICATIONS OF THEIR RECOMMENDATIONS, FOR THE MINISTERIAL COMMITTEE ON THE DRUG STRATEGY.**

### **RECOMMENDATION 2**

- (a) THAT THE DIRECTORATE OF THE DRUG OFFENSIVE, IN CO-ORDINATION WITH THE AREA AND REGIONAL HEALTH SERVICES AND THE NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES, INVESTIGATE THE FULL EXTENT OF DRUG STRATEGIES, PROGRAMS AND FACILITIES FOR YOUTH THROUGHOUT NSW RELATING TO BOTH THE GOVERNMENT AND NON-GOVERNMENT SECTORS, AND THE EXTENT TO WHICH THESE ARE MEETING THE NEEDS OF YOUTH;**
- (b) THAT FOLLOWING THIS INVESTIGATION, THE DIRECTORATE, IN CONJUNCTION WITH OTHER RELEVANT ORGANISATIONS, DEVELOP A BODY OF DRUG POLICY GUIDELINES SPECIFIC TO YOUTH, FOR SUBMISSION TO THE MINISTERIAL COMMITTEE ON DRUG STRATEGY;**
- (c) THAT AGREED YOUTH POLICY GUIDELINES BECOME AN INTEGRAL PART OF THE ON-GOING PLANNING PROCESS AND BE DISSEMINATED TO ALL RELEVANT ORGANISATIONS THROUGHOUT NSW.**

### **RECOMMENDATION 3**

**THAT THE DRUG OFFENSIVE ACT 1987 BE AMENDED TO EMPOWER THE DIRECTORATE OF THE DRUG OFFENSIVE TO CARRY OUT EFFECTIVELY ITS PRIMARY TASK OF CO-ORDINATING DRUG POLICIES AND PROGRAMS THROUGHOUT NEW SOUTH WALES.**



**SPECIFICALLY, THAT:**

- (A) THE WORDS "TO THE MAXIMUM PRACTICABLE EXTENT" BE DELETED FROM SECTION 10.(1);**
- (B) SECTION 10 (2) BE AMENDED IN SUCH A WAY AS TO OBLIGE ALL GOVERNMENT ORGANISATIONS TO CONSULT WITH THE DIRECTORATE PRIOR TO THE PROVISION OF ANY DRUG SERVICES;**
- (C) ALL SUCH ORGANISATIONS BE REQUIRED TO INFORM THE DIRECTORATE IF THEY ARE UNWILLING OR UNABLE TO ACT ON THE DIRECTORATE'S ADVICE PRIOR TO THE COMMENCEMENT OF THE SERVICES IN QUESTION.**

**RECOMMENDATION 4**

**THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCED ROLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE, IT RESUME ITS FORMER RESPONSIBILITY FOR OVERSEEING THE ACCOUNTABILITY OF RECIPIENTS OF DRUG OFFENSIVE FUNDING AND MONITORING THEIR ADHERENCE TO THE STANDARDS WHICH IT HAS SET.**

**RECOMMENDATION 5**

**THAT IN ORDER TO ENSURE AREA AND REGIONAL DRUG AND ALCOHOL CO-ORDINATORS PLAY A FULLY EFFECTIVE ROLE IN THE PROVISION OF ADEQUATE DRUG SERVICES TO ALL AREAS OF NSW, THE DIRECTORATE UNDERTAKE A FULL REVIEW OF THE ROLE, FUNCTIONS AND TRAINING NEEDS OF THE CO-ORDINATORS, AND ASSOCIATED COST IMPLICATIONS, FOR PRESENTATION TO THE MINISTER FOR HEALTH.**

**RECOMMENDATION 6**

**THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCEMENT OF THE DIRECTORATE'S ROLE AND EFFECTIVENESS, ITS STATUS BE UPGRADED TO THAT OF A SEPARATE DIVISION WITHIN THE DEPARTMENT OF HEALTH REPORTING DIRECTLY TO THE MINISTER.**

**RECOMMENDATION 7**

**THAT THE TITLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE BE CHANGED TO "DRUG STRATEGY DIVISION".**

**RECOMMENDATION 8**

**THAT THE DIRECTORATE'S STAFFING LEVEL BE REVIEWED TO ENSURE THAT IT HAS ADEQUATE STAFFING RESOURCES.**

**RECOMMENDATION 9**

**THAT THE DIRECTORATE DEVELOP STRATEGIES AND STRUCTURES THAT WILL PROVIDE BETTER LINKAGE AND SUPPORT TO DRUG WORKERS, PARTICULARLY THOSE IN REGIONAL AREAS WHO OFTEN HAVE LIMITED INFORMATION AND RESOURCES.**

**RECOMMENDATION 10**

**THAT A PERSON OR PERSONS BE PROHIBITED FROM THE SALE, DISPLAY, IMPORTATION OR ADVERTISING OF ANY PRODUCT (NOT INCLUDING CIGARETTES) WHICH INCLUDE A TOBACCO TRADEMARK, BRAND NAME OR LOGO OR PART OF A TRADEMARK, BRAND NAME OR LOGO USED BY A TOBACCO COMPANY.<sup>1</sup>**

**RECOMMENDATION 11**

**THE COMMITTEE RECOMMENDS THAT NO TAXI BE PERMITTED TO CARRY A TOBACCO ADVERTISEMENT.**

**RECOMMENDATION 12**

**THAT BILLBOARD ADVERTISING OF TOBACCO PRODUCTS BE PROHIBITED.**

**RECOMMENDATION 13**

- (a) THAT THE MINIMUM AGE AT WHICH CIGARETTES MAY BE PURCHASED BE RAISED TO 18.**

---

<sup>1</sup> The Committee is aware of the effect this recommendation may have on some established businesses and acknowledges that on implementation the Government may need to undertake appropriate phasing-in arrangements.

- (b) THAT THE PROPOSED 'PROOF-OF-AGE' CARD OR PHOTOGRAPHIC DRIVERS LICENCE BE ACCEPTABLE EVIDENCE OF AGE.
- (c) THAT A PERSON WHO SELLS TOBACCO TO A PERSON WHO IS UNDER THE AGE OF 18 YEARS IS GUILTY OF AN OFFENCE WITH A MAXIMUM PENALTY OF 50 PENALTY UNITS.

#### RECOMMENDATION 14

THAT AS SOON AS PRACTICABLE NO SPORTING, CULTURAL OR ARTISTIC EVENT IN NEW SOUTH WALES MAY ADVERTISE OR EXHIBIT A TOBACCO BRAND NAME, LOGO, OR TRADEMARK IN ASSOCIATION WITH THE NAME OF THAT EVENT.

#### RECOMMENDATION 15

- (a) THAT ONE TOBACCO HEALTH WARNING, THAT RELATING TO A REDUCTION IN FITNESS, BE ABOLISHED AND REPLACED WITH SOMETHING MORE APPROPRIATE TO THE DESTRUCTIVE EFFECT OF TOBACCO CONSUMPTION;
- (b) THAT THE TOBACCO WARNINGS BE INCREASED IN SIZE FROM FIFTEEN PERCENT TO TWENTY-FIVE OF THE SURFACE AREA OF THE PACKET, THAT THEY BE MOVED FROM THE BOTTOM TO THE TOP OF THE PACKET AND CONTRAST WITH THE BACKGROUND COLOUR OF THE CIGARETTE PACKET;
- (c) THAT THESE WARNINGS NO LONGER CONTAIN THE POSTSCRIPT "HEALTH AUTHORITY WARNING"; AND
- (d) THAT EACH CIGARETTE PACKET CONTAIN A CARDBOARD INSERT, INSIDE THE PACKET ITSELF, OF NOT LESS THAN SIX CENTIMETRES BY FOUR CENTIMETRES, WHICH ON ONE SIDE WOULD CONTAIN A HEALTH WARNING AND THE "QUIT FOR LIFE" TELEPHONE NUMBER AND ON THE OTHER SIDE LIST A SELECTION OF THE WORST CARCINOGENS TO BE FOUND IN CIGARETTES.

#### RECOMMENDATION 16

THAT ALL ADVERTISING AT POINT-OF-SALE AND ON PUBLIC VENUES, OVALS AND SPORTING GROUNDS, INCLUDING BRAND NAMES AND TRADEMARKS AND LOGOS REPRESENTED ON THE SURFACE OF SUCH VENUES, BE PROHIBITED AS SOON AS PRACTICABLE.

**RECOMMENDATION 17**

THAT ANY FILM FINANCIALLY OR ADMINISTRATIVELY ASSISTED BY THE NSW FILM CORPORATION DISPLAY NO IDENTIFIABLE BRAND NAME OF CIGARETTES OR INCIDENTAL ADVERTISING, UNLESS IT INCORPORATES "FILE" FOOTAGE AND THAT NO SUCH FILM ACCEPT ANY FORM OF PAYMENT OR SPONSORSHIP FROM A TOBACCO COMPANY.

**RECOMMENDATION 18**

THAT ALL RESTAURANTS IN NEW SOUTH WALES WHICH SEAT IN EXCESS OF 100 PEOPLE MUST PROVIDE A "SMOKE-FREE" AREA.

**RECOMMENDATION 19**

A FURTHER TAX OF TEN PERCENT ON ALL TOBACCO PRODUCTS BE INSTITUTED AND CHANNELLED DIRECTLY INTO THE RECOMMENDED HEALTH PROMOTION FOUNDATION. THAT THIS TAX INCREASE AT THE RATE OF ONE PERCENT PER YEAR FOR THE NEXT FIVE YEARS UNTIL THE TOTAL RATE OF STATE TAXATION REACHES A FIGURE OF FIFTY PERCENT.

**RECOMMENDATION 20**

THAT THE EFFECTIVENESS OF THE ENFORCEMENT OF THE VARIOUS LIQUOR CONTROL ACTS BY POLICE PATROL COMMANDERS BE REVIEWED WHEN THEY HAVE BEEN IN OPERATION FOR TWELVE MONTHS AND THAT THE RESULTS OF THAT REVIEW BE MADE PUBLIC.

**RECOMMENDATION 21**

THAT FINANCIAL PENALTIES FOR OFFENCES UNDER THE LIQUOR AND REGISTERED CLUBS ACTS BY LICENCEES, THEIR EMPLOYEES OR OTHER ADULTS IN RELATION TO UNDER-AGE DRINKING, HAVE A MINIMUM LIMIT OF NOT LESS THAN HALF THE MAXIMUM LIMIT.

**RECOMMENDATION 22**

THAT THE REGISTERED CLUBS AND LIQUOR ACTS BE AMENDED SO AS TO PROVIDE MANDATORY PENALTIES FOR CLUBS OR LICENCES CONVICTED OF OFFENCES RELATING TO MINORS, AS FOLLOWS:

- TWO OFFENCES IN A THREE YEARS PERIOD - CALLED UPON TO SHOW CAUSE WHY THE CERTIFICATE OF REGISTRATION OR THE LICENCE, AS APPROPRIATE, SHOULD NOT BE CANCELLED OR SUSPENDED FOR A SPECIFIC PERIOD;
- THREE OFFENCES IN THREE YEAR PERIOD - SUSPENSION OF CERTIFICATE OF REGISTRATION OR LICENCE FOR BETWEEN SIX AND TWELVE MONTHS;
- FOUR OR MORE OFFENCES IN THREE YEAR PERIOD - CANCELLATION OF CERTIFICATE OF REGISTRATION OR LICENCE.

**RECOMMENDATION 23**

THAT IN ALL CASES IN WHICH MINORS ARE ISSUED WITH INFRINGEMENT NOTICES UNDER SECTION 117F OF THE LIQUOR ACT OR SECTION 57A OF THE REGISTERED CLUBS ACT

- (A) THEIR PARENTS OR GUARDIANS MUST BE INFORMED; AND
- (B) THE ISSUING OF THE NOTICE MUST BE RECORDED BY THE POLICE DEPARTMENT.

**RECOMMENDATION 24**

THAT MINORS MAY RECEIVE ONLY ONE INFRINGEMENT NOTICE AND THAT SECOND AND FURTHER OFFENCES AUTOMATICALLY ENTAIL A COURT APPEARANCE.

**RECOMMENDATION 25**

THAT WARNINGS BE COMPULSORILY INCLUDED ON ALL ALCOHOL LABELLING AND IN EVERY FORM OF ALCOHOL ADVERTISEMENT WITHOUT EXCEPTION, CONCERNING THE POTENTIAL EFFECTS OF EXCESSIVE CONSUMPTION.

THAT THERE BE SEVERAL DIFFERENT WARNINGS DISPLAYED ON A ROTATIONAL BASIS.

**RECOMMENDATION 26**

THAT THE GOVERNMENT INCREASE THE LIQUOR LICENSING FEES FROM TEN TO ELEVEN PERCENT, AND THAT THE ADDITIONAL ONE PERCENT BE

**EXPRESSLY ALLOCATED TO THE RECOMMENDED HEALTH PROMOTION FOUNDATION.**

**RECOMMENDATION 27**

**THAT THE FOLLOWING FORMS OF ALCOHOL ADVERTISING BE BANNED:**

- (a) ON BILLBOARDS;**
- (b) ON TAXIS AND BUSES;**
- (c) THE IMPRINTING OF ALCOHOL COMPANY LOGOS OR BRAND NAMES ON THE SURFACE OF SPORTS FIELDS OR STADIUMS;**
- (d) ON RADIO OR TELEVISION BEFORE 10 PM THROUGHOUT THE WEEK, AND DURING ANY PROGRAMS AT A LATER TIME WHICH HAVE A SUBSTANTIAL YOUTH AUDIENCE, AS A FIRST STEP TO TOTAL ELIMINATION; and**
- (e) IN MAGAZINES OR SPECIAL SECTIONS OF NEWSPAPERS AND MAGAZINES WHICH HAVE A SUBSTANTIAL YOUTH READERSHIP.**

**THAT IN ADDITION, SPECIFIC LIMITATIONS BE IMPOSED ON**

- (a) TOTAL ALCOHOL ADVERTISING IN ALL MEDIA; and**
- (b) AROUND THE PERIMETERS OF SPORTS FIELDS AND STADIUMS.**

**RECOMMENDATION 28**

**THAT THE SYSTEM OF SELF-REGULATION OF ALCOHOL ADVERTISING BE REPLACED BY A NEW SYSTEM MANDATED BY LEGISLATION, UNDER WHICH THE CURRENT VOLUNTARY ALCOHOLIC BEVERAGES ADVERTISING CODE WOULD BE REPLACED BY A MANDATORY CODE.**

**RECOMMENDATION 29**

**THAT THE RECOMMENDED MANDATORY CODE FOR ALCOHOL ADVERTISING BE MONITORED BY A STATUTORY BODY WHOSE MEMBERSHIP WOULD BE APPOINTED BY AND RESPONSIBLE TO THE NATIONAL MINISTERIAL COUNCIL ON DRUG STRATEGY; THIS BODY WOULD INTERPRET THE CODE AND ADJUDICATE PUBLIC COMPLAINTS ABOUT PARTICULAR ADVERTISEMENTS.**

### **RECOMMENDATION 30**

**THAT THE PROPOSED NEW SOUTH WALES HEALTH PROMOTION FOUNDATION BE FUNDED BY AN EXTRA TAX ON ALCOHOL LICENCE FEES OF ONE PERCENT AND ON CIGARETTES OF TEN PERCENT.**

### **RECOMMENDATION 31**

**THAT THE LEGISLATION CREATING SUCH A FOUNDATION WOULD INCLUDE A SPECIFIC BREAKDOWN OF SPENDING COVERING AREAS SUCH AS:**

- **funding for tobacco sponsorship substitution;**
- **promotion of arts, cultural and sporting events;**
- **health promotion funding;**
- **education programmes (with particular emphasis on youth); and**
- **alcohol and drug research.**

### **RECOMMENDATION 32**

**THAT THE LEGISLATION CONTAIN CLEAR GUIDELINES RELATING TO FUNDING AND BE OVERSEEN BY A MANAGEMENT BOARD COMPRISING REPRESENTATIVES OF THE DIRECTORATE OF THE DRUG OFFENSIVE, SPORTING AND ARTS OFFICIALS, REPRESENTATIVES FROM THE AREA OF HEALTH PROMOTION, ADVERTISING AND MARKETING AND REPRESENTATIVES OF THE MAJOR POLITICAL PARTIES, AS IN VICTORIA.**

### **RECOMMENDATION 33**

**THAT INDIVIDUAL COMMITTEES BE SET UP TO ESTABLISH GUIDELINES AND GRANTS TO SPECIFIC AREAS I.E. TOBACCO REPLACEMENT COMMITTEE, SPORTS SPONSORSHIP COMMITTEE, ARTS AND CULTURAL ACTIVITIES COMMITTEE AS IN THE VICTORIAN AND SOUTH AUSTRALIAN MODELS.**

### **RECOMMENDATION 34**

**THAT THE NEW SOUTH WALES HEALTH PROMOTION FOUNDATION BE CREATED AS A STATUTORY AUTHORITY, UNDER THE ADMINISTRATIVE UMBRELLA OF THE DEPARTMENT OF HEALTH.**

**RECOMMENDATION 35**

**THAT APPROPRIATE PHASE IN/PHASE OUT ARRANGEMENTS RELATING TO EXISTING SPONSORSHIPS BEING REPLACED BY HEALTH PROMOTION FOUNDATION SPONSORSHIP, BE PROVIDED FOR IN LEGISLATION.**



## CHAPTER 1: INTRODUCTION

### General

1.1 The use of both licit and illicit drugs by young people is one of the most pressing problems facing our community. The extent of this problem, which is interrelated with so many other social and economic problems, is a sad commentary on society's capacity and willingness to care for its youth. The adolescent phase is characterised by curiosity, experimentation, risk-taking and defiance of authority. However, it is important that adolescent drug-taking be recognised by the community and drug professionals alike as being part of the wider phenomenon of drug use and misuse in the community as a whole, rather than as a separate problem somehow limited to youth. Unfortunately, this is not always the case and is detrimental to progress in addressing drug abuse by youth. It also adds to the alienation which has always existed between adolescents and adults in society. For the Committee, this is one of the issues at the heart of this Inquiry. The other is that in order to have any long-term effect on the problem of drug misuse in the community generally, it is necessary to begin with youth.

1.2 Given the magnitude of the task before it, the Committee considered it best to divide its Report into two parts, to be released separately, in order to be better able to concentrate its focus of attention. The Committee's principal focus in this first part of its Report has been twofold. First, it has sought to take an overview of the whole process of implementation of drug policies and programs throughout NSW and to identify areas requiring improvement. Second, it has given particular attention to the two major problem drugs for youth and the community in general, nicotine and alcohol, since the dangers which these substances pose to health have not been adequately recognised as the major health issue.

1.3 The second part of this report is scheduled for completion in 1991, and will cover education, prevention strategies, illicit drugs, treatment, and the needs of specific groups in the community.

### Antecedent Inquiries

1.4 The Committee decided that, given the great breadth of its terms of reference, its first task would be to review the work which had already been done in this field, particularly by previous inquiries. The Committee also took account of the very considerable and detailed research and review currently being undertaken into both prevention and treatment strategies by such organisations as the Directorate of the Drug Offensive and others in both the government and non-government sectors. The Committee did not see its role as seeking to match the expertise of these organisations in the detailed development and evaluation of such strategies.

1.5 The committee visited Albury and made interstate visits to Melbourne, Adelaide and Canberra for discussions with drug and law enforcement professionals about local problems, policies and programs (a list of meetings held is attached). A Sub-Committee also visited a number of overseas jurisdictions in Europe and North America for the same purpose (a list of the meetings held during that trip is attached). In that regard the Sub-Committee noted that a comparison between NSW and the countries visited indicated that overall we are as advanced as, and in many cases ahead of other countries in addressing these problems. This is a matter of commendation to both State and Federal Governments but certainly not grounds for complacency.

1.6 In the course of its investigations the Committee became aware of the very active, on-going debate in NSW and elsewhere in Australia about drug policy and of tensions about particular aspects of it, such as over the respective emphases to be given to demand reduction and supply control. It noted many similarities between the debate in Australia and in the overseas countries visited.

1.7 The Committee found that a great deal of valuable, detailed investigative work has been undertaken in recent years, including a number of major reports which deal with the issues under consideration in this Inquiry. These include:

Drug Problems in Australia - An Intoxicated Society? - Report by the Senate Standing Committee on Social Welfare, 1977.

Final Report of the Committee of Review into Drug and Alcohol Services in New South Wales (the "Kerr Committee"), 1985.

A Report on the Non-Government Drug and Alcohol Services System in New South Wales, prepared for the Network of Alcohol and Drug Agencies, 1985.

Regional Consultations on the Needs and Priorities for Alcohol and Other Drug Services in 1987/88, prepared by the Network of Alcohol and Drug Agencies, 1987.

Young Australians and Drugs - Options for Strategies, prepared for the Youth Bureau of the Commonwealth Department of Employment, Education and Training, 1988.

Report of the National Campaign Against Drug Abuse Task Force on Evaluation, 1988.

Drugs, Crime and Society, - Report by the Federal Parliamentary Joint Committee on the National Crime Authority, 1989.

**A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles, a Proposal Submitted to the NSW Minister for Police and Emergency Services by the Commissioner of Police, 1988.**

1.8 In considering these reports, the Committee noted that there appears to have been insufficient implementation of the plethora of recommendations emanating from them. A particular case in point is the highly regarded report of the "Kerr Committee", which contains 344 recommendations. The Committee notes with concern that the Drug Offensive Council had asked only in late 1989 - over four years after the Kerr Report's publication - that an audit be undertaken of how many of that Report's recommendations had been implemented. The Social Issues Committee has found no evidence to suggest that any other of the reports cited above have fared any better.

1.9 Clearly, given the effort and resources which have gone into the preparation of such reports, and the numerous ideas and strategies which have emerged from them, it is essential that the Government establish a permanent mechanism for the receipt and monitoring of such major work. It is suggested that this could best be handled by the Directorate of the Drug Offensive, with consideration being given to the resource implications for that organisation in assuming this responsibility. It could initially focus on reports emerging within NSW and at the Federal level, but need not be restricted to those two jurisdictions. The Committee envisages that the Directorate would prepare periodical - at least annual - reviews of such reports for presentation to the Ministerial Committee on Drug Strategy, with assessments of the desirability, feasibility and cost implications of their recommendations.

**RECOMMENDATION 1**

**THAT THE DIRECTORATE OF THE DRUG OFFENSIVE MONITOR AND REVIEW ALL MAJOR DRUG REPORTS ISSUED IN NSW, AT THE FEDERAL LEVEL AND ELSEWHERE AS APPROPRIATE, AND PREPARE AT LEAST ANNUALLY DIGESTS OF THESE REPORTS INCLUDING ASSESSMENTS OF THE FEASIBILITY AND COST IMPLICATIONS OF THEIR RECOMMENDATIONS, FOR THE MINISTERIAL COMMITTEE ON THE DRUG STRATEGY.**

**Social and Economic Implications**

1.10 It is not possible to accurately quantify the direct social and economic cost to society of drug use, while the indirect social costs, such as family violence and breakdown, are even more difficult to measure. Some conclusions can, however, be drawn from available data. Estimates of drug-related deaths, Australia-wide, in 1986 indicate that:

- 25,495 deaths were caused by drug use; of these, seventy-one percent were due to tobacco, twenty-six percent were due to

alcohol, one percent was due to opiates and two percent to all other drugs; and

- one in five deaths among all ages and one in three deaths in the 15-34 age group were caused by drugs.<sup>1</sup>

1.11 Regarding the economic cost, an Australia-wide study by the Alcohol and Drug Foundation of Australia<sup>2</sup> has estimated the cost of:

- alcohol misuse in 1988 at between \$4.7 billion and \$12.2 billion;
- tobacco in 1984 at least \$2.66 billion;
- misuse of pharmaceuticals at \$800 million annually; and
- illicit-drug-related law enforcement at \$123 million annually.

### Causal Factors

1.12 An early step undertaken by the Committee was to examine the known causes of young people taking up drugs, and why some youth proceed beyond mere experimentation to the stage of regular use. An appreciation of such causal factors is clearly an essential first step in any attempt to devise strategies for prevention and treatment. Such strategies would very much involve appropriate education programs, which will be dealt with in Part 2 of this Report to be brought down in 1991.

1.13 A large number of social, psychological, economic and other factors have been identified by researchers as antecedents to drug use. There is no generally agreed, definitive list of such antecedents, but there is widespread consensus about many of them. These include the characteristics, referred to earlier, which are common to adolescence: curiosity, experimentation, seeking new experiences and thrills, risk-taking, defiance of authority, indifference to possible long-term harm to one's health, peer pressures and desire to impress the opposite sex, and boredom, particularly in the absence of adequate recreation facilities. A second group of factors include the desire to alleviate the stresses, pain and damage to self-esteem associated with family breakdown and dysfunction, overcrowded or otherwise inadequate housing, domestic violence, homelessness, sexual assault, poverty, neglect and poor academic and work achievement. Negative role modelling by adults, especially parents, is a further important cause. Affluence and the

---

<sup>1</sup> Source: Federal Department of Community Services and Health. Statistics on Drug Abuse in Australia, 1989.

<sup>2</sup> Economic Cost of Drug Misuse; paper by Geoff Elvy, Executive Director.

receipt by young people of generous allowances, coupled with other negative factors, can also contribute to drug use.

1.14 Any concerted attack by government on drug use among youth must address these problems through programs aimed at both parents and children. The Committee acknowledges the Report of the National Inquiry into Homeless Children by the Human Rights and Equal Opportunity Commission, as important in this regard.

### Role of the Media

1.15 Accurate public perception of drug problems in society is extremely important if policies are to be effective. It is essential that the public understands that drug problems potentially impact on every person and that the community, both generally and at local levels, must be acquainted with drug policy and with the strategies of both the government and non-government sectors. The media plays a central role in this process. Unfortunately, although there has been a significant amount of responsible reporting about drug issues in recent years, there is still a tendency, particularly but not exclusively on the part of the print media, to sensationalise drug issues, thereby presenting an inaccurate and distorted picture of the situation. While the Committee has detected a growing appreciation in the community of what the major drug problems are, there is still a great deal of misunderstanding.

1.16 There is also widespread apathy about drugs as an issue, due largely to the erroneous belief that drug problems only affect a small percentage of the population and do not touch "ordinary" people. All too often the media has tended to stereotype drug users as seedy and totally alienated heroin addicts who support their habit through the proceeds of crime. The statistics show that this image is accurate for only a very small proportion of all drug users. A NCADA survey of lifetime experience with drugs in 1988 showed that only one per cent of the Australian population had ever tried heroin, a decrease from two per cent in 1985<sup>3</sup>. While the figure for those addicted to heroin is not given, it can be presumed to be significantly less than one percent. In stating this, the Committee wishes to note, however, that it appreciates that the media has a difficult task in reporting on drug problems in that a more positive depiction of these problems could risk glamorising drug abuse.

1.17 Nevertheless the point which the media has failed to deliver is that most adults and a great many young people in our society are users of drugs of one sort or another. This is largely on account of the fact that the drugs

---

<sup>3</sup> NCADA Social Issues in Australia Survey, 1985; and 1988 NCADA National Survey.

which together cause by far the greatest harm to health, society and the economy, namely nicotine and alcohol, are licit, widely available and their use, especially in the case of alcohol, is condoned and even widely encouraged. The abuse of pharmaceuticals, especially tranquillisers, is another serious problem to which the media does not give sufficient focus. In regard to the illicit drugs, a distorted impression is given of the extent of their use, which is statistically very low compared with the licit drugs. According to the NCADA survey quoted in the previous paragraph, only five per cent of the Australian population had ever tried amphetamines, two percent had ever tried cocaine/crack, six percent had ever tried hallucinogens, and one percent had ever tried "ecstasy"/designer drugs. The corresponding figures for alcohol and tobacco were respectively ninety-two percent and eighty per cent. There is also inadequate information provided about the pharmacology of these substances, which is very important for an appreciation of the potential harm they can cause. Drug policy is also given scant attention, as is the range of preventive and treatment measures and facilities currently in place.

1.18 The Committee does not suggest that the media is totally lacking a sense of public responsibility in its treatment of drug issues. Some very good work has been done; one recent example is the ABC television documentary "The Devil You Know ..."<sup>4</sup> and there have been other reports of similar quality. The point does need to be re-emphasised, however, that given the media's enormous influence as the major source of information to the public, especially young people, its policy makers need to give more careful attention to presenting as accurate and balanced an account of the drug issue as possible.

### Harm Minimisation

1.19 It should be noted that the recommendations in this Report are intended to be in harmony with the precepts of the National Campaign Against Drug Abuse (NCADA), including its basic goal of harm minimisation. While the attainment of a society free of illicit drugs and of the problems associated with the licit drugs is without question highly desirable, it is recognised that this goal will probably never be totally achieved and that therefore drug policy must be aimed not only at prevention and cessation of drug use, but also at minimising the harm to individuals and society which is associated with that use.

1.20 NCADA aims to reduce the demand for drugs through a comprehensive program involving education, early intervention, treatment, rehabilitation, research and law enforcement. Its underlying goal is to minimise the harmful effects of drugs on Australian society. This is to be achieved through a

---

<sup>4</sup> Screened on 18 July 1990.

series of specific strategies and principles. The Head of the Directorate of the Drug Offensive, Dr Michael MacAvoy pointed out to the Committee that the policy of harm minimisation implies no form of implicit or explicit support for illicit drug use. The harm minimisation strategy is the guiding principle of government policy at all levels, although the Committee recognises that there are some sectors within the community who argue for a philosophy of abstinence rather than harm minimisation.

### Drug Supply

1.21 In accordance with its terms of reference, this Report concentrates on the issue of demand reduction. It does not separately address supply reduction, although of course the Committee fully appreciates the important place which the latter also occupies in overall drug strategy.

### Terminology

1.22 The term "drugs" refers in this Report to all mood-altering substances, both licit (tobacco, alcohol, pharmaceuticals) and illicit (marijuana, opiates such as heroin, stimulants such as cocaine and amphetamines, hallucinogens, and "designer" drugs), as well as volatile solvents such as glue and petrol.

1.23 Although this Inquiry's principal focus is on young people between the ages of eight and eighteen, the Committee has found it necessary in many instances to expand its purview beyond those age limits. Given the extent of drug use throughout the community, it is inevitable that several of this Report's recommendations, such as those relating to the co-ordination of drug policy and programs (in Chapter 2) and the establishment of a Health Promotion Foundation (Chapter 5), will impact on youth and adults alike. However, such recommendations are made because the Committee is convinced of their necessity in addressing youth drug abuse.

1.24 The Committee is aware of the disagreement within some sections of the professional drug community over the appropriateness of such expressions as "abuse" and "misuse" in relation to drugs. For its part the Committee has no problems with these terms and has employed them together with the term "use" interchangeably throughout the Report in relation to young people, as all drugs are legally prohibited to minors (with some express exceptions, such as the availability of tobacco to over sixteen year olds<sup>5</sup>, of alcohol to minors in their own homes and of pharmaceuticals properly and responsibly prescribed).

---

<sup>5</sup> The Committee has recommended in Chapter 3 that this age limit be increased.

## **Implementation of Recommendations**

**1.25 In Chapters 3 and 4 of this Report, relating to Tobacco and Alcohol, the Committee has made a number of recommendations for changes in regard to advertising, health warnings and tobacco sponsorship of sport and the arts. The Committee appreciates that implementation of these recommendations should, in each case, involve a phasing-out or phasing-in period, to allow the necessary adjustments to be made by the companies and organisations concerned.**



## **CHAPTER 2: DIRECTORATE OF THE DRUG OFFENSIVE**

**2.1 One of the first tasks undertaken by the Committee was to examine the mechanisms for the administration and co-ordination of drug policy in NSW. As an initial step, the Committee looked at what constitutes drug policy. It obtained information on this matter principally from senior officials of the Directorate of the Drug Offensive, and from representatives of the Federal Department of Community Services and Health, which has responsibility for the day-to-day co-ordination of the National Campaign Against Drug Abuse (NCADA).**

### **Drug Policy in NSW**

**2.2 Drug policy in NSW, as in each Australian State and Territory, follows the guidelines laid down by the national Ministerial Council on Drug Strategy, comprising Health and Police Ministers from all States and Territories and the Federal Attorney-General and Minister for the Aged, Family and Health Services, who direct the National Campaign Against Drug Abuse (NCADA). The Campaign was agreed upon at the special Premiers' Conference convened by the Prime Minister in 1985. The original 3-year commitment to NCADA was extended in 1988 for a further three years. During NCADA's first three years to 1988, \$110.6 million was provided for education, training and community development, treatment and rehabilitation, research, data systems and evaluation, and controls and enforcement. Of this total, \$77 million was provided to the States and Territories on a cost-sharing basis (under the agreed formula whereby the Commonwealth allocates cost-shared funds to the States and Territories on a per capita basis; funds are allocated to treatment/rehabilitation programs and to education programs in an approximate 3:1 ratio).**

**2.3 The previous chapter referred to the fact that the Campaign's underlying goal is to minimise the harmful effects of drugs on Australian society through a series of specific strategies and principles, and that the policy of harm minimisation implies no form of implicit or explicit support for illicit drug use. The principle of harm minimisation has been stated by the Directorate as "a series of broad goals applicable to both licit and illicit substances", as follows:**

- (i) to reduce the levels of consumption of drugs associated with harm;**
- (ii) to reduce the occurrence of behaviour leading to harm associated with drug use;**

- (iii) to increase public awareness of:**
  - (a) problems related to alcohol and other drug use, and the range of effective responses;**
  - (b) resources available in the community that can provide assistance with these problems;**
  - (c) the safe use of drugs;**
- (iv) to increase the awareness of health and welfare professionals about alcohol- and other-drug-related problems, leading to an improved capacity for identification and treatment of individuals so affected; and**
- (v) to ensure the provision of effective and accessible drug and alcohol services to the community."**

**2.4 These goals, according to the Directorate, are intended to reflect the need to properly balance strategies designed to control the supply of drugs with those for reducing the demand for their consumption. Supply control strategies for both illegal and legal drugs are typically regulatory and legislative measures such as proscription, interdiction, protection and other law enforcement activities and, in the case of legally available substances, licensing for distribution, accompanied by restrictions on availability and access. Achievement of demand reduction is through a combination of treatment and rehabilitation measures, education and other forms of prevention and detection strategies and penalties as deterrents to use.**

**2.5 This drug policy conforms with the public health model, according to which particular emphasis is given to dealing with the effects of drugs on the health of the individual in the community. This is also the case with the other States and Territories. It accords with NCADA guidelines which were reconfirmed by the Ministerial Council on Drug Strategy in 1988 in response to the recommendations of a task force which evaluated the first three years of the Campaign. The Ministers endorsed the task force's recommendation "That the current NCADA strategy, emphasising activities aiming to reduce the demand for drugs through prevention and treatment services, while maintaining and selectively enhancing drug supply control measures, be maintained."**

**2.6 The public health model for drug policy has its critics within some sectors of the community who consider that predominant emphasis should be given to the law enforcement aspects of drug policy. The Committee's view, however, is that in accordance with this model, the current balance in NSW between demand reduction and law enforcement is correct.**

## Policy for Youth

**2.7** The Committee accepts these policy goals in general, but is concerned by the fact that there is no body of policy guidelines specific to youth. This is a serious omission, only partially compensated for by the fact that young people are one of a number of target groups in overall drug policy. It is self-evident that childhood and adolescence are phases of development and growth which tend to give rise to particular physiological and psychological traits and needs. These must be taken into careful and sympathetic account in drug policy. The problems and needs specific to adolescence are neither more nor less serious than those of adults; they are, simply, in some ways different. As such, they require separate consideration.

**2.8** The Committee considers essential the development of a body of drug policy guidelines for youth. The principal of these should be the need to ensure that all prevention and treatment campaigns, programs and activities include youth in their focus, and/or are accessible to young people. This will need to be reflected in funding guidelines and may require some increase in overall levels of funding. In particular, the Committee's attention was drawn repeatedly during the Inquiry to the widespread lack of adequate youth-specific facilities, or alternatively adult facilities with the capacity to care for youth. This point was made in submissions from several Area Health Services, municipalities and shires, covering both the metropolitan and regional areas<sup>6</sup>. Attention will have to be given in the planning phase to ensuring an adequate State-wide balance of such facilities, consistent with local youth populations and demographic trends. The policy guidelines should also encompass the availability of youth-drug counselling and information services, and of drug-specific educational courses for parents. In this regard the Committee considers as still valid the principles defined in the Kerr Committee's Report underlining prevention and treatment strategies for youth. These include:

- innovative community development programs for youth;
- strengthening generalist youth services by the provision of more drug training programs for workers, especially youth workers;
- the appointment of more youth workers, preferably with drugs training, in outreach positions; and
- all units specialising in the provision of counselling services for adolescents developing some expertise in drug problems.<sup>7</sup>

---

<sup>6</sup> For example, submissions 10, 12, 19 and 49.

<sup>7</sup> Op. cit. pages (iii), (xi) and (xii).

2.9 In order to facilitate this process, it is recommended that in the first instance the Directorate of the Drug Offensive investigate, in co-ordination with the Regional and Area Health Services and the Network of Alcohol and Other Drug Agencies (NADA): (A) investigate the extent of drug-related needs of youth throughout the State, on an area and regional basis; and (B) prepare an inventory of strategies, programs and treatment and counselling facilities specific to, or accessible to young people, and of all parent educational courses throughout NSW. Such an investigation would form the basis of the process of developing youth drug guidelines.

## **RECOMMENDATION 2**

- (a) THAT THE DIRECTORATE OF THE DRUG OFFENSIVE, IN CO-ORDINATION WITH THE AREA AND REGIONAL HEALTH SERVICES AND THE NETWORK OF ALCOHOL AND OTHER DRUG AGENCIES, INVESTIGATE THE FULL EXTENT OF DRUG STRATEGIES, PROGRAMS AND FACILITIES FOR YOUTH THROUGHOUT NSW RELATING TO BOTH THE GOVERNMENT AND NON-GOVERNMENT SECTORS, AND THE EXTENT TO WHICH THESE ARE MEETING THE NEEDS OF YOUTH;
- (b) THAT FOLLOWING THIS INVESTIGATION, THE DIRECTORATE, IN CONJUNCTION WITH OTHER RELEVANT ORGANISATIONS, DEVELOP A BODY OF DRUG POLICY GUIDELINES SPECIFIC TO YOUTH, FOR SUBMISSION TO THE MINISTERIAL COMMITTEE ON DRUG STRATEGY;
- (c) THAT AGREED YOUTH POLICY GUIDELINES BECOME AN INTEGRAL PART OF THE ON-GOING PLANNING PROCESS AND BE DISSEMINATED TO ALL RELEVANT ORGANISATIONS THROUGHOUT NSW.

## **The Effective Implementation of Drug Policy**

2.10 It is obvious that no policy can be effective without the existence of adequate means for its implementation, as well as awareness and acceptance of the policy by all those responsible for carrying it out. In this regard the Committee does not question the need for a single body with overall responsibility for drug policy co-ordination, as well as advice and on-going review.

2.11 The Committee did not see its task as proposing possible alternative organisations to replace the Directorate of the Drug Offensive. It was considered neither desirable nor productive to duplicate work on this issue which has been competently carried out in previous inquiries, in particular by the Committee of Review into Drug and Alcohol Services in New South Wales (the "Kerr Committee"), which reported to the then Deputy Premier and Minister for Health in August 1985. The Report of that Review includes a

comprehensive examination of the administrative mechanisms for *"the provision of comprehensive, balanced and co-ordinated drug and alcohol services throughout NSW."*<sup>8</sup> The Review's recommendations had a significant influence in the eventual establishment of the Directorate of the Drug Offensive.

2.12 The basis for the Review's recommendations remains substantially valid today and as such is endorsed by the Committee. The Committee decided therefore to concentrate on the question of whether the Directorate as currently constituted is adequately equipped to carry out the task of State-wide co-ordination and administration of drug policy.

#### Background to the Creation of the Directorate of the Drug Offensive

2.13 The Drug Offensive Act 1987 created the Directorate to replace the Drug and Alcohol Authority. The latter had been established in 1977 to meet a need for greater co-ordination of the drug-related programs of both government and voluntary agencies, and for an expansion of the services which they were then able to provide. The Kerr Committee reviewed the mechanisms within the Authority and the Department of Health for planning, policy development, funding, supervision and co-ordination of drug and alcohol services in NSW.

2.14 In its report the Kerr Committee stated that the prevailing administrative mechanisms *"are considered to be neither adequate nor appropriate to achieve the development of "comprehensive, balanced and co-ordinated drug and alcohol services in NSW ..."*<sup>9</sup> The Report stated that the development of such services would be possible only if there were a single body with responsibility to Government. The Report criticised the one-sided responsibility placed on the Authority to consult with other bodies which provided drug and alcohol services, and recommended that this responsibility needed to be reciprocal. It called for the removal of the *"present dichotomy of responsibility between the Authority and the Department of Health"* in the provision of drug-related services. The Report recommended that a revamped Authority: (a) become the source of advice on drug and alcohol matters to the Minister for Health, all government Departments and instrumentalities, and the private sector; and (b) be responsible for the funding of all drug and alcohol services within both the government and non-government sectors.

---

<sup>8</sup>Chapter 7, pp 296 to 338.

<sup>9</sup>op. cit. Chapter 7 Section 5

2.15 In the event, the Government of the day, with the support of the Opposition, chose to abolish the Authority and replace it, through the enactment of the Drug Offensive Act 1987, with the Directorate of the Drug Offensive. Its functions are set out in Section 9(2) and (3):

" 2. The Director [of the Directorate] may:

- (a) *review and make recommendations to the Health Minister on the policies and programs, concerning the provision of drug or alcohol services, within the Department of Health and other organisations;*
- (b) *in consultation with the Secretary of the Department of Health, co-ordinate, monitor and evaluate drug or alcohol services provided throughout NSW by the Department of Health;*
- (c) *co-ordinate, monitor and evaluate, and provide an overview of drug or alcohol services provided throughout NSW by prescribed organisations;*
- (d) *undertake, promote and facilitate research (including collection of data) into the nature, extent, detection, diagnosis, prevention or alleviation of drug or alcohol-related problems and the treatment or rehabilitation of persons suffering from drug or alcohol-related problems;*
- (e) *promote and facilitate the development and implementation of educational and training programs relating to drug or alcohol-related problems;*
- (f) *review and make recommendations on grants to organisations or persons for the purpose of assisting or enabling the provision of drug or alcohol-related services throughout NSW;*
- (g) *co-ordinate the financial arrangements concerning Commonwealth grants for drug or alcohol services, relating to drug or alcohol-related, subject to the terms and conditions of any such grant;*
- (h) *provide administrative and research support for the Council and any other organisations in relation to drug or alcohol services or drug or alcohol-related problems; and*
- (i) *formulate standards for rehabilitation and treatment centres and policies for their implementation.*

**3. The Director's functions under this or any other Act may be exercised in association with other organisations, in NSW or elsewhere, having similar or complementary functions."**

**2.16 The Act imposes reciprocal obligations on the Directorate and on public sector organisations involved in the provision of drug-related services, to consult mutually. The Act, however, restricts the Directorate's powers in two specific and vital ways. It stipulates in Section 10(1) that consultation about drug services between the Directorate and government departments or public authorities should occur "to the maximum practicable extent"<sup>10</sup>; and in Section 10(2), that government departments and public authorities involved in the provision of drug or alcohol services shall consult with the Director, but it does not specify at what point such consultations should take place.**

**2.17 The Act also established the NSW Drug Offensive Council, a ministerial advisory body with part-time membership, and the Drug Offensive Foundation, managed by the Minister, which is responsible for the provision of funding and grants.**

**Does the Directorate Have Sufficient Influence and Authority?**

**2.18 The Committee considers that the Directorate's operations are unduly circumscribed by the limitations in the Drug Offensive Act, and by inadequacies in its current resources.**

**2.19 In evidence to the Committee, the organisation's Director stated:**

***".. We have experienced some difficulties with the legislation in that the [Drug Offensive] Act ... requires us to advise and consult rather than do anything. That poses some problems. It requires us only to consult with other government Departments, when on many occasions we feel obliged to do more. We feel that we can see that they are going down the wrong path or incorrect paths. Secondly, in advising other government Departments, I am only allowed to do so through the Minister for Health, which means the other Ministers can't call directly upon our services.***

***"We have the facility ... to not only do some work ourselves, but also to commission work out on behalf of other government Departments to assist them. It is an extraordinarily convoluted method ... It makes the Directorate too weak and vulnerable to attack, simply because we cannot direct anything."<sup>11</sup>***

---

<sup>10</sup>emphasis added.

<sup>11</sup>Committee Hearing on 12 December 1989 at Parliament House, Sydney.

**"... the Drug Offensive Act ... implied that [the Directorate] was to be a consultative, advisory body without necessarily giving it any powers to co-ordinate drug and alcohol issues across all government Departments".**

**"Secondly, the Act set the Directorate up as a special division of the Health Department, which places it within the structure of a Department which does not necessarily reflect the role that it plays across Government. There have been certain consequences to that. One is that the Directorate has, I believe, not achieved the status that it needs in order to operate across Government services and all Government Departments and instrumentalities. There is clear evidence of mistakes that have been made which would not have been made had the Act been followed properly."**

**"... The outcome of that administrative arrangement has meant that the Directorate has been affected by restructuring of the Department itself. That restructuring resulted in the Directorate both being reduced in staff numbers and being incorporated as a part of the Health Development Section of the Department. This has posed extreme difficulties for the Directorate in attempting to meet the requirements of the Act."<sup>12</sup>**

**2.20 In regard to addressing this problem, Dr MacAvoy indicated to the Committee that he had consulted some of the Ministers from the NSW Ministerial Committee on Drug Strategy, including the Minister for Health, and that there had been general agreement that the current administrative arrangements are not appropriate in terms of what the Ministerial Committee wishes to achieve. It is understood that various options for change in the administrative arrangements have been considered.**

### **Co-ordination**

**2.21 During several Hearings and consultations the Committee raised the question of the co-ordination of drug policy and services with representatives of several organisations in both the government and non-government sectors.**

#### **(A) Government Sector**

**2.22 In some areas within the government sector, respondents stated that consultation and liaison between their organisation and the Directorate was close. For example, the Committee was told by representatives of the Department of Family and Community Services, that there has been**

---

<sup>12</sup>Committee Hearing on 16 March 1990 at Parliament House, Sydney.



co-ordination with the Directorate of the Drug Offensive on the nature and style of training of departmental staff on drug issues relating to youth; in areas of the Department's research and analysis to ensure that the data reflects overall State-wide needs; and in the development of the framework for policy formulation in relation to youth falling within the Department's area of responsibility.<sup>13</sup>

2.23 The Committee heard from representatives of the Department of School Education that their Department worked closely with, and was frequently guided by the Directorate in relation to drug education issues.<sup>14</sup> Similarly, representatives of the Chief Secretary's Department dealing with liquor licensing matters indicated that they periodically consulted both formally and informally with senior Directorate representatives.

2.24 Liaison between the Directorate and the Police Department was in the past problematic, but at the officials' level communication and exchange of information seem to have improved in the last few years. The causes for the past problems stemmed largely from the differences of emphasis which the two organisations place on the respective roles of demand reduction and supply reduction, the two strategies which together form the linchpin of the National Campaign Against Drug Abuse and drug policy in NSW. Although the Directorate, in its co-ordinating role, deals with all facets of drug policy, its activities and outlook conform predominantly with a health model approach to drug abuse. The Police Department naturally gives emphasis in its drug-related activities to law enforcement. There is nothing remarkable in this, and it conforms with the practice and outlook of equivalent bodies in most other Western countries. What is important, however, is that there be adequate communication between the two organisations at all levels in order to ensure the maximum possible harmony in their respective activities.

2.25 At the Ministerial level this goal is acknowledged by the fact that the two organisations' Ministers are both members of the State Government's highest-level drug body, the Ministerial Committee on Drug Strategy (which the Minister for Police and Emergency Services chairs) and these two Ministers comprise the NSW representation on the national Ministerial Council on Drug Strategy, which has ultimate oversight of NCADA. At the departmental level, the Police Department is represented on both the NSW Drug Offensive Council and at senior levels on Directorate of the Drug Offensive committees.

2.26 At the working level the Committee understands that there is regular informal liaison between respective organisations' senior officers and useful

---

<sup>13</sup>Committee Hearing on 23 March 1990 at Parliament House in Sydney.

<sup>14</sup>Committee Hearing on 19 February 1990, at Parliament House, Sydney.

exchanges of drugs intelligence. The creation within the Police Department of the position of drug policy officer, responsible directly to the Commissioner, is, in the Committee's view, a move in the right direction within Australian police forces and its further development should be encouraged. It is regarded as a credit to the Police Department for the initiative of creating this position, as well as to its present incumbent, that he is the only representative of any Australian Police Department on the NCADA Evaluation Task Force.

2.27 There is however one so far unresolved irritant from the Police viewpoint. This is that in its recommendations on the disbursement of funds, the Directorate is seen to have neglected the law enforcement agencies. The breakdown of recipients of funding given in the Directorate's 1988/89 Annual Report indicates that in that period no funds were allocated to law enforcement-related initiatives. However, the Committee has been informed that the Directorate has commenced work in response to a June 1990 resolution of the national Ministerial Council on Drug Strategy that all Australian governments should review existing NCADA allocations and provide adequate funds in 1990/91 for law enforcement-related initiatives within the context of NCADA objectives.

2.28 A specific need has been identified for better liaison between the Police Department and the Directorate to facilitate the development of programs within the Police Service which meet NCADA funding guidelines. In response, the Directorate has recently proposed the secondment of Police Department staff to develop such programs; it is also preparing a review of "worker" training needs which will include the training and education needs of Police Department staff.

2.29 At the service delivery level, the degree of consultation with the Directorate seems to vary significantly from organisation to organisation. In evidence to the Committee the representative of one organisation providing various drug services including counselling was not aware of any direct communication by that organisation with the Directorate.<sup>15</sup>

2.30 But such consultation or lack of it is only one aspect of co-ordination. In his evidence, a Directorate representative identified several areas of difficulty for statewide co-ordination of policy and program delivery:

- (a) *"interdepartmental efficiency ... [which] the Directorate has been attempting to redress by the establishment of an interdepartmental committee across the government sector, but ... according to the Act the jurisdiction of the Directorate to*

---

<sup>15</sup>Committee Hearing on 20 February 1990, at Parliament House.

*consult with and advise other Departments is ambiguous, certainly unclear."*

- (b) *"ambiguity still exists within the Act regarding the extent and manner in which the Director ... may engage Heads of other Departments directly in conversation about the operation or delivery of programs and the development of policy".<sup>16</sup>*
- (c) Another area of difficulty has to do with the Health Department Area Health Services. For the purposes of decentralisation, health services are administered throughout NSW by Area Health Services covering the metropolitan area, the Hunter and Illawarra, and Regional Health Services which cover the rest of the State. The two types of Services are administered under different Acts, and whereas the Regional Directors of Health are responsible to the Director-General of Health, Area Health Services are responsible to their own Boards which are in turn responsible directly to the Minister for Health. The Committee heard that as a consequence of these arrangements, the Area Services see themselves as under no obligation to consult the Directorate about their provision of drug services, and rarely do so. Consultation by the Regional Services is formalised, but they tended to focus on their funding requirements. The Directorate sees this situation as having further diluted its advocacy, influence and guidance profile.

#### **(B) Non-Government Sector**

2.31 The relationship between non-governmental drug agencies and government drug organisations has been a difficult one for some time, as indeed has the relationship among many of the non-governmental agencies themselves. As earlier noted, the primary motivation for the creation of the Drug and Alcohol Authority in 1977 had been to improve co-ordination between the government and non-government sector. The establishment of the Network of Alcohol and Drug Agencies (NADA) by the Authority in 1978 was aimed at facilitating the integration of government and non-government drug services, aiding the development of uniform policies, and obviating the competitiveness among drug agencies.

2.32 The Committee has not been able to detect much meaningful progress in this highly important process. Seven years after NADA's establishment, its June 1985 self-evaluatory study titled A Report on the Non-Government Drug and Alcohol Services System in New South Wales indicated that little progress had been made in these areas. Among its conclusions, the Report stated that the development of the non-government drug services system:

---

<sup>16</sup>Committee Hearing on 16 March 1990.

***"is being hampered by the style and form of funding arrangements observed by the NSW Drug and Alcohol Authority and other funding organisations. The Report attributes the difficulty in funding arrangements essentially to the expectation of the funding body that the agency will achieve certain service delivery objectives and yet on the other hand, prevents or inhibits the expectation from being met by not providing an appropriate level of funds or a reasonable security of funding."***

**2.33** In regard to the issue of central policy co-ordination, the Report makes two noteworthy observations about policy guidelines:

***"This study has shown that the non-government drug and alcohol services sector in NSW is already very self-reliant. If it is expected to become more self-reliant, then it can also be expected that the policy directions of this service industry must also become more the prerogative of the industry than the government. The consequences of this development are that the government will not be in a position to dictate or monitor effectively either the quality of service being provided or the directions in which the service delivery system will go..."***

***While government sometimes sees the value in having a standardised and centralised approach to service delivery this study suggests a contrary view, that is that the success and effectiveness of programs (particularly in this sector) largely depends on having a range of treatment and rehabilitation options that are able to be offered to clients who present with equally diverse needs and attitudes and who may also be operating at various levels of functioning ability."***<sup>17</sup>

**2.34** The need for a much closer and better defined process of consultation between the government and non-government sectors was acknowledged by the newly-created Directorate through its support for the regional consultations carried out by NADA with service providers and the community sector, in 1987. NADA published the results of this review in August 1987 in a report titled Regional Consultations on the Needs and Priorities for Alcohol and Other Drug Services in 1987/88. In the report NADA stated that it was "encouraged" by the fact that this was *"the first time in some ten years of formal funding for services in this field that any kind of systematic consultation has been conducted with service providers ... with regard to priorities and the allocation of funds."* NADA intended the report to *"provide the Directorate ... with additional information on the priority needs for the provision and funding of alcohol and other drug services in the 1987/88 funding period."*<sup>18</sup>

---

<sup>17</sup>Paragraphs 10 and 13 of "Conclusions", p7.

<sup>18</sup>from the Foreword, p (i).

2.35 In the Committee's view, the Report is a most valuable source of information and opinion. Notwithstanding the fact that its funding focus is on one particular year, it cites a number of important, longer-term planning and allocation issues and needs identified by participants in the consultation exercise. These include, among others: identification of needs, duplication of services, accountability procedures, consultation at the local and regional levels, the role of area and regional health boards, policy development, *"the need for the funding body to set objectives and goals"*<sup>19</sup>, quality assurance and evaluation, and the need for contracts of service.

2.36 All of these remain highly desirable goals and it is a matter of concern to the Committee that they may not have received the urgent attention which they require.

2.37 The Report was particularly critical of the prevailing funding processes and lack of co-ordination in relation to services. It stated:

*"There is a very strongly held view that resources under the National Campaign [Against Drug Abuse], for the most part, are not being allocated to the most appropriate service areas nor implemented after adequate consultation with relevant State and regional services.*

*... The overall allocation of these funds is, therefore, thought to be inequitable in light of the very real and critical funding problems of existing services across the State."*<sup>20</sup>

2.38 The Committee is unable to make any judgement on this claim. It notes that under the Directorate's \$19.7 million Grants Program for 1988/9, 87 non-government sector projects received \$7.1 million and most funded agencies received a four percent increase in recurrent funds over the previous year; this in fact represents a small decrease in real terms. An outline of Drug Offensive funding allocations in 1988/89 is attached as an Appendix.

2.39 Among a list of "Key Issues", the Report cites *"an almost total lack of consultation with the community sector [by government] and a [lack of] commitment by government to develop and co-ordinate appropriate services that are based on local areas of need."*<sup>21</sup>

---

<sup>19</sup> op. cit. p 67.

<sup>20</sup>Introductory chapter titled "Statewide Overview".

<sup>21</sup>ibid.

2.40 These views continue to be held by many of NADA's constituent organisations. NADA's Chairman<sup>22</sup> stated that in his view the Report was still as relevant as when it was issued and that the Drug Offensive Act "*has done nothing to improve the drug and alcohol field*". He considered that neither the Directorate - largely because of its staffing inadequacies - nor the Drug Offensive Council (of which he is a member) have acquired sufficient authority and influence, and commented that the hopes generated by the creation of both of these bodies have not been realised. He said that NADA and the Directorate maintain a good working relationship, and referred to their regular, approximately six-weekly meetings; but he was of the opinion that because of the Directorate's limited policy influence, there was never any certainty that ideas which emerged from these meetings would be implemented.

2.41 In relation to the Directorate's relations generally with the non-government sector, its Director told the Committee that:

*"I think there are some fundamental differences in attitudes and beliefs [between the two sectors] about what organisations are for, which cause most of these problems. The non-government sector, to whom we relate very closely in this area, and [with whom] ... to some degree we agree to differ, believe they are independent and have a right to government money and ... to offer their services in the way they see fit. I guess the Government's view is slightly different and this is where we clash. We believe that they - and we'll instrument this this year by actually delivering contracts with performance indicators - are an integral part of an overall drug and alcohol service and therefore they must co-ordinate with government services as must government services co-ordinate with them, to ensure we don't have overlap, to ensure there's the best use of the dollar we can get..."*

*"... There's no doubt that in some areas Government provides better services and the same can be true in certain areas for the non-government sector... However, ... they are recipients of public money and therefore they have to meet certain accountability requirements and to fit in with the services the Government is trying to provide in any particular area. That's sometimes hard for the non-government sector to accept. and that's where we often have clashes ...*

*"... The non-government sector tends to operate with non-professional people, with people who have had a life experience. That brings them into the area and their commitment and sometimes their salvation is based on that. That sometimes brings them into difficulty with*

---

<sup>22</sup> Mr Lloyd Hardman

*government services who often have a much broader view of the world.*<sup>23</sup>

2.42 A further detrimental factor in the co-ordination of drug policies and services lies in the competition among the service delivery organisations which are dependent on public sector funding for their existence. One witness told the Committee:

*"In my experience of working for the Government and the non-government sector, the biggest problem that I have faced ... is the competition between the two ... Competition between, say, Sydney City Mission and the Bourke St Drug Advisory Centre ...*

*"... The Bourke St Drug Advisory Centre would be referred to by the William Booth Institute, which is run by the Salvation Army, [as] 'a pack of academics'. Now, Bourke St Drug Advisory Centre would call the William Booth staff 'a pack of disease-models, ex-alkies and junkies' and never the two come together ...*

*"... I think that's the biggest failing in our community, because the staff at [the two agencies] have a tremendous amount of experience, a wealth of knowledge and information, and if they could just ... come together, I think the job would be half done ...*

*"... That [competition] is in every agency that I walked into ... I assume it's because we're all competing for dollars."<sup>24</sup>*

2.43 On this issue, Dr MacAvoy told the Committee:

*"Most of the stories of rivalries we hear are second hand and some of them are fairly horrendous. There are survival tactics that some organisations have to use to ensure they continue with Government funding ... I have no direct evidence but I'm aware that organisations have deliberately sabotaged one another ... and on one occasion the funding was withdrawn because the organisation simply was not seeing anybody, for which they blamed rival agencies who they felt were a threat to their existence ...*

*"... It's very easy to sabotage an organisation. You just say: 'Don't go and see them, they do X and Y to you and insist on this sort of behaviour or that.'<sup>25</sup>*

---

<sup>23</sup>Committee Hearing on 16 March 1990. at Parliament House.

<sup>24</sup> Committee Hearing on 20 February 1990 in Sydney.

<sup>25</sup>Committee Hearing on 16 March 1990.

2.44 The Executive Director of the Odyssey House McGrath Foundation<sup>26</sup> put the view that:

*"I think the vast majority of those who are in the field are real heroes. They work long hours, for many of them their pay is not terrifically high ... [and they sometimes have] the frustration of seeing youngsters, after they invest their hearts and guts into them, relapse and run away, all that constant frustration and disappointment, and that in turn leads to ... almost a perverse delight when some people in the field fail ... It's sad because there's enough misery for everybody in this field to go around, and I think we need to be supportive and encouraging to one another and stop the bickering. When you have finite dollars available to you, you're sort of in competition with all of the other agencies to get your share, and in that sense, sometimes you're not as helpful as you could be."*<sup>27</sup>

#### **ENHANCEMENT OF THE DIRECTORATE'S INFLUENCE AND AUTHORITY**

2.45 In summary therefore, there are several impediments to the Directorate of the Drug Offensive coping adequately with the State-wide co-ordination of drug policy and services, not only for youth, but also for the community in general.

#### **Problems**

##### **(a) Drug Offensive Act**

2.46 The principal problem relates to the restrictions specifically imposed in the Drug Offensive Act 1987 on the Director's functions and influence. The Act as currently worded does not bestow on the Director any authority to ensure that prescribed policies are being satisfactorily observed and implemented by government and non-government agencies. On the contrary, it states that the Director's co-ordinating functions "*are of a recommendatory nature only.*"<sup>28</sup> Although the Act, at Section 10, requires all government organisations which provide drug services to consult with the Directorate in the provision of those services<sup>29</sup>, one major weakness is that it does not specify at what point such consultations should take place. Clearly they cannot be fully effective unless carried out prior to the provision of services and initially at the planning and drafting or amendment of legislation phases.

---

<sup>26</sup> Mr Milton Lugar

<sup>27</sup> Committee Hearing on 7 February 1990 at Parliament House.

<sup>28</sup> Section 9(4).

<sup>29</sup> Section 10.(2)



Nor does the Act oblige organisations to do anything about any advice which the Directorate may provide. This also applies to the Director's promotion of educational and training programs, and formulation of standards for rehabilitation and treatment centres.<sup>30</sup> Additionally, the failure of many Area Health Services to consult at all with the Directorate can be attributed to the very imprecise wording of this Section of the Act. The Committee therefore considers that the Drug Offensive Act needs to be amended to take account of these weaknesses, and that similarly the Area Health Services Act 1986 requires amendment so as to oblige AHSs to consult with the Directorate prior to its provision of any drug services, including at the planning phase.

2.47 The Committee does not consider that there should be an absolute requirement for other organisations to follow the Directorate's advice, as there will inevitably be situations of disagreement or else of an organisation not having the resources to fully implement the Directorate's advice; also there is a need to maintain a diversity of services. However, the Directorate would need to be made aware of an organisation's unwillingness or inability to act on that advice prior to the commencement of the services in question, so that the Directorate could, if it wishes, inform the Minister for Health about the situation. In these circumstances, if the Minister considered the issue important enough, he would be in a position to raise it with the Minister responsible for the other organisation.

### **RECOMMENDATION 3**

**THAT THE DRUG OFFENSIVE ACT 1987 BE AMENDED TO EMPOWER THE DIRECTORATE OF THE DRUG OFFENSIVE TO CARRY OUT EFFECTIVELY ITS PRIMARY TASK OF CO-ORDINATING DRUG POLICIES AND PROGRAMS THROUGHOUT NEW SOUTH WALES.**

**SPECIFICALLY, THAT:**

- (A) THE WORDS "TO THE MAXIMUM PRACTICABLE EXTENT" BE DELETED FROM SECTION 10.(1);**
- (B) SECTION 10 (2) BE AMENDED IN SUCH A WAY AS TO OBLIGE ALL GOVERNMENT ORGANISATIONS TO CONSULT WITH THE DIRECTORATE PRIOR TO THE PROVISION OF ANY DRUG SERVICES;**
- (C) ALL SUCH ORGANISATIONS BE REQUIRED TO INFORM THE DIRECTORATE IF THEY ARE UNWILLING OR UNABLE TO ACT ON THE DIRECTORATE'S ADVICE PRIOR TO THE COMMENCEMENT OF THE SERVICES IN QUESTION.**

---

<sup>30</sup>Section 9.(2) (e) and (i).

## **(b) Responsibilities Related to Funding**

**2.48 Responsibility for financial accountability, by which an agency's program delivery and adherence to guidelines can best be assessed, was transferred away from the Directorate to another area of the Department of Health, the Grants and Subsidies Unit, as a result of Departmental restructuring at the beginning of 1990. The Committee was told that although it is the Directorate which formulates the standards required for services which are government-funded, the task of monitoring these standards on an agency-by-agency basis has been allocated to the Grants and Subsidies Unit. The Committee is not aware of the rationale behind this move, but considers it managerially appropriate that the unit responsible for the setting of standards for services should also be the one to monitor adherence to these standards.**

**2.49 Secondly, the Directorate does not administer all Department of Health drug service funds. The specific problem is that it has no control over expenditure of global budgets provided to the Area and Regional Health Services. Dr MacAvoy noted that: "*whilst most of the services that are provided occur within the Department of Health, funding through the Department ... differ according to [the various] funding channels over which the Directorate has very little control by and large.*" The Directorate's Deputy Director stated that as a consequence, "*monies earmarked for drug and alcohol services often become renal dialysis units ... Under global budgeting ... Health Services ... have the right ... to allocate on the basis of perceived priorities, the problem being that drug and alcohol services and often services for young people often fall out the bottom when you're talking about high tech, high profile medicine.*"<sup>31</sup>**

**2.50 The Committee recognises this as a problem endemic to global budgeting. It considers that it should be able to be resolved through effective liaison with and co-ordination of the seventeen Area and Regional Drug and Alcohol Co-ordinators. A Co-ordinator is assigned to each Area and Regional Health Service throughout the State. Their functions include encouraging local health authorities to consult with the Directorate on local drug-related needs and issues, advising the Directorate about local needs on the basis of liaison with local drug service providers, and representing the Directorate's views to local health authorities. However, Directorate representatives told the Committee that the Directorate, which provides full or partial funding of several of these positions, is not obtaining full value from the services of the Co-ordinators and consider that there is a need to review their functions and generally their relationship with the Directorate. They stated that the Co-ordinators require more supervision, support and training in order to be fully effective. Their standing vis-a-vis their local government**

---

<sup>31</sup>Committee Hearing, 16 March 1990.

services management networks, which currently varies from region to region, is also regarded by the Directorate as needing rationalisation.

2.51 The Committee considers that in accordance with the Directorate's enhanced co-ordinating role as recommended in this Report, and in order to ensure that all areas and regions of NSW are receiving adequate drug services fully consistent with their needs, it is essential that Drug and Alcohol Co-ordinators be effective in their key role of advice and liaison based on their local expertise. On the basis of the Directorate's evidence, the Committee agrees that a review needs to be undertaken of the role and full range of functions and responsibilities of the Co-ordinators and recommends that this be carried out as soon as possible.

#### **RECOMMENDATION 4**

**THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCED ROLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE, IT RESUME ITS FORMER RESPONSIBILITY FOR OVERSEEING THE ACCOUNTABILITY OF RECIPIENTS OF DRUG OFFENSIVE FUNDING AND MONITORING THEIR ADHERENCE TO THE STANDARDS WHICH IT HAS SET.**

#### **RECOMMENDATION 5**

**THAT IN ORDER TO ENSURE AREA AND REGIONAL DRUG AND ALCOHOL CO-ORDINATORS PLAY A FULLY EFFECTIVE ROLE IN THE PROVISION OF ADEQUATE DRUG SERVICES TO ALL AREAS OF NSW, THE DIRECTORATE UNDERTAKE A FULL REVIEW OF THE ROLE, FUNCTIONS AND TRAINING NEEDS OF THE CO-ORDINATORS, AND ASSOCIATED COST IMPLICATIONS, FOR PRESENTATION TO THE MINISTER FOR HEALTH.**

#### **(c) Current Administrative Arrangements:**

2.52 The second major problem in regard to the Directorate's co-ordination role and its authority have to do with its administrative identity within the Department of Health.

2.53 The Committee gave consideration to whether the Directorate's current administrative arrangements are the most appropriate in terms of its role as the central co-ordinating drug organisation in NSW. A major factor in this question is the need for the organisation to avoid being seen as primarily representing the interests of one or other government department in particular, but at the same time ensuring that the drug problem continues to be addressed primarily, though not exclusively, as a health issue. Various alternative options were examined by the Committee, viz. the Directorate becoming:

- (i) a separate Division within the Health portfolio, responsible directly to the Minister.
- (ii) a statutory authority under the Minister for Health;
- (iii) a statutory authority under the Premier;
- (iv) part of the Premier's Department;
- (v) a statutory authority responsible to the Ministerial Committee on Drug Strategy; and
- (vi) part of another Department (e.g. Family and Community Services).

2.54 The Committee's preference is for option (i). The options (iii) to (vi) were ruled out principally on the grounds that transfer to another portfolio or group of portfolios would involve loss of direct access to Health Department support and operational facilities and would require legislative changes. In addition, options (ii), (iii) and (iv) would entail extra costs for an increase in administrative staff, while option (vi) would narrow, or be seen as narrowing, the Directorate's purview.

2.55 Retention of the Directorate in the Health Department as a separate Division would enhance the Directorate's co-ordination role by: improving its capacity to meet its cross-government responsibilities by being able to report directly to the Minister; empowering it to address more effectively issues relating to Health Areas and Regions, for the same reason; heightening its profile; and giving it the capacity to define its own most appropriate staffing structure. The Directorate would retain access to Department of Health corporate services, to minimise the need for extra ancillary staffing.

#### **RECOMMENDATION 6**

**THAT IN ACCORDANCE WITH THE RECOMMENDED ENHANCEMENT OF THE DIRECTORATE'S ROLE AND EFFECTIVENESS, ITS STATUS BE UPGRADED TO THAT OF A SEPARATE DIVISION WITHIN THE DEPARTMENT OF HEALTH REPORTING DIRECTLY TO THE MINISTER.**

#### **(d) New Title**

2.56 The Committee considers that in accordance with the enhanced role, status and functions recommended in this Report for the Directorate, it is appropriate that its title be changed. The Committee is also of the view that the term "Offensive" is not appropriate to either the organisation's recommended role, nor to the principles underlying the drug policies and guidelines which are the basis of the Directorate's activities. It is considered

that the title "Drug Strategy Division" is a more appropriate and accurate one, and the Committee recommends that this be the Directorate's new name.

#### **RECOMMENDATION 7**

**THAT THE TITLE OF THE DIRECTORATE OF THE DRUG OFFENSIVE BE CHANGED TO "DRUG STRATEGY DIVISION".**

#### **(e) Staffing**

**2.57** Due to its current status as a sub-division within the Public Health Division, the Directorate has been subjected to staffing cuts which relate to across-the-board Department of Health staff ceiling reductions rather than reflecting its specific requirements. This has had the undesirable result of the Directorate's establishment fluctuating without reference to its added responsibilities, such as for the campaigns "Quit For Life" (anti-smoking) and "Stay in Control" (encouraging care and moderation in alcohol consumption).

**2.58** It is clear that the Directorate's current staffing level is inadequate to fulfil its tasks under the Drug Offense Act, and as recommended in this Report. It is the Committee's view that insufficient staffing resources have been a major impediment to the Directorate adequately fulfilling its function of broad-ranging consultation, particularly with the non-government sector. The consequent stretching of existing staff resources, especially among the organisation's specialist staff would also have had a detrimental effect on the full range of the Directorate's other responsibilities. The Committee considers that staffing levels should be reviewed in conjunction with the implementation of the other recommendations in this Report; this will also require a review of its operational budget.

#### **(f) Directorate's Profile**

**2.59** It is the Committee's view that as a consequence of the problems identified above, the Directorate has been unable to achieve adequate status, authority or profile among drug service organisations and in the community generally. This has emerged very clearly from the evidence received by the Committee and in its other discussions during the course of this Inquiry. It was particularly evident in comments of representatives of non-government agencies, who generally gave the impression that the Directorate was seen exclusively as a primary source of funding. In some cases, however, such as in the Committee's discussions with representatives of Queanbeyan-based organisations during its visit to the A.C.T.<sup>32</sup>, and with local drug

---

<sup>32</sup>2 February 1990

professionals in Albury<sup>33</sup>, it was clear that contact with the Directorate was non-existent.

2.60 This is a further inhibiting factor in the Directorate's co-ordination function as well as its role of principal source of information and advice about drug policy and the guidelines of the National Campaign Against Drug Abuse. In a sense, the Directorate is currently in a vicious circle: the impediments to its exercising real authority have had the effect of inhibiting its acquiring a higher status and profile, and its low profile has been a further impediment to increasing its authority. This problem also needs to be addressed in the recommended amendments to the Drug Offensive Act and to the organisation's staffing requirements.

2.61 By the same token, this problem of co-ordination must also be seen from the viewpoint of drug professionals in the field, particularly those working in regional areas. From its discussions with representatives from this group, referred to above, it was clear to the Committee that they were generally highly-motivated, committed and hard working people but their lack of contact with the Directorate and other sources of up-to-date drug information and funding has a detrimental effect on their work. The Committee considers that the Directorate should develop strategies and administrative structures which would provide better linkage and support to these professionals.

#### **RECOMMENDATION 8**

**THAT THE DIRECTORATE'S STAFFING LEVEL BE REVIEWED TO ENSURE THAT IT HAS ADEQUATE STAFFING RESOURCES.**

#### **RECOMMENDATION 9**

**THAT THE DIRECTORATE DEVELOP STRATEGIES AND STRUCTURES THAT WILL PROVIDE BETTER LINKAGE AND SUPPORT TO DRUG WORKERS, PARTICULARLY THOSE IN REGIONAL AREAS WHO OFTEN HAVE LIMITED INFORMATION AND RESOURCES.**

---

<sup>33</sup>Hearing on 7 March 1990 at Albury Council Chambers.

## CHAPTER 3 - TOBACCO

### Introduction

**3.1** *"The members of the Scientific Advisory Committee are unanimous in believing that smoking is an important causative factor in several major diseases. We recognise the link between smoking and lung cancer which generally is attributed to the presence of known carcinogens in tobacco-smoke. We are also aware of the increased risk of coronary heart disease, stroke and emphysema in persons who smoke cigarettes. For these reasons, we strongly endorse the view that the public should be fully informed about the risk in smokers, and we fully support any measures, which are consistent with the liberty of the individual, that are designed to reduce smoking."*

Extract from a letter to the Medical Journal of Australia<sup>34</sup> signed by the Chairman and five members of the Scientific Advisory Committee, Australian Tobacco Research Foundation. This body is funded by the three major Australian tobacco companies who annually provide \$500,000.

**3.2** Early in its deliberations the Committee decided that any investigation into drug abuse among young people must include a major examination of the legal drugs tobacco and alcohol. The enormous mortality, sickness and absenteeism figures, (combined with the indirect social costs of alcohol consumption such as road accidents and personal violence) demanded the Committee's detailed consideration.

**3.3** The Committee took extensive evidence from eight prominent individuals or representatives of organisations in the tobacco field representing the complete range of opinions on tobacco products. Four Committee representatives and a staff member attended the 7th World Conference on Tobacco and Health held in Perth, from the 1 to 5 April 1990. Approximately forty (see bibliography) recently published reports, articles, books and submissions on the tobacco question were reviewed.

**3.4** Evidence to the Committee overwhelmingly supports increased, Government-sponsored action in relation to price, availability, advertising, education, age-of-purchase and warnings on cigarettes and tobacco products.

---

<sup>34</sup> Vol. 148, 1/2/88. P. 152.

### 3.5 The Magnitude of the Problem - A Statistical Profile

- Each day, more than 500 Australian schoolchildren smoke their first cigarette.<sup>35</sup>
- Every year in Australia 70,000 teenagers become regular smokers - three times the number of people who die each year from diseases caused by smoking.<sup>36</sup>
- Seventy-five percent of adults who smoke began smoking when they were adolescents, and thirty-three percent of current adult smokers started smoking before they were nine years old.<sup>37</sup>
- The earlier a person starts smoking, the longer they are likely to smoke overall, the more likely they are to smoke heavily, and consequently, the more likely they are to die of a smoking-related disease.<sup>38</sup>
- In Australia, if present smoking trends continue, 256,000 boys and 159,000 girls who are now under the age of 14 will die before they should, because they smoked.<sup>39</sup>
- Children smoke the most heavily advertised brands of cigarettes (Winfield, Peter Jackson) and despite the fact that in New South Wales it is illegal to sell cigarettes to children under 16, sixty-five

---

<sup>35</sup> Shean R E. 'Child Recruits Replace Dead Smokers'. Perth 1987. Australian Council on Smoking and Health.

<sup>36</sup> Ibid., and Armstrong, B., et.al., 'A Smoke-free Australia - Our Bicentenary Resolution?' The Medical Journal of Australia, 149, 1988 pp 1-2.

<sup>37</sup> Marsh, A., and Matheson, J., 'Smoking attitudes and behaviour: an enquiry carried out on behalf of the Department of Health and Social Security.' London. 1983. and Smoking or Health: the Third Report from the Royal College of Physicians of London, London. Pitman. 1977.

<sup>38</sup> Reducing the Health Consequences of Smoking: 25 Years of Progress. A report of the Surgeon-General, Maryland, U.S.A. 1989. and Hill, D. 'Australian Patterns of Smoking in 1986'. The Medical Journal of Australia, 149, 1988, PP 6-10.

<sup>39</sup> Armstrong B.K. op. cit.



percent of males and seventy-five percent of females under 16 purchase their cigarettes from shops.<sup>40</sup>

- Children who smoke or children in families where there are smokers, suffer more coughs, colds and respiratory infections than non-smoking children or children in families where there are no smokers.<sup>41</sup>
- Of 1000 young Australian males who smoke, one will be murdered, 15 will be killed on the road, and 250 will be killed before their time, by tobacco.<sup>42</sup>
- More than four out of ten women aged between 16 and 24 smoke regularly.<sup>43</sup>
- By year ten, a fifth of males and a quarter of females are regular smokers.<sup>44</sup>
- Australian school children spend more than \$30 million a year - \$82,000 each day, on cigarettes.<sup>45</sup>

---

<sup>40</sup> Chapman, S. & Fitzgerald, B. 'Brand Preference and Advertising Recall in Adolescent Smokers: Some Implications for Health Promotion'. Australian Journal of Public Health, 72 (5) PP. 491-494. and Hill, D. 'Kids Smoke Sponsors' Brands'. Centre for Behavioural Research in Cancer, Nov. 1989 and 1989 Survey of Drug Use by NSW Secondary School Students, Directorate of the Drug Offensive. Sydney, August, 1990 p. 22.

<sup>41</sup> Charlton, A. Children's Cough Related to Parental Smoking. British Medical Journal, 288. 1984 pp 1647-1649.

<sup>42</sup> Australian Council on Smoking and Health. 'Hard Facts About Smoking'. Daily News. Perth 30/4/86.

<sup>43</sup> Hill, D., & Grey, N., 'Australian Patterns of Tobacco Smoking and Related Health Beliefs in 1983'. Community Health Studies VII (3) p. 307.

<sup>44</sup> 1989 Survey of Drug Use. op. cit. p. 20.

<sup>45</sup> Hill, D., Willcox, S., & Gardner, G., 'Tobacco and Alcohol Use Among Australian Secondary Schoolchildren. Medical Journal of Australia 146 (2) 1987, p. 130.

## **ARGUMENTS AGAINST INCREASED REGULATION OF TOBACCO**

**3.6** In its discussions with the Chief Executive Officer of the Tobacco Institute (representing the tobacco manufacturing companies) and through the submission of that Institute, a number of arguments were tendered in defence of the continued promotion and advertising of tobacco products and opposing increased taxation or regulation of the industry. The Committee decided to look closely at each of these arguments to assess their validity. The six arguments stated briefly are:

- (i)** The real drug problem in Australia is from illicit drugs;
- (ii)** Smoking is a legal activity and tobacco may be legally sold so it should be legal to advertise and promote the product;
- (iii)** The voluntary agreement between the NSW Minister for Health and the tobacco companies sufficiently restricts the promotion and advertising of tobacco products;
- (iv)** Advertising of tobacco products does not encourage children or adults to smoke and tobacco sponsorship of sporting events is a gesture of corporate goodwill not an attempt at de facto advertising;
- (v)** The tobacco industry is concerned about minors' access to tobacco and has attempted to restrict juvenile access to its products.
- (vi)** That recent public expressions of concern relating to the harm associated with the ingestion of passive or side-stream smoke are not proven.

### **ARGUMENT 1 ADVANCED BY THE TOBACCO INDUSTRY-**

#### **THE REAL DRUG PROBLEM IN AUSTRALIA IS FROM ILLICIT DRUGS.**

**3.7** The Tobacco Institute claimed that the "real" drug problem for the people of New South Wales (and indeed Australia) was the consumption of illicit drugs such as heroin and amphetamines. They drew the Committee's

attention to two recent deaths of minors from heroin overdoses and concluded that:

*"These are the victims of drug abuse."* <sup>46</sup>

3.8 The Institute's feelings on the tragedy associated with the death of minors through heroin use is shared by the Committee. However the point must be made that from whichever perspective one cares to look at the "cost" comparison between cigarettes and illicit drugs, whether it be mortality figures per annum, cost to the community in the provision of health services to users, cost to the health of individuals exposed to others' smoke, or cost to the economy in terms of days lost through ill health or shortened life spans of addicts, cigarette smoking is clearly and overwhelmingly a more serious problem. There is no question, that in terms of crime and corruption illicit drugs prevail but as subsequent paragraphs show, the licit drugs, alcohol and tobacco are overwhelmingly the villains in terms of public health and economic loss.

3.9 In 1987, seventy-one percent of all drug-related deaths in Australia were caused by tobacco. That is a total of 18,000 Australians or about 50 a day. A further twenty-six percent of drug-related deaths were caused by alcohol. Between them the licit drugs alcohol and tobacco accounted for ninety-seven percent of all deaths caused by drug use in that year. All other drug-related deaths accounted for three percent of the total. The death rate due to tobacco has increased by three percent from 1979 to 1987.<sup>47</sup> There is every likelihood that this percentage will continue to increase for some time, reflecting the increasing proportion of the population to take up smoking until recent years.

3.10 In the same year tobacco caused fifty-one percent of the total number of years of life lost from deaths resulting from drug use. That is approximately 92,000 years of life lost prematurely in just one year. Alcohol provided a further forty percent of the total. All other drugs including illicit opiates made up just nine percent of the total years of life lost from deaths caused by drugs.<sup>48</sup>

---

<sup>46</sup> Mulcahy, R.J., Chief Executive Officer, Tobacco Institute. Committee Hearing on 11 May 1990.

<sup>47</sup> Statistics on Drug Abuse in Australia, 1989, Commonwealth Department of Community Services and Health. P. 30 and P. 37

<sup>48</sup> Ibid., and Tobacco in Australia: A Summary of Related Statistics, Commonwealth Department of Community Services and Health, P. xi.

3.11 A typical illness due to a smoking related disease required longer hospitalisation (9 days compared to 6 days) and was more costly to treat than the average for all illnesses.<sup>49</sup> In 1984 it was conservatively estimated that smoking-caused illness and death cost the community in excess of \$2660 million or \$171 per Australian; in 1988 federal and state tobacco levies returned the Governments of Australia slightly less than \$1600 million.<sup>50</sup> The net financial loss to Australians was, then, in excess of \$1000 million, although these figures cannot of course measure the grief, bereavement and heartache associated with the extended illness or death of close friends or family members and the personal tragedy for sufferers of emphysema, cancer, chronic bronchitis or in some extreme cases gangrene and amputation.

### The relationship between tobacco and illicit drugs - particularly marijuana

3.12 As demonstrated above, tobacco smoking is from a health and economic perspective a much bigger problem for Australians than the combined consumption of all illicit drugs. What is emerging however from current research is that the consumption of tobacco is also linked to the uptake of illicit drugs, particularly marijuana.

3.13 Two studies examining the progressive uptake of all drugs (illicit and licit) among schoolchildren were conducted in New South Wales in 1985 and 1988. Both studies demonstrate the relative importance of tobacco, and to a lesser extent alcohol, as drugs of entry preceding the use of other drugs:

3.14 *"The models for males and females show that alcohol and tobacco are significant predictors of marijuana use, although tobacco is considerably more important than alcohol as a route of entry; this relationship holds for 1985 and 1988."*<sup>51</sup>

3.15 Males between the ages of 14 and 19 in 1985 who had reported the use of tobacco, were found to be thirty-one percent more likely to have used marijuana. By 1988, those reporting tobacco use were found to be forty-one percent more likely to have used marijuana. In 1985, female tobacco smokers between the ages of 14 and 19 were thirty-two percent more likely to smoke marijuana than girls who did not smoke at all, but by 1988, girls who

---

<sup>49</sup> Does Smoking Make Cents?, Victorian Office of Prices, April 1990, P.8.

<sup>50</sup> Statistics on Drug Abuse in Australia, op. cit., pp 29-30.

<sup>51</sup> Richmond, R., op. cit., Emphasis not in original.

smoked tobacco were only twenty-eight percent more likely to smoke marijuana.<sup>52</sup>

3.16 It is important to note that the correlation between tobacco and marijuana usage is confirmed in a number of U.S. surveys. In 1986 Dr. Lloyd Johnson testified in a congressional hearing on cigarette advertising and promotion that: "*cigarette smoking is an almost certain preceding step to have been taken by anyone who goes on to use marijuana..*"<sup>53</sup>

3.17 A 1982 US survey showed that children aged 12 to 17 who smoked dally were 10 times more likely to be using marijuana as non-smokers. In a further survey sixty-six percent of High School seniors who smoked had used illicit drugs in the last month as compared to ten percent of non-smokers.<sup>54</sup>

#### ARGUMENT 2 ADVANCED BY THE TOBACCO INDUSTRY -

#### SMOKING IS A LEGAL ACTIVITY AND TOBACCO IS A PRODUCT THAT CAN BE LEGALLY SOLD SO TOBACCO COMPANIES SHOULD HAVE THE RIGHT TO ADVERTISE AND PROMOTE THE PRODUCT.

3.18 This argument constantly emerges in any discussion between those seeking to restrict the promotion of tobacco and those keen to expand or maintain it. The fact that a product is legal and can be purchased does not of itself place any obligation on the Government to allow its promotion. In many cases prescription drugs cannot be generally advertised, though they may be legally sold and in fact the Committee was clearly of the view that an alternative duty existed for the Government, one of doing its utmost to warn its citizens of the dangers of smoking, of encouraging the better use of limited health resources by minimising the incidence of preventable diseases and of actively discouraging the uptake of smoking by juveniles.

3.19 The Committee believes that it is important for the people of New South Wales to realise that the major reason that tobacco is a legally sold substance is because of an historical accident. Were tobacco discovered today and its toxicity known, there would be little chance of it being authorised for sale and distribution.

---

<sup>52</sup> Ibid., p. 22.

<sup>53</sup> Johnston, L. D., 'Statements before the Subcommittee on Health and the Environment, House of Representatives, 99th Congress: Advertising of Tobacco Products. U.S. Gov. Printing Office, Serial no. 99-167, Washington. 1987.

<sup>54</sup> Ginzler, K. 'Tobacco as a 'Gateway' Drug', Tobacco and Youth Reporter, Vol. 4, No. 2. P. 9.

**3.20** The National Health and Medical Research Council in Australia, the Surgeon-General in the U.S.A. and the Royal College of Physicians in Britain have each been saying for some time that there is absolutely no safe level of tobacco use. Nicotine is a highly toxic and addictive substance, more toxic than cyanide and more addictive than heroin.

**3.21** As most of the detailed scientific information on tobacco has only emerged incrementally over the last 25 years it is simply not practicable for Governments to effectively "ban" the substance. Currently approximately thirty percent of all adult Australians are addicted to nicotine, although this figure has been declining marginally for most of the last decade.

**3.22** Committee members believe that Australia, like the rest of the world, should be moving towards a smoke-free society. What legal drugs people choose to consume in the privacy of their own homes may be their own business, but it is incumbent upon Governments and the community to do all in their power to minimise the health and economic costs associated with smoking, provide clean-air environments for as many people as possible, and make people aware of the dangers of smoking, including the risks of passive smoking and the danger to children who inhale sidestream smoke.

**3.23** To continue to allow the promotion and advertising of tobacco products would be a dereliction of Government responsibility and would be sanctioning the marketing of a substance which, if used as the manufacturer recommends, leads to premature death.

### **ARGUMENT 3 ADVANCED BY THE TOBACCO INDUSTRY -**

#### **THE VOLUNTARY AGREEMENT BETWEEN THE NSW MINISTER FOR HEALTH AND THE FOUR TOBACCO COMPANIES SUFFICIENTLY RESTRICTS THE PROMOTION AND ADVERTISING OF TOBACCO PRODUCTS.**

**3.24** It is appropriate to mention at this point that the promotion of tobacco products is very much a multinational enterprise. All four cigarette companies which produce cigarettes for the Australian market, are simply subsidiary companies for large American and British conglomerates. Each company produces its product in accordance with local regulations. So, for example the same companies which produce cigarettes here and are required to apply certain warnings to packets and are restricted in the size of those packets, are required to adopt a different set of warnings, and follow different guidelines in Canada. For example, Rothmans (Australia) exports the Winfield brand of cigarettes amongst others to South Pacific countries such as Fiji, Tonga and the Solomon Islands, countries which have not yet passed legislation requiring health warnings on cigarette packets. Advertising flourishes and small packets, attractive to the poor and young are

also distributed. Many of these countries are also being persuaded to sign voluntary agreements.

3.25 The sale and advertising of tobacco products in New South Wales is currently regulated by a "voluntary code" signed on 14 April 1989 by the Minister for Health and representatives of Phillip Morris (Australia) Limited, Rothmans of Pall Mall (Australia) Limited, W.D. & H.O. Wills (Australia) Limited and R.J. Reynolds Tobacco (Australia) inc.

3.26 All witnesses with specific expertise in the area of tobacco, with the exception of Mr. Richard Mulcahy, representing the Tobacco Industry, suggested to the Committee that the voluntary code is not worth the paper it is printed on. The Committee is inclined to accept their view.

3.27 The witnesses, who included representatives of the National Heart Foundation, the Cancer Council, the Smokescreen unit at New South Wales University and the Department of Community Medicine at the University of Sydney, amongst others, cited in support of their claim that the code is of no value, the "vagueness" of a number of statements to be found in the code, and the "exceptions" in a number of the definitions which limited the effectiveness of certain sanctions.

3.28 More specifically they argued that there are four areas of special concern:

- (i) That the voluntary code is between the Government and four tobacco companies only;
- (ii) That an unacceptable and untrue statement appears in the preamble;
- (iii) That in PART 2 - INTERPRETATION of the voluntary code the exclusions under the meaning of "tobacco advertisement" (parts (c) and (d)) and the exclusions under the definition of "vehicle" are completely inappropriate; and
- (iv) That in PART 3 - THE PROVISIONS HEREOF of the voluntary code the wording is so vague or meaningless that it is virtually impossible to regulate and is certainly of no use in reducing the attractiveness of cigarettes to minors.

**3.29 Concern 1 relating to the voluntary code: The fact that the agreement is between the Government and four Cigarette Companies only.** It excludes for example some cigarette vendors and transport companies involved in the distribution of cigarettes, signwriters, advertisers and vending machine operators. This difficulty has been recognised and drawn to the attention of the Minister by the "Tobacco Advertising Regulation Committee" (discussed

in detail below) in its first report dated 20 August 1990. The Independent Chairman of that Committee, Prof. R. A. Edwards said in an attached letter;

*"This report raises two issues that you may wish to take into consideration:*

- *the fact that some organisations, other than tobacco manufacturers, advertise tobacco products and*
- *that some tobacco manufacturers who are not parties to the agreement continue to advertise their products in a manner inconsistent with the agreement."*

**3.30 Concern 2 relating to the voluntary code: That the following statement appears in the preamble:**

*"The Manufacturing Companies [Cigarette manufacturers], as in the case of their overseas counterparts, do not accept that it has been scientifically established that the smoking of tobacco products is the cause of any human disease."*

**3.31** This is despite all the best scientific and medical evidence available from all round the world and is contrary to the advice given by the Tobacco lobby's own scientific advisory committee (See quotation on page 1).

**3.32** Since a preamble to an agreement is in the nature of an agreed basis for that agreement, the Committee believes that it is inappropriate for the Government to continue its participation in an agreement in which this phrase is contained in the preamble. It may be opinion of the manufacturing companies but it can hardly have the concurrence of government. Further, the Committee feels that the proposed legislation should prominently espouse the principle that smoking is a major preventable cause of serious disease and Governments should do everything within their power to reduce the number of smokers within the population.

**3.33 Concern 3 relating to the voluntary code: That in PART 2 - INTERPRETATION the exclusions under the meaning of "tobacco advertisement" [parts (c) and (d)] and the exclusions under the definition of "vehicle" are completely inappropriate. The code reads:**

*"In this agreement the following expressions shall have the following meanings:*

*"tobacco advertisement" means any writing, still or moving picture, sign, symbol or other visual image or message displayed by or caused*



**to be displayed by the Manufacturing Companies to the public or a section of the public designed to promote:-**

- (a) the purchase or use of a tobacco product; or**
- (b) a trade mark or brand name, or part of a trade mark or brand name, of a tobacco product**

**but does not include advertisements:-**

- (a) concerning merchandise other than tobacco products which bear the corporate name, a brand name or trade mark of any of the Manufacturing Companies or any company related thereto; or**
- (b) that form part of the promotion or conduct of any sporting, cultural, artistic or other event or activity sponsored by the Manufacturing Companies or any company related thereto where that advertisement includes only the use of a trade mark or brand name, or part of a trade mark or brand name, of a tobacco product and does not include any other image or message related to a tobacco product."**

**3.34 The effect of these exclusions to the definition of a tobacco advertisement allows the tobacco companies to sponsor such events as the "Winfield" Cup in Rugby League and the "Benson and Hedges" Cricket Series. It also allows the promotion of other merchandise such as Winfield cigarette lighters and bubble gum, Peter Jackson sun screen lotion, Camel boots and confectionary, toys, records and cassettes bearing the tobacco trade names.**

**3.35 Cigarette brand name advertising is also prominent in motor car and motor cycle racing - with whole cars designed in cigarette colours, brand name logos on the overalls of drivers, in the sponsorship of ski events, on model/toy cars, on images of cars or motor bikes in video machines, as sponsors of rock concerts, operas and dance companies.**

#### **RECOMMENDATION 10**

**THAT A PERSON OR PERSONS BE PROHIBITED FROM THE SALE, DISPLAY, IMPORTATION OR ADVERTISING OF ANY PRODUCT (NOT INCLUDING CIGARETTES) WHICH INCLUDE A TOBACCO TRADEMARK, BRAND NAME OR LOGO OR PART OF A TRADEMARK, BRAND NAME OR LOGO USED BY A TOBACCO COMPANY.<sup>55</sup>**

---

<sup>55</sup> The Committee is aware of the effect this recommendation may have on some established businesses and acknowledges that on implementation the Government may need to

3.36 The Committee is aware that to a large extent current legislative provisions restricting the advertising of cigarettes are circumvented by allowing incidental advertising. The Committee agrees with the view of the health lobby which claims that the only difference between advertising and sponsorship is who gets paid. The net effect is identical.

3.37 The Committee is further concerned that taxis, amongst the most visible of all motorised transport, are exempted from the definition of "vehicle" thereby allowing them to advertise cigarettes.

#### **RECOMMENDATION 11**

**THE COMMITTEE RECOMMENDS THAT NO TAXI BE PERMITTED TO CARRY A TOBACCO ADVERTISEMENT.**

**3.38 Concern 4 relating to the Voluntary Code: That in PART 3 - THE PROVISIONS HEREOF, the wording is so vague or meaningless, that it is virtually impossible to enforce, and is certainly of no use in reducing the attractiveness of cigarettes to minors.**

3.39 Under the "Failure to Comply" arrangement, if the cigarette companies do not comply with any of the provisions there is no legal redress, simply an ability to declare the agreement void. The irony with this provision is that the entire document is so imprecise in its language and so lacking in detail and substance that it is virtually impossible to "prove" a breach of the code.

3.40 An example of the above can be found in Part 3 - Section 4:

#### **"APPEAL TO CHILDREN**

***Tobacco advertisements shall not show scenes, activities, representations, illustrations or contain words which specifically appeal to children."***

3.41 Beach scenes, dogs, horses, artificial ducks, surfboards, motorbikes, fast food outlets, hot dogs, soft drinks, parks, fishing lines, discarded clothing and the words "you're laughing" are all regularly used in cigarette advertising and all could be said to appeal to children. The Committee wondered however if they could be said to "specifically" appeal to children? If not, it would be interesting to see an example of an activity, illustration or statement that does specifically appeal to children.

---

undertake appropriate phasing-in arrangements.

3.42 Part 3 - Section 8:

**"SUCCESS**

*Tobacco advertisements shall not depict the tobacco products in such a way as to state, suggest or imply business, social, sporting or sexual success as attributable to the use of tobacco products."*

3.43 As mentioned above, a number of advertisements set on the beach concentrate on the discarded clothing of men and women. The implication to many would undoubtedly be some sexual activity out of camera range. Another recent advertisement features a broken down car and discarded clothing next to a sign pointing towards a nudist colony, but does this imply sexual success and once again, is it possible to prove it? If either of these advertisements do not imply such success, then what possibly could?

3.44 The Committee also questioned the rationale behind Part 3 - Section 6:

**"ADVERTISING NEAR SCHOOLS**

*Tobacco advertisements on banners and billboards shall not be displayed within a distance of 200 metres from the perimeter of any school grounds, children's playground or park used predominantly for children's recreational, sporting or educational use."*

3.45 If it is accepted by the cigarette industry and the Department of Health that the advertising of tobacco products near schools is inappropriate then it is ridiculous to suggest that these same young people will not be influenced by advertising outside this artificial zone. Children often travel considerable distances to and from school, and to many other places. The grandest irony of this clause is, that if there is any environment at all in which the harmful and pervasive message contained in this form of advertising can be countered by well-reasoned health messages it is while children are at school. It is when they are travelling with their peers, entertaining themselves and away from the influence of adults, that they are most at risk from such lifestyle advertisements and most likely to be outside this advertisement-free zone.

3.46 Further detailed research on the influence of advertising on minors is referred to below in paragraph 3.81.

**RECOMMENDATION 12**

**THAT BILLBOARD ADVERTISING OF TOBACCO PRODUCTS BE PROHIBITED.**

3.47 Part 3 - Section 10 is titled:

**"PROMOTION TO CHILDREN**

***The Manufacturing Companies by their servants and agents shall not provide tobacco products or materials which promote tobacco products to children in competitions or other activities which promote tobacco products."***

3.48 The Committee noted with considerable concern the results of a recent survey in New South Wales in which sixty-five percent of male and seventy-five percent of female smokers under 16 years old purchased their cigarettes from shops.<sup>56</sup> It could easily be argued that the best way to promote tobacco products is to provide a method for their distribution. The Committee is not suggesting that the cigarette companies actively promote the sale of cigarettes to minors but rather they have absolutely no control on their "servants and agents", even in relation to competitions, and so the above clause is at best inoperable and at worst misleading.

3.49 Some difficulties arise for vendors in establishing the age of children, particularly as up until now there has been no universal proof-of-age card. However, the Committee strongly supports the recent government initiative which creates a government sponsored proof-of-age card. This card will be voluntary, available free from motor registries and contain a person's name, photograph, date of birth and signature only. Though originally intended to apply only to the Liquor Act and the Registered Clubs Act, this proof-of-age facility could be easily applied to the Public Health Act, which refers to the offence of selling cigarettes to minors.

**RECOMMENDATION 13**

- (a) THAT THE MINIMUM AGE AT WHICH CIGARETTES MAY BE PURCHASED BE RAISED TO 18.
- (b) THAT THE PROPOSED 'PROOF-OF-AGE' CARD OR PHOTOGRAPHIC DRIVERS LICENCE BE ACCEPTABLE EVIDENCE OF AGE.
- (c) THAT A PERSON WHO SELLS TOBACCO TO A PERSON WHO IS UNDER THE AGE OF 18 YEARS IS GUILTY OF AN OFFENCE WITH A MAXIMUM PENALTY OF 50 PENALTY UNITS.

---

<sup>56</sup> 1989 Survey of Drug Use, op. cit., p. 22

3.50 This recommendation is in line with recent changes to legislation in the ACT and reflects the Committee's concern to do all in its power to limit the availability to minors of Australia's most harmful drug.

3.51 Perhaps the most questionable of all the sections of the voluntary code is that which relates to sports sponsorship. Section 15 states:

**"SPORTS SPONSORSHIP**

*The Manufacturing Companies shall not enter into promotions or sponsorships of any sporting or cultural event where that event is confined to children or where the majority of persons to whom the event appeals are children."*

3.52 The cigarette manufacturers may well argue and indeed be able to prove that the two biggest sports promotions by cigarette companies in New South Wales, that is, Winfield in the Rugby League and Benson and Hedges in the Cricket are sports in which the majority of people to whom the sport appeals are not children. However, it is a fact that literally hundreds of thousands of children watch these sports on a regular basis and these two sports are the most popular sports screened on television in New South Wales.

3.53 The Committee finds unacceptable, the "prime-time" television broadcasting of events such as the Motor Racing Grand Prix, Winfield Cup rugby league matches and Benson and Hedges cricket games with the associated saturation coverage of so-called incidental tobacco brand names .

3.54 Some recent research in relation to incidental advertising indicated that during the 1989 Adelaide Grand Prix:

*"The Marlboro name or logo appeared on screen for up to 35.7 percent of the sampled time, but this dropped to 7.6 percent after the company's sponsored cars withdrew. The Fosters name or logo appeared for an average of 20.4 per cent of broadcast time."*<sup>57</sup>

3.55 Other examples include the estimated 40,000 free advertisements that Benson and Hedges receives from a summer of televised cricket in Australia and the 1,412 exposures of the Winfield logo during two televised state football finals.<sup>58</sup>

---

<sup>57</sup> Martin, D.S., 'Incidental Advertising of Beer and Cigarettes in TV Broadcast of the Adelaide Grand Prix', Media Information Australia, No 57, August 1990, P.6.

<sup>58</sup> Jones, R. 'They're turning our children into junkies', Simply Living, 1986; 2: 100-106.

3.56 In a further case, recently confirmed by the High Court of Australia, a television station was convicted of a breach of the Broadcasting and Television Act, 1942 for telecasting some pre-match entertainment called the Winfield Spectacular prior to the 1984 Grand Final. During this "entertainment"

*"the cigarette's name and logo appeared prominently on a large banner which featured in the Spectacular, and the dancers were dressed in colours which matched the cigarette packet's colours."*<sup>59</sup>

3.57 This does not include the signage on the perimeter of the fence advertising a tobacco brand or the staining of the playing field's grass to create the company's name and logo.

3.58 While the Committee believes the case for limiting incidental advertising is indisputable, it appreciates the need for a phasing-in period.

#### RECOMMENDATION 14

**THAT AS SOON AS PRACTICABLE NO SPORTING, CULTURAL OR ARTISTIC EVENT IN NEW SOUTH WALES MAY ADVERTISE OR EXHIBIT A TOBACCO BRAND NAME, LOGO, OR TRADEMARK IN ASSOCIATION WITH THE NAME OF THAT EVENT.**

#### THE TOBACCO ADVERTISING REGULATION COMMITTEE

3.59 Section 19 of the voluntary code sets up the "Tobacco Advertising Regulation Committee" (TARC) made up of one representative of the Minister for Health, one representative of the manufacturing companies and a neutral Chairperson agreed to by the other two representatives. The TARC is charged with presenting a report to the Minister for Health and the manufacturing companies on the operation of the code every six months.

3.60 The Committee held detailed discussions with each representative. It is difficult for the Committee not to be extremely critical of the operation of this body. In doing so the Committee does not take issue with the performance or motives of any of the TARC members but rather at a completely flawed agreement and a hopelessly inadequate review mechanism.

3.61 The voluntary agreement was signed on the 14th April 1989. The TARC met for the first time on 4 December 1989 - almost eight months later. It would appear from the evidence received by the Committee that some

---

<sup>59</sup> Martin, op. cit., p. 6.

considerable difficulty occurred in attempting to secure a chairperson acceptable to the other two TARC members and the Minister for Health.

3.62 The Committee met on three occasions in the first six months. The first report was due on 4 June 1990. It was conveyed to the Minister in completed form on the 20 August 1990, 10 weeks late, and publicly released a month later. The TARC itself concluded that:

*"the effect of the voluntary code is reduced by the actions of persons and companies who are not signatories to the agreement."*

3.63 It further stated that:

*"Correspondence to the [TARC] has demonstrated the need for the Committee to interpret the meaning of Clause 8 - which specifies that advertisements shall not state, suggest or imply business, social, sporting or sexual success as attributable to the use of tobacco products. This matter remains under consideration by the Committee and the Committee is of the view that this clause is in need of review and clarification by the signatories to the agreement."*

3.64 The members of the Social Issues Committee consider that "review and clarification", or in some cases complete redrafting is also required in Part 1, Part 2 and in Part 3 sections 1, 4, 6, 7, 10, 13, 14, 15, 16, 19, 20 and the Appendix if the agreement is to have any effect whatsoever.

3.65 The TARC has also concluded that its role "did not include correspondence regarding the intent or implementation of the Code." So, put simply, the Tobacco Advertising Regulation Committee, set up to review the compliance of the tobacco companies with the voluntary code, cannot interpret the code except when reviewing alleged infringements and cannot write to people explaining what is meant by the code.

### HEALTH WARNINGS

3.66 Finally, the appendix to the voluntary code states that:

*"ROTATION - As far as is reasonably practicable, each of the four health warnings specified in various State and Territorial legislation shall appear in advertisements for cigarettes with equal frequency during each calendar year."*

3.67 The following survey was conducted by the New South Wales Cancer Council and the National Heart Foundation. The detail is as follows.

3.68 Cigarette advertisements published between 1 July and 31 December 1989 in the following newspapers and magazines available from the State Library of New South Wales, were examined to determine the frequency of publication of each health warning.

3.69 Publications included in study:

**MAGAZINES:**

The Australian Women's Weekly	Modern Motor
Cleo	Wheels
Woman's Day	The Bulletin with Newsweek
New Idea	Business Review Weekly
Cosmopolitan	Australian Business
TV Week	Time Australia
Family Circle	Better Homes and Gardens
Vogue Australia	Good Housekeeping
Vogue Living	Mode
Vogue Entertaining	Australian House and Garden
Belle	

**RESULTS:**

After examining approximately 21,000 pages of copy, and 391 cigarette advertisements, a biased pattern clearly emerged.

<b>HEALTH WARNING</b>	<b>NUMBER OF ADVERTISEMENTS</b>	<b>PERCENTAGE OF TOTAL</b>
Smoking Causes Lung Cancer	7	1.8
Smoking Causes Heart Disease	25	6.4
Smoking Damages Your Lungs	18	4.6
Smoking Reduces Your Fitness	341	87.2
<b>TOTAL:</b>	<b><u>391</u></b>	<b><u>100.0</u></b>



3.70 In short, one warning, that relating to the fitness of smokers, appeared in over eighty-seven percent of all advertisements in these major circulation magazines.

3.71 A more recent example of the reluctance of the tobacco industry to rotate health warnings comes in a recent press release (complete with colour photographs) of the Mount Panorama racing circuit.

*"Of the 24 advertisements at the track, only one warning "SMOKING REDUCES YOUR FITNESS" is displayed.*

*On 9 billboards, there is no health warning whatsoever.*

*On 4 billboards the health warnings are damaged and incomplete, and on 2 others they are obscured."* <sup>60</sup>

3.72 Notwithstanding that these matters are still under investigation by the TARC, the Social Issues Committee has decided that the size, type, wording and qualifications associated with the health warnings on tobacco products need to be amended.

3.73 It is of particular concern to the Committee that tobacco is one of the few food-type products legally sold which is not required to list additives or flavouring agents and the Committee considers that this should not continue. Furthermore, in order to draw to the attention of smokers the dangers associated with the continuation of their addiction, the Committee has decided to recommend a number of steps similar to those recently adopted in Canada.

#### RECOMMENDATION 15

- (a) THAT ONE TOBACCO HEALTH WARNING, THAT RELATING TO A REDUCTION IN FITNESS, BE ABOLISHED AND REPLACED WITH SOMETHING MORE APPROPRIATE TO THE DESTRUCTIVE EFFECT OF TOBACCO CONSUMPTION;
- (b) THAT THE TOBACCO WARNINGS BE INCREASED IN SIZE FROM FIFTEEN PERCENT TO TWENTY-FIVE OF THE SURFACE AREA OF THE PACKET, THAT THEY BE MOVED FROM THE BOTTOM TO THE TOP OF THE PACKET AND CONTRAST WITH THE BACKGROUND COLOUR OF THE CIGARETTE PACKET;

---

<sup>60</sup> Press release, The Heart Foundation and the New South Wales Cancer Council, 4 December 1990.

- (c) THAT THESE WARNINGS NO LONGER CONTAIN THE POSTSCRIPT "HEALTH AUTHORITY WARNING"; AND
- (d) THAT EACH CIGARETTE PACKET CONTAIN A CARDBOARD INSERT, INSIDE THE PACKET ITSELF, OF NOT LESS THAN SIX CENTIMETRES BY FOUR CENTIMETRES, WHICH ON ONE SIDE WOULD CONTAIN A HEALTH WARNING AND THE "QUIT FOR LIFE" TELEPHONE NUMBER AND ON THE OTHER SIDE LIST A SELECTION OF THE WORST CARCINOGENS TO BE FOUND IN CIGARETTES.

**ARGUMENT 4 ADVANCED BY THE TOBACCO INDUSTRY -**

**THE ADVERTISING OF TOBACCO PRODUCTS DOES NOT ENCOURAGE SMOKING. IT MERELY ATTEMPTS TO RETAIN CURRENT SMOKERS OF A PARTICULAR BRAND OR ENCOURAGE OTHER SMOKERS TO CHANGE BRANDS. CONTROLS ON ADVERTISING RESTRICT THE INDUSTRY'S ABILITY TO INFORM CONSUMERS OF PRODUCT CHANGES (E.G. LOW TAR CIGARETTES). TOBACCO SPONSORSHIP OF SPORTING, CULTURAL AND ARTISTIC EVENTS IS A MAGNANIMOUS GESTURE OF CORPORATE GOODWILL RATHER THAN DE FACTO ADVERTISING. ADVERTISING DOES NOT ENCOURAGE CHILDREN TO SMOKE.**

3.74 All of these claims were made to the Committee by a representative of the tobacco manufacturing companies. It is the Committee's view that none of them are correct. It would appear somewhat unusual that the advertising industry tells advertisers of all products except alcohol and tobacco that advertising will increase overall consumption of the product.

3.75 It is self-evident that for the tobacco industry to remain profitable it must constantly recruit new smokers. As the statistics quoted at the beginning of the chapter indicate, the primary recruitment ground is children. Seventy-five percent of all adult smokers began smoking during or before adolescence.

3.76 While there has been an overall decrease in the number of smokers in Australia since the Second World War there is a still a dramatic increase in the number of smokers, both male and female, from the ages of 14 to 18 and of particular concern is the fact that in comparative surveys of this age group conducted in 1985 and 1988 more females at almost every age in adolescence smoked in 1988 than in 1985, despite the best efforts of health and education authorities to reduce smoking among adolescents.<sup>61</sup>

---

<sup>61</sup> Richmond, R., Webster, I., & Heather, N., Drug Use Amongst Youth: Patterns, Psychosocial Factors & Prevention, Submission, SD 71, P. 8.

3.77 The industry has also created the myth of the low tar cigarette. The unfortunate thing about these cigarettes is that smokers in most instances will draw more heavily on a low tar cigarette increasing their smoke intake and/or smoke more cigarettes. Experts advise that it cannot be sufficiently highlighted that there is no safe level of consumption of tobacco - regardless of the tar level on the side of the packet.

3.78 As mentioned in the section on the Voluntary Code the Committee does not believe that "sponsorship by tobacco companies is an example of corporate goodwill". Rather, it is a clear attempt by the manufacturers to achieve innocence by association. The flaunting of tobacco trade names at venues as diverse as the Opera House, football stadiums and ski fields, is simply an attempt by the tobacco companies to maximise exposure as the media available to them decrease.

3.79 In this context the Committee is very concerned that large scale sponsorship of sport which is particularly attractive to young people glamorises smoking through such events as the NSW Rugby League "Winfield" Cup. Tobacco and alcohol are overwhelmingly the most destructive drugs. For a game that is particularly popular with young people and which is trying to promote itself nationwide, it would be appropriate for the rugby league administrators to consider that their sponsorship funding is derived from the nation's biggest drug killer.

3.80 The League's decision is also in stark contrast to the Australian Soccer Federation which decided in 1989 to terminate a 15 year association with the tobacco company Rothmans and instead enter a five-year agreement with the Victorian Health Promotion Foundation.

3.81 The amount of research on the link between advertising and smoking by children is continually increasing. Below are a selection of statements and conclusions which appear in a range of articles on this issue.

- *"There is enough evidence now, from all different kinds of studies, to justify a conclusion of probable causation for the effect of advertising on the uptake of smoking by children. We did not wait for cast-iron scientific proof before we took public-health action on behaviours that were associated with contracting the human immunodeficiency virus. We should take a similar prudent approach and ban all advertising and the promotion of tobacco."*<sup>62</sup>

---

<sup>62</sup> Pierce, J.P. 'Time to ban cigarette advertising and continue the "Quit For Life" campaigns'. Medical Journal of Australia, Vol. 152. February 5, 1990. P. 113.

- **"Australian studies have shown that children usually smoke the most-heavily advertised brands of cigarettes ... "** <sup>63</sup>
- **"Ledwith found that sponsorship by tobacco manufacturers of televised sports acted as cigarette advertising to children who were better able to identify cigarette brands after watching tobacco sponsored sporting events than they were before ..."** <sup>64</sup>
- **"Tye et al., on review of the available evidence concluded that 'a preponderance of quantitative studies of cigarette advertising suggests a causal relationship with consumption'. All this evidence points to an effect of cigarette advertising on the uptake of smoking by children; as do the substantial falls in smoking prevalence among adolescents in Norway that have followed the ban on tobacco advertising which was implemented with other smoking control measures in that country in 1975."** <sup>65</sup>
- **"The central focus of the public-health concern is that the images that are presented in cigarette advertising influence how children think about tobacco and this increases the proportion which experiments and later becomes regular users of tobacco products."** <sup>66</sup>
- **"There is now considerable evidence that children both see and can easily recall cigarette advertising whether it is on billboards, in magazines or newspapers, on television or at the cinema or when it is placed propitiously at sports events."** <sup>67</sup>

---

<sup>63</sup> Fisher, D. & Magnus, P. "Out of the Mouths of Babes..." The opinion of 10 and 11 year-old children regarding the advertising of cigarettes. Community Health Studies, 1981; No. 5, pp 22-26. and Chapman, S. op. cit.

<sup>64</sup> Armstrong, K., de Klerk, N., Shean, R., Dunn, D. and Dolin, P. 'Influence of education and advertising on the uptake of smoking by children' Medical Journal of Australia, Vol. 152, 5/2/90, P. 120.

<sup>65</sup> Ibid.

<sup>66</sup> 'Reducing the health consequences of smoking: 25 years of progress. A report of the Surgeon-General. Washington, D.C. U.S. Department of Health and Human Services. 1989.

<sup>67</sup> Pierce, Op. Cit.

- *"In most cases, the addiction is established while the individual is still a minor, aided and abetted by slick advertising."* <sup>68</sup>
- *"These findings, taken in conjunction with previous research, indicate that cigarette advertising is reinforcing under-age smoking. The smokers showed an enhanced or heightened preference for Kensitas Club, the brand favoured by adults. This is consistent with previous research indicating that promotional devices which help determine and reinforce adult cigarette brand preferences have an even greater effect on under-age smokers."* <sup>69</sup>

### **RECOMMENDATION 16**

**THAT ALL ADVERTISING AT POINT-OF-SALE AND ON PUBLIC VENUES, OVALS AND SPORTING GROUNDS, INCLUDING BRAND NAMES AND TRADEMARKS AND LOGOS REPRESENTED ON THE SURFACE OF SUCH VENUES, BE PROHIBITED AS SOON AS PRACTICABLE.**

### **ARGUMENT 5 - ADVANCED BY THE TOBACCO INDUSTRY -**

#### **THE INDUSTRY IS CONCERNED ABOUT MINORS ACCESS TO TOBACCO PRODUCTS AND HAS CONTINUALLY ATTEMPTED TO RESTRICT JUVENILE ACCESS, AND ATTRACTION, TO SUCH PRODUCTS**

**3.82 This argument was dealt with at length at page 14, PROMOTION TO CHILDREN. Though the industry claims to have tried to restrict the access of juveniles to tobacco products they have been spectacularly unsuccessful. It is of interest that an average of seventy percent of male and female smokers below the age of 16 in New South Wales purchase their cigarettes from shops.** <sup>70</sup>

**3.83 It has also been mentioned that the most popular and widely televised sports in the state are sponsored by the tobacco companies. The ACT recently passed legislation increasing the legal age of purchase of cigarettes to 18, this is in line with the Committee's view. It seems patently absurd that the only licit drug easily and legally purchased by 16 year olds is the most harmful one. This is covered in Recommendation 12, above.**

---

<sup>68</sup> Ibid.

<sup>69</sup> Aitken, P and Eadie, D., 'Reinforcing effects of cigarette advertising on under-age smoking'. British Journal of Addiction (1990) 85, P. 399.

<sup>70</sup> 1989 Survey of Drug Use. op. cit. P. 22.

### Incidental Advertising in Feature Films

3.84 Bearing in mind that the tobacco companies are international conglomerates and that American films have a major market in Australia the following statistics seem inconsistent with the tobacco industry claims:

- *"In 1988, Phillip Morris paid US\$350,000 so that their brand of cigarettes would be shown in a new James Bond movie 'Licenced to Kill' ...*
- *In 1979, Phillip Morris paid US \$42,500 to have its Marlboro cigarettes appear in the movie Superman II, ...*
- *In 1983, another cigarette manufacturer, Liggett, paid US\$30,000 to have its cigarettes appear in the movie, Supergirl. These are movies with major child and adolescent audiences."*<sup>71</sup>

### RECOMMENDATION 17

**THAT ANY FILM FINANCIALLY OR ADMINISTRATIVELY ASSISTED BY THE NSW FILM CORPORATION DISPLAY NO IDENTIFIABLE BRAND NAME OF CIGARETTES OR INCIDENTAL ADVERTISING, UNLESS IT INCORPORATES "FILE" FOOTAGE AND THAT NO SUCH FILM ACCEPT ANY FORM OF PAYMENT OR SPONSORSHIP FROM A TOBACCO COMPANY.**

### ARGUMENT 6 - ADVANCED BY THE TOBACCO INDUSTRY -

**THAT THE RECENTLY EXPRESSED CONCERNS RELATING TO THE HARM ASSOCIATED WITH THE INGESTION OF PASSIVE OR SIDE STREAM SMOKE HAVE NOT BEEN PROVEN**

3.85 This comment was relayed to the Committee, during evidence, by the representative of the Tobacco Institute. It should be remembered however, that the tobacco industry does not yet accept that active smoking causes any health problems, so such a statement is not surprising. It does not however accord with other evidence tendered to the Committee.

3.86 Passive smoking is now recognised as the third leading cause of preventable death in the United States, behind active cigarette smoking and alcohol abuse.<sup>72</sup>

---

<sup>71</sup> Fact Sheet: Voluntary Cigarette Advertising Codes. Australian Council on Smoking and Health. Perth. April 1990.

<sup>72</sup> Glantz, S., Professor, University of California. Speech given on 5 October 1990. Sydney.

3.87 Approximately 53,000 deaths a year in the United States, the majority of them from heart disease, were due to passive smoking, according to the U.S. Environmental Protection Agency. That estimate translated to Australia would indicate that in excess of 1,500 deaths a year occur in Australia from the same cause. For every eight smokers the tobacco companies kill one non-smoker.<sup>73</sup>

3.88 Dangerous substances in second-hand smoke include: carbon monoxide, carbon dioxide (which reduces the blood's capacity to carry oxygen), methane, propane (used in stoves), acetone (nail polish remover), ammonia (used for cleaning toilets), cyanide (used for killing rats), hydrazine (a rocket fuel), formaldehyde (used in the preservation of tissue), dimethyl nitrosamine and 43 proven carcinogens, including benzene (motor fuel), vinyl chloride, cadmium (found in batteries) and arsenic (used in ant poison).<sup>74</sup>

3.89 Passive smoking is particularly dangerous for children whose respiratory systems have not fully developed and has been linked to acute respiratory infections, impairment of lung function, middle ear effusion and bronchitis. For adults a link has been established between passive smoking and heart disease, osteoporosis and cancer of the stomach and breast.<sup>75</sup>

3.90 The Committee is pleased to support the move by the overwhelming majority of Government Departments and Statutory Authorities towards no smoking in the workplace. In a recent review of the Public Service Notices undertaken for the Committee, it was noted with some concern that only Parliament House which has a policy which states "Notices indicate in which areas of the Parliament a non-smoking policy applies" and the Cabinet Office, which has no stated policy but apparently makes a decision on a branch by branch basis, among all Departments and Statutory Authorities listed, do not, as yet, have a "no smoking in the workplace" policy.

#### RECOMMENDATION 18

**THAT ALL RESTAURANTS IN NEW SOUTH WALES WHICH SEAT IN EXCESS OF 100 PEOPLE MUST PROVIDE A "SMOKE-FREE" AREA.**

---

<sup>73</sup> Ibid.

<sup>74</sup> Ibid. & Hansard, Legislative Council, 25 October 1990, pages 37 and 42.

<sup>75</sup> Ibid

## Price Sensitivity and Influence on Consumption

3.91 An American Heart Association study estimates that the adult price elasticity of demand is approximately -0.4, thus a ten percent price rise produces a four percent consumption fall.<sup>76</sup> This means that a government that increases excise will increase revenue at least in the short term.

3.92 Of more interest to this Committee however is his suggestion that teenagers are more price-sensitive than adults both because they have a lower disposable income and because their smoking habit (i.e. addiction) is less established. Their price elasticity is -1.4, that is a ten percent price increase produces a fourteen percent decrease per smoker.<sup>77</sup>

3.93 Furthermore, the higher the original price the fewer teenagers will take up smoking. The factor here is -1.2, or in other words an increase in price of ten percent leads twelve percent fewer children to start smoking.<sup>78</sup>

3.94 In New Zealand in 1986 there was a fifty-four percent increase in the price of cigarettes which led to a twenty-six percent drop in consumption in 6 months.<sup>79</sup> In Norway and Finland significant price increases have also resulted in dramatic decreases in consumption.<sup>80</sup>

3.95 Increasing tobacco taxation appears to be the most effective single measure for curtailing total consumption of tobacco as well as the health damage caused by smoking.<sup>81</sup> Hence, the following recommendation serves the dual purpose of a reduction in juvenile smoking and a mechanism for funding the proposed New South Wales Health Promotion Foundation, which is the subject of Chapter 5.

---

<sup>76</sup> Warner, Prof. K., (Michigan University) 'Public Policy and Health'. A report of the American Heart Association. Vol 73, No. 2., February 1986. pp 381 - 395. and same author 'Publicity, Price and Puffing'. Journal of Health Economics, No. 3, 1984, pp 179-86.

<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> Press Release. New Zealand Department of Health. Reprinted in Supplement to Clean Air Clarion, June-August, 1987, p. 2.

<sup>80</sup> Bjartveit, K., 'Fifteen Years of Comprehensive Legislation: Results and Conclusions', Paper presented at the Seventh World Conference on Tobacco and Health. Perth, W.A. 3 April 1990.

<sup>81</sup> Supplement to the Clean Air Clarion, op. cit.



### **RECOMMENDATION 19**

**A FURTHER TAX OF TEN PERCENT ON ALL TOBACCO PRODUCTS BE INSTITUTED AND CHANNELLED DIRECTLY INTO THE RECOMMENDED HEALTH PROMOTION FOUNDATION. THIS TAX INCREASE AT THE RATE OF ONE PERCENT PER YEAR FOR THE NEXT FIVE YEARS UNTIL THE TOTAL RATE OF STATE TAXATION REACHES A FIGURE OF FIFTY PERCENT.**

**The figure of fifty percent as the State licence fee (that is, fifty percent of the wholesale price) for tobacco products is considered by the Committee to be an achievable national goal. It is already at that level in the states of Western Australia, South Australia, Victoria and the Northern Territory.**

## CHAPTER 4: ALCOHOL

### Introduction

4.1 Alcohol is second to tobacco as the most harmful drug consumed by Australians. Together, they account for ninety-six per cent of all drug-related deaths. The Committee does not wish to be drawn into the debate as to whether in the case of alcohol, unlike tobacco, there is a safe level of consumption for most healthy people. It notes the view expressed in the introduction to the National Health Policy on Alcohol in Australia, that there is a place in society for the consumption of alcohol responsibly and in moderation. Unfortunately, the fact that alcohol is a potentially harmful and addictive drug is not generally acknowledged by the community, it has widespread social acceptance and is regarded by many as an essential component of any social gathering.

4.2 The statistics speak for themselves. It is estimated that one in every five admissions to general hospitals in Australia is due to alcohol-related problems. Among youth, alcohol is the most harmful drug consumed. Australia-wide, of the 238 drug-related deaths recorded among 0 to 14 year olds in 1987, 76 were alcohol-related; of these, 67 were due to motor vehicle accidents. In the 15 to 34 age group, of the 1409 drug-related deaths, 915 were alcohol-related, 504 of these being due to motor vehicle accidents.<sup>82</sup> In 1989 the statistics for the older age-group remained very similar.<sup>83</sup> To these figures must be added the long-term and permanent injuries sustained by many of the alcohol-affected young people who survived such accidents.

### Extent of the Problem

4.3 The most recent survey of drug use by students aged 12 to 17 in NSW<sup>84</sup> shows that the majority of males and females in all age groups (except 12 year-old females) had consumed alcohol at least once, with the incidence rising to ninety-six percent in the case of 17 year-old males. The survey also showed, however, a significant decline in the percentage of those who reported regular use of alcohol in 1989 compared to the figure for 1986 (down from thirty-four percent to twenty-two percent among boys, and down from thirty-two percent to eighteen per cent among girls). This is grounds for only limited satisfaction, however, as a further breakdown of the figures

---

<sup>82</sup> Source: National Drug Abuse Information Centre.

<sup>83</sup> Source: Commonwealth Department of Community Services and Health, quoted in "1989 Survey of Drug Use by NSW Secondary School Students", Department of Public Health, University of Sydney and Directorate of the Drug Offensive.

<sup>84</sup> *ibid.*

demonstrates that the prevalence of regular drinking<sup>85</sup> increased significantly with age; for seventeen year-olds, the figures were forty-nine percent for males and thirty-three percent for females. Of particular concern are the facts, firstly, that the percentage of male students who reported heavy drinking<sup>86</sup> increased from twenty-three percent in 1986 to twenty-six percent in 1989. Again, with this group the prevalence of heavy drinking increased with age, reaching nearly fifty percent in the case of 16 and 17 year-olds. Secondly, a quarter of all males and fifteen percent of females reported that when drinking, they "*usually ended up drunk or very drunk*".

4.4 The survey also demonstrated a number of other disturbing facts, such as:

- that alcohol is readily available to minors;
- that about half of 15 and 16-year olds had drunk alcohol with their parents or friends during the previous month; and
- that young peoples' perceptions of which drugs cause most deaths did not correspond with the true situation.

4.5 Although reliable statistics are not available on the drinking habits of minors who have left school, there is no reason to believe that the statistical prevalence among this group would be any less than among school students.

4.6 In spite of the overall decline in alcohol consumption among youth in the last three years, the point is that under-age drinking continues to be a significant problem. This indicates the limited effects of the range of preventive and other measures which have been directed at this phenomenon. These include preventive education in schools, media campaigns and legal sanctions against the consumption of alcohol by, and its supply to minors.

#### Why Do Young People Drink Alcohol?

4.7 There are many causal factors for under-age drinking. These include:

- the widespread perception among young people of hypocrisy and a double standard by adult society in its acceptance and approval of the consumption of alcohol, even to excess, but its denial to minors;

---

<sup>85</sup> defined as at least weekly use.

<sup>86</sup> defined as those who reported consuming five or more drinks in a row at least once during the previous fortnight.

- the failure of society to meaningfully acknowledge alcohol as being a potentially addictive drug, with the second highest incidence among all drugs of mortality and morbidity (no doubt aggravated by the tendency of even some drug professionals to appear differentiate alcohol from drugs by using the term "drugs and alcohol");
- the common adolescent phenomena of defiance of adult behavioural norms, experimentation, and finding mystique and heightened desirability in things which are forbidden;
- peer pressures;
- alcohol advertising, especially on television;
- turning to alcohol as an emotional and psychological analgesic;
- negative role modelling by many parents, prominent sporting and rock music figures and adults in general;
- the ready availability and accessible price of many types of alcoholic beverages;
- the "immortality syndrome": an unwillingness to take seriously the possible longer term ill effects of any particular form of behaviour;
- the widespread use of alcohol as a disinhibitor and social and sexual facilitator; and
- boredom in the absence of adequate recreational facilities.

#### **CURRENT PREVENTION STRATEGIES**

**4.8 The Committee considers that although there seems to have been some improvement in the overall incidence of underage drinking, the problem is still a very serious one both for young people themselves and for society at large, of which youth are such an important part. This issue requires a review of current strategies to see whether and where changes need to be effected.**

## Media Campaigns

**4.9 Media campaigns were introduced as a component of the National Campaign Against Drug Abuse in mid-1986. Alcohol is one of the two target drugs of the media campaigns (the other being heroin) and young people are one of the priority target groups. They are divided into two sub-groups: 12 to 13 year-olds and 14 to 18 year-olds. The aims of the campaign include:**

- **delaying the onset of alcohol use by 12 to 13 year-olds;**
- **reducing the incidence of immediate or short-term consequences either of isolated periods of heavy intoxication or of periodic heavy use by youth; and**
- **increasing parents' awareness of the consequences of their own drinking habits and the role modelling which this provides for youth.**

**The alcohol campaign targeting young people and parents was launched throughout Australia in March 1988. In NSW it comprised a number of television commercials and a series of advertisements on buses. The campaign message aimed at parents was: "Someone's always watching you", and that for 15 to 17 year-olds was: "Alcohol: it can turn you into a jerk" and "Alcohol: it can turn you into a joke."**

## Legal Controls

**4.10 The legal controls against under-age drinking are embodied in the Liquor Act, Registered Clubs Act and Summary Offences Act. Under these Acts there is no general prohibition on the consumption of liquor by minors. What they do is impose very restrictive controls on such consumption. Minors are prohibited from, for example:**

- **consuming or possessing liquor in a public place;**
- **consuming liquor on licensed premises;**
- **obtaining or attempting to obtain liquor on licensed premises;**
- **carrying or attempting to carry away liquor from licensed premises; and**
- **being in "restricted areas", bars or poker machine areas of licensed premises.**

Licencees and employees of licensed premises are prohibited from, for example:

- obtaining liquor for a minor from licenced premises;
- supplying or permitting the supply of liquor to a minor; and
- permitting a minor to be in a "restricted", bar or poker machine area.

All persons are prohibited from obtaining liquor on behalf of a minor from licenced premises, and supplying liquor to a minor, except the parents or guardians of the minor (or someone authorised by them) and even in this latter case the sale or supply cannot take place on licenced premises.

4.11 The Liquor and Registered Clubs Acts impose a heavy onus on licencees, club secretaries and others responsible for the sale of alcoholic beverages, to observe their legal obligations. Maximum penalties for infringements range from \$500 to \$2000, depending on the nature of the offence. Minors are also liable to substantial fines for offences under these Acts. The penalty for a minor entering a restricted area of a licenced premise or any area if not accompanied by a responsible adult, is up to \$1000; and for consuming liquor on, or carrying liquor away from the premises of a registered club, or for being in a bar, the penalties for minors are respectively \$500 and \$1000. And under the Liquor Act, refusal or failure by a minor (or a person suspected of being a minor) to provide his/her correct age, name or address to a licencee, licencee's employee or a police officer, carries a maximum penalty of up to \$1000 and in some cases the minor can be charged and brought before a court. In addition, the most recent amendments to the Liquor Act have made it a specific offence for a minor to present false evidence of age, with a maximum penalty of \$1000.

4.12 Furthermore, under the Registered Clubs Act, if employees of a club are convicted of selling, supplying or disposing of liquor to minors on two occasions during a period of three years, the Licensing Court has discretion to impose various penalties including cancelling the club's certificate of registration or disqualifying the club from holding a certificate of registration for a certain period.<sup>87</sup> Under the Liquor Act, a licencee can be taken before the court for a range of less specific offences, including being guilty of a breach of a condition of his licence, and if the complaint is proven the court likewise has discretion to impose various penalties, including cancellation of the licence, its suspension for up to 12 months or disqualifying the licencee from holding a licence for up to three years.

---

<sup>87</sup> Section 17 (1A) and (2).

4.13 Unfortunately, however, the statistics relating to under-age drinking clearly demonstrate that the law is being massively flouted. According to the 1989 Survey, most 15 and 16-year olds did not consider alcohol difficult to obtain outside the home. Thirty-seven percent reported having recently purchased alcohol, particularly from hotels, night clubs/discos, bottle shops and restaurants. Some forty percent reported recently drinking at friends' homes, thirty-five percent in cars or parks, twenty-eight percent at dances or discos and twenty-one percent at hotels or clubs. A 1988 report by the Police Department on under-age drinking stated:

*"There is strong evidence to suggest that current enforcement of the penal provisions of the Liquor Act and the Registered Clubs Act by the Licensing Court is defective. Average penalties ... for the offence of licence holder or employee sell or supply liquor to a person under the age of 18 years under the Liquor Act is \$170, and for the Registered Clubs Act, for a similar offence, the penalty is \$195. These average penalties could not be said to be significant in motivating licence holders to conform with the law. Furthermore, no licence has been cancelled for the presence of, or supply of liquor to juveniles on licenced premises in the past two years."<sup>88</sup>*

4.14 It is clear from the evidence to the Committee that, as the above report states, staff at licenced establishments are frequently ignoring their legal responsibilities to prevent access to alcohol by minors. It is commonplace for youth under 18 to misrepresent their age when challenged at licenced premises, including through the use of false identity documents. The purchase of alcohol by adults for minors is also a frequent occurrence. In addition, parents are frequently at fault for allowing their children to drink at home unsupervised, often in the company of friends.

#### **FURTHER PREVENTION STRATEGIES**

4.15 It is the Committee's view that in addressing this very serious situation there is a need to give attention to the following strategies:

- education;
- more effective enforcement of the law by the Police;
- amending the Liquor and Registered Clubs Acts;
- proof-of-age cards;
- lowering permissible blood alcohol levels for new drivers;

---

<sup>88</sup> "A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles", p xix.

- compulsory health warnings;
- alternate recreation facilities;
- health promotion foundation;
- advertising;
- availability;
- pricing policy.

#### (a) Education

4.16 As noted previously, the issue of education will be dealt with in the second part of this Report to be brought down in 1991. The point needs to be made here, however, that while the Committee acknowledges that it is the prerogative of parents to determine whether or not their children should have access to alcohol at home, parents need to be fully aware of their responsibilities not only as positive role models but also for providing guidance to their children about the consumption of alcohol in all its dimensions. While drug education at all levels of school is of great importance, it should be a supplement to education in the home. The Committee will be recommending in Part 2 of this Report that more attention be given by the Departments of Education and Family and Community Services to developing educational resources specifically in relation to parenting as well as drug education for parents; and that parents be encouraged from the earliest stage of their children's upbringing to avail themselves of these resources. Furthermore, all of those involved in the issue of underage drinking - youth, parents, school teachers, police, licencees and other providers of alcohol, lawyers, magistrates - need to have access to specific educational courses and materials. Unless greater attention is given to this need, attempts to address the problem will continue to be lop-sided and only partially effective. The Committee appreciates the value of public education of the type already being undertaken by NCADA.

#### (b) Enforcement

4.17 For the law to be effective, it must be effectively enforced. This has not so far been the case. The Police and the courts have the central role in this process. The Committee has noted the recent abolition of the Licensing Branch of the Police Force and the consequent devolution to all police patrol commanders (who are the officers in charge of the provision of all police services in particular police areas) of responsibility for the enforcement of the various liquor control Acts. The Committee considers that the effectiveness of this change needs to be comprehensively reviewed twelve months after its inception, with the possibility of further structural adjustments being carried



out if necessary. The Committee also notes the recent amendments to the law in regard to infringement notices being served on minors relating to under-age drinking offences and to making it an offence for minors to present false proof of age (see below). The Committee is grateful to the Chief Secretary for giving an undertaking "*that the provisions relating to the introduction of infringement notices will not be commenced until the Committee has brought forward its Report and the issues have been further discussed with the Committee and police.*"<sup>89</sup> The Committee's concern is that the use of infringement notices is not seen to be addressing what it regards as the serious nature of the offences.

## **RECOMMENDATION 20**

**THAT THE EFFECTIVENESS OF THE ENFORCEMENT OF THE VARIOUS LIQUOR CONTROL ACTS BY POLICE PATROL COMMANDERS BE REVIEWED WHEN THEY HAVE BEEN IN OPERATION FOR TWELVE MONTHS AND THAT THE RESULTS OF THAT REVIEW BE MADE PUBLIC.**

### **(c) Amendments to the Law**

#### **(i) Offences by Licensees**

4.18 The Committee considers that the current maximum financial penalties provided under the Liquor and Registered Clubs Acts for offences in relation to under-age drinking are adequate and does not see a need for them to be increased. However, there is a need to ensure that the penalties do indeed act as a deterrent which does not at present seem to be the case. A factor in this seems to be that most of the penalties in the two Acts for the offences of licencees, their employees or other adults selling or supplying alcohol to minors are not an absolute figure but are expressed in terms of a maximum limit, and are thereby very discretionary. The Committee considers that both Acts should be amended so that the penalties for these offences, as described above, which are currently expressed in terms of a maximum limit as opposed to a specific figure should also have a specified minimum limit, and that this should be no less than half the maximum limit.

4.19 The following further amendments should be effected:

- Under the Registered Clubs and Liquor Acts, the following penalties should be made mandatory for clubs or licencees convicted of offences relating to minors, subject to there being a right of appeal against any conviction;

---

<sup>89</sup> The Hon R. Rowland Smith, Minister for Sport and Recreation, Minister for Racing, representing the Chief Secretary in the Legislative Council; quoted in Hansard, 30 November 1990.

- two offences in a three years period - called upon to show cause etc, (this is the case at present with the Registered Clubs Act);
- three offences in three year period - suspension of certificate of registration or licence for between six and twelve months;
- four or more offences in three year period - cancellation of certificate of registration or licence.

#### **RECOMMENDATION 21**

**THAT FINANCIAL PENALTIES FOR OFFENCES UNDER THE LIQUOR AND REGISTERED CLUBS ACTS BY LICENCEES, THEIR EMPLOYEES OR OTHER ADULTS IN RELATION TO UNDER-AGE DRINKING, HAVE A MINIMUM LIMIT OF NOT LESS THAN HALF THE MAXIMUM LIMIT.**

#### **RECOMMENDATION 22**

**THAT THE REGISTERED CLUBS AND LIQUOR ACTS BE AMENDED SO AS TO PROVIDE MANDATORY PENALTIES FOR CLUBS OR LICENCES CONVICTED OF OFFENCES RELATING TO MINORS, AS FOLLOWS:**

- **TWO OFFENCES IN A THREE YEARS PERIOD - CALLED UPON TO SHOW CAUSE WHY THE CERTIFICATE OF REGISTRATION OR THE LICENCE, AS APPROPRIATE, SHOULD NOT BE CANCELLED OR SUSPENDED FOR A SPECIFIC PERIOD;**
- **THREE OFFENCES IN THREE YEAR PERIOD - SUSPENSION OF CERTIFICATE OF REGISTRATION OR LICENCE FOR BETWEEN SIX AND TWELVE MONTHS;**
- **FOUR OR MORE OFFENCES IN THREE YEAR PERIOD - CANCELLATION OF CERTIFICATE OF REGISTRATION OR LICENCE.**

#### **(ii) Dramshop Liability**

**4.20 The Committee has considered the recommendation of the Police Department Report referred to above, on the introduction of "dram shop" liability legislation. Such legislation would render licence holders, club secretaries and their employees liable for any damage or injuries to third parties, caused by intoxicated persons including juveniles, to whom they had supplied alcohol. The Committee is aware that when such legislation has been imposed elsewhere, such as in some States in the US, it has resulted in a decline in the numbers of road accidents and fatalities. Nevertheless, given the harshness of such a law, plus the complexities in its enforcement, the Committee does not consider that there is yet justification for its introduction in NSW. It may, however, be a matter for the future.**

### **(III) Offences by Juveniles**

4.21 The Committee is conscious that the current procedures for the initiation of prosecutions under the liquor control Acts, which are based on the issuing of summonses, are time-consuming, cumbersome and not cost-effective. They tie up the local court system and the time of police officers and others involved in the process. The Committee notes the view of the Police Department that:

*"Enforcement levels for juvenile offences under these Acts has not been high. This, it is suggested, has been due to two factors, first, the complicated procedure necessary to initiate proceedings, and second, the low probability of a person reported receiving a reasonable penalty."<sup>90</sup>*

4.22 Recent amendments to the Liquor and Registered Clubs Act have incorporated a mechanism for the issuing of on-the-spot fines for a series of offences such as a minor using false evidence of age, a minor on licenced premises, or the use of an approved amusement device by a minor. The Liquor Act states:

*"117F (1) A police officer to whom it appears that a minor has committed an offence under this Part may serve on the apparent offender a notice to the effect that, if it is not desired to have the matter determined by a court, the person served may, with a time specified in the notice, pay \$50 to a police officer so specified.*

*(2) A notice under this section may be served personally or by post."*

4.23 The Committee believes that there is a place for infringement notices of this kind, subject to certain conditions which will ensure that the infringement notice process is not seen to be a lessening of the seriousness of the offences involved. As earlier indicated, the Committee is concerned that such notices not become an easy way out for the Police, to the exclusion of all other means of dealing with the offences in question. The Committee is concerned that when these offences by young persons come before the courts by way of summonses, they are dealt with as serious matters and that all the mechanisms available for the rehabilitation of the young offenders are employed. The proof of age card will certainly make the identification of young offenders easier and the Committee believes there is also a case for streamlining the summons/court appearance procedure. The Committee is particularly keen to ensure that minors do not receive an endless number of such on-the-spot fines and believes that a mechanism for recording of such fines needs to be created and that second offences result in a court appearance. It is also vital, in the Committee's view, for parents or guardians

---

<sup>90</sup> op. cit. p48

to be informed upon the issue of such fines. The Committee also sees the need to incorporate some alcohol educational process in court appearances to alert minors to the dangers associated with excessive alcohol consumption.

### **RECOMMENDATION 23**

**THAT IN ALL CASES IN WHICH MINORS ARE ISSUED WITH INFRINGEMENT NOTICES UNDER SECTION 117F OF THE LIQUOR ACT OR SECTION 57A OF THE REGISTERED CLUBS ACT**

- (A) THEIR PARENTS OR GUARDIANS MUST BE INFORMED; AND**
- (B) THE ISSUING OF THE NOTICE MUST BE RECORDED BY THE POLICE DEPARTMENT.**

### **RECOMMENDATION 24**

**THAT MINORS MAY RECEIVE ONLY ONE INFRINGEMENT NOTICE AND THAT SECOND AND FURTHER OFFENCES AUTOMATICALLY ENTAIL A COURT APPEARANCE.**

#### **(d) Proof-of-Age Card**

4.24 As mentioned in the previous chapter on tobacco the Committee endorses the recent government initiative to sponsor a proof-of-age card. The card will be voluntary, available free from motor registries and contain a persons name, photograph, date of birth and signature only. The proof of age card, along with photographic drivers licences, will provide an easy, accessible way to establish age and will allow vendors to quickly determine the bona fide of an individual seeking to purchase alcohol, enter licenced premises or purchase cigarettes.

#### **(e) Blood Alcohol Levels**

4.25 In the course of the present Inquiry the Committee had decided to recommend a lowering of the maximum allowable blood alcohol levels for all drivers from the ages of 17 to 21. This recommendation was in response to the following alarming statistics:

- People under the age of 25 hold only fifteen percent of the State's drivers licences yet are involved in forty-four percent of alcohol-related driving accidents; and
- Drivers under the age of 25 with alcohol readings in excess of the legal limit were four and a half times more likely to be

involved in an accident, than those with an excessive blood alcohol limit but were aged over 25.

4.26 As part of a national strategy, the New South Wales Government has recently announced changes to the permissible blood alcohol level for young drivers and drivers of public and large vehicles. The Committee enthusiastically endorses this initiative. It will become operable from 1 January 1991 and involves:

- A .02 blood alcohol limit for drivers during their first three years of driving, or until they reach the age of 25, whichever is the earlier; and
- A .02 limit for all drivers, irrespective of age, of heavy motor vehicles, vehicles carrying dangerous goods or public passenger vehicles, e.g, buses, taxis, or hire cars.

The Committee notes that provisional and learner drivers of any age are also subject to the .02 limit.

#### (f) Compulsory Health Warnings

4.27 The Committee is of the view that both in relation to under-age drinking and to the abuse of alcohol in general, there would be considerable benefit in the introduction of a system of compulsory health warnings, along the lines of those associated with tobacco products, to be displayed on the labels of all alcoholic beverages (including low-alcohol drinks), and included in all advertisements for alcoholic beverages in the print and electronic media, including those which relate purely to price. The warnings should refer specifically to the potential dangers of excessive consumption and include an explanation of what is meant by this. There should be several different warnings, displayed on a rotational basis, of which one should refer to the potential hazards to the foetus of women drinking alcohol during pregnancy; the others could refer to e.g. alcoholism, the dangers of and penalties for driving under the influence, and the potential damage to the brain, liver, heart, and other vital organs.

#### RECOMMENDATION 25

**THAT WARNINGS BE COMPULSORILY INCLUDED ON ALL ALCOHOL LABELLING AND IN EVERY FORM OF ALCOHOL ADVERTISEMENT WITHOUT EXCEPTION, CONCERNING THE POTENTIAL EFFECTS OF EXCESSIVE CONSUMPTION.**

**THAT THERE BE SEVERAL DIFFERENT WARNINGS DISPLAYED ON A ROTATIONAL BASIS.**

#### **(g) Alternate Recreation Facilities**

4.28 The Committee notes that young people are attracted to licenced premises such as hotels and clubs because they provide entertainment, an opportunity for social interaction and live music. In this regard, the Committee applauds the recent amendments to the Liquor Act which permit licencees to set aside parts of their premises for use by minors under adult supervision. The Committee considers that this practise should be further encouraged. If the community wishes to prevent minors drinking it must provide alternative entertainment venues or a mechanism for the alternative use of existing venues. The Committee sees considerable value in such initiatives as Manly Youth Centre's "Kangaroo Rock", a supervised, alcohol-free venue provided every two to three weeks during the school term at Manly Council's Youth Centre, with entertainment by prominent rock groups.

#### **(h) Alcohol and the Health Promotion Foundation**

4.29 Chapter 5 of this Report deals with the Committee's recommendations on the establishment of a Health Promotion Foundation. The purpose of the Foundation would be to replace the revenue formerly provided from tobacco company sponsorships of sport and the arts; in addition, the Foundation would fund promotion of school and public health education promotion campaigns, and tobacco and alcohol research centres. In addition, as a follow-up to the recommended abolition of alcohol advertising on billboards, taxis and RTA buses (see paragraph 29 below), the Foundation would fund the replacement of the alcohol advertisements at least in part by appropriate health messages. This step would have the additional benefit of ensuring that the advertising companies concerned would not be entirely disadvantaged in the short term.

4.30 The Committee also considers that, given the adverse effects on individuals' health as well as very high material cost to the community of alcohol misuse, it is entirely appropriate that a portion of the revenue from the sale of alcohol, like tobacco (see Chapter 5), go to the Health Promotion Foundation. To this end the Committee is recommending that the Government impose an increase of one percent in liquor licensing fees, that is, from the current ten per cent to eleven percent, with the extra one per cent to be expressly allocated to the proposed Foundation. It is estimated that this would net approximately \$17 million which, added to the \$60 million expected to accrue from the proposed tobacco tax, would provide the Foundation with approximately \$76 million of funds in its first year.

## RECOMMENDATION 26

**THAT THE GOVERNMENT INCREASE THE LIQUOR LICENSING FEES FROM TEN TO ELEVEN PERCENT, AND THAT THE ADDITIONAL ONE PERCENT BE EXPRESSLY ALLOCATED TO THE RECOMMENDED HEALTH PROMOTION FOUNDATION.**

### (i) Advertising

**4.31 As print and television advertising are Federally regulated, those recommendations below which pertain to the Federal sphere are directed in the first instance to the NSW Government to be taken up with the governments of the other States and Territories, with the aim of their jointly submitting the recommendations to the Federal Government.**

**4.32 Alcohol advertising is an area of particular concern in relation to under-age drinking. This is reflected in the increasing scrutiny to which the advertising of alcoholic beverages has recently been subjected.**

**4.33 It has been estimated that Australia-wide, the liquor industry spends approximately \$365 million annually, or about \$1 million per day on promotion, of which \$57 million is for advertising and \$308 for product support such as in-store promotions, competitions, celebrity endorsements and sponsorships.<sup>91</sup> Much of the debate about alcohol advertising has centred around the issue of whether there is any nexus between alcohol advertising and consumption levels. While the research evidence to date has failed to prove any such connection in the population generally, a number of studies have concluded that alcohol advertising does reinforce under-age drinking. These include a 1988 study by the Advertising Research Unit of the University of Strathclyde noted that recent research in Scotland, *"indicates that marked changes in children's perceptions of television advertisements for alcoholic drinks occur over the years 10 to 14 ... Children of 14 and above often ... allude to much more complex and attractive imagery, much in the same way that adults do. For example, 14 and 16-year-olds tend to see lager and beer commercials as promoting masculinity [and] sociability ... This does not mean that alcohol commercials are aimed specifically at children ... Nevertheless it does seem to be the case that commercials for alcoholic drinks aimed at older teenagers and other young adults present qualities that***

---

<sup>91</sup> The source of this figure is Ad News, June 30 1989, 12, quoted in "Alcoholic Beverage Advertising: A Summary of Public Health Concerns and Research" - a paper by Assoc. Professor Bill Saunders, Curtin University of Technology.

*younger teenagers also find attractive.*"<sup>92</sup> Similar conclusions are drawn in a number of other studies.<sup>93</sup>

4.34 The excessive amount of alcohol advertising to which the average person is exposed daily in all the media, especially television and newspapers, as well as outdoors on billboards, buses and taxis is also, in the Committee's view, likely to be a further factor in positively influencing young people to drinking.

4.35 The Committee is persuaded that the cause for greatest concern is the message conveyed to young people by alcohol advertising. The claim by the industry that the aim of advertising is either to maintain or bring about changes in brand or type preferences only, is in the Committee's view, unconvincing. As noted in the study previously quoted: "*The research into the content of alcoholic beverage advertising consistently shows that drinking is glamorised, sanitised and normalised.*"<sup>94</sup> It quotes from a submission to the US Federal regulatory body on alcohol which stated that: "*alcoholic beverage advertising is misleading in two ways:*

- (i) *alcoholic beverages are promoted by appeals to desire and needs that are irrelevant to the product; and*
- (ii) *the absence of accurate health information in the marketing of a product with serious public health consequences hampers the consumer making an informed choice."*

4.36 The Committee considers that in the interests of public health and of seeking to reduce the attraction of drinking for young people, alcohol advertising needs to be significantly restricted. Specifically, it is recommending the banning of the following forms of advertising:

---

<sup>92</sup> "Young People's Perceptions of Television Commercials for Alcoholic Drinks", paper by Philip Aitken, Research Fellow, Advertising research Unit, University of Strathclyde.

<sup>93</sup> For example: P.P. Aitken et al. "Ten to Sixteen Year Olds' Perceptions of Advertisements for Alcoholic Drinks". *Alcohol and Alcoholism* 1988; 23: 491-500.

K. Nuendorf "Alcohol Advertising: Evidence from Social Science". *Media Information Australia*, Feb. 1987; 43

P. Bell "Alcohol Advertising in the Australian Media" *Media Information Australia*, Feb. 1987; 43

These were quoted in Submission number 72.

<sup>94</sup> Saunders, op. cit. p3



- on billboards;
- on taxis and buses;
- the imprinting of alcohol company logos or brand names on the surfaces of sports fields or stadiums;
- on radio or television before 10.00 pm throughout the week, and during any programs at a later time which have a substantial youth audience; the Committee considers that this should be a first step towards the complete elimination of alcohol advertising on the electronic media; and
- in magazines or special sections of newspapers and magazines which have a substantial youth readership.

In addition, specific limitations should be imposed on total alcohol advertising in all media and, given the need to minimise the nexus between sport and alcohol which has been created by advertising, around the perimeters of sports fields or stadiums.

#### **RECOMMENDATION 27**

**THAT THE FOLLOWING FORMS OF ALCOHOL ADVERTISING BE BANNED:**

- (a) **ON BILLBOARDS;**
- (b) **ON TAXIS AND BUSES;**
- (c) **THE IMPRINTING OF ALCOHOL COMPANY LOGOS OR BRAND NAMES ON THE SURFACE OF SPORTS FIELDS OR STADIUMS;**
- (d) **ON RADIO OR TELEVISION BEFORE 10 PM THROUGHOUT THE WEEK, AND DURING ANY PROGRAMS AT A LATER TIME WHICH HAVE A SUBSTANTIAL YOUTH AUDIENCE, AS A FIRST STEP TO TOTAL ELIMINATION; and**
- (e) **IN MAGAZINES OR SPECIAL SECTIONS OF NEWSPAPERS AND MAGAZINES WHICH HAVE A SUBSTANTIAL YOUTH READERSHIP.**

**THAT IN ADDITION, SPECIFIC LIMITATIONS BE IMPOSED ON**

- (a) TOTAL ALCOHOL ADVERTISING IN ALL MEDIA; and**
- (b) AROUND THE PERIMETERS OF SPORTS FIELDS AND STADIUMS.**

**4.37 The other major issue which the Committee considers needs to be addressed is that of the manifest shortcomings in the self-regulatory system of alcohol advertising currently in force throughout Australia.**

**4.38 This system was introduced in 1974. It is administered nationally through the Media Council of Australia (MCA) by two bodies: the Alcoholic Beverage Advertising Code Council (ABACC) which comes under the MCA, and the Advertising Standards Council (ASC), an autonomous organisation funded by the MCA, the Advertising Federation of Australia and the Australian Association of National Advertisers. The guidelines for acceptable alcohol advertising are set out in a voluntary code developed by a number of advertising industry bodies, titled the Alcoholic Beverages Advertising Code.**

**4.39 All alcohol advertisements published or broadcast by MCA members are expected to comply with the Code, as well as with the Advertising Code of Ethics of the MCA, the requirements of Federal and State legislation and of the Australian Broadcasting Tribunal. The ABACC advises on the development of the Code, while the ASC is responsible for interpreting it and for adjudicating public complaints against offending advertising material.**

**4.40 The Committee considered a range of views in Hearings (including by two members of the ABACC), submissions to the Inquiry and recent studies, about the implementation and effectiveness of the Code.**

**4.41 In a 1986/7 Curtin University of Technology study<sup>95</sup> of the impact of sixteen print and television alcohol advertisements on a random group, *"all sixteen advertisements ... were deemed by the respondents to contain multiple breaches. For the print advertisements the average number of perceived breaches was 6.25, for the television advertisements the average was 5.6 breaches per advertisement."***

**4.42 The Committee's attention was drawn to the fact that numerous medical and consumer organisations and drug professionals have expressed concern about the interpretation of the Code by the Advertising Standards**

---

<sup>95</sup> Contained in A Submission to the Trade Practices Commission on the System of Self-Regulation of Alcohol Advertising, prepared by the University's Addiction Studies Unit.

**Council and the procedures for the submission and consideration of complaints:**

***"Although the Alcohol Code may be considered far from perfect, the greatest criticism from the public has been directed at the interpretation of the ... Code by the Advertising Standards Council and at the lengthy and cumbersome process of submitting a complaint ... The heightened concern within the community has been in response to the perceived failure of the present self-regulatory system to prevent the use of alcoholic beverage advertisements which are considered to breach the spirit of the Alcohol Code ... A large number of complaints concerning alcohol advertising relate to the influence of advertising on youth"<sup>96</sup>***

**4.43** The author of this submission noted that: ***"Few members of the public are aware of the complaint procedure [under the Code]. Those who are aware are often frustrated by the process involved, particularly the long turn-around time and the limited feedback provided ... Of the considerable number of people who would like to complain about alcohol advertising very few of these go on to put their complaints into writing."***

**4.44** Another complaint made to the Committee about the self-regulatory system was about the membership of the ABACC. The Committee notes that of this body's fourteen members, nine represent the media, advertising and liquor industries, while only five are public members, who represent youth, women, ethnic communities, health and consumers. The nine industry members are directly appointed to the Council by their respective organisations, whereas the public members, apart from health, are pre-screened by the credentials committee of the MCA. Also, the term of appointment of public members is three years, while that of industry members is not fixed. It appears clear therefore that there is a significant imbalance in the membership in favour of industry representatives.

**4.45** The Committee has concluded that the present self-regulatory system is ineffective and needs to be replaced by a new system mandated by law. Specifically, the Committee recommends the replacement of the voluntary Alcoholic Beverages Advertising Code with a mandatory, legislated code; the mandatory code:

- would be broadly similar in its coverage to the current voluntary code, but would be more specific in its definitions of what constitutes unacceptable advertising practise;

---

<sup>96</sup> Submission no. 72

- should apply to all advertisers, not just members of the Media Council of Australia, which is the case with the voluntary code; and
- should have its operations monitored by a statutory body whose membership would be appointed by and responsible to the NSW Ministerial Committee on Drug Strategy; this body would interpret the code and adjudicate public complaints about particular advertisements. This body would totally replace the Alcoholic Beverage Advertising Code Council and Advertising Standards Council in relation to overseeing all aspects of the new code.

It is also recommended that membership of the statutory body consist of representatives of each of the following areas:

- public health
- youth interests
- women's interests
- the ethnic communities
- mass media (an academic or other independent expert)
- advertising research (an academic)
- the Australian Consumers' Association
- drug education
- drug and alcohol clinical work
- the media
- the advertising industry
- the liquor industry
- the chairperson of the Advertising Standards Council (ex officio)
- an independent chairperson

4.46 The new code should include, either in the legislation itself or in its regulations, a system of effective pre-clearance vetting of advertisements and sanctioning of offending advertisers, and a designated maximum turn-around time for the consideration of complaints. The process of submitting complaints should be simplified and, together with the existence of the code and the statutory body, should be widely and effectively publicised.

#### **RECOMMENDATION 28**

**THAT THE SYSTEM OF SELF-REGULATION OF ALCOHOL ADVERTISING BE REPLACED BY A NEW SYSTEM MANDATED BY LEGISLATION, UNDER WHICH THE CURRENT VOLUNTARY ALCOHOLIC BEVERAGES ADVERTISING CODE WOULD BE REPLACED BY A MANDATORY CODE.**

## **RECOMMENDATION 29**

**THAT THE RECOMMENDED MANDATORY CODE FOR ALCOHOL ADVERTISING BE MONITORED BY A STATUTORY BODY WHOSE MEMBERSHIP WOULD BE APPOINTED BY AND RESPONSIBLE TO THE NATIONAL MINISTERIAL COUNCIL ON DRUG STRATEGY; THIS BODY WOULD INTERPRET THE CODE AND ADJUDICATE PUBLIC COMPLAINTS ABOUT PARTICULAR ADVERTISEMENTS.**

### **(i) Availability**

**Evidence presented to the Committee highlighted the wealth of scientific evidence which suggests a direct link between availability and consumption.**

**Reduction in the minimum legal drinking age, extension of opening hours and proliferation of licences have all been shown to be associated with increases in problems associated with the consumption of alcohol.**

### **(k) Pricing policy**

**Evidence was taken by the Committee in relation to the effect of pricing on consumption. As suggested in paragraph 3.91, children are particularly sensitive to price increases because of their often fixed and certainly lower disposable income.**

**Liver cirrhosis mortality and traffic crash deaths are two of the indices of alcohol use for which a relatively small change in price has been observed to have an effect. The consumption of even heavy drinkers has been found to be influenced by price.**

**The Committee believes that the cost of all alcoholic beverages should be closely monitored in order to ensure that they do not fall or remain static in relation to average income. It would also be appropriate to consider, at a national level, taxation of alcohol on absolute alcohol content rather than on volume. Under such a system low alcohol beer for example would then be much more competitively priced than spirits.**

### **Raising the Minimum Legal Drinking Age**

**The option of increasing the minimum legal drinking age was raised with the Committee in evidence and reports on its implementation elsewhere were considered. The Committee does not consider that such a measure would be practicable at this stage and certainly not before the other recommendations in this Report are implemented and have been able to take effect.**

## CHAPTER 5 - HEALTH PROMOTION FOUNDATION

### Introduction

5.1 ***"The major function of the Foundation is to fund projects which aim to improve and protect health and prevent disease, illness, injury or disability. Grants or sponsorships are available to health, research, sport and recreation and, where appropriate, art and cultural bodies for health promotion purposes."***

Extract from the Victorian Health Promotion Foundation Information Folder.

5.2 **As mentioned in the chapters on Alcohol and Tobacco the Committee has decided to recommend the creation of a Health Promotion Foundation funded by an increase in excise on BOTH alcohol and cigarettes. The funds from this excise increase would go directly to the Foundation and not through consolidated revenue.**

5.3 **The Committee, conscious of the vested and powerful interests which may see this Foundation as some sort of threat, are eager to present this proposal in a bi-partisan fashion. The Liberal Party, National Party, Labor Party and Call To Australia Group have representatives on this Committee and it is envisaged that the fifth group, the Democrats, would be consulted before such a proposal would be presented to the Parliament in legislative form. As the proposal currently stands nominees of the government and opposition would have representation on the board of trustees. It is vital if this proposal is to succeed that it receives broad political support and as a result the Committee urges that it be supported by all party groupings.**

### VICTORIA

5.4 **Victoria led the world when it created the first Health Promotion Foundation through the Tobacco Act of 1987. Based on the related concepts that smoking is the single most preventable cause of ill-health and deaths, and that cigarette advertising and promotion expand the total market for cigarettes and create a climate of social acceptability for tobacco which encourages children to try it, the objectives of the Foundation are to;**

***"... cut the link between sports organisations and cigarette companies. In particular, the Foundation's goal is to end the presentation of any positive association between sporting prowess and smoking and***

*instead to present to young people sporting role models who promote a healthy lifestyle."*<sup>97</sup>

**5.5 Section 17 of the Victorian Tobacco Act No. 81 of 1987 states that the Objectives of the [Health Promotion] Foundation are:-**

- (a) to fund activity related to the promotion of good health, safety or the prevention and early detection of disease;**
- (b) to increase awareness of programs for promoting good health in the community through the sponsorship of sports, the arts and popular culture;**
- (c) to encourage healthy lifestyles in the community and support activities involving participation in healthy pursuits; and**
- (d) to fund research and development activities in support of these objects.**

**5.6 The Act further delineates the functions, powers and membership of the Foundation Board and how it is to be funded.**<sup>98</sup>

**5.7 In Victoria the levy raises about \$26 million dollars each year. Of this money not less than thirty percent will be paid to sporting bodies in the form of sponsorships and not less than thirty percent to bodies for the purpose of health promotion.**<sup>99</sup>

**5.8 In 1988/89 over seventy-five percent of all programme funding was for small projects of \$40,000 or less.**<sup>100</sup>

---

<sup>97</sup> Annual Report 1988/89, Victorian Health Promotion Foundation, P.3.

<sup>98</sup> Tobacco Act, No. 81 of 1987 Sections 19, 20 and 21.

<sup>99</sup> op. cit., Section 32.

<sup>100</sup> Newsletter, Victorian Health Promotion Foundation, May 1990, Issue No. 6. P.2.

5.9 There are six major areas of policy and funding development.<sup>101</sup> They include:

- (a) the replacement of tobacco sponsorship;
- (b) sports sponsorship; aimed at groups and organisations of a competitive or recreational nature which have not previously been sponsored by tobacco companies;
- (c) sponsorship of the arts;
- (d) health promotion;
- (e) research; and
- (f) information and education.

5.10 The Foundation contributes to education and training by organising regular health promotion, arts sponsorship and sports sponsorship meetings. This introduces the broader community to the Foundation and assists organisations in the preparation of applications for funding.

5.11 In its first full year of operation administration of the Foundation totalled 6.8 percent of the total budget, and this figure has been matched in subsequent years.<sup>102</sup> There is a firm commitment by the board however to restrict administrative costs to seven percent. This is less than the interest earned on Foundation funds.

5.12 The Foundation enjoys tripartite support, in a submission to the Federal "Martin" Inquiry into Sports Funding and Administration:

*"Mr Graeme Weideman, Liberal Party Member on the Foundation Board said that the legislation and the Foundation were wholly supported by the Victorian Parliament, because it is clear that tobacco in sport has had its day in Victoria."*

5.13 All parties (Labor, Liberal and National) are represented on the board and members take an active interest in the administration of the Foundation.

---

<sup>101</sup> More detailed information on Policy and Program Funding by the VHPF can be found in the Foundation's Annual Reports of 1988/89 and 1989/90 and the Foundation Newsletters Nos. 1 to 7.

<sup>102</sup> Annual Report, 1988/89. P.5.



5.14 The Foundation has been conspicuous in its sponsorship of rural Victoria. In excess of one million dollars annually goes direct to rural sport and this figure does not include tobacco replacement sponsorships.<sup>103</sup>

### **SOUTH AUSTRALIA**

5.15 Part III of the Tobacco Products Control Act Amendment Act, 1988 establishes the Sports Promotion, Cultural and Health Advancement Trust, otherwise known as "Foundation S.A."

5.16 Section 14d of the Act states that

*"The functions of the Trust are to promote and advance sports, culture, good health and healthy practices and the prevention and early detection of illness and disease related to tobacco consumption, and more particularly for that purpose:-*

- (a) to manage the Fund and provide financial support from the Fund by way of grants, loans or other financial accommodation to sporting and cultural bodies or for any sporting, recreational or cultural activities that contribute to health;*
- (b) to conduct or support public awareness programmes; and*
- (c) to provide sponsorships."*

5.17 Foundation S.A. is funded through a three percent levy on wholesale tobacco sales paid directly into a trust fund. In Section 14d (4)(a) the fund is specifically directed to:

*"endeavour to ensure that any sporting or cultural body that received financial support through tobacco advertising or sponsorships before the commencement of this Act is not financially disadvantaged by the operation of this Act".*

5.18 Specific exemptions in the Act allow tobacco sponsorship of the Formula One Grand Prix, Sheffield Shield and International Cricket Matches.<sup>104</sup>

---

<sup>103</sup> Submission SD 81. From the VHPF. 15/11/90.

<sup>104</sup> Tobacco Products Control Act Amendment Act, 1988, Section 11c (3) and (4).

**5.19 Three committees have been formed within the Foundation to advise and assist in the dispersal of funds. They are a**

- Sport and Recreation Advisory Committee;**
- Cultural Advisory Committee; and**
- Health Advisory Committee**

**5.20 In broad terms Foundation S.A. divides the approximately seven million dollars it receives from the levy on a 3:1:1 basis, three fifths of funding going to sport sponsorship, and one fifth to both cultural sponsorships and health promotion.**

### **Sports Sponsorship**

**5.21 Amongst the first of the tobacco replacement sponsorships organised by Foundation S.A. was the South Australian National Football League (SANFL). As is the case in other states the cigarette brand preferred by adolescents is the same as that which sponsors the major football code in that state.**

*"Australian Rules Football was prominently sponsored in the state by Escort ... In 1986 McGregor and Harrison Marketing reported that in South Australia "one brand dominated the stated regular brand of juveniles - Escort - with nearly two-thirds (of smokers) claiming it as the regular brand". Two years earlier, a national secondary schools survey found similar results ... (Escort was overwhelmingly the favoured brand, preferred by over half the current smokers aged 12-17 years), while in other States, Escort was rarely smoked in this age group."<sup>105</sup>*

**5.22 Foundation SA entered into a \$1 million (with indexation) three-year funding arrangement with the SANFL as principal sponsor of the pre-season and official competition including the finals series.<sup>106</sup>**

---

<sup>105</sup> Woodward, A., Roberts, L., Reynolds, C., "The Nanny State Strikes Back: The South Australian Tobacco Products Control Act Amendment Act, 1988" Community Health Studies, Volume X111, Number 4, 1989. P. 405.

<sup>106</sup> Annual Report, Foundation South Australia, 1988/89 P.11. Further information on dispersal of funds through the various programmes can be located by referring to the Annual Reports of Foundation S.A. 1988/89 and 1989/90.

**5.23 Sponsorships range in size from \$300 to \$1 million. They included well known national sports and obscure minority-participation activities.<sup>107</sup>**

**5.24 Funding for sports sponsorship has increased 280 percent from \$1.5 million to \$4.2 million since the inception of Foundation S.A..**

### **Arts and Culture**

**5.25 The aim of this section of Foundation S.A. is to enhance the arts, encourage audience participation and access for the community while ensuring that the artistic and cultural content of particular projects is not compromised. It is important to note that funding for the Arts in South Australia has increased by 600 percent since Foundation SA commenced operations. Previously \$200,000 p.a. was provided by tobacco sponsors to the Arts Community and now Foundation S.A. provides up to \$1.4 million annually.**

**5.26 Foundation SA replaced the Tobacco Industry's sponsorship of the Adelaide Arts Festival and the Adelaide Festival Fringe.**

### **Health Promotion**

**5.27 Like the Victorian Foundation a key priority of Foundation SA has been the funding of health promotion activities, based on the simple, but important concept that prevention is better than cure. An obvious example of this is the "Quit for Life" campaign aimed at the fact that in excess of 1500 people die from smoking-related diseases in South Australia every year.**

**5.28 Other campaigns sponsored by this division of Foundation SA include the "Serve Less Fat" promotion which highlighted foods containing excessive fat as part of the IMPROVED NUTRITION program and the SA INJURY PREVENTION Forum which targeted:-**

- Bicycle Safety**
- Seatbelts**
- Falls among elderly people**
- Swimming Pools**

---

<sup>107</sup> **Ibid., P.13.**

5.29 Foundation S.A. also sponsors the Drinkwise Campaign as part of a broader aim to reduce alcohol and drug abuse and a program to encourage people to take the time to check their blood pressure.

5.30 Each of these five health campaigns are overseen by management committees made up of experts in the particular field. They are multi-year projects with evaluation and feedback occurring at every stage, which then influences decisions and direction for the following stage.

## **CALIFORNIA**

5.31 Proposition 99, [which became known as the Tobacco Tax and Health Promotion Act of 1988] a citizen-led ballot initiative added a tax of US 25c on cigarette packets which was then hypothecated to the Cigarette and Tobacco Products Surtax Fund. This fund was composed of six accounts, each with a different purpose and money was allocated to each account according to a strict formula. Revenues were expected to raise \$1.4 billion in the first 2 years.<sup>108</sup>

The six accounts are:

- 1) 20 percent to anti-tobacco education
- 2) 30 percent to hospitals [for uncompensated services]
- 3) 10 percent to physicians [for uncompensated services]
- 4) 5 percent to tobacco related research
- 5) 5 percent to conservation programs
- 6) 25 percent for the legislature to allocate

5.32 The legislation specified that its overall goal was to be a seventy-five percent reduction in tobacco consumption by the year 1999.

## **WESTERN AUSTRALIA**

5.33 Legislation proposing increased restrictions on tobacco advertising and the creation of a Western Australian Health Promotion Foundation is currently (November 1990) before the Western Australian Parliament.

5.34 Ten percent of the WA tobacco licensing fee - estimated to be \$11.4 million - will be allocated for the purpose of i) tobacco sponsorship replacement, ii) sports sponsorship iii) cultural sponsorship and iv) health promotion campaigns.

---

<sup>108</sup> Bal, D., Reducing Tobacco Consumption in California: Development of a Statewide Anti-Tobacco Use Campaign. Department of Health Services, Sacramento, 1990.

**5.35 Not less than thirty percent of the funds must go to sports sponsorship and not less than fifteen percent must go to Arts/Cultural sponsorships. None of the four groups may attract more than fifty percent of the total funding.**

**5.36 It is to be overseen by a Board of Directors with expertise in the particular areas. There is no political representation on the board.**

**5.37 Unlike Foundation S.A. there are no specified exemptions to the clause preventing tobacco sponsorship of events. However, exemptions may be applied for and granted by the Minister for Health after consultation with the Minister for Sport or Minister for Arts.**

### **AUSTRALIAN CAPITAL TERRITORY**

**5.38 The ACT Health Promotion Foundation is funded through a three percent increase in the Tobacco Licensing Fee which is expected to raise about \$1 million a year and has aims similar to that noted in the other states. The Minister for Health, Mr Humphries, in the debate on the Tobacco (Amendment) Bill, 1990 stated:-**

***"... sponsorships will enable sporting teams and other groups to associate themselves with health promotion campaigns and healthy lifestyle messages instead of the messages associated with tobacco products. The ACT health promotion fund is large enough to comfortably replace all local existing tobacco sponsorship in the ACT and inject some further funding into these areas to directly support health promotion campaigns and programs."*<sup>109</sup>**

**5.39 The ACT Health Minister is responsible for approving sponsorships and promotions on the advice of an 8 member non-statutory advisory committee.**

**5.40 No exemptions are contained in the Act and the Health Minister must table an administrative instrument [regulation], subject to disallowance, in the Parliament before an exemption to the Act can be approved.**

---

<sup>109</sup> **Hansard, Australian Capital Territory, Legislative Assembly, 6 June 1990, P. 2203.**

#### **5.41 ARGUMENTS IN FAVOUR OF A HEALTH PROMOTION FOUNDATION**

- **Enables sports and artistic bodies to be "weaned off" cigarette sponsorship. In many cases this forces sporting and cultural bodies to properly organise their administrations and helps develop some expertise among organisations in the application for, and dispersal of, sponsorship funding.**
- **Avoids hypocrisy associated with "healthy sports" being sponsored by "unhealthy products".**
- **Funds previously unfunded sports and artistic organisations. Government goodwill is associated with, e.g. the development of minor sports and the promotion of activities often previously felt by participants to have been inappropriately ignored.**
- **Avoids a drain on consolidated revenue. This is a self-funding operation.**
- **Has a beneficial effect in the medium and long term on the health of the community. If advertising tobacco is as successful as we think it is, then advertising health messages should presumably also have a positive outcome.**
- **Funds ongoing health promotion programmes (such as 'Quit. For Life' and the Victorian 'Rage Without Alcohol' programme).**
- **Enables rural sport and artistic bodies to benefit from tied specific purpose grants rather than depending on a trickle down effect from state-wide bodies. There is a strong tradition in the Victorian Health Promotion Foundation of sponsoring rural music and arts festivals and festivals associated with specific ethnic groups.**
- **Enables sponsorships and promotions to be used to target specific groups for example, non-English speakers and young people. Netball can be used for health messages appropriate for young women and older people can be targeted through sports such as Lawn Bowls.**
- **Can be used to fund initiatives indirectly related to health promotion. For instance, it is assumed that a government-sponsored proof-of-age card would assist in the control of under-age drinking. Such a service, provided by the government could be funded by the Health Promotion Foundation.**

#### **5.42 ARGUMENTS AGAINST HEALTH PROMOTION FOUNDATIONS**

- **The Committee was made aware of certain allegations regarding the distribution of funds and the administration of both the Victorian and South Australian Health Promotion Foundations.**

**The accusations included suggestions that:**

- **country sport had suffered from the creation of VHPF;**
- **not all grants had specifically gone to health related projects;**
- **there had been no money allocated to Victoria's Hospitals;**
- **specific events and organisations in both Victoria and South Australia had been disadvantaged;**
- **"activist" groups were being funded; and**
- **Foundation S.A. had spent more money on promoting itself than on the Festival of Arts.**

**5.43 Upon investigation by the Committee the detailed claims did not stand up to scrutiny. It should be noted that all the major parties including the opposition Liberals and Nationals in Victoria are represented on the governing board and support the Health Promotion Foundation concept.**

**5.44 Foundation SA does not have political representation on its Board of Trustees, and is currently the recipient of some criticism by the opposition in SA. There is no recommendation by the opposition in SA to abolish the Foundation, rather they believe it should, perhaps, be the subject of a Parliamentary Accounts Committee inquiry to look specifically at some administrative matters.**

**5.45 All parties [indeed all 17 members] of the ACT House of Assembly supported the creation of the ACT Health Promotion Fund.**

**5.46 There was never any suggestion in any of the Australian models that hospital services would be funded and none of the Foundations currently in operation could afford to provide any meaningful resources. The aim of health promotion foundations is preventive. If the message gets through, then the benefits will eventually flow through to the hospital services.**

**5.47 The suggestion was also made that Health Promotion Foundations may specifically fund groups supportive of one political party which may become active during election campaigns. No evidence of that has occurred during**

either State or Federal elections in SA and Victoria. It would seem that either a scrupulously non-partisan board or bipartisan political representation on the board would help to avoid such accusations.

5.48 It is correct that some funding from the Foundations has gone to festivals but on each occasion the sponsorship has been linked to a particular health message and is often targeted at a specific age or ethnic group.

5.49 One criticism that is difficult to avoid is the impact on the state-based inflation rate that an increase of ten percentage points in tobacco and one point in alcohol would have. The Committee believes this is largely unavoidable. However, it is firmly of the opinion that serious consideration needs to be given to removing or reducing the influence of tobacco products in the basket of commodities which make up the C.P.I., particularly considering that now only thirty percent of people in this state smoke.

5.50 Some criticism was levelled at Foundation SA because of its extensive self advertising on Billboards around Adelaide. This was in the early part of the Foundation's existence and occurred because Tobacco advertising had to cease and there were no prepared health promotion campaigns ready to replace the tobacco ads. This is no longer the case.

5.51 The Committee believes that as long as the legislative instrument creating the Foundation in New South Wales is appropriately tight, there is no logical or philosophical reason that the Committee is aware of which should prevent the establishment of such a Foundation in New South Wales.

**RECOMMENDATION 30:**

**THAT THE PROPOSED NEW SOUTH WALES HEALTH PROMOTION FOUNDATION BE FUNDED BY AN EXTRA TAX ON ALCOHOL LICENCE FEES OF ONE PERCENT AND ON CIGARETTES OF TEN PERCENT.**

**RECOMMENDATION 31:**

**THAT THE LEGISLATION CREATING SUCH A FOUNDATION WOULD INCLUDE A SPECIFIC BREAKDOWN OF SPENDING COVERING AREAS SUCH AS:**

- funding for tobacco sponsorship substitution;
- promotion of arts, cultural and sporting events;
- health promotion funding;
- education programmes (with particular emphasis on youth); and



- alcohol and drug research.

**RECOMMENDATION 32:**

THAT THE LEGISLATION CONTAIN CLEAR GUIDELINES RELATING TO FUNDING AND BE OVERSEEN BY A MANAGEMENT BOARD COMPRISING REPRESENTATIVES OF THE DIRECTORATE OF THE DRUG OFFENSIVE, SPORTING AND ARTS OFFICIALS, REPRESENTATIVES FROM THE AREA OF HEALTH PROMOTION, ADVERTISING AND MARKETING AND REPRESENTATIVES OF THE MAJOR POLITICAL PARTIES, AS IN VICTORIA.

**RECOMMENDATION 33:**

THAT INDIVIDUAL COMMITTEES BE SET UP TO ESTABLISH GUIDELINES AND GRANTS TO SPECIFIC AREAS I.E. TOBACCO REPLACEMENT COMMITTEE, SPORTS SPONSORSHIP COMMITTEE, ARTS AND CULTURAL ACTIVITIES COMMITTEE AS IN THE VICTORIAN AND SOUTH AUSTRALIAN MODELS.

**RECOMMENDATION 34:**

THAT THE NEW SOUTH WALES HEALTH PROMOTION FOUNDATION BE CREATED AS A STATUTORY AUTHORITY, UNDER THE ADMINISTRATIVE UMBRELLA OF THE DEPARTMENT OF HEALTH.

**RECOMMENDATION 35:**

THAT APPROPRIATE PHASE IN/PHASE OUT ARRANGEMENTS RELATING TO EXISTING SPONSORSHIPS BEING REPLACED BY HEALTH PROMOTION FOUNDATION SPONSORSHIP, BE PROVIDED FOR IN LEGISLATION.

**LIST OF WITNESSES**

**NAME**

**PROFESSIONAL CAPACITY UNDER  
WHICH THEY APPEARED**

---

**12 DECEMBER 1989:**

**Dr Michael MacAvoy**

**Director, Directorate of the Drug  
Offensive.**

**John Howard**

**Senior Lecturer in Psychology and  
Program Co-Ordinator, Clinical Drug  
Dependence Studies at Macquarie  
University.**

**Trevor Grice**

**National Director, New Zealand Life  
Education Centre.**

**Associate Professor  
John Saunders**

**Director, Centre for Drug and Alcohol  
Studies, Royal Prince Alfred Hospital.**

**7 FEBRUARY 1990:**

**Milton Luger**

**Executive Director, James McGrath  
Foundation.**

**Dr Jara Krivanek**

**Head, Department of Physical Health  
Sciences, School of Health, Newcastle  
University.**

**Dr Alex Wodak**

**Director, Alcohol and Drug Services, St  
Vincent's Hospital.**

**19 FEBRUARY 1990:**

**Department of School Education:**

**Helen Kerr-Roubicek**

**Drug Education Consultant.**

**John Manefield**

**Inspector, Student Welfare.**

**Inspector Frank Hansen**

**Officer in Charge, Drug Policy  
Programs, New South Wales Police  
Department.**

**20 FEBRUARY 1990:**

**Kaylene Noonan**

**Drug and Alcohol Counsellor, Bourke Street Drug Advisory Service, Surry Hills.**

**Peter Todaro**

**Co-ordinator, Drug and Alcohol Multi-Cultural Education Centre.**

**Rev. Alan McCartney**

**On behalf of Teen Challenge, New South Wales.**

**Rev. Lance Mergard**

**David Leary**

**Co-ordinator, Come-In-Centre, Paddington.**

**ALBURY:**

**7 MARCH 1990:**

**Lisa Gundish**

**Adolescent Counsellor, Community Health Centre.**

**Steven Smith**

**Young Offender Support Workers.**

**Lynda Mulholland**

**Paul Hibbard**

**Co-ordinator, "Talkies" Drop-In Centre.**

**Representatives from:**

**Albury-Wodonga Skills Incorporated.**

**Representatives from:**

**Police Department, Albury.**

**Vivien Hardham**

**Adolescent and Family Council Service.**

**Nick Rutter**

**Albury-Wodonga Youth Refuge.**

**16 MARCH 1990:**

**Dr Michael MacAvoy**

**Director.**

**Mary-Ellen Miller**

**Deputy Director.**

**Peter Homel**

**Manager, Prevention Policy.**

**Bruce Flaherty**

**Manager, Research and Evaluation.**

**Directorate of the Drug Offensive:**

Daniel O'Connor } Manager, Treatment.

**23 MARCH 1990:**

Department of Family and Community Services:

David Marchant } Deputy Director-General.

Margaret Ball } Director of Programs.

Harry Ewing } Juvenile Justice Branch.

**30 MARCH 1990:**

Tess McCallum } Health Education Unit, Sydney  
Louise Rowling } University Institute of  
Daniel Gaffney } Education.

TAFE Drug and Alcohol Education Program:

Peter Dwyer } Senior Education Officer.

Roger Wheller } Senior Education Officer.

**10 APRIL 1990:**

Dr Phillip Bell } Associate Professor, Mass  
Communication, School of English and  
Linguistics, Macquarie University.

Jenny Brockie } Producer, ABC.

Ian Hicks } Deputy Editor, Sydney Morning Herald.

Frank Morgan } Head, Department of Visual Arts and  
Media Studies, University of Newcastle.

**30 APRIL 1990:**

Dr Simon Chapman } Department of Community Medicine,  
University of Sydney and Member of  
WHO Expert Committee on Smoking  
and Health.

**New South Wales Cancer Council:**

**Elaine Henry**

**Executive Director.**

**Amanda Marlin**

**Public Education Officer, Acting Officer in Charge, Action on Smoking and Health.**

**Dr Arthur Chesterfield-Evans**

**Non-Smokers' Rights Movements.**

**Dr Harley Stanton**

**Associate Health Director, Adventist Health Department, South Pacific Division, Seventh Day Adventist Church.**

**11 MAY 1990:**

**Alderman John Lutman**

**Burwood Council.**

**Richard Mulcahy**

**Chief Executive Officer, Tobacco Institute of Australia.**

**Professor John Shaw**

**Chairman, National Smoking and Heart Disease Committee for the National Heart Foundation, and Chairman, ASH Australia.**

**Sheila Walker**

**Education Director, National Heart Foundation of Australia.**

**10 SEPTEMBER 1990:**

**Dr Andrew Ball**

**Visiting Medical Officer, Sutherland Drug and Alcohol Service; Medical Officer (Drug and Alcohol), Cellblock Youth Health Centre, Royal Alexandra Hospital for Children; Member, Alcoholic Beverages Advisory Code Council.**

**Dr Alex Wodak**

**Director, Alcohol and Drug Services, St. Vincents Hospital.**

**Gordon Broderick**

**Chief Executive Officer, National Alcohol Beverage Industry Council.**

**Gregory Knapp**

**Chief Executive Officer, Australian Hotels Association.**

**Richard Baldwin**

**Associate Director, Corporate Planning  
Branch, New South Wales Department  
of Health.**

**Margaret Duckett**

**Specialist Adviser, State HIV/AIDS  
Planning Study, New South Wales  
Department of Health; Consultant, New  
South Wales Anti-Discrimination Board.**

**27 SEPTEMBER 1990:**

**Ruth Cotton**

**Director, AIDS Bureau, New South Wales  
Department of Health.**

**Daniel O'Connor**

**Manager, Treatment Services,  
Directorate of the Drug Offensive.**

**Les Morgan**

**Aboriginal Medical Service.**

**Barry Muwes**

**Chief Pharmacist, New South Wales  
Department of Health.**

## **ORGANISATIONS WHICH SUPPLIED SUBMISSIONS**

**Anglican Youth Department, Director, Mr T Smith**

**Armidale & New England Hospital, Dependency & Resource Unit, Ms J Webb**

**Australian Association for Adolescent Health Science Centre, President, New South Wales Branch, Dr A Ball**

**Baptist Churches of New South Wales, Chairman, Mrs J Connor**

**Bidura Children's Court, Senior Children's Magistrate, Mr R Blackmore**

**Bureau of Crime Statistics and Research, Director, Mr D Weatherburn**

**Caringbah Presbyterian Church, Session Clerk, Mr J Rolland**

**Christian Science Committee on Publication, Mr J Finnie**

**Council of the Shire of Warringah, Divisional Manager, Community Facilities, Mr T Wootton**

**Developmental Youth Services Association, Executive Officer, Mr D Munro**

**Eastern Sydney Area Health Service, Chief Executive Officer, W Lawrence**

**Eastwood Parish of the Uniting Church in Australia, Council of Elders, Secretary, Mr D McLennan**

**Fairfield City Council, Town Clerk, Mr T Barnes**

**Focus on Drugs, Chairperson, Ms M Heggie**

**Forum of Social Concern, Mr R Reid**

**Get Real Project, Ms A Bell**

**Glen Innes Drug Awareness Committee, Secretary, Ms E Roan**

**Hunter Drug Advisory Service, Health Education Officer, Mr L Allen-Short**

**Kedesh House, Chairman, Drug and Alcohol Rehabilitation Unit and Christian Involvement Centre Pty Ltd, Mr J Wragg**

**Kedesh House, Manager, Mr K Beaton**

**Manly Drug Education and Counselling Centre, Community Development and Education Officer, Ms Margaret Hickie**

**Manly-Warringah Community Action Group on Youth & Alcohol Abuse, Mr D Turner**

**Manning Valley and Area Health Service, Medical Superintendent, J Gentile**

**Manning Valley and Area Health Service, Clinical Nurse Consultant, Drug and Alcohol, Mr R Berry**

**Marrickville Municipal Council, Town Clerk/General Manager, Mr B S Gardner**

**Marrickville Youth Interagency, Chairperson**

**Member for Mosman, Mr P Smiles M.P.**

**Minda Court House, Children's Magistrate, Mrs B Holburow**

**Minister for Administrative Services and Assistant Minister for Transport, the Hon M Singleton, M.P.**

**Minister for Corrective Services, the Hon M Yabsley, M.P.**

**Minister for Education and Youth Affairs, the Hon Dr T Metherell, M.P.**

**Minister for Industrial Relations and Employment, Minister Assisting the Premier, the Hon. J Fahey, M.P.**

**Minister for Sport, Recreation and Racing, the Hon R Rowland Smith MLC**

**Mount St Joseph, Principal, Sr Anne Derwin**

**New South Wales Department of Family and Community Services, Stanmore Community Youth Centre, Mr E Zibert and Mr J Howard**

**New South Wales Cancer Council, National Heart Foundation of Australia (NSW Division), and Action on Smoking and Health**

**Non-Smokers' Movement of Australia, President, Dr A Chesterfield-Evans (2 submissions)**

**Pharmaceutical Society of Australia (NSW), Branch Director, Mr M Goodman**

**P.R.Y.D.E. Australia, Sr Vane**

**P.R.Y.D.E. Australia, Mr J Malouf**

**Rosemount - Good Shepherd Services to Youth, Co-ordinator, Ms E Cornwell**

**Rotary International, Youth Chairman, Mr B Titcume**



**Senator The Hon Peter Baume**

**St Vincent's Hospital, Director, Alcohol & Drug Service, Dr A Wodak**

**Sutherland Local Court, Local Court Magistrate, Mr C Thompson**

**Tax Reform Organisation, Secretary, Mr S McShane**

**Teen Challenge NSW, Executive Director, Rev L Mergard**

**Tobacco Institute of Australia Limited, Chief Executive Officer, Mr R Mulcahy**

**University of New South Wales, School of Community Medicine, and National Drug and Alcohol Research Centre, Associate Professor R Richmond, Professor I Webster, Professor N Heather**

**University of Sydney, Head of Department of Behavioural Sciences in Medicine, Head of Department and Associate Professor S Hayes**

**University of Wollongong, Lecturer in Psychology, Mr J Wragg**

**Western Australian Alcohol and Drug Authority, Senior Research Psychologist, D Smith**

**Westmead Hospital, Drug and Alcohol Unit, Director, Dr R Batey**

**Wingham High School, Teacher, Ms C Welley**

**Wyong Court House, Magistrate, Mr E Considine**

**PEOPLE WITH WHOM FORMAL DISCUSSIONS  
WERE HELD IN OTHER JURISDICTIONS**

<b>NAME</b>	<b>PROFESSIONAL CAPACITY UNDER WHICH THEY APPEARED</b>
-------------	--

---

**CANBERRA**

**1 FEBRUARY 1990:**

<b>Representatives of:</b>	<b>Department of Community Services and Health (CS&amp;H).</b>
----------------------------	--

<b>Dr Peter Gray</b>	<b>Secretary of the Medical Research Committee of the National Health and Medical Research Council.</b>
----------------------	---

<b>Dr Gabrielle Bammer</b>	<b>Research Fellow, National Centre for Epidemiology and Population Health, Australian National University.</b>
----------------------------	---

**2 FEBRUARY 1990:**

<b>Barbara Broad</b>	<b>ACT Drug and Alcohol Service.</b>
----------------------	--------------------------------------

<b>Roslyn Tokley</b>
----------------------

<b>Andy Butlan</b>	<b>ACT Health Services.</b>
--------------------	-----------------------------

<b>Marion Watson</b>	<b>ACT Drug Treatment and Referral Centre.</b>
----------------------	--

<b>Representatives of:</b>	<b>Queanbeyan Drug and Alcohol Service.</b>
----------------------------	---

**ADELAIDE**

**12 FEBRUARY 1990:**

<b>Detective-Superintendent David Eason</b>	<b>Officer-In-Charge, Drug Squad, South Australian Police Force.</b>
---	--

<b>Erina McNeil</b>	<b>Co-ordinator, "Second Storey" Youth Health Centre.</b>
---------------------	---

**Chris Matthews**

**Co-ordinator, Hindley Street Youth Project.**

**13 FEBRUARY 1990:**

**Drug and Alcohol Services Council of South Australia (DASC):**

**Graham Strathearn**

**Chief Executive Officer.**

**John Mendoza**

**Director, Education.**

**Roger Sweeney**

**Acting Director, Drug Unit.**

**Mark Waters**

**Supervisor, Youth Services.**

**Simone Cormack**

**Acting Director, Monitoring, Evaluation and Research Unit.**

**David Watts**

**Director, Non-Medical Services.**

**Kym Davey**

**Executive Director, Youth Affairs Council.**

**Lyn Roberts**

**Anti-Cancer Foundation.**

**MELBOURNE**

**5 MARCH 1990:**

**Victorian Department of Health:**

**Hayden Raysmith**

**Director, State-Wide Operations Division.**

**Liz Kelly**

**Deputy Chief General Manager.**

**Jan Garrard**

**Health Promotion Unit.**

**Greg Young**

**Co-ordinator, Drug Education Team.**

**David Fowler**

**Manager, Campaigns, Health Promotion Unit.**

**Geoff Munro**

**Co-ordinator, Community Resource Worker Program.**

**Tony Harrison**

**Tobacco Unit.**

**Rhonda Galbally**

**Victorian Health Promotion Foundation.**

**Michelle Scollo**

}

**"Qult" Campaign.**

**6 MARCH 1990:**

**Victorian Department of Health:**

**Rhonda Cumberland**

}

**Co-ordinator, Health Access for Youth Program.**

**Lisa Moore**

}

**Co-ordinator, HIV/IVDU Campaign, AIDS Unit.**

**John Ross**

}

**Manager, Research and Evaluation Section, Alcohol and Drug Services Unit.**

**Ian Crundall**

}

**Project Officer, Research and Evaluation Section, Alcohol and Drug Services Unit.**

**Tricia Szirom**

}

**Assistant Director, State-Wide Operations Division and Officer-In-Charge, Victorian Drug Strategy.**

**Drug and Alcohol Treatment Agencies:**

**Joe Lamberti**

**Co-ordinator, Odyssey House.**

**David Eldridge**

**Co-ordinator, Crossroads.**

**PEOPLE WITH WHOM FORMAL DISCUSSIONS  
WERE HELD OVERSEAS**

<b>NAME</b>	<b>PROFESSIONAL CAPACITY UNDER WHICH THEY APPEARED</b>
-------------	--

---

**LONDON**

**16 JULY 1990:**

David Turner

Director, Standing Conference on Drug Abuse.

Jesper Woodcock

Institute of Study of Drug Abuse.

Baroness Lady Hooper

Parliamentary Under Secretary,  
Department of Health.

**17 JULY 1990:**

Nick Partridge

Director, Terrence Higgins Trust.

Dr Spencer Haggard

Health Education Authority.

Lynda Finn

A W Hurst

A McCulloch

Department of Health.

C A Phillips

**18 JULY 1990:**

P Sutton

Home Office.

**AMSTERDAM**

**19 JULY 1990:**

Dr Ernst Buning

Staff Member, Drugs Department,  
Amsterdam Municipal Health Service.

Dr J A Walburg

Managing Director, Jellinek Centre.

**20 JULY 1990:**

**E L Engelsman**

**Head Alcohol, Drugs and Tobacco  
Branch, Ministry of Welfare, Health and  
Cultural Affairs.**

**Dr A Kok**

**Ministry of Welfare, Health and Cultural  
Affairs.**

**STOCKHOLM**

**23 JULY 1990:**

**Per Eklund**

**Deputy Consumer Ombudsman, Ministry  
of Consumer Affairs.**

**Agneta Kurttila**

**Senior Administrative Officer, Swedish  
National Board for Consumer Policies.**

**Britta Bjelle**

**Chairperson, Standing Committee on  
the Administration of Justice.**

**24 JULY 1990:**

**Marianne Hakansson**

**Director, National Council for Crime  
Prevention.**

**Arthur Solarz**

**Director and Researcher, Drug  
Problems, National Council for Crime  
Prevention.**

**Claes Edlund**

**Chief Prosecutor, District of Handen.**

**Olle Lundstrom**

**District Court Judge, District Court of  
Handen.**

**25 JULY 1990:**

**Lars-Olof Karlsson**

**Director, Hammargarden Juvenile Home.**

**HELSINKI**

**26 JULY 1990:**

**Representatives of:**

**A.L.K.O. (the State Alcohol Authority)**

**Counsellor Ralf Ekebon**

**International Section, Ministry of Social  
Affairs and Health.**

**Dr Antero Heloma**

**National Board of Health.**

**TORONTO:**

**13 AUGUST 1990:**

**Representatives of:**

**Addiction Research Foundation.**

**OTTAWA:**

**15 AUGUST 1990:**

**James C Humphreys**

**Australian High Commissioner.**

**Guy Bujold**

**Director, Health Policy Division - Policy Planning & Information Branch, Department of National Health and Welfare.**

**16 AUGUST 1990:**

**Jacques G LeCavalier**

**Director, Bureau of Dangerous Drugs, Health Protection Branch, Department of National Health and Welfare.**

**Margaret Catley-Carlson**

**Deputy Minister of Health and Welfare.**

**Jim Anderson**

**Program Officer, Bureau of Alcohol and Other Drugs, Health Service and Promotion Branch, National Health and Welfare.**

**Jim Mintz**

**Director, Program Promotion Division, Health Service and Promotion Branch, Department of National Health and Welfare.**

**17 AUGUST 1990:**

**David Nostbakken**

**Director, Communications Division, International Development Research Centre.**

**Ken Kyle**

**Canadian Cancer Society, National Office.**

**LOS ANGELES:**

**20 AUGUST 1990:**

**Deputy Mariano Zamudio**

**International Liaison Unit, L.A. Sheriff's Department.**

**Representatives of:**

**Various Juvenile Justice Agencies.**

**21 AUGUST 1990:**

**Rochelle D Ventura**

**Chief, Drug and Alcohol Program Administration, Los Angeles Department of Health. (Included visits to Phoenix House and Pride House.)**

**SAN FRANCISCO:**

**22 AUGUST 1990:**

**Martha Henderson**

**Associate Director, Community Substance Abuse Services, City and county of San Francisco, Department of Public Health.**

**James L Stoll**

**Dissemination Co-ordinator, SF-Treatment Research Unit, University of California, San Francisco.**

**Dr Horst Bauer**

**Training Officer, Juvenile Court, City and County of San Francisco.**

**Kenneth W Kizer**

**Director, State of California, Department of Health Services.**

**23 AUGUST 1990:**

**Dr Joel Grube**

**Prevention Research Centre, Berkeley.**

**Justice Harmon G Scoville**

**Special Master, Marin County Superior Court, Tiburon, California.**

**Representatives of:**

**Program Director, The Marin Institute, San Rafael, California.**



## **BIBLIOGRAPHY**

**A Police Strategy to Address Unlawful Consumption and Possession of Alcohol by Juveniles.**

**Action on Smoking and Health (ASH), A Catalogue of Deception - The Use and Abuse of the Voluntary Code on Tobacco Advertising in New Zealand from 1973 to 1990. April 1990.**

**Acts of Parliament:**

**Registered Clubs Act, 1976, No. 31. New South Wales**

**Directorate of the Drug Offensive Act, 1987, No. 119. New South Wales**

**Tobacco Act, 1927, No. 14. Australian Capital Territory**

**Tobacco Bill, 1990. Western Australia**

**Tobacco Act, 1987, No. 81. Victoria**

**Tobacco Products Control Act Amendment Act, 1988, No. 42. South Australia**

**Aitken, P, Advertising Research Unit, University of Strathclyde, Young People's Perceptions of Television Commercials for Alcoholic Drinks.**

**Aitken, P and Eadie, D, "Reinforcing Effects of Cigarette Advertising on Underage Smoking". British Journal of Education. (85) 1990.**

**Aitken, P, et al. "Ten to Sixteen-year-olds' Perceptions of Advertisements for Alcoholic Drinks". Alcohol and Alcoholism. 1988. 23:491-500.**

**Alexander, H, Callcott, R, Dobson, A, Hardes, G, Lloyd, D, O'Connell, D and Leeder, S, "Cigarette Smoking and Drug Use in Schoolchildren: IV - Factors Associated with Changes in Smoking Behaviour". International Journal of Epidemiology. 1983. Vol. 12, No. 1.**

**Armstrong, B, Daube, M and Shean, R. "A Smoke-Free Australia - Our Bicentenary Resolution?". The Medical Journal of Australia. Volume 149. 1988. pp 1-2.**

**Armstrong, K, de Klerk, N, Sheen, R, Dunn, D, and Dolin, P, "Influence of Education and Advertising of Smoking by Children". Medical Journal of Australia. Volume 152. 5 February 1990. p 120.**

**Australian Council on Smoking and Health - Fact Sheets. Perth, April 1990:**

**Children and Smoking**

**Women and Smoking**

**Tobacco Advertising**

**Tobacco and Sport**

**Statistics on Smoking**  
**Australian Political Update**  
**Voluntary Cigarette Advertising Codes**

Australian Council on Smoking and Health. "Hard Facts About Smoking". Daily News. Perth, 30 April 1986.

Australian Medical Association. Pre-Budget Submission to the Economic Planning Advisory Council.

Ball, D, Reducing Tobacco Consumption in California: Development of a State-wide Community - Tobacco Use Campaign. Department of Health Services. Sacramento, 1990.

Bell, P, "Alcohol Advertising in the Australian Media". Media Information Australia. No. 43. February 1987.

Bjartveit, K, Fifteen Years of Comprehensive Legislation: Results and Conclusions. Paper given at the 7th World Conference on Tobacco and Health, Perth, 3 April 1990.

Boddewyn, J, Why Do Juveniles Start Smoking? New York, November 1987.

Centre for Education and Information on Drugs and Alcohol, An Australian Handbook on Drug Use. Canberra, 1984.

Centre for Education and Information on Drugs and Alcohol. Connexions: The Journal of Drug and Alcohol Issues.

Volume 9, No. 4. July/August 1989. and

Volume 10, No. 2. March/April 1990.

Chapman, S, and Fitzgerald, B, "Brand Preference and Advertising Recall in Adolescent Smokers: Some Implications for Health Promotion". Australian Journal of Public Health. 72(5). pp 491-494.

Charlton, A, "Children's Cough Related to Parental Smoking". British Medical Journal. 288. 1984. pp 1647-1649.

Chief Secretary's Department, Discussion Paper. A Review of the Liquor Laws in New South Wales. Sydney, October 1989.

Christie, P, Cormack, S, Wyllie, C, and Bungey, J, Survey of Alcohol, Tobacco and Other Drug Use by South Australian Schoolchildren - 1987 Final Report. Drug and Alcohol Services Council, Monitoring, Evaluation and Research Unit. Adelaide. October 1989.

Committee of Review into Drug and Alcohol Services in New South Wales. Final Report. Sydney, August, 1985.

Commonwealth Department of Community Services and Health, Department of Health, University of Sydney, and Directorate of the Drug Offensive. 1989 Survey of Drug Use By New South Wales Secondary School Students.

Commonwealth Department of Community Services and Health. Statistics on Drug Abuse in Australia 1989. Canberra. 1990

Commonwealth Department of Community Services and Health. Tobacco in Australia: A Summary of Related Statistics. Canberra. 1990.

Directorate of the Drug Offensive. 1989 Survey of Drug Use by New South Wales Secondary School Students. Sydney, 1990.

Dobinson, I, and Ward, P, Drugs and Crime - Phase Two - A Study of Individuals Seeking Drug Treatment. Bureau of Crime Statistics and Research, Sydney, 1987.

Drugs Crime and Society. Parliamentary Joint Committee on the National Crime Authority, Canberra, 1989.

Drug Problems in Australia - an intoxicated society? Report from the Standing Committee on Social Welfare. Canberra, 1977.

Eckert, P, "Beyond the Statistics of Adolescent Smoking". American Journal of Public Health. Volume 73, No. 4. USA, 1983. pp 439-441.

Ellard, J, "The Drug Offensive". Modern Medicine. December 1989.

Elvy, G, Executive Director, Alcohol and Drug Foundation of Australia. Economic Cost of Drug Misuse.

Finch, P, "The Health Effects of Smoking: Misreading the Evidence". Policy. 1990. pp 22-25.

Fisher, D, and Magnus, P, "Out of the Mouths of Babes .....: the Opinion of 10 and 11 Year Old Children, Regarding the Advertising of Cigarettes". Community Health Studies. No. 5. 1981. pp 22-26.

Fleming, R, Leventhal, H, Glynn, K and Ershler, J, "The Role of Cigarettes in the Initiation and Progression of Early Substance Use". Addictive Behaviours. Volume 14. 1989. pp 261-272.

Foundation South Australia. Annual Report 1988/89.

Ginzel, K, "Tobacco as a 'Gateway' Drug". Tobacco and Youth Reporter. Volume 4, No. 2. p 9.

Glantz, Professor S, University of California, speech given on 5 October 1990. Sydney.

Glynn, T, "Essential Elements of School-Based Smoking Prevention Programs". Journal of School Health. Volume 59, No. 5. May 1989. pp 181-188.

Grube, J, Rokeach, M, and Getzlaf, S, "Adolescents' Value Images of Smokers, Ex-smokers, and Non-smokers". Addictive Behaviours. Volume 15. 1990. pp 81-88.

Hall, D, Kids Smoke Sponsors' Brands. Centre for Behaviourial Research in Cancer. November 1989.

Hansard:

Australian Capital Territory Legislative Assembly. 6 June 1990. p 2203.

Australian Capital Territory Legislative Assembly. 17 October 1990.

New South Wales Legislative Council. 25 October 1990.

New South Wales Legislative Council. 30 November 1990.

Health Advancement Services, Alcohol and Drug Service, ACT Community and Health Service. Drugs and Kids. Canberra, 1989.

Health and Welfare Canada. Health Promotion. Volume 28, No. 4. 1990.

Health or Tobacco - An End to Tobacco Advertising and Promotion. Toxic Substances Board. Wellington, New Zealand. May 1989.

Hill, D, "Australian Patterns of Smoking in 1986". The Medical Journal of Australia. Volume 149. 1988. pp 6-10.

Hill, D, and Gray, N, "Australian Patterns of Tobacco Smoking and Related Health Beliefs in 1983". Community Health Studies. VII (3).

Hill, D, Willcox, S, and Gardner, G, "Tobacco and Alcohol Use Among Australian Secondary School Children". Medical Journal of Australia. 146(2). 1987. p 130.

Information Folder. Tobacco Products Unit, Environmental Health Directorate, Health Protection Branch, Health and Welfare, Canada, 1990.

It Can Be Done. World Health Organization's Regional Office for Europe, 1990.

Johnston, L D, "Statements Before the Sub-Committee on Health and the Environment - the House of Representatives' 99th Congress: Advertising of Tobacco Products". US Government Printing Office, Serial no. 99-167. Washington 1987.

Jones, R, "They're Turning our Children into Junkies". Simply Living. 1986. 2:100-106.

Krivanek, J, Heroin - Myths and Reality. Sydney, 1988.

Krupka, L, Vener, A, and Richmond, G, "Tobacco Advertising in Gender-Oriented Popular Magazines". Addictive Behaviours - An International Journal. Volume 20(1). 1990. pp 15-29.

Lansley, Hayes and Storer, A Report on the Non-Government Drug and Alcohol Services System in New South Wales. Volumes I and II. Sydney, March 1985.

Luger, M, Who is in Charge of the Drug System? Sydney, 1990.

Manning, W, Keeler, E, Newhouse, J, Sloss, E, and Wasserman, J, "The Taxes of Sin - Do Smokers and Drinkers Pay Their Way?" JAMA. Volume 261, No. 11. 17 March 1989.

Marsh, A, and Matheson, J, Smoking Attitudes and Behaviour: An Inquiry Carried Out on Behalf of the Department of Health and Social Security. London, 1983.

Martin, D S, "Incidental Advertising of Beer and Cigarettes in the TV Broadcast of the Adelaide Grand Prix". Media Information Australia. No. 57. August 1990.

Millwood, D, and Gezelius, H, Smart Promotion. Sweden, 1989.

Ministerial Council on Drug Strategy. National Campaign Against Drug Abuse 1985-88 - Report of the NCADA Task Force on Evaluation. Volumes I and II. August, 1988.

National Campaign Against Drug Abuse and The Drug Offensive. National Health Policy on Alcohol in Australia; and examples of strategies for implementation. Canberra, January 1990.

National Campaign Against Drug Abuse, New South Wales Drug and Alcohol Authority, and the Department of Health, New South Wales. Stay in Control - 1987 Information and Resource Manual. Sydney, 1987.

National Health and Medical Research Council, Australian Department of Health. Report of the Standing Committee on the Health Problems of Alcohol. Brisbane, April 1975.

NCADA - National Survey. 1988.

NCADA - Social Issues in Australia. Survey, 1985.

New South Wales Cancer Council and National Heart Foundation (NSW Division). Tobacco Industry Breaches of the Voluntary Code for Cigarette Advertising. Press Release. Sydney, December, 1990.

Oei, T, and Burton, A, "Attitudes Toward Smoking in 7 to 9-Year-Old Children". International Journal of the Addictions. Volume 25(1). 1990. pp 43-52.

Oei, T, Fae, A, and Silva, P, "Smoking Behaviour in Nine Year Old Children: A Replication and Extension Study". Advances in Alcohol and Substance Abuse. Volume 8(3/4). 1990. pp 85-96.

Pierce, J P, "Time to Ban Cigarette Advertising and Continue the 'Quit For Life' Campaigns". Medical Journal of Australia. Volume 152. 5 February 1990.

Preventing the Sale of Tobacco Products to Minors. Submission to the Canadian Minister of National Health and Welfare. December, 1989.

Pushing Smoke - Tobacco Advertising and Promotion. World Health Organization's Regional Committee for Europe. September 1987.

Reducing the Health Consequence of Smoking: 25 Years of Progress. Report of the Surgeon-General, Department of Health and Human Services. Washington DC, USA. 1989.

Reilly, C, and Homel, P, Strategies for the Prevention of Drug and Alcohol Problems. Directorate of the Drug Offensive. Sydney, August 1988.

Report of the NCADA Task Force on Evaluation. August, 1988.

Report on the Regional Consultations on the Needs and Priorities for Alcohol and Other Drug Services in 1987/88 - NADA. August 1987.

Report on the Non-Government Drug and Alcohol Services System in New South Wales - NADA. June, 1985.

Roberts, J L, More Honour'd in the Breach - How the 1986 Voluntary Agreement on Tobacco Advertising is Being Broken. Project Smoke Free for the National Monitoring Committee, Manchester, February 1987.

Saunders, B, "Alcoholic Beverage Advertising: A Summary of Public Health Concerns and Research". Ad News. 30 June 1989.

Sheen, R E, Child Recruits Replace Dead Smokers. Australian Council on Smoking and Health. Perth 1987.

Smith, D, Truth an Ad. Sydney, 1986.

**Smoking or Health: The Third Report from the Royal College of Physicians of London.** London, 1977.

**Taylor, P, The Smoke Ring - Tobacco, Money and Multinational Politics.** London. 1984.

**The Health Consequences of Smoking - Nicotine Addiction.** Report of the Surgeon-General, Department of Health and Human Services. 1988.

**The Tobacco Leaf Marketing Board for the State of New South Wales. Annual Report 1989.**

**Tobacco Tax Policy in Canada - A Health Perspective.** Submission to the Canadian Minister of Finance. January, 1990.

**The Quantification of Drug Caused Mortality in Australia - 1989.** NCADA, Department of Community Services and Health. Canberra. 1990.

**Victorian Health Promotion Foundation. Annual Report 1988/89.**

**Victorian Health Promotion Foundation. Newsletter.** Issue No. 6. May 1990.

**Victorian Office of Prices. Does Smoking Make Cents?** April 1990. p 8.

**Warner, K, A Report of the American Heart Association. Public Policy and Health.** Volume 73, No. 2. February 1986. pp 381-395.

**Warner, K, "Publicity, Price and Puffing". Journal of Health Economics.** No. 3. 1984. pp 179-86.

**Woodward, A, Roberts, L, Reynolds, C, "The Nanny State Strikes Back: The South Australian Tobacco Products Control Act Amendment Act 1989". Community Health Studies.** Volume XIII, No. 4. 1989. p 405.

**Young Australians and Drugs - Options for Strategies.** Youth Bureau, Department of Employment, Education and Training. Canberra, 1988.

**VIDEOS:**

**Advertising Self-Regulation in Australia - Alcoholic Beverages Advertising Code.** Alcohol Advertising Support Council.

**Brockie, J, and Sidwell, V (Producers), The Devil You Know.** ABC TV Documentary. Screened 18 July 1990.

**Confessions of a Simple Surgeon.** Dr Arthur Chesterfield-Evans.

**Lateline.** ABC TV. 18 July 1990.

**APPENDIX NEW SOUTH WALES DRUG OFFENSIVE GRANTS PROGRAM ETC**

**NON-GOVERNMENT SERVICES**

Agency/Project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Alcohol and Drug Foundation Australia	Drug and alcohol conference		5,000	5,000
Alcohol and Drug Foundation NSW	An umbrella organisation representing and co-ordinating various drug and alcohol agencies and programs in NSW	31,833	30,000	61,833
AMSAD	Australian Medical Society		1,000	1,000
Australian Inst. for Counselling in Addiction	Training centre providing drug and alcohol counselling courses		36,600	36,600
Bathurst Youth Service	A drop-in centre and education program for youth in the Bathurst area	78,412	18,894	97,306
Buttery	A rehabilitation centre for young drug users situated in the far North Coast Region	201,656	48,000	249,656
Campbell Hospital	Administration of regional detox. training project		27,173	27,173



Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Care Force Inner City, welfare worker	An inner-city welfare centre at Surry Hills	20,372		20,372
Care Force Inner City, youth worker	An inner-city youth counselling and drop-in centre at Newtown	40,745		40,745
Central Coast Assessment and Referral Centre	An information, referral and resource centre for the community situated in the Gosford area	24,700	9,000	33,700
Central Coast Life Line	A 24 hour, 7 day telephone counselling service at Gosford	11,156		11,156
CO-AS-IT	Health and welfare services for the Italian community	29,702	5,000	34,702
Cyrenian House	A drug rehabilitation centre at Stanmore	143,268		143,268
Drug and Alcohol Multi-cultural Education Centre	Education for ethnic communities	72,000		72,000
Drug Crisis - 24 hours	A crisis accommodation centre for drug dependants situated in Bankstown	170,934		170,934
DIFSS	Alcohol counselling service for families in the Blacktown area	29,637		29,637

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
DYPO	24 hour community centre providing health and welfare services to 'at risk' youth in the outer western suburbs of Sydney	48,674	2,315	50,989
Eastern Region Aboriginal Resource Centre	Drug and alcohol information services for the Aboriginal community		1,178	1,178
Edmiston Project	Rehabilitation project		7,000	7,000
Ethnic Line	Telephone counselling service for the ethnic community in NSW	23,860	3,725	27,585
Freeman House	An alcohol rehabilitation centre at Armidale	37,046		37,046
Glebe House	A halfway house for ex-prisoners	12,491		12,491
Glen Innes Drug and Alcohol Committee	Community education		5,000	5,000
Grow	A drug rehabilitation centre at Austral	150,438		150,438
Guthrie House	A crisis and short-term refuge for female ex-prisoners	49,321		49,321
Hayes and Soquist	Media promotion		9,000	9,000

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Haymarket Foundation	Inner city short-term accomm.	20,000		20,000
Industrial Program Service	Counselling and training service for Employee Assistance Programs	157,364		157,364
Jilimi	Aboriginal Women's Health and Resource Centre at Nowra, providing drug and alcohol counselling services	37,926		37,926
Kamira Farm	An alcohol and drug rehabilitation centre for women at North Wyong	111,479	770	112,249
Kedesh House	Residential alcohol and drug rehab. centre at Berkeley	137,835	21,404	159,239
Killara House	A residential drug rehabilitation centre for young men and women in Albury/Wodonga	116,588	5,000	121,588
Kurrawilla Renewal Centre	A halfway house/rehabilitation centre for male alcoholics situated at Lake Macquarie in the Lower Hunter area	61,672		61,672
Leichhardt Women's Community Health Centre	Drug and alcohol programs for women	43,029		43,029
Life Education Centre, Colyton	Education programs for young people	185,203		185,203

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Life Education Centre, Mobiles	Education programs for young people	877,054		877,054
Life Education Centre, Potts Point	Education programs for young people	203,982		203,982
Life Line, Sydney	A telephone counselling service	28,768		28,768
Macarthur Drug and Alcohol Services	A committee to provide drug and alcohol programs for youth in the Campbelltown/Camden area	54,000		54,000
Macleay Valley AHS	Drug and alcohol resources		4,737	4,737
Mancare, Salv. Army	An alcohol rehabilitation centre Newcastle	30,946		30,946
Manly Drug Education and Counselling Centre	Provides information, assessment, counselling, referral and community drug education services	152,266	3,035	155,301
Manning Valley AHS	Drug and alcohol resources		3,972	3,972
Moree Aboriginal Sobriety House (MASH)	An alcohol rehabilitation program which administers the Lifesaver Project, an alcohol counselling program operating around isolated north-western towns in NSW	70,229	17,500	87,729

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Mount Druitt Youth Resource Centre	A centre to provide aid and support for 'at risk' young people in the outer western suburbs of Sydney	28,257		28,257
Murwillumbah Dist. Hosp.	Tweed Valley Half Way House		3,840	3,840
NADA (Network of Alcohol and Drug Agencies)	Co-ordination, information, education, consultancy and advocacy services for non-Government drug and alcohol agencies	94,356	8,447	102,803
NADA, Employee Assistance Program	Conducted in collaboration with the Industrial Program Service (IPS) to establish an EAP project for agencies	22,781	4,700	27,481
Newcastle Youth Service	Counselling/referral community and streetwork programs in Newcastle	69,884	5,000	74,884
Newtown Neighbourhood Centre	Provides community development programs for the Greek community	27,956	18,119	46,075
Nimbin Drug Awareness Committee	Community education		2,900	2,900
O'Connor House	Alcohol detox. unit in Wagga		76,635	76,635

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Odyssey House	Residential drug rehab. and pre-admission centre in Minto and a city-based admissions unit	372,349	12,250	384,599
Oolong House	An alcohol rehabilitation centre at Nowra servicing the Aboriginal and Non-Aboriginal communities	117,705	7,000	124,705
Orange Drug Education Centre	A drug education centre in Orange	74,495	6,800	81,295
Oxley House Farm	Drug and alcohol rehab. centre for men and women in Dubbo	78,200		78,200
Peer Support Foundation	A personal development program for secondary schools	143,520		143,520
Penrith Drug Counselling Centre	A drug referral and counselling centre at Penrith	52,990	1,719	54,709
Randwick/Botany Yth Proj.	Youth worker project	34,038		34,038
Rectory	Rehabilitation centre for drug dependent persons (now closed)		(32,699)	(32,699)
Riverina Foundation	A counselling and education service in the Riverina area	59,060	1,186	60,246

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
READY	Resources and Education on Alcohol and Drugs for Youth in the St George Area	54,242		54,242
St John of God, Goulburn	Drug and alcohol resources		2,000	2,000
St John of God Hospital, Richmond	Community outreach worker	36,400		36,400
St Laurence House	A residential unit for homeless and 'at risk' youth (14-18 years)	76,767		76,767
St Vincent de Paul, Recovery House	Residential unit		800	800
St Vincent's Hosp. Sydney	Sponsors Get Real media program	110,016		110,016
St Vincent's Hosp. Sydney	Halfway House		(7,844)	(7,844)
St Vincent's Hosp. Sydney	Methadone evaluation		(589)	(589)
Shalom	A long-term alcohol rehab. centre at Narrabri	52,245		52,245
Sisters of Charity	Adolescent accommodation		4,800	4,800
SWAP	Ethnic community development centre in South West Sydney	55,781		55,781

Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
The Station	A resource and drop-in centre for homeless people in the inner city area	62,558		62,558
Swanton Lodge	A proclaimed place and accommodation facility in Surry Hills for homeless men and women	175,793		175,793
Waverley Detached Youth Worker	A streetworker project for the Bondi/Waverley area	14,849		14,849
Waverley Outreach	A counselling, referral and education service in Waverley	62,695		62,695
Wayback Committee	Drug and alcohol counselling service and halfway house program	175,209	15,208	190,417
Wayside Chapel, Shepherd of the Streets	Streetwork programs in the Kings Cross area	81,806		81,806
We Help Ourselves (WHOS)	A residential drug and alcohol rehab. centre at inner city	120,815	60,898	181,713
Western Sydney Drug and Alcohol Resource Centre	Provision of educational resources to western Sydney through training, community awareness and development programs	90,167		90,167



Agency/project	Description	(\$) Recurrent	(\$) Non-recurrent	(\$) Total
Westmount Co-operative	A residential drug detox. and rehab. unit at Katoomba	90,032	16,598	106,630
William Booth Institute	A detoxification and rehabilitation centre in Darlinghurst (administered by the Salv. Army)	189,604		189,604
Windana House	Residential alcohol rehabilitation centre in West Wyalong, serving the Aboriginal and non-Aboriginal communities	74,073	26,369	100,442
Wollongong Crisis Centre	A residential drug detox. and motivation unit at Berkeley	136,248	14,200	150,448
WADAC (Jarrah House)	Detoxification and short-term rehabilitation unit for women (and dependants) with drug and/or alcohol problems	533,626		533,626
Workers Health Centre	Occupational health and safety service to trade unions and workers	49,410		49,410
Youth Unlimited	A youth program in the Drummoyne area	33,072		33,072
<b>Total</b>		<b>6,805,569</b>	<b>623,656</b>	<b>7,429,225</b>

