



**National Heart Foundation of Australia:
Submission to the House of Representatives
Standing Committee on Health, Aged Care and
Sport inquiry into the health impacts of alcohol
and other drugs in Australia**

20 December 2024

For further information please contact:

Dr Peter Thomas
National Heart Foundation of Australia
National Manager, Public and Local Affairs
Email: peter.thomas@heartfoundation.org.au
Phone: 0411 600 992

Introduction

For over 60 years, the National Heart Foundation of Australia (Heart Foundation) has been the trusted peak body working to improve heart disease prevention, detection and support for all people in Australia.

The Heart Foundation welcomes the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport regarding the health impacts of alcohol and other drugs in Australia.

Harmful use of alcohol and other drugs severely impacts the health and wellbeing of the individual, families and communities in Australia. It also affects our economy, health system and justice system, and contributes to inequity for many people in Australia. Policies and interventions to prevent and reduce harm from alcohol and other drugs use should prioritise public health interests, address the wider determinants of health, centre lived experience voices and be guided by the best available evidence.

Our submission addresses the following items listed in the Terms of Reference for the Inquiry:

a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;

b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services;

d) Draw on domestic and international policy experiences and best practice, where appropriate.

Summary of recommendations

Alcohol taxation and pricing

Implement the recommendations of the World Health Organization (WHO), National Alcohol Strategy 2019–2028, and National Drug Strategy 2017–2026, which include:

- ***Increase volumetric taxation of all alcoholic beverages to reduce consumption, minimise alcohol-related harms and generate revenue to support public health initiatives.***

- **Implement alcohol taxation as part of a comprehensive approach, including pricing reform, regulation of alcohol advertising, improved licensing systems, funded public education campaigns and mandatory labelling to increase awareness of alcohol-related health impacts.**
- **Introduce and implement minimum unit pricing for alcohol.**

Alcohol labelling

- **Mandatory health warnings and energy labelling to be displayed on all alcoholic beverages.**
- **No health and nutrient content claims to be displayed on all alcoholic beverages.**

Alcohol marketing and advertising

Develop a framework for the regulation of alcohol marketing, which:

- **Addresses all forms of alcohol marketing and promotion, including point-of-sale advertising, print and media advertisements, packaging, labelling, sponsorship, and digital marketing.**
- **Establishes and enforces stringent standards for advertising, promotion, and labelling, with penalties for significant violations, overseen by an independent panel free from the influence of alcohol companies.**
- **Guarantees that children are not exposed to alcohol advertising in everyday environments, including outdoor spaces, public transport, government property, television (including during sporting events), and at sports or other public events.**

Online sale and delivery of alcohol

- **Introduce greater regulation of online sale and delivery of alcohol which at a minimum should include improving age verification, delaying delivery times, prohibiting late night deliveries, restricting targeted marketing and improving reporting on monitoring and enforcement activities.**

Preventing and reducing harms from illicit drug use

- **Develop an up-to-date, evidence-based, national guideline for the clinical assessment and management of the cardiovascular health of drug users.**
- **Extend Medicare-subsidised Heart Health Checks to illicit drug users of any age.**
- **Fund research to determine the best-practice treatments for illicit drug users.**

Alcohol and other drugs use and associated harms in Australia

Hazardous use of alcohol and other drugs

The 2022–23 National Drug Strategy Household Survey (NDSHS) found that around 1 in 3 (31% or 6.6 million) people aged 14 and over consumed alcohol at levels that increase their risk of harm from alcohol-related disease and injury.¹ This risky alcohol consumption was defined as having more than 10 standard drinks per week, and/or more than 4 standard drinks in a single day. These are levels of consumption that put a person's health at risk, in line with the National Health and Medical Research Council (NHMRC) guidelines to reduce health risks from drinking alcohol.²

While the proportion of people drinking alcohol at levels above the guideline recommendations has not changed substantially between 2016 (33%) and 2022–2023 (31%), harms from alcohol use are not equally distributed among people in Australia.

The 2022–23 NDSHS findings showed that:¹

- Young adults aged 18–24 years were more likely than any other age group to consume alcohol at risky levels (41.8%). They are also more likely to exceed the single occasion risk guideline by having more than 4 standard drinks a day at least monthly (40.8%).
- People in their 60s were more likely to have exceeded the alcohol risk guidelines by consuming 10 or more standard drinks a week (33.2%).
- People aged 70 and over are the most likely to drink alcohol daily (11.7%), followed by people in their 60s (8.5%) and 50s (6.5%).
- People aged 14 and over living in remote and very remote areas (40%) and outer regional areas (39%) were about 1.4 times more likely to drink alcohol at risky levels compared to those in major cities (29%).

The use of illicit drugs has increased with approximately 1 in 5 people using an illicit drug in 2022–23 (17.9% or 3.9 million people), compared to 2019 (3.4 million people). This reflects an increase in the use of hallucinogens (2.4%, up from 1.6% in 2019), ketamine (1.4%, up from 0.9% in 2019) and the addition of reporting for amphetamines and pharmaceutical stimulants.

- Young women aged 18–24 had increased use of cannabis (26% vs 20% in 2019), cocaine (11.9% vs 8% in 2019) and opioids (4% vs 0.9% in 2019), compared to males in which rates remained steady or reduced.
- People living in high socioeconomic areas were more likely to have taken an illicit drug recently (21%).

- People living in remote and very remote areas were most likely to have recently used an illicit drug (21%), compared to those living in a major city (18.4%).
- A quarter of First Nations peoples (28%) have used an illicit drug in the previous 12 months.

Alcohol and other drugs use and cardiovascular disease

There is growing evidence reinforcing the harmful link between alcohol consumption and cardiovascular disease risk.^{3,4} Alcohol increases the risk for hypertension, atrial fibrillation, cardiomyopathy, and stroke.⁵⁻⁷ More recently, a dose-response relationship between alcohol consumption and risk of hypertension and atrial fibrillation has been established.

- With each 10 g per day increase in alcohol consumption, the risk of hypertension increased by 6%.⁸
- Consumption of just one alcoholic drink per day, increases the risk of atrial fibrillation by 6–16%.^{9,10}

The use of illicit drugs also has significant deleterious effects on the cardiovascular system. People who regularly, repeatedly use illegal drugs are twice as likely to have prevalent cardiovascular disease,⁷ and those who experience an overdose have an approximately 3 times greater risk of developing cardiovascular disease.¹¹

- Drug toxicity is the leading non-cardiac cause of out-of-hospital cardiac arrest in Victoria.¹²
- Opioid use is associated with an approximately:
 - 2x higher prevalence of acute and ischaemic heart disease, ischaemic stroke, myocardial infarction and cerebrovascular disease
 - 3x higher prevalence of cardiovascular disease, arrhythmia, hypertension, and heart failure
 - nearly 5x higher prevalence of haemorrhagic stroke.⁷
- Stimulant use is associated with an approximately:
 - 1.5x higher prevalence of chronic ischaemic heart disease
 - 2.5x higher prevalence of myocardial infarction, acute ischaemic heart disease, arrhythmia, hypertension and ischaemic stroke
 - 3x higher prevalence of cardiovascular disease, heart failure and cerebrovascular disease
 - over 5x higher prevalence of haemorrhagic stroke.⁷
- Marijuana use is associated with an approximately 2x higher prevalence of cardiovascular disease, hypertension and heart failure.⁷

Alcohol and other drugs use and other health impacts

Alcohol and other drugs are responsible for a significant burden of death, disease and injury in Australia.

- Alcohol use was the fifth leading contributor to the burden of disease in 2018, accounting for 4.5% of the total burden of disease.¹³
- There were 1,667 alcohol-induced deaths in 2023, an increase of nearly 29% over the last decade.¹⁴
- There were also 1,635 drug-induced deaths in 2023.¹⁴
- Analysis of the National Hospital Morbidity Database showed that alcohol was responsible for more than half (59%) of drug-related hospitalisations in 2021–22, an increase from 50% in 2015–16.¹⁵
- In 2019–20, alcohol-related injuries accounted for 5.7% of all injury hospitalisations and 14% of all injury deaths.¹⁶

Alcohol is also a carcinogen with strong evidence linking its consumption to an increased risk for developing at least seven types of cancer.¹⁷

In addition, drinking alcohol during pregnancy can lead to birth defects and behavioural or neurodevelopmental issues, known as fetal alcohol spectrum disorder (FASD).¹⁸

Alcohol and other drugs use and socioeconomic impacts

The harms of alcohol and other drugs use go beyond the individual, affecting children, families, and entire communities. In 2022–23, the social and economic cost of alcohol in Australia is estimated at \$75 billion per year and the cost of illicit drugs approximately \$30 billion.¹⁹

There is growing awareness of alcohol's role in increasing the severity and frequency of gendered violence, with alcohol involved between 23–65% of all police-reported family violence incidents.^{20,21} According to the most recent NDSHS, the number of women who experienced harm from someone under the influence of alcohol rose from 2.2 million in 2019 to 2.4 million in 2022–2023.¹ Another study reported that one in six children have experienced harm from the alcohol use of adults around them, with two-thirds of these incidents being attributed to an adult in their household.²²

Response to the inquiry

Strong governance, backed by a comprehensive evidence-based strategy and a well-resourced implementation plan, is essential to reducing the health, social, and

economic harms caused by alcohol and other drugs. Since the cessation of the Council of Australian Governments and the Ministerial Drug and Alcohol Forum, the lack of a national ministerial governance structure for alcohol and other drugs has hindered the effective implementation, monitoring and evaluation of national strategies, such as the *National Drug Strategy 2017–2026* and *National Alcohol Strategy 2019–2028*.²³

The Heart Foundation recommends that the Australian Government re-establish a national alcohol and other drugs governance framework to coordinate action between the different levels of government and portfolios, ensure the implementation of national strategies, and respond to both long-standing and emerging priorities in the alcohol and other drugs sector.

Alcohol and other drug-related harms disproportionately impact certain groups, including children, adolescents, young adults, women, people with lower socioeconomic status, regional and remote communities, First Nations peoples, and people who identify as LGBTIQ+. ^{15,24,25} Addressing these inequities requires a harm minimisation approach that addresses broader social and structural determinants of health, including poverty, social and economic exclusion, marginalisation, racism, and stigma.²⁶

The Heart Foundation recommends meaningful and sustained engagement with people with lived experience in co-designing programs, policies and initiatives to ensure that they meet the unique needs of affected individuals and communities.

There is currently poor awareness of the range of health harms caused by alcohol and other drugs use. A national survey revealed that around half of people in Australia are unaware of the recommended limit on standard alcoholic drinks to reduce the risk of alcohol-related disease or injury.²⁷ This highlights the urgent need for sustained efforts to promote the NHMRC guidelines to raise awareness of alcohol-related harms.²

Current evidence does not support recommending any safe level of alcohol consumption for cardiovascular health.^{2,5,6} For some conditions, particularly atrial fibrillation and hypertension, the risk begins to rise with as little as one standard drink and increases with higher consumption.⁸⁻¹⁰ Therefore, the less people choose to drink, the lower their risk of alcohol-related harm. For some people, choosing not to drink at all is the safest option.

Well-designed, evidence-based and adequately resourced public education campaigns can change people's knowledge, attitudes and behaviours related to alcohol and other drug use.²⁸⁻³⁰

The Heart Foundation recommends adequately funded, sustained, and comprehensive public education campaigns to raise awareness of the harms caused by alcohol and other drug use. Communications targeted towards populations at

higher risk of harmful alcohol and other drugs use should be informed by people with lived experience.

In Australia, the private sector exerts significant influence on the social, physical and cultural environments through product design and packaging, marketing, research funding, lobbying and preference shaping.³¹ Harmful industries, including the alcohol industry and its commercial groups, use several tactics to undermine effective alcohol policies and often lobby to influence policies in ways that protect their profits at the expense of public health.³²⁻³⁵

Consistent with the National Preventive Health Strategy 2021–2030, the Heart Foundation supports protection of public policy development aimed at reducing alcohol-related harm from the influence of commercial interests.

Alcohol taxation and pricing recommendations

Implement the recommendations of the World Health Organization (WHO), National Alcohol Strategy 2019–2028, and National Drug Strategy 2017–2026, which include:

- ***Increase volumetric taxation (based on alcohol content) of all alcoholic beverages to reduce consumption, minimise alcohol-related harms and generate revenue to support public health initiatives.***
- ***Implement alcohol taxation as part of a comprehensive approach, including pricing reform, regulation of alcohol advertising, improved licensing systems, funded public education campaigns and mandatory labelling to increase awareness of alcohol-related health impacts.***
- ***Introduce and implement minimum unit pricing for alcohol.***

The WHO has found increasing taxes on alcoholic beverages to be one of the most cost-effective interventions to reduce the harmful use of alcohol.^{36,37}

In Australia, alcohol taxes vary significantly depending on the type of alcohol and how it is sold.³⁸

- The alcohol excise is a volumetric tax applied to producers of beer, spirits, and certain other alcohol products, with rates varying based on alcohol volume and other product characteristics (e.g. packaging).
- The wine equalisation tax (WET), on the other hand, is a 29% tax applied to wine and certain other alcohol products made from fruits and vegetables (e.g. traditional ciders), based on the product's monetary value.

Under the current system, the WET encourages the production and increases the availability of cheap wines and ciders, with cask wine being the cheapest alcoholic beverage in Australia.³⁹ Evidence indicates that people who consume alcohol at the

riskiest levels are not only more likely to buy cheap alcohol products but also to engage in hazardous, disruptive, and abusive behaviours.^{40,41}

Several cost-benefit analysis studies have shown that expanding the alcohol excise tax to products currently taxed under the WET and increasing the rate of excise reduces alcohol consumption and increases taxation revenue with significant benefits for the Australian community.⁴²⁻⁴⁴

The WHO also recommends establishing minimum unit pricing (MUP) for alcohol to increase the cost of high-alcohol beverages.³⁶ Introducing a MUP of at least \$1.30 per standard drink across Australia could significantly reduce alcohol consumption, lowering the average intake by 1.5 standard drinks per week.⁴⁵ Research has also shown that increasing alcohol prices through the implementation of MUP in the Northern Territory reduces alcohol-related harms.⁴⁶⁻⁴⁹

The Heart Foundation recommends reforming the alcohol taxation system and introducing the MUP which are listed in both the *National Alcohol Strategy 2019–2028* and *National Drug Strategy 2017–2026* as effective evidence-based strategies to prevent and reduce alcohol related harms.^{24,25}

Alcohol labelling recommendations

- ***Mandatory health warnings and energy labelling to be displayed on all alcoholic beverages.***
- ***No health and nutrient content claims to be displayed on all alcoholic beverages.***

A recent survey by Alcohol Change Australia found that many people in Australia are unaware of the range and extent of health harms caused by alcohol. People drinking at risky levels were also less likely to identify health harms caused by alcohol.²⁷

Including health warning labels on alcoholic products is a policy strategy recommended by the WHO.^{36,50} Findings from Alcohol Change Australia's survey further indicated that around 7 in 10 people in Australia support health warning labels on all alcohol products to raise awareness of alcohol-related harms.²⁷ Evidence indicates that health warning labels can increase people's awareness of the health risks associated with alcohol consumption and affect their intentions to drink, as well as reduce alcohol consumption and sales.⁵¹⁻⁵⁶

In Australia, unlike many other countries in the world, alcoholic beverages are not required to display a nutrition information panel. However, manufacturers can choose to provide this information voluntarily. Alcohol is energy dense, and population level increases in energy intake has been identified as a key driver of overweight and obesity.⁵⁷ The Heart Foundation strongly supports mandatory energy labelling on alcoholic beverages to enable consumers to make informed decisions, as outlined in

[our recent submission to the Food Standards Australia New Zealand \(FSANZ\) Proposal P1059.](#)

Nutrient content claims on alcoholic beverages such as ‘low sugar’ and ‘low carb’ mislead consumers in making incorrect assessments of the healthiness of alcoholic beverages.^{58,59} It is imperative that consumers are made aware that the primary health risk of alcoholic products stems from their alcohol content, irrespective of their sugar or carbohydrate content. In line with our submission to FSANZ Proposal P1049, the Heart Foundation recommends prioritising clear and prominent information about alcohol content, without the inclusion of potentially misleading nutritional claims or other labelling initiatives that obscure efforts to effectively communicate the harms associated with alcohol use.

Alcohol marketing and advertising recommendations

Develop a framework for the regulation of alcohol marketing, which:

- ***Addresses all forms of alcohol marketing and promotion, including point-of-sale advertising, print and media advertisements, packaging, labelling, sponsorship, and digital marketing.***
- ***Establishes and enforces stringent standards for advertising, promotion, and labelling, with penalties for significant violations, overseen by an independent panel free from the influence of alcohol companies.***
- ***Guarantees that children are not exposed to alcohol advertising in everyday environments, including outdoor spaces, public transport, government property, television (including during sporting events), and at sports or other public events.***

Low awareness and acceptance of the harms associated with alcohol use is influenced by commercial messaging and poorly regulated marketing of alcohol beverages.³⁷ Recent trends in digital marketing make it increasingly challenging to effectively control alcohol marketing and advertising. The expansion of digital technologies has given alcohol manufacturers and distributors the opportunity to advertise and promote their products through highly targeted and interactive ways (e.g. through sponsored advertisements, brand engagement, social media influencers and user-generated content) to a range of consumers, including children and young people.^{60,61} These targeted advertisements are of significant concern as research consistently demonstrates that young people’s exposure to alcohol advertising increases the likelihood of initiating alcohol use, developing positive attitudes toward alcohol, underage drinking and consuming alcohol at risky levels.⁶²⁻

64

Self-regulation of alcohol marketing by the alcohol and advertising industries is ineffective in protecting young people and the community from its associated

harms.^{65,66} The WHO recommends enacting and enforcing bans or comprehensive restrictions on alcohol advertising across multiple types of media.³⁷ The Heart Foundation supports an independent, government-led regulation to ensure effective controls on all forms of alcohol advertising and marketing with sanctions for non-compliance.

Online sale and delivery of alcohol recommendations

- ***Introduce greater regulation of online sale and delivery of alcohol which at a minimum should include improving age verification, delaying delivery times, prohibiting late night deliveries, restricting targeted marketing and improving reporting on monitoring and enforcement activities.***

Online and app-based alcohol sales platforms are becoming increasingly popular in Australia. The sale of alcohol online has nearly quadrupled from 2012 (\$539 million) to 2022 (\$2.0 billion).⁶⁷ In 2020, 10% of people in Australia purchased takeaway online, and it is currently estimated that one in six Australians who drink alcohol purchased it via delivery.⁶⁷

This greater availability and ease of access to alcohol is a significant public health concern, with overwhelming evidence establishing a link between the greater availability of alcohol and increased harms.^{68,69}

Evidence demonstrates that rapid delivery services are often used by people who drink at high risk levels.⁷⁰ Research by the Foundation for Alcohol Research & Education has found that more than a third of people (38%) who received rapid alcohol delivery drank 11 standard drinks on the day of delivery.⁶⁷ Additionally, over half of people who received rapid alcohol delivery were assessed as drinking to harmful levels based on Alcohol Use Disorders Identification Test scores.⁶⁷ This is exacerbated by the promotion of bulk alcohol purchase, with nearly half of online alcohol retailers (48.5%) found to offer discounts or specials to customers meeting minimum purchase levels.⁷¹

Online sale and delivery facilitate easy access to alcohol late at night, when assaults in the home are more likely to occur. This is of particular concern, given that alcohol-related assaults increase substantially between 6 pm and 3 am, with 37% of alcohol-fuelled assaults occurring in the home and more than half (57%) of those being family violence.⁷² It can also bypass responsible service of alcohol regulations, with three quarters of online alcohol retailers (75.4%) advertising unattended delivery as a feature of their service⁷³ and over half (61%) of people receiving deliveries while intoxicated.⁷⁴

The prevalence of unattended deliveries also provides avenues for children to access alcohol. This is accompanied by research that indicates that delivery drivers

regularly fail to check identification⁷⁰ and only 40% of online retailers requested age declaration at the point of sale.⁷⁵

Regulations relating to the online sale and home delivery of alcohol must ensure adequate community protections. The Heart Foundation supports the evidence-based policy priorities to prevent harms from the online sale and delivery of alcohol that have been put forward by the Foundation for Alcohol Research & Education and Public Health Association of Australia.^{67,76} For example, at a minimum, regulations should:^{67,76}

- i) require age verification at the online point-of-sale and point-of-delivery
- ii) require a minimum delay between order and delivery
- iii) prohibit unattended deliveries and delivery late at night
- iv) restrict opportunities for targeted marketing of home delivery services
- v) require alcohol retailers to regularly report data to regulators to support independent monitoring and evaluation (e.g. delivery volumes and locations by postcode).

While states such as South Australia, New South Wales, Victoria, and Western Australia have introduced legislation to address certain risks and harms associated with online alcohol sales and delivery, these laws fall short of adequately protecting the community.⁶⁷ The Heart Foundation recommends that the federal government support states and territories with legislative reforms to strengthen the regulation of online sale and delivery of alcohol in Australia.

Preventing and reducing harms from illicit drug use recommendations

- ***Develop an up-to-date, evidence-based, national guideline for the clinical assessment and management of the cardiovascular health of drug users.***

Clinical decision making for people experiencing drug-induced illness and injury can be complex, often time-critical and involving drugs of unknown dose and purity. Difficulties are exacerbated by the fact that the mechanisms for drug-induced cardiovascular disease can require different treatments than non-drug-induced cardiovascular disease.⁷⁷ For example, standard treatment for hypertension (high blood pressure) can include a medication which blocks a type of stress response in the body, called β -blockers. However, hypertension caused by methamphetamine use triggers a different type of stress response. Treatment with β -blockers alone in people with methamphetamine-induced hypertension can actually worsen blood pressure.⁷⁷ These people require an additional medication (α -blockers), which are not currently recommended as a treatment option.⁷⁸

Currently available clinical guidelines for the treatment of hypertension do not address the different requirements for drug-induced events.⁷⁹ Additionally, currently available clinical guidelines for the treatment of drug-induced injury and illness lack direction on the specific cardiovascular complications of drug use.

Developing a comprehensive, evidence-based guideline for clinicians diagnosing and treating drug-induced cardiovascular disease (and other chronic illnesses) should increase the effectiveness of Australia's treatment programs and reduce drug-related health and economic harms.

- ***Extend Medicare-subsidised Heart Health Checks to illicit drug users of any age.***

A Heart Health Check (MBS item numbers 699 and 177) is a comprehensive cardiovascular disease risk assessment and ongoing management plan for people without known cardiovascular disease. These checks are currently Medicare-subsidised for all people aged 45–79 years, people with diabetes aged 35–79 years, and First Nations people aged 30–79 years.

Illicit drug use in Australia is at its most prevalent in young adults aged 18–24.¹ The current age requirements for Medicare-subsidised Heart Health Checks leaves this population at risk of significant cardiovascular disease progression that could have been detected and treated much earlier. Extending Medicare-subsidised Heart Health Checks to people with substance use disorders of all ages should improve equity of access to services, and the best outcome for individuals and their families.

- ***Fund research to determine the best-practice treatments for illicit drug users.***

The link between illicit drug use and cardiovascular disease has now been well established.^{7,11} The benefits of illicit drug cessation on cardiovascular health has also been identified.^{80,81} As has the potential of early intervention and education programs in preventing the commencement of illicit drug use.⁸²

However, this fails to address the needs of people living with addiction or already established, illicit drug-induced cardiovascular disease. There is currently a lack of evidence regarding the best treatment options for current or previous illicit drug users.⁷⁷

Funding research into the best treatment options for people who are experiencing acute or chronic health effects of drug use should ensure the best outcome for individuals and their families and reduce drug-related health and economic harms.

References

1. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022–2023. AIHW. Accessed 10 December 2024, <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey>
2. National Health and Medical Research Council. *Australian guidelines to reduce health risks from drinking alcohol*. 2020. <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol>
3. Lankester J, Zanetti D, Ingelsson E, Assimes TL. Alcohol use and cardiometabolic risk in the UK Biobank: A Mendelian randomization study. *PLoS One*. 2021;16(8):e0255801. doi:10.1371/journal.pone.0255801
4. Biddinger KJ, Emdin CA, Haas ME, et al. Association of Habitual Alcohol Intake With Risk of Cardiovascular Disease. *JAMA Network Open*. 2022;5(3):e223849-e223849. doi:10.1001/jamanetworkopen.2022.3849
5. Arora M, ElSayed A, Beger B, et al. The impact of alcohol consumption on cardiovascular health: myths and measures. *Glob Heart*. 2022;17(1):45. doi:10.5334/gh.1132
6. Levesque C, Sanger N, Edalati H, Paradis C. *Update of Canada’s Low-Risk Alcohol Drinking Guidelines: Evidence review technical report*. 2022. Accessed 10 December 2024. <https://www.ccsa.ca/sites/default/files/2022-08/CCSA-LRDG-Evidence-Review-Technical-Report-en.pdf>
7. Gan WQ, Buxton JA, Scheuermeyer FX, et al. Risk of cardiovascular diseases in relation to substance use disorders. *Drug Alcohol Depend*. Dec 1 2021;229(Pt A):109132. doi:10.1016/j.drugalcdep.2021.109132
8. Liu F, Liu Y, Sun X, et al. Race- and sex-specific association between alcohol consumption and hypertension in 22 cohort studies: A systematic review and meta-analysis. *Nutr Metab Cardiovasc Dis*. Jul 24 2020;30(8):1249-1259. doi:10.1016/j.numecd.2020.03.018
9. Csengeri D, Sprünker NA, Di Castelnuovo A, et al. Alcohol consumption, cardiac biomarkers, and risk of atrial fibrillation and adverse outcomes. *Eur Heart J*. Mar 21 2021;42(12):1170-1177. doi:10.1093/eurheartj/ehaa953
10. Jiang H, Mei X, Jiang Y, et al. Alcohol consumption and atrial fibrillation risk: An updated dose-response meta-analysis of over 10 million participants. *Front Cardiovasc Med*. 2022;9:979982. doi:10.3389/fcvm.2022.979982
11. Gan WQ, Buxton JA, Palis H, et al. Drug overdose and the risk of cardiovascular diseases: a nested case–control study. *Clinical Research in Cardiology*. 2023/02/01 2023;112(2):187-196. doi:10.1007/s00392-021-01945-5
12. Paratz ED, van Heusden A, Zentner D, et al. Causes, circumstances, and potential preventability of cardiac arrest in the young: insights from a state-wide clinical and forensic registry. *Europace*. Dec 9 2022;24(12):1933-1941. doi:10.1093/europace/euac141
13. Australian Institute of Health and Welfare. *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018*. 2021. Accessed 10 December 2024. <https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary>

14. Australian Bureau of Statistics. Causes of Death, Australia. ABS. Accessed 10 December 2024, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023>
15. Australian Institute of Health and Welfare. Alcohol, tobacco & other drugs in Australia. AIHW. Accessed 10 December 2024, <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>
16. Australian Institute of Health and Welfare. Alcohol-related injury: hospitalisations and deaths, 2019–20. AIHW. Accessed 10 December 2024, <https://www.aihw.gov.au/reports/injury/alcohol-related-injuries-2019-20>
17. World Cancer Research Fund, American Institute for Cancer Research. *Alcoholic drinks and the risk of cancer*. 2018. <https://www.wcrf.org/research-policy/library/alcoholic-drinks-and-cancer/>
18. Department of Health and Aged Care. *National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018-2028*. 2018. Accessed 10 December 2024. <https://www.health.gov.au/resources/publications/national-fetal-alcohol-spectrum-disorder-fasd-strategic-action-plan-2018-2028?language=en>
19. Gadsden T, Craig M, Jan S, Henderson A, Edwards B. *Updated social and economic costs of alcohol, tobacco, and drug use in Australia, 2022/23*. 2023. 11 December 2024. <https://www.georgeinstitute.org.au/our-impact/policy-and-recommendations/updated-social-and-economic-costs-of-alcohol-tobacco-and-drug>
20. Noonan P, Taylor A, Burke J. *Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions*. 2017. Accessed 10 December 2024. <https://www.anrows.org.au/publication/links-between-alcohol-consumption-and-domestic-and-sexual-violence-against-women-key-findings-and-future-directions/>
21. Mayshak R, Curtis A, Coomber K, et al. Alcohol-Involved Family and Domestic Violence Reported to Police in Australia. *Journal of Interpersonal Violence*. 2022;37(3-4):NP1658-NP1685. doi:10.1177/0886260520928633
22. Hopkins C, Kuntsche S, Dwyer R, Anderson-Luxford D, Laslett A-M. Harm to children from others' drinking: A survey of caregivers in Australia. *Addiction*. 2024;119(11):1956-1963. doi:<https://doi.org/10.1111/add.16637>
23. Alcohol Change Australia. *A mid-point review of the National Alcohol Strategy: How is Australia tracking on reducing alcohol use and harms?* 2024. <https://alcoholchangeaus.org.au/a-mid-point-review-of-the-national-alcohol-strategy/>
24. Department of Health and Aged Care. *National Drug Strategy 2017–2026*. 2017. Accessed 10 December 2024. <https://www.health.gov.au/resources/publications/national-drug-strategy-2017-2026?language=en>
25. Department of Health and Aged Care. *National Alcohol Strategy 2019–2028*. 2019. Accessed 10 December 2024. <https://www.health.gov.au/resources/publications/national-alcohol-strategy-2019-2028?language=en>
26. Department of Health. *National Preventive Health Strategy 2021–2030*. 2021. <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en>

27. Alcohol Change Australia. *Public opinion on alcohol in Australia: Knowledge, attitudes, and support for change*. 2023. Accessed 11 December 2024. <https://alcoholchangeaus.org.au/public-opinion-on-alcohol-in-australia/>
28. Wakefield MA, Brennan E, Dunstone K, et al. Features of alcohol harm reduction advertisements that most motivate reduced drinking among adults: an advertisement response study. *BMJ Open*. Apr 20 2017;7(4):e014193. doi:10.1136/bmjopen-2016-014193
29. Dixon HG, Pratt IS, Scully ML, et al. Using a mass media campaign to raise women's awareness of the link between alcohol and cancer: cross-sectional pre-intervention and post-intervention evaluation surveys. *BMJ Open*. 2015;5(3):e006511. doi:10.1136/bmjopen-2014-006511
30. Cho YJ, Thrasher JF, Yong HH, et al. Path analysis of warning label effects on negative emotions and quit attempts: A longitudinal study of smokers in Australia, Canada, Mexico, and the US. *Soc Sci Med*. Jan 2018;197:226-234. doi:10.1016/j.socscimed.2017.10.003
31. World Health Organization. Commercial determinants of health. Accessed 16 December 2024, <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health>
32. McCambridge J, Mialon M, Hawkins B. Alcohol industry involvement in policymaking: a systematic review. *Addiction*. 2018;113(9):1571-1584. doi:<https://doi.org/10.1111/add.14216>
33. Kypri K, McCambridge J, Robertson N, et al. 'If someone donates \$1000, they support you. If they donate \$100 000, they have bought you'. Mixed methods study of tobacco, alcohol and gambling industry donations to Australian political parties. *Drug and Alcohol Review*. 2019;38(3):226-233. doi:<https://doi.org/10.1111/dar.12878>
34. Heenan M, Shanthosh J, Cullerton K, Jan S. Influencing and implementing mandatory alcohol pregnancy warning labels in Australia and New Zealand. *Health Promotion International*. 2022;38(3)doi:10.1093/heapro/daac022
35. Moodie AR. What Public Health Practitioners Need to Know About Unhealthy Industry Tactics. *Am J Public Health*. Jul 2017;107(7):1047-1049. doi:10.2105/ajph.2017.303861
36. World Health Organization. *Global strategy to reduce the harmful use of alcohol*. 2010. Accessed 10 December 2024. <https://www.who.int/publications/i/item/9789241599931>
37. World Health Organization. *Global alcohol action plan 2022-2030*. 2024. Accessed 11 December 2024. <https://www.who.int/publications/i/item/9789240090101>
38. Australian Taxation Office. Excise duty rates for alcohol. Accessed 10 December 2024, <https://www.ato.gov.au/businesses-and-organisations/gst-excise-and-indirect-taxes/excise-on-alcohol/excise-duty-rates-for-alcohol>
39. Torney A, Room R, Callinan S. Cask wine: Describing drinking patterns associated with Australia's cheapest alcohol. *Drug and Alcohol Review*. 2023;42(6):1322-1331. doi:<https://doi.org/10.1111/dar.13684>
40. Srivastava P, Yang O, Zhao X. *Equal tax for equal alcohol? Beverage types and antisocial and unlawful behaviours*. Melbourne Institute: Applied Economic & Social Research; 2022. Accessed 10 December 2024.

<https://melbourneinstitute.unimelb.edu.au/publications/working-papers/search/result?paper=4249783>

41. Callinan S, Room R, Livingston M, Jiang H. Who Purchases Low-Cost Alcohol in Australia? *Alcohol and Alcoholism*. 2015;50(6):647-653. doi:10.1093/alcalc/aggv066
42. Marsden Jacob Associates (MJA). *Bingeing, collateral damage and the benefits and costs of taxing alcohol rationally: Report to the Foundation for Alcohol Research and Education*. 2012. <https://fare.org.au/bingeing-collateral-damage-and-the-benefits-and-costs-of-taxing-alcohol-rationally/>
43. Byrnes JM, Cobiac LJ, Doran CM, Vos T, Shakeshaft AP. Cost-effectiveness of volumetric alcohol taxation in Australia. *Medical Journal of Australia*. 2010;192(8):439-443. doi:<https://doi.org/10.5694/j.1326-5377.2010.tb03581.x>
44. Doran CM, Byrnes JM, Cobiac LJ, Vandenberg B, Vos T. Estimated impacts of alternative Australian alcohol taxation structures on consumption, public health and government revenues. *Medical Journal of Australia*. 2013;199(9):619-622. doi:<https://doi.org/10.5694/mja13.10605>
45. Jiang H, Livingston M, Room R, et al. Modelling the effects of alcohol pricing policies on alcohol consumption in subpopulations in Australia. *Addiction*. 2020;115(6):1038-1049. doi:<https://doi.org/10.1111/add.14898>
46. Xu X, Chaloupka FJ. The effects of prices on alcohol use and its consequences. *Alcohol Res Health*. 2011;34(2):236-45.
47. Taylor N. Three years of minimum unit pricing in the Northern Territory, what does the evidence say? *Drug and Alcohol Review*. 2023;42(4):912-914. doi:<https://doi.org/10.1111/dar.13641>
48. Frontier Economics. *Evaluation of Minimum Unit Price of Alcohol in the Northern Territory: A report prepared for the Northern Territory Department of Health*. 2022. Accessed 11 December 2024. https://health.nt.gov.au/_data/assets/pdf_file/0010/1146448/evaluation-mup-alcohol-nt.pdf
49. Coomber K, Miller P, Taylor N, et al. *Investigating the introduction of the alcohol minimum unit price in the Northern Territory. Final report (February 2020). Prepared for the Northern Territory Department of Health*. 2020. Accessed 11 December 2024. https://alcoholreform.nt.gov.au/_data/assets/pdf_file/0007/818278/investigating-introduction-of-alcohol-minimum-unit-price-nt-final-report.pdf
50. World Health Organization. *Health warning labels on alcoholic beverages: opportunities for informed and healthier choices*. 2022. Accessed 11 December 2024. <https://www.who.int/publications/i/item/9789240044449>
51. Jongenelis MI, Pratt IS, Slevin T, Chikritzhs T, Liang W, Pettigrew S. The effect of chronic disease warning statements on alcohol-related health beliefs and consumption intentions among at-risk drinkers. *Health Education Research*. 2018;33(5):351-360. doi:10.1093/her/cyy025
52. Kokole D, Anderson P, Jané-Llopis E. Nature and Potential Impact of Alcohol Health Warning Labels: A Scoping Review. *Nutrients*. Aug 31 2021;13(9)doi:10.3390/nu13093065
53. Zuckermann AME, Morissette K, Boland L, et al. The effects of alcohol container labels on consumption behaviour, knowledge, and support for labelling: a systematic review. *The Lancet Public Health*. 2024;9(7):e481-e494. doi:10.1016/S2468-2667(24)00097-5

54. Hobin E, Schoueri-Mychasiw N, Weerasinghe A, et al. Effects of strengthening alcohol labels on attention, message processing, and perceived effectiveness: A quasi-experimental study in Yukon, Canada. *Int J Drug Policy*. Mar 2020;77:102666. doi:10.1016/j.drugpo.2020.102666
55. Hobin E, Weerasinghe A, Vallance K, et al. Testing Alcohol Labels as a Tool to Communicate Cancer Risk to Drinkers: A Real-World Quasi-Experimental Study. *J Stud Alcohol Drugs*. Mar 2020;81(2):249-261. doi:10.15288/jsad.2020.81.249
56. Zhao J, Stockwell T, Vallance K, Hobin E. The Effects of Alcohol Warning Labels on Population Alcohol Consumption: An Interrupted Time Series Analysis of Alcohol Sales in Yukon, Canada. *Journal of Studies on Alcohol and Drugs*. 2020;81(2):225-237. doi:10.15288/jsad.2020.81.225
57. Robinson E, Boyland E, Evans R, et al. Energy labelling of alcoholic drinks: An important or inconsequential obesity policy? *Obes Sci Pract*. Apr 2023;9(2):75-86. doi:10.1002/osp4.638
58. Food Standards Australia New Zealand. *Consumer Literature Review for P1049: Consumer value, perceptions and behaviours in relation to carbohydrate and sugar claims on alcoholic beverages*. 2023. Accessed 11 December 2024. <https://mta-sts.foodstandards.gov.au/sites/default/files/2023-11/SD1%20-%20Consumer%20literature%20review%20P1049.pdf>
59. Sträuli B, Booth L, Laznik N, Pettigrew S. Type and prevalence of nutrition-related claims on alcoholic ready-to-drink beverages. *Australian and New Zealand Journal of Public Health*. 2023/12/01/ 2023;47(6):100106. doi:<https://doi.org/10.1016/j.anzjph.2023.100106>
60. Foundation for Alcohol Research & Education. *Alcohol advertising on social media platforms: A 1-year snapshot*. 2023. Accessed 16 December 2024. <https://fare.org.au/alcohol-advertising-on-social-media-platforms/>
61. Rutherford BN, Leung J, Stjepanović D, Chan GCK. Through the looking glass: An alcohol advertisement every 3 minutes. *Drug and Alcohol Review*. 2024;43(6):1426-1434. doi:<https://doi.org/10.1111/dar.13886>
62. Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol and Alcoholism*. 2009;44(3):229-243. doi:10.1093/alcalc/agn115
63. Smith LA, Foxcroft DR. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*. 2009/02/06 2009;9(1):51. doi:10.1186/1471-2458-9-51
64. Jernigan D, Noel J, Landon J, Thornton N, Lobstein T. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction*. 2017;112(S1):7-20. doi:<https://doi.org/10.1111/add.13591>
65. Noel JK, Babor TF, Robaina K. Industry self-regulation of alcohol marketing: a systematic review of content and exposure research. *Addiction*. 2017;112(S1):28-50. doi:<https://doi.org/10.1111/add.13410>
66. Pierce H, Stafford J, Pettigrew S, Kameron C, Keric D, Pratt IS. Regulation of alcohol marketing in Australia: A critical review of the Alcohol Beverages Advertising Code Scheme's new Placement Rules. *Drug and Alcohol Review*. 2019;38(1):16-24. doi:<https://doi.org/10.1111/dar.12872>

67. Foundation for Alcohol Research & Education. *Online sale and delivery of alcohol – A growing risk to our community*. 2023. <https://fare.org.au/online-sale-and-delivery-of-alcohol-a-growing-risk-to-our-community/>
68. Sherk A, Stockwell T, Chikritzhs T, et al. Alcohol Consumption and the Physical Availability of Take-Away Alcohol: Systematic Reviews and Meta-Analyses of the Days and Hours of Sale and Outlet Density. *J Stud Alcohol Drugs*. Jan 2018;79(1):58-67.
69. Stockings E, Bartlem K, Hall A, et al. Whole-of-community interventions to reduce population-level harms arising from alcohol and other drug use: a systematic review and meta-analysis. *Addiction*. Nov 2018;113(11):1984-2018. doi:10.1111/add.14277
70. Mojica-Perez Y, Callinan S, Livingston M. *Alcohol home delivery services: an investigation of use and risk*. 2019. <https://apo.org.au/node/270681>
71. Colbert S, Wilkinson C, Feng X, Thornton L, Richmond R. You've got mail: Drinks are on sale! A study to assess volume and content of direct marketing received from online alcohol retailers in Australia. *Int J Drug Policy*. Jul 2022;105:103705. doi:10.1016/j.drugpo.2022.103705
72. Briscoe S, Donnelly N. Temporal and regional aspects of alcohol-related violence and disorder. *Alcohol Studies Bulletin*. 2001;1
73. Colbert S, Thornton L, Richmond R. Content analysis of websites selling alcohol online in Australia. *Drug and Alcohol Review*. 2020/02/01 2020;39(2):162-169. doi:<https://doi.org/10.1111/dar.13025>
74. VicHealth. On-demand alcohol delivery services and risky drinking. Accessed 12 December, 2024. <https://www.vichealth.vic.gov.au/news-publications/research-publications/on-demand-alcohol-delivery-services-and-risky-drinking>
75. Noyes J, Palermo M, Willman A, Harkness J, Bienenstock R, Klarenaar P. Online liquor gets audited: a review of regulatory controls and supply practices of online liquor retailers in NSW, Australia. *Public Health Res Pract*. Oct 12 2022;32(3)doi:10.17061/phrp31342115
76. Public Health Association of Australia. *Policy position statement: Preventing harm caused by alcohol products*. 2022. https://www.phaa.net.au/common/Uploaded%20files/SIG%20documents/ATOD%20SIG/PPS%202022/2022_policy_review_-_final_-_Prevention_of_Harms_Caused_by_Alcohol_Products.pdf
77. Paratz ED, Cunningham NJ, MacIsaac AI. The cardiac complications of methamphetamines. *Heart, Lung and Circulation*. 2016/04/01/ 2016;25(4):325-332. doi:<https://doi.org/10.1016/j.hlc.2015.10.019>
78. Welsh TJ, Mitchell A. Centrally acting antihypertensives and alpha-blockers in people at risk of falls: therapeutic dilemmas-a clinical review. *Eur Geriatr Med*. Aug 2023;14(4):675-682. doi:10.1007/s41999-023-00813-x
79. National Heart Foundation of Australia. *Guideline for the diagnosis and management of hypertension in adults*. 2016.
80. Bhatia HS, Nishimura M, Dickson S, Adler E, Greenberg B, Thomas IC. Clinical and echocardiographic outcomes in heart failure associated with methamphetamine use and cessation. *Heart*. May 2021;107(9):741-747. doi:10.1136/heartjnl-2020-317635
81. Schürer S, Klingel K, Sandri M, et al. Clinical Characteristics, Histopathological Features, and Clinical Outcome of Methamphetamine-Associated Cardiomyopathy. *JACC Heart Fail*. Jun 2017;5(6):435-445. doi:10.1016/j.jchf.2017.02.017

82. Mdford R. Does drug education work? *Drug Alcohol Rev.* Dec 2000;19(4):441-446. doi:10.1080/713659427