



# **Submission to the House Standing Committee on Health, Aged Care and Sport Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia**

November 2025

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## Who we are

Australian Grape and Wine Incorporated (Australian Grape & Wine) is Australia's national association of winegrape and wine producers. We represent the interests of the more than 2,000 winemakers and 6,000 winegrape growers working across Australia's 65 wine regions.

The Australian grape and wine sector is a major contributor to Australia's economy and to rural and regional communities.

### **The grape and wine sector:**

- **Supports 203,392 direct and indirect full- and part-time jobs**
- **Generates \$15 billion in income from direct and flow-on employment**
- **Contributes \$51.3 billion to Australia's gross output**
- **Adds \$25.4 billion in value-added to the Australian economy<sup>1</sup>**

Wine is a critical pillar of many regional communities, underpinning local manufacturing, exports, tourism, hospitality and supply-chain businesses.

Australian Grape & Wine works to create a political, social and regulatory environment - domestically and internationally - that enables profitable, innovative and sustainable grape and wine businesses. We provide leadership, strategy, advocacy and practical support across issues affecting growers and producers of all sizes. Our Board decision-making processes require an 80% support threshold, ensuring that industry positions reflect broad and genuine consensus.

Australian Grape & Wine is recognised as a representative organisation under the Wine Australia Act 2013 and is incorporated under the *SA Associations Incorporation Act 1985*.

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<sup>1</sup> AgEconPlus & Gillespie Economics, *Economic Contribution of the Australian Wine Sector 2025*, report prepared for Wine Australia, 7 August 2025, Executive Summary (unnumbered pages).

## Executive Summary

Australian Grape & Wine welcomes the opportunity to contribute to the Committee's Inquiry into the health impacts of alcohol and other drugs in Australia.

We support a culture of moderation, informed decision-making, and responsible consumption. Most Australians enjoy wine responsibly, and long-term trends show sustained declines in risky drinking and alcohol-related harms. However, harmful use persists among a small minority of drinkers. Policy responses should therefore focus on targeted, evidence-based interventions, rather than broad population-wide measures that penalise responsible drinkers.

Recent evidence, particularly the 2024 Review of the Evidence on Alcohol and Health by the US National Academies of Sciences, Engineering and Medicine (NASEM)<sup>2</sup>, provides a balanced, peer-reviewed analysis of alcohol's health impacts. This includes both the risks of heavy consumption and the benefits associated with moderate consumption.

Australian Grape & Wine supports strengthened prevention, early intervention, and treatment, with equitable access for regional and remote communities.

We commend the Committee for revisiting this important work and welcome the opportunity to contribute updated information and perspectives.

## Context of the Inquiry

The Inquiry into the health impacts of alcohol and other drugs began in the previous Parliament, receiving more than 200 submissions and hearing from a wide range of stakeholders.

On 28 August 2025, the Minister for Health and Ageing, the Hon Mark Butler MP, re-referred the Inquiry to the House Standing Committee on Health, Aged Care and Disability.

The Committee agreed to undertake a health-focused review of:

- Alcohol and drug policy settings
- Prevention and community programs

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<sup>2</sup> National Academies of Sciences, Engineering, and Medicine. 2025. Review of Evidence on Alcohol and Health. Washington, DC: The National Academies Press.

- Treatment and recovery services
- Workforce capability
- Emerging issues and evidence

The Committee's Issues Paper identified a number of additional areas of focus.

The Committee has confirmed that all evidence received during the previous Parliament will be reconsidered, and organisations that made earlier submissions need not resubmit.

Australian Grape & Wine did not make a submission previously and appreciates this opportunity to contribute a comprehensive response informed by the latest evidence, including the NASEM Review.

## Recommendations

Australian Grape & Wine proposes the following recommendations for the Committee's consideration. These recommendations align with the National Alcohol Strategy and reflect the evidence presented in this submission.

### **1. Implement Priority Three of the National Alcohol Strategy 2019–2028**

Priority Three sets out nationally endorsed actions to prevent, minimise and respond to alcohol-related harm. These actions include screening and brief interventions in healthcare settings; clear referral pathways between primary care, specialist services and community supports; accessible and evidence-based treatment services; culturally appropriate community programs; strengthened workforce capacity; and improved coordination across health and community systems. Effective implementation of these commitments offers the greatest opportunity for evidence-based improvements.

### **2. Maintain proportionate and risk-based alcohol policy**

Long-term declines in risky drinking—particularly among young people—support retaining a balanced regulatory environment that directs effort towards harm where it occurs, without imposing unnecessary burdens on responsible consumers or small producers.

### **3. Support and sustain positive social norms around moderation and responsible consumption**

Australia's drinking patterns continue to improve. Programs and initiatives that reinforce moderation, responsibility and informed decision-making contribute to safer consumption and should remain part of a balanced national approach.

#### 4. Enhance national coordination through existing frameworks

Australia already has an agreed national policy framework in the National Alcohol Strategy. Strengthening coordination and implementation across jurisdictions, services and sectors will achieve better outcomes than developing new, duplicative or inconsistent policy structures.

#### 5. Address alcohol-related harm through evidence-based health and community pathways

Reducing alcohol-related harm is best achieved by ensuring individuals who require assistance can access appropriate health and support services. Broad population-wide regulatory or price measures do not effectively reach those experiencing harmful drinking and should not be treated as substitutes for targeted, evidence-informed support.

### Key Points

- **New scientific evidence confirms the relative safety of moderate consumption for most adults.** The 2024 peer-reviewed analysis by NASEM found that moderate drinkers experience a 16% lower risk of all-cause mortality and an 11% lower risk of stroke compared with lifetime abstainers.<sup>3</sup> These findings reinforce that light and moderate drinking is associated with low health risk for most adults, while risky alcohol consumption is linked with increased harm.
- **Most Australians drink responsibly.** National survey data shows that while approximately 77% of Australians consume alcohol, the large majority - around seven in ten - do so at levels consistent with the National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Alcohol (NHMRC Guidelines) for reducing health risks<sup>4</sup>.
- **Long-term trends continue to improve.** Over the past two decades, risky drinking behaviours have declined across almost every age group. Among Australians aged 14+, the proportion exceeding lifetime

<sup>3</sup> National Academies of Sciences, Engineering and Medicine (NASEM). *Review of the Evidence on Alcohol and Health*, Washington, DC: The National Academies Press, 2024.

<sup>4</sup> Australian Institute of Health and Welfare (AIHW). *National Drug Strategy Household Survey 2022–2023: Detailed Findings*. Canberra: AIHW, 2023. (Prevalence of alcohol consumption; proportion consuming within NHMRC guideline levels.)

risk guidelines fell from 38.1% in 2001 to 30.7% in 2023, and daily drinking declined from 8.5% to 5.2%.<sup>5</sup>

- **Young people are drinking significantly less.** Between 2001 and 2023: abstinence among 14–17-year-olds more than doubled, from 31.8% to 69.9%, and heavy weekly consumption (>10 standard drinks) fell by around 90%, from 18% to 1.6%.<sup>6</sup> Over the same period, AIHW data show major reductions in risky drinking among this age group:
  - The proportion exceeding the lifetime risk guideline (more than 10 standard drinks per week) fell by around 90% (from 18% to 1.6%).
  - The proportion exceeding the single-occasion risk guideline (more than 4 standard drinks on a single occasion at least monthly) fell by around 80%.<sup>7</sup>
- **Risky drinking is not concentrated among the most disadvantaged Australians.** AIHW population-group data show that people living in the most disadvantaged socioeconomic quintile are the least likely to engage in risky alcohol consumption and are the most likely to abstain from alcohol altogether.<sup>8</sup> This confirms that harmful drinking patterns are not simply aligned with socioeconomic status, and reinforces the importance of targeted, evidence-based interventions rather than broad population-wide restrictions.
- **Targeted, evidence-based interventions outperform blanket restrictions.** Australian and international research consistently finds that policies focused on early intervention, high-risk individuals, and place-based community responses are more effective and equitable than universal restrictions.<sup>9</sup>
- **The NHMRC Guidelines provide clear, evidence-based advice** that supports informed decision-making

<sup>5</sup> Australian Institute of Health and Welfare (AIHW), *National Drug Strategy Household Survey 2001–2023: Trends Data*, Canberra: AIHW. (Trends in risky drinking and daily drinking among Australians aged 14 and over.)

<sup>6</sup> Australian Institute of Health and Welfare (AIHW), *National Drug Strategy Household Survey 2001–2023: Trends Data*, Canberra: AIHW. (Abstinence and heavy consumption trends among 14–17-year-olds.)

<sup>7</sup> AIHW, *Alcohol, tobacco & other drugs in Australia*, Figure ALCOHOL 3 — Risky drinking, by age group, 2001–2022–23.

<sup>8</sup> Australian Institute of Health and Welfare (AIHW), *National Drug Strategy Household Survey 2022–23: Alcohol, Tobacco, E-cigarette and Illicit Drug Use by Population Groups – Interactive Data*, Canberra: AIHW, 2023.

(Socioeconomic differences in alcohol use; higher abstinence and lower risky drinking in the most disadvantaged quintile.)

<sup>9</sup> For example: AIHW, *Alcohol, Tobacco & Other Drugs in Australia* (policy and intervention effectiveness); and World Health Organization (WHO), *Global Status Report on Alcohol and Health*, latest edition.

and helps Australians understand how to minimise short- and long-term health risks.<sup>10</sup>

- **Alcohol generates substantial revenue that funds essential services.** In 2025–26, the Commonwealth expects to collect more than \$9 billion in dedicated alcohol excise, and when GST, company tax, liquor licensing fees, and state payroll and property taxes are included, the alcohol sector delivers a multi-billion-dollar fiscal dividend to governments across Australia - revenue that communities depend on.<sup>11</sup>

## Updated scientific evidence: NASEM (2024)

In December 2024, the US National Academies of Sciences, Engineering and Medicine (NASEM) released Review of the Evidence on Alcohol and Health - the most comprehensive and methodologically rigorous examination of global alcohol-and-health evidence undertaken in decades.

The 230-page NASEM report:

- Was peer-reviewed by ten identified experts
- Assessed evidence across:
  - Cancer
  - Cardiovascular health
  - Liver disease
  - Cognitive outcomes
  - Mortality
  - Metabolic and broader health effects

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<sup>10</sup> National Health and Medical Research Council (NHMRC), *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, Canberra: NHMRC, 2020.

<sup>11</sup> Australian Government, Treasury. *Budget Paper No. 1: 2025–26*. Canberra: Commonwealth of Australia, 2025.

## Evidence Spotlight: Key NASEM Findings

### 1. Moderate alcohol consumption is associated with lower all-cause mortality

*"There was a 16 percent lower risk of all-cause mortality among those who consumed moderate levels of alcohol compared with those who never consumed alcohol."*

(NASEM, 2024, p. 30)

**Why this matters:** All-cause mortality is the most comprehensive health indicator because it captures the net effect of risks and potential protective associations. A consistent protective association strengthens the case for proportionate, risk-aligned policy that recognises the relative safety of moderate drinking for most adults.

### 2. Moderate consumption is associated with an 11–12% lower risk of stroke

*"A meta-analysis of seven eligible studies found an 11 percent lower risk of stroke among persons consuming moderate amounts of alcohol compared with persons never consuming alcohol."*

(NASEM, 2024, p. 36)

**Why this matters:** Stroke is a major contributor to disability-adjusted life years (DALYs). A clear reduction in stroke risk at moderate levels counters claims that all alcohol intake increases risk. NASEM emphasised that the protective association is strongest within low- to moderate-consumption ranges and disappears at higher levels of intake. This reinforces the importance of targeted public health messaging that distinguishes between risky and moderate consumption rather than adopting blanket approaches that ignore meaningful risk variations.

### 3. Moderate alcohol consumption is associated with lower risk of myocardial infarction (heart attack)

*"A 22 percent lower risk of MI [myocardial infarction] among persons who consumed moderate amounts of alcohol compared with persons who never consumed alcohol."*

(NASEM, 2024, p. 36)

**Why this matters:** Cardiovascular disease is Australia's leading cause of death. Evidence of cardioprotective effects at moderate levels supports a balanced, risk-proportionate approach to alcohol guidance.

#### 4. Moderate alcohol consumption is associated with lower cardiovascular mortality

*"An 18 percent lower risk of CVD [cardiovascular disease] mortality among persons who consumed moderate amounts of alcohol compared with those who never consumed alcohol."*

(NASEM, 2024, p. 157)

*"Consuming moderate amounts of alcohol is associated with a lower risk of CVD [cardiovascular disease] mortality in both females and males (moderate certainty)."*

**Why this matters:** Public health messaging should reflect that cardiovascular mortality - a major cause of premature death - is lower among moderate consumers compared with abstainers, based on high-quality evidence controlling for abstainer bias.

This finding highlights the broader pattern observed across cardiovascular outcomes: when consumed in moderation, alcohol is associated with reduced risk across several major CVD endpoints, including heart attack, stroke, and cardiovascular-related death. NASEM noted that the protective patterns held for both men and women and were consistent across diverse cohorts. This underscores why nuanced, evidence-based guidance is more appropriate than simplistic assumptions that all alcohol consumption increases harm.

These findings demonstrate clearly that moderate drinking is compatible with good cardiovascular health and that public health messaging should reflect this evidence rather than overstating risk.

#### 5. Neurocognitive evidence does *not* demonstrate harm from moderate consumption

The NASEM review found insufficient evidence that moderate drinking increases risk of dementia, Alzheimer's disease, or cognitive decline. Some studies reported lower dementia risk among moderate drinkers, while others were neutral<sup>12</sup>.

**Why this matters:** Claims that any alcohol consumption accelerates dementia are increasingly used in public messaging despite inconsistent evidence. NASEM's findings highlight the need for accurate, risk-proportionate communication.

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<sup>12</sup> NASEM (2025), pp. 145–160

## Absolute risk vs relative risk

Understanding the difference between *relative risk* and *absolute risk* is essential when interpreting alcohol-related health statistics. Relative risk describes the *proportional difference* between two groups, while absolute risk describes the *actual number of additional cases* that may occur. These measures can lead to very different impressions of the scale of harm. For example, *The Lancet* reported<sup>13</sup> that compared with not drinking, consuming one drink per day is associated with a relative increase in risk of alcohol-related conditions - but in absolute terms this equates to only *4 additional cases per 100,000 people per year*. In other words, while the relative increase may sound large when expressed as a percentage, the actual likelihood of harm for individuals at low levels of consumption remains extremely small.

Given this, it is critical that policy and guidance reflect *absolute* rather than *relative* risk when communicating with the public. The NASEM Review provides the most robust and scientifically rigorous assessment available, synthesising both absolute and relative risk across thousands of studies. Its approach ensures that health advice is grounded in a realistic understanding of population-level risk, and it should therefore serve as the primary evidence base for policy deliberations.

## Clarifying recent commentary: US Surgeon General's Advisory (2025)

The US Surgeon General's Advisory on Alcohol and Cancer Risk has attracted attention internationally. For accuracy and context:

- The Advisory was not peer-reviewed.
- The author, Dr Vivek Murthy, stated it was "not an exhaustive review of the literature."
- It only reviewed cancer outcomes, not broader health impacts.
- Dr Murthy ceased to hold office shortly after issuing the Advisory.
- The Advisory omitted key evidence on:
  - Cardiovascular benefits

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<sup>13</sup> *The Lancet*, "Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016," *The Lancet*, 392(10152), pp. 1015–1035 (2018)

- All-cause mortality
- Stroke risk
- Metabolic outcomes

By contrast, the NASEM Review is:

- Independently produced
- Peer-reviewed
- Multi-dimensional
- Transparent in methodology
- Balanced in assessing harms and benefits

For these reasons, the NASEM Review should carry substantially greater weight in the Committee's deliberations.

## Making informed choices about drinking

The NHMRC Guidelines provide clear, accessible and evidence-based advice to help Australians understand how alcohol may affect their health.

These guidelines recognise that:

- Health outcomes depend on the amount consumed, drinking patterns, and a range of lifestyle, genetic and demographic factors.
- For most adults, light or moderate consumption presents low levels of risk.
- In some circumstances - pregnancy, childhood/adolescence, medication interactions - the safest choice is not to drink at all.

Decades of peer-reviewed research have consistently found that, when consumed at low to moderate levels, alcohol is associated with:

- Lower all-cause mortality<sup>14</sup>

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<sup>14</sup> National Academies of Sciences, Engineering and Medicine (NASEM), *Review of Evidence on Alcohol and Health* (2025), pp. 5–6.

- Lower risk of ischaemic heart disease<sup>15</sup>
- Lower risk of ischaemic stroke<sup>16</sup>
- Better metabolic outcomes for some cohorts<sup>17</sup>
- The NHMRC Guidelines remain the appropriate and evidence-based foundation for public health advice in Australia.

## Response to the Terms of Reference

### (a) Equity, value for money and outcomes in current AOD services

While this inquiry focuses on alcohol and other drugs collectively, it is important to recognise that consumption trends across different substances are moving in sharply different directions. Alcohol consumption in Australia has been declining for more than a decade across most age groups, particularly among young people. In contrast, the latest National Wastewater Drug Monitoring Program shows that illicit drug consumption is increasing significantly, with several major illicit substances now at their highest levels since monitoring began. This divergence is highly relevant to the Committee's task under ToR (a), as it raises questions about whether the current allocation of resources, services and policy attention across the AOD system is proportionate to actual patterns of harm and emerging demand.

### Illicit Drug Trends – ACIC Wastewater Analysis (2024)

*"The latest wastewater data reveals that 22.2 tonnes of methylamphetamine, cocaine, heroin and MDMA were consumed in Australia from August 2023 to August 2024 — a 34% increase from the previous year, with several drugs reaching their highest levels recorded by the program."*

(ACIC, National Wastewater Drug Monitoring Program, Report 24, 2025)

This data highlights a critical trend relevant to the Committee's deliberations: while alcohol consumption in Australia continues to decline across most population groups, illicit drug consumption - particularly methylamphetamine, cocaine, MDMA and heroin - is increasing sharply. These shifts indicate that alcohol policy cannot be viewed in isolation from broader drug market dynamics. The ACIC findings point to the growing role of

<sup>15</sup> NASEM (2025), pp. 11, 129.

<sup>16</sup> NASEM (2025), pp. 11, 131.

<sup>17</sup> NASEM (2025), Chapter 4, pp. 63–84.

serious and organised crime in supplying illicit drugs and reinforce the importance of balanced, proportionate approaches to alcohol policy that do not inadvertently drive substitution towards more harmful illicit substances.

The ACIC wastewater findings highlight a number of critical issues for the Committee's assessment of whether current AOD services are delivering the best outcomes for individuals, families and society.

First, the data shows that 22.2 tonnes of methylamphetamine, cocaine, heroin and MDMA were consumed in Australia from August 2023 to August 2024, representing a 34% increase in a single year. Several of these substances - including methylamphetamine, cocaine and heroin - have reached record-high national consumption levels. These trends point to substantial and growing harms concentrated within illicit drug markets, where risks to individuals and communities are far greater than those associated with the majority of legal, moderate alcohol use.

Second, the wastewater results directly reflect the expanding footprint of serious and organised crime, which exploits the high profitability of illicit drug markets. Rising consumption indicates that the demand for these substances remains strong, and that current responses may not yet be adequately curbing supply, reducing harm, or preventing uptake. This has significant implications for value-for-money considerations and suggests that greater attention may be required in high-risk areas of the AOD system, particularly where illicit drug use drives acute health, social and criminal-justice harms.

Third, the contrast between declining alcohol consumption and rising illicit drug use indicates that alcohol-related services are increasingly dealing with a population whose risk profiles are shifting towards lower-risk patterns. Under ToR (a), this suggests the need for a balanced, evidence-informed allocation of resources that reflects where the greatest harms currently occur. Ensuring that funding and service design remain aligned to actual patterns of risk is essential for improving national outcomes and achieving equity across the AOD sector.

Finally, the wastewater analysis reinforces that AOD policy should be structured to avoid unintended consequences - including settings that may drive substitution away from low-risk, regulated alcohol consumption toward far more harmful illicit drugs. A system that recognises both declining alcohol-related risky drinking and rising illicit drug use is more likely to deliver effective, proportionate and community-responsive outcomes.

## **(b) Effectiveness of current programs**

In assessing the effectiveness of current programs and initiatives across jurisdictions, it is important to consider the broader policy architecture, behavioural trends and evidence base within which Australia's alcohol and other

drug (AOD) system operates. Australia already has a comprehensive framework in place - the *National Alcohol Strategy 2019–2028* - which provides clear national priorities for prevention, early intervention, treatment and community-level responses. Strengthening the implementation, coordination and resourcing of the Strategy offers greater potential for improved outcomes than introducing new regulatory approaches that have not been shown to deliver benefit<sup>18</sup>.

Alongside this national framework, Australia benefits from sustained behavioural-change initiatives that continue to contribute to a positive, responsible drinking culture. Programs delivered by DrinkWise Australia demonstrate the value of cohort-specific, evidence-based messaging designed to promote moderation, delay initiation, and encourage safer decision-making in social settings<sup>19</sup>. These initiatives align with Australia's long-term downward trends in risky drinking and complement the work of government, health services, community organisations and the alcohol industry in supporting responsible behaviours.

At the same time, it is critical that policy decisions take into account the impact of cost-of-living pressures on households and small businesses. Proposals to increase alcohol taxation or impose population-wide price measures are unlikely to reduce harmful drinking but will significantly increase costs for the large majority of low-risk consumers, including families, pensioners, and regional communities. In the current economic environment, measures that increase everyday expenses must be supported by strong evidence of effectiveness - which broad-based tax increases are not. Harmful drinking occurs amongst a small minority of drinkers, and policy should focus on this group through targeted interventions rather than blanket price mechanisms that increase living costs for millions of Australians.

International and domestic experience with heavy taxation of tobacco demonstrates that price-only interventions can generate unintended consequences - namely growth of illicit supply, revenue loss, and increased organised crime activity. This underlines the need for any alcohol pricing proposals to be accompanied by strong regulatory, supply-chain and enforcement safeguards. The evidence does not support simplistic assumptions that tax hikes will reduce harmful alcohol consumption.

Finally, it is important to consider the AOD landscape as a whole. While alcohol consumption in Australia has been declining for more than a decade, illicit drug consumption has increased sharply, according to the ACIC's most recent National Wastewater Drug Monitoring Program. The latest data shows a 34% increase in

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<sup>18</sup> Australian Government Department of Health. *National Alcohol Strategy 2019–2028*. Canberra: Commonwealth of Australia, 2019.

<sup>19</sup> DrinkWise Australia. *About DrinkWise* and campaign summaries. Available at: [www.drinkwise.org.au](http://www.drinkwise.org.au) (accessed 2025).

consumption of methylamphetamine, cocaine, heroin and MDMA in the year to August 2024, with several drugs reaching their highest levels since monitoring began.<sup>1</sup> This has significant implications for prevention and harm reduction efforts: policy attention and resources should be directed to where harms are greatest and growing, rather than toward regulating low-risk drinking behaviours among the majority of Australians.

*"From August 2023 to August 2024, 22.2 tonnes of methylamphetamine, cocaine, heroin and MDMA were consumed nationally — a 34% increase from the previous year, and the highest annual levels recorded by the program."*

*(ACIC, National Wastewater Drug Monitoring Program, Report 24)*

Taken together, these considerations reinforce that Australia already has an effective strategic framework, that positive cultural and behavioural shifts are well underway, and that the most effective future interventions will be targeted, proportionate and evidence-aligned - focusing on high-risk groups, not broad population-wide restrictions that deliver limited benefit while increasing costs and reducing choice for low-risk Australians.

### **(c) Cross-sector roles in reducing harm**

#### ***Social connection, community wellbeing, role of wine in civic life***

Sectors beyond health - including community organisations, sporting clubs, hospitality, tourism, arts and cultural institutions - play a central role in promoting social connection, which is increasingly recognised as a critical determinant of health and wellbeing. The World Health Organization has identified loneliness and social isolation as a significant global health threat, and the United States Surgeon General has reported that chronic social disconnection carries a mortality risk comparable to smoking 15 cigarettes per day.<sup>20</sup> Within this context, the social consumption of alcohol, when undertaken responsibly, can serve as one of the many ways Australians build and maintain relationships, participate in community life and strengthen social bonds. Research from the University of Oxford has shown that moderate alcohol consumption in social settings can facilitate interpersonal

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<sup>20</sup> U.S. Department of Health and Human Services, Office of the Surgeon General. *Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community*, 2023.

connection in ways similar to other bonding behaviours such as shared laughter, singing and dancing.<sup>21</sup>

This is particularly relevant in regional Australia, where the wine sector plays an outsized role in community cohesion. Vineyards, cellar doors, local wineries and wine-related events function as hubs of civic life - supporting local employment, hospitality, regional tourism, volunteering, festivals, charity fundraisers, sporting clubs and cultural activities. Wine businesses are often among the largest local employers in rural and regional towns, and they contribute directly to community initiatives, emergency responses, and local social infrastructure. These community-level contributions support wellbeing, connection and participation, which are essential components of effective prevention and early-intervention frameworks. Recognising these broader social dimensions of alcohol in community settings is important in developing balanced, evidence-informed approaches to reducing alcohol-related harm.

These broader community and social factors reinforce the importance of targeted prevention strategies that focus on the individuals and communities most likely to experience harm, rather than imposing broad, population-wide restrictions that affect the majority who drink responsibly. Evidence consistently shows - including from the NASEM Review and the AIHW - that harmful drinking patterns are concentrated among a small minority of drinkers. In contrast, moderate consumption in social settings is associated with low levels of health risk and can contribute positively to social connection, which itself is a protective factor against poor mental and physical health outcomes. Prevention, early intervention and recovery models are therefore most effective when they are risk-proportionate, community-informed and responsive to local circumstances - supporting those at greatest risk while recognising the important and positive role that social participation and community engagement play in reducing isolation and improving wellbeing.

#### **(d) Domestic and international best practice**

International evidence from Australia's peer nations overwhelmingly demonstrates that broad, population-wide controls are less effective at reducing alcohol-related harms than multi-faceted, targeted and proportionate approaches. Across the OECD, the most successful alcohol harm-reduction strategies combine early intervention, treatment access, targeted education, robust retail compliance, and localised community responses tailored to at-

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<sup>21</sup> Dunbar, R.I.M., et al. "Functional benefits of (modest) alcohol consumption." *Adaptive Human Behaviour and Physiology* 3 (2017): 118–133.

risk cohorts.<sup>22</sup> This aligns with Australia's own National Alcohol Strategy and supports a balanced approach that preserves consumer choice for the majority of Australians who drink responsibly.

Experience from comparable countries such as New Zealand, Canada, the United Kingdom and the United States consistently shows that sustained, multi-pronged approaches deliver greater long-term gains than reliance on single-policy levers such as taxation or availability restrictions.<sup>23</sup> Initiatives that integrate health services, community programs, digital tools, culturally appropriate supports and treatment capacity deliver measurable improvements in alcohol literacy and reductions in harmful consumption among higher-risk cohorts. These models demonstrate that progress is strongest when governments prioritise risk-aligned interventions, not broad one-size-fits-all controls.

There is also strong evidence that targeted and tailored interventions outperform universal restrictions. In the United Kingdom, brief interventions integrated into primary care and emergency departments significantly reduce harmful drinking among at-risk populations without imposing burdens on low-risk consumers.<sup>24</sup> In Canada, provincial approaches that focus on trauma supports, culturally grounded prevention programs and early-intervention services have demonstrated the greatest effectiveness per dollar invested.<sup>25</sup> International models make clear that the most effective interventions are those directed toward individuals and communities where harms are most concentrated.

Modern policy design overseas increasingly incorporates digital information tools that support informed consumer decision-making. Jurisdictions within the European Union, as well as Singapore and South Korea, have adopted QR-linked digital health information systems that provide up-to-date, accessible guidance without increasing labelling complexity or cost.<sup>26</sup> This approach aligns with global best practice and responds to the preferences of digital-native consumers, ensuring equitable access to trusted health information.

Another area of consistent international best practice is strong enforcement against illicit or counterfeit alcohol, which poses far greater health risks than regulated, commercially produced products. The OECD, WHO and

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<sup>22</sup> Organisation for Economic Co-operation and Development (OECD). *Preventing Harmful Alcohol Use*. Paris: OECD Publishing, 2021.

<sup>23</sup> World Health Organization (WHO). *Global Status Report on Alcohol and Health*. Geneva: WHO, 2018; and OECD, *Health at a Glance 2023*, Paris: OECD Publishing, 2023.

<sup>24</sup> Kaner, E. et al. "Effectiveness of brief alcohol interventions in primary care populations." *Cochrane Database of Systematic Reviews*, 2018(2).

<sup>25</sup> Canadian Centre on Substance Use and Addiction (CCSA). *Reducing Alcohol-Related Harm: Best Practices in Prevention, Treatment and Community Responses*. Ottawa: CCSA, 2020.

<sup>26</sup> European Commission. *Digital Labelling for Alcoholic Beverages: Implementation Guidance*, Brussels, 2023; Government of Singapore, *Health Promotion Board – Nutrition Labelling Initiatives*, 2022.

Interpol have all highlighted that illicit alcohol markets expand where legal supply becomes heavily restricted, unaffordable or poorly regulated.<sup>27</sup> Countries such as Germany and Japan - which pair proportionate regulation with strong enforcement - report higher levels of consumer safety and fewer hospitalisations associated with contaminated or counterfeit alcohol. These examples emphasise the importance of enforcement-led safeguards rather than overly restrictive supply policies that risk encouraging unsafe substitutes.

The Committee should also consider the findings of the 2024 NASEM review, one of the most rigorous, comprehensive analyses of alcohol and health globally.<sup>28</sup> The NASEM review found that moderate drinking is associated with *lower* all-cause mortality and an 11% reduced risk of ischaemic stroke compared with lifetime abstainers. These conclusions represent the highest standard of global evidence synthesis and should inform Australian policy settings, ensuring they are aligned with modern scientific standards.

Taken together, these domestic and international experiences demonstrate that the most effective alcohol policies are targeted, proportionate, evidence-based, and respectful of consumer choice, focusing resources on high-risk individuals and communities rather than imposing broad restrictions on the wider population.

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<sup>27</sup> Organisation for Economic Co-operation and Development (OECD). *Illicit Trade in High-Risk Products: Alcohol*. Paris: OECD Publishing, 2022; Interpol. *Global Report on Illicit Alcohol*, Lyon, 2023.

<sup>28</sup> National Academies of Sciences, Engineering and Medicine (NASEM). *Review of Evidence on Alcohol and Health*. Washington, DC: National Academies Press, 2024.

## Conclusion

Australian Grape & Wine is committed to reducing alcohol-related harm through evidence-based, targeted and practical measures. We support prevention, early intervention, treatment and support services that are effective, equitable and culturally appropriate.

There is a significant opportunity to strengthen AOD supports, especially in regional communities, without imposing broad measures that penalise the majority who drink responsibly.

We welcome further engagement with the Committee as it progresses this important work.

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