



Alcohol Policy Coalition

Consultation Draft of the National Alcohol Strategy 2018-2026

Alcohol Policy Coalition submission

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About the Alcohol Policy Coalition

The Alcohol Policy Coalition (APC) is a collaboration of health and allied agencies that share a concern about the harm, and health and social impacts caused by alcohol. The APC develops and promotes evidence-based policy responses that are known to be effective in preventing and reducing alcohol related problems. The members of the APC are:

Alcohol and Drug Foundation	Royal Australasian College of Surgeons
Australasian College of Emergency Medicine	The Salvation Army
Cancer Council Victoria	St Vincent's Health Australia
Centre for Alcohol Policy Research, School of Psychology & Public Health, La Trobe University	Turning Point
Foundation for Alcohol Research and Education	Uniting Church in Australia, Synod of Victoria and Tasmania
Jewish Community Council of Victoria	Victorian Alcohol and Drug Association
Public Health Association of Australia (Victoria)	Violence Prevention Group, School of Psychology, Deakin University

All the APC partners have a strong track record in tackling major health issues in the community.

Introduction

The APC welcomes the opportunity to make a submission on the *Consultation Draft of the National Alcohol Strategy 2018-2026* (Draft NAS).

Alcohol is a hazardous substance, which causes widespread and devastating harms to Australian children, families and communities, and kills more than 5,500 Australians per year.

As set out in the Draft NAS, alcohol causes a wide range of short-term harms to drinkers and others, including violence, family violence, injuries, overdoses, road traffic accidents and fetal alcohol spectrum disorder (FASD), and has a whole of society impact.

Alcohol is the second largest contributor (after tobacco) to Australia's burden of disease, causing more than 5,500 deaths and more than 150,000 hospitalisations annually in Australia.ⁱ Alcohol also contributes substantially to Australia's cancer burden: it is a cause of eight types of cancer^{ii,iii} and responsible for more than 3200 cancers (2.8 per cent) in Australian adults each year.^{iv}

The APC commends the Ministerial Drug and Alcohol Forum (Forum) for taking action to develop and release the Draft NAS. A new National Alcohol Strategy (NAS) is urgently needed to provide clear strategic direction for implementing national alcohol policy that will be effective in preventing and minimising the harm caused by alcohol in Australia, and to ensure Australia meets its commitments to the *World Health Organization Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020* and the *United Nations 2030 Agenda for Sustainable Development Goals*.

Support for National Alcohol Strategy

The APC strongly supports the development of a new NAS.

The APC commends the Forum on the Draft NAS, which sets out a number of important principles and policy actions, and is an important step towards a NAS which will provide clear strategic direction for the implementation of comprehensive and effective alcohol harm reduction policies in Australia.

In particular, the APC welcomes and supports the inclusion in the Draft NAS's 'Priority areas of focus' and 'Opportunities for action' of a wide range of evidence-based policies that have been proven to be effective in preventing and reducing alcohol-related harm and health impacts. These policies largely align with the World Health Organization's (WHO) *Global Strategy to Reduce Harmful Use of Alcohol*, and implementation would have substantial impact in reducing alcohol-related harm in Australia and the contribution of alcohol to Australia's burden of disease.

The APC also supports the strategic principles laid down by the Draft NAS, and agrees strongly with the need for an evidence-based and practice informed, and coordinated and collaborative approach, and whole-of-population as well as targeted responses.

We strongly support the commitment in the Draft NAS that the alcohol industry will not be eligible for membership of the new Alcohol Reference Group, and will not have an ongoing role in setting or developing national alcohol policy. We recommend strongly that this remain as a firm commitment in the final NAS.

Recommended changes to Draft National Alcohol Strategy

We recommend, however, the following changes to the Draft NAS to ensure the final NAS leads to implementation of effective policies, and has real and substantial effect in preventing and minimising harm caused by alcohol in Australia.

The NAS should set out:

- clear recommendations for implementation of policy actions,
- responsibility for actions by levels of government, departments or agencies,
- timeframes for actions, and
- accountability measures to enable monitoring of progress.

We support adoption of the approach recommended by the National Alliance for Action on Alcohol (NAAA) and the Foundation for Alcohol Research and Education (FARE) for strengthening the Draft NAS and ensuring the NAS is effective in achieving substantive change.

Recommended approach to ensure National Alcohol Strategy is effective in reducing harm

1. National Road Safety Strategy as a model

We agree that the NAS should adopt the National Road Safety Strategy 2011-2020 as a model, including by setting out an ambitious target for reduction in harmful alcohol consumption that is realistically achievable but presents a significant challenge requiring commitment and innovation. We recommend the Australian Health Policy Collaboration Health Tracker 2025 target of a 20 per cent reduction in harmful alcohol use as a realistic but challenging target.

2. Leadership and shared responsibility

We support the NAAA and FARE's recommendation that the NAS should set out mechanisms to ensure shared responsibility and leadership for undertaking specific policy actions. The NAS should identify the level of government, department or agency with primary responsibility for leading implementation of each recommended policy action, as well as agencies needed to collaborate.

3. Staged approach to implementation and identification of priority actions

We also support the NAAA and FARE's recommendation that the NAS set out a staged approach to implementation, and prioritise key policy actions for implementation in the first three years of the strategy.

4. Independent and transparent processes

As noted above, the APC supports the recognition in the Draft NAS that industry will not be included in the Reference Group or have a role in policy development, and strongly urges that this remain as a commitment in the Final NAS.

The alcohol industry has a clear vested interest in advocating against alcohol policies that would be effective to reduce alcohol consumption. For this reason, the WHO has issued clear advice that the alcohol industry should be excluded from alcohol policy development. Dr Margaret Chan, former Director General of the World Health Organization, stated: *'In the view of the WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests'*.^v

The NAS should also recognise that alcohol industry influences policy development in ways other than through direct engagement in the policy development process, including through political donations and lobbying.

We support the NAAA and FARE's recommendation that the NAS should include safeguards against this. In particular, we support the recommendation that the NAS should include a clear action that all Australian governments ban alcohol industry political donations, including from producers, retailers, member organisations and lobbyists.

5. Accountability measures and monitoring

The APC supports the NAAA and FARE's recommendation that the Forum should commit to strengthening the monitoring system for alcohol. As part of this, the NAS should include:

- a requirement for the Alcohol Reference Group to work with Australian governments to develop a reporting framework for the first three years of the NAS,
- targets that specify reductions in alcohol harms, as well as consumption,
- clear recommendations for staged (initial and future) policy actions, with clear measures of success and timeframes for implementation, and
- a requirement to report on progress against initial actions at the end of the first three years of the NAS (2021).

The NAS should also recommend the following initial actions to enable effective monitoring of progress:

- Consistent collection of alcohol wholesale sales data across all states and territories.
- Collection of ‘last drinks’ data from emergency departments in all states and territories (i.e. recording the alcohol intake and place of last drinks of patients presenting to emergency departments), building on the NHMRC-funded Deakin University ‘Driving Change’ project.

Priority areas and policy actions

The APC supports all the Priority Areas of Focus set out in the Draft NAS, and the range of ‘opportunities for action’.

We recommend that the NAS prioritise implementation of actions under Priority Areas ‘Managing availability, pricing and promotion’, as these actions would have the most substantial impact in preventing and minimising harm caused by alcohol.

We also recommend that the NAS prioritise implementation of actions under ‘Promoting healthier communities’. As discussed in the Draft NAS, there is currently a significant lack of public awareness of the link between long-term alcohol consumption and chronic disease, including cancer.

We support the submissions of our members Turning Point, the Victorian Alcohol and Drug Association and St Vincent’s Health Australia on the actions needed under Priority Area ‘Supporting individuals to obtain help and systems to respond’.

We recommend that the National Alcohol Strategy commit to and prioritise implementation of the following key priority actions in the first three years of the Strategy.

1. Reform of alcohol taxation and pricing

Evidence establishes that alcohol taxation is the most effective alcohol harm prevention measure,^{vi} and that there is an inverse relationship between the price of alcoholic beverages and levels of consumption and harms.^{vii} Alcohol taxation is also one of the most cost-effective measures for improving population health. The *Assessing cost-effectiveness in prevention: ACE–prevention* project found that a volumetric tax on alcohol in Australia (at a level 10 per cent above the current excise on spirits) would have a large impact on improving population health as well as delivering cost savings.^{viii} Another Australian analysis estimated that a volumetric tax on wine would result in a 24% reduction in alcohol consumption and an increase in taxation revenue of \$3 billion.^{ix}

We support the recommendation of the NAAA and FARE that the Australian Government should agree in principle to the introduction of a volumetric tax on wine and other fruit- and rice-based alcohol products.

We also support the recommendations that the Forum should establish an expert intergovernmental taskforce to provide advice on alcohol taxation reform, and that the taskforce should prepare a Green Paper setting out options for reform of alcohol taxation and introduction of a minimum price of alcohol.

2. Regulation of alcohol advertising and promotion

Alcohol is advertised heavily in Australia through a variety of channels, including television, outdoor media, digital media, print, radio, sports sponsorship and point-of-sale advertising. Children and adolescents are exposed to huge volumes of this advertising.^x

Much of children's exposure to alcohol advertising occurs as a result of the loophole in current regulation which allows alcohol advertising to be shown on free-to-air commercial television at any time during live sports broadcasts and sports programs on the weekend and public holidays, and during M and MA classification periods (except between 5am-6am and 7.30pm-8.30 pm).

Systematic reviews of the evidence have consistently concluded that young people's exposure to alcohol advertising increases the likelihood that they will start drinking, or drink more frequently and heavily if they already drink.^{xi}

Regulation of alcohol advertising has been identified as one of the most cost-effective interventions to reduce alcohol-related harm.^{xii,xiii}

The APC strongly supports the goal of reducing alcohol promotion and recommends that the primary objective should be to reduce children and young people's exposure to alcohol promotion.

The APC recommends that the NAS commit to an initial action of removing the alcohol advertising exemptions in the Commercial Television Industry Code of Practice, so that no alcohol advertising can be shown on free-to-air commercial television before 8:30pm.

The APC also supports the NAAA and FARE's recommendation that the NAS include as an initial action the establishment of an intergovernmental committee to review alcohol advertising regulation across all forms of media, and to identify options for transitioning to nationally consistent, legislated controls on all forms of alcohol advertising.

3. Regulation of alcohol availability

A strong body of Australian and international research shows that increases in the density of alcohol outlets in an area are associated with increases in violence, family violence, injury and chronic disease.^{xiv} Australian research has found a strong relationship between higher density of take-away alcohol outlets in an area and higher rates of family violence.^{xv}

There is also a large body of Australian and international research clearly establishing the relationship between trading hours of alcohol outlets and levels of harm.^{xvi}

Despite this, the availability of alcohol in Australia has increased dramatically in recent decades, through the proliferation of alcohol outlets and extensions in alcohol trading hours.

The NAS should include priority actions to limit the excessive availability of alcohol in order to reduce alcohol-related violence and family violence.

The APC supports the recommendations of NAAA and FARE for initial action to manage the density of alcohol outlets.

The Forum and State and Territory Governments should implement minimum uniform principles for liquor licensing legislation to limit the excessive availability of alcohol, including the following:

- Requiring licence application processes to include alcohol outlet density, existing levels of alcohol-related harm, socio-economic status of the area and community views as considerations.
- Freezing further liquor licences in areas with high existing alcohol outlet density or high levels of alcohol-related harm
- Requiring the sale of packaged liquor to be restricted to between 10am and 10pm, and on-premises venues to close no later than 2am.

4. Public education campaign on alcohol

As discussed in the Draft NAS, there is significant lack of public awareness in Australia of the health impacts of long-term alcohol consumption. In particular, there is low awareness of the link between alcohol consumption and cancer. For example, only 11 per cent of Australians are aware that alcohol is a cause of breast cancer.^{xvii}

The NAS should include an initial action to fund a national multi-faceted campaign to educate the public about the health impacts of alcohol, and the updated NHMRC Alcohol Guidelines.

5. Mandatory pregnancy warning labels on alcoholic beverages

Alcohol consumption during pregnancy is associated with a range of significant negative impacts including miscarriage, stillbirth, low birth weights and FASD. However, research shows there is low awareness among Australian women of the guideline that not drinking alcohol is the safest option during pregnancy, with forty per cent of Australian women drinking during pregnancy.^{xviii}

Pregnancy warning labels on alcoholic beverages are an essential component of an effective strategy to reduce alcohol consumption in pregnancy, and would have the unique function of raising awareness of the risks of alcohol consumption during pregnancy at the point of sale and point of consumption.

Current voluntary pregnancy warning labels on alcohol products are inadequate. Siggins Miller's second evaluation of voluntary pregnancy warning labels on alcohol found that just less than half of alcohol products carry some type of pregnancy warning label. Testing of the DrinkWise label (*'It is safest not to drink while pregnant'*) in 2016 found that the label was misinterpreted by consumers with 38 per cent of those surveyed believing it meant that it was okay to consume alcohol during pregnancy.^{xix}

The NAS should include an initial action that the Forum on Food Regulation, at its meeting in June 2018, direct Food Standards Australia New Zealand to implement mandatory pregnancy warning labels on all alcohol products.

6. Mandatory rotating health warning labels on alcoholic beverages

There is a pressing need to raise Australians' awareness of the range of serious harms caused by alcohol. Mandatory health warnings on alcohol products would have the unique capacity to raise awareness of the harms caused by alcohol at the points of sale and consumption. International evidence indicates that a rotating series of warning labels on alcohol products would have greater continuing effect than a single static label.^{xx}

The APC recommends that the NAS should include an initial action that the Forum on Food Regulation initiate investigation of a mandatory range of rotating health warning labels on alcohol products.

Thank you for the opportunity to comment on the Draft NAS. We are pleased that the Forum has taken action to release the Draft NAS, and hopeful that the final NAS will be strengthened to provide the clear strategic direction needed to ensure implementation of effective nation-wide alcohol policies.

Please contact Sarah Jackson (sarah.jackson@cancervic.org.au, (03) 9514 6463) if you have any questions about this submission.

ⁱ Gao, C, Ogeil, R, & Lloyd, B 2014, *Alcohol's burden of disease in Australia*, Foundation for Alcohol Research and Education and VicHealth in collaboration with Turning Point.

ⁱⁱ International Agency for Research on Cancer. IARC monographs on the evaluation of carcinogenic risks to humans: Volume 100E, Personal habits and indoor combustions. In: Lyon, France: International Agency for Research on Cancer; 2012.

ⁱⁱⁱ World Cancer Research Fund. Summary of global evidence on cancer prevention. In: London, UK: World Cancer Research Fund; 2017.

^{iv} Pandeya, N, Wilson, LF, Webb, PM, Neale, RE, Bain, CJ & Whiteman, DC 2015, 'Cancers in Australia in 2010 attributable to the consumption of alcohol'. *Australian and New Zealand Journal of Public Health*, vol. 39, no. 5, pp. 408-413.

^v Chan, M. (2013). WHO's response to article on doctors and the alcohol industry: an unhealthy mix? *BMJ*, 346:f2647.

^{vi} Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M. & Wallace, A. (2010). *Assessing cost-effectiveness in prevention: ACE-prevention September 2010 final report*. University of Queensland.

^{vii} Wagenaar, AC, Salois, MJ & Komro, KA 2009, 'Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies', *Addiction*, vol. 104, no. 2, pp. 179-190.

^{viii} Vos, T., Carter, R., Barendregt, J., Mihalopoulos, C., Veerman, L., Magnus, A., Cobiac, L., Bertram, M. & Wallace, A. (2010). *Assessing cost-effectiveness in prevention: ACE-prevention September 2010 final report*. University of Queensland.

^{ix} Byrnes JM, Cobiac LJ, Doran CM *et al*. Cost-effectiveness of volumetric alcohol taxation in Australia. *MJA* 2010; 192:439-443.

^x Faulkner A, Azar D & White V 2017 'Unintended'

audiences of alcohol advertising: exposure and drinking behaviors among Australian adolescents' *Journal of Substance Use*, vol 22, no 1, pp. 108-112; Jones, SC & Magee CA 2011, 'Exposure to alcohol advertising and alcohol consumption among Australian adolescents' *Alcohol and Alcoholism*, vol 46, no. 5, pp. 630-637.

^{xi} Jernigan D, Noel J, Landon J, Thornton N & Lobstein T 2016, 'Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008', *Addiction*, vol 112 (Suppl 1), pp. 7-20; Anderson, P, de Bruijn, A, Angus, K, Gordon, R & Hastings, G 2009, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies', *Alcohol and Alcoholism*, vol. 44, no. 3, pp. 229-43; Smith, LA & Foxcroft, DR 2009, 'The effect of alcohol advertising and marketing on drinking behaviour in young people: Systematic review of prospective cohort studies', *BMC Public Health* (online), vol. 9, no. 51.

^{xii} Cobiac L, Vos T, Doran C, A W. Cost-effectiveness of interventions to prevent alcohol-related disease and injury in Australia. *Addiction* 2009; 104:1646-1655.

^{xiii} Ledgaard Holm A, Veerman L, Cobiac L *et al*. Cost-effectiveness of preventive interventions to reduce alcohol consumption in Denmark. *PLoS One* 2014; 9:e88041.

^{xiv} Livingston, M, Wilkinson, C & Room, R 2016, *Community impact of liquor licences*, Sax Institute for the Ministry of Health (NSW), <<http://www.saxinstitute.org.au/wp-content/uploads/Community-impact-of-liquor-licences-1.pdf>>.

^{xv} Livingston, M 2011, 'A longitudinal analysis of alcohol outlet density and domestic violence', *Addiction*, vol. 106, no. 5, pp. 919-25.

^{xvi} See Wilkinson, C, Livingston, M & Room, R 2016, 'Impacts of changes to trading hours of liquor licences on alcohol-related harm: A systematic review 2005–2015', *Public Health Research & Practice*, vol. 26, no. 4 (online); Miller, P 2013, *Patron Offending in Night-Time Entertainment Districts (POINTED)*, monograph series no. 46, National Drug Law Enforcement Research Fund, p. 220; Manton, E, Room, R & Livingston, M 2014, 'Limits on trading hours, particularly late-night trading', in Manton, E, Room, R, Giorgi, C & Thorn, M (eds.) 2014, *Stemming the tide of alcohol: liquor licensing and the public interest*, Foundation for Alcohol Research and Education, pp. 122-36 ; Miller, P, Tindall, J, Groombridge, D & Lecathelinais C, 'Effective measures for dealing with alcohol and the night-time economy (DANTE)', in Manton, E, Room R, Giorgi C & Thorn, M (eds.) 2014, *Stemming the tide of alcohol: liquor licensing and the public interest*, Foundation for Alcohol Research and Education, pp. 196-210.

^{xvii} Foundation for Alcohol Research and Education (FARE). (2016). *Annual alcohol poll 2016: Attitudes and behaviours*. Canberra: FARE.

^{xviii} O'Keeffe LM, Kearney PM, McCarthy FP, et al. Prevalence and predictors of alcohol use during pregnancy: findings from international multicentre cohort studies. *BMJ Open* 2015;5:e006323. doi: 10.1136/bmjopen-2014-006323.

^{xix} Rout, J. Hannan, T. (2016). Consumer awareness and understanding of alcohol pregnancy warning labels. Wellington: Health Promotion Agency. This 38 per cent for the DrinkWise labels compared to 22 per cent for pregnant lady pictogram and 23 per cent for alternate test ("Don't drink pregnant").

^{xx} Wilkinson, C., Room, R. (2009) Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review* 28:426-435; Wilkinson, C., Allsop, S., Cail, D., Chikritzhs, T., Daube, M., Kirby, G., Mattick, R. (2009). Report 1 Alcohol Warning Labels: Evidence of effectiveness on risky alcohol consumption and short term outcomes. Perth: National Drug Research Institute, Curtin University.
<http://www.foodstandards.govt.nz/code/applications/documents/Alcohol-warning-labels-report-1.pdf>